

CCPH 2019

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

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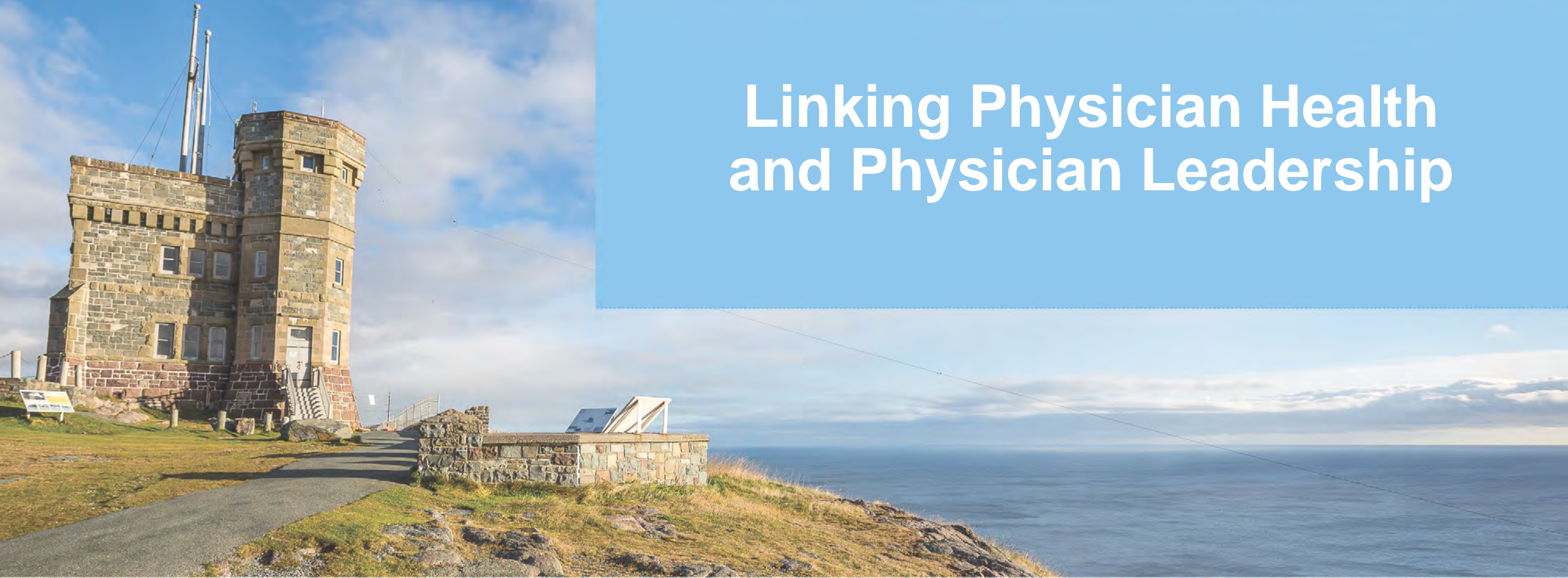


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CHANGING TIDES:
SHIFTING CULTURES AND CREATING SAFE SPACES

Linking Physician Health
and Physician Leadership



Faculty: Gigi Osler

Nothing to declare



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The physician health landscape in Canada



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Panic, chronic anxiety and burnout: doctors at breaking point

Suicide Among Physicians Is A Public Health Crisis

Posted: 03/24/2016 5:38 pm EDT | Updated: 03/24/2016 5:59 pm EDT

Physician burnout a major concern

Roger Collier

CMAJ, October 02, 2017; 189 (9): E1236-E1237; DOI: <https://doi.org/10.1503/cmaj.1095496>

HEALTH • DOCTORS

Burned-Out Doctors Make Twice as Many Errors.

ANDRÉ PICARD

Suicide should not be an occupational hazard for doctors

ANDRÉ PICARD
The Globe and Mail



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CMA NATIONAL PHYSICIAN HEALTH SURVEY

A National Snapshot

October 2018

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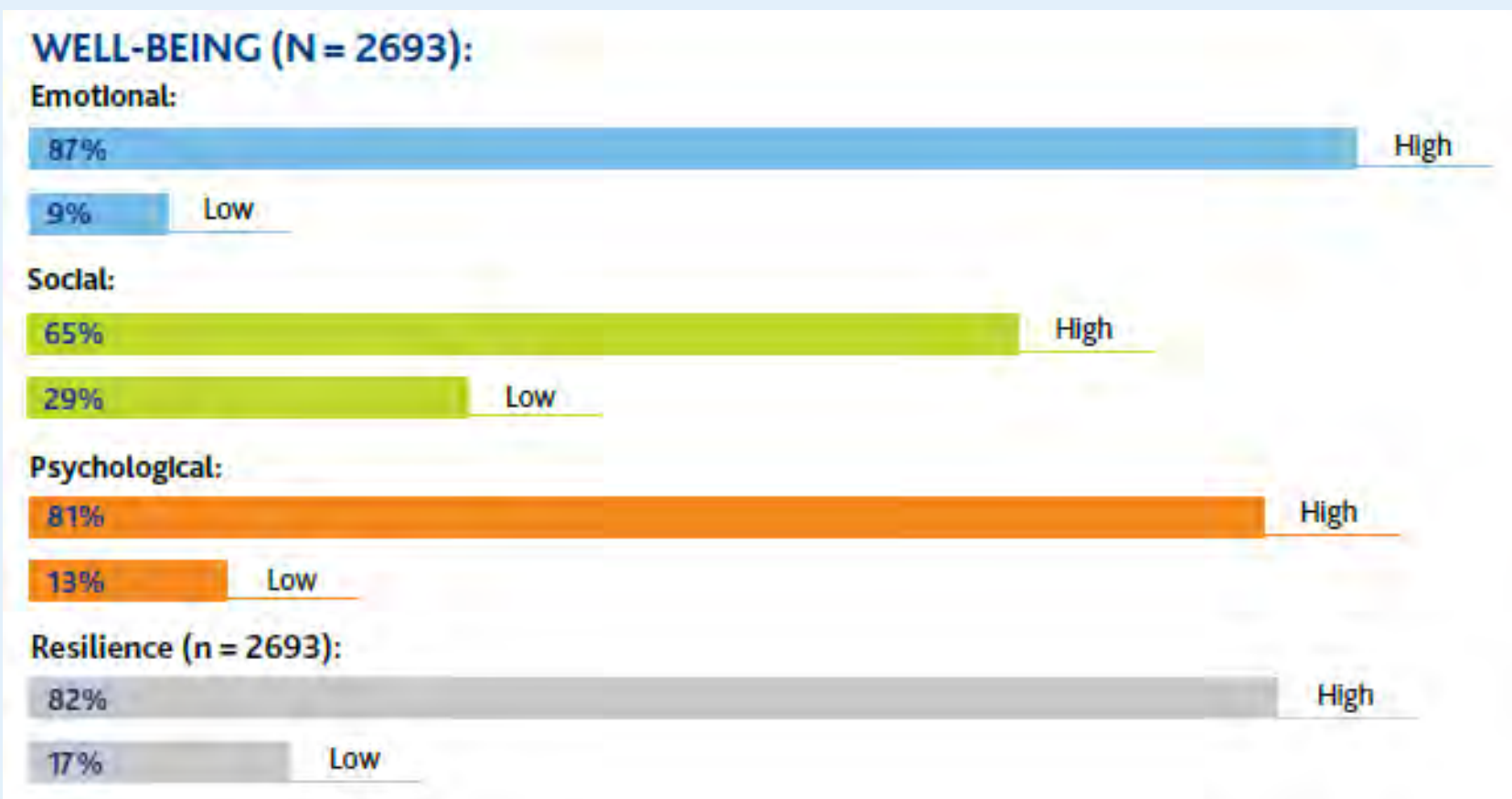
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Prevalence of + psychological factors





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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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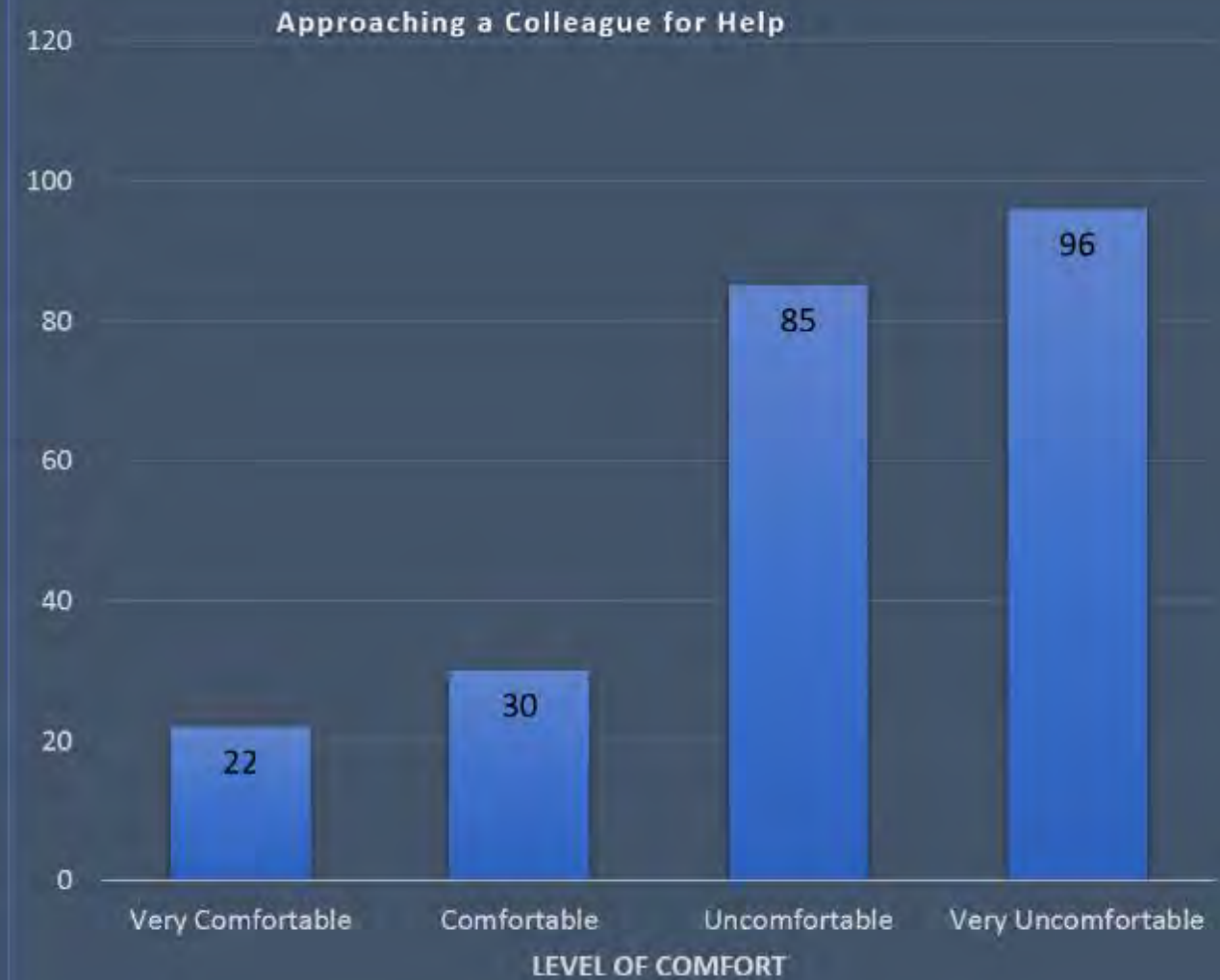
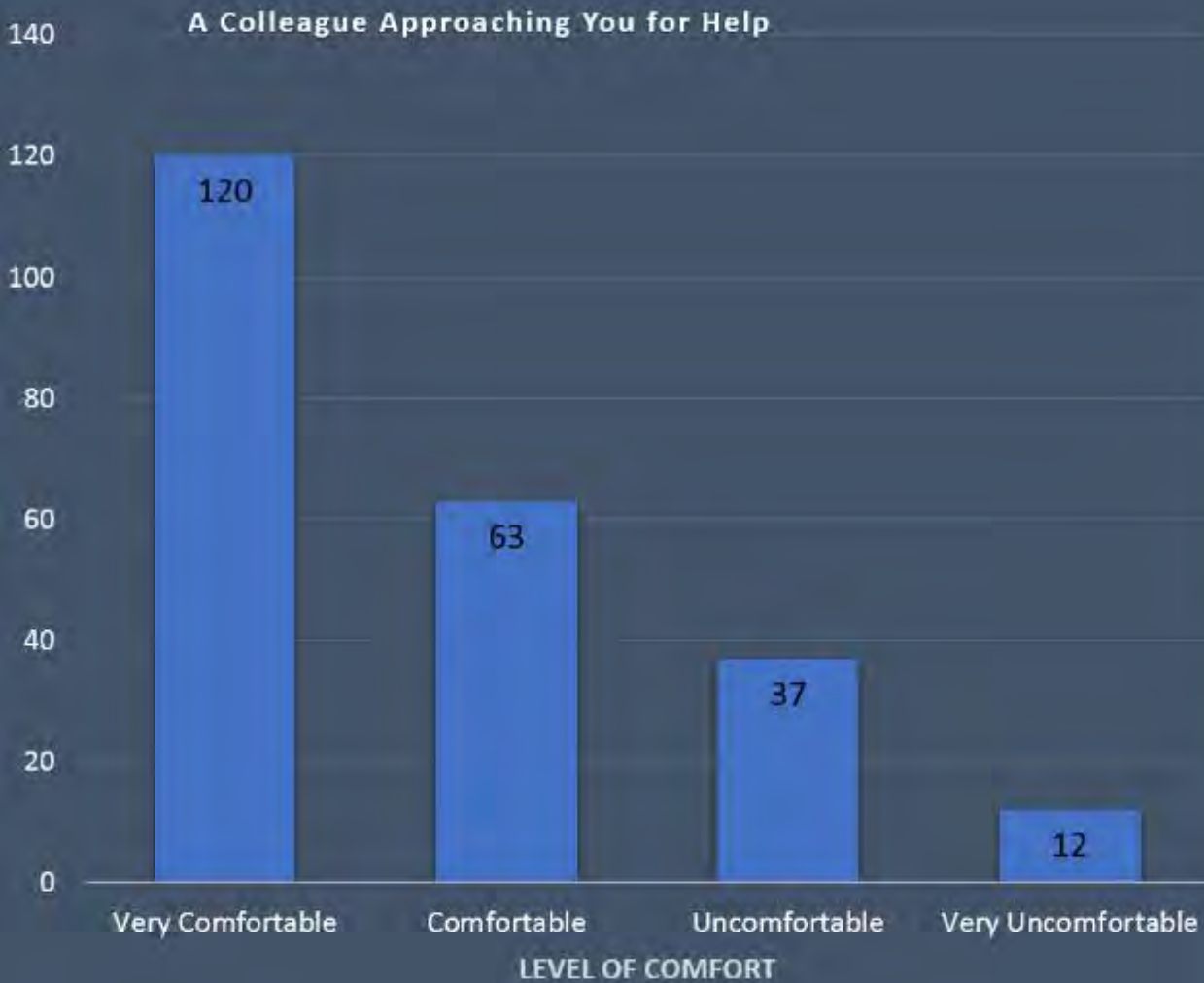


TOP REPORTED BARRIERS TO SEEKING HELP:

- ① Believing situation is not severe enough
- ② Ashamed to seek help

2019 Regional Member Forums

Polling question: The impact of stigma





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Leadership is critical for better physician health



SPECIAL ARTICLE

Executive Leadership and Physician Well-being:
Nine Organizational Strategies to Promote
Engagement and Reduce Burnout

Tait D. Shanafelt, MD, and John H. Noseworthy, MD, CEO

Strategy #2:

“Harness the Power of
Leadership”

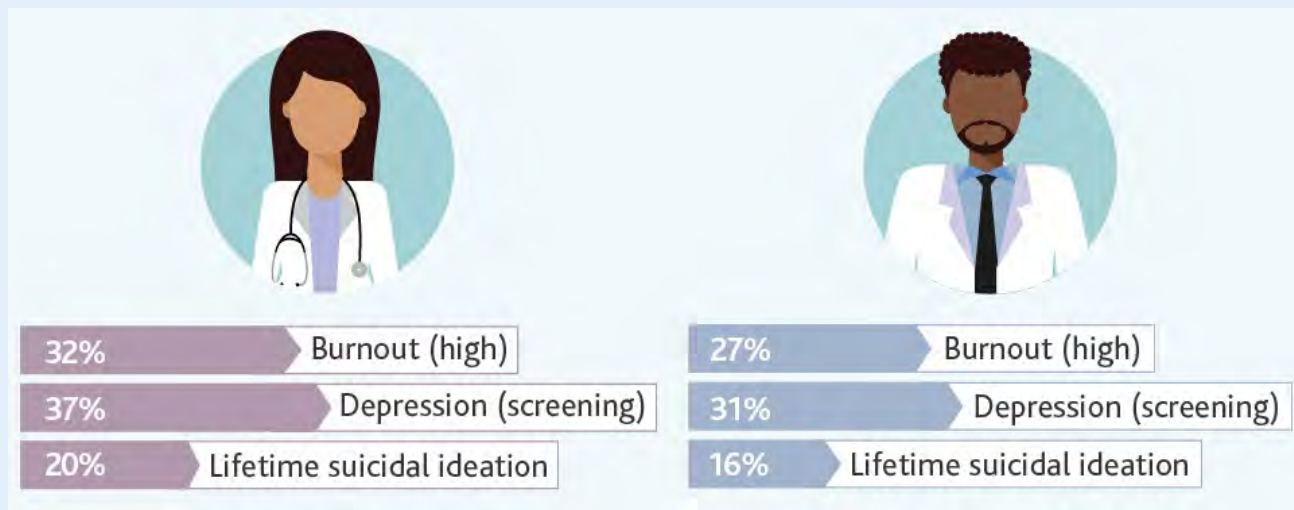
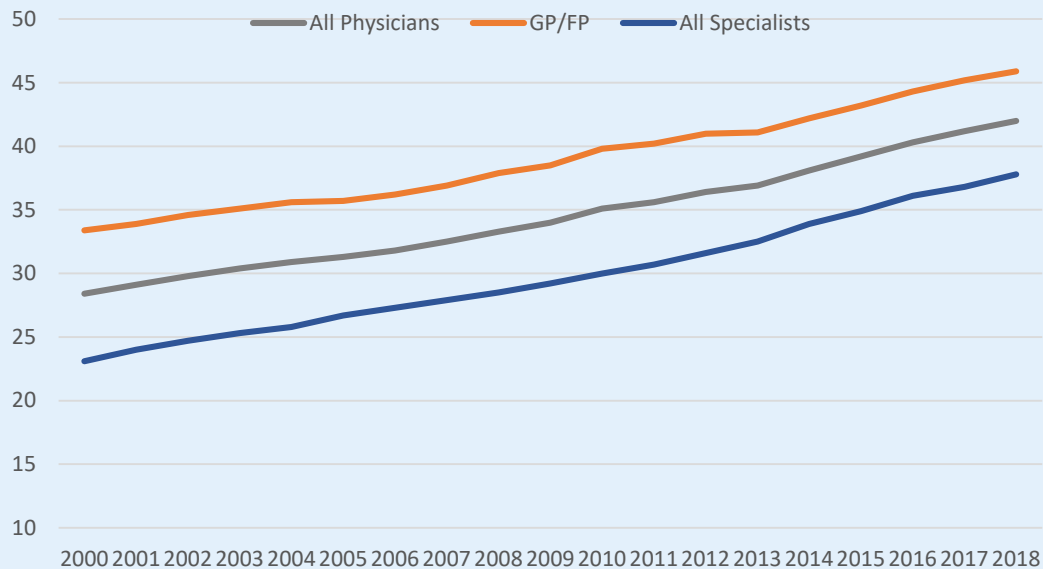


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Canada's physician workforce

Female Physicians in Canada 2000-2018



Top factors affecting women's health & wellness



Career satisfaction



Work-life integration



Presenteeism

Other factors to watch



Efficiency and resources



Alcohol bingeing



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?



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ACCOUNTABILITY

is the glue that ties

COMMITMENT

to the result.

- Bob Proctor

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

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Quit Multiplying By Zero (Gautam, CJPL 5(3), 2019)



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Driver dimensions



1. Executive Leadership and Physician Well-being, Shanafelt and Noseworthy, Mayo Clin Proc, January 2017;92(1): 129-146

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



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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



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What might we do as leaders that could improve physician engagement?



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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.



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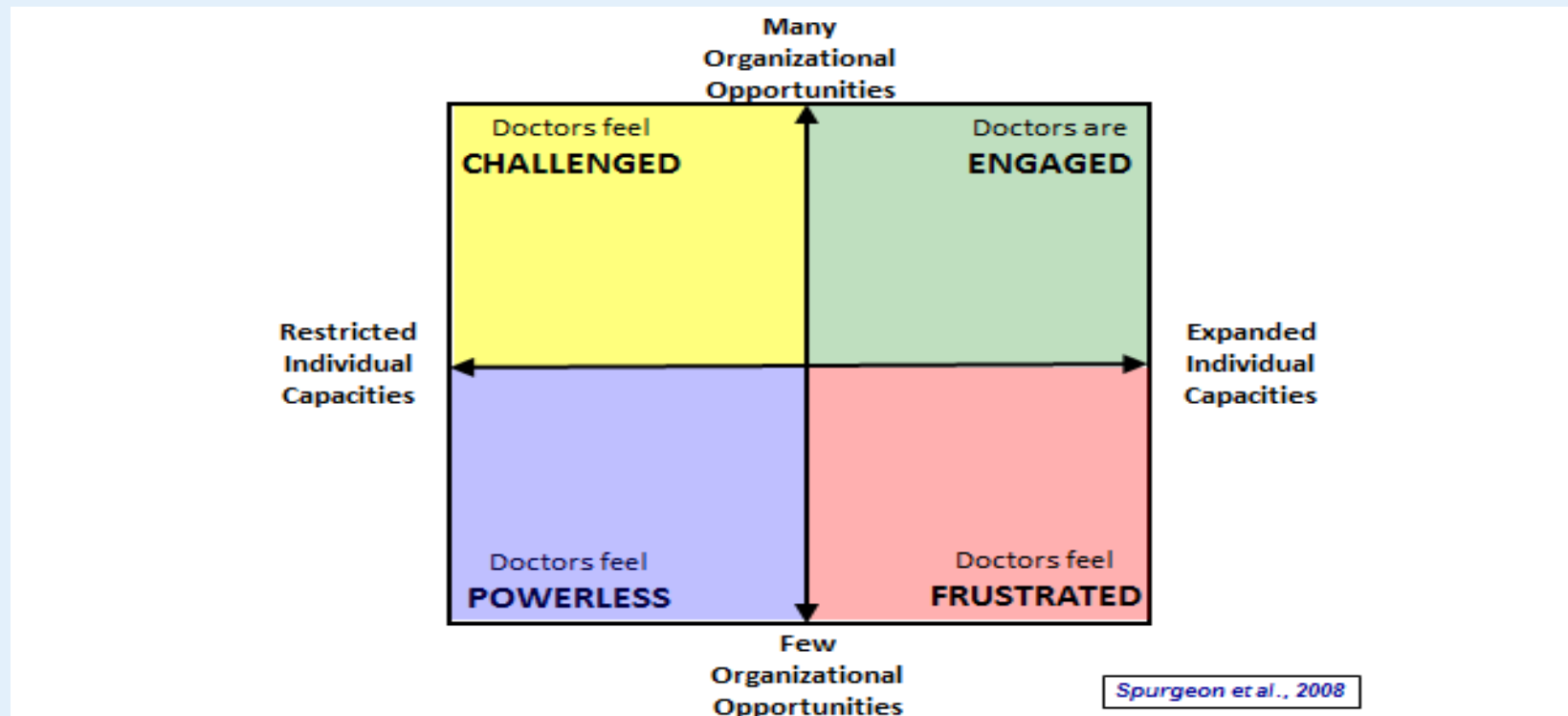
Boston Consulting Group

‘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,
The International Journal of Clinical Leadership 2008;16:213–23



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



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.

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