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UNDERSTANDING PHYSICIAN WELLNESS

Content Attribution

Well Doc Canada has reviewed, synthesized, adapted, and added to information from the following two sources. Please consult these sources for more information.

- Executive Leadership and Physician Well-Being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout
- A Blueprint for Organizational Strategies to Promote the Well-Being of Health Care Professionals

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What is Physician Wellness?

- Physician wellness is a broad term that refers to thriving in one's profession, and it encompasses many aspects of overall wellbeing including mental health; racial justice, social justice; equity, diversity, and inclusion; and healthy work environments
- Within the science of physician wellness there is a focus on exploring occupational distress syndromes and the impacts they may have, because we know physicians are at heightened risk for unwellness due to the work they do
- The goal is to help mitigate or lessen the experience of occupational distress for physicians, and to ensure their work environments support mental health, realizing it is impossible to create a perfect, entirely stress-free work life within medicine
- The science also examines positive aspects such as job satisfaction, engagement, and professional fulfillment to help identify how physician wellness can be enhanced
- Addressing physician distress and unwellness is critical because it impacts the mental and physical health of physicians themselves, can be costly and harmful to the healthcare system, and can have detrimental effects on patient care

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The Difference Between Occupational Distress Syndromes and Mental Illness

Occupational distress syndromes

- include work-related phenomena such as burnout, moral distress and injury, compassion and empathy fatigue, toxic work environments, struggles with work-life integration, physical fatigue, and musculoskeletal injuries
- are primarily addressed through culture change, workplace reform, and self-care

Mental illness

- includes conditions such as depression, anxiety, substance use disorders, suicidal ideation, obsessive-compulsive personality traits
- requires treatment that potentially includes medications and psychotherapy

While occupational distress syndromes and mental illness are distinct constructs, they have a bi-directional impact on one another, and sometimes the lines between them can be blurred

Drivers of Burnout

- Burnout is one of the most commonly studied occupational distress syndromes and it is characterized by:
    - feelings of energy depletion or exhaustion
    - increased mental distance, negative feelings, or cynicism in relation to one's job
    - a sense of ineffectiveness and lack of accomplishment
- **Drivers of burnout are multi-faceted and occur at multiple levels** with different loci of control including the individual physician (e.g. personality factors), healthcare system (e.g., organizational processes and policies), and profession of medicine (e.g., culture of medicine)
- **Most (80%) of the drivers originate at system level, not the individual level**
- As outlined by Shanafelt and Noseworthy (Figure 3, p. 132) the following factors contribute to and drive burnout, BUT when cultivated can also increase physician engagement and help physicians to thrive:
    - workload and job demands
    - efficiency and resources
    - meaning in work
    - organizational culture and values
    - control and flexibility
    - social support and community at work
    - work-life integration

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How to Address Burnout and Promote Wellbeing for Physicians

- Addressing burnout is a responsibility **shared** by individual physicians, the healthcare system, and the profession of medicine
- As Shanafelt et al (Table 2, p. 4) describe, system-level and organizational strategies to address burnout include ensuring that physicians have access to:
    - safety-net resources for clinicians in distress (e.g., access to mental health resources, formal peer support resources, campaigns to reduce stigma and normalize use of resources)
    - resources to address physicians' needs during major life transitions (e.g., resources specific to career stage [early, mid, late] or life stage [maternity/paternity, illness])
    - evidence-based self-care and wellness promotion resources (e.g., support to help clinicians stay well physically, socially, emotionally, and mentally)
    - leadership development (e.g., programs to promote inclusive leadership and psychological safety, opportunities to build leadership skills that support member wellness, regular feedback opportunities from those they lead)
    - deliberate programs to promote collegiality and build community (e.g., commensality groups with structured discussion, Schwartz rounds, clinician spaces/lounges, programs to mitigate incivility and mistrust)
    - assessment of wellbeing and its driver dimensions at recurring intervals (e.g., measurement including the sharing of results and benchmarks to support action, engaging teams in discussions and action for making improvements)
    - opportunities for clinicians to identify and prioritize local factors that contribute to unwellness and a process to address them (e.g., listen-act-empower)

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