

a VITAL WorkLife article

# Don't Invest in Well-Being If You're Not Invested

By Sharon C. Kiely, MD, MPM, FACP



## Coming up in the article:

- Are your well-being measures meeting the real needs of your organization?
- Is well-being a part of your organization's culture?
- Are your well-being resources adequate for your organization?
- Is well-being just as important as safety and quality of care in your value system?
- Demystifying well-being

You're an engaged leader of a healthcare organization, which means you're aware of the importance of supporting workforce well-being as well as the health and satisfaction of your patients. You've rejected the idea that well-being offerings for physicians, practitioners and staff are simply an added bonus and accepted they're crucial for quality of care—and your bottom line. You know when physicians struggle with their own well-being, it can drive turnover, decrease productivity and reduce quality, safety and patient satisfaction.

But here's a question: having invested dollars in well-being, are you invested in it? How do you know? And is your organization invested under your leadership? Specifically, are the well-being resources you've invested in:

1. Meeting the real needs of your organization?
2. Part of a holistic culture and system of care?
3. Adequate for your organization?
4. Valued just as highly as safety and quality of care in your value system?

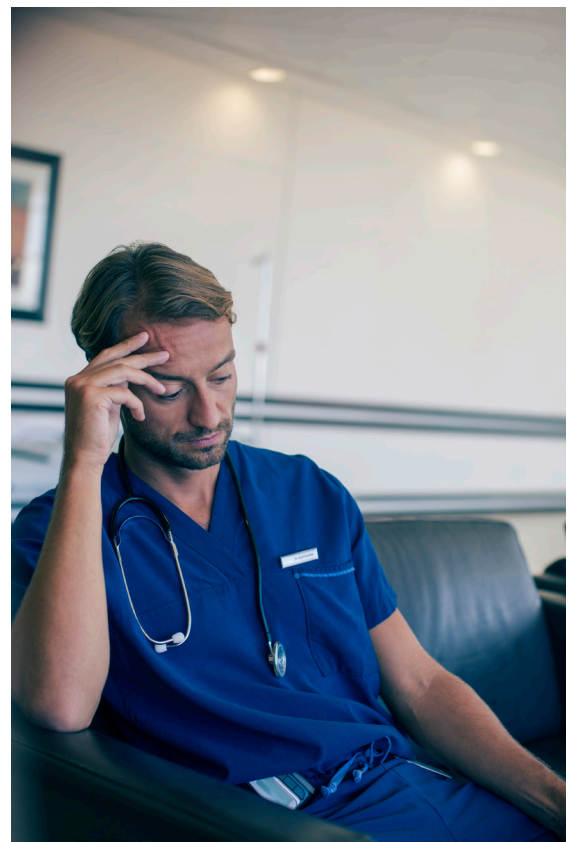
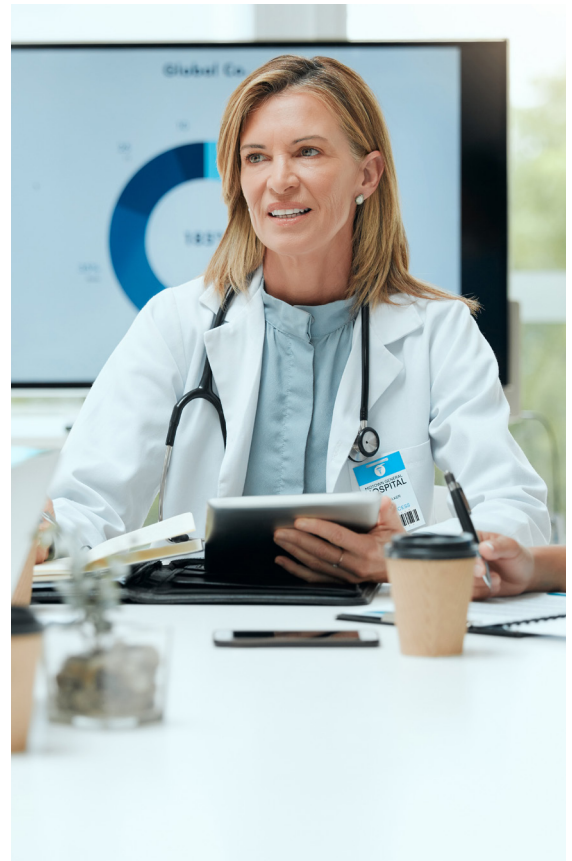
## Are your well-being measures meeting the real needs of your organization?


A well-being program is certainly not a box you check or a one-size-fits-all add-on. Nor should it be grounded only in what leaders are interested in or think is important. To be effective, it needs to respond to the actual situation in your organization, which agile leaders know is always changing.

The forefront of the COVID crisis illustrated this very well. During that challenging time, many leaders wanted to promote the well-being of their teams and prescribed how they thought it should happen. In a situation I'm familiar with, one leader wanted to institute meditation sessions for their team. Another was in favor of in-service training on well-being. Both measures were instituted but fell flat with the teams. Not only did staff have to make up for the time they spent in these pursuits, neither one was in line with their concerns, which were all about personal safety as the disease raged in the wards.

Learning from this experience, one leader established a team in their business unit, appointed a senior leader to oversee the team and reported to them directly. The team held focus groups to learn what was important, made recommendations and followed through. The leader modeled the behaviors they wanted staff to follow for well being. Both client satisfaction and team turnover hit goals within a year.

Well-being needs will differ by the size of the organization, by its location, by the demographics of its workforce and other criteria—including less tangible ones like the mix of personalities within teams and the well-being skills of middle-level leadership. Advancing the well-being of individuals and the organization is the task.





---

**“Your colleagues across the hall in quality and safety have data on staff injury, near misses and errors, all of which are associated with burnout and lack of well-being.”**

---

How do you find out about these actualities? By listening, with an ear for well-being; by creating structures of openness and responsiveness that encourage 2-way dialogue. While it makes sense to be aware of the revenue position or lawsuits that might arise from burnout-driven errors, addressing the causes of diminished well-being, including burnout, is required for today's healthcare leader to be relevant. A connection between leadership and what's in the workers' hearts, minds and lived experience is critical.

Along with learning by listening, you can consult data, because you have plenty of it. You have your physicians' burnout levels, productivity and absenteeism numbers and voluntary turnover within 2-5 years. Your colleagues across the hall in quality and safety have data on staff injury, near misses and errors, all of which are associated with burnout and lack of well-being. If your organization has patient survey feedback or results you could also extract those for examples of well-being or opportunities for improvement. When being curious about the data and results within your organization, consider how improved well-being might factor into decision making.

Finally, you cannot manage what you do not measure. The finest well-being metrics are clear, defined, measurable and achievable—and can be driven within every team and business unit.



**“Finally, you cannot manage what you do not measure. The finest well-being metrics are clear, defined, measurable and achievable—and can be driven within every team and business unit.”**

**—Sharon C. Kiely, MD, MPM**

---



## Is well-being a part of your organization's culture?

It's important to parse out if well-being in your organization is meeting real well-being needs, rather than theoretical ones. This is also a byproduct of integrating well-being into how the organization sees itself—its culture and values. The AMA's STEPS Forward program defines such a culture this way in its Wellness-Centered Leadership Playbook: "a work environment that embraces a set of values, attitudes and behaviors that promote self-care, professional satisfaction and growth, and compassion for colleagues, patients and self."<sup>1</sup>

Creating a holistic culture of care for everyone, from patients to practitioners at all levels, is the macro-level way to make a well-being program appropriate and effective. It allows staff to see the program as part of a systematic, organizational effort towards care for everyone.

It's a truism that the financial health of the organization involves everyone—the whole organization contributes to its success. Additionally, what we need to understand and embody is the truth that the whole organization directly drives the well-being of those who work in it as well. Measuring and managing well-being helps leaders demystify what well-being looks like for your organization.

## Are your well-being resources adequate for your organization?

A program or a set of programs may be in place, but if they are under-resourced, they will fail to meet your needs as well as the individuals they were intended to serve—your teams. An example of this would be employing a single well-being officer without supporting staff for a large system. Or having a well-resourced program that's focused on what leadership alone considers important sends the message that leadership's agenda is more important than the needs of workers—another form of inadequacy. Finally, having programs that staff do not use, or segments of staff such as physicians or nurses don't use, is a data point to be curious about as a leader.

## Is well-being just as important as safety and quality of care in your value system?

When Paul O'Neill took over Alcoa, he surprised a roomful of investors and stock analysts by talking about worker safety instead of capital ratios and inventory levels. "Every year, numerous Alcoa workers are injured so badly that they miss a day of work," he said. "I intend to make Alcoa the safest company in America. I intend to go for zero injuries."<sup>2</sup> People thought he was crazy; zero harm was impossible. Yet O'Neill changed the culture of Alcoa and his influence was felt throughout American industry.

1. The STEPS Forward program's Wellness-Centered Leadership Playbook is available at <https://www.ama-assn.org/system/files/ama-steps-forward-leadership-playbook.pdf>

2. See David Burkus, "How Paul O'Neill Fought for Safety at Alcoa," David Burkus blog, April 28, 2020, <https://davidburkus.com/2020/04/how-paul-oneill-fought-for-safety-at-alcoa/>



Now, in our assessment and administration of quality in healthcare, we've adopted this zero-harm idea. At one time, we assumed getting urinary tract infections (UTIs) in hospitals was expected. We also accepted that falls would happen in hospitals. Today our safety and quality standards are clear: no UTIs, no falls. These are called Never Events.

In establishing these seemingly “impossible” goals, leadership—visionary leadership—sets a vision for a long journey, recognizing you cannot achieve a worthy, difficult goal in a day. In making optimal worker well-being a nonnegotiable goal, leadership's job is to ask the hard questions about well-being's role in the organization and how best to measure, manage and invest in it.

## Demystifying well-being

Integrating a system of well-being into a healthcare organization—fully investing in well-being— isn't easily implemented. Similar to the early work of eliminating harm in healthcare, this field is in its early stages, with growing awareness spurred by the global pandemic and the toll it took. And there is much more work to do and more uncertainty as to what way is “best.” Some leaders are uncertain about what well-being is and assume it's simply the absence of psychological distress. This overlooks other elements that make up well-being—as demonstrated by VITAL WorkLife's approach to well-being; being able to holistically impact the entire individual to flourish, including professional satisfaction, financial and legal security, healthy relationships and even meaning and purpose.

## Medical managers today must demonstrate skill in finance, legal, compliance and regulatory issues and human relations.

And they can't advance in their careers without understanding quality and safety as well. Assessing the well-being of individuals and teams is a newer skill set in healthcare, particularly for middle managers, but it's one that is going to be necessary to remain competitive for key talent.

If you're receiving the help you need to understand and implement well-being resources, then how might you proceed? You could assess the state of well-being in the organization as you would the state of safety or quality or leverage a [well-being index tool](#). You could ask yourself, "what can we do in the immediate sense, in thirty days, in a year, in five years, to improve well-being by x percent?" For one organization, it might be increasing peer support programs; for another it might be setting up peer coaching; for others, it might be the launch of a team to create a focus on well-being.

Whatever next step your organization takes to really invest in well-being, it needs to be grounded in the real needs expressed by the people in your organization—and that part of investing in well-being, is no mystery at all.



**Contact us** 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](https://vitalworklife.com/contact-us)



Scan the QR Code to  
schedule a free consultation.

### ABOUT VITAL WORKLIFE

VITAL WorkLife is the leading mental health and well-being expert for healthcare organizations and their workforce. We've focused on healthcare since 2007, and today our innovative solutions are leading the way in helping physicians, nurses and entire care teams address professional burnout, life challenges and barriers to seeking help.



**SHARON C. KIELY, MD, MPM**

Dr. Sharon C. Kiely is a board-certified Internal Medicine physician and has been a Peer Coach with VITAL WorkLife since 2023. She completed her Doctorate of Medicine from Georgetown University School of Medicine. She also holds a Master's in Public Management from Carnegie Mellon University's Heinz School of Public Policy. She is the founder of Sharon Kiely, MD, LLC specializing in working with high achieving women and career and life coaching. Currently, Dr. Kiely also teaches at the Jefferson University School of Population Health in career development, coaching and negotiation, incorporating self-coaching into the curricula. She is Professor, Internal Medicine, Frank H. Netter, MD School of Medicine, Quinnipiac University.

### SOURCES

1. [The STEPS Forward program's Wellness-Centered Leadership Playbook is available at https://www.ama-assn.org/system/files/ama-steps-forward-leadership-playbook.pdf](https://www.ama-assn.org/system/files/ama-steps-forward-leadership-playbook.pdf)
2. [See David Burkus, "How Paul O'Neill Fought for Safety at Alcoa," David Burkus blog, April 28, 2020, https://davidburkus.com/2020/04/how-paul-oneill-fought-for-safety-at-alcoa/](https://davidburkus.com/2020/04/how-paul-oneill-fought-for-safety-at-alcoa/)
3. [See the Wheel of Well Being at https://insights.vitalworklife.com/the-vital-worklife-wheel-of-well-being](https://insights.vitalworklife.com/the-vital-worklife-wheel-of-well-being)