HEALING HEALTHCARE

A Conversation between
Dr. Vivek Murthy, U.S. Surgeon General
and
Dr. Lili Powell, Associate Professor
Darden School of Business and School of Nursing
Director of the Compassionate Care Initiative
University of Virginia (UVA)

An Annotated Transcript

Compassionate Care Initiative

UVA SCHOOL of NURSING

DR. LORNA BREEN HEROES' FOUNDATION

Healing Healthcare

An Annotated Transcript[1]

"Healing Healthcare" is a video featuring a conversation between Dr. Vivek Murthy, U.S. Surgeon General, and Dr. Lili Powell, Director of the University of Virginia's Compassionate Care Initiative, about the national imperative to address health workers' mental health and well-being. The video was produced by the UVA Compassionate Care Initiative, the UVA Medical Center Hour, and the Dr. Lorna Breen Heroes' Foundation in collaboration with the Office of the U.S. Surgeon General.

[00:00:01.840] - Lili Powell

Welcome. I'm Lili Powell, Associate Professor at the Darden School of Business and the School of Nursing at the University of Virginia. I'm also the director of the Compassionate Care Initiative,[2] which promotes and researches well-being, collaboration, and leadership so that all health workers can embody compassion in their work.

[00:00:23.770] - Lili Powell

With my partners, the UVA Medical Center Hour and the Dr. Lorna Breen Heroes' Foundation, I'm delighted to bring to you today a special conversation on Healing Healthcare together. I'm joined here by the U.S. Surgeon General, Dr. Vivek Murthy. Thank you so much for accepting our invitation.

[00:00:47.560] - Dr. Vivek Murthy

I'm so glad that we're doing this, Lili. It's such an important topic.

[00:00:50.710] - Lili Powell

Thank you, thank you. You have been at the forefront of a movement to support health worker well-being. In May 2022, your office issued an advisory addressing health worker burnout.[3] Shortly thereafter, you issued another advisory on workplace well-being for all workers.[4] On March 18th, 2024, we're celebrating a new day

[1] This conversation was recorded on February 14, 2024, at the headquarters for Health and Human Services in Washington, DC. The video premiered on March 18, 2024, at the University of Virginia in recognition of the first Health Workforce Well-Being Day. .

[2] The Compassionate Care Initiative at the University of Virginia's School of Nursing was founded in 2009. Through education, research, and outreach, CCI grows: well-being, collaboration, leadership, healthy work and learning environments, and compassionate care. For more information, visit: https://cci.nursing.virginia.edu/.

[3] On May 23, 2022, the U.S. Surgeon General issued an advisory on Health Worker Burnout. For more information, visit: https://www.hhs.gov/surgeongeneral/priorities/health-worker-burnout/index.html.

[4] On October 20, 2022, the U.S. Surgeon General issued an advisory on Workplace Mental Health and Well-Being. For more information, visit: https://www.hhs.gov/surgeongeneral/priorities/workplace-well-being/index.html.

of recognition; Health Workforce Well-Being Day of Awareness.[5] Here's my first question, why do we need a national day of recognition for this topic?

[00:01:31.900] - Dr. Vivek Murthy

Well, every day should be a day when we take care of and think about the well-being of health workers. Having a specific day where we are called as a nation to remember the importance of health worker well-being is important. We have so many issues that surround us that are drawing [away] our focus.

[00:01:48.130] - Dr. Vivek Murthy

But I think for too long, what we've seen is that health workers have been on the frontlines taking on increasing loads and enduring all kinds of stress, especially during COVID-19. But their well-being has never been enough of a priority at a national level, and I think sufficiently within health systems. Having a national day helps us focus our attention on the challenge and bring together our resources and our collective will to ultimately address it so that every health worker, every person who's dedicated their life to healing can be taken care of as well.

[00:02:19.810] - Lili Powell

There's so much discussion about what's the best way to do that. I think there's some debate about whether individual or systems-level approaches are the best. Actually, at the CCI, we promote both. I wonder if you could say a little bit about why “me” and “we” solutions are important.

[00:02:41.920] - Dr. Vivek Murthy

Absolutely. Well, we want people to know that there are things they can do in their individual lives to help enhance their health and well-being. That's where the “me” part comes in. But the truth is that if we solely relied on individual solutions, that would not only be unfair, and it would be ineffective, because so much of what is driving burnout in the healthcare professions is, in fact, systemic challenges. That's where we have to make real changes.

[5] On February 28, 2024, U.S. Senators Tim Kaine (D-VA) and Roger Marshall (R-KS) introduced a bipartisan resolution designating March 18, 2024 as Health Workforce Well-Being Day of Awareness, which was later agreed to in the Senate on March 20, 2024. The March 18 date was selected to coincide with the day that the senators’ bipartisan *Dr. Lorna Breen Health Care Provider Act* was signed into law by President Biden in 2022. The first Health Workforce Well-Being Day took place on March 18, 2024 and was founded by the National Academy of Medicine, the National Institute for Occupational Safety, and the Dr. Lorna Breen Heroes’ Foundation. For more information, visit: https://nam.edu/initiatives/clinician-resilience-and-well-being/health-workforce-well-being-day/.

[00:03:06.400] - Dr. Vivek Murthy

I think in particular when it comes to looking at the environment in which clinicians are practicing, we see a few key things consistently pop up. One is that many health workers actually themselves don't have access to mental health services. Even if they have insurance coverage, they may not actually have the logistical capability of going to an appointment because they're often at work, or because they may not have an appointment that's available within a reasonable timeframe and reasonable distance.

[00:03:34.240] - Dr. Vivek Murthy

The second thing we find is that the nature of work that health workers are being asked to do is often quite challenging and not directly related to patient care. You think about nurses and doctors and PAs and pharmacists who are spending more and more time with paperwork and computers and less and less time with patients, even though they want to be with patients. That's a balance that is going in the wrong way.

[00:03:59.770] - Dr. Vivek Murthy

I do think that the quality of work and having to battle with insurance companies over prior authorizations... I myself have been in the position as a clinician over the years of having to be on the phone, battling with insurance companies about trying to get a rehab bed or a medication for my patient that I know they need because I'm there taking care of them, but which somebody on the phone, who's potentially hundreds or thousands of miles away and has never met my patient, somehow feels it necessary to block. These are the battles that clinicians are fighting each and every day. The quality of the work really matters.

[00:04:30.820] - Dr. Vivek Murthy

But the last thing I'll point out is that from a systemic level, we also need to have a culture that values the well-being of health workers and that permits them to actually seek help, to raise their hand and say, "You know what? I need some additional help or support here."

[00:04:46.600] - Dr. Vivek Murthy

Too often I think what we've seen in the culture of healthcare systems more broadly is that that culture isn't always conducive to people raising their hand and saying, "I need some help." People are often perceived as weak if they do that or not as team players. That fundamentally has to change. That culture change really has to start at the top.

[00:05:05.470] - Lili Powell

So many important things in what you're saying. I have to ask, what are your favorite evidence-based strategies for individuals to work on their own personal and organizational well-being?

[00:05:21.280] - Dr. Vivek Murthy

Well, I think at an individual level, like a few things that we have now a lot of evidence on that we know work. We know, number one, that sleep is incredibly important in terms of your mental health and well-being as well as of course, your physical health and well-being. Getting enough sleep is not always easy if you're working really long shifts or if your shifts are staggered night shifts and then day shifts, and that can really impair your sleep patterns and your sleep cycle. But we know sleep is really important.

[00:05:46.900] - Dr. Vivek Murthy

The other thing that we know is very important is your level of social connection and community that you have in your life. This is one of the things that worries me because I do think that working in the world of healthcare, in particular about public health more broadly, it can be very isolating work for a number of reasons: from hours, to the nature of the work, to the stress of the work.

[00:06:08.710] - Dr. Vivek Murthy

This is a worry about health workers being more and more isolated because given this stress of our jobs, it's more important than ever for us to have community around us because relationships buffer stress. I remember when I was in medical training that even though that we worked incredibly hard and had really long hours, and there were times when—well we all know the hours of medical training back in the day—it was incredibly long.

[00:06:35.710] - Dr. Vivek Murthy

But despite how taxing it was, the thing that actually made it feasible that kept me going through all that was that every day when I came to work, I felt like I was working with friends, and they were my work colleagues in my residency class, the nurses on the floor who worked closely with us, the physical therapists and pharmacists that we got to know really well.

[00:06:55.270] - Dr. Vivek Murthy

It felt like we were coming to work with a team, and that if we were struggling at any point, that somebody would have our backs. That's just invaluable when it comes to helping people sustain themselves. Their work can be really difficult and stressful at times as a health worker.

[00:07:08.320] - Lili Powell

That connection is so important. It's so important. Well, now I have to ask you, what are your favorite systems-level things – leadership and systems? Personally, my favorite is "Getting Rid of Stupid Stuff,"[6] but I wonder what you would say.

[00:07:21.940] - Dr. Vivek Murthy

Well, I was actually going to mention that too, because I do think there's... One of the things that really pulls down morale and increases frustration in any organization is when people do not see the point of what they're doing, or when they feel like they're being asked to do things two or three times, or they're being asked to battle over a decision with somebody who doesn't have knowledge about their patient.

[00:07:43.420] - Dr. Vivek Murthy

These are challenging for people who go into these jobs wanting to ultimately relieve suffering and help as many people as possible. I think that whenever you can eliminate those kind of tasks, it makes a huge difference. I'm a fan of efforts within health systems that have brought clinicians to the table to actually identify what they think are the things that can be eliminated.

[00:08:04.300] - Dr. Vivek Murthy

Many of those efforts at the University of Hawaii's efforts, for example, and others have demonstrated that not only does it improve well-being, but it actually saves time and money for the institution. But some of these are bigger, though, than any institution. You think about prior authorizations. Those are ones that require true systemic change. It's one of the reasons, when I issued the advisory on Health Worker Well-Being back in May of 2022 or late spring 2022, I noted that prior authorizations are one of the specific issues within improving quality of work that we've got to make a priority and tackle, and we've been working with CMS[7] on that issue as well, and I'm glad that they have moved forward now a proposed rule to actually reduce the burden of prior authorizations. The goal is we need now the private sector, private payers, to also do their part and step up and reduce the burden of prior authorizations.

[6] "Getting Rid of Stupid Stuff," or GROSS, was an initiative launched at Hawaii Pacific Health, which is affiliated with the University of Hawaii. The initiative targeted meaningless yet time-consuming documentation requirements with the electronic health record (EHR) system. "Getting Rid of Stupid Stuff" has now become a slogan for eliminating all kinds of meaningless, yet time-consuming and costly waste in healthcare systems. To read about the original launch of this program, visit: https://edhub.ama-assn.org/steps-forward/module/2758834.

[7] CMS stands for Centers for Medicare and Medicaid Services, which provides health coverage for more than 100 million people in the United States through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace.

[00:08:55.720] - Dr. Vivek Murthy

That's an example where I think systemic change can make a really big difference in the quality of people's experiences. But the last systemic thing I'll mention is access to mental health services. I don't want us to forget just how critical that is. Health workers, like anyone else in the population, they will go through mental health challenges. Just like anyone else, they should have the ability to get help when they need it.

[00:09:19.930] - Dr. Vivek Murthy

Making sure in your health system that workers have access to healthcare is not just about making sure that insurance covers it, although that's an important part of the process, because you're still too many insurance companies that don't provide sufficient mental health coverage. But it also requires making sure that getting that help is easy for health workers. For example, are the networks that my insurance plan has adequate? Are there enough providers? Second are there methods through telemedicine, through virtual care, to be able to access behavioral health providers?

[00:09:53.350] - Dr. Vivek Murthy

Many nurses around the country during the height of the pandemic had said to me, "Look, we would love to get mental healthcare if there was a place in the hospital where we can go, a confidential room where I could log on to a screen and talk to a provider. I would do that. But instead, if I have to drive 30 miles away in between shifts it becomes a lot more difficult with the rest of life's responsibilities to get that kind of care."

[00:10:16.590] - Dr. Vivek Murthy

We've got to, at a systemic level, make care available and affordable and make sure that it's high quality. If we do these kind of things, I think we can do a lot to ultimately improve the well-being of health workers.

[00:10:28.050] - Lili Powell

I'm hearing in your description a lot of structural changes. I want to shift a little bit to education, but also talk about culture. Your work and others' are focusing on creating and sustaining positive learning environments, not just work environments. We know the hidden curriculum,[8] unfortunately, is still alive and well in some medical and nursing and other professional schools. I wonder if you could speak a little bit about what faculties, staff, and mentors, maybe even students can do to think about how the quality of the learning environment sets a culture that gets carried over into professional practice.

[8] Hidden curriculum refers to the unwritten, unofficial, and often unintended lessons, values, and perspectives that students learn in school. To learn more, visit The Glossary of Education Reform at https://www.edglossary.org/hidden-curriculum/.

[00:11:13.080] - Dr. Vivek Murthy

Well, it is really important because I think a lot of the cues that we ultimately acquire over time that tell us how we should operate as health workers, and what's acceptable and not acceptable, those roots get laid really early on, like in the earliest days of medical training. I think that's why the mentors that we're exposed to at that time and the role models make a really, really big difference.

[00:11:37.350] - Dr. Vivek Murthy

When I was going through training, I went through a lot of that cultural acquisition that everyone else went through when they went through training. I came to feel that, "Hey, if I can go long periods of time without sleeping, somehow, that means I'm strong. If I can cite as many papers as possible on rounds, if I can cite the literature really well, then that means that I'm strong."

[00:11:58.920] - Dr. Vivek Murthy

There's nothing wrong with that. That's actually great. If you know the literature well, can use that to enhance your patient care. That's fantastic. But the notion that strength was primarily defined by acts of physical endurance and memory, that was actually a bit flawed. It was incomplete because what I also was coming to see, although it was less emphasized, is that they were incredibly compassionate, caring physicians around me who were spending time with their patients and working through incredibly complex and difficult situations and helping them find a source of hope and bringing support into their lives and their family's lives.

[00:12:35.370] - Dr. Vivek Murthy

That wasn't getting published on the front pages of the paper. Nobody was publishing in major journals about these quiet acts of heroism, but that was a really important part of healing. That was a part of how I ultimately learned that we need to define strength, to include that kind of empathy and compassion.

[00:12:51.900] - Dr. Vivek Murthy

I think in medical training and training more broadly in medicine, nursing, pharmacy, it's important, I think, for students to be exposed to role models who are demonstrating both the head and the heart of medicine. It's important that we speak in ways that make it clear to students that both are actually important and valued.

[00:13:10.230] - Dr. Vivek Murthy

If you are a student and the people that you see being promoted, for example, at your nursing school or your medical school are primarily people who have published lots of papers and brought in grant funding, that tells you that that is what's valued in your profession. Again, it's not that that's unimportant or not valuable,

but it's not the only thing that actually matters. I think schools also need to think about how are they lifting up and recognizing faculty that demonstrate that kind of empathy and compassion and commitment to patient care? Because, again we can say that's important, but if you're not actually rewarding that, students see that and they take their cues from that as well.

[00:13:48.210] - Dr. Vivek Murthy

I'll lastly say that students themselves, actually, I think have an important role here too, which is... When I was a second year, actually, a first year in medical school, I had the privilege of going to visit a good friend who was a first-year medical student at UCSF. The day I happened to be visiting, he was actually attending an evening class that was called "The Healer's Art,"[9] which was started by a wonderful woman physician and now mentor of mine, Dr. Rachel Remen.

[00:14:14.910] - Dr. Vivek Murthy

What Dr. Remen had done is basically create for evenings during a semester when students could come together with a few faculty to reflect on and reconnect with the core values that brought them to medicine, to talk about how they might live those out, to share about moments when they felt those values were challenged, and very importantly, to have each other's backs and ensuring that they could practice medicine in a way that fit both their head in their heart.

[00:14:41.280] - Dr. Vivek Murthy

I was so inspired by that, that when I came back to Yale, where I went to medical school, I ended up talking to a couple of faculty members and a couple of students about this. I said, "Wouldn't it be wonderful if we could create something like this here at our medical school?" And we did. The students really played a big role in helping drive the creation of that course. Which is now 20 plus years still offered at our medical school and is now offered at many other schools around the country, thanks to Dr. Redman.

[00:15:08.290] - Dr. Vivek Murthy

But that's just another example of how students can help create the community that reinforces the core values that we need. They shouldn't have to do it alone. But students working together with faculty, I think, can help really reset the culture in ways that I think are consistent with what initially inspired people to come into the healing professions to begin with.

[9] The Healer's Art is a course that "offers a safe learning environment for personal in-depth exploration of the time-honored values of service, healing relationship, reverence for life, and compassionate care." To learn more, visit https://www.rachelremen.com/learn.

[00:15:27.790] - Lili Powell

Reconnecting with the meaning of the work is so important, but also the sense of connection with each other and maybe even the joy in the work. That's an important piece as well that sometimes gets overlooked. Your description of The Healer's Art actually anticipates a question from one of our students.

[00:15:49.210] - Lili Powell

I know you have a special place in your heart for youth and mental health. We thought, "Well, let's see what our students would say and ask of Dr. Murthy." This is from Tiana Au,[10] and she is specifically asks about The Healer's Art. After describing it, she asked, "When was the first time you experienced burnout?"

[00:16:09.980] - Dr. Vivek Murthy

Well, that's a great question. I actually think I experienced burnout before I was in medical school, when I was in college. Maybe there were hints of it when I was in high school. I think the hardest that I ever worked and the least that I ever slept was in high school and college. Which I'm not proud of, but it is just more of an admission of fact.

[00:16:34.170] - Dr. Vivek Murthy

But in college, I just realized that I was driving myself into the ground. I was putting a huge amount of stress on myself about academics. I was trying to do a whole lot of extracurriculars as well. I went to college far away from where I grew up, so I didn't really know a lot of people there, and I was actually increasingly isolated and alone. I didn't have community to help support me or buffer me. All those things combined to just leave me in this state of burnout.

[00:17:05.300] - Dr. Vivek Murthy

I never saw anybody for help during that time. But it wouldn't surprise me if I was also struggling with depression during that time. But, yeah, it was a very, very difficult time. I don't really think I had a systematic way to address it at that time. I don't think I even knew what burnout was, honestly, when I was in college. I just knew that I was finding it harder and harder to motivate, that I was feeling really, really frustrated, and I was feeling helpless. I just didn't know what to do because I felt like I was trapped in a situation that . . . I didn't see an alternative path.

[10] In February 2024, Tiana Au was a 4th-year BSN student at the University of Virginia. Au also was the main student leader of the Compassionate Care Initiative's Student Ambassadors.

[00:17:40.580] - Dr. Vivek Murthy

Interestingly, a bunch of things happened in my life around that time, which kind of shook me out of my situation. Well, one of them was I actually got involved with my sister in building a nonprofit organization to do HIV work in India initially, and then here in the United States.

[00:17:57.560] - Dr. Vivek Murthy

That actually became a very powerful outlet for me to experience fulfillment and creativity and enjoyment in a way that I wasn't experiencing in my college classes and my college life. It also gave me a way to build relationships with people who cared deeply about this issue as well. Even though it was, in the earliest days, a not college-related activity, it actually helped me heal from a lot of the burnout that I was experiencing in college.

[00:18:23.960] - Dr. Vivek Murthy

But that was my earliest experience of burnout. The truth is, I've had periods after that where I've felt burned out. There was actually a time early in... It was in the winter of my intern year in medical school when I was on my oncology rotation where I was... Oncology is where you're dealing with a lot of very challenging human issues. Our patients were seriously ill, very complicated.

[00:18:45.680] - Dr. Vivek Murthy

We had a very large patient load at the time, and I was trying to just manage on maybe an average of four hours of sleep a night. I was just trying to see if I could even get that much. But it was hard to get out of the hospital on time. I remember one day just everything was piling up and I was like, close to getting out. It was like 9:00 at night, and I had to be back like 5:00 AM the next morning, but I could see at least I can get out at 9:00, go home and go to sleep for a few hours.

[00:19:08.990] - Dr. Vivek Murthy

Just when I was typing in my sign-out to hand over to the other team to see [and] take care of my patients overnight, the whole computer system went down and there was no backup. I literally just had to wait for it to come back online a few hours later. I just remember going out into the stairwell and just kicking the door and just sitting on the steps just thinking, “Oh my God! This feels like such a low point.”

[00:19:34.640] – Dr. Vivek Murthy

Thankfully I got through that. But a big part of what helped me get through that were fellow interns, because we were able to talk openly about how we were feeling, which helped tremendously because otherwise I would have felt like, “Oh, something’s wrong with me. I’m the only one going through this.”

[00:19:47.750] – Dr. Vivek Murthy

I think burnout happens to us from time to time. But my hope is that if we have the right systems and the right community, that those moments of burnout can be brief and that we can recover from them and hopefully help other people do the same.

[00:20:04.160] – Lili Powell

So important what you're saying. Thank you for sharing your story. I think we've all had our moments or low moments. I have another question for you. This one's from Mallika Dammalapati. She's a UVA medical student.[11]

[00:20:20.600] – Lili Powell

She writes, "As a medical student from the start of my journey, I've been told to avoid medicine for many of the reasons that you've outlined in your 2022 advisory. Some of my classmates have chosen to pivot away from residency in pursuit of different careers. How do we, as students, rationalize and willingly step foot onto a path that has burnout waiting at the end? What steps can we do to preemptively advocate for ourselves?"

[00:20:49.020] – Dr. Vivek Murthy

Oh, it's such a good question from Mallika. I would just say to her that if I had to choose again whether to do medicine or not, I would choose to do medicine 100 times out of 100. I would do it again even knowing what I know about the challenges that exists in the profession.

[00:21:06.230] – Dr. Vivek Murthy

Here's why. Because I think at the end of the day, what we have, and what we have to protect, is this incredible privilege and honor and opportunity to be a part of somebody's life at a critical juncture, to be able to witness their journey, and to hopefully contribute and help and maybe even heal along that journey.

[00:21:28.370] - Dr. Vivek Murthy

That's what brought many of us to this work in the first place. The kernels of it are still there in the profession. That kernel may be layered over with other challenges and difficult work and bureaucracy, and may ultimately lead us to a path of cynicism. But that's why I think it's so important for us to figure out how to protect that kernel of good because the truth is, when people are ill, they need people like Mallika and others by their side who are compassionate, who are empathetic, and who are skilled to be able to help them navigate these really challenging times.

[11] In February 2024, Mallika Dammalapati was a 3rd-year medical student at the University of Virginia. She was also a student leader and researcher on well-being, mindfulness, and mattering in healthcare education.

[00:22:01.850] - Dr. Vivek Murthy

The secret about medicine is it's not just healing for the patient, it's actually really healing for the clinician themselves. I still think so often in my job as Surgeon General, when I'm faced with difficult decisions or trying to figure out which issue should we take on or how to tackle a difficult topic, I so often think back on my experiences with patients and the conversations I had with them, the insights that they shared with me verbally or otherwise through their stories, [which] in medicine is such a deep well of riches and fulfillment.

[00:22:34.340] - Dr. Vivek Murthy

That's why I think it's even more important that we advocate to protect that experience for patients and for clinicians. And why students can be those advocates. There's no reason why just because you don't have an MD after your name that you can't speak up in your medical school classes and organize to ensure that you're getting exposed to not just the head part of medicine, but to the empathy and compassion of medicine. You can push to have classes that help focus and refocus us on those core values. Classes like the Healer's Art, which now, again, exist in 60-plus medical schools in the country, but could be brought even more.

[00:23:13.160] - Dr. Vivek Murthy

These are ways that students can have a voice. The other big thing students can do is they can stick together and build communities where you can talk about these issues. I can't tell you how valuable that is. Every student is going to go through a point in their training when they feel either burned out or something difficult has happened, and they're trying to figure out how to manage it.

[00:23:31.640] - Dr. Vivek Murthy

It could be the death of a patient, it could be recognizing that somebody in the class has gotten ill, it could be not being treated well by somebody on your team, one of your coworkers. These are all things that we have to grapple with. Having a community that we can talk through this with becomes really important because I'll tell you the truth is that after medical school and after residency training, medicine can become really lonely because people can go off into their own practices or somehow feel like because they're done with training, they're supposed to have everything figured out on their own, they shouldn't ask for help.

[00:24:02.030] - Dr. Vivek Murthy

It can be really isolating. But if you build those communities of support early on, not only can that help you, but those communities can be formed [as] an engine for advocacy where we can speak up for more. That's actually how I got involved in advocacy work back in the day. It was actually getting together with other clinicians who recognized that we came to medicine to contribute to people's healing journey, and instead

we found ourselves burdened by bureaucracy and prior auths[12] and other obstacles to patient care. We wanted that to change, so we became advocates together in addition to supports for one another.

[00:24:37.700] - Lili Powell

Oh, that's terrific. That's terrific. Again, connection being so important. Well, Mallika and another student, Katy Hall,[13] are part of the interdisciplinary research team that actually is part of the Compassionate Care Initiative. My colleagues, Julie Haizlip and Natalie May, do work on mattering. Mattering for them means not only being valued, but also being able to add value.[14]

[00:25:08.360] - Lili Powell

I'm struck by what you said about healing possibly going two ways – not only the provider healing with the patient, but the patient possibly healing provider too. But anyway, Katie has a question for you about mattering. She knows that it's important in your work. I know that mattering is also mentioned in your workplace well-being advisory. She wanted to know if you could talk a little bit about your view on mattering at work in healthcare contexts?

[00:25:42.350] - Dr. Vivek Murthy

Sure. In the workplace advisory that we issued in the fall of 2022, I did that because I wanted to recognize that a lot of people are struggling with their mental health in the workplace. But I also wanted to know that the flip can be true, which is that workplaces can be engines of mental health and well-being if we are designing them in the right way and if we have the right type of approach and leadership in place.

[00:26:06.380] - Dr. Vivek Murthy

We laid out these five essentials that have to be part of every workplace to promote mental health and well-being. They include protection from harm, community and connection, work life harmony, opportunities for growth, and mattering – knowing that you matter and knowing that your work matters.

[00:26:23.030] - Dr. Vivek Murthy

In the healthcare setting, I think this is vital as well. I think from the outset, sometimes people might look at this and say, "Well, isn't it obvious that your work matters if you're in healthcare?" It's not always so obvious. But making sure that your work matters in healthcare, it's not just about the nurse at the bedside or the

[12] Prior authorizations.

[13] In February 2024, Katy Hall was a PhD student at the University of Virginia's School of Nursing.

[14] Julie Haizlip, MD and Natalie May, PhD are faculty members in the University of Virginia's School of Nursing doing groundbreaking research on mattering in the workplace and in learning environments. For more information, see: www.mattering.nursing.virginia.edu.

doctor at the bedside. It's also about the people working in the cafeteria, the folks you know who are helping to keep the hospital safe and secure, the people who are working on the IT systems.

[00:26:47.360] - Dr. Vivek Murthy

They are several steps removed from patient care, but their work is essential to allowing patient care to happen and keeping patients safe and keeping the staff safe. We have to make sure that they know that because otherwise they're going to be easy to just come in and say, "I'm just cleaning the floors here. Am I really contributing that much?" Or "I'm just serving the food in the cafeteria. Does anyone really care?"

[00:27:08.900] - Dr. Vivek Murthy

The work of mattering is the work that leaders really have to take upon themselves, which is to ensure that people in your organization know that their work matters, but also that they matter. That's the last point I want to make about us mattering, which is my worry about what we've done in society more broadly, is we've built this cultural sort of understanding that you matter based on what you can deliver, in the sense that if I can deliver certain services, then I matter. If I can achieve something that society values, a position of power, or if I can become famous or if I can become wealthy, then you matter.

[00:27:47.570] - Dr. Vivek Murthy

As a young person, why do you think that those things are what society deems as mattering? Because that's what we write books about and make movies about and write newspaper stories about. It's about the people who've achieved those things.

[00:27:59.180] - Dr. Vivek Murthy

Yes, in healthcare, it's important to be able to serve and deliver good care to people. But it's really important for every trainee to know that the most important things they need to be healers were the skills that they have long before they entered medical school or nursing school or pharmacy school. and that's their ability to care for others deeply, their ability to listen with their full presence, their ability to lead and to live with love.

[00:28:27.230] - Dr. Vivek Murthy

That's what makes us fundamentally worthy human beings. That's what convinces me that we all matter from the time we're born. The truth is, we know this at the earliest stages of our life. What happens is we forget it along the way, or we're convinced otherwise that we don't have fundamental value, that we have to acquire value to actually matter in society.

[00:28:47.600] - Dr. Vivek Murthy

I think about my own son, who you just met recently. I brought him to work today because he's not feeling good and couldn't go to school, so he’s hanging out with me today. The other day, I had this issue with my shoulder. It was dealing with some frozen shoulder type syndrome here. I was at the dining table with him, and I needed to reach for something because my daughter gave me something.

[00:29:14.210] - Dr. Vivek Murthy

I reached, and I had this lancing pain that just went right through my shoulder. It was actually like a 9 out of 10 pain. It caught me by surprise, and it was severe enough that it dropped me to my knees, and I was actually just clutching my shoulder. He got off his chair, and I couldn't see this because I was looking at the floor. But he quietly got off his chair, he put his hand on my shoulder, and then he rested his head against my head.

[00:29:41.640] - Dr. Vivek Murthy

He didn't say a word, but he just stood there. Not seeing him, I thought maybe that was my wife's hand. Then I turned my head and I saw it was him. I choked up just seeing that because this beautiful child on his own accord, just knew instinctively that he didn't have to go to medical school or nursing school to be a healer. But right there, he reached down into his heart and expressed the care and compassion that he felt to his father, who he saw was in pain.

[00:30:15.190] - Dr. Vivek Murthy

I want every student who goes through training to remember that; that they were born with the ability to heal. That is what makes me convinced that they matter. It's in our ability, our intrinsic ability to give and receive love that we find our true worth and value. We can not only recognize that ourselves, but we can help other people see that as well.

[00:30:39.560] - Dr. Vivek Murthy

Often, people who may approach us in life think that they have to win our approval or somehow convince us that they're worthy based on their resume or something else. If we can help see people as whole humans, if we can help them see that we see that they have fundamental worth and dignity and value, that changes our relationship with them. It changes how they operate in the world. Imagine a world where everyone knew that they were operating from that place of true value and dignity. How much happier and healthier would we all be?

[00:31:13.630] - Lili Powell

What you're saying gives me such tremendous hope, and I hope it also provides great hope for the people who have been able to listen in today on our conversation. Thank you so much. This has just been so inspiring. This healing healthcare together, it's something that we all, I think, can work hard on, if we connect, if we have compassion, and, as you suggest, if we love.

[00:31:43.030] - Dr. Vivek Murthy

Absolutely. Well, thank you so much.

[00:31:44.740] - Lili Powell

Thank you.

[00:31:44.860] - Dr. Vivek Murthy

I'm so glad we did this.

[00:31:46.540] - Lili Powell

Me too.

[00:31:46.780] - Dr. Vivek Murthy

I'm so glad for all of your efforts to help support health workers. They've collectively spent so much time and energy and heart caring for others. It's high time that we step up and care for them as well. Thank you for what you're doing to make that possible.

[00:32:00.160] - Lili Powell

Thank you.