

# Review of: "Staff Wellbeing and Networks Support (SWANS) Study"

Cheryl Martin

Potential competing interests: No potential competing interests to declare.

Thank you for the opportunity to review this paper and congratulations to chief investigator Musiiwa V Takavarasha and team for contributing to the body of qualitative research in the field of organisational and clinician wellbeing in healthcare.

Qualitative research techniques in addition to quantitative assessment with meaningful wellbeing metrics are important to create the business case for tangible evidence-based action going forward.[1]

International expertise particularly from Mayo clinic and Stanford WellMD by Dr Tait Shanafelt and others have set the precedent with two decades of applied research in this field [ 2,3]

This paper provides more evidence to drive the case for change and qualitative techniques using appreciative inquiry via focus groups and semi-structured interview have recognised value.

I would have like to have seen more information on participant selection and demographics and respective roles within the organisation of the group studied and a

control group of clinicians. I would also have liked some context of available services / initiatives on offer. Was there pre-data suggesting variable uptake of COVID 19 introduced wellbeing initiatives?

The findings of this work echo similar research and author's recommendations support the current best practice in this space[4-6]. These include need for dedicated leadership engagement and a wellness-centred leadership collaborative approach with horizontal and vertical integration throughout the system.[7] With respect to individual initiatives evidence to date supports need for a buffet of services knowing initiatives work but any one wellbeing initiative might also be valuable or beneficial to a small proportion of the workforce ( e.g ~15%) It may be very important to this group however.

The barriers of time and opportunity to access is a recurring theme in this paper. Again role modelling and enabling by senior leadership is highlighted as a prerequisite. Note looking at international research individual wellbeing resources are still considered low impact and novice level in an organisation's journey to expert and transformative practice.[1,3]

Building a culture of wellness and measuring and addressing drivers of burnout at speciality, craft group and targeting initiatives accordingly has demonstrated value. The longer game of improving efficiency of practice is an opportunity to

direct research and action at addressing pebbles in shoes of individuals and groups of clinicians. [2,3]

Future research could incorporate measuring and understanding drivers of burnout and moral injury across craft groups.

Peer support, coaching, psychological support, camaraderie and commensality groups, regular measures of meaningful wellbeing metrics aggregated at unit level, understanding the business case and establishing chief wellness officer, or equivalent positions, supported by dedicated wellbeing task force are amongst some of the higher level actions cited.

Your work nicely highlights many of the key issues and recommendations reflect what is considered current best practice. Whilst well established at some US institutions including Mayo Clinic and Stanford WellMD, other organisations in US and internationally are at variable stages of their journey. In Australasia recent momentum has seen the appointment of a handful of Chief Wellness Officer positions, use of the wellbeing index and other progress towards data-driven, evidence-based solutions. [8-13]

Finally this study is unique in exploring the overlap and inextricable link between clinician wellbeing and diversity, equity and inclusion and I feel there is much scope for further and more detailed research here.

In conclusion I welcome your future research implementing and measuring success of recommendations combining a quantitative and qualitative approach. Thank you again for the opportunity to read, review and share my perspective.

## References

[1] 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

[2] Shanafelt TD, Noseworthy JH. *Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout*. *Mayo Clin Proc*. 2017 Jan;92(1):129-146. doi: 10.1016/j.mayocp.2016.10.004. Epub 2016 Nov 18. PMID: 27871627.

[3] Swensen, Stephen, and Tait Shanafelt. *Mayo Clinic Strategies To Reduce Burnout: 12 Actions to Create the Ideal Workplace*. Mayo Clinic Scientific Press (New York, 2020; online edn, Oxford Academic, 1 Mar. 2020), <https://doi.org/10.1093/med/9780190848965.001.0001>,

[4] Shanafelt T, Ripp J, Trockel M. *Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic*. *JAMA*. 2020;323(21):2133–2134. doi:10.1001/jama.2020.5893

[5] Tait Shanafelt, MD, Sherilyn Stolz, Jill Springer, Daniel Murphy, MD, Bryan Bohman, MD, and Mickey Trockel, MD, PhD *NEJM Catalyst Innovations in Care Delivery* 2020; 06DOI:<https://doi.org/10.1056/CAT.20.0266>

[6] Shanafelt TD. *Physician Well-being 2.0: Where Are We and Where Are We Going?* *Mayo Clin Proc*. 2021 Oct;96(10):2682-2693. doi: 10.1016/j.mayocp.2021.06.005. PMID: 34607637.

[7] 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 May 1;96(5):641-651. doi: 10.1097/ACM.00000000000003907. PMID: 33394666; PMCID: PMC8078125.*

[8]Kirk J. Brower, MD, Chantal M.L.R. Brazeau, MD, Sharon C. Kiely, MD, MPM, Elizabeth C. Lawrence, MD, FACP, Heather Farley, MD, MHCD, FACEP, Jennifer I. Berliner, MD, Steven B. Bird, MD, Jonathan Ripp, MD, MPH, and Tait Shanafelt, MD *The Evolving Role of the Chief Wellness Officer in the Management of Crises by Health Care Systems: Lessons from the Covid-19 Pandemic NEJM Catalyst Innovations in Care Delivery 2021; 05*  
DOI:<https://doi.org/10.1056/CAT.20.0612> Vol. 2 No. 5 | May 2021

[9]<https://mdok.org.au>

[10] <https://www.slhd.nsw.gov.au/sydneyconnect/story-Australias-first-Chief-Medical-Wellness-Officer-appointed.html>

[11]Dyrbye LN, Satele D, Shanafelt T. *Ability of a 9-Item Well-Being Index to Identify Distress and Stratify Quality of Life in US Workers. J Occup Environ Med. 2016 Aug;58(8):810-7. doi: 10.1097/JOM.0000000000000798. PMID: 27294444.*

[12]<https://ceih.sa.gov.au/strengthening-workplace-wellbeing>

[13] <https://beamtree.com.au/wp-content/uploads/2021/12/Inaugural-White-Paper-Addressing-Burnout.-Bringing-data-driven-solutions-care-and-hope-to-the-health-workforce.pdf>