

Physician Health and Wellness

Community of Practice – Prairie Mountain Health Hub

Progress Report: 2021-22

A health system culture where optimal physician wellness and professional fulfillment are prioritized and supported - Vision Statement

PMH Hub Physician Champion: Dr. Beverley Lee-Chen

Physicians are a highly resilient group, yet, [across Canada](#), approximately 1/3 experienced burnout or depression and had higher rates of suicidal ideation than the general population, pre-COVID-19. Rates are even higher for females, residents and those in their first 5 years of practice.

Burnout, a [WHO](#)-recognized occupational phenomenon resulting in exhaustion, cynicism, and sometimes a sense of inefficacy, has been linked in the [research](#) to errors, patient dissatisfaction, reduced adherence to treatment plans, and increased turnover (reducing continuity of care and increasing costs). Burnout is also correlated with depression, substance use, and an increased risk of suicidal ideation.

Solutions are a shared responsibility. Individual interventions are integral but the [evidence](#) shows **organizational interventions are even more effective for reducing physician burnout**. The opposite of burnout is engagement.

For these reasons, Doctors Manitoba is working directly with 9 physicians and system leaders within Prairie Mountain Health to tackle these issues.

The [Physician Health and Wellness Community of Practice](#) (PHW CoP) – PMH Hub is 1 of 3 pilot hubs in Manitoba taking part in a three-year project (2020 – 2022). Doctors Manitoba is pleased to receive funding from the Canadian Medical Association, MD Financial Management Inc., and Scotiabank, who are firmly committed to supporting the medical profession and advancing health in Canada. Members are learning together about PHW, assessing the environments in which physicians work, and developing evidence-informed and locally meaningful action plans focused at the organizational level.

"It is ... nice to feel the support [of the CoP group] and that I am not alone..."
Community of Practice Member

PMH CSNA Survey Excerpts: 49% of PMH physicians are experiencing burnout; one of the larger drivers appears to be excessive job demands. 88% report having supportive colleagues, yet 52% of physicians report isolation and a lack of social supports in the workplace (especially those aged 25-34).

Next Steps: The PHW CoP – PMH Hub is reviewing the CSNA data, literature, and examples from other jurisdictions and will be using this information to develop an action plan. The initial shortlist will be validated and the final action and implementation plan will be communicated.

**PHW CoP membership is currently closed but look for opportunities to be involved in future initiatives. For more information, to indicate your interest, or to share your ideas, please contact Dr. Beverley Lee-Chen, Physician Champion at dr.bev.lee@gmail.com or Jennifer MacDonald, Project Manager at jmacdonald@doctorsmanitoba.ca.*

If you are a physician looking for support, look at these [DRMB-supported physician health programs](#).



Regional Physicians and Respondents*

PMH Physicians

- 271 physicians
 - 67% male, 33% female
- There is a full spectrum of residents and early to late career physicians
- Approx. 25% are hospital-based

PMH CSNA Survey Respondents:

- 118 responded (44% of those eligible)
 - 46% male, 54% female
- Most respondents 35-64 years of age
- 39% work in hospital-based settings

**as of January 2021; locums are not included in these figures*

CSNA Summary of Findings



CSNA survey questions* were based on research related to risk and protective factors.

Organizational-level factors in the research relate to workload, autonomy, work-life integration, collegiality and safety, organizational culture, workflow efficiency, and sufficient resources. Barriers to providing quality patient care can contribute to a sense of moral injury. Leaders impact these factors and can have a predictive impact on burnout and satisfaction of team members.

Individual-level factors from the research include (but are not limited to) physical activity, healthy eating, positive personal relationships, sleep, stress management (e.g. mindfulness approaches), career satisfaction, and meaning in work.

**n per question = 78-106; quotes represent themes, not consensus*

Local Strengths*



83% are satisfied with their career in medicine

88% report working with supportive colleagues

77% report physicians feel free to ask questions / express concerns to physician colleagues

73% report a sense of cooperation and teamwork

Physicians ages 45-54 were most likely to report being impacted by most protective factors

- Research indicates [co-worker support](#) increases well-being and has a buffering effect on burnout, depression, and suicidal ideation; peer connections can increase psychological safety at work.

“The doctors working ‘boots on the ground’ have been bonding together to support each other.”

“My [practice] environment has always been quite supportive of changes in my practice to accommodate family.”

69% of respondents reported eating healthy often or always

Where relevant, most physicians agree their time-off requests/scheduling needs get fair consideration by leadership (54% agree, 30% neither agree nor disagree)

**% of respondents who indicated ‘agree’ or ‘strongly agree’; quotes from CSNA survey respondents unless otherwise indicated*

Local Needs



49% are experiencing high and very high levels of burnout

Respondents reported being moderately-extremely impacted by:

- **Excessive workload and job demands** (66%)
 - Physicians in clinic settings and those 25-34 years of age reported higher impacts
 - 60% work more than 40 hours a week
 - 52% are on-call an additional 60 or more hours per month (40% report being moderately – extremely impacted by excessive on-call hours)

“... Covering sick calls has been an issue. Some people never step up to help. Some always do. It leads to less days off.”

“It is often not the on-call hours that contribute, but the inability to take post-call time to rest.”

Research: [Each additional hour](#) per week of work taken home and each additional night on-call increases the odds of burnout. Demands can also be emotional and related to level of intensity.

- **Insufficient workplace resources** (59%)
 - Female physicians were more likely to report being impacted than males
- **Inefficient use of workplace resources** (51%)
 - Physicians working in clinic settings were more likely to report being impacted
- **Isolation and lack of social supports in the workplace** (52%)
 - Physicians aged 25-34 reported higher impact than other age groups
- **Ineffective leadership behaviour** (49%), **Inflexible workplace policies** (48%)
 - Physicians working in clinic settings were more likely to report impacts
 - Physicians disagreed or strongly disagreed that physicians are usually included in decision-making (47%) and that managers provide physicians with feedback/data on the effects of clinical decisions (43%)
 - Physicians aged 35-44 and 55-64 were more likely to report impacts
 - 54% of male physicians and 55% of clinic-based physicians also reported impacts from unsupportive leadership behaviour

“... [N]ew ideas have to be taken to many committees ... before any decision can be made and ... [then] to Provincial level for approval. New ideas feel like a waste of time and effort because of this system.”

“Physicians are often solicited for input. However, at these meetings, it often seems like a decision/plan has already been made, with little room for modification....”

Research: Learnable leaderships skills have [measurable impacts](#) on team burnout and satisfaction.

Mistreatment based on identity

Respondents (n=80-84) experienced mistreatment based on identity (e.g. ethnicity, gender identity, sexual orientation, religion) in the following ways:

- By patients (49%)
- By workplace colleagues (37%)
- By workplace leadership (26%)

“Cyber bullying and trolling of physicians increasing problem.”

“As a young female attending, I experience sexism on a nearly daily basis.”

“Have felt mistreated ... when ... required time off ... [due to health reasons].”

Research: When mistreatment is controlled for, [gender](#) differences in burnout can disappear.

Exploring Potential Solutions

74% of respondents believe more PHW resources are needed in the region

A sample of recommendations from CSNA survey respondents include:

- Address work-load distribution, capacity, efficiency issues.
- Train leaders to listen to, involve, and empower physicians.
- Increase communication and transparency from leaders, enhance communication between colleagues.
- Support physician professional development, including leadership and wellness training.
- Activities and spaces that bring physicians together for discussion, connection.
- Increased physician access, information, navigation re: existing services and resources.
- Patient education about health care system, avoiding misinformation, working with care team.



Respondents indicated interest in accessing

- Personal-focused (49%) and workplace-based (46%) health and wellness programs
- In-person (38%) and web-based (35%) trainings related to PHW

“I reduced my work hours due to burnout and have much more balance and even enjoy my work again.”

[Evidence](#) for potential solutions continues to be reviewed.

Measuring Physician Wellness: Prioritizing and measuring PHW is essential. [Manitoba Shared Health's Quality and Learning Framework](#) utilizes the 'quadruple aim', showing that improving population health, patient experience, and cost reduction are closely entwined with the wellbeing of physicians and other care team members. Community of Practice hubs are exploring how to measure PHW, year over year.