

Physician well-being

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Physician well-being refers to the optimization of all factors affecting biological, psychological and social health and preventing or treating acute or chronic diseases experienced by physicians including mental illness, disabilities and injuries resulting from work hazards, occupational stress and burnout.

WMA statement on physicians well-being (adopted by the 66th WMA General Assembly, Moscow, Russia, October 2015)

Preamble

Physician well-being refers to the optimization of all factors affecting biological, psychological and social health.

Physicians and medical students, at all career stages, are exposed to both positive experiences as well as a variety of stressors and work injuries. The medical profession should seek to identify and revise policies and practices that contribute to these stressors and collaborate with NMA's in order to develop policies and practices that have protective effects.

Therefore, physicians must be assured of the same right of confidentiality as any other patient when seeking and undergoing treatment.

Threats, barriers and opportunities for physician well-being

Professional roles and expectations

The medical profession often attracts highly driven individuals with a strong sense of duty. Successfully completing the long and intense educational requirements often confers upon physicians a high degree of respect and responsibility in their communities.

With these high levels of respect and responsibility, physicians are subject to high expectations from patients and the public.

Work environment

Working conditions, including workload and working hours, affect physicians' motivation, job satisfaction, personal life and psychological health during their careers.

Physicians are often perceived as being immune to injury and diseases as they care for their patients and workplace health and safety programs may be overlooked. Physician who are employed by small organizations or who are self-employed may be at even a higher risk for occupational diseases and may not have access to health and safety programs provided by large health care establishments. As a consequence of their professional duties, physicians and physicians in postgraduate education often confront emotionally challenging and traumatic situations including patients' suffering, injury and death. Physicians may also be exposed to physical hazards like radiation, noise, poor ergonomics and biological hazards like HIV, TB and hepatitis. Physician autonomy is one of the strongest predictors of physician satisfaction. Increasing external regulatory pressures such as undue emphasis on cost efficiencies and concerns about consequences of reporting medical errors may unduly influence medical decision-making and diminish a physician's autonomy.

Illness

Even though medical professionals recognize that it is preferable to identify and treat illness early, physicians are often adept at hiding their own illnesses and may continue to function without seeking help until they become incapable of carrying out their duties. There are many potential obstacles to an ill physician seeking care including denial, confidentiality issues, aversion to the patient role, practice coverage, fear of disciplinary action, potential loss of practice privileges, loss of performance based payment and the efficiencies of self-care. Because of these obstacles doctors are often reluctant to refer themselves or their colleagues for treatment.

Illnesses can include mental and behavioral health problems, burnout, communication and interpersonal issues, physical and cognitive problems and substance use disorders.

Improved wellness promotion, prevention strategies and earlier intervention can help mitigate the severity of mental and physical illnesses and help reduce incidence of suicide in physicians, physicians in postgraduate education and medical students.

Physician burnout

We each know what it feels like to be burned out, toast, fried and spent after a long weekend on call or a tough night in the hospital. If you are able to recover your drive and energy before you return to work, great job. It is expected that your resilience continues.

Burn out has three distinct symptoms.

- 1) Physical and emotional exhaustion: you are emotionally drained, depleted and worn out by work and not able to recover in your non-working hours - this is the most common burnout symptom.
- 2) De-personalization: the cardinal sign here is cynicism, sarcasm and feeling put upon by your patients.
- 3) Reduced sense of personal accomplishment: the tendency to see your work negatively, without value or meaningless (What's the use?) and see ourselves as incompetent. Another piece of internal dialog at this stage is, "I'm afraid if something doesn't change, I am going to make a mistake and someone is going to get hurt."

The standardized questionnaire measuring these three scales of physician burnout is called the Maslach Burnout Inventory (MBI). Christina Maslach herself describes the experience of burnout using the language below.

"... an erosion of the soul caused by a deterioration of one's values, dignity, spirit and will."

Numerous global studies involving nearly every medical and surgical specialty indicate that approximately 1 of every 3 physicians is experiencing burnout at any given time.¹

These physician burnout symptoms vary from day to day, week to week, depending on how draining your practice is and whether or not you are recharging your energetic account balance between work days.

Physician Burnout – the Three Phases

Phase one: Physician burnout and stress vary from day to day and you never become symptomatic (feel trashed).

Phase two: In phase two, you are feeling physician burnout symptoms (fried, exhausted, cynical, uncomfortable) in various amounts. Phase 2(a): Physician burnout symptoms are only intermittent and you are feeling fine more often than not. Phase 2(b): You notice the symptoms of physician burnout more often than not. You only occasionally feel at full strength and "your normal compassionate self". Phase 2(c): It has been a long time since you felt at full strength and yet, you are "hanging in there" and "doing the best you can", trying to convince yourself this is how all doctors feel ... right?

Phase three: In phase three, you are falling into the Danger Zone. Your physician burnout is now having major impact on your career and your quality of life outside of medicine. Here, you begin to say, "I can't go on like this for much longer", or, "I have to find another way to make a living soon." Phase 3(a): Your baseline is chronic symptomatic physician burnout ... you dip occasionally into the danger zone. Note ... you never recover to the "doing OK" level of energy and compassion. Phase 3(b): You are circling the drain here. Something is going to break very soon. You are seriously contemplating quitting medicine ... or have done so already. You may find yourself self-medicating with drugs or alcohol, falling into a major depression, your marriage and other significant relationships deteriorating, your health deteriorating ... your colleagues are probably avoiding you ... I know that does not make sense and it is likely to be happening as they are very happy subconsciously that this is happening to ANYONE BUT THEM. You are almost certainly feeling completely isolated and that no one could possibly understand your situation.

Physician Burnout – The Three Cures

Physician burnout prevention is a practice, a regular set of habits you were never taught in medical school or residency, that work in three distinct and separate fashions to keep your energetic bank accounts full.

The Three "R"s

- 1) Resist: Increasing your ability to resist the forces of physician burnout while you are on the job is incredibly important. This is much like the shields

on the Starship Enterprise. The most well researched methods fall under the heading of “MINDFULNESS”. Now, this is a category of a number of different skills that allow you to be in control of your intentions, attention and awareness. Resist is about building up your self-defenses against physician burnout while on the job.

- 2) **Restore:** Realizing that the core dynamic of physician burnout is a withdrawal from your accounts of physical, emotional and spiritual energy ... the restore step is about restoring your energy and bringing your accounts into a healthy and positive balance. Sleep, good nutrition and regular exercise are a great start. Restore is also about creating (and defending) boundaries between your work life and your larger life. This skill is absolutely essential when preventing physician burnout. Restore is about rebuilding the energy lost while at work.
- 3) **Reduce exposure:** This third physician burnout “cure” is about reducing your day to day exposure to the draining effects of your workplace. Reduce exposure is about lowering the stress present in your workplace by exerting some control in one or more of the following four ways.
 - a) Keep doing what you are doing now ... just less of it. Such as part time, job sharing, etc.
 - b) Change the stressors that lead to physician burnout without changing jobs....changing the way you work. In many cases, this means becoming a more powerful leader, as you create a system and coordinate your team to address tasks that you currently take on all by yourself. Leverage, delegate, empower your team, change your patient mix, your compensation mechanism, the way you chart, the way your team addresses your workflow, your staffing levels. Your organization and a progressive administration and support team can play a huge role here.
 - c) Change Jobs to a position that is less stressful inside medicine...a new position, a new practice model (conierge medicine for example), a new group, take on a leadership position. Go back to school for a fellowship or MBA.

- d) **Quit medicine to retire and/or make a living doing something different.** Some positions and careers will utilize your medical credentials, others will not. As an entrepreneur ... I can tell you that a clinician’s skill set (the ability to diagnosis and treat) is a universally valuable skill set in any business – even though you almost certainly don’t see that right now.

Creating your physician burnout prevention strategy

If we are going to mount a robust defense against physician burnout and live the best life possible, it makes sense to be skilled and working a proactive plan in all three of these areas. Resist | Restore | Reduce Exposure.

Conclusion

Physician burnout, a work-related syndrome involving emotional exhaustion, depersonalization and a sense of reduced personal accomplishment, is prevalent internationally. Rates of burnout symptoms that have been associated with adverse effects on patients, the healthcare workforce, costs and physician health exceed 50% in studies of both physicians-in-training and practicing physicians. For medicine to fulfil its mission for patients and for public health, all stakeholders in healthcare delivery must work together to develop and implement effective remedies for physician burnout.

Recommendations for physician well being

The World Medical Association recommends that National Medical Associations (NMAs) recognize and where possible, actively address the following:

1. In partnership with medical schools and workplaces, NMAs recognize their obligation to provide education at all levels about physician well-being.
2. Physician well-being should be supported and provided within and outside the workplace.
3. NMAs should recognize the strong and consistent link between physicians’ and patients’ personal health practices, providing yet another critically important reason for health systems to promote physician health.
4. Physician health programs can help all physicians to proactively help themselves via prevention strategies and can assist physicians who are ill via assessment, referral to treatment and follow-up. .

5. Physicians at risk for abuse of alcohol or drugs should have access to appropriate confidential medical treatment and comprehensive professional support.
 6. Physicians have the right to working conditions that help limit the risk of burnout and empower them to care for their personal health by balancing their professional medical commitments and their private lives and responsibilities.
 7. Workplaces should promote conditions conducive to healthy lifestyles, including access to healthy food choices, exercise, nutrition counselling and support for smoking cessation.
 8. Physicians, physicians in postgraduate education and medical students have the right to work in a suitable environment.
 9. Physicians, physicians in postgraduate education and medical students have the right to a collaborative safe workplace.
 10. Medical staff should undergo training in recognizing, handling and communicating with potentially violent persons.
 11. Medical schools and teaching hospitals should develop and maintain confidential services for physicians in postgraduate education and medical students and to raise awareness of and access to such programs.
 12. Workplace support for all physicians should be easily accessible and confidential.
- Sources:** *Tait Shanafelt MD. JAMA 2009;302(12): 1338-1340 (physician burnout)*
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