

Wellness-Centered Leadership Playbook



from the AMA STEPS Forward[®] Playbook Series

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Introduction

“

Amidst all the qualities of a health care organization—its culture, high-level organizational strategy, compensation models, benefits, efficiency of the practice environment, and the impact of the electronic health record—the single biggest driver of professional satisfaction is the behavior of an individual’s immediate leader.

”

—excerpt from the [STEPS Forward® Cultivating Leadership Toolkit](#) by Stephen Swensen, MD and Tait D Shanafelt, MD

What Is Wellness-Centered Leadership?

Wellness-centered leadership refers to the idea that the behaviors of health care leaders influence the organizational culture, which is a powerful driver of well-being for health care professionals.¹ In particular, leaders are responsible for generating trust in their organizations, both internally among clinicians and other employees, as well as externally among patients and the community. This trust fosters clinician well-being and is critical for good patient care.²

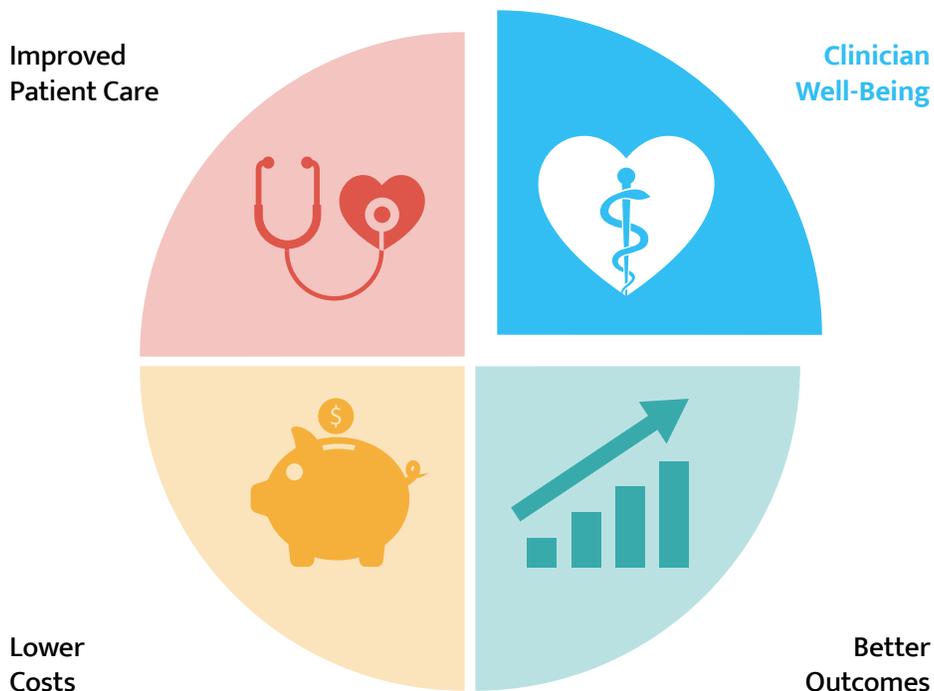
Creating a Culture of Wellness

As a well-known management consultant, Peter Drucker, once said, “Culture eats strategy for breakfast.” This is as true for health care organizations as other companies: no matter how solid your organizational strategy is, the organization’s culture, as created and modeled by its leaders, is foundational for success.

The terms “wellness” and “well-being” have varying definitions depending on context. For this playbook, we use “wellness” to connote a culture of wellness: 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. Well-being is used in the context of clinician well-being: a goal state for the workforce that requires systematic efforts from organizational leaders to achieve. That being said, there may be circumstances or settings where these terms can be used interchangeably.

A culture of wellness is essential for achieving the Quadruple Aim of health care, which includes improving patient care, reducing costs, improving population health outcomes, and improving clinician well-being (Figure 1).³

Figure 1. The Quadruple Aim



What Makes a Good Leader?

Successful leaders are:

- Confident in their position
- Willing to tackle difficult problems
- Bold enough to explore diverse views regarding new approaches and solutions

Leaders who possess these qualities are able to engage in 5 key leader behaviors that contribute to their success (Figure 2).

Figure 2. Five Leader Behaviors to Cultivate Positive Leadership

 Include	Treat everyone with respect and nurture a culture where all are welcome and psychologically safe
 Inform	Transparently share what you know with the team
 Inquire	Consistently solicit input from those you lead (participatory management)
 Develop	Nurture and support the professional development and aspirations of team members
 Recognize	Express appreciation and gratitude in an authentic way to those you lead

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A trusting environment can be nurtured when a leader authentically exhibits all 5 behaviors (Figure 2). Organizations focused on developing these 5 leader behaviors report substantive morale turnarounds facilitated solely by a change in the leader's behavior.^{4,5}

Of course, in addition to shaping culture and building trust, leaders directly support and nurture the well-being of their team.⁵ As such, it is important to note that the personal well-being habits of physician leaders (ie, actions to prevent burnout, increase professional fulfillment, and self-care practices) are associated with their leadership effectiveness.⁶

Who Is This Playbook For?

This *Wellness-Centered Leadership Playbook* is for health systems and organizational leaders, medical directors and departmental leaders, operations leaders, practice managers, and physicians and other clinicians who are aspiring leaders.

Anyone interested in leading change to improve health care organizational culture and clinician well-being can learn from the content outlined and linked to within this playbook.



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Toolkits

- [Creating the Organizational Foundation for Joy in Medicine™](#)
- [Team Culture](#)
- [Cultivating Leadership](#)

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- [Creating a Culture That Supports Well-Being](#)
- [Cultivating Leadership](#)
- [How a Chief Wellness Officer Manages His Own Burnout](#)

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- [Organizational Culture and Physician Well-Being](#)
- [Addressing Physician Burnout with U.S. Surgeon General Vivek H. Murthy, MD, MBA](#)
- [Cultivating Leadership](#)
- [The Habit of Gratitude: Being Positively Contagious](#)

Success Stories

- [COMPASS Groups Rejuvenate Relationships and Reduce Burnout](#)
- [Seven Key Actions to Create a Culture of Well-Being](#)
- [Task Force Uses Multidisciplinary Approach to Address Physician Well-Being](#)
- [Improving Physician Wellness at UCSF Via Physician Leadership Training](#)
- [Developing Physician Leaders May Reduce Team Burnout](#)

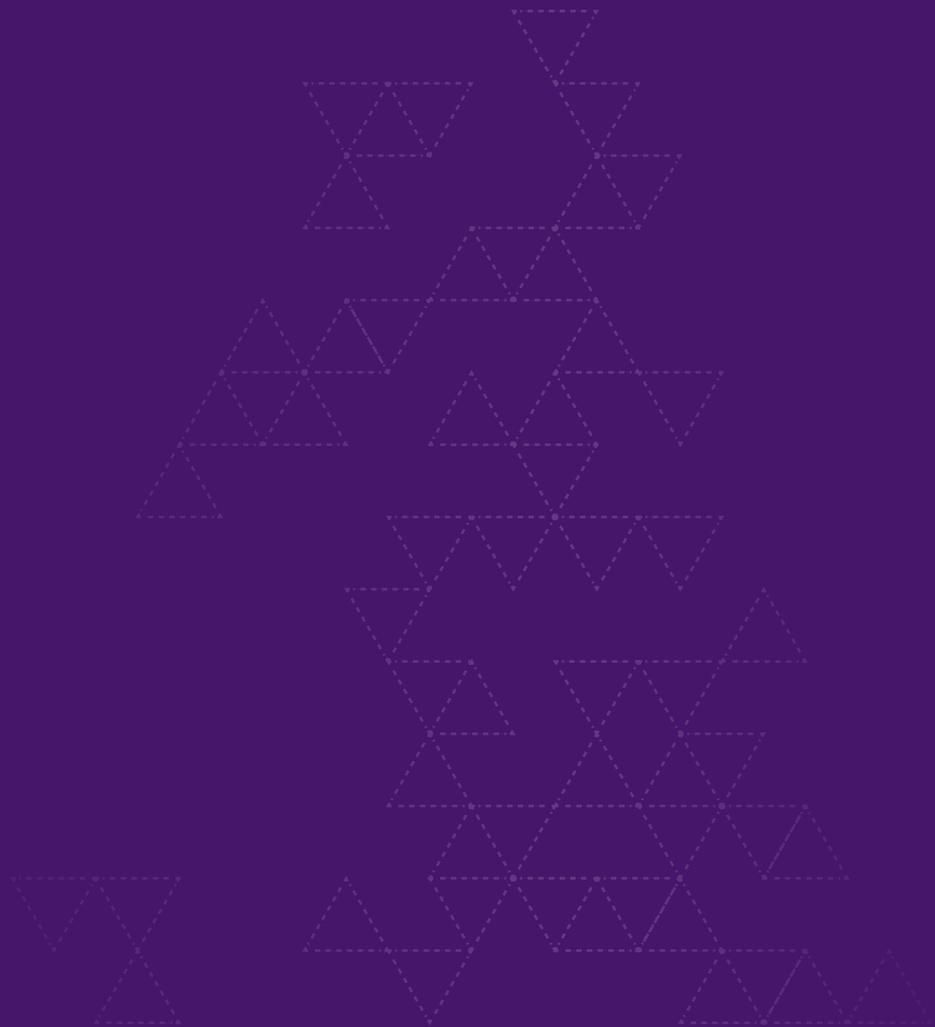


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Strategy 1: Build Trust

A trusting environment is one of the most valuable characteristics of high-functioning organizations. As a leader, you must build trust with those whom you lead. In health care organizations, trust between physicians and administrative leaders, physicians and peer (work unit) leaders, and physicians and patients are all vital for organizational well-being as well as excellent patient care.



Trust Between Practicing Physicians and Administrative Leaders

Practicing physicians and administrators both rightfully consider themselves to be highly trained, skilled, and knowledgeable team members. Naturally, this may lead to a disconnect between how they view themselves versus how they feel they are viewed by each other. Physicians may have the impression that administrators (especially senior leaders) don't understand, or don't care, about the challenges they face in taking care of patients. They may feel that the administration treats them as production line workers with little control over their schedules, support team, and even clinical decision-making.⁶ Meanwhile, administrators may think physicians do not understand the challenges of running a hospital or health system, including the financial factors that ensure long-term viability.

This disconnect exacerbates several key drivers of physician burnout, including:

- Lack of autonomy
- Breakdown of community
- Perceived unfairness
- Conflicting values
- “Us-versus-them” mentality

How Can Leaders Bridge the Trust Gap?

The **Building Bridges Between Practicing Physicians and Administrators toolkit** describes how to start building trust between these 2 groups. It outlines tactics that aim to create:

- Clear and transparent communication channels (town halls, informal social events, Listening Campaigns, administrator-physician dyads or triads)
- Opportunities for physicians and administrators to learn more about each other's roles
 - For administrators: shadowing physicians in clinics (“immersion days”), attending team huddles or team meetings
 - For physicians: opportunities to implement pilot projects and learn change management skills
- Shared core values and a willingness to work toward a common core mission/vision (eg, written out via organizational compacts)

The benefit of town halls and informal forums or social events is that they allow physicians to share their personal stories. While burnout scores and EHR metrics are very useful to administrators, the power of personal narrative cannot be ignored when building trust.

Another idea is to set up a “trust challenge” where groups within an organization share their best practices for building trust within their team, with other teams, and with patients. This can be an engaging and effective exercise at the organizational level.

A Communications Strategy for Trust and Well-Being

In addition to having open channels for dialogue, leaders need a strategy at the organizational level that meets the workforce's communications needs and preferences. Know your intended audience and adapt the communications strategy accordingly. This includes understanding current resources and delivery methods, information content and gaps, and messaging tone and style (Table 1).

Table 1. Components of a Communications Strategy to Promote Well-Being

 Communications resources	
GOAL Identify existing communications and marketing resources to reveal any gaps in how the organization disseminates information about well-being	
TACTICS <ul style="list-style-type: none"> Partner with Marketing and Communications colleagues to understand current communications platforms and resources Identify standard communications resources that already exist within the marketing infrastructure Identify communications resources that might be outside of current communications and marketing efforts (eg, student-run email listservs, department-specific resources) Work with Marketing and Communications colleagues, the well-being office, and your team to close any gaps by developing new resources or exploring new channels to expand access 	EXAMPLES <ul style="list-style-type: none"> Exploratory emails and surveys directed to health system leaders can help you understand how the department, division, or group members most commonly receive communications and what resources are shared Communications resources to look for include a website, a weekly email, a calendar with well-being events, brochures or handouts about well-being programming, etc. Channels are how those resources are disseminated and may include social media, an email blast or listserv, etc.
 Well-being resources	
GOAL Determine if the intended audience is aware of confidential, non-punitive mental health and well-being support resources that are available and investigate any gaps	
TACTICS <ul style="list-style-type: none"> Involve the well-being communications stakeholders in ascertaining awareness of support resources Work with stakeholders to craft a variety of simple and understandable resources with targeted messaging and details about support that closes any gaps you find 	EXAMPLES <ul style="list-style-type: none"> If awareness of existing resources is low, an infographic or simple webpage can be a one-stop shop housing a wide range of resources (eg, mental health support, peer support, coaching, spiritual support)
 Information needs	
GOAL Determine the information the intended audience needs most. The intended audience will vary between organizations based on the CWO's charge	
TACTICS <ul style="list-style-type: none"> Utilize surveys, focus groups, key informant interviews, web-based feedback, etc., to ascertain what information is most helpful, particularly in times of uncertainty and distress Develop a cohort of well-being communications stakeholders (eg, mid-level leaders, well-being directors, or committees representing various constituent groups within the intended audience) to ask about information needs at the local level Set expectations about information needs with stakeholders regarding what can or cannot be answered by communications efforts. You may wish to consult with legal counsel regarding wellness information and personal privacy Craft compassionate and responsive language for circumstances when communications cannot meet information requests 	EXAMPLES <ul style="list-style-type: none"> Survey questions with options to check all that apply, for example: "Please indicate how you prefer to receive messages or communication: (1) email (2) website (3) app-based (4) in-person meetings." Focus group discussions of open-ended questions like: "What sort of information do you feel you need at present from the health system or hospital leadership?"

Table 1. Components of a Communications Strategy to Promote Well-Being (cont.)

 Reach	
GOAL Measure the performance of a wide array of communications approaches	
TACTICS <ul style="list-style-type: none"> • Capture metrics on the effectiveness of communications platforms and engagement with well-being content (eg, click-through rates, click-to-open rates for text or email, unique website visitors) • Deploy the well-being communications stakeholders to measure awareness of content delivered by different platforms • Attempt to identify correlations between efforts to enhance reach and awareness of resources and resource utilization 	EXAMPLES <ul style="list-style-type: none"> • Dashboards can help you measure performance over time. Check with the communications platform vendors to see what metrics they capture and what type of reporting they offer. For example, some platforms will track email open, click, and share rates for you • Brief surveys that ask, “How do you learn about psychosocial support resources (click all that apply): (1) email (2) website (3) app (4) none of the above (5) other: _____?” or “Why did you not access a resource?” can help track reach • Focus groups with clinicians or community groups (eg, volunteer sports teams, culture groups, interest clubs) with open-ended questions like, “How do you learn about psychosocial support resources?” may be useful • Click-through rates to see if people are accessing well-being resources, for example, clicking a link to the organization’s well-being website or the landing page for more information about a well-being event
 Tone	
GOAL Deliver messaging in a tone that resonates as caring with the intended audience	
TACTICS <ul style="list-style-type: none"> • Test the language before disseminating: <ul style="list-style-type: none"> ◦ Convene a team of mental health and well-being support experts and empower that group to provide feedback on proposed messaging ◦ Convene groups of constituent community representatives (eg, physicians, nurses) to gauge how well the language resonates • Iterate and improve the phrasing until it repeatedly “lands well” for the intended audience 	EXAMPLES <p>The original message about documentation requirements might be: “Please remember that you are required to close patient charts within 24 hours of completing the patient encounter.”</p> <p>Upon review, it might be better worded as: “We recognize that documentation requirements can be time-consuming and place a considerable burden on you. Our organization’s goal is to have all charts closed within 24 hours of completing patient encounters. Please reach out if you are having trouble reaching this goal so we can troubleshoot and find the best way to help you get there.”</p>
 Bidirectional feedback	
GOAL Establish a way to gather feedback from the community and then inform them of what is or is not feasible	
TACTICS <ul style="list-style-type: none"> • Use tools that can gather timely bidirectional feedback (eg, web-based or text-based platforms) • Ensure that responses reflect and explicitly react to feedback solicited from the workforce 	EXAMPLES <p>Time is precious. Streamline and simplify your requests so that people don’t need to put much effort into giving feedback (eg, if you want information about the usefulness of your website, you might use a web- or text-based survey to poll the community)</p> <p>Example: Please take this anonymous 2-question survey about our well-being website by clicking here.</p> <p>Survey question 1: What resource were you looking for on the website? A) Mental health resources B) Peer support services C) Coaching recommendations D) Spiritual services E) Other. Please describe: _____</p> <p>Survey question 2: How long did it take you to find what you were looking for? A) 1-2 minutes B) 2-5 minutes C) More than 5 minutes D) Didn’t find what I was looking for</p>

Contributed by Jonathan Ripp, MD, MPH; Chief Wellness Officer, Icahn School of Medicine, Mount Sinai, New York.

On a more granular level, the 4 questions in Table 2 can serve as good conversation starters for leaders to build relational trust with their workforce. While these questions were initially created to support clinicians during COVID, they are relevant for any setting.⁷

Table 2. Four Key Questions Leaders Can Ask to Support Clinicians During the COVID-19 Pandemic Recovery Phase⁷

QUESTION	EXAMPLE RESPONSES
<p>1</p> <p>How did the COVID-19 pandemic* impact your life?</p> <p>*can replace with any recent event or change</p>	<ul style="list-style-type: none"> • Loss of all kinds (family, friends, patients, human connection) • Loneliness • Limited emotional reserve, exhaustion • Altered routines • Change in work roles or responsibilities • Lack of work-life balance • Sense of languishing • Extreme workloads • Moral dilemmas of care • Uncertainty and worry—professional, health, personal, financial, family
<p>2</p> <p>What does value and appreciation at work feel like for you?</p>	<ul style="list-style-type: none"> • Transparent communication • Communicating early and often (don't wait until it's perfect) • Including individual experience in future planning • Flexibility (eg, telehealth, remote work, schedule, redeployment environment) • Eliminating unnecessary burdens (eg, documentation, password updates, and mandatory quality and safety trainings)
<p>3</p> <p>What prevents you from doing a job that makes you proud?</p>	<ul style="list-style-type: none"> • “People cannot continue to do all they were doing before plus more, so things need to be removed from their plate, resources need to be built in, or expectations need to change.” • “Leaders need to show more flexibility and grace in expectations and acknowledge that this time is not normal.” • “Need to adjust our expectations for ourselves—my patients still need me, but I also may have kids screaming in the background.”
<p>4</p> <p>What can be done to move forward and help you do a job that makes you proud?</p>	<ul style="list-style-type: none"> • Rather than ask someone how they are doing, ask, “How can I help make your day better?” • Meet one-on-one with clinicians to identify what they have lost academically or monetarily and help create an action plan to get that back on track (and check back in regularly) • Create financial relief programs for those affected by unforeseen costs or who have suffered funding losses • Respect work and home boundaries • Encourage self-care • Encourage time off • Adjust clinical volume expectations and job descriptions to reflect post-COVID-19 workload • Create opportunities for grieving and sharing loss

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- [Building Bridges Between Practicing Physicians and Administrators](#)

Podcast Episodes

- [Building Bridges Between Practicing Physicians and Administrators](#)
- [Tackling Physician Burnout One Story at a Time](#)
- [Four Key Questions Leaders Should Ask Clinicians During COVID-19 Recovery and Beyond](#)

Webinars and Videos

- [Crossing the Divide: Building Bridges Between Physicians and Administration](#)

Trust Between Practicing Physicians and Peer Leaders

Many physicians serve as work unit leaders for a group of their peers, such as a site leader, medical director, division chief, or department chair. These individuals are often “leading from the middle” in their roles as practicing physicians (advocating for patients and colleagues) and their leadership responsibilities and accountability to senior leadership. However, many of the same principles previously described apply, namely, the importance of clear and transparent communication and shared core values.

Building trust in this particular arena is described in detail in the [Listening Campaign toolkit](#). A Listening Campaign is an initiative comprised of several Listening Sessions between a physician leader or facilitator and a group of practicing physicians within a work unit to discuss what is going well and what is not working within the group. A Listening Campaign accomplishes the following goals:

- Offers insight into systemic factors that negatively affect the day-to-day work experience of physicians
- Prioritizes topics **within** each group (section, division, or department) and **across** groups
- Shares topics with key leaders and stakeholders
- Connects physicians to organizational resources
- Welcomes champions to participate in improvement work

Feedback is another critical component of building trust between physicians and their leaders, as covered in Strategy 2.

**EXPLORE MORE!**

Toolkits

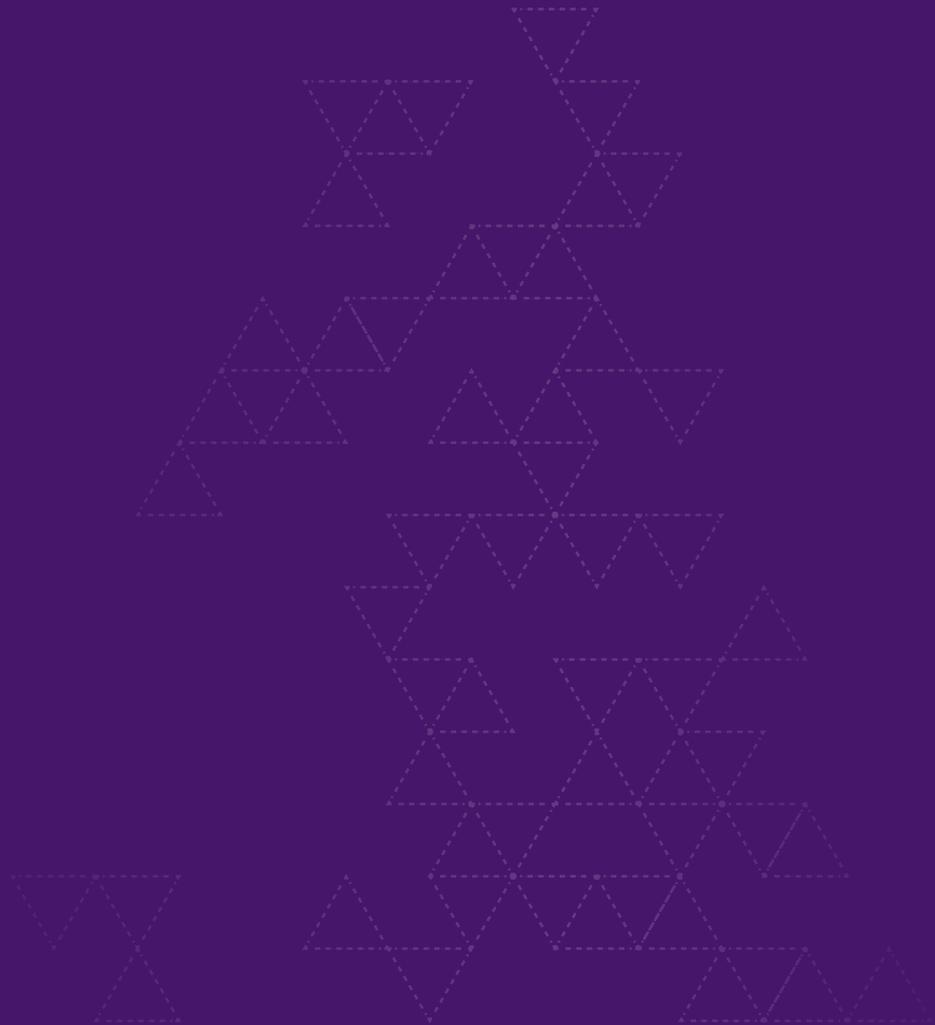
- [Listening Campaign](#)

Trust Between Health Care Organizations and Patients

As the COVID-19 pandemic showed us, the loss of credibility of health care leaders and organizations in the public eye can have catastrophic effects on both individual and public health. This area of trust is perhaps the most challenging to address and is outside the scope of this playbook. However, we mention it because it is vital for health care leaders to continue to put effort toward instilling trust among the patient population.⁸ Patient-directed medical communication and public health messaging are active research and development areas in the health care leadership community.

Strategy 2: Give and Receive Feedback

It is essential for leaders to give and receive feedback to and from those they lead. Feedback can take the form of real-time teachable moments or ongoing weekly, monthly, or quarterly dialogue that includes appreciation, feedback, and support.



The Gift of Feedback

The **Appreciative Inquiry toolkit** describes an approach that uses “unconditional positive” questions to identify what is working well.⁹ Asking team members questions such as, “What is something we can celebrate?”, “What made the team successful?” or “Have you noticed a colleague go beyond the call of duty recently? How so?” helps build on the positive and create a shared vision going forward.

For constructive feedback, remember that people have to be in the right frame of mind to accept it as constructive rather than critical. A good technique is to ask if the person is open to receiving feedback in the moment. Give them permission to defer to another time.

In addition to informal dialogue, formal bidirectional feedback should also include:

- Annual reviews with each physician within the group
- Objective assessment of the leader by those within the group

Annual Reviews of Physicians

An annual review is a natural place for leaders to embody the 5 leader behaviors (Include, Inform, Inquire, Develop, and Recognize) (refer back to Figure 2). This is also an ideal time to nurture partnerships between the leader and those they lead. Figure 3 shows how leaders can structure this annual review conversation to build trust and promote professional development. The **Cultivating Leadership toolkit** gives more pointers on this process.

Figure 3. Actions to Model the 5 Leader Behaviors During Annual Review Conversations

 Include	<p>Ensure the team member feels included and comfortable with your words, body language, and actions</p>
 Inform	<p>Transparently communicate all the information that is appropriate for this one-on-one encounter</p>
 Inquire	<p>Ask what brings them joy. Few leaders know the most meaningful area of work experience for the health care professionals on their team. Meaningful work can be caring for patients in a certain demographic group or with a specific disease, quality improvement work, multidisciplinary care team assignments, community outreach, teaching medical students or residents, or leadership</p> <p>Leaders frequently make basic and incorrect assumptions and may project them broadly to all team members. For example, they may assume a specialist in a given discipline is most passionate about their research or clinical activities when what they care about more is patient education or mentoring junior faculty. A brief reflection could prompt introspection, resulting in a discussion of values and motivators before the annual review. This discussion then informs collaboration between the leader and the team member to explore how to develop and nurture that interest. Together, the leader and health care professional can explore how this interest could serve the unit's needs and whether there are opportunities to expand the proportion of time dedicated to this passion—all of which decrease the chance of burnout</p>
 Develop	<p>Include dialogue about annual and career goals in every session. Create a plan to accomplish them together</p>
 Recognize	<p>Express gratitude for specific accomplishments or actions of the team member—the annual review is the perfect setting for recognition</p>

Assessments of Leaders

Formal assessment of leader behaviors should also be completed once a year (ideally) or once every 2 years. These assessments should be completed by the physicians that report to each leader, allowing physicians to provide direct feedback about the leader's behaviors and the impact they have on their direct reports. Assessment questions focus on the leader's actions and interactions with team members, not necessarily if the leader is "liked." The Mayo Clinic Leader Index, as described in the [Cultivating Leadership toolkit](#), is one tool that measures core leader behaviors (Figure 4).

Figure 4. Mayo Clinic Leader Index Questions

The leader to whom I report...

	Strongly Disagree	Strongly Agree
1 Holds career development conversations with me	1	5
2 Empowers me to do my job	1	5
3 Encourages employees to suggest ideas for improvement	1	5
4 Treats me with respect and dignity	1	5
5 Provides helpful feedback and coaching on my performance	1	5
6 Recognizes me for a job well done	1	5
7 Keeps me informed about changes taking place at (name of organization)	1	5
8 Encourages me to develop my talents and skills	1	5
9 I am satisfied with my immediate supervisor	1	5

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The AMA also offers a set of leadership assessment questions as part of their organizational well-being assessment, the [Organizational Biopsy™](#) (Figure 5).*

*If you are interested in learning more about AMA's no-cost assessment services, please email Practice.Transformation@ama-assn.org

Figure 5. Organizational Biopsy™ Leadership Assessment Questions



An accountable organizational leader or office (eg, Office of Leadership and Organization Development, Associate Dean, Chief Wellness Officer, Human Resources Executive) often takes the lead in collecting and sharing results no matter which assessment tool the organization uses. The designated organizational leader should share results with the evaluated leaders in a psychologically safe manner. Ideally, work unit leaders will confidentially receive their results from a senior leader with whom they have an ongoing relationship. The senior leader can provide personal feedback on individual leader evaluations and aggregate de-identified results for leaders in similar positions for context.

Each work unit leader would work with a senior leader to develop an action plan to improve their leadership score for the upcoming year. Improvement opportunities may include sharing goals with the members of their work group, attending a Leader Index workshop, and working with an executive coach (Figure 6).

Figure 6. Leader Improvement Opportunities



Leaders at Mayo Clinic who improved their Leader Index score demonstrated more fulfillment and had happier and more engaged team members. Mayo Clinic found that many leaders share their results with their group and transparently set an improvement goal for 1 or more leader behaviors with the team members who will evaluate them on the next survey.



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Toolkits

- [Appreciative Inquiry Principles](#)
- [Cultivating Leadership](#)

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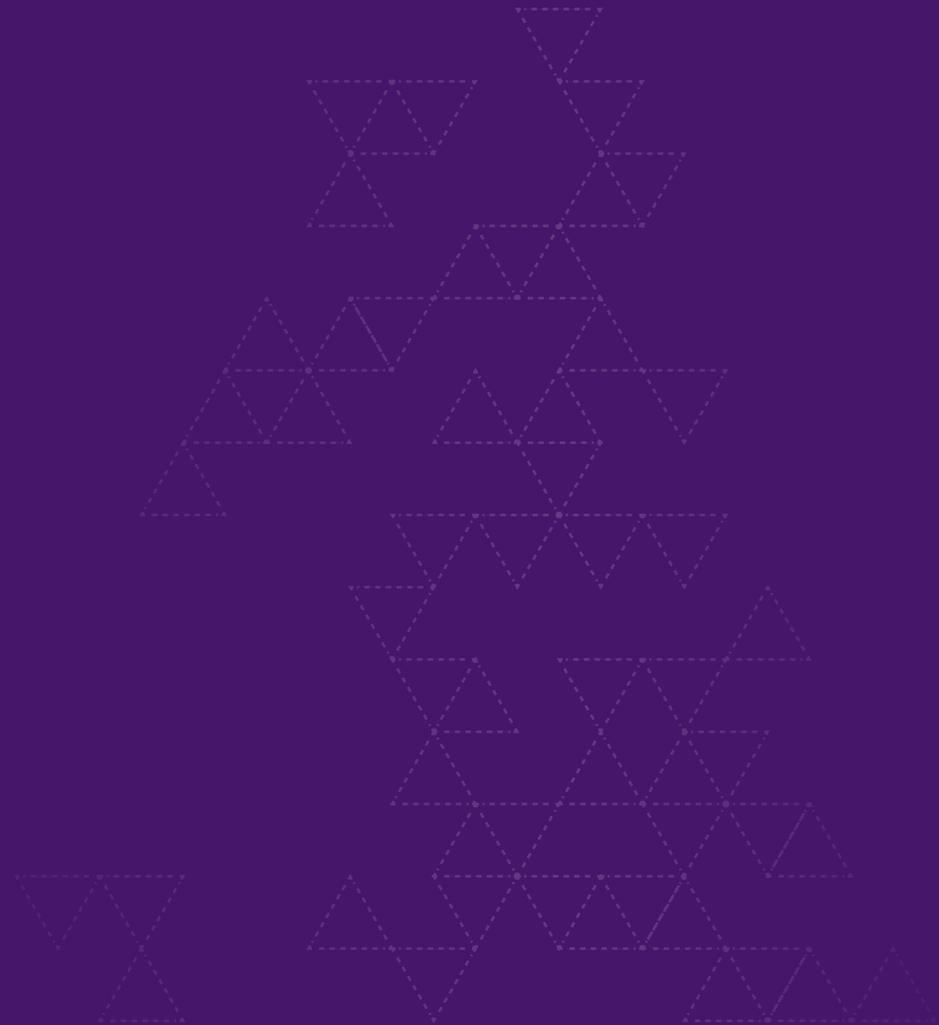
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Webinars and Videos

- [Cultivating Leadership](#)
- [Seeking feedback like you mean it: Time to take IACTION](#)

Strategy 3: Prioritize Clinician Well-Being

A more engaged, satisfied workforce will provide better, safer, more compassionate care to patients, which will, in turn, reduce the total costs of care.



Why Is Well-Being Important?

As a health care leader, you can break down the case for prioritizing the well-being of physicians and other health care workers into 5 key arguments: the moral and ethical case, the business case, the recognition case, the regulatory case, and the tragedy case (Figure 7).^{10,11}

Figure 7. Five Key Arguments for Why Well-Being Is Important to Health Care Organizations



The **moral and ethical case** is predicated on the belief that organizations have a responsibility to care for their people, including a specific duty to protect them from harm sustained from occupational endeavors



The **business case** is related to the effects of burnout on the quality of care and the evidence of the financial costs of physician burnout to the organization (eg, turnover, patient satisfaction, risk of malpractice suits)



The **recognition case** relates to the desire to be recognized as a top-tier organization as it pertains to physician wellness through programs such as the AMA's Joy in Medicine™ Health System Recognition Program



The **regulatory case** relates to the Accreditation Council for Graduate Medical Education (ACGME) accreditation requirements to attend to the well-being of health care organizations that train residents, fellows, and medical students



The **tragedy case** typically results from the organization's reaction to suicide by 1 or more health care professionals

Naturally, the business case speaks strongly to most senior leaders. Given the economic pressures on health care organizations, financial investment in well-being must be justified and substantiated. The business case is most clearly defined in relation to the costs of physician burnout and turnover.¹⁰ The economic costs of physician turnover are substantial and include not only recruitment and replacement costs but also lost revenue during the interval between a departure and a new hire being fully productive. **Although these costs vary by specialty, the estimated cost of turnover is roughly 2 to 3 times a physician's annual salary.**^{12,13} Studies from multiple institutions have demonstrated that turnover is double among physicians who are burned out compared to those who are not.¹³



EXPLORE MORE!

Toolkits

- [Creating the Organizational Foundation for Joy in Medicine™](#)
- [Physician Burnout](#)
- [Physician Well-Being](#)

Podcast Episodes

- [Elevating Joy and Meaning in Medicine](#)

Webinars and Videos

- [Fostering Clinician Well-Being: Current Trends and Insights from the AMA's 2022 National Report](#)
- [The Association of Physician Burnout With Suicidal Ideation and Medical Errors](#)
- [Organizational Culture and Physician Well-Being](#)
- [Physician Burnout: It's Not a Resiliency Deficit](#)
- [Addressing Physician Burnout with U.S. Surgeon General Vivek H. Murthy, MD, MBA](#)

Strategies to Promote Physician Well-Being and Decrease Physician Burnout

The [Organizational Foundation for Joy in Medicine™ toolkit](#) describes how organizations can optimize 7 domains to promote an environment that allows physicians not just to survive but to thrive (Table 3).

Table 3. Seven Domains that Organizations Can Optimize to Decrease Burnout and Improve Well-Being

DOMAIN	ACTIONS FOR OPTIMIZATION
1 Workload and job demands	<ul style="list-style-type: none"> • Cap patient volumes and panel sizes for individual physicians • Take into account work that is not patient-facing (eg, EHR work) when setting clinical full-time equivalents (FTE) • Reduce physician panel sizes proportionally when reducing their FTE
2 Control and flexibility	<ul style="list-style-type: none"> • Give physicians autonomy over how and when they work whenever possible—for example, do not micromanage their daily schedules, on-call schedules, vacations, etc.
3 Efficiency and resources	<ul style="list-style-type: none"> • Make every effort to ensure adequate staffing ratios to support physicians • Implement advanced team-based care workflows to increase teamwork and efficiency • Optimize EHR functionality and scheduling systems
4 Meaning in work	<ul style="list-style-type: none"> • Match physician and care team member tasks to their level of training • Provide physicians with opportunities and funding for research, leadership development, and education
5 Organizational culture and values	<ul style="list-style-type: none"> • Keep open lines of communication and feedback • Eliminate hierarchy and embrace camaraderie (ie, treat each other like family and the organization as your home) • Promote psychological safety and equity for all physicians, in particular those who may feel undervalued (eg, parents of young children, people of color, people who identify as LGBTQ+)
6 Work–life integration	<ul style="list-style-type: none"> • Provide opportunities to work from home (eg, telehealth, administrative days) • Optimize efficiency during the workday to reduce “pajama time” or work outside of work
7 Social support and community at work	<ul style="list-style-type: none"> • Establish formal peer support and peer mentoring programs • Provide common spaces, such as a physician lounge, to promote collegiality • Schedule social gatherings during and outside of work



EXPLORE MORE!

Toolkits

- [Creating the Organizational Foundation for Joy in Medicine™](#)
- [Team Culture](#)
- [Panel Sizes for Primary Care Physicians](#)
- [Medical Assistant Recruitment and Retention](#)
- [Getting Rid of Stupid Stuff](#)
- [Scholars of Wellness](#)
- [Team-Based Care](#)
- [Telehealth and Team-Based Care](#)
- [Telehealth Integration and Optimization](#)
- [EHR Inbox Management](#)
- [Advanced Rooming and Discharge](#)
- [Team Documentation](#)
- [Peer Support Programs for Physicians](#)

Podcast Episodes

- [Elevating Joy and Meaning in Medicine](#)
- [Creating a Culture That Supports Well-Being](#)
- [Reducing Pajama Time and Work Outside of Work \(WOW\)](#)
- [Debunking Regulatory Myths](#)
- [Treating Attention as an Asset](#)
- [Setting Boundaries](#)
- [Small Interventions Matter](#)
- [Improve Practice Efficiency with EHR “Quick Wins”](#)
- [Training Medical Assistants as “Encounter Specialists”](#)
- [Creating a Peer Support Program](#)
- [Taming the EHR](#)
- [Electronic Health Record Optimization](#)
- [Telemedicine Is a Team Effort](#)
- [Telemedicine and Team-Based Care](#)
- [Medical Assistant Recruitment and Retention](#)
- [Team-Based Care Model](#)



EXPLORE MORE! (CONT.)

Webinars and Videos

- [Parenting as a Physician: It takes a lot of patience](#)
- [Setting Boundaries to Prevent Fatigue and Build Resilience](#)
- [Physician Peer Support: An Organization's Secret Weapon to Combat Physician Burnout](#)
- [Integrating organizational actions toward patient safety and clinician well-being](#)
- [Taming the Electronic Health Record](#)
- [Cognitive workload: A modifiable contributor to physician burnout?](#)
- [Medical Assistants: Recruitment and retention](#)
- [No one should care alone: Creating processes for intentional professional connection](#)
- [Scholars of Wellness: A faculty development program to create wellness champions](#)
- [Building well-being into culture](#)
- [How to Implement a Peer Support Program During a Crisis](#)
- [Telehealth & Team-based Care: how to Engage Support Staff in Telehealth](#)

Success Stories

- [Improving Transitions of Care by Reducing After-Hours Call Volumes with a Novel Call Center Approach](#)
- [Implementing Strategies to Optimize Efficiency and Workflow to Improve Physician Satisfaction](#)
- [Reduce Burnout with Local and Organization-Wide Initiatives](#)
- [Creating a Seven-On, Seven-Off Scheduling Option for Primary Care](#)
- [Authentic Connections Groups Contribute to Resilience and Less Burnout Among Physician Mothers](#)
- ["See Me Now" Initiative Reconnects Emergency Medicine Physicians to Joy in Medicine](#)
- [Reducing Hospitalist Burnout with Hospitalist-Driven Improvement Initiatives](#)
- [Medical Assistants Are the Cornerstones of Successful Team-Based Care](#)
- [Effective Team-Based Care Could Save 8 Hours of Free Time Per Week](#)
- [Working Smarter in Primary Care Means Transitioning to In-Room Physician Support](#)
- [Getting Rid of Stupid Stuff: The Original Launch](#)
- [Getting Rid of Stupid Stuff at The Cleveland Clinic](#)
- [Getting Rid of Unnecessary Clicks in the EHR](#)
- [Scaling Peer Support from Pilot Project to Hospital-Wide Service](#)
- [Easing Physician Distress With Peer Support](#)
- [The Power of Peer Support During a Pandemic](#)
- [Care for the Caregiver Program Supports Peers and Organization Well-Being](#)
- [Peer Support Hotline Addresses Medical Student Burnout](#)

Establishing a Chief Wellness Officer

Organizations need more than ad hoc wellness committees and champions to systematically carry out the strategies outlined previously. Many health care organizations are turning to a new C-level executive position responsible for organizational strategy and guiding system-wide efforts to improve professional fulfillment. This leadership position has come to be known as the chief wellness officer (CWO).

In non-health care organizations, the human resources department is typically the home of the CWO role. Their primary purpose is to encourage healthy living, stress reduction, and personal resilience techniques to reduce the organization's health care expenditures. CWOs in these organizations may oversee all employees, including individuals with vastly different job descriptions and obstacles to reducing stress. As a result, the CWO's efforts tend to center on approaches for the individual rather than system-level approaches.

The health care CWO has a dramatically different role and function. In this setting, the CWO role bears responsibility for addressing the unique needs of health care professionals at an organizational level instead of an individual level, for example, recognizing the 7 driver dimensions of physician burnout and working to rectify them (refer back to Table 3). The CWO often leads a division or department specializing in well-being. Specific responsibilities of the CWO may vary by organization, but Table 4 offers some examples.

Two AMA STEPS Forward® toolkits guide organizations through developing a CWO position and helping the CWO implement an effective organizational well-being strategy: [Establishing a Chief Wellness Officer Position](#) and [Chief Wellness Officer Road Map](#).

Table 4. Role of the Chief Wellness Officer

Direct Responsibilities	Indirect Responsibilities
<p>Evaluating the current scope of the problem, benchmarking, and monitoring the impact of interventions</p> <p>Reporting the results throughout the organization (partnering with the communications department on this effort is helpful)</p> <p>Designing an organization-wide strategy</p> <p>Implementing appropriate components of the strategy and monitoring progress of areas responsible for other elements</p> <p>Overseeing broad, system-level efforts to drive improvement in the dimensions most relevant to the local organization</p>	<p>Communicating the vision, including why addressing the well-being of health care professionals is important to the organization's success</p> <p>Assisting in advancing fundamental qualities of the organization, such as equity, participatory leadership, collegiality, mutual respect, and professionalism</p> <p>Ensuring that the organization considers physician well-being in all consequential organizational decisions</p> <p>Helping other leaders see the link between their work and the well-being of health care professionals</p>



EXPLORE MORE!

Toolkits

- [Establishing a Chief Wellness Officer Position](#)
- [Chief Wellness Officer Roadmap](#)

Podcast Episodes

- [Establishing a Chief Wellness Officer Position](#)
- [Chief Wellness Officer Roadmap](#)
- [Creating a Culture That Supports Well-Being](#)
- [How a Chief Wellness Officer Manages His Own Burnout](#)

Webinars and Videos

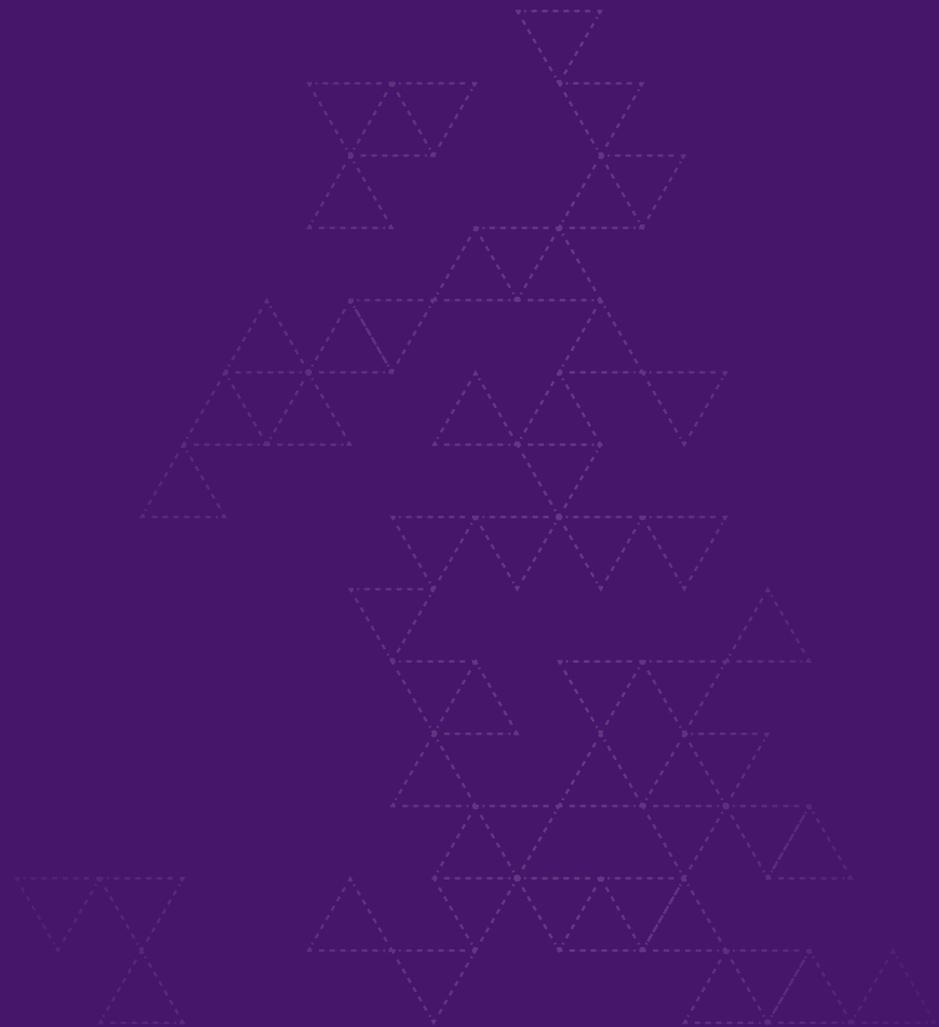
- [Cultivating Leadership](#)
- [Establishing a Chief Wellness Officer](#)
- [Building well-being into culture](#)
- [Fostering Clinician Well-Being: Current Trends and Insights from the AMA's 2022 National Report](#)

Success Stories

- [Laying the Groundwork for a Chief Wellness Officer at ChristianaCare](#)
- [The Chief Wellness Officer Journey at ChristianaCare](#)

Strategy 4: Make Unit-Level Changes Effectively

With the groundwork for a culture of trust and wellness in place and a CWO in charge, you are ready to dive into the tactics that can make meaningful, sustainable change within each work unit.



Three Key Principles

1

Take Away, Don't Add

The number of unnecessary, extraneous tasks in the daily workload of physicians and other clinicians has increased exponentially in recent years. From [overinterpretation of regulatory compliance](#) to the demand to meet or exceed quality metrics to more checklists and tasks driven by the EHR, these rules, clicks, and protocols have increased the already too-heavy administrative burden on physicians.

As a health care leader, when considering changes to improve physician well-being and, ultimately, patient care—instead of asking, “**What else do physicians need that can I provide?**” first ask, “**What can we take off physicians’ plates?**” Celebrating physicians with a day of free food or massages may seem impressive, but removing an extra 100 clicks per day by training medical assistants to pend or enter routine lab orders will be much more powerful. And ultimately, eliminating burdensome requirements will free up time for physicians to use for their own preferred activities that contribute to well-being.

The [AMA De-implementation Checklist](#) and the [STOP This, START That Checklist](#) offer many practical examples for removing unnecessary work. A more in-depth practice- or organization-wide process, called a [Getting Rid of Stupid Stuff](#) initiative, is described in detail in its own toolkit.

2

Engage Your Frontline Physicians

Physicians who spend most of their time seeing patients are the ones you should listen to first when it comes to which changes are most likely to have an impact. Unfortunately, these physicians are also the ones most likely to be burned out and, therefore, have the least time and energy to invest in change management initiatives. You, as a leader, must find a way to involve these physicians.

[Listening Campaigns](#) and a [Getting Rid of Stupid Stuff](#) initiative are 2 ways to solicit input from these individuals. Consider compensating them for their time and valuable insights, or at least providing protected time.

Some organizations offer a formal training program for frontline physicians who are aspiring change agents and want to become more involved in leadership. [The Scholars of Wellness \(SOW\) toolkit](#) describes the steps for implementing such a program, which teaches the framework and skills physicians need to effect change at a system level. In this program, physicians whose ideas have been vetted and selected by program leaders are paired with a process improvement coach and a well-being expert to design, pilot, and evaluate the idea—thereby becoming Scholars of Wellness (Figure 8). These physician Scholars develop change management skills while the work unit benefits from improved workflows and culture.

Figure 8. The Scholars of Wellness Model



3

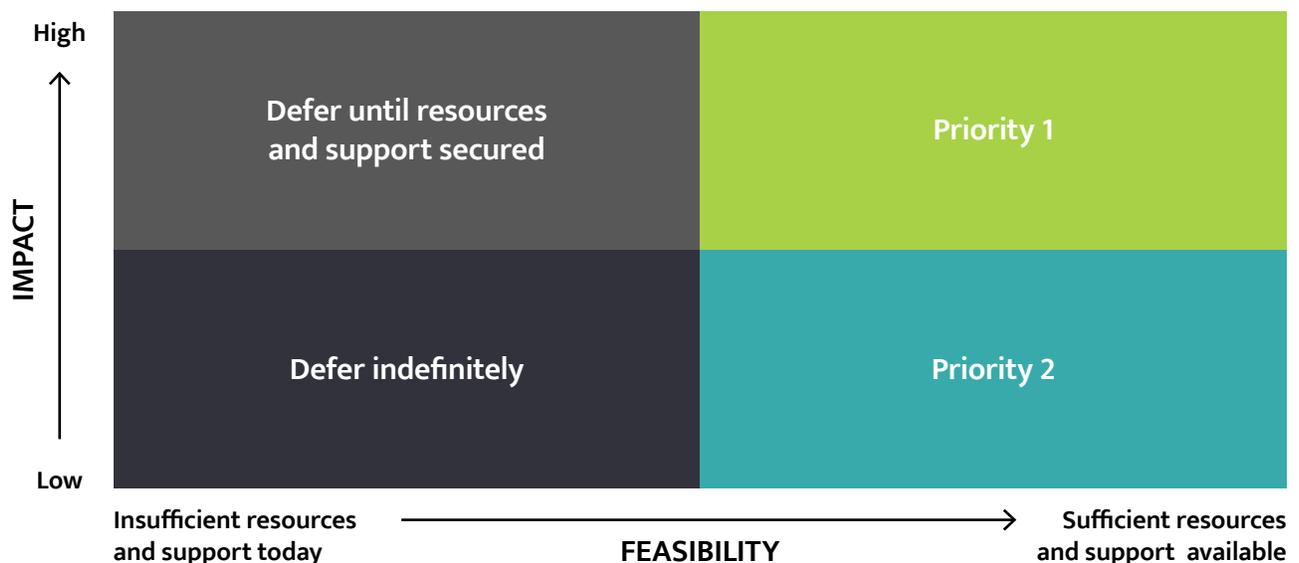
Capitalize on Easy Wins

Start with the high feasibility, high impact changes, or “easy wins” (Figure 9). Think of these as “low hanging fruit” or “pebbles in shoe” problems—things that may seem trivial to those who are not experiencing them day-to-day but can have a huge impact when multiplied across many days and many people. These changes can dramatically reduce burnout and increase goodwill and trust between physicians, other clinicians, and leaders.

Do not ignore the high feasibility and low impact changes. Sometimes, these changes end up doing more to create a culture of trust and wellness because they demonstrate to physicians that leaders are willing to spend their time on these seemingly small matters, that they see the physician’s perspective and are on their side. Again, even if the objective changes are small, the esprit de corps garnered can be considerable. As a leader, do not fall into the trap of thinking this category is not worth the effort.

The [Listen-Sort-Empower toolkit](#) further describes how to engage the care team to find and act on local opportunities for improvement.

Figure 9. Assess the Feasibility and Impact of Improvement Ideas





EXPLORE MORE!

Toolkits

- [Getting Rid of Stupid Stuff](#)
- [Scholars of Wellness](#)
- [Listening Campaign](#)
- [Listen-Sort-Empower](#)

Podcast Episodes

- [Scholars of Wellness](#)
- [Debunking Regulatory Myths](#)
- [Treating Attention as an Asset](#)
- [Small Interventions Matter](#)
- [Improve Practice Efficiency with EHR “Quick Wins”](#)
- [Reducing Pajama Time and Work Outside of Work \(WOW\)](#)
- [Creating a Peer Support Program](#)

Webinars and Videos

- [Scholars of Wellness: A faculty development program to create wellness champions](#)
- [Building Trust: Addressing Inefficiencies](#)

Success Stories

- [Getting Rid of Stupid Stuff: The Original Launch](#)
- [Getting Rid of Stupid Stuff at The Cleveland Clinic](#)
- [Getting Rid of Unnecessary Clicks in the EHR](#)
- [Care for the Caregiver Program Supports Peers and Organization Well-Being](#)
- [Scaling Peer Support from Pilot Project to Hospital-Wide Service](#)

Change Management and Process Improvement Resources

Change management and process improvement skills and experience are essential for every leader. These AMA STEPS Forward® toolkits are helpful starting points to develop and refine these skills:

- [Plan-Do-Study-Act \(PDSA\)](#)
- [Change Initiatives](#)
- [Change Management and Organizational Development](#)
- [Lean Health Care](#)

Additional AMA resources include a series of Physician Leadership activities with CME credit. You may also find relevant workshops or presentations at meetings such as the International Conference on Physician Health (ICPH) or the American Conference on Physician Health (ACPH). Examples of other leadership training opportunities for clinicians are provided in Table 5.

Table 5. Ways to Build Leadership and Change Management Skills

Master's in Business Administration	<p>Programs focused on either general or health administration are useful</p> <p>Many academic medical centers partner with their university's business school to provide joint programs</p>
Master's in Public Health	<p>Programs that train for public agency leadership roles may be valuable</p>
Master's in Health Care Administration	<p>Programs are often designed for mid-career physicians</p> <p>There are a number of options from well-known universities</p>
Executive coaching or mentoring	<p>Programs may be available through an employer-sponsored program, or one may seek mentoring out a program on their own</p> <p>Services can include assessment and guidance. Many coaches start by assessing the client's personality, leadership style, and skill sets, which can provide valuable insights into how one can work more effectively as a leader</p> <p>Coaches then give the client a sounding board for discussing positive and negative experiences with others. Coaches offer the objective guidance of an experienced mentor that is otherwise difficult to obtain</p> <p>Confidentiality in the coach-client relationship is key to ensuring the client can be fully transparent and maximally benefit from the experience</p>
Employer-sponsored training	<p>The most beneficial employer-sponsored training programs bring together clinicians and non-clinicians, allowing them to gain didactic knowledge while working on system-specific challenges and providing an opportunity to work directly with their system leadership</p> <p>Most physicians find these "learn-by-doing" experiences highly valuable, mirroring their clinical learning as they apply new theoretical knowledge to real-world problems</p> <p>They also provide developing leaders a chance to learn how experienced leaders think and act in health care management's complex and messy world</p>
Professional society training	<p>Professional societies are another source of leadership education programs targeted toward physicians, such as:</p> <ul style="list-style-type: none"> • The American College of Physicians Leadership Academy • The American Association for Physician Leadership CME offerings <p>Another consideration is to gain hands-on experience as a professional society member</p> <p>The American Medical Association offers leadership and involvement opportunities for medical students, residents, and physicians</p>
Certification	<p>Organizations that offer certification programming include:</p> <ul style="list-style-type: none"> • American Association for Physician Leadership Fundamentals of Physician Leadership Series or Certified Physician Executive recognition • American College of Healthcare Executives' Fellow of the American College of Healthcare Executives® (FACHE)



SPECIAL FOCUS AREA

Crisis Care and Recovery

Unexpected crises happen: a pandemic occurs, a natural disaster strikes, a nuclear reactor explodes, or some other calamity not yet imagined.

While COVID-19 is perhaps the largest crisis this generation of health care workers and leaders has faced, it may not be the last. How leaders support physicians and other health care workers during acute stress affects recovery from that stress and future resilience. Leader and organizational support can help reduce the likelihood of developing signs of stress injury (eg, burnout, insomnia, dysphoria) or even worse, chronic stress illness (eg, depression, anxiety, post-traumatic stress disorder, substance abuse). Understanding how to lead people in your organization through periods of crisis and recovery and how to create and maintain resilience as a health care organization is critical to the health and well-being of your workforce.

Stress during a crisis may come from 1 of 4 major sources:

1. A threat to the worker's personal or family health and life
2. A loss of colleagues or threat to professional mastery and identity
3. An inner conflict between one's values and aspirations and what they are able to accomplish in their work
4. Fatigue, or simply feeling worn out by the relentless work and demands without adequate time for rest and recovery

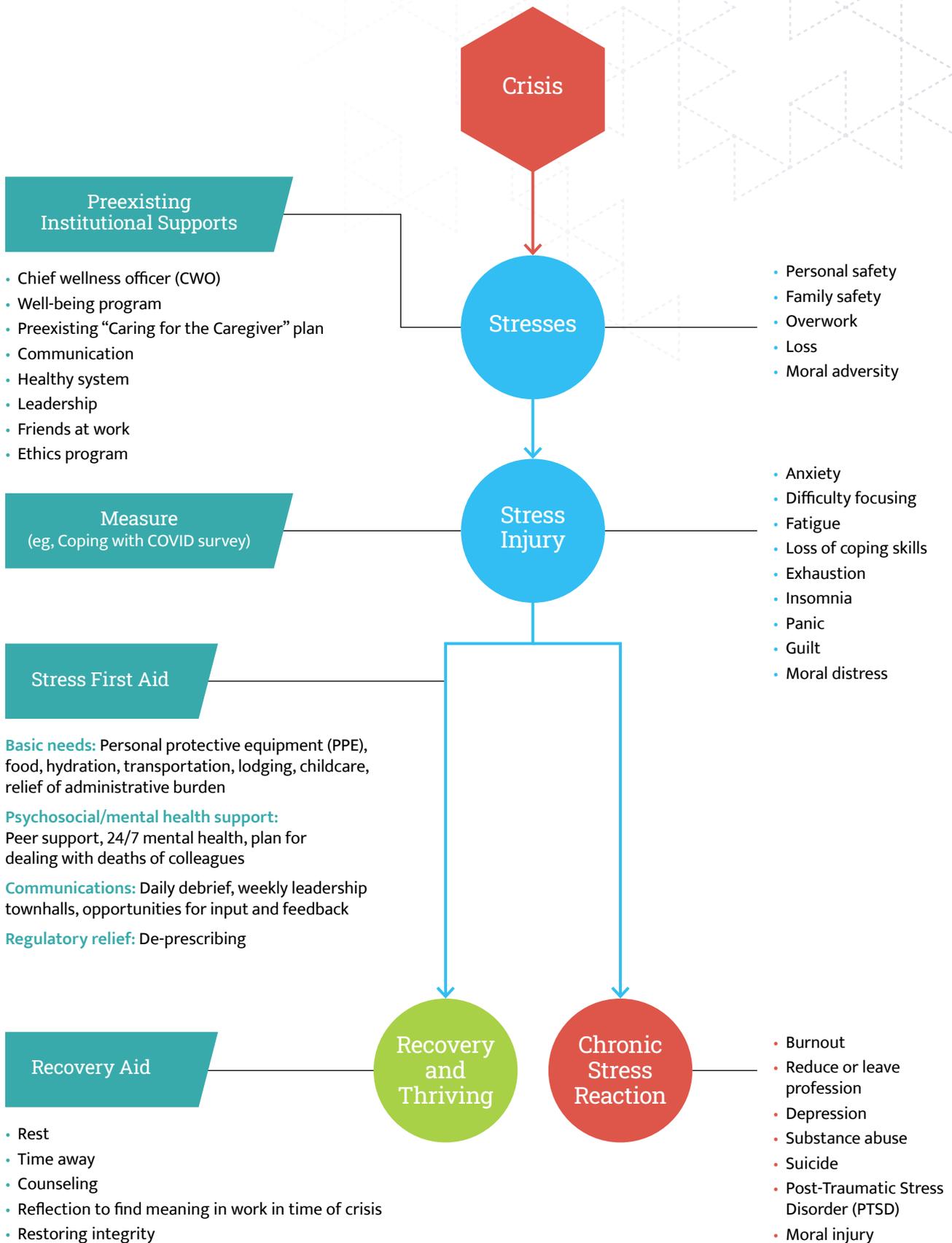
Fortunately, progression from a stress reaction to a stress injury to a chronic stress illness is not inevitable. Proactive organizational support initiated before a crisis, stress first aid delivered during the crisis, and recovery aid provided after the crisis will increase the odds that individuals will recover and thrive (Figure 10).

Successful organizations take a systems approach and focus on becoming a resilient organization prior to times of crisis rather than limiting their efforts to a focus on individual resilience or only attending to the well-being of health care workers after a crisis develops. Furthermore, resilient organizations need to rapidly reconfigure their well-being priorities to meet the biggest new drivers of stress in a crisis setting.

The first 4 strategies outlined in this playbook—building trust, giving and receiving feedback, creating a culture of wellness, and effecting positive change—are all applicable in crises. However, AMA STEPS Forward also has several toolkits dedicated to crisis care and recovery for organizations:

- [Caring for the Health Care Workforce During Crisis](#)
- [Collective Trauma: Respond Effectively as an Organization](#)
- [Stress First Aid for Health Care Professionals](#)
- [Preventing Physician Suicide](#)
- [After a Physician Suicide](#)

Figure 10. Conceptual Model: Stress First Aid During and After Crisis Impacts Outcomes¹¹





EXPLORE MORE!

Toolkits

- [Establishing a Chief Wellness Officer Position](#)
- [Chief Wellness Officer Roadmap](#)

Podcast Episodes

- [Reframing Compassion Fatigue: Compassion as a Tool for Combating Burnout](#)
- [No One Left Behind: Expanded Peer Support and Second Victim Syndrome](#)
- [Caring for the Health Care Workforce During Crisis](#)
- [Stress First Aid for Health Care Professionals](#)
- [How a Chief Wellness Officer Manages His Own Burnout](#)
- [Four Key Questions Leaders Should Ask Clinicians During COVID-19 Recovery and Beyond](#)

Webinars and Videos

- [Caring for Healthcare Workers During a Crisis](#)
- [Stress First Aid for health care professionals](#)
- [How to Implement a Peer Support Program During a Crisis](#)
- [Leading Through a Crisis: Communication During COVID Times](#)
- [Protecting Mental Health in Disasters: COVID-19 and Beyond](#)
- [Priorities and Practical Strategies for Addressing Clinician Well-being in Omicron's Wake](#)
- [Practices to support physician well-being during COVID-19: A case study from Evergreen Health](#)
- [Mental health and well-being during times of crisis: A case study from Atlantic Health System](#)
- [Health care well-being and burnout during COVID-19: Findings from a national survey](#)
- [Rethinking wellness: COVID-19 and the search for meaning](#)
- [Managing Mental Health During COVID-19](#)
- [Physician Stress During Times of COVID](#)
- [Peer Support in the Time of COVID-19](#)
- [The association of physician burnout with suicidal ideation and medical errors](#)

Success Stories

- [Laying the Groundwork for a Chief Wellness Officer at ChristianaCare](#)
- [The Chief Wellness Officer Journey at ChristianaCare](#)



SPECIAL FOCUS AREA

Racial and Health Equity

“

Health equity is the principle underlying a commitment to reduce—and, ultimately, eliminate—disparities in health and in its determinants, including social determinants.¹⁴

”

—Paula Braveman, MD, MPH

As the commitment to advance health equity and racial equity grows across many sectors, you, as a health care leader, may wonder how best to pursue these goals through your day-to-day work.

Now more than ever, you and your colleagues might be asking questions such as:

- Do preventive screening rates, treatment recommendations, or other measures of the quality of our patient care differ by race, ethnicity, and/or language?
- Does everyone in our practice and health system understand how institutionalized racism shapes clinical practice, patients’ health outcomes, and the health of the community? How can we better understand or deepen our understanding?
- Do all patients feel equally welcome by our employees and comfortable in our clinic?
- Does our health system’s payer mix reflect or even exacerbate institutionalized racism?

You may desire to improve internal diversity, equity, and inclusion (DEI) initiatives, asking questions such as:

- Do all employees feel equally welcome and comfortable at work?
- Do our recruitment and hiring practices consider diversity within our organization?
- Are our recruitment and hiring practices bringing in individuals who represent the patient population we serve?
- How do internal DEI efforts for employees relate to our pursuit of health equity and racial equity for our patients and community at large?

The path to equity and racial justice is a dynamic, long-term journey that will differ widely based on the location and type of organization you lead. Recognizing this variability, AMA STEPS Forward offers 2 toolkits that explain initial catalytic actions and provide supporting resources to translate that commitment to equity into meaningful, concrete benefits for patients, clinicians, and others:

- [Racial and Health Equity: Concrete Steps for Smaller Practices](#)
- [Racial and Health Equity: Concrete Steps for Health Systems](#)

The recommended STEPS in these 2 toolkits are part of a larger cycle of continuous learning, improvement, and accountability envisioned in the [American Medical Association’s Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity](#). This strategic plan seeks to advance equity through patient, organizational, community, and societal transformation efforts.

Ultimately, health equity means optimal health for all and is a goal that all health care organizations, big and small, can work toward.



EXPLORE MORE!

Toolkits

- [Social Determinants of Health](#)
- [Empathetic Listening](#)
- [Project ECHO® \(Extension for Community Healthcare Outcomes\)](#)

Podcast Episodes

- [Racial and Health Equity: Five Concrete STEPS](#)
- [Health Equity: The Importance of Building Trust](#)
- [Creating a Safe and Welcoming Environment for LGBTQ+ Patients](#)
- [A Search for Inclusive Health Care: One Physician Parent’s Journey](#)
- [The Importance of Screening for Social Determinants of Health](#)

Webinars and Videos

- [Racial and Health Equity: Concrete STEPS for Health Systems](#)
- [Implementing innovative solutions with an equity lens](#)
- [Addressing Social Determinants of Health \(SDOH\) with Rush University Medical Center](#)
- [Fostering physician humanism and connection with patients](#)

Conclusion

Leaders empowered to lead with and model behaviors that build trust can improve organizational culture and promote organizational well-being. Wellness-centered leadership is imperative for any industry but is particularly powerful in health care, where the well-being of your workforce directly impacts patient care and the wellness of the community at large.

References

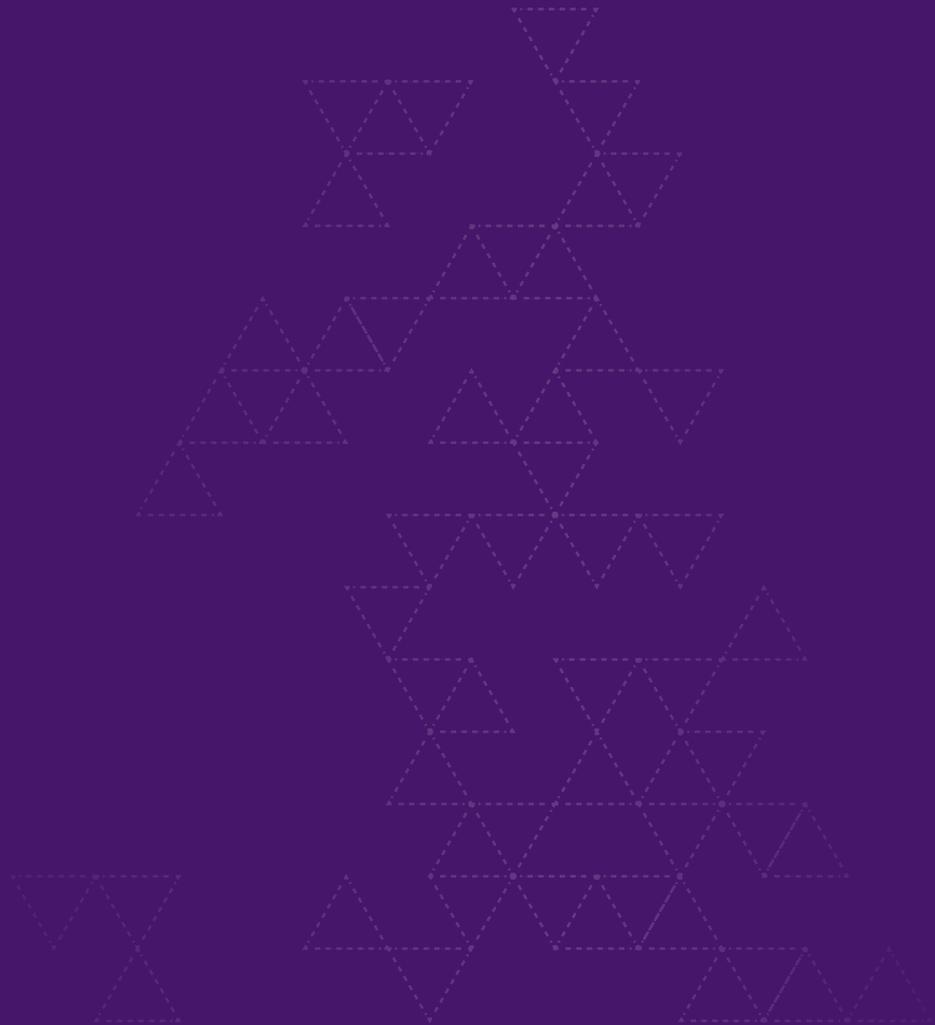
1. Shanafelt T, Trockel M, Rodriguez A, Logan D. Wellness-Centered Leadership: Equipping Health Care Leaders to Cultivate Physician Well-Being and Professional Fulfillment. *Acad Med*. 2021;96(5):641-651. doi: [10.1097/ACM.0000000000003907](https://doi.org/10.1097/ACM.0000000000003907)
2. Jain SH, Lucey C, Crosson FJ. The enduring importance of trust in the leadership of health care organizations. *JAMA*. 2020;324(23):2363–2364. doi:[10.1001/jama.2020.18555](https://doi.org/10.1001/jama.2020.18555)
3. Bodenheimer T, Sinsky C. From Triple to Quadruple Aim: care of the patient requires care of the provider. *Ann Fam Med*. 2014;12(6):573-576. doi:[10.1370/afm.1713](https://doi.org/10.1370/afm.1713)
4. Dyrbye LN, Major-Elechi B, Hays JT, Fraser CH, Buskirk SJ, West CP. Relationship between organizational leadership and health care employee burnout and satisfaction. *Mayo Clin Proc*. 2020;95(4):698-708. doi:[10.1016/j.mayocp.2019.10.041](https://doi.org/10.1016/j.mayocp.2019.10.041)
5. Shanafelt TD, Gorringer G, Menaker R, et al. Impact of organizational leadership on physician burnout and satisfaction. *Mayo Clin Proc*. 2015;90(4):432-440. doi:[10.1016/j.mayocp.2015.01.012](https://doi.org/10.1016/j.mayocp.2015.01.012)
6. Sinsky CA, Panzer J. The solution shop and the production line—the case for a frameshift for physician practices. *N Engl J Med*. 2022;386(26):2452-2453. doi:[10.1056/NEJMp2202511](https://doi.org/10.1056/NEJMp2202511)
7. Palamara K, Sinsky C. Four key questions leaders can ask to support clinicians during the COVID-19 pandemic recovery phase. *Mayo Clin Proc*. 2022;97(1):22-25. doi:[10.1016/j.mayocp.2021.10.015](https://doi.org/10.1016/j.mayocp.2021.10.015)
8. Linzer M, Neprash H, Brown R, et al. Where trust flourishes: perceptions of clinicians who trust their organizations and are trusted by their patients. *Ann Fam Med*. 2021;19(6):521-526. doi:[10.1370/afm.2732](https://doi.org/10.1370/afm.2732)
9. May N, Becker D, Frankel R, et al. *Appreciative Inquiry in Health Care Positive Questions to Bring Out the Best*. Crown Custom Publishing, Inc.; 2011.
10. Shanafelt T, Goh J, Sinsky C. The business case for investing in physician well-being. *JAMA Intern Med*. 2017;177(12):1826–1832. doi:[10.1001/jamainternmed.2017.4340](https://doi.org/10.1001/jamainternmed.2017.4340)
11. Shanafelt TD, Sinsky CA. Establishing a chief wellness officer position: create the organizational groundwork for professional well-being. AMA STEPS Forward®. June 25, 2020. Accessed April 18, 2023. <https://edhub.ama-assn.org/steps-forward/module/2767739>
12. Han S, Shanafelt TD, Sinsky CA, et al. Estimating the attributable cost of physician burnout in the United States. *Ann Intern Med*. 2019;170(11):784–790. doi:[10.7326/M18-1422](https://doi.org/10.7326/M18-1422)
13. Pappas MA, Stoller JK, Shaker V, Houser J, Misra-Hebert AD, Rothberg MB. Estimating the costs of physician turnover in hospital medicine. *J Hosp Med*. 2022;17(10):803-808. doi:[10.1002/jhm.12942](https://doi.org/10.1002/jhm.12942)
14. Braveman P. What are health disparities and health equity? We need to be clear. *Public Health Rep*. 2014;129 Suppl 2(Suppl 2):5-8. doi:[10.1177/003335491412915203](https://doi.org/10.1177/003335491412915203)

Resources and Further Information



For the optimal experience—GO DIGITAL!

Scan this QR code to fully engage with the playbook and access all relevant links on your mobile or smart device.



Practical Tools

The selected practical tools listed here are to get you started on several of the new or adapted processes outlined in this Playbook right away. The individual toolkits on the AMA STEPS Forward® website include these and additional resources. Click on the following links for immediate access to the listed resources.

Building Bridges Between Practicing Physicians and Administrators

- [Example Organizational Compact](#)

Establishing a Chief Wellness Officer Position

- [How Do I Set Up a CWO Position at My Organization? Real Life Examples from 4 Organizations](#)
- [Chief Wellness Officer Job Description Samples](#)

Getting Rid of Stupid Stuff

- [De-Implementation Checklist](#)
- [STOP This, START That Checklist](#)

Listening Campaign

- [Listening Session Example Presentation](#)
- [Individual Reflection Worksheet](#)
- [Sample Listening Session Report](#)

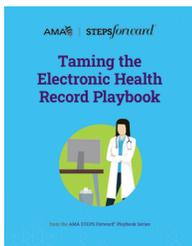
LISTEN-SORT-EMPOWER

- [Questions to Help Guide a LISTEN Session](#)
- [Rank Order List Template](#)

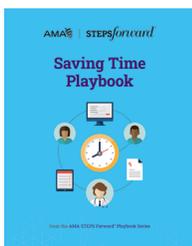
Appreciative Inquiry Principles

- [Guidance for Successful Appreciative Interviews](#)
- [Appreciative Questions for Team Meetings](#)

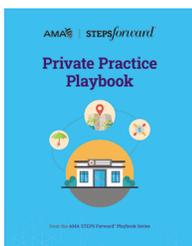
Related Playbooks



For additional time-saving and efficiency-boosting tips, check out the companion AMA STEPS Forward [Taming the Electronic Health Record Playbook](#).



For additional advice incorporating team-based care and other practice fundamentals to save time, check out the companion AMA STEPS Forward [Saving Time Playbook](#).



For additional guidance on forming and leading a private practice, check out the companion AMA STEPS Forward [Private Practice Playbook](#).



Learn More About Practice Innovation

Take the next steps on the journey with the AMA STEPS Forward® practice innovation resources and assets.

Use the 5-pronged approach (Act, Recognize, Measure, Convene, Research) as your guide. Employ the evidence-based, field-tested, and targeted solutions described below to optimize practice efficiencies, reduce burnout, and improve professional well-being.



Act

- View the comprehensive portfolio of AMA STEPS Forward® resources at stepsforward.org, including toolkits, playbooks, videos, webinars, podcasts, and calculators.
- The AMA's [Mentoring for Impact](#) program provides virtual meetings with a Professional Satisfaction and Practice Sustainability Group physician who can help develop a customized approach to remove obstacles that interfere with patient care. For more information, email stepsforward@ama-assn.org (include "Mentoring for Impact" in the subject line).

Recognize

- Participate in the [AMA STEPS Forward® Recognition of Participation certificate program](#) and find new ways to engage with your team.
- Use the [AMA Joy in Medicine™ Health System Recognition Program](#) as a road map to support your organization's strategic efforts.

Measure

- Take our [practice assessment](#) to identify and prioritize your workflow intervention efforts.
- Encourage your organization to [measure professional well-being](#) on an annual basis.

Convene

- Join us at the [AMA STEPS Forward® Innovation Academy](#) for timely and relevant webinars and more.
- Attend the [International Conference on Physician Health™ \(ICPH\)](#), the [American Conference on Physician Health \(ACPH\)](#), and other upcoming conferences, summits, and events as they are announced.

Research

- Stay abreast of [meaningful research](#) to guide your professional well-being strategies and interventions.

Watch the [AMA Professional Satisfaction and Practice Sustainability video](#) or visit stepsforward.org to learn more.

About the AMA Professional Satisfaction and Practice Sustainability Group

The AMA Professional Satisfaction and Practice Sustainability group is committed to making the patient-physician relationship more valued than paperwork, technology an asset and not a burden, and physician burnout a thing of the past. We are focused on improving—and setting a positive future path for—the operational, financial, and technological aspects of a physician’s practice. [Learn more.](#)

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