



Setting Boundaries in the C-Suite: The Dos and Don'ts of CWOs

In the years since Dr. Michal Rozien's pioneering 2007 placement as Chief Wellness Officer (CWO) of the Cleveland Clinic and Mayo Clinic's launch of its Program on Physician Well-being, organizations from police departments to Fortune 500 companies have followed suit and added wellness as a facet of their executive leadership. This widespread adoption has made several best practices evident when utilizing a CWO.

We studied job postings, medical industry-specific research, experiential anecdotes, and conducted interviews with wellness executives to create this brief overview of differences between CWOs and other c-suite level executives and wellness-focused leaders.

CWOs DO



Leverage their vantage point from the peak of your organization's structure to provide a workplace wellness-first perspective in decision making. An ideal CWO is someone with knowledge of organizations and management in addition to wellness.



Design and implement wellness programs that serve your organization's mission by focusing on preventing burnout among your staff. In an interview for the second issue of our publication, Wendy Laine, Director of Wellness of the Emergency Physician Professional Association explained how her macro-view of her organization gave her the information needed to select the right assessment tool.

"When we were looking at the different options for measurement tools, the Well-Being Index stood out because it's short and sweet. We're emergency medicine so we need a nice concise amount of questions. I also liked that we were able to immediately input custom resources, and it was extremely important to us that anonymity was protected."



Manage resources creatively. "There is programming that you can create that doesn't cost any money at all," Lisa MacLean, Director of Physician Wellness for Henry Ford Health System explained to us in an interview, "It's not like most institutions can give a ton of money, so it's important to be able to get creative and tap resources in a variety of different places. For instance, we were able to get the Henry Ford Star Award initiative funded through our alumni association."



Communicate effectively between staff and executives. In the April 2021 issue of NEJM Catalyst Innovations in Care Delivery, the authors note that well-intentioned actions by leadership can be construed as unhelpful if delivered without guidance from a CWO. In fact, "the impact was that messages from executive leaders to healthcare workers were not always perceived as supportive of healthcare worker well-being."



CWOs DO NOT



Build wellness one-on-one with employees. As Ripp and Shanafelt write in their study, "The goal of this work is to address what is wrong with the practice environment, not to make individuals better able to tolerate a broken system." Furthermore, in a 2018 survey conducted by NEJM Catalyst, 82% respondents agreed that burnout intervention strategies should be targeted at the organizational level. That means putting an executive on the job.



Double as HR. As explained in a 2020 article by Jonathan Ripp, MD, MPH and Tait Shanafelt, MD, "...the CWO is not the chief human resources officer and his or her focus is not primarily on compensation, benefits, health plans, performance evaluations, or organizational structures."



Shift focus away from wellness. A CWO's effectiveness at supporting staff cannot be interrupted by adding disciplinary matters, healthcare quality, patient experience, and other responsibilities as equal priorities. These matters certainly fall within their professional purview, but as the Ripp and Shanafelt study further concluded, "there is a high likelihood that no meaningful progress will occur if organizational efforts to promote well-being are simply added to the duties of other leaders who already have expansive responsibilities and whose focus inherently lies elsewhere."

