



RESTORING THE JOY IN THE
PRACTICE OF MEDICINE
AN ACTION FRAMEWORK FOR PHYSICIAN WELLNESS

Doctors Nova Scotia

May 2021

INTRODUCTION

Background

Doctors Nova Scotia (DNS), the provincial professional association for physicians, provides a range of supports and services for physicians, such as contract and practice support, health and dental benefits, advocacy on identified issues, communication and connecting mechanisms, and physician leadership training. Over the past two years, the association's priority, and therefore the focus of its work, has been contract negotiations, which concluded in late 2019 with ratification of a new contract. Following the successful contract negotiations, DNS began assessing priority areas of action that would add value to members' practices and to the overall health-care system. Given growing concerns with physician burnout and disengagement internationally, nationally and within Nova Scotia, supporting physician health and wellness emerged as a priority for the organization.

One of the association's key initiatives is the Professional Support Program (PSP), which provides peer support and responds to the urgent needs of members and their families who are in crisis. The program also supports initiatives that promote wellness, resiliency, self-development and balanced living. The PSP has successfully supported physicians for many years and is viewed as a valuable service for members. However, the program is focused on providing help at the individual level, promoting physician self-care. In addition, the program primarily provides "downstream" supports – providing services after physicians have become unwell.

Over the past number of years, there has been growing recognition within medical associations across Canada, including DNS, about the need to invest in "upstream" efforts to support physicians before they become burnt out and unwell, and to address the diversity of factors that impact health and wellness, such as environmental and organizational variables. Investment in upstream efforts such as physician leadership training, networking opportunities and facilitating engagement have the potential to prevent physician burnout, disengagement and illness – all of which have a significant negative impact not only on individual physicians but also their families, communities and the broader health system.

In January 2020, DNS engaged a consultant to conduct a brief environmental scan to support the development of a framework to guide the organization's efforts in supporting physician wellness. This report provides a summary of the findings from that environmental scan, including a description of physician health and wellness and strategies and frameworks to support physician engagement and well-being. The summary of the findings is followed by a draft framework, including potential action areas to support a comprehensive approach toward engaging Nova Scotian physicians and building and maintaining their health and wellness.

Methodology

It was felt a comprehensive review of the academic and grey literature was not required as DNS had compiled key resources related to physician wellness through collaboration with other medical associations during their initial exploration of the topic. Therefore, a rapid review was completed; this

consisted of reviewing selected peer-reviewed articles provided by DNS and reviewing websites to identify relevant grey literature. Canadian websites reviewed included those of the provincial/territorial medical associations and the Canadian Medical Association (CMA). Selected international websites were also reviewed, including the American Medical Association, Stanford University (WellMD) and the National Health Service in the UK.

SUMMARY OF THE LITERATURE

Defining Physician Wellness and Current State

Physician burnout, characterized by exhaustion, cynicism and reduced effectiveness, is a growing concern in many countries, including Canada [1, 2, 3] Burnout can impact physicians professionally (e.g., lack of commitment) and personally (e.g., broken relationships, depression, addiction issues), and can also negatively impact health-care organizations (e.g., unhealthy workplace environments and cultures, physician turnover, decrease in quality of patient care, decrease in patient satisfaction). The literature, and many organizations serving physicians (e.g., professional associations, colleges, etc.), are calling for increased action to better support physician engagement and wellness. Engagement is characterized by vigour, dedication and absorption in work; studies illustrate that physicians who are engaged and resilient are more invested in helping their organizations improve quality, develop more efficient care delivery models and enhance productivity. [1]

A recent report from the Canadian Medical Association (CMA), *Connecting behaviours and occupational stressors to psychological outcomes*, presents results from the CMA National Physician Health Survey (NPHS) conducted in 2017. [4] The report illustrates that Canadian physicians' well-being is compromised as measured by behavioural indicators (e.g., sleep hours, work hours, physical activity, healthy eating and having a personal primary care physician), occupational indicators (collegiality, control and flexibility, efficiency and resources, work-life integration, career satisfaction and presenteeism) and psychological variables (e.g., burnout, depression [screening], suicidal ideation, resilience, and social, psychological and emotional well-being).

The NPHS found that close to one in three physicians had experienced burnout. When it came to occupational indicators, 53% were dissatisfied or very dissatisfied with the efficiency and resources in their workplace, 38% were dissatisfied or very dissatisfied with their work-life integration, 28% reported being dissatisfied or very dissatisfied with workplace control and flexibility, and almost one in five (19%) had demonstrated a relatively high level of presenteeism by going into work five or more times while feeling physically ill or distressed in the previous 12 months. The data show that residents were often at higher risk of experiencing negative psychological outcomes (e.g., burnout, depression [screening]) in addition to several behavioural and occupational indicators (e.g., eating unhealthily, dissatisfaction with work-life integration).

The survey analysis also explored how psychological variables relate to behavioural and occupational indicators and showed that career satisfaction and work-life integration are key predictors of most,

psychological variables. The survey findings contribute to the growing body of evidence illustrating the influence of occupational factors on physician health. The report concludes:

...coordinated efforts must be taken at individual and systems levels to support physician health and wellness by addressing behavioural and occupational predictors. While individual initiatives remain relevant, greater emphasis on reducing occupational stressors within the practice environment is required. [4]

In the past, addressing physician health often focused on individual issues. Today, our understanding encompasses the complex range of individual, socio-cultural, occupational, and systemic factors and includes efforts to develop preventive measures and treatments to address these issues. This new understanding enables us to look at physician health more broadly to take into account, and seek to address, the array of factors that influence medical training and practice.

CMA Statement on Physician Health and Wellness [4]

At a local level, research conducted in Nova Scotia to help assess physician wellness revealed that burnout is a serious issue among physicians in the province. Doctors Nova Scotia partnered with Michael Leiter, PhD, and the Centre for Organizational Research and Development at Acadia University to conduct a survey about the work-life issues facing Nova Scotia's physicians. The survey measured several variables associated with physician health and wellness, including burnout, work engagement, workload and fairness. The findings revealed that the majority of physicians who responded felt overextended, disengaged, ineffective and/or fully burnt out and that physicians' distress was most directly related to the organization of work rather than to personal factors such as inadequate self-care or poor work practices. [5]

Strategies and Frameworks

All of the literature reviewed espoused the importance of changing workplace factors (practice and organizational) that are negatively affecting the well-being of physicians and creating healthy working environments rather than solely focusing on initiatives to improve physicians' ability to cope with stress or provide treatment when they become unwell.

Two sentinel documents [1] [6] provide organizational strategies to promote engagement and reduce burnout and an organizational framework to help bring back the joy in medicine. These are summarized below.

Nine Organizational Strategies to Promote Engagement and Reduce Burnout

Shanafelt and Noseworthy [1] note that although a host of factors can contribute to burnout and engagement, they can largely be grouped into seven dimensions: workload, efficiency, flexibility and/or control, culture and values, work-life integration, community at work and meaning in work. The factors are also categorized by level, including individual, work unit, organizational and national. The authors summarize nine organizational strategies to promote physician well-being:

- Acknowledge and assess the problem
- Harness the power of leadership
- Develop and implement targeted interventions
- 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

An Organizational Framework to Reduce Professional Burnout and Bring Back the Joy in Practice

The framework to bring back the joy in practice proposed by Swensen and Shanafelt [6] includes the following actions:

- Design organizational systems to address human needs
- Develop leaders with participative management competency
- Build social community
- Remove sources of frustration and inefficiency
- Reduce preventable patient harm and support second victims (i.e., the health-care professional involved in a medical error)
- Bolster individual wellness

Swensen and Shanafelt contend that effective actions in the above areas will lead to the following outcomes (some actions directly contributing and others indirectly): strengthened individual resilience, eliminated or mitigated structural and functional drivers of burnout, and satisfied social and psychological needs (purpose, control, camaraderie). [6]

Other Highlights from the Literature

The environmental scan revealed key themes in both the academic and grey literature, including the importance of:

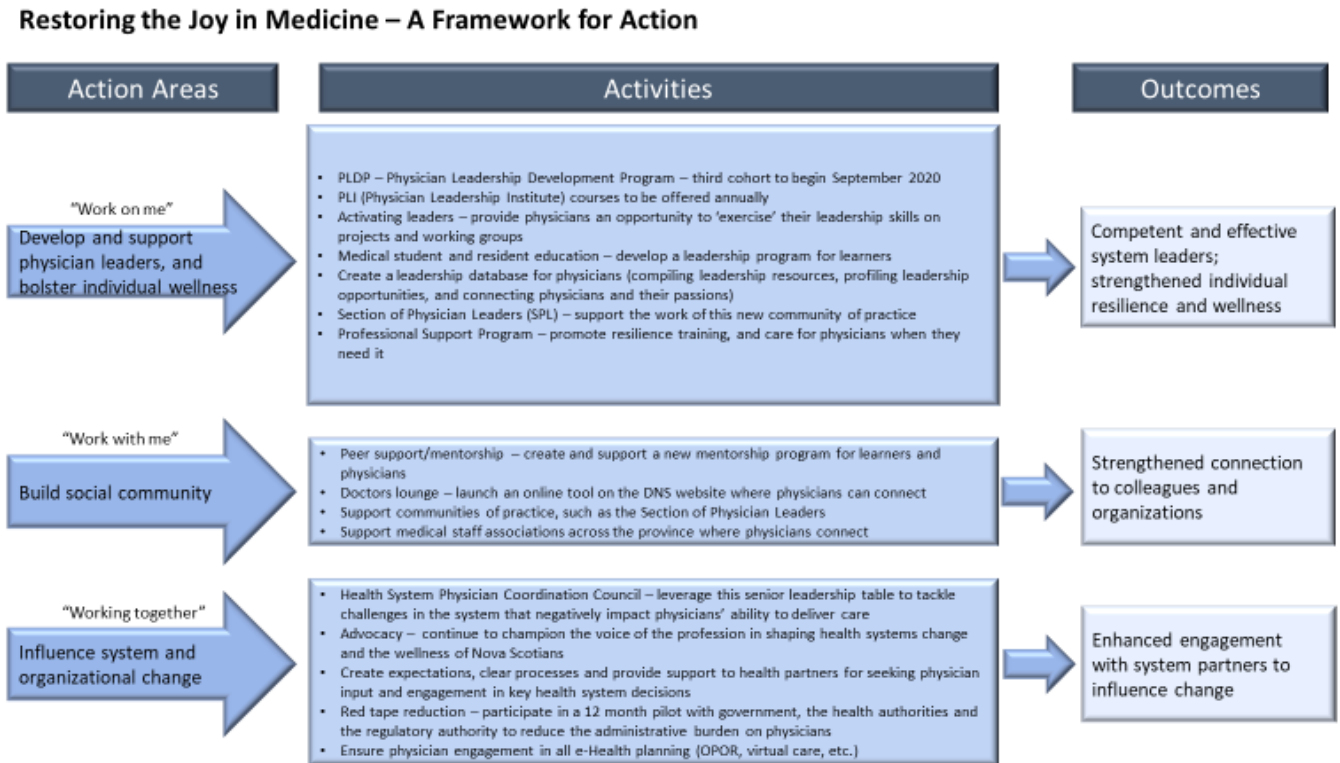
- **A supportive culture**, including “healing the professional culture of medicine.” Culture refers to the shared and fundamental beliefs of a group that are so widely accepted that they are implicit and often no longer recognized.
- **Supportive senior leaders** who must be involved in efforts to create healthy work environments and change culture including leading/sponsoring and supporting all required efforts at different parts and levels of the organization.
- **A comprehensive and holistic approach** that assesses and monitors physician wellness as a broad concept (e.g., burnout, satisfaction, engagement, etc., as well as physical, mental and spiritual health).
- **Collaboration and partnerships** with diverse stakeholders (health-care organizations, professional associations, regulatory bodies, academic institutions) who need to come together to support physician wellness, including acknowledging the challenges and developing comprehensive initiatives that will help to address broader organizational and system issues that are contributing to burnout and unwellness.

RESTORING THE JOY IN MEDICINE

A Framework for Action

Based on the review of selected articles and websites, the following potential areas of action for DNS to support physician well-being and engagement have been identified: develop and support leaders, bolster individual wellness, build social community, and influence system and organizational change. It is proposed that these action areas will support the achievement of outcomes as outlined by Swensen and Shanafelt: strengthened individual resilience, eliminated or mitigated structural and functional drivers of burnout, and satisfied social and psychological needs. [6] The proposed action framework is presented below, along with the current DNS activities associated with each.

Figure 1: Restoring the Joy in Medicine



Partnerships and Collaboration

It is paramount to continue to develop leadership and partnerships at national, provincial and local levels to support physician engagement and well-being. Leadership from government, health authorities, professional associations, academic institutions and regulatory bodies must be cultivated and supported to deliver a common message that physician engagement and well-being should be considered a strategic asset to contribute to health system evolution and change. As noted by the CMA:

If meaningful, sustained improvements are to be achieved, the profession and other stakeholders will need to make deliberate commitments to reduce personal, cultural, and occupational barriers and to promote behaviours, practice, and conditions that optimize health and wellness. The CMA is committed to promoting a model of shared responsibility targeting individual and systemic factors that influence and contribute to health and wellness, through advocacy and collaboration. [4]

Doctors Nova Scotia is committed to partnering with key stakeholders such as Nova Scotia Health, IWK Health, the Faculty of Medicine at Dalhousie University, the College of Physicians and Surgeons of Nova

Scotia, the Nova Scotia Department of Health and Wellness and others to support physician engagement and health.

CONCLUSION

Engaging physicians and helping them achieve optimal health and wellness is not only good for individual physicians, but it is also good for their patients, communities and the broader health system. It has long been recognized that supporting individual health is much more than providing wellness programs or services when people are sick. Environmental and organizational factors are critical in influencing any person's health, including physicians. Physician disengagement and burnout are growing concerns and it is imperative that system partners work together to address the variables that are contributing factors.

This draft action framework will help DNS and its partners support physicians in strengthening and enhancing individual resilience and wellness, connections to colleagues and organizations, and engagement with system partners, leading to competent, effective leaders who influence and contribute to system change.

It is increasingly recognized that the complex range of factors that contribute to health and wellness need to be addressed at both the individual and systemic levels. While initiatives targeted to individual physicians remain relevant, there needs to be a greater focus on occupational and system-level initiatives and collaboration between stakeholders and physicians to produce meaningful and sustainable change, in a model of shared responsibility.

CMA Statement on Physician Health and Wellness [4]

Works Cited

- [1] T. D. Shanafelt and J. H. Noseworthy, "Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout," *Mayo Foundation for Medical Education and Research*, pp. 129-146, 2017.
- [2] T. Shanafelt, J. Goh and C. Sinsky, "The Business Case for Investing in Physician Well-being," 2017. [Online]. Available: 10.1001/jamainternmed.2017.4340.
- [3] T. Shanafelt, E. Schein, L. B. Minor, M. Trockel, P. Schein and D. and Kirch, "Healing the Professional Culture of Medicine," *Mayo Foundation for Medical Education and Research*, pp. 1556-1566, 2019.
- [4] Canadian Medical Association, "Physician Health and Wellness in Canada: Connecting behaviours and occupational stressors to psychological outcomes," 2019.
- [5] M. Leiter, "Physician Burnout Survey," 2017. [Online]. Available: <http://doctorsns.com/news-events/surveys/physician-burnout>.
- [6] S. Swensen and T. Shanfelt, *An Organizational Framework to Reduce Professional Burnout and Bring Back Joy in Practice*, 2017.
- [7] N. Menon, M. Trockel and M. Hamidi, "Developing a Portfolio to Support Physicians' Efforts to Promote Well-Being: One Piece of the Puzzle," *Mayo Clinic Proceedings*, pp. 2171-2177, 2019.
- [8] M. Murphy, P. d. Vries, M. Trockel, M. Hamidi and B. Bohman, "WellMD Center Status Report," *Stanford Medicine*, 2017.