

Caring for the carer: a look at physician wellness

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Abstract

As many medical students, residents, and attending physicians can attest, medicine is a unique and challenging field. With all that medicine entails, the topic of physician health and wellness has emerged as an area of concern. Poor physician wellness has numerous effects, with implications reaching beyond lives of the affected physicians and their families. Although progress has been made to improve physician wellness, the process remains incomplete. Changes at every level — from individual physicians, all the way to medical regulators and government — may be necessary to establish satisfactory support for physicians going forward.

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Physician health and welfare is an area of growing interest and concern within the medical profession, whether at the level of the student learner or the experienced physician.¹ The Canadian Medical Association (CMA) explains that physician wellness “encompasses [not just] the prevention and treatment of acute or chronic issues of individual physicians; [but also] the optimization of interconnected physical, mental and social factors to support health and wellness.”¹ Therefore, physician well-being can include broad issues such as burnout, addiction, personal stressors and mental health concerns, among others.²

To gain a better understanding of the issue, the CMA conducted and published the results of their National Physician Health Survey (2017), which includes data on approximately 3000 attending physicians (attendings) and resident physicians.¹ The survey found levels of emotional, psychological and social well-being to be high in only 87%, 81% and 65% of respondents, respectively.¹ Areas noted to be of concern included rates of burnout, depression, and lifetime suicidal ideation, with significantly more residents reporting these experiences than attendings.¹ Specifically, 48% of residents and 32% of attendings screened positive for depression, while high levels of burnout were reported in 38% of residents and 29% of attendings.¹ Although there were no significant differences in overall mental health, burnout, depression or suicidal ideation between various medical disciplines, those whose main setting was a hospital had higher odds of lower emotional, social and psychological well-being, with surgical specialists and laboratory specialists having the highest odds compared to all other areas of practice (1.74 times and 2.44 times higher odds respectively).¹ Interestingly, more than 80% of re-

spondents were aware of physician health programs that were available to them, yet only 15% reported having accessed them in the past five years.¹ The top barriers to accessing services included a belief that the situation was not sufficiently serious, feelings of shame, and a lack of awareness of the array of services that were available.¹ For those who did seek help, the CMA lists mental health and related concerns (e.g. depression, burnout), personal stressors (e.g. family and relationships), addictions and associated disorders as the leading reasons.¹

Concerns surrounding physician wellness are not an isolated Canadian phenomenon. Recent studies from the United States (US) found burnout rates of 45.5% and 43.9% in 2011 and 2017 respectively, with an increase to 54.4% in 2014.³ This temporary increase is speculated to be due to a combination of changes in organizational structure that occurred with hospitals and medical groups around that time, simultaneous changes in regulations, and a proliferation of administrative work that resulted.³ Examining the 2017 results further, emergency medicine, obstetrics and gynecology, and family medicine were the specialties found to have the highest rates of burnout.³ Regarding suicide, data suggests that American physicians have one of the highest rates compared to any other profession in the US, with suicide claiming the lives of 300-400 physicians every year,⁴ a rate twice that of US non-physician men and two to three times that of US non-physician women.⁵

The impact of physician health and wellness is not isolated to the physicians themselves and their families and friends. Patients and the healthcare system at large can also be affected by the downstream effects of physi-

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cian burnout. For example, a recent meta-analysis published in 2018 found that burned-out physicians are two times more likely to provide care that is sub-optimal and three times more likely to have a patient give them a low satisfaction rating.⁶ Building on this, the Canadian Medical Protective Association (CMPA) observes that burned-out physicians may be “taking short-cuts, failing to follow established procedures, not answering patient questions, not discussing treatment options, and making treatment or medication errors that cannot be attributed to a lack of knowledge.”⁷ They further warn that due to these factors, patients of these physicians are more likely to be non-compliant with treatment regimens, have an extended recovery period post-hospital discharge and even more concerningly, have a higher chance of mortality.⁷ Physician absenteeism and early retirement are also possible consequences that can have downstream effects.⁸ Both absenteeism and early retirement can lead to fewer available physicians, which can affect an institution’s ability to admit and care for patients, interpret imaging that is ordered, or perform surgeries.⁷ This can lead to a further need to prioritize urgent cases, reduced access and quality of care, and increased workload for remaining staff.⁷ To provide a financial perspective, the University of Toronto estimated in a 2014 study that premature retirement and diminished work hours as a result of burnout is costing the healthcare system \$213.1 million; money that can be better spent elsewhere.⁷ The fact that burned-out physicians are more likely to be involved in lawsuits, and may also be more liberal when it comes to the ordering of tests (e.g. blood work, imaging) or requesting of referrals, only adds further to this number.⁷

Having established that physician wellness is a concern, understanding the factors affecting it is important. Like many things, physician wellness is affected by a multitude of factors – both intrinsic and extrinsic.¹ Intrinsic factors are characteristics and vulnerabilities associated with an individual, whereas extrinsic factors have to do with outside influences. For example, extrinsic factors include matters related to duty hours, training/practice standards, patient loads, supports available, administrative demands, workplace autonomy, and criticism by others.^{7,8} Overall, contrary to how some physicians may feel, the literature consistently describes extrinsic factors as the primary contributors of burnout.^{9,10} This supports the claim that the responsibility of physician wellness falls not just on physicians themselves, but on medical schools, medical organizations, regulators, institutional and hospital leaders, as well as on governments.^{8,9}

Undoubtedly, the work environment, duty hours, and expectations of attendings and residents are better than years past. Nonetheless, there are no regulations regarding minimum or maximum duty hours in a fully trained physician’s practice. Conversely, a typical schedule for a resident can involve regular days being 10 hours long, compounded with frequent weekday calls (14-17 hours long) and weekend/holiday on-call shifts (24 hours long plus the amount of time it takes to trans-

fer care to another provider).¹¹ To specify, in-hospital call can be scheduled up to seven times on average over a four week period, and when combined with home call, can be up to 10 times over the same time period.¹¹ This may result in up to an average of 89 working hours per week over a four week period being allowed, which is double the average of many other professions.¹¹ Educational/academic activities that preclude a resident from patient care do not qualify as duty hours and are therefore not included in this number.¹¹ Preparation for examinations and participation in common activities such as mentorship, research, or journal clubs are additional external commitments not accounted for by duty hours.¹¹ Despite this, workloads can still increase further by an additional on-call shift per month if a co-resident on a service takes leave for any reason (e.g. educational, compassionate, maternity).¹¹ In attempt to not compromise patients and colleagues, rigid adherence to duty hours is not advised; although concerns should be raised, if present, in order to address them (e.g. feeling pressured to stay).¹²

As evident from the above, many concerns and factors impacting physician well-being exist and have been identified. Fortunately, some strategies have been implemented or proposed in order to address this growing concern as well. Like others, the CMA suggests changes from the individual level up to the governmental level.⁸ The individual physician can benefit from having a personal family physician, making conscious efforts in helping create supportive work and training environments, and ensuring sufficient time-off for interests outside of medicine (including personal relationships).⁸ By being supportive of colleagues booking time off work for vacation or important personal events, one can help foster a culture where work-life balance is seen more positively, rather than as a lack of commitment. Higher-level changes that are recommended include addressing barriers that currently exist for physicians in accessing resources, promoting wellness more than just focusing on harm reduction, conducting research on the effectiveness of various possible interventions, and governmental enforcement of standards related to health and wellness that are comparable to other professions.⁸ Specific examples of change at this level can include the introduction of a widely-accessible yet comprehensive document outlining resources available for those who need them, and implementing a wellness program (e.g. mindfulness sessions and peer-support groups) with staff input. This can simultaneously help tackle the stigma that currently surrounds mental health. Having regular opportunities to learn how to effectively manage stress, critically analyze one’s own cognitive processing, and recognizing the interconnections between different aspects of life (e.g. physical, emotional, and cognitive) can be beneficial in building resilience – an important factor when it comes to tackling burnout.¹ However, as the CMA emphasizes, changes at the individual and systems level need to be combined in order for there to be meaningful impacts that are sustainable.⁸ Thus, collaborations are paramount.⁸ This distributive model

of responsibility and promotion of a culture of wellness is outlined in the CMA Code of Ethics and Professionalism further establishing its significance.¹³

Current projects and interventions already in place include the CMA Wellness Ambassador initiative as well as the hosting of conferences such as the International Conference on Physician Health (October 2018).¹⁴ Both the initiative and the conferences are aimed at gaining more insight on the issue of physician welfare, being a platform for ideas, and acting as catalysts for change.¹⁴ On a provincial level, Doctors Manitoba has a website detailing many resources including a 24-hour confidential physician and family support line to manage a wide variety of wellness concerns.¹⁵ Doctors Manitoba also has a Physicians for Physicians program that helps connect physicians with doctors experienced in treating fellow healthcare providers.¹⁵ Physicians at Risk, a peer assistance program available for a wide range of issues (e.g. marital and financial stress), and MD Care (a program that provides physicians and their families with comprehensive psychiatric care), are additional resources in Manitoba.¹⁵ The United States is taking a similar approach, introducing programs such as Physician Health First (established in 2017), which includes a website outlining many resources and educational materials.¹⁶ Other initiatives include organizing health and well-being conferences, and appointing Chief Wellness Officers at some academic medical centers to ensure staff well-being is a priority.^{16,17} As an example, the Mayo Clinic made a conscious effort to tackle staff wellness by targeting nine organizational strategies, resulting in a decrease in burnout rates by 7%, despite an 11% national rise.¹⁰ These strategies included recognizing the presence and extent of their problem by various means of communication (e.g. townhalls, letters, face-to-face), striving to create a sense of community within the workplace (e.g. celebrating achievements and encouraging peer support when needed), and offering reduced duty hours to promote work-life balance.¹⁰ This is yet another example that demonstrates the benefits of change and how the medical profession can evolve for the better.

Notwithstanding the advancements already made in the profession, (i.e. improvements in the working environment, duty hours, and other factors), physician health and wellness remains a concern of today and a goal for tomorrow. Strategic changes, such as the introduction of positions specifically designed to address wellness in the workplace, and contracts limiting resident duty hours, are a start — and should be more widespread — but they are not the ultimate goal or solution. Physicians, other stakeholders, and even entire countries need to come together to learn from each other, make wellness a priority, create change, and lay the foundation for a better future for everyone — patients and physicians alike.

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