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Physician well being and quality of patient care: An exploratory study of the missing link

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The goal of this article is to explore physicians' perceptions of their colleagues' awareness of the link between physician wellness and the quality of care they provide to their patients. In addition, we also examine potential factors that may be related to physicians' recognition or lack of recognition of this link. We rely on qualitative interview data from a sample of 42 physicians representing the spectrum of different medical specialties and work settings in a single health region in Western Canada. Our findings suggest that many physicians believe the link between physicians' well being and the quality of care they provide their patients is not necessarily at the forefront of most doctors' awareness as they practice medicine on a day-to-day basis. Our study participants identified a number of factors that may explain this finding and that reflect two broad themes: the culture of medicine and physicians' overwhelming workload. In regards to the culture of medicine, the physicians in our study reported how doctors view themselves as invincible caregivers first and foremost who must look after others before looking after themselves, who believe they do not need help from others and who are highly committed to their patients, careers and sense of professionalism. In regards to physicians' workloads, our study participants identified external pressures in the workplace in terms of how their busy schedules and the overwhelming nature of their work are significant deterrents that often prevent them from thinking about their own wellness. We discuss how the culture of medicine and physicians' workloads deter doctors from recognizing signs of unwellness and caring for themselves. We conclude that not only individual physicians, but also their peers, their patients, employing organizations and the health care system must appreciate and support physicians in their efforts to protect and maintain their personal well being.

Keywords: physician wellness; job stress; patient care; culture of medicine

Introduction

Physicians around the globe are experiencing high levels of work-related stress. This is a concern because not only is physician wellness important to the welfare of individual physicians, but it is also vital to the quality and safety of care their patients receive. Research findings suggest that when physicians are experiencing stress, burnout or general psychological distress, it is negatively related to the quality

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of patient care they provide (Firth-Cozens, 2001; Firth-Cozens & Greenhalgh, 1997; Gunderson, 2001; Levin et al., 2007; Shanafelt, Bradley, Wipf, & Back, 2002; Wetterneck et al., 2002; Williams, Manwell, Konrad, & Linzer, 2007). For example, dissatisfied or burned out physicians tend to provide suboptimal care as indicated by riskier prescribing profiles and the patient–physician interaction suffers as indicated by less adherent and less satisfied patients (De Matteo et al., 1993; Shanafelt et al., 2002; Williams, & Skinner, 2003).

Although these studies offer vital evidence of the link between physician well being and patient care, they typically do not consider physicians' awareness of the connection. We propose that it is also critical to examine the extent to which physicians acknowledge this important link. The goal of this article is to explore physicians' perceptions of their colleagues' awareness of the link between physician wellness and the quality of care they provide to their patients. In order to better our understanding of the issue, we also examine potential factors that may be related to physicians' recognition or lack of recognition of this link. To achieve this goal, we rely on qualitative interview data from a sample of 42 physicians representing the spectrum of different medical specialties and work settings in a single health region in Western Canada.

Review of the literature

In addition to stressful working conditions that negatively impact on physicians' well being, the literature indicates that physicians are neither very good at taking care of themselves nor seeking help from others when they are overly stressed or burned out (Arnetz, 2001; Firth-Cozens, 2001; Thompson, Cupples, Sibbett, Skan, & Bradley, 2001). Arnetz (2001) suggests that this is shown by doctors' negligence in having physical exams, their procrastination in seeking medical treatment and their higher than average suicide and cardiovascular mortality rates. Research also shows that doctors often adopt denial and avoidance as coping strategies, which are not usually effective responses to stressful situations (Baldisseri, 2007; Firth-Cozens, 2001). Moreover, physicians are renowned for their reluctance in providing mutual support to one another (Edwards, Kornacki, & Silversin, 2002) and the "conspiracy of silence" tends to discourage doctors from sharing their concerns with someone about a troubled colleague or their own personal distress (Arnetz, 2001). The perceived stigma that doctors associate with seeking help is also a deterrent. As well, they may have trepidation about the confidentiality of their treatment and worry that seeking help will be viewed by others as an indicator of their inability to cope or perform their job (Harrison, 2006; Thompson et al., 2001; Uallachain, 2008).

Recently, the culture of medicine has been more widely acknowledged as an important factor that may explain why doctors have difficulty in taking care of themselves. For example, Uallachain (2008) found that the majority of doctors in his study have worked while they were sick and the few who took a sick day felt guilty for it. Thompson et al.'s (2001) study similarly found that physicians feel compelled to appear physically well, even when they are sick, because they believe their health is viewed by patients and colleagues as a reflection of their medical competence. Likewise, McKevitt, Morgan, Dundas, and Holland (1997) found that most of the physicians in their study report working while they are sick and they conclude that cultural and organizational barriers appear to reinforce one another in contributing to doctors' reluctance to take time off work when they are ill. These studies conclude

that the culture of medicine, that is introduced and begins to take hold in medical school, promotes the conspiracy of silence, endorses working while sick and discourages them from sharing their health concerns with others or taking time off when they are ill.

In this study, we ask physicians to comment on their perceptions of the attitudes held by their medical colleagues in regards to the link between physician wellness and patient care. In doing so, this allows us to tap into the culture of the medicine that enables doctors to discount their own physical and mental health and the effects this may have on the care they provide their patients.

Data and methods

Sample

The sample represents physicians practicing in a single health region encompassing a major urban center and its surrounding rural areas in Western Canada. We used a quota sampling strategy to select participants based on the proportion of physicians in each specialty in the region. In selecting participants within each specialty, we also attempted to include physicians who varied by sex, life stage, and work setting (e.g. private clinic, hospital clinic, community clinic, hospital unit). For example, our sample includes two male and two female anesthesiologists. They work in a variety of settings (e.g. hospital clinic, private clinics, operating rooms (ORs) in hospital units and in a rural setting), are at different career stages (e.g. ranging from 13 to 31 years of medical experience) and vary by marital status (e.g. two are married, one is remarried and one is divorced). Based on the above criteria, we developed a list of 80 potential participants and invited 48 physicians to participate. Of the 48, 4 refused and 2 were unavailable during the timelines of the study and 42 agreed to participate, yielding a 91% participation rate. All physicians consented to a face-to-face interview.

The average age of participants was 47 years, with 23 (55%) being male and 19 (45%) being female. Most were married (86%) and parents (90%) at the time of the interview. The average length of time they have practiced medicine since completing their residency was 15 years, although some were in their first year of practice and others had practiced for over 30 years. They work on average 56 h a week (including weekends, evenings and at home, and excluding call) ranging from 30 to 90 h a week.

Data collection

Interviews were conducted from mid-September 2006 until mid-July 2007. They ranged from 20 to 61 min and averaged 37 min in duration. The interview consisted mostly of open-ended questions and began by asking participants to describe their day-to-day work experiences in terms of their workload, patient care, job stress and coping strategies. We then asked 'Do you think most doctors are aware of the link between physicians' well being or their mental and physical health and quality of patient care? Why or why not?'. Their responses to these last two questions are the focus of this article.

Data analysis

The authors independently reviewed participants' responses and we did not use pre-established categories for analyzing the interview data. Rather, we used an inductive

strategy through open and selective coding to derive the predominant themes reflected in the interview transcripts. The findings presented below are accompanied by quotes that are used to illustrate various themes identified from the interviews. These specific quotes were selected because they best reflect a particular theme or they best capture the opinions and sentiments conveyed by the participants.

Results

Are most physicians aware of the link?

We asked participants whether they think that most doctors are aware of the link between physician well being and the quality of patient care they provide. Of the 40 participants who answered this question, only a small proportion (10%) believe most doctors are aware of the link, whereas almost half (45%) do not think most doctors are aware of this connection. One third (32%) reported that they think that most physicians are cognizant of the link at some level, perhaps intellectually or at a superficial level, but they are not consciously aware of it on a day-to-day basis nor as it may apply to them personally. Participants often commented that it seems obvious when you stop and think about it and, most physicians are probably cognizant of the connection, but that they do not stop to think about it for a variety of reasons or they do not think it applies to them. The following quotes illustrate how doctors in our study expressed these points of view:

Well I think we're all aware of it on one level, but I mean, I don't think any of us, or I don't think very many of us, are aware that it can actually affect us.

I think you know that intuitively I think that just makes sense, but whether they practice it, or cognitively look at it and say "oh if I want to be a better doctor I have to take this time for myself", no, no, I don't for most doctors.

But I'm not sure that the link between their own health and patient care is probably very clear. Because you can't believe that right? You can't believe if you're having a bad day that you're going to provide poor patient care 'cause that's just not what you do.

What factors may affect physicians' awareness of the link?

We also asked participants to explain why they believed most physicians were or were not aware of the link between physician well being and quality of patient care. The following predominant themes emerged from their responses: (1) Physicians are the ultimate helpers who do not need help from others; (2) Physicians are highly committed to their patients, careers and sense of professionalism; (3) Physicians are under external pressures to provide care as needed; and (4) Physicians are too overworked and busy to think about their own wellness.

In regards to the first theme, participants described how physicians view themselves as infallible, "super human" or "the ultimate helper" who cannot or should not seek help from others, thus preventing them from being aware of the physician wellness-patient care linkage. Others also explained that physicians generally do not see themselves as vulnerable to sickness, fatigue or hunger, which many believe are seen as indicators of weakness. The following quotes exemplify these concepts.

I was one of those people who would get the pamphlets from Physician Support from [the provincial medical association] and just throw it in the garbage and think "oh I'll never need that, I'll never need that". And I think that's very common amongst physicians. We think that we're infallible and that we're never going to hit that wall.

I trained in [medical specialty] in the late 80s and even in the late 80s there's no question in my mind that people still think that physicians need to be superhuman okay, you know that nothing outside of your medical practice should affect your quality of practice and you should be able to overcome all adversity, never make mistakes.

Other participants suggested that doctors' commitment to medicine, patients and professionalism drives them to put medicine and patients first and foremost, sometimes sacrificing their own needs and wellness. Their explanations illustrate how physicians' personal health and wellness are not a personal priority. Rather, the physician's main concern is providing the best patient care whenever it is needed, regardless of whether it means working long hours or working when they are sick.

I'm one that puts more value on my professional performance than my wellness. . . In medicine you can't be mediocre; you have to do the best you can. . .

You may be sick, but it's very rare that you're going to cancel an OR date, because one, the patients are waiting to get in the hospital. . . it's not as if you can get someone to step up and do your shift. . . so you really have to be sick before you will cancel an OR day.

Participants also explained how there are external forces pressuring doctors to see more patients while ignoring their own fatigue, warning signs or symptoms of being unwell. Several suggested that, even dating back to medical school, physicians initially learn to ignore their own vulnerabilities and to believe that being sick is a sign of weakness. As they enter medical practice, the expectation that physicians cannot be sick or fatigued continues to be reinforced by patients, colleagues, the public at large and health care organizations. Subsequently, physicians feel compelled to provide medical care regardless of how they feel emotionally or physically.

I think it's a function of the type of people that end up in medicine in part and also the training that we receive. . . your own personal life and your own personal feelings are actively minimized in your training and you need to put that aside and get on with your job and so I think it's part of our upbringing.

They see themselves as I can cope, I can do this, I just need to work harder, I need to do more and it will settle down, and usually that works. I mean often you know, it's been reinforced in the past [in medical school]. Because when they've had all these stressors before and they just plow through it and they got it done, it settled down, so it reinforces that behavior.

Lastly, a number of participants indicated that with such excessive workloads, large numbers of patients and long patient waiting lists, there is very little time for physicians to take stock of their physical and emotional wellness, never mind actually spend time taking care of themselves.

I feel like it's an epidemic of being overworked in medicine. . . it's just an epidemic. Everybody is just way over stretched, way over stretched and just way over committed. . . if you don't have the time to even learn it, how are you going to have the time to even practice it or try to incorporate it into your life.

I think it's because we have, since the minute we stepped into medical school, been asked to do way too much. . . I think as a group, we are perfectionistic, and that we always think that we're trying to do the very best job we can and so we don't really recognize when all that other stuff interferes with what we're doing.

Discussion and conclusions

The goal of this article was to explore whether physicians feel most of their medical colleagues are aware of the connection between their personal health and well being

and the quality of care they provide to their patients. This approach allowed us to tap into the culture of the medicine that enables doctors to discount their own physical and mental health and the effects this may have on the care they provide their patients. In addition, we examined potential factors related to physicians' awareness or lack of awareness of this link. Surprisingly, very few participants felt that most physicians are fully aware of this link on a conscious level on a day-to-day basis, and almost half of the study participants do not think that most doctors are aware of this link. Perhaps the most striking finding in our study was that a third of the participants report that although most doctors are intellectually cognizant of the connection at some level, they are unable to actualize their knowledge of the link, thus suggesting a lack of insight. Paradoxically, the physicians in our study displayed considerable insight as they described the multiple factors that may relate to physicians' lack of awareness of this link, factors so powerful that they may prevent physicians from recognizing their need for self care.

Our study participants identified a number of factors that may explain why most doctors are not aware of the link that reflect two broad themes: the culture of medicine and physicians' overwhelming workload. In regards to the culture of medicine, our participants explained how many doctors view themselves as invincible caregivers first and foremost who must look after others before looking after themselves, who do not need help from others and who are highly committed to their patients, careers and sense of professionalism. Internalization of the culture of medicine results from their socialization and training in medical school, as well as the norms and expectations subsequently imposed upon them in the workplace by colleagues, health care organizations, and patients.

As we consider the influence of the culture of medicine, future research might explore the processes through which physicians internalize the ideas that they must be infallible and "super human" and that they are not allowed to be vulnerable to sickness or stress or take time to care for themselves (Haidet & Stein, 2006). In addition, future research might explore how educators, medical schools and organizations that employ physicians promote and reinforce these unrealistic expectations. As well, evaluative work is needed to assess the effectiveness of strategies used to promote physician wellness and self care in addition to programs designed to care for impaired or unhealthy physicians (West & Shanafelt, 2007).

The second theme identified by our study participants reflects external pressures in the workplace, in terms of how physicians' busy schedules and overwhelming workloads are significant deterrents that often prevent them from thinking about their own wellness. Firth-Cozens (2008, p. 218) notes how the "fast, hectic pace, conflicting demands, too little resource or support, too long hours of work and, conversely, too little sleep" are factors contributing to physicians' excessive workload that ultimately lead to job stress and burnout. In addition, workplace demands may make it difficult for physicians to consciously and/or practically recognize their vulnerabilities and take time to care for themselves. Future research might explore the extent to which simple coping strategies such as taking a time out (e.g. coffee break, short walk, quiet time), talking with colleagues, or asking for help from colleagues and/or other staff may grant physicians the opportunity to assess their work situation, their physical and mental well being and the effectiveness of their coping strategies on a more frequent and proactive basis (Wallace & Lemaire, 2007).

In closing, the results of this study suggest that physicians are extremely dedicated to providing quality care to their patients but they often do so at the

expense of their own personal wellness. Through raising awareness of this important link between physician wellness and quality patient care, the benefits are multi-layered and far reaching – from the individual physician to his or her patients to the employing organization and to the health care system at large. It is not enough for only individual physicians to acknowledge or be aware of this link. Their peers, their patients, employing organizations and the health care system must also appreciate and support physicians in their efforts to protect and maintain their personal well being. Ultimately, research will be needed to evaluate the most effective methods for promoting physician wellness that assesses not only the outcomes of these strategies for physicians but also the benefits for their patients.

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