THE wellbeing COLLABORATIVE

Going All-In to Improve Clinician Experience

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Long ago while working as a laboratory scientist, it was brought to my attention that we were headed for a healthcare crisis. I then became acutely reminded again of this looming crisis when COVID hit. Essentially, there was a crisis before the crisis. What crisis am I referring to? The shortage of clinicians and clinical experts to care for our patients across the entire nation. There was a staggering projected shortfall of 104,900 physicians by the year 2030 within the United States that was published in 2015. After the pandemic our clinical experts were leaving in droves. It was obvious that something had to change.

In 2020 as a healthcare leader, walking the halls of our hospital, witnessing firsthand the exhaustion on the faces of our clinicians. **Burnout was everywhere**—doctors rushing from patient to patient, nurses juggling impossible workloads, and staff members barely able to keep up. **I heard the stories daily:** physicians contemplating leaving the profession, nurses on the verge of quitting, and colleagues struggling with mental health issues but too afraid to seek help due to stigma and fears of professional repercussions.

I felt **helpless and frustrated**, knowing how dedicated these people were and how their well-being was directly tied to the quality of care they provided. Yet, our organization, like so many others, was focused on cutting costs and maximizing productivity, leaving little room for innovative solutions to support our caregivers. I knew that we needed to do something, but I felt **overwhelmed** by the complexity of the problem.

Then it hit me: **We can't just expect clinicians to survive; they must thrive.** I realized that burnout wasn't just a personal issue —*it was an organizational crisis affecting our ability to deliver high-quality care and retain top talent*. But how could we justify the investment when financial constraints were tightening every budget line?

I began to **research solutions** and came across evidence showing that burnout wasn't just costing us people; i**t was costing us millions of dollars**. Turnover costs, lost productivity, and diminished care quality were draining resources at an unsustainable rate. **The financial case was clear**—addressing burnout wasn't just the right thing to do; it was the smart thing to do.

That's when we decided **to go all-in**. We launched the **Cultivating Happiness in Medicine (CHIM)** and **Wellness in Nursing (WIN)** programs. We built **respite rooms** for mental breaks, **developed peer support networks**, and **engaged local champions** to foster a supportive culture. We trained **639 leaders** to better support their teams and promoted **social community** activities to strengthen connections and reduce isolation.

It wasn't easy, and there were skeptics at every turn. But then, the numbers started to speak for themselves. Our participation rates were **50%-100%**, we impacted over **20,000 clinicians**, and we saved **$8.8 million in potential revenue**. Most importantly, our clinicians began to feel supported, engaged, and valued.

And that's why I'm committed to continuing this work. **We owe it to our clinicians**—the very people who keep our communities healthy. By investing in their well-being, we're not only enhancing their lives but also **improving the quality of care** for our patients and **ensuring the sustainability** of our healthcare system.

It isn't enough for our clinicians to just survive. They must thrive.