

a VITAL WorkLife article

## Approaching Leadership to Advocate for Physician Well-Being Programs

By: Mary Wolf, MS, LPC-MH, BCC



### Coming up in the article:

- The best justification for well-being programs
- Showing time and energy savings
- The most effective advocates
- Strategies for advocacy

If you're working in medicine today, you likely experience these common stressors:

- Struggling to do more with less (because of understaffing)
- Lack of time due to administrative requirements
- Insurance rules conflicting with what you see as the best treatment options
- Productivity requirements pressing on you

There are also the perennial stressors of the medical profession: having a patient's welfare, or their very life, in your hands; a patient getting worse, or dying; the risk of medical errors; and a profession that tells good doctors to put their emotions aside and not ask for help. Meanwhile, you're living life, potentially with financial, professional and relational strains.

With these pressures taking a toll on your emotional and mental health, burnout becomes a distinct possibility. It would be great to have a robust, easily accessible and confidential well-being program where you work. With some effort, the good news is that it's possible.

#### How?

You can advocate for the type of program you desire by arming yourself with facts.

Advocating for a well-being program isn't an easy task, and not everyone is in a position to be an effective advocate in the short term. But, understanding how to approach leadership and explain the facts can increase your chances of success. Here are a few basic principles and suggestions.

## 1) The best justification for well-being programs are bottom-line, evidence-based arguments.

**The program's ROI.** Leaders in medical organizations are deeply cost-conscious and in today's medical marketplace, they must be. They need to see a clear ROI for money spent on well-being programs. That's why bringing up the positive impact of such programs on recruitment, retention, patient safety and satisfaction scores and quality of care measures works best. As Tait Shanafelt writes, "...organizational interventions can reduce burnout, and evidence suggests that even modest investments can make a difference."<sup>1</sup>

**Recruitment and retention.** Leaders know recruiting the best talent gives them a competitive advantage in the medical marketplace and you can point to a robust well-being program as an effective recruiting tool. Strengthened retention means less searching and interviewing. A program can also be a major factor in retaining physicians—replacing a physician who leaves can cost anywhere from \$500,000 to \$1,000,000 per physician.<sup>2</sup> **Patient satisfaction and quality of care.** A physician battling demoralization, depression, substance abuse or other behavioral-health problems is likely to be less effective, more likely to cut back hours and make medical errors.<sup>3</sup> Timely interventions by way of a wellbeing program can return this physician to better health, effectiveness and productivity that will be reflected in measurements such as patient satisfaction and increased quality of care.



# 2) Showing time and energy savings with the existence of a well-being program.

A strong well-being program can take onerous tasks off leadership's plate. The ability to refer a troubled physician to an experienced peer coach or counselor for triage and on-going support can take the task of figuring out what's wrong and what to do about it away from the leader and into the confidential hands of behavioral health professionals. Time and energy savings are made not only at the individual physician level but also by leadership, human resources, their care team and even other physicians.

- 1. <u>https://omahamedical.com/wp-content/uploads/2017/10/The-Business-Case-for-Investing-in-Physician-Well-being.pdf</u>
- 2. https://www.ama-assn.org/practice-management/physician-health/how-much-physician-burnout-costing-your-organization
- 3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6262585/



## 3) The most effective advocates are the ones closest to leadership.

If you are your organization's Chief Quality Officer, Chief Medical Officer, Chief Human Resources Officer or department head, you're in a privileged position to make the case for a well-being program, especially in a large organization. You're known and trusted by your leadership, your voice can be persuasive and you can feel emboldened to uphold your organization's culture and mission by improving well-being for your physicians and staff. "You're known and trusted by your leadership, your voice can be persuasive and you can feel emboldened to uphold your organization's culture and mission by improving well-being for your physicians and staff. " Rather than simply registering a complaint about conditions or troubled colleagues (or doing nothing), you can let your department head know a well-being program would make things better, and you can explain why.

Mary Wolf, MS, LPC-MH, BCC

#### Strategies for advocacy

• Speak to and leverage relationships with your department heads/chair.

For example, you have concerns about how work pressures are affecting you and colleagues in your department. Rather than simply registering a complaint about conditions or troubled colleagues (or doing nothing), you can let your department head know a wellbeing program would make things better, and you can explain why.

 Join your organization's well-being committee. This is one of the best ways to get closer to the ears of those who can make a program happen. If you don't have a well-being committee, be the voice saying one is needed.

• Join with other concerned physicians.

If you've become a passionate advocate of physician well-being, you've also probably identified others who feel the same way. You can eliminate the "lonely voice in the wilderness" problem by getting together with these like-minded colleagues to strategize for change.

• Bring in HR to support your case.

These days, HR professionals at every level are bearing the brunt of physicians' struggles, not only with working conditions but with many complicating factors: financial pressures, problems at home and careerdevelopment issues. In fact, the issues are severe enough that many HR professionals are getting out of healthcare themselves! If you're in medical HR, you can speak up for well-being programs with the voice of experience. If you're a physician-advocate looking for allies, the HR department probably holds some of your best ones.

### • Try an informal pilot project.

In some organizations, physicians have created informal support networks and strategies, like after-shift gettogethers and "buddy" connections with physicians who are stressed. When these are successful in lifting morale they serve as proof points that well-beingfocused efforts work against demoralization and burnout. However, it is important to let leaders know up front you're taking these measures, so they don't feel blindsided or undermined.







## • Get input from colleagues who have a program in place.

If you know physicians in other organizations who have benefited from robust well-being programs, connect with them and bring their success stories into program conversations within your own organization. This type of networking is an easy way to get ideas and best practices on how to implement successful programs.

### • Don't give up.

The wheels of organizational change grind slowly and it may take a year or two for your well-being program hopes to come to fruition. But keep at it; your advocacy efforts can help lift not only your spirits, but instill a sense of hope and progress for the organization as a whole.

<u>Contact us</u> to learn more about how to foster a culture of well-being and launch a well-being program for your organization.

Contact us by phone at 877.731.3949, or online at VITALWorkLife.com/contact-us

#### ABOUT VITAL WORKLIFE

VITAL WorkLife, Inc. is a physician-focused national behavioral health consulting practice supporting all dimensions of well-being in the workplace with a multitude of solutions. Serving the U.S. healthcare industry since 2007, our national team of certified physician peer coaches and senior behavioral health consultants deliver life-changing well-being solutions.



executives

#### MARY WOLF, MS, LPC-MH, BCC

Mary Wolf has been an Executive Coach with VITAL WorkLife since 2021. Mary is the president of Veritee Partners LLC, a coaching and consulting business designed to promote well-being and success for physicians,

dentists and the companies they serve. Veritee Partners offers assessments and consultation for healthcare systems to build well-being programs and cultures.

Mary was the Program Director for the Avera Medical Group LIGHT Program, an award-winning well-being program for physicians and advanced practice providers. She led multi-strategy well-being services and provides executive coaching for physicians, nurse practitioners, physician assistants, residents and executives.

Before creating LIGHT, Mary was the director of multiple behavioral health programs at Avera including employee assistance program-EAP, addiction recovery, outpatient mental health and day hospital.

Mary has a Master's Degree in Counseling and Human Resource Development and is a Licensed Professional Counselor-Mental Health. Mary is a Board Certified Coach and holds certifications in executive, life and spirituality coaching.

Mary's extensive work with the Coalition for Physician Well-Being includes being published as a chapter author for two of their books: Transforming the Heart of Practice: An organizational and personal approach to physician well-being and Physician Well-being During Sustained Crisis: Defusing Burnout, Building Resilience, Restoring Hope



Scan the QR Code to schedule a free consultation.

#### SOURCES

- 1. https://omahamedical.com/wp-content/uploads/2017/10/The-Business-Casefor-Investing-in-Physician-Well-being.pdf
- 2. https://www.ama-assn.org/practice-management/physician-health/ how-much-physician-burnout-costing-your-organization
- 3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6262585/