

From Why to How: Practical Pathways to Healthcare Well-Being

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The well-being of physicians and healthcare professionals is central to maintaining a functioning healthcare system. Healthcare workers have always faced numerous threats to their well-being, but the COVID pandemic brought many of these long-standing issues to the forefront of public consciousness. The demanding nature of medical work creates high levels of stress and burnout through multiple factors: constant exposure to human suffering, extended work hours, unpredictable schedules, and mounting administrative responsibilities. Additionally, healthcare professionals often struggle with limited autonomy over their work environment, risk of physical injury, emotional strain from challenging patient interactions, and financial pressures. These combined stressors can profoundly affect both the mental and physical health of those working in healthcare settings. The personal consequences of these stressors in physicians include both physical consequences such as fatigue, exhaustion, and risk for motor vehicle accidents, and psychological consequences such as stress, disruptive behavior, mood disorders, depression, and substance abuse.¹ Healthcare workers are at an increased risk of suicide, and preventative interventions along the stress-to-suicide continuum are of paramount importance.

The effects of these stressors extend well beyond the individual well-being of each healthcare worker affected. On an institutional level, there are also significant costs associated with the well-being of the workforce. The financial cost of burnout to healthcare, including attrition of the workforce, is estimated to be \$4.6 million dollars annually.² Patient care is also impacted. Physician depressive symptoms impact attention to detail and decision-making and have been associated with medical errors.³

The complexity of healthcare workforce well-being demands a holistic, systems-level approach that recognizes the intricate relationships between individual resilience and organizational infrastructure. Seemingly disparate elements of well-being are fundamentally interconnected: effective well-being strategies extend beyond individual self-care and resiliency programming. While these elements remain critical, they must be integrated into broader systemic interventions that reshape healthcare delivery and academic medicine environments, organizational cultures, and support structures. This synergistic approach requires simultaneous investment in individual mental health resources

and strategic modifications to healthcare systems, creating a comprehensive framework that addresses both personal coping mechanisms and the structural challenges that contribute to professional burnout and psychological strain.

Our task in this issue was to illuminate well-being programming that we see working within our community and for our colleagues. There has been significant study devoted to why well-being work is important. We wanted to contribute to the evolving body of literature focusing on how to address the complex issue of well-being in medicine. This issue of the *Rhode Island Medical Journal* is a snapshot of solutions that can aid with shifting the culture to one of improved well-being. We specifically tasked our authors, local and national leaders in well-being, to share with us solution-driven, locally effective programs that could be incorporated across different specialties and institutions. There is no one solution. Efforts must include initiatives at the individual, team, and system levels. While this issue is not exhaustive of all solutions, it is an opportunity to illustrate the importance of ongoing discussion, research, and support for healthcare workforce well-being, because when healers thrive, everyone benefits.

In this issue, **DRS. HAMPTON** and **HOLDER** describe a breathing strategy, a seemingly simple but effective strategy for recentering and refocusing that can be used easily with individuals and teams. **DRS. ALVAREZ, WINKEL,** and **KARAMATSU** show how three well-established business models can be adapted to aid the implementation of varied physician well-being initiatives. **DRS. HARDY, GOLD,** and **BURROUGHS-RAY** share a curriculum created to promote and support medical residents' well-being. **DRS. AGARWAL, VAIDYANATHAN, BRANDON** and **BEIDAS** illuminate an approach that uses analytics to improve well-being throughout an organization. **DR. CATANESE** shares a way to create structured opportunities to develop personal and professional skills that aid with improving well-being and enhancing job satisfaction for faculty. **DRS. BREWER** and **ANTICO** share the importance of evidence-based and user-centered design, which involves engaging physicians in the development and execution of wellness programs. **DRS. STUMP, MCCRAY,** and **SHAFI** describe a way to aid learners and faculty in cultivating attention and self-awareness using narrative medicine. **DEEYA PRAKASH**, a current pre-medical undergraduate student, and **DR. LAUREN ALLISTER** share a

hopeful perspective for the culture of well-being in medicine from a future physician.

Established medical journals are stressing the importance of addressing burnout and moral injury amongst the healthcare workforce. Healthcare workers, long acculturated to prioritizing others at the expense of self, are recognizing the importance of self-care as part of successful and sustained careers. Individual and departmental programming is important but not mutually exclusive from the systemic change that also needs to take place. This work requires a bottom-up, top-down approach to create new roots of cultural change. We are buoyed by this important call to action and the work being done in the well-being realm across medical specialties and institutions. Our authors have inspired us with the work they are doing on the well-being front. We hope that this issue, and continued broad attention to this important work, will keep healthcare worker well-being on par with all the other metrics of a successful healthcare system. This issue is our response to this collective call to action for moving from the “why” we need this work to the “how” to create change and sustain a culture of well-being in medicine.

References

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Disclosures

None.

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