

A Chief Wellness Officer, Every Hospital Should Have One; Marlon Brando Was Right

The term of “burnout” has become somewhat ubiquitous in the medical literature. However, the first use of the term, “burnout” is credited to Herbert J. Freudenberger in his 1980 book, “Burnout: The High Cost of Achievement.” He defined it as, “The extinction of motivation or incentive, especially where one’s devotion to a cause or relationship fails to produce the desired results.”¹

Paul DeChant offers that there are six drivers that contribute to the burnout of physicians which include: 1) work overload, 2) lack of control, 3) insufficient reward, 4) breakdown of community, 5) absence of fairness and 6) conflicting values.² He cites that since 2020, 18% of healthcare workers have quit their jobs coinciding with the arrival of the pandemic. However, physician burnout occurred long before the pandemic and persists after it.

Urologists have been identified as among the specialties most vulnerable to burnout.^{3,4} Why should this be so? Franc-Guimond et al have posited that the roots of urologist burnout are related to our tireless efforts to strive for excellence in the care for our patients, our growing academic and research pursuits and surmounting administrative responsibilities.⁵ They explain that these virtues, often regarded as the foundations of our career successes, are often obtained at the expense of personal health and well being, as well as family sacrifice.⁵

A response to the “burnout” problem has been the use of chief wellness officers. Michael Roizen, MD should be recognized as one of the pathfinders of the era of chief wellness officers. He became the Cleveland Clinic’s Chief Wellness officer in 2007. Since that time, there has been a growing awareness of the need for chief wellness officers.

Many still ask what does a chief wellness officer do? Perhaps it is best to start with what a chief wellness officer does not do. A CWO is not part of the human resources department. Although healthcare quality, patient experience, inclusion and diversity are all important responsibilities of human resources and may require some input from the CWO, they should not be the primary focus.⁶ Chief wellness officers should be the agents of organizational well-being.⁶

There are behavioral tools available to CWOs to achieve organizational well being. The Maslach Burnout Inventory (MBI) is a validated questionnaire that assesses three classical components of burnout: 1) emotional exhaustion, feeling of being emotionally over extended and exhausted by one’s work, 2) depersonalization, an unfeeling and impersonal response toward recipients of one’s service; and 3) decreased sense of personal accomplishment, feelings of competence and successful achievement in one’s work.⁷

The benefit of investing in a chief wellness officer has a direct benefit not just to the individuals, but to the institution as well. The benefits are often intertwined. Franc-Guimond et al list the sequelae to physician burnout as depression, anxiety, sleep disturbance, fatigue, difficult job situations, medical errors, substance abuse, marital dysfunction, premature retirement and suicide.⁵ Each of these outcomes has both personal and organizational costs.

Due to the complexities and exigencies of running a hospital, the morale of the physicians is often overlooked. It is important that someone takes care of the caregivers. Hospital presidents, boards of directors, CMOs and CFOs are concerned, first and foremost, with the bottom line. Is the hospital in the black financially? What do patient satisfaction surveys say? Where does the hospital place in regional and national rankings? Too often, the well being of the physician is an afterthought of the hospital power hierarchy. The role of the CWO should be that of the physician advocate. How are the docs doing as people? No hospital would consider not having a president or CMO. Neither should they consider not having a CWO.

If the hospital trustees are considering whether to establish a CWO position in their institution, they should recall one of the final scenes in the motion picture, *On The Waterfront*. The scene is in the back of a cab, and the younger brother, Terry (Marlon Brando) who is a failed prize fighter looks at his older brother, Charley (Rod Steiger) and says, "You shoulda looked out for me a little bit. You shoulda taken care of me a little bit." Too often, these words capture the feelings of physicians toward their hospitals.

Kevin R. Loughlin, MD, MBA

*Vascular Biology Research Laboratory
Boston Children's Hospital
Boston, Massachusetts, USA*

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