

# From Why to How in Physician Well-Being: Aligning Strategies for Sustainable Cultural Change in Healthcare

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## ABSTRACT

**BACKGROUND:** The evolution from the Triple Aim to the Quintuple Aim has highlighted physician well-being as crucial for healthcare delivery. While evidence-based interventions exist, implementing sustainable well-being initiatives remains challenging for healthcare organizations.

**DESIGN:** This report demonstrates how three established business frameworks – McKinsey 7S Framework, Kotter's 8-Step Change Model, and PESTEL analysis – can be adapted to implement physician well-being initiatives in healthcare settings.

**RESULTS:** These frameworks analyzed three initiatives: promoting break-taking behaviors (McKinsey 7S), transitioning from a sick-call to a back-up call system (Kotter's model), and updating Work-Family-Career Guidelines (PESTEL). Each framework provided unique insights: 7S enabled systematic organizational alignment, Kotter's model facilitated change management, and PESTEL assessed external factors influencing implementation.

**CONCLUSION:** Adapting business frameworks to healthcare settings provides structured approaches for implementing physician well-being initiatives, demonstrating how cross-sector tools can advance the Quintuple Aim while addressing systemic drivers of burnout.

**KEYWORDS:** healthcare leadership, physician well-being, strategy, change management

## BACKGROUND

The well-being of physicians has emerged as a pressing concern in healthcare, with a growing body of evidence linking physician burnout to negative impacts on patient care, increased healthcare costs, and challenges to workforce sustainability. Despite efforts to address these issues, such as the progression from the Institute for Healthcare Improvement's original Triple Aim<sup>1</sup> – which targeted patient care, population health, and cost – to the Quadruple Aim<sup>2</sup> that included clinician well-being, and later the Quintuple Aim<sup>3,4</sup> incorporating health equity, significant barriers to implementation persist. The COVID-19 pandemic further underscored

the importance of integrating well-being and health equity into care delivery. However, many healthcare organizations continue to struggle with translating well-being strategies into sustainable practices due to resource limitations and cultural resistance. The growing data on physician burnout underscores its detrimental effects on patient care quality, increased healthcare costs, and significant impact on the sustainability of the healthcare workforce.<sup>5-10</sup> These findings have driven more intentional efforts to address physician well-being through targeted interventions and organizational strategies.

While evidence-based interventions for improving physician well-being are well documented, a critical gap remains in the sustainable and widespread integration of these initiatives across clinical settings.<sup>11-13</sup> The challenge is moving from understanding what fosters a supportive, well-being-focused environment to effectively executing customized interventions that meet each institution's unique needs. This gap presents an opportunity to bridge the divide between theory and practice by addressing system-level barriers that prevent the adoption of well-being initiatives. Effective implementation also requires overcoming the common “us vs. them” mindset by fostering collaboration between clinicians, institutional leaders, and administrators to align well-being efforts with organizational goals.<sup>14</sup>

Addressing this gap is crucial not only for enhancing physician well-being but also for improving healthcare quality, achieving health equity, and ensuring workforce sustainability. With increasing knowledge and awareness, Well-being 1.0, which primarily focuses on individual resilience, needs to transition into Well-being 2.0, emphasizing systemic action and leadership to drive cultural change.<sup>14</sup> This shift is guided by the Stanford Professional Fulfillment Model<sup>15</sup> and Wellness-Centered Leadership (WCL) principles<sup>16</sup>, which focus on cultural transformation, practice efficiency, and support for personal resilience.

Applying structured frameworks from other industries can help solve complex challenges in healthcare. This manuscript uses three proven business models – the McKinsey 7S Framework, Kotter's 8-Step Change Model, and PESTEL analysis – to guide physician well-being initiatives. These models were chosen for their systematic, adaptable approaches to organizational change. The McKinsey 7S Framework aligns key organizational elements – strategy,

structure, systems, shared values, style, staff, and skills – to address systemic barriers.<sup>1</sup> Kotter's 8-Step Change Model provides clear steps for managing change, including building urgency, forming coalitions, and embedding new practices into culture.<sup>18</sup> PESTEL analysis examines external factors – political, economic, social, technological, environmental, and legal – that influence success and sustainability.<sup>19</sup>

This paper will also demonstrate how adapting these frameworks can facilitate the implementation of well-being initiatives in healthcare. Practical examples, such as stocked emergency department snacks, a back-up call shift-credit system, and revised new parent guidelines, will illustrate how integrating these strategies bridges the gap between knowledge and action. By adapting these proven frameworks, healthcare organizations can achieve sustainable improvements in physician well-being.

## DESIGN

In this report, we apply a multifaceted design to adapt established frameworks for implementing sustainable physician well-being initiatives in healthcare. The McKinsey 7S Framework ensures organizational alignment,<sup>17</sup> Kotter's 8-Step Change Model facilitates the change process,<sup>18</sup> and PESTEL analysis addresses external factors that influence implementation.<sup>19</sup> These frameworks, commonly taught in business school and healthcare leadership programs, provide a shared language for physician leaders and hospital executives. This shared language helps move beyond the "us vs. them" mindset, fostering collaboration with hospital leadership to align goals and implement meaningful change, a cornerstone of Well-Being 2.0.<sup>14</sup>

The design process incorporates stakeholder feedback, identifies organizational challenges through data analysis, and develops tailored strategies that integrate seamlessly into existing workflows. By leveraging this shared understanding, the frameworks support alignment across leadership levels, secure stakeholder buy-in, and anticipate resistance to change. This approach ensures that well-being initiatives are seen as essential components of clinical practice rather than add-ons. Continuous evaluation and refinement further enhance the sustainability of these programs and support scalability across departments or systems.

By utilizing these frameworks, the design bridges the gap between theory and practice, enabling targeted actions to improve practice efficiency, foster resilience, and create lasting cultural change. This methodology offers a replicable model for other healthcare institutions aiming to implement effective physician well-being initiatives.

## RESULTS

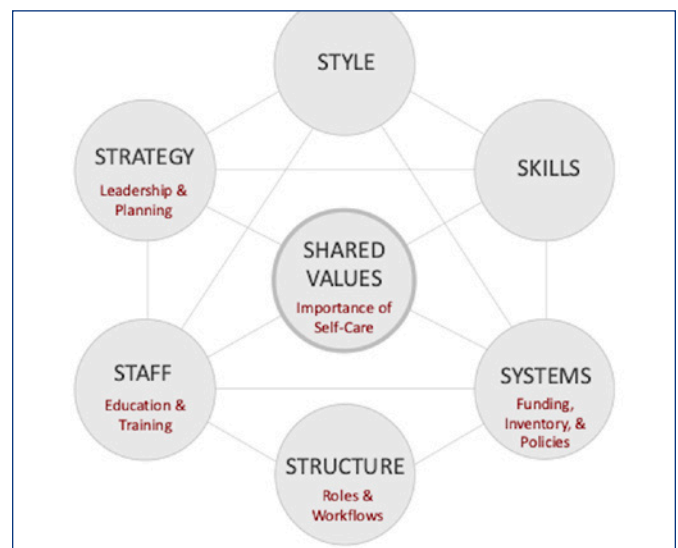
### Supporting Break-Taking Behaviors in the Emergency Department

The McKinsey 7S Framework (**Figure 1**) provides a comprehensive approach to effectively implementing the break-taking initiative in the emergency department (ED), ensuring that all organizational elements are aligned and optimized. By addressing strategy, structure, systems, shared values, style, staff, and skills, the framework facilitates seamless integration of the initiative into the department's operations, advancing a culture of wellness.

As an illustration of several nodes within the McKinsey 7S framework, the structural dimension of the initiative involved establishing defined roles and workflows for managing logistics centered around the installation and maintenance of a stocked refrigerator to ensure the consistent availability of nutritious snacks and beverages in the ED. Systems were developed to support funding and inventory management for sustainability, incorporating feedback mechanisms to maintain stock levels throughout the week. Additionally, policies were designed to align with Occupational Safety and Health Administration (OSHA) guidelines, Joint Commission standards, and state regulations, ensuring that break-taking can be integrated without compromising patient care. This structural alignment, supported by strategic planning, aimed to embed break-taking as a routine aspect of ED operations, with shared responsibilities across physicians, nurses, and support staff to sustain the initiative.

Incorporating shared values is essential to fostering a cultural shift that views regular breaks as integral to clinician well-being and the delivery of high-quality patient care. This

**Figure 1.** McKinsey 7S Framework for Supporting Break-Taking Behaviors in the ED



Adapted from <https://www.mckinsey.com/capabilities/strategy-and-corporate-finance/our-insights/enduring-ideas-the-7-s-framework#>

initiative reframes break-taking from a perceived sign of weakness to a valued practice that enhances personal health and professional performance. Leadership style played a pivotal role in modeling and promoting these values, with leaders actively encouraging staff to participate and reinforcing the importance of self-care. Staff engagement is also critical, with education and training to build the necessary time management skills and integrate breaks into daily workflows. Through this comprehensive approach, the initiative aligns all seven elements of the 7S Framework, facilitating a cultural transformation that embeds wellness as a core organizational value in the ED.

The McKinsey 7S Framework helps ensure the success of this initiative by providing a structured lens through which each aspect of the organization is considered, allowing for targeted adjustments that promote alignment and coherence across all components, thereby driving sustainable change.

### Moving from Sick-Call to Back-Up Call: A Human-Centered Approach

Kotter's 8-Step Change Model (Figure 2) provides a structured framework for implementing organizational change by building urgency and guiding people through the transformation process. In the context of transitioning from a traditional sick-call system to a back-up call system in the ED, this model supported the establishment of a human-centered approach that recognized and compensated on-call availability, assisted colleagues dealing with illness or significant life events, and fostered a culture where taking necessary time off was accepted and encouraged. Even the choice of language, moving from "sick-call activation" to "back-up call activation," helped reinforce the initiative by framing the system as supportive and proactive rather than reactive, thereby reducing any stigma associated with calling out.

As an illustration of this model, creating a sense of urgency was crucial for initiating the change. This involved clearly communicating the risks associated with the previous sick-call culture, where clinicians often felt pressured to "suck it up" and work despite being unwell, resulting in burnout and compromised, and even unsafe, patient care. Presenting data on the negative effects of presenteeism – such as increased fatigue-related errors, diminished job satisfaction, and long-term health impacts – emphasized the immediate

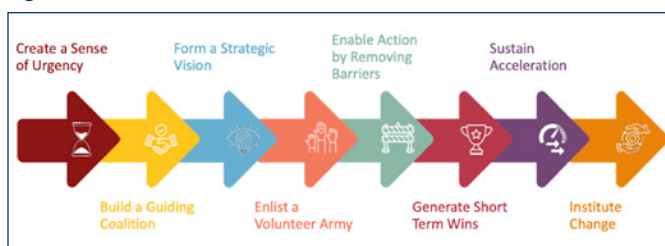
need for a more supportive system.<sup>20</sup> To further convey the gravity of the problem, wellness champions conducted listening sessions and met directly with key stakeholders, including frontline clinicians and leadership, to gather first-hand accounts of the challenges faced under the previous system. These sessions not only validated the concerns but also helped tailor the urgency message to resonate with different audiences. Framing the back-up call system as a solution that safeguarded individual well-being while enhancing department performance and patient safety generated strong momentum for change.

Forming a powerful coalition was equally critical to driving the initiative forward. This coalition was composed of a diverse group of stakeholders, including ED physician leaders, physicians with caregiving responsibilities, physicians heavily involved in research, administrators, frontline physicians, and wellness champions, all of whom were committed to embracing the change. Including representatives from various roles ensured that multiple perspectives were considered and helped build broad-based support across the department. Wellness champions within the coalition played a key role by using insights gathered from listening sessions to engage directly with key stakeholders, ensuring that the proposed changes addressed the specific needs and concerns of the physician group. The coalition leveraged personal stories and experiences to highlight the benefits of the back-up call system, advocated for essential policy updates, and engaged their peers in discussions about the cultural shift towards a more compassionate and sustainable approach to shift coverage. By empowering this coalition, the department successfully piloted the model with the desired outcomes, leading to its implementation and adoption in the ED.

### Minimizing the Impact of Work on Personal Relationships by Updating the Work-Family-Career Guidelines

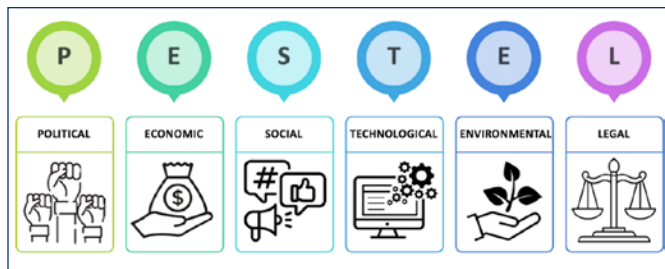
A PESTEL analysis (Figure 3) provides a comprehensive framework for examining external factors that impact an organization, focusing on Political, Economic, Social, Technological, Environmental, and Legal aspects. Using this approach to support new parents with caregiving responsibilities, Stanford Emergency Medicine updated its Work-Family-Career Guidelines to better address the external pressures and needs faced by physician parents. Socially, there is a growing emphasis on work-life balance, particularly in high-pressure fields like emergency medicine, where the demands of clinical duties can conflict with personal responsibilities. The updated guidelines aim to normalize practices such as flexible scheduling, comprehensive family support resources, and back-up childcare, making it easier for physicians to manage their personal and professional demands. By encouraging all parents – including fathers and non-birthing parents – to fully utilize their leave benefits, the guidelines help shift cultural perceptions, reduce the stigma

Figure 2.



Adapted from <https://www.kotterinc.com/methodology/8-steps/>

Figure 3.



Adapted from <https://www.lexisnexis.com/en-int/glossary/compliance/pestel-risk-monitoring>

associated with taking time off, and promote a more equitable distribution of caregiving responsibilities across genders.

Physically, the updated guidelines prioritize providing suitable accommodations that support the needs of new parents returning to work. Such accommodations include creating designated lactation rooms within or near the ED, equipped with ergonomic workstations, refrigerators, and comfortable seating to ensure privacy and convenience. Flexible scheduling options, such as eliminating night or on-call shifts during critical stages of pregnancy and the first year postpartum and limiting physically demanding tasks, help to minimize the physical strain on physicians and contribute to a safer, more supportive work environment. Additionally, offering support for emergent childcare resources can alleviate stress by providing options that accommodate the non-traditional hours typical in emergency medicine, allowing physician parents to focus on both patient care and their families.

Integrating these physical and societal factors into the Work-Family-Career Guidelines not only supports individual well-being but also aligns with broader institutional goals of fostering a culture of wellness. By addressing societal expectations for work-life balance and implementing practical physical accommodations, the guidelines help create an environment where physician parents feel supported in both their professional and personal lives. This approach not only enhances job satisfaction and retention but also reinforces the department's commitment to leading by example in creating a family-friendly workplace in academic medicine.

## CONCLUSION

The successful implementation of physician well-being initiatives requires a structured approach that bridges the gap between knowledge and action. By adapting established business frameworks – McKinsey 7S, Kotter's 8-Step Change Model, and PESTEL analysis – healthcare organizations can systematically tackle the challenges of implementing sustainable well-being programs. Our analysis of three successful initiatives shows how these frameworks can facilitate the shift from Well-being 1.0 to Well-being

2.0, advancing beyond individual interventions to systemic change. Through aligning organizational elements, managing change effectively, and accounting for external factors, these frameworks provide a replicable strategy for fostering a culture of wellness, improving practice efficiency, and supporting personal resilience.

Integrating Wellness-Centered Leadership principles with these business frameworks establishes a strong foundation for sustainable change. Organizations can create environments where well-being initiatives can flourish by focusing on caring about people, cultivating relationships, and inspiring change. Success depends on collaboration between clinicians, administrators, and wellness leaders, underpinned by data-driven metrics and continuous feedback. As healthcare organizations pursue the Quintuple Aim, this structured approach offers a clear pathway forward, addressing both the immediate needs of physicians and the long-term sustainability of the healthcare workforce. Future research should validate these implementation frameworks across various healthcare settings and develop standardized metrics to measure their impact on physician well-being and organizational outcomes.

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## Disclosures

Dr. Alvarez receives a portion of support for his full-time equivalent (FTE) effort from the Stanford Medicine WellMD/WellPhD Center for his role as Director of the Peer Resource Network (PRN) Support Program.

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