



Why Physician Wellness Matters

Jane B Lemaire MD FRCPC

Creating a Healthy Workplace

Australasian Doctors' Health Conference

Nov 22-23

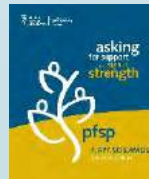
Perth Australia

Disclosures

- Scotiabank, MD Financial Management and the Canadian Medical Association

Well Doc Alberta

Shaping the future of physician wellness, together



Boo the bear "watching", Kicking Horse Mountain, Golden, BC

Objectives

- To identify what **work-related hazards** face physicians
- To discuss recent **advances** in the **approach** to physician wellness
- To describe how physician wellness links to work **culture** and **context**
- To consider how changes at the **system-level** can support physician wellness



White water rafting, Golden, BC

<https://www.tourismgolden.com/about/photos/whitewater-rafting-golden>

Quality Indicator – Lancet 2009

Review

Physician wellness: a missing quality indicator

Jean E Wallace, Jane B Lemaire, William A Ghali

Lancet 2009; 374: 1714-21

See Editorial page 1653

Department of Sociology,
Faculty of Social Sciences
(Prof J E Wallace PhD),

Department of Medicine,
Faculty of Medicine
(Prof J B Lemaire MD,

Prof W A Ghali MD), and
Department of Community
Health Sciences, Faculty of
Medicine (Prof W A Ghali),
University of Calgary, Calgary,
AB, Canada

Correspondence to:
Prof Jean E Wallace, Department
of Sociology, University of Calgary,
2500 University Drive NW,
Calgary, AB, Canada, T2N 1N4
jwallace@ucalgary.ca

When physicians are unwell, the performance of health-care systems can be suboptimum. Physician wellness might not only benefit the individual physician, it could also be vital to the delivery of high-quality health care. We review the work stresses faced by physicians, the barriers to attending to wellness, and the consequences of unwell physicians to the individual and to health-care systems. We show that health systems should routinely measure physician wellness, and discuss the challenges associated with implementation.

Introduction

"Healthy citizens are the greatest asset any country can have."

Sir Winston Churchill

Physicians are important citizens of health-care systems, and evidence indicates that many physicians are unwell. Physicians who are affected by the stresses of their work may go on to experience substance abuse, relationship troubles, depression, or even death.¹⁻⁴ Results of emerging research show that physicians' stress, fatigue, burnout, depression, or general psychological distress negatively affects health-care systems and patient care.⁵⁻¹² Thus when physicians are unwell, the performance of the health-care system can be suboptimum. The corollary is that physician wellness might not only benefit the individual physician,

but also be vital to the delivery of high-quality health care.¹³ review the potential consequences of self-neglect by physicians, both individually and at the level of health-care systems. We also address why health systems should routinely measure physician wellness as an indicator of health-system quality in view of the growing recognition that suboptimum physician wellness adversely affects system performance. We discuss some of the measurement and operational challenges associated with implementation of this missing quality indicator, and raise several issues that will need to be addressed to achieve the desired outcomes of improved physician wellness and system quality.

Risk of physician ill health

Practising medicine is stressful to many physicians. For example, authors of a Canadian study reported that 64% of physicians feel that their workload is too heavy and 48%

Objectives

- ▶ To identify what **work-related hazards** face physicians



Heli-skiing, Blue River, BC

Burnout: A Work-Related Hazard

- ▶ Emotional exhaustion
- ▶ Depersonalization
- ▶ Reduced sense of accomplishment



"I am exhausted, I don't care, I am useless"

Burnout

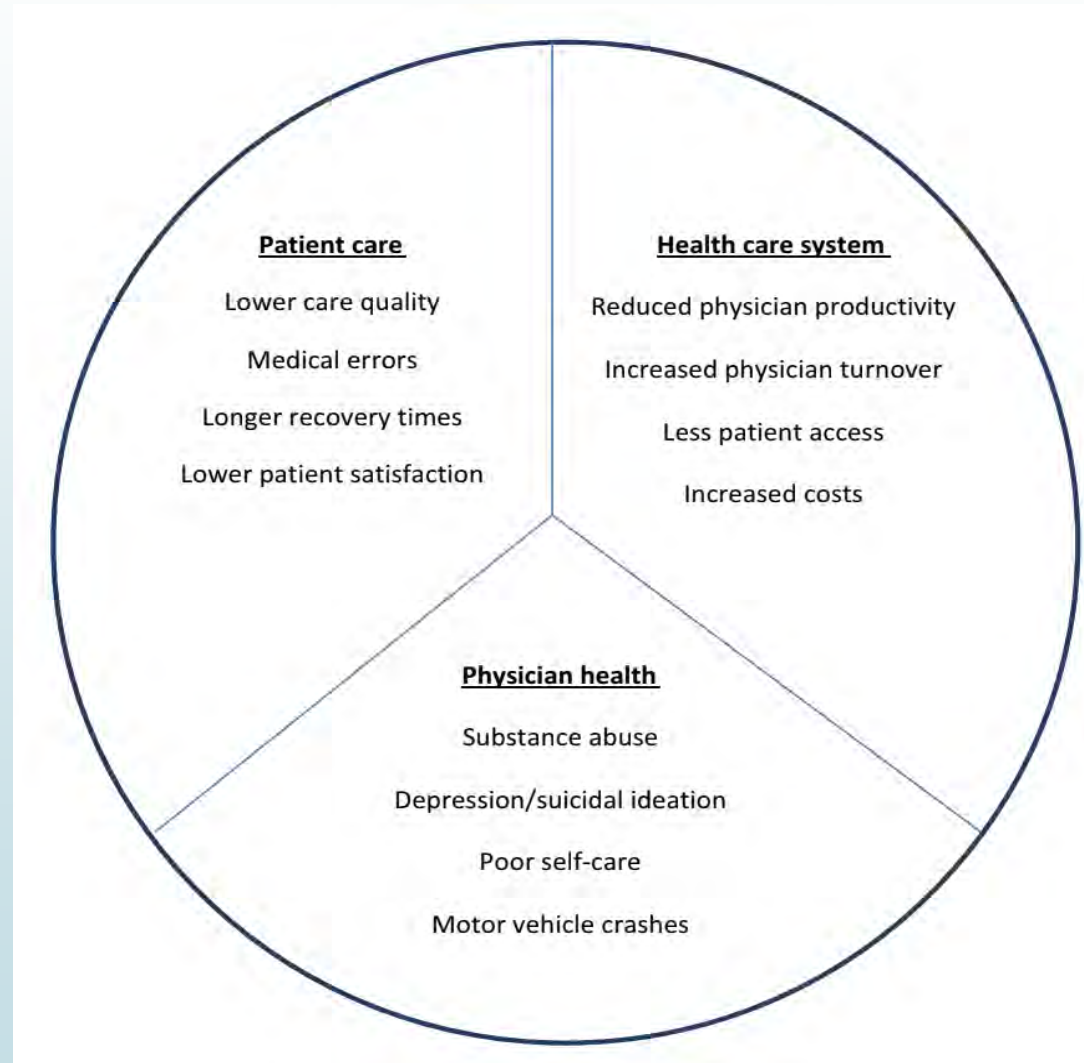
Areas of Work Life Model (job-person match)

- Workload
- Control
- Reward
- Community
- Fairness
- Values

- Advancements in health care/complexity
- Long work hours, on-call hours
- Emotional and cognitive load
- Work environment/inefficiency
- Lack of work/life integration (gender and generational shifts)
- Loss of meaning of work



Physician Wellness Matters Because Rates of Burnout are Associated With ...



Estimating the Attributable Cost of Physician Burnout in the United States

Burnt out physicians

Exit medicine: 1.8x

Reduce work hours: 1.9-3.5x

\$4.6 BILLION

USA National Study of Surgeons

- ▶ 90% believed their well-being was at or above average
- ▶ When tested 70% scored in the bottom third for well-being

*Distress and burnout are a
“normal” way to feel*



Cedar Waxwings, Calgary, AB



Suicide

Physicians Experience Highest Suicide Rate of Any Profession

NEW YORK — With one completed suicide every day, US physicians have the highest suicide rate of any profession. In addition, the number of physician suicides is more than twice that of the general population, new research shows.

A systematic literature review of physician suicide shows that the suicide rate among physicians is 28 to 40 per 100,000, more than double that in the general population.

Physicians who die by suicide often suffer from untreated or undertreated depression or other mental illnesses, a fact that underscores the need for early intervention, study investigator Deepika Tanwar, MD, Psychiatric Program, Harlem Hospital Center, New York City, told *Medscape Medical News*.

The findings were presented at the American Psychiatric Association (APA) 2018 annual meeting.

Work-related Musculoskeletal Disorders (MSDs)

JAMA Surgery | Original Investigation

Prevalence of Work-Related Musculoskeletal Disorders Among Surgeons and Interventionalists A Systematic Review and Meta-analysis

Sherise Epstein, MPH; Emily H. Sparer, ScD; Bao N. Tran, MD; Qing Z. Ruan, MD; Jack T. Dennerlein, PhD; Dhruv Singhal, MD; Bernard T. Lee, MD, MPH, MBA

IMPORTANCE Physicians in procedural specialties are at high risk for work-related musculoskeletal disorders (MSDs). This has been called “an impending epidemic” in the context of the looming workforce shortage; however, prevalence estimates vary by study.

OBJECTIVES To estimate the prevalence of work-related MSDs among at-risk physicians and to evaluate the scope of preventive efforts.

DATA SOURCES AND STUDY SELECTION Systematic search in MEDLINE (Ovid), Embase (Elsevier), Web of Science, PubMed (National Center for Biotechnology Information), and 2 clinical trial registries, without language restriction, for studies reporting on the prevalence and prevention of work-related MSDs among at-risk physicians published until December 2016. The Meta-analysis of Observational Studies in Epidemiology (MOOSE) guidelines for

- Author Audio Interview
- Supplemental content
- CME Quiz at jamanetwork.com/learning



Hiking Purcell Mountains, near Golden, BC

Hand/fingers 10-80%



Neck 10-50%



Shoulders 10-20%
Elbows 8-12%



Back 15-55%



Physician Wellness Matters Because

Physicians face **psychological/emotional** and **physical** work related hazards because of the work that we do...

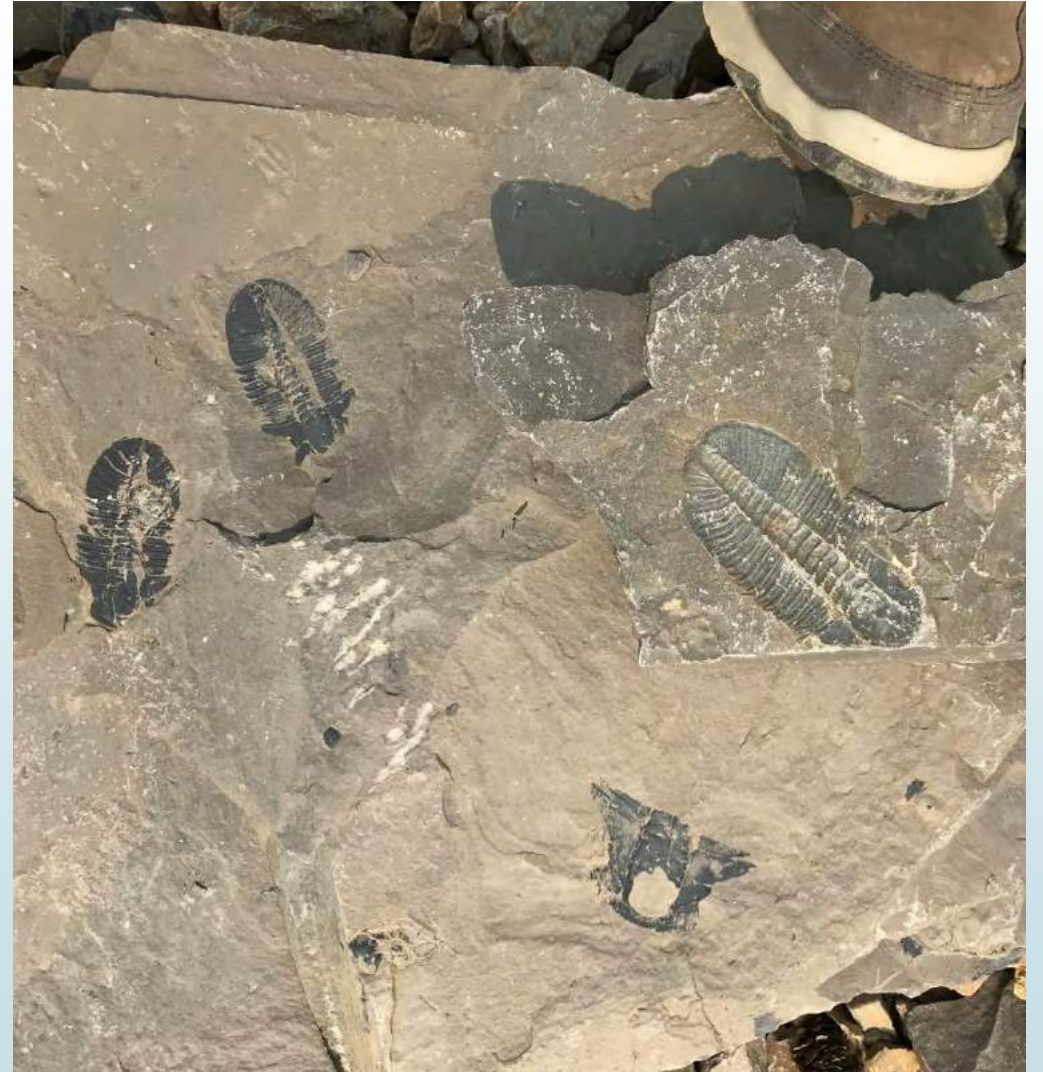
...in addition to the expected stressors of a professional career



Powder skiing, Trout Lake, BC

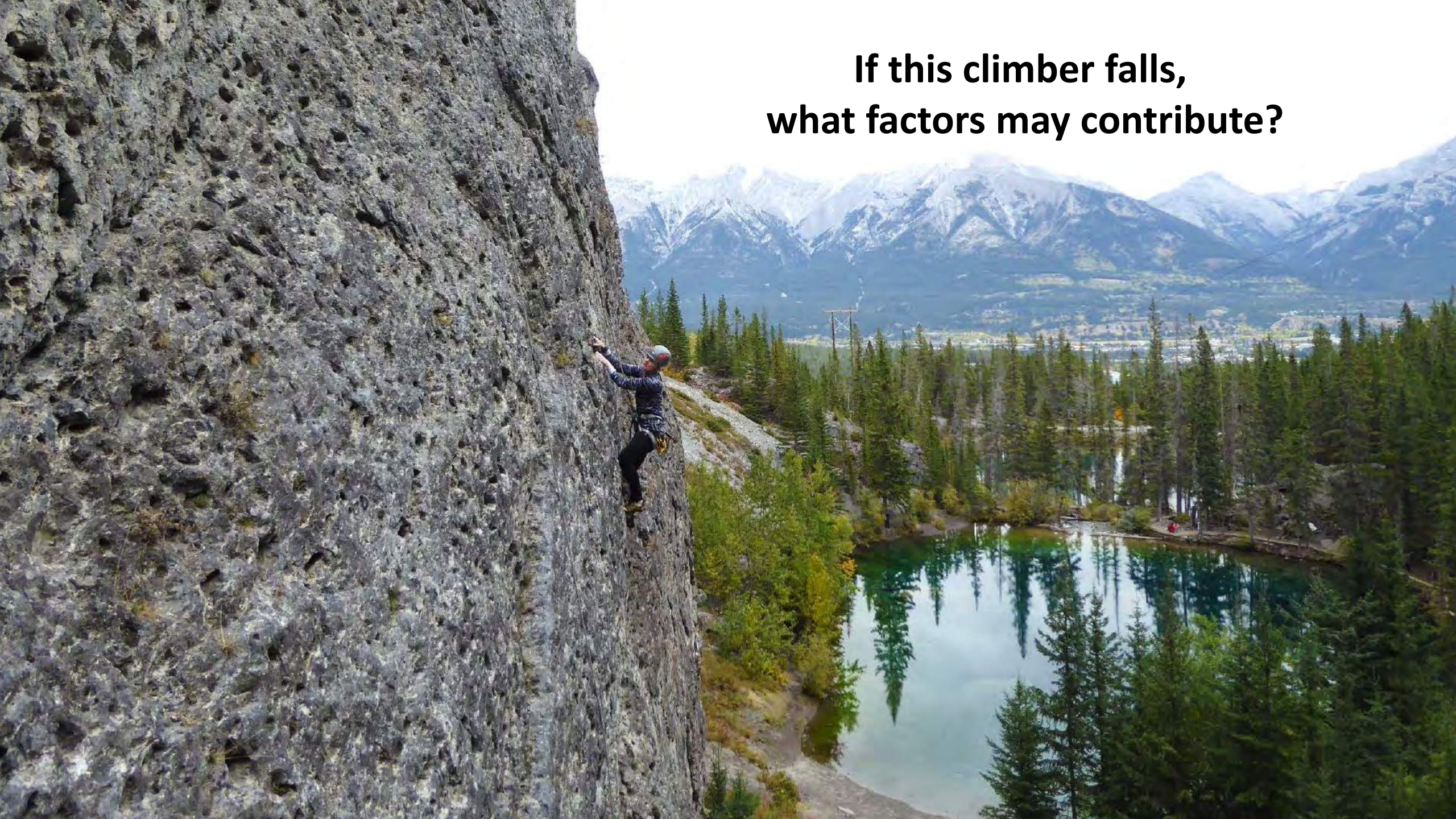
Objectives

- ▶ To discuss recent **advances** in the **approach** to physician wellness
- ▶ One-minute challenge



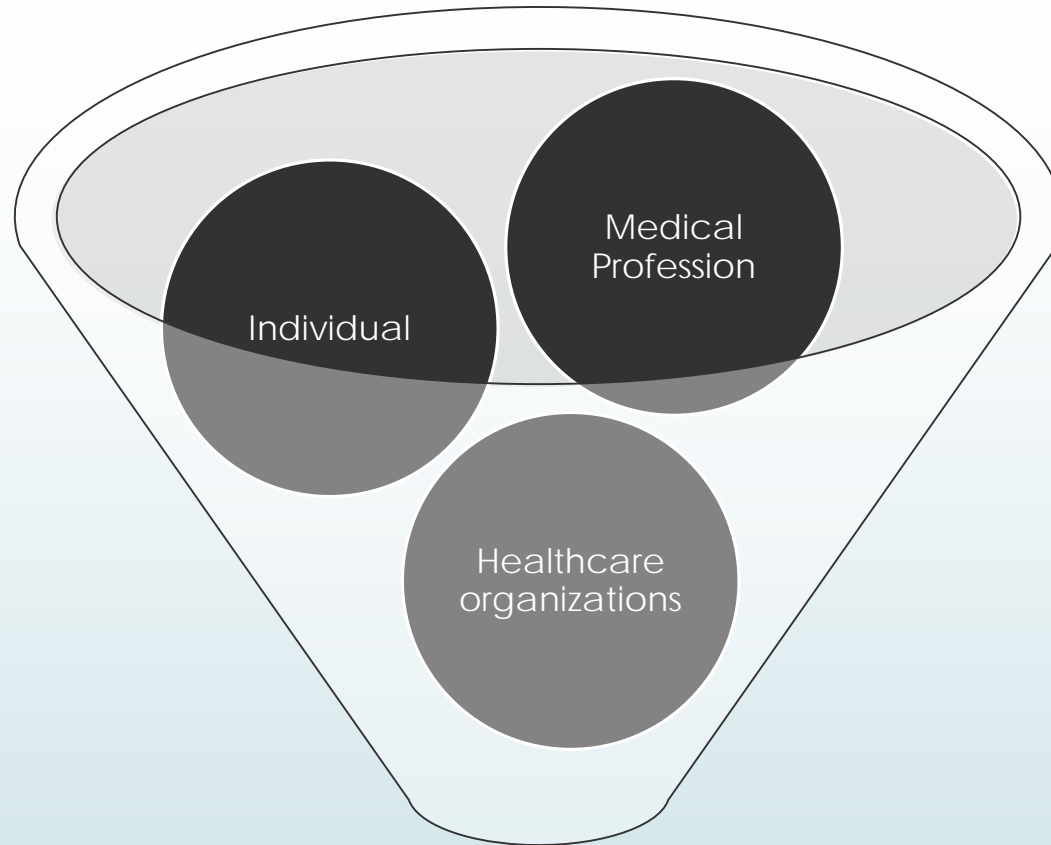
Mount Stevens Burgess Shale Trilobite Bed, Field, BC

**If this climber falls,
what factors may contribute?**



A photograph of two women in climbing gear standing on a rocky ledge. They are both wearing helmets and harnesses. The woman on the left is wearing a grey helmet and a black and white patterned long-sleeve shirt. The woman on the right is wearing a blue helmet and a light blue and white jacket. They are both smiling and looking at each other. The woman on the right is holding a large coil of rope. In the background, there is a rocky cliff face on the left, a wooden railing, and a lake surrounded by trees. The sky is overcast.

Shared Responsibility
The individual
The culture
The system



Burnout

Individual: Personality

- ▶ Workaholic, Control Freak, Type A
 - ▶ Many physicians describe themselves this way
 - ▶ Belief these traits makes one a better physician
- ▶ Perfectionism, Obsessive Traits

"I think it is necessary to be partly obsessive-compulsive, perfectionistic and a control freak when dealing with something as important people's lives and health..."



Marmot with a personality, Kicking Horse, BC

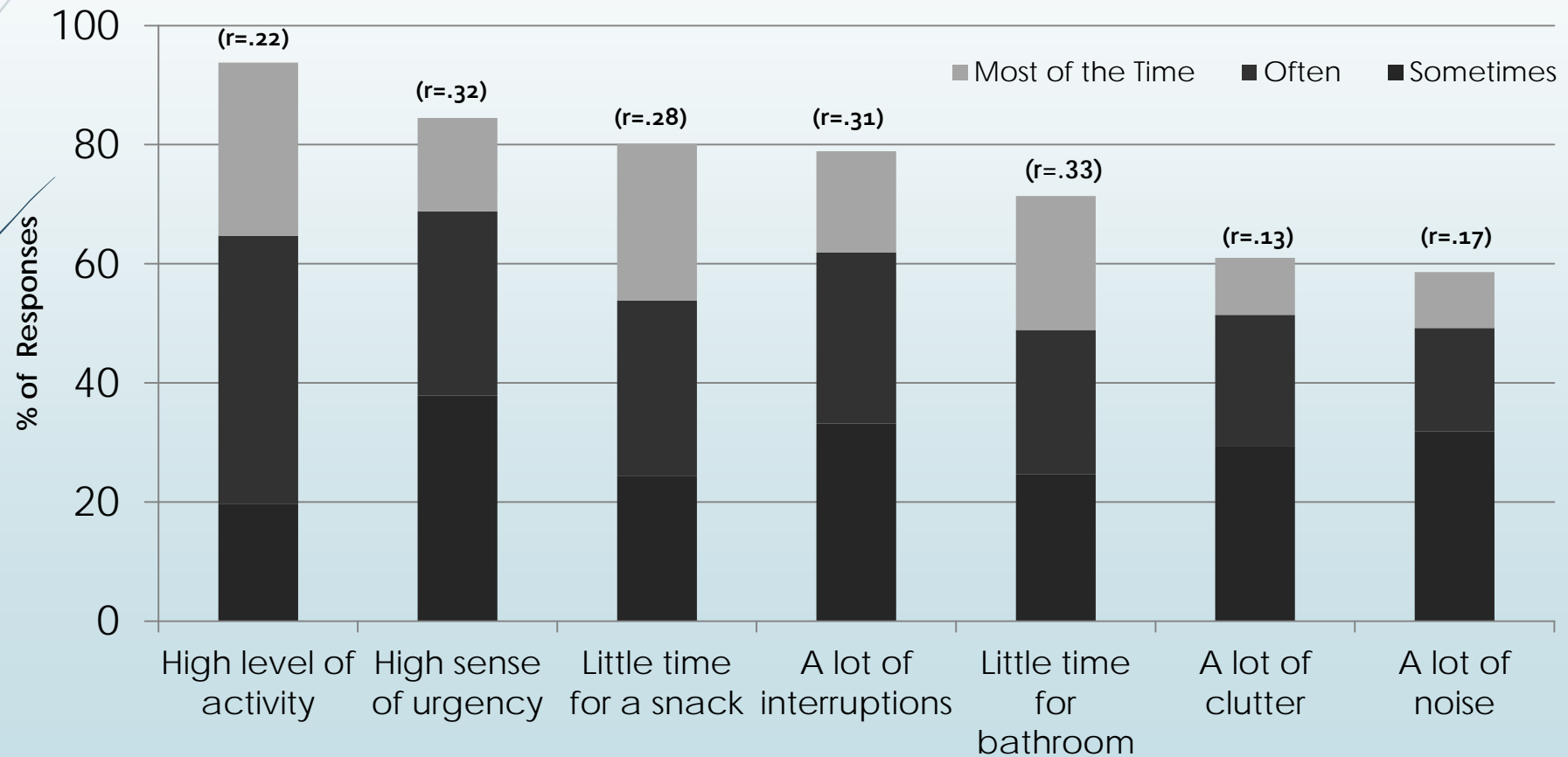


Medical Profession: Toxic Aspects

- ▶ Belief that physician wellness is at odds with professionalism
- ▶ Stigma around mental health issues: *“If you can’t take the heat get out of the kitchen”*
- ▶ .. dysfunctional behaviors are valorized as an indicator of commitment... (Montgomery)
- ▶ Incentives
- ▶ Colleague bashing, tribalism, micro-aggressions

Healthcare Systems: Work Environment

Frequency of stressful work environment characteristics and correlations with emotional exhaustion (N=1178)



Linking Work Conditions to Burnout

- “Adverse workflow (time pressure and chaotic environments), low work control, and unfavorable organizational culture were **strongly associated** with low physician satisfaction, high stress, burnout, and intent to leave”

Linzer M, Manwell LB, Williams ES, et al. Working conditions in primary care: physician reactions and care quality. *Ann Intern Med* 2009 Jul 7;151(1):28-36. [MEMO \(Minimizing Error, Maximizing Outcome\) Investigators](#).

Linzer M, Poplau S, Grossman E, et al. A cluster randomized trial of interventions to improve work conditions and clinician burnout in primary care: results from the Healthy Work Place (HWP) study. *JGIM* 2015 Aug 1;30(8):1105-11.

Many Factors Contribute to Burnout...

...Solutions have mostly
focused on the individual



Multi-pitch climbing above Banff Springs Golf Course

Resilience

RESILIENCE

I AM STRONG.

I AM A SUPERHERO.

I AM ME!



Controlled Interventions to Reduce Burnout in Physicians A Systematic Review and Meta-analysis

Maria Panagioti, PhD; Efharis Panagopoulou, PhD; Peter Bower, PhD; George Lewith, MD; Evangelos Kontopantelis, PhD; Carolyn Chew-Graham, MD; Shoba Dawson, PhD; Harm van Marwijk, MD; Keith Geraghty, PhD; Aneez Esmail, MD

IMPORTANCE Burnout is prevalent in physicians and can have a negative influence on performance, career continuation, and patient care. Existing evidence does not allow clear recommendations for the management of burnout in physicians.

OBJECTIVE To evaluate the effectiveness of interventions to reduce burnout in physicians and whether different types of interventions (physician-directed or organization-directed interventions), physician characteristics (prim

DATA SOURCES MED
Trials were searched
other relevant system

 [Editorial](#)

 [Supplemental content](#)



Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis

Colin P West, Liselotte N Dyrbye, Patricia J Erwin, Tait D Shanafelt

Summary

Lancet 2016; 388: 2272-81

Published Online

September 28, 2016

[http://dx.doi.org/10.1016/S0140-6736\(16\)31279-X](http://dx.doi.org/10.1016/S0140-6736(16)31279-X)

See Comment page 2216

Division of General Internal
Medicine and Division of
Biomedical Statistics and
Informatics (Prof C P West MD),
Division of Primary Care
Internal Medicine
(Prof L N Dyrbye MD), Medical
Library (P J Erwin MLS), and

Background Physician burnout has reached epidemic levels, as documented in national studies of both physicians in training and practising physicians. The consequences are negative effects on patient care, professionalism, physicians' own care and safety, and the viability of health-care systems. A more complete understanding than at present of the quality and outcomes of the literature on approaches to prevent and reduce burnout is necessary.

Methods In this systematic review and meta-analysis, we searched MEDLINE, Embase, PsycINFO, Scopus, Web of Science, and the Education Resources Information Center from inception to Jan 15, 2016, for studies of interventions to prevent and reduce physician burnout, including single-arm pre-post comparison studies. We required studies to provide physician-specific burnout data using burnout measures with validity support from commonly accepted sources of evidence. We excluded studies of medical students and non-physician health-care providers. We considered potential eligibility of the abstracts and extracted data from eligible studies using a standardised form. Outcomes were changes in overall burnout, emotional exhaustion score (and high emotional exhaustion), and depersonalisation

Individual Targeted Interventions for Burnout

- ▶ Mindfulness
- ▶ Stress reduction techniques
- ▶ Education around communication skills, exercise, nutrition, and self-confidence



+ Organizational Targeted Interventions for Burnout

- Rescheduling shifts
- Reducing workload
- Enhancing teamwork
- Enhancing leadership



Stanford Model: Professional Fulfillment

The Reciprocal Domains of Physician Well-Being

Chart illustrating the 3 domains of physician well-being, with each domain reciprocally influencing the others.



Source: Patty Purpur de Vries

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NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

- **Efficiency of Practice:** Implementing safe, reliable and efficient processes that enable physicians to deliver preeminent patient care, while addressing physician practice pain points.
- **Personal Resilience:** Providing tools and resources that enable our physicians to take responsibility for maintaining their own physical, emotional, and professional health.
- **Culture of Wellness, Support and Appreciation:** Promoting wellness as a critical health system quality indicator, building a culture of support and appreciation for physicians and staff.



Many factors contribute to physicians being unwell

Physician Wellness is a Shared Responsibility

The individual

The profession

The system

Objectives

- ▶ To describe how physician wellness links to work **culture** and **context**



Hiking, Durand Glacier, BC



Well Doc?

Physician Wellness:
Fundamental for Doctors. Vital for Patients.

Well Doc? Module 1

**How does workplace
nutrition affect
physicians?**



***Work, Teaching, Learning,
Context, Culture***

Anecdotal Examples

No food near the operating room

Not ok to scrub out to get sustenance

Admonished for grabbing cookies

No scheduled nutrition breaks during long clinics or OR cases

No healthy or fresh food evenings/nights



Nutrition and cognition: “Doctors don’t take the time to eat”



Barriers to nutrition

- **Lack of time**
- **Limited access to nutrition and water**
- **Limited food choices**
- **Cost**
- **Work ethic**
- **Professionalism and doctors' attitudes**



Impact of inadequate nutrition:

- **Emotional symptoms** (irritable, frustrated)
- **Physical symptoms** (tired, hungry, nauseated)
- **Cognitive symptoms** (can't focus or think clearly)
- **Can't finish work tasks**
- **Poor interactions with colleagues**



Cognition testing



Cognition

- On intervention day, cognition was superior....
- ...equivalent to cognition from a brain that was a decade younger





Well Doc? Module 1

Does Nutritional Intake During
Work Hours Impact Physicians'
Cognitive Function?

Personal Report for Dr A

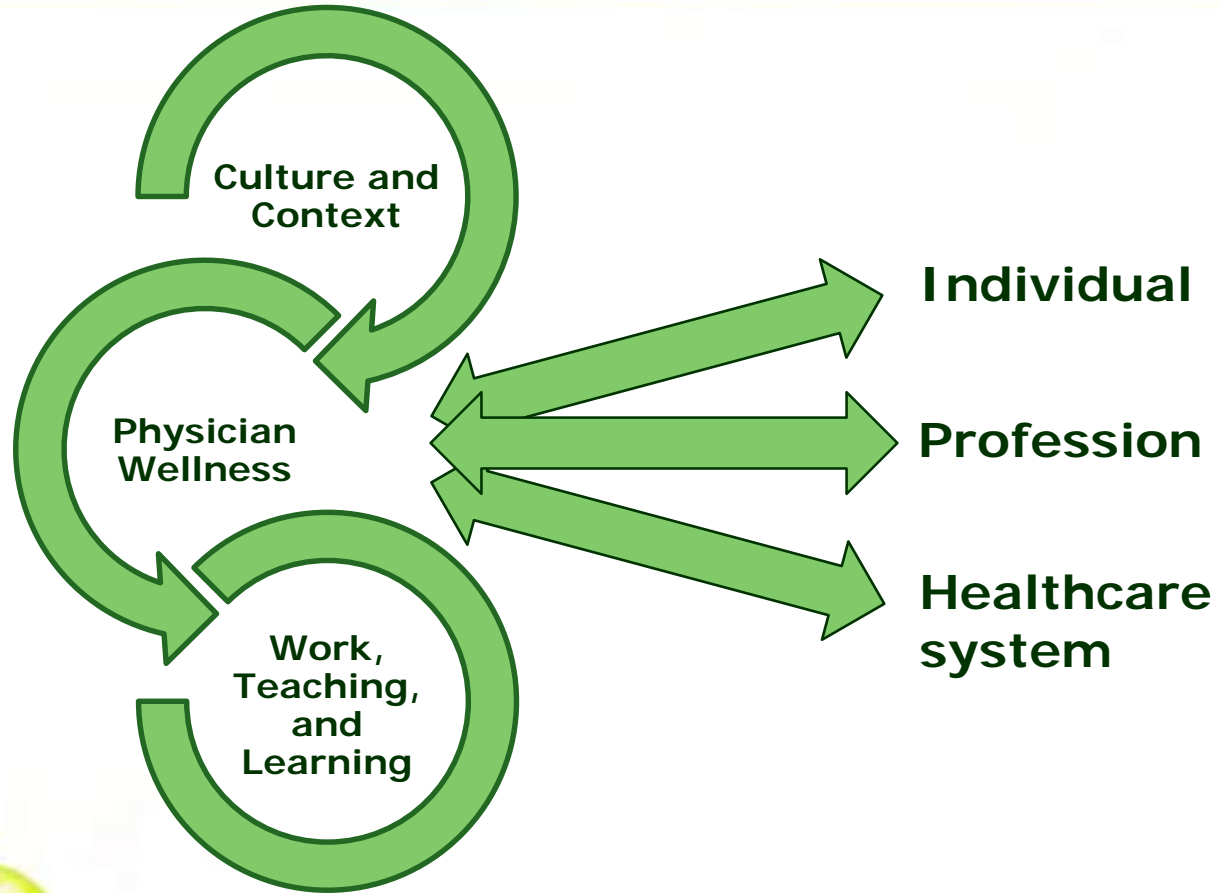
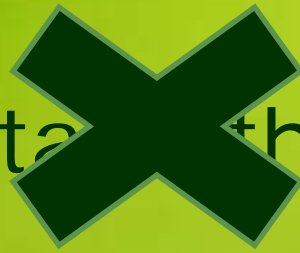
Prepared by
Jane Lemaire, Department of Medicine; **Jean Wallace**, Department of Sociology;
Kelly Dinsmore and **Delia Roberts**, Faculty of Kinesiology
December 2008



Department of
Medicine



“Doctors don’t take the time to eat”



Well Doc? Module 1

How does workplace nutrition affect physicians?

A photograph of three green apples is positioned below the text. The apples are arranged in a cluster, with one in the foreground and two behind it. The background is white, and the image is set against a green horizontal bar at the bottom of the slide.

Physician Wellness Matters Because

- ▶ It is intricately linked to patient care, teaching, learning, culture and context of healthcare systems



Walking with wolves, Golden, BC

How about Solutions?



Golden Ultra Race, 55 KM, 7000 vertical feet

Individual: Training



Personal Training: Psychological/Emotional

- Re-shaping Brains
 - Mindfulness
 - Meditation
 - Relaxation techniques
 - Positivity



Objectives

- ▶ To consider how changes at the **system-level** can support physician wellness

...big or small...

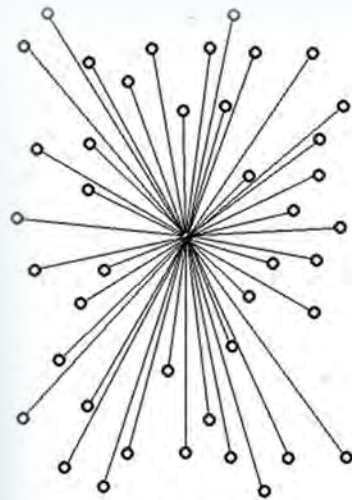


Backpacking in the Grand Canyon – South Bass Canyon Primitive Zone

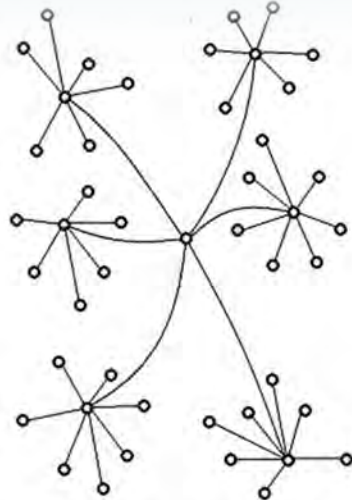
The Practice of Medicine has Changed



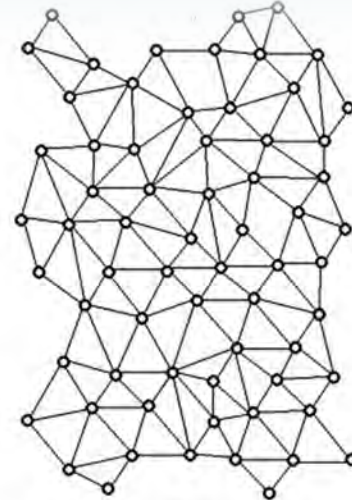
Healthcare is a Complex Adaptive System



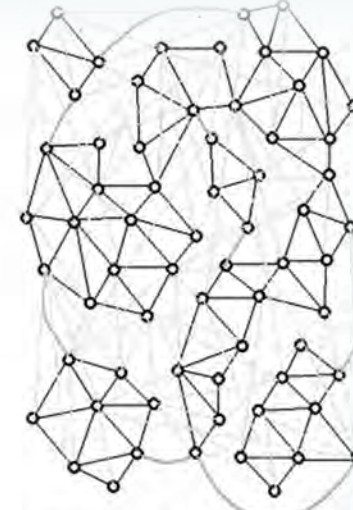
CENTRALIZED



DECENTRALIZED



NETWORKED



COMPLEX ADAPTIVE



Edge of Chaos...

Systems with multiple elements adapting or reacting to the pattern these elements create (Arthur 1990's)



Chaos in Ambulatory Care Settings

- 40% of participating primary care sites reported hectic or chaotic environments
- Physicians working in these chaotic clinics were prone to stress, burnout, and leaving the practice

Context and Chaos

Ethnographic study of attending physicians documented a very chaotic hospital work environment

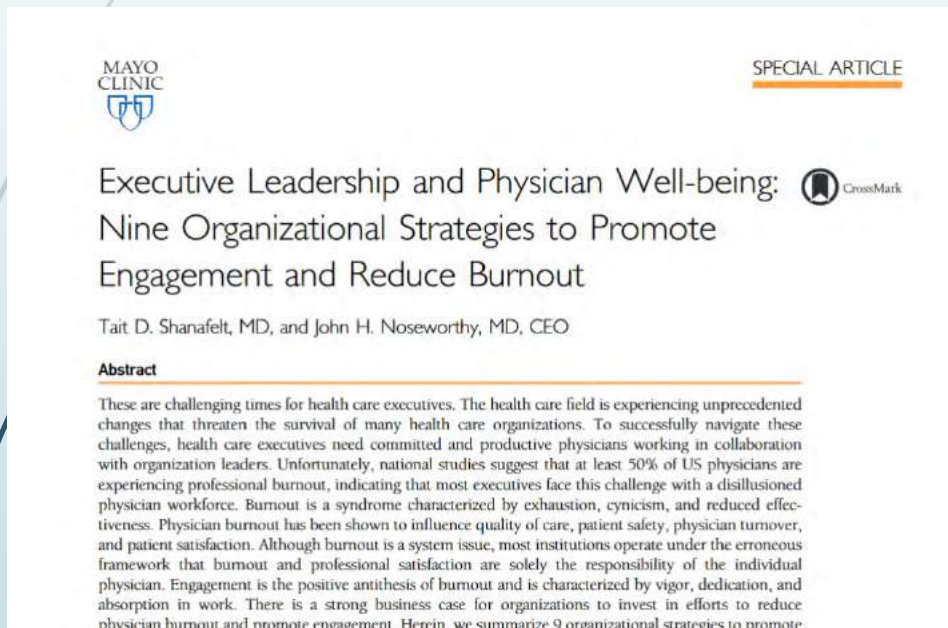


Medical Teaching Unit Preceptor Study



A day in the life of... By Sarah Newman MD

Organizational Strategies to Promote Engagement and Reduce Burnout




-  Acknowledge and assess the problem
-  Harness the power of leadership
-  Develop and implement targeted work unit interventions^a
-  Cultivate community at work
-  Use rewards and incentives wisely
-  Align values and strengthen culture
-  Promote flexibility and work-life integration
-  Provide resources to promote resilience and self-care
-  Facilitate and fund organizational science

FIGURE 5. Organizational strategies to reduce burnout and promote physician engagement. ^aOften will focus on improving efficiency and reducing clerical burden but should focus on whichever driver dimension (Figure 1) deemed most important by members of the work unit (Figure 3).

Organizational Strategies

- Acknowledge and assess the problems
- Track physician wellness as an important metric

Review

Physician wellness: a missing quality indicator

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Lancet 2009; 374: 1714-21
See Editorial page 1652

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Correspondence to:
Prof Jean E Wallace, Department
of Sociology, University of Calgary,
2500 University Drive NW,
Calgary, AB, Canada, T2N 1N4
jwallace@ucalgary.ca

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Risk of physician ill health

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A decorative graphic on the left side of the slide. It features a dark blue vertical bar on the far left. A black arrow points to the right from the top of this bar. Below the arrow, several thin, curved lines in shades of blue and grey sweep upwards and to the right, creating a sense of movement and design.

Organizational Strategies

- Harness the power of leadership
 - Correlates with burnout and satisfaction
 - Leadership development

A dark blue vertical bar is on the left side of the slide. A black arrow points to the right from the top of this bar. Several thin, curved lines in shades of blue and grey originate from the bottom left and sweep upwards and to the right across the slide.

Organizational Strategies

- Develop and implement targeted interventions

Examples: Targeted Interventions

Drivers of unwellness	Targeted interventions
Excessive workload Consult service too busy	Split workload into 2 services Share rotation: week/weekend
Work inefficiency Can't find equipment to do procedures	Dedicated procedure cart
Work-home conflict Life events cause unavoidable absences	Formal back-up schedule

Challenge the toxic aspects of the culture of medicine
Role model wellness

Organizational Strategies

- Cultivate community at work
 - Group gatherings for collegial support
 - Peer support teams, mentorship, coaching
 - Practice transition support

Shapiro. Acad Med. 2016;91(9):1200-1204
West, Dyrbye et al. J Gen Int Med;30:S89

DOM Peer Support Team

THE DOM RECOGNIZES THAT OUR MEMBERS ARE OUR MOST VALUABLE ASSETS. IT BELIEVES THAT MEMBERS SHOULD BE SUPPORTED THROUGH DIFFICULT TIMES.

WHO ARE WE?

We are DOM members available as resources for our colleagues. We aim to be supportive listeners, offer guidance, and act as liaison for accessing outside resources (i.e., professional services) and ensuring safety.

WHY ARE WE HERE?

The practice of medicine may be rewarding, but may also at times be challenging. A member of the DOM may feel the need to seek support from a colleague. This may arise from any number of different situations, including imbalance between work and personal life; involvement in an adverse event, where a patient suffered serious or fatal harm; perceived inequity within the workplace; personal conflicts at home or at work; conflicts of interest; financial concerns; professionalism matters; or career-track indecision.



Attending Physician Transition to Practice (T2P)

Organizational Strategies

- ▶ Promote flexibility and work-life integration
- ▶ Accommodate diversity

There aren't enough spacesuits of the right size.



IFLSCIENCE.COM

NASA Cancels All-Women Spacewalk Due To Lack Of Suitable Suits

Career Adaptation Guidelines To Support Diversity and Flexibility

- ▶ Illness or disability
- ▶ Gender, generational shifts
- ▶ Career stage
- ▶ Practice choice

Department of Medicine
Career Adaptation Guidelines
For Reassessing Physicians' Work Responsibilities



Physician Wellness Matters



Esplanade Range, Columbia mountains, BC

What About Patients' Views?

- ▶ They notice
- ▶ They form judgments based on what they notice that impact:
 - ▶ Their views of the care they receive
 - ▶ Their feelings
 - ▶ Their actions
- ▶ They worry about the doctor
- ▶ They may be powerful allies





Charter on Physician Well-Being

Guiding principles

- Effective patient care promotes and requires physician well-being
- Physician well-being is related with the well-being of all members of the health care team
- Physician well-being is a quality marker
- Physician well-being is a shared responsibility

Physician Wellness Matters

