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HEALTHIER PHYSICIANS

AN INVESTMENT IN SAFE MEDICAL CARE

Message from Hartley Stern

The CMPA hears daily from physicians across Canada who are experiencing wellness challenges. These doctors are tired, upset, and often at risk of burning out. Their distress may erode their ability to deliver care, and there is evidence that, when physicians are struggling with their own wellness, the safety and quality of care they provide can suffer. For this reason, wellness should be viewed as important not just to individual physicians, but to their patients, their colleagues, and the healthcare system as a whole.

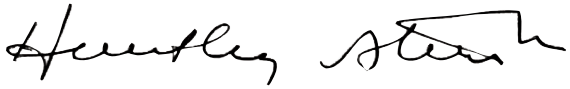
Heavy workloads, increased administrative demands, decreased autonomy, growing public criticism, and inadequate institutional support can all contribute to a deterioration in a physician's well-being. Since there is rarely a single factor leading to physician burnout, the CMPA recognizes that supporting wellness must be a shared responsibility that draws on the efforts of multiple organizations.

Each group has a role to play in improving the wellness of physicians and, by extension, the safety and quality of care:

- **PHYSICIANS** should strive to maintain their well-being and support their colleagues when facing difficulties.
- **PHYSICIAN LEADERS** should advocate for system-wide supports for wellness and attend to wellness within the organizations they lead.

- **MEDICAL SCHOOLS** should develop a culture of wellness for physicians-in-training, both to prevent illness during one of the most vulnerable times in a new physician's career and to build strengths for the rest of their career.
- **MEDICAL ORGANIZATIONS**, such as provincial and territorial medical associations and specialty societies, should continue to look for innovative ways to assist physicians dealing with wellness challenges and support preventive programs.
- **MEDICAL REGULATORS** should aim for "compassionate regulation" and recognize that the impact of a College complaint or disciplinary action can be devastating to a physician's well-being.
- **INSTITUTIONAL AND HOSPITAL LEADERS** should recognize the "business case" for investment in physician wellness and actively support wellness programs.
- **GOVERNMENTS** should recognize that the benefits of investing in physician wellness extend not only to the medical profession but to patients and the overall effectiveness and efficiency of the healthcare system.

As Canada's largest physician organization, the CMPA understands the importance of physician wellness, and we are actively working with others to assist our members in maintaining health and attending to wellness issues. Responding to burnout and distress may not be easy but they are challenges we must collectively address. Canadian physicians can be confident that we are committed to doing our part to advance this collective effort.



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Healthcare is facing a crisis of well-being

that impacts patients, providers, and the sustainability of the system as a whole.

Studies show that burnout—which is the most commonly reported and consistently measured form of psychological distress[1]—occurs in a third to over a half of North American physicians. Burnout is defined by symptoms of emotional exhaustion, depersonalization, and a low sense of personal accomplishment at work.

Burnout undermines physicians' lives. It disrupts relationships, increases the likelihood of depression and substance abuse, and doubles the risk of suicidal ideation. For a long time, these personal effects made burnout seem like a strictly personal problem. However, we now know that system-level factors, rather than personal ones, are the primary drivers of burnout.[2]

Healthcare's "triple aim" of enhancing patient experience, improving population health, and reducing costs can succeed only if physicians themselves are well. Pursuing a **"quadruple aim"** that includes physician well-being will support other healthcare goals and improve the ability of physicians to provide efficient, high-quality care.

QUADRUPLE AIM

A missing quality indicator

Experts stress that there is now so much evidence linking physician wellness to patient outcomes, medical-legal risk, and the performance of healthcare teams that wellness should be assessed as an independent indicator of health system quality.

For instance, **physician stress and burnout have been associated with "suboptimum" patient care practices**. Burned out physicians report: 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.[4,] Research has shown that patients of dissatisfied physicians tend to be less adherent to treatment plans[4] and may take longer to recover after discharge from hospital.[2]

Higher burnout levels have been **linked to an increased likelihood of residents reporting a major self-perceived medical error**. In turn, self-perceived medical errors have been linked to higher burnout scores and worse depressive symptoms in residents. A survey of over 7,000 U.S. surgeons found that **burnout was strongly associated with having been named in a recent medical malpractice suit**. Medical malpractice suits led to less career satisfaction, suggesting a reciprocal relationship between medical errors and burnout among residents and practising physicians.[6,7]

In addition, a number of studies suggest that **burnout can be infectious and spread from one team member to another**,[5] and that the departure of a burned out physician can increase burnout among remaining team members over the following 12 months.[5] Burnout at the team or unit level can adversely affect patient care. A Swiss study of 54 intensive care units found that high levels of burnout were associated with a poorer sense of teamwork and higher patient mortality rates.[2]

> Like other quality indicators, physician wellness is **measurable and actionable**. Burnout can be assessed using existing instruments, and evidence-based interventions can reduce burnout among physicians.
>
> *Jean Wallace, Jane Lemaire, and William Ghali*[4]

Costs to the healthcare system

Two recent reviews have stressed the need to view physician wellness from a financial perspective.[5] The "business case" for wellness is relatively new, and encourages physician leaders and other stakeholders to recognize the impact that burnout can have on the healthcare system as a whole.

Physician burnout has been linked to decreased productivity. One study of physicians at the Mayo Clinic found that every single-point increase in burnout scores increased the odds of physicians reducing their hours over the subsequent 24 months.[5] Burnout scores are also a strong predictor of physicians planning to leave practice entirely for reasons other than retirement.[8] Reduced work hours among physicians mean fewer elective surgery cases, fewer admissions, and less imaging,[5] while physician departures signal disruptions in care for existing patients and decreased access to care for individuals who need physicians.[8,2]

Physician turnover triggers costs associated with finding replacements and increases the cost of providing care to individual patients, who may have to see a different physician every few years.[5] **Burned out physicians who stay on the job may increase costs** by ordering more tests and making more referrals; they may also increase costs associated with medical-legal complaints.[8] Turnover due to burnout deprives younger physicians of mentors, represents a loss of expertise at the team level, and reduces the ability of organizations to pursue grants and implement clinical trials.[5]

A 2014 study by researchers at the University of Toronto estimated that **burnout cost the Canadian health system $213.1 million** as a result of early retirement and reduced work hours. The authors stressed that the costs and inefficiencies associated with burnout are a significant problem in a healthcare system already struggling with long wait times and physician shortages.

The canary in the coalmine

Tait Shanafelt, a leading expert on wellness, has stressed that physicians are often "blamed" for being burned out, and may receive the message that creating or maintaining wellness is their own responsibility. A better way to think about wellness is through the "canary in the coalmine" analogy: burnout symptoms manifesting at the personal level are a sign that something is wrong in the environment.

A study of U.S. medical students supports this analysis. When medical students begin their training, they have better mental health and quality of life scores than other college graduates. However, once students are exposed to medical practice and medical work environments, their mental health and quality of life begin to suffer, and they become less psychologically well off than their peers. This finding suggests that **workplace pressures and conditions are the real drivers of physician burnout.**[11]

System and organization-level causes of burnout include: inefficient work processes (including physician-entered documentation), excessive workloads, long hours, high patient volumes, and a lack of control and autonomy.[2] Inadequate institutional support for physicians struggling with "second victim" effects may contribute to burnout,[11] and lack of meaning at work is a significant cause: physicians who spend less than 20% of their time doing work they describe as meaningful are three times more likely to be burned out.[2] Negative leadership behaviours, limited opportunities for collaboration, and lack of social support have also been cited as contributors to physician burnout.[2]

> "Burnout is **primarily a system-level problem** driven by excess job demands and inadequate resources and support, not an individual problem triggered by personal limitations."
>
> *Tait Shanafelt, Joel Goh, and Christine Sinsky*[5]

Responding to burnout and promoting wellness

Physicians, physician leaders, and other key healthcare stakeholders increasingly recognize physician burnout as a problem. However, there is a disconnect between recognition and action. A 2016 New England Journal of Medicine survey on leadership found that 96% of respondents agreed that physician burnout was a serious or moderate problem, but many said that their organization was doing little in response.

The complexity of the problem may make it seem difficult to tackle, or leaders might think an adequate response is too expensive.[5] In fact, **physician wellness can be improved, often with modest investments**. For instance, organizations can promote wellness by: introducing resources for physicians coping with medical errors;[2] understanding the state of physician wellness through screening tools for burnout, depression, and fatigue[11]; and asking physicians for their input around wellness issues.

There is also **evidence supporting the effectiveness of interventions**. Two systematic reviews conducted in 2016 came to the same conclusion: many physician wellness interventions work.[1] A review published in The Lancet found that the pooled mean difference in overall burnout pre- and post-interventions was 10%. The authors noted that, if this figure were applied to 2014 national data, it would have the effect of returning physician burnout scores to 2011 levels (i.e. from a 54% national rate to a 44% national rate).[14]

Both reviews assessed "physician-directed interventions" (such as mindfulness or communication skills training) and "organization-directed interventions" (ranging from reducing physician workload to cultivating a sense of teamwork). While both forms of intervention reduced burnout, **the effects of organization-directed approaches were much larger**—a finding that supports the notion of physician burnout reflecting organizational factors.[1]

> Physicians can **benefit from interventions to reduce burnout**, especially when the interventions are organization-directed.
>
> *Maria Panagioti, Efharis Panagopoulou, Peter Bower et al.*[1]

Resources

Explore CMPA resources

In addition to offering one-on-one support to physicians dealing with the stress of a medical-legal issue or College complaint, the CMPA has a **wide range of articles on coping with stress and adverse events**. Our physician wellness page also provides links to **physician health programs available across Canada**.

Review organizational strategies

Tait Shanafelt (former Director of the Mayo Clinic's Program on Physician Well-Being) and John Noseworthy (CEO of the Mayo Clinic) have set out **nine evidence-based organizational strategies to promote engagement and reduce burnout among physicians**. The authors emphasize the importance of leadership and discuss how the strategies were implemented at the Mayo Clinic.

Tap into material

The **National Academy of Medicine's Clinician Well-Being Knowledge Hub** features a range of organizational and individual strategies to combat burnout, as well as a resource centre with a searchable database of almost 500 wellness-related articles, reports, personal stories, videos, and more.

Read key papers

If you are going to be addressing wellness at your organization, or if you want to learn more about the effects of burnout, the following papers provide useful overviews:

- Colin West et al. **Physician Burnout: Contributors, Consequences, and Solutions** (2018)
- Tait Shanafelt et al. **The Business Case for Investing in Physician Well-Being** (2017)
- Thomas Bodenheimer and Christine Sinsky. **From Triple to Quadruple Aim** (2014)

Learn about provincial initiatives

There is innovative work being done at the provincial level in response to burnout.

- La Fédération des médecins omnipraticiens du Québec runs a **mentoring program** that provides new physicians with support.
- Doctors Manitoba offers **Physicians At Risk**, a peer assistance program that helps physicians experiencing difficulties.
- In B.C., physician-led groups such as **MDs4Wellness** are offering community, education, and recreation to improve well-being.

An online version of this report is available at: www.cmpa-acpm.ca

Endnotes

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