Linking Physician Health and Physician Leadership
Faculty: Gigi Osler

Nothing to declare
The physician health landscape in Canada
Panic, chronic anxiety and burnout: doctors at breaking point

Suicide Among Physicians Is A Public Health Crisis

Physician burnout a major concern

Burned-Out Doctors Make Twice as Many Errors.

Suicide should not be an occupational hazard for doctors
CMA NATIONAL PHYSICIAN HEALTH SURVEY

A National Snapshot

October 2018
Prevalence of + psychological factors

**WELL-BEING (N = 2693):**

- **Emotional:**
  - 87% High
  - 9% Low

- **Social:**
  - 65% High
  - 29% Low

- **Psychological:**
  - 81% High
  - 13% Low

- **Resilience (n = 2693):**
  - 82% High
  - 17% Low
Prevalence of - psychological factors

**Burnout (High)** (N = 2744):
- 26% High emotional exhaustion
- 15% High depersonalization
- 30% Overall

**Depression (Screening)** (N = 2740):
- 34%

**Suicidal Ideation** (N = 2735):
- 19% Lifetime
- 8% Last 12 months
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TOP REPORTED BARRIERS TO SEEKING HELP:

1. Believing situation is not severe enough
2. Ashamed to seek help
Polling question: The impact of stigma

A Colleague Approaching You for Help

Approaching a Colleague for Help

- Very Comfortable
- Comfortable
- Uncomfortable
- Very Uncomfortable

LEVEL OF COMFORT

2019 Regional Member Forums
Leadership is critical for better physician health

Strategy #2:

“Harness the Power of Leadership”
Canada’s physician workforce

Female Physicians in Canada 2000-2018

- All Physicians
- GP/FP
- All Specialists

- 32% Burnout (high)
- 37% Depression (screening)
- 20% Lifetime suicidal ideation

- 27% Burnout (high)
- 31% Depression (screening)
- 16% Lifetime suicidal ideation
Top factors affecting women’s health & wellness

- Career satisfaction
- Work-life integration
- Presenteeism
Other factors to watch

Efficiency and resources  Alcohol binging  Collegiality
Key take-aways

• High levels of burnout, despite high levels of resiliency
  • *Suggests issues is broader than individual factors and extends to other, systemic factors*

• Occupational factors were stronger predictors of physician health

• Relatively few differences across demographics
  • *Suggests health and wellness issues relevant to physicians across the profession*

• Stigma is a barrier to seeking help
  • *Suggests stigma needs to be addressed and eliminated to normalize help-seeking*
Faculty: Rollie Nichol

Relationships with financial sponsors:

Grants/Research Support: Nil
Speakers Bureau/Honoraria: Nil
Consulting Fees: Nil
Patents: Nil
Other: Employee of Alberta Health Services

Disclosure of Financial Support

This program has received financial support from CCPH in the form of subsidized travel and accommodation

Potential for conflict(s) of interest:

Currently, President Canadian Society of Physician Leaders
Part 2 – Leader’s Intent

1. Good will and good intent
2. Sensitivity to impact
3. Boundaries between individual wellness and the collective
4. What’s a leader to do?
5. How can we simplify it?
Our intention creates our reality.
Wayne Dyer
A leader’s intent plus development of a collective will supported by accountability – that creates our new reality – our future
Tale of 3 Physician Leaders

1. Context
2. Intent of new Department Head
3. Legacy of the previous Department Head
4. Where is the Hospital Lead?
5. What went wrong?
6. Where are we now?
Faculty: Mamta Gautam

Relationships with financial sponsors:
- **Grants/Research Support:** Nil
- **Speakers Bureau/Honoraria:** Nil
- **Consulting Fees:** Nil
- **Patents:** Nil
- **Other:** CEO, PEAK MD Inc

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- Board member, Canadian Society of Physician Leaders
Part 3 – Impact of Leadership on Health

1. The Link:
   - Are Physician Health and Physician Leadership linked?
   - If so, how?

2. Physician Engagement:
   - How can we better engage our physician colleagues?

3. Compassionate Leadership:
   - How can we be more compassionate as leaders?
Preventing Burnout

We need to stop blaming doctors and see this as a shared responsibility of:

• Individual physicians
• Culture of medicine
• Healthcare systems
Quit Multiplying By Zero  
(Gautam, CJPL 5(3), 2019)
Engagement is the Opposite of Burnout

2. Utrecht Work Engagement Scale (UWES) (Schaufeli and Bakker, 2003)

Driver dimensions

- Workload and job demands
- Efficiency and resources
- Control and flexibility
- Meaning in work
- Organizational culture and Values
- Social support and community at work
- Work-life integration

Burnout
- Exhaustion
- Cynicism
- Inefficacy

Less optimal

Engagement
- Vigor
- Dedication
- Absorption

More optimal
Successful leaders have mastered physician engagement.

1. Leading leaders
2. Being right is not enough
Factors Influencing Physician Engagement

- degree of physicians' trust in leadership
- involvement in clinical and administrative policy decision-making
- reactions to various changes in the healthcare industry — such as technology
- authority over their own schedules
- the amount of support available to them
- their personal health and well-being
What might we do as leaders that could improve physician engagement?
The 3 A’s of Successful Leadership

1. Availability
2. Affability
3. Ability
3 Factors that lead to motivation

1. Autonomy - the desire to direct our own lives
2. Mastery - the urge to get better and better at something that matters
3. Purpose - the yearning to do what we do in the service of something larger than ourselves.

*Drive*, Daniel H. Pink, 2009
Herzberg’s Two-Factor Theory

Two types of factors in the workplace:

1. Motivators: cause job satisfaction (achievement, recognition, responsibility, advancement, nature of the work)
2. Demotivators or Hygiene Factors: a separate set of factors that can cause dissatisfaction (salary, administration, supervision, company policy, status, working conditions)

We need to address both.
Boston Consulting Group

‘Simply showing the data helps lead to the solution’

Show people the problem; there is no need to tell them the solution. They will come up with the solution on their own and be more engaged.

Buy-In vs Ownership
Spurgeon’s Medical Engagement Model

Medical Engagement Model
Developing a medical engagement scale (MES), Spurgeon P et al,
Leadership missteps directly affect physician engagement and wellbeing

- Administration may not listen to their opinions or suggestions, or ask for physicians' input after they have already made a decision.
- A lack of understanding among leaders about what physicians want or the stress they might feel, which leads leaders to make decisions that impact physicians without understanding the context of a situation.
Acknowledge and Assess Burnout

Open candid conversations to acknowledge
Measure physician well-being as a routine performance metric
Identify leaders to foster wellness and engagement, address issues of concern
Cultivate sense of community at work
Promote flexibility and work-life integration
Provide resources to promote resilience
Compassionate Leadership

Collective compassionate leadership enables health care innovation:

• Intrinsic motivator of staff
• Promotes a culture of learning
• Creates cultural safety
• Recognizes and supports organizational failures (suffering) which are a prerequisite to innovation

West M et al. The King’s Fund. Caring To Change: How compassionate leadership can stimulate innovation in health care
Compassion is a four part process:

1. **Noticing** that suffering is present
2. **Interpreting** and making meaning of suffering in a way that contributes to a desire to alleviate the suffering
3. **Feeling** empathetic concern for the person or people suffering
4. **Acting** to alleviate suffering in some manner

Worline & Dutton. Awakening Compassion at Work: The Quiet Power That Elevates People and Organization. 2017
Leading with Compassion

- We look to leaders for guidance, particularly in times of suffering.
- Compassion deeply bonds us with others and is central to human well-being, both for those who provide it as well as for those who receive it.
- Compassion is more than an emotion; it is a felt and enacted desire to alleviate suffering.
- Leaders can guide other team members about how to think, feel and act when suffering surfaces by how they act or role model.
- Leaders can use their position and power to shift the architecture of an organization, and direct resources to alleviate suffering.

- Worline & Dutton
6th Canadian Conference on Physician Health (CCPH)
Oct. 4-5, 2019 | St. John’s, Newfoundland

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