

# Chapter 16

## Shining a LIGHT to Wellbeing



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I vividly remember attending my first Coalition for Physician Wellbeing Conference a few years ago in the most beautiful place I had ever been—Ponte Vedra, Florida. I had traveled from my home state of South Dakota, where I worked as the director of the LIGHT program and the Employee Assistance Program (EAP) for Avera Health, based in Sioux Falls. With more than 1,100 employed physicians, nurse practitioners, and physician assistants, we had observed that providers were not reaching out for help until they reached the far end of the continuum of wellbeing, becoming depressed, burned out, addicted, or displaying disruptive behaviors. We wanted to create a preventive, proactive program that allowed providers to ask for help sooner. So I found myself in Florida for this conference that would change the course of my own life and career, and that of our providers.

A conference speaker talked about building an airplane while also flying the plane and I immediately thought that has been my experience building the LIGHT program, Avera's provider wellbeing program. At that time, there were no compasses, guides, maps, blueprints, research studies, or instruction manuals. I felt like a pilot out on top of the plane tweaking each part, experimenting to see what works, while flying in the dark. And to make matters worse, I'm afraid of heights!

The creation of LIGHT began with what we know best at Avera: mission and strategy. We built a vision of a continuum of wellbeing with five driving strategies. Four years into the build, we are writing our own guide.

Through multiple avenues, we mapped out a plan to bring awareness, resources, and healing to our providers. We began with enhancing relationships with loved ones and colleagues. We then focused on the entire provider journey—from residency to retirement. We developed coaching programs to deal with individual issues, as well as overall tactics to combat what we see as a central issue that confronts virtually

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all providers at some point along their journey—burnout. As we look out across the horizon, we realize we haven't reached our destination, and so we continue to try new ways to develop a holistic program.

## **Beginning with Mission**

Mission is core to who we are at Avera, whether that is our mission to patients and their families, to employees, or to physicians. As a Catholic healthcare system sponsored by the Benedictine and Presentation Sisters, Avera Health is a health ministry rooted in the Christian gospel. Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values.

Throughout Christian scripture, light symbolizes God, faith, truth, and holiness, so LIGHT (Learn, Innovate, Grow, Heal, Thrive) became an ideal acronym for our ministry to physicians, nurse practitioners, and physician assistants (collectively referred to as providers throughout this chapter).

The challenges facing clinicians in practice today are unprecedented. Government regulation, electronic medical records, rapidly advancing medical trends, employer expectations, and the age of consumerism are just a few realities that form a backdrop to burnout. Early in the development of LIGHT, our focus was on education about burnout. This was important to set the stage, but we soon realized that a much deeper dialog was needed. Our team redirected our focus to improving overall wellbeing. Successful engagement required more than just talking about the problem.

## **Building LIGHT**

Our five driving strategies were developed through conversations with our providers. We wanted to create ways to support and encourage our providers using key tactics to carry out these strategies including retreats, social events, onboarding sessions, educational events, workshops, online resources, and executive and peer coaching. The five strategies are outlined below.

- **LEARN:** Striving for program awareness through website, LIGHT lunches, CME's and blogs
- **INNOVATE:** Working toward solutions through research and pilot programs
- **GROW:** Promoting system and government change through advocacy
- **HEAL:** Offering confidential coaching, resources, referrals and Schwartz Rounds
- **THRIVE:** Providing strategies to achieve overall wellbeing including retreats, socials and retirement workshops

The *support of senior leadership* has been integral to LIGHT's success. Before LIGHT was even created, Avera Medical Group Chief Medical Officer, Dr. Tad Jacobs, formed a steering committee to design the wellbeing program without duplicating what was already offered through EAP. Avera EAP had a strong reputation and high utilization, but not among our providers. We needed to offer something different, a more proactive approach without the stigma of mental health services and without having to report contact on their license renewal. After a year of monthly committee meetings, LIGHT was formed and budgeted. The current *LIGHT steering committee* is comprised of physicians, a mission leader, physician spouses, a physician assistant, a chief medical officer, nurse practitioners, a clinic manager, and representatives from marketing. As a champion and advocate for LIGHT, Dr. Jacobs is a well-respected physician administrator who talks the languages of both physician and administrator.

Having a *LIGHT medical director* has been an important part of the success of the program. The dyad leadership adds credibility and offers a broader perspective when presenting to providers and leaders on the need for a culture of wellbeing.

Our *website* (<https://www.avera.org/light>) is the closest thing we have to a manual. Providers can navigate through short videos on EMR strategies, meditations, burnout prevention tips, and self-care options. The site also features assessments, resources, contact information, and upcoming events. We will be adding blog posts and Facebook groups.

Ongoing *communication* is critical, yet communication is challenging as only about 45% of providers read their email. Dr. Jacobs sends out all communications about LIGHT to increase the chances of readership. He also emails the Avera Medical Group UPDATE newsletter. We highlight LIGHT in every issue.

## Enhancing Relationships

In developing LIGHT programs, we first focused on enhancing relationships. We looked at ways to shine light on our providers' relationships with their spouses/significant others and relationships with colleagues. Avera Medical Group's Vice President of Mission, Steve Tappe and I coordinated a *mini couples retreat*. The 4-hour event provided all participants with an individual DiSC® assessment of their styles along with a comparison of styles with their spouses. Next, we invited a physician and her spouse to lead a session on the pros and cons of a medical marriage. This session brought participants validation of frustrations, support, connection, and joys with all of the commonalities of their lives. Couples bonded not only with each other, but also with other couples in similar circumstances. Lastly, Steve and I led an activity based on "The Five Love Languages" by Gary Chapman. Couples received this book as a gift. They assessed their preferred love languages and shared

with each other. We challenged participants to show affection on an ongoing basis in their spouse's love language.

From this retreat three spouses volunteered to serve on our LIGHT steering committee as well as our *spouse engagement group*, which plans social gatherings for providers and their spouses, significant others, and families. As I talk with our providers, I hear they desire more time with colleagues on a social basis. Busy practices often make for lonely, siloed providers. In marketing our events, we also make them friendly for single providers. We want everyone to feel welcome.

Next we mapped out a plan for *No Agenda Socials*, offering attendees a time to talk with colleagues, enjoy food and beverages, and decompress from the day. There truly is no agenda. We talk about LIGHT for a minute and let them connect.

## Following the Entire Journey

LIGHT supports providers from residency to retirement.

When physicians join Avera, it begins with *onboarding*. LIGHT presents an evening portion of the physician onboarding event, and spouses and significant others are welcome to attend. Our LIGHT medical director or a physician from our LIGHT steering committee gives an overview of his or her own personal story of burnout, work/life prioritizing, and faith. As the program director, I talk about the purpose for the program, upcoming events, why people utilize executive coaching, and the resources available to providers. Through onboarding, we want to send a message that LIGHT was created to help providers keep balance for themselves, their families, and their teams. We want them to feel cared about in a healthcare world that cares about numbers. We want to help them focus on the joy and rewards of healing others.

We also provide *LIGHT lunches* at which our medical director and I give a short presentation on LIGHT and discuss common stressors. This is also an opportunity to learn what our providers need to sustain a meaningful career over their lifetimes. The lunches provide a way to build trust before calling for assistance. Those who voluntarily seek out coaching have most often met me at a lunch or through onboarding, or received encouragement from an administrator or colleague. Getting out and meeting our providers to build trust has been a key strategy in encouraging providers to reach out for support.

LIGHT offers a *retirement series* that specifically challenges providers to think about the emotional aspects of retirement, not just the financial. Goals include finding meaning when they are no longer seeing patients, developing an identity outside of their career, and re-establishing relationships now that couples and families have more time together. Spouses and significant others can also attend the series. One physician said, "The three-session retreat provided time dedicated to processing my upcoming retirement with my spouse. Included in the retreat were many helpful suggestions. One suggestion I have already implemented involved expanding my social circles. Another valuable concept was to think about 'mattering,' and in what ways I will matter after I have retired."

I worked with Dr. Karen Garnaas, Avera neurologist and chief of staff, to develop a *Women in Medicine 2-day retreat* focusing on spiritual renewal and rejuvenation. The speakers encouraged women to care for themselves, connect with other women, and further develop their faith practices. We gave them gift bags with books, a journal, and dark chocolate. Feedback was excellent, with requests to offer it on an annual basis.

## Coaching

As a licensed professional counselor for over 20 years, I could see a new strategy was needed to extend assistance to our busy, smart professionals who have a don't-ask-for-help mentality. *Executive coaching* became that strategy. I was already using my certifications in life and spirituality coaching, but added executive coaching to specifically assist with leadership, communication, strategic planning, personal branding, and collaboration. Coaching has become a favorite part of this adventure since the momentum of progress is quick and solution focused. Providers tend to be highly driven to succeed in whatever they commit to, so once they enter the coaching process they are diligent in completing homework and progressing. Common themes I have noticed in providers seeking coaching include:

- Reducing burnout and overwhelm
- Juggling work and home responsibilities
- Achieving timeliness and accuracy with EMR documentation
- Prioritizing time based on values
- Strengthening leadership skills
- Navigating change
- Preparing for retirement
- Communicating with colleagues, leaders and staff

Referrals for coaching come from CEOs, CMOs, administrators, clinic managers, previous coaching clients, primary care physicians, self-referral, or spouses. As more professionals sought coaching, I returned for training to become certified to train our providers as coaches. Since then, I have trained nine physicians, two nurse practitioners, and a physician assistant to fulfill the role of *peer strategy coaches*. Providers often want to talk with their peers about issues and appreciate that fellow providers have been there. I think it also makes asking for help a bit easier.

Through coaching, we have been able to retain two providers, one physician, and one CRNA who likely would have otherwise left our system. Our physician turnover rate is already very low at 3–4%. A participating physician commented, “I had the opportunity to work with a physician coach specifically for physician burnout and needing to make an extremely important decision that I was not able to make under the circumstances. The coach was perceptive enough to ask the appropriate questions and give the guidance in such a manner that I was able to make this deci-

sion after just three sessions of coaching and doing the assigned homework. The homework was geared toward facilitating my decision-making process and it was very helpful. The coach was very supportive and helped me consider the various solutions without bias and without judgment.”

## Preventing Burnout

In the second year of our program we partnered with the *American Medical Association* as a pilot site for their Mini Z burnout survey. The survey data showed us that we were at national average for burnout, while our satisfaction rates were higher than average. The professionals at AMA are strategizing with us to not only look at self-care aspects to prevent burnout, but also achieve clinic efficiencies and develop practice management tools. This will be where we focus our time and resources in the year ahead.

Avera’s Vice President of Ethics, Mary Hill, and I implemented the *Schwartz Center for Compassionate Healthcare Schwartz Rounds*. These rounds provide a facilitated process, focusing on the social and emotional aspect of being a health-care provider. As the Schwartz Center’s website states: “When caregivers are compassionate, patients do better and caregivers rediscover their passion for healing. We are leading the movement to make compassionate care a national priority.”

Schwartz Center’s programs help:

- Support and engage staff
- Build stronger teams
- Increase caregiver satisfaction and resilience
- Improve authentic communication
- Create a culture of compassion

LIGHT offers *comprehensive assessments* and resources for those who are experiencing serious burnout. Avera is home to a trusted Employee Assistance Program (EAP) that can help with mental health and substance use disorders. I see providers to help determine level of care.

Over the last 4 years, we have developed a good relationship with *Acumen Institute* in Lawrence, Kansas. They provide comprehensive, four-day evaluations for professionals who are experiencing burnout, mental health challenges, addiction, ethical or boundary violations, cognitive impairment, or disruptive/distressed behaviors. Acumen offers assessment summary, recommendations, and follow-up care strategies. I was fortunate to do a fellowship with Acumen as we were starting the LIGHT program. Also, we have contracted with Vanderbilt University for comprehensive assessments.

Dr. Jacobs and Avera’s Human Resources department created the Avera Medical Group *Distressed Physician and APP Guidelines* to outline steps in helping professionals when their struggles manifest into work problems. Avera shows great compassion to providers who are struggling with these difficult issues while also

holding them accountable. Avera makes every effort to offer the resources for treatment and healing. After the physician pays for the assessment, he or she is reimbursed. This allows physicians to see that Avera is invested in them.

LIGHT has allowed us to *shift culture*, making it more acceptable to ask for help. We are building a culture that cares for our patients while taking great care of our colleagues and ourselves. Through this shift, we are redefining quality not only in our patient satisfaction, but also in our physician and provider satisfaction. To help with the culture change across our 400-mile footprint, we have recruited *LIGHT champions* in each Avera region to promote LIGHT activities and advocate for wellbeing locally.

## Watching the Horizon

We still have many strategies we hope to implement:

- Develop a mentoring program
- Continue to build our force of peer strategy coaches
- Prove our progress through metrics to show return on investment
- Complete projects to enhance efficiencies, processes, and workflow

While challenging, LIGHT has offered a scenic and rewarding ride. A lesson we've learned is that we need a strategic plan to help with pacing; otherwise, every project becomes the immediate priority. Also, I needed this pacing as my role was limited to quarter time the first year, and half time the last 2 years. In 2018, my role became full time.

We were honored to be recognized with the Coalition for Physician Wellbeing Medicus Integra Award, as well as Catholic Healthcare Association (CHA) Achievement Citation Award. CHA created a video that highlights our program ([https://www.youtube.com/watch?v=RPdSP\\_ew9a4](https://www.youtube.com/watch?v=RPdSP_ew9a4)).

The LIGHT program exists to help our providers in balancing necessary parts of their jobs, along with promoting the reasons they actually went into medicine in the beginning. In the healthcare world everything has become about measurement. For providers, numbers and measurement are essential in diagnosing and treating patients. Hospital and clinic leadership analyzes numbers to maximize productivity and care. Yet we try to remember the famous quote by Mother Teresa to return us to what is important—mission and strategy: “Never worry about the numbers. Help one person at a time and always start with the person nearest you.”