

Review Article

Helping Physicians Survive the Mental Chaos of Medical Practice

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Background

It is tough becoming a physician. It takes years of dedication and commitment to a life of long hours and intense study with competitive training conducted in a less than supportive medical environment. Sacrifices had to be made. The upside is medical expertise. The downside is the significant degree of stress, burnout, and depression experienced by medical trainees. It is here where we first see the documented impact of stress, burnout, and depression and the toll that it takes on emotional well-being [1]. Fortunately, many medical schools have recognized this issue and have begun to modify medical curriculums, reduce on-call hours, provide more training in personal and team skill relationships, and provide behavioral support services to help trainees get through difficult times. Most of us survive, but for some the effects linger into medical practice.

It is tough being a physician. The years of dedicated time and energy were devoted to the ideal of improving patient outcomes of care and to thrive on the gratitude, pride, and joy of medical practice. Unfortunately, there is now a growing gap between the pride and joy of medical practice and the realities imposed by today's complex, frustrating, and stressful health care environment.

Impact

The impact this has on today's practicing physician will vary depending on the number of years in medical practice. Physicians who have been in practice for more than twenty years were brought up in a practice environment where they were free to practice their art and enjoyed their sense of individual autonomy and control. Some call this the "golden era" of medical practice. But this was soon to change as concerns about controlling health care costs became a primary issue in health delivery.

It first started with the introduction of utilization restrictions and controls with an "outside" entity telling physicians what they can and cannot do. Then came the era of managed care. In order to treat patients, you had to have a "contract" with the insurance company and be willing to accept their reduced payment schedules. Many physicians then decided it was too expensive to be out on their own, so they migrated away from solo practice and joined group practices in an effort to share expenses and have greater access to insurance

contracts. The next phase was to give up individual control and become an employee of the health care organization subject to their administrative requirements, policies, and productivity schedules. Add on top of this the growing pressure of performing non-clinical responsibilities, pre-approval authorizations, chart documentation, coding, the introduction of new technologies and the electronic medical record, which for the older physicians in particular, has totally changed their outlook and priorities for medical care. The current COVID-19 pandemic accelerates the situation even more.

For the new entry physician, it may be a different story. They haven't experienced the old ways. They're brought up on gadgets, computers, and technology, they have no problem being an employee, and their ideals and expectations are more in line with medicine as a business rather than medicine as an individual art. They pay much more attention to work-life balance and are much more able and willing to leave the work pressures behind. Note that nearly 50% of the physician workforce is part of the "older" generation [2].

Recent studies have emphasized that more than 50% of physicians report that they are working under conditions of high stress and burnout, and more than 20% feel clinically depressed [3]. There are multiple contributing factors to this predicament including the bureaucratic and administrative hurdles mentioned above, changes in process and workflow, a growing focus on productivity and performance based metric accountability, and the performance of more and more nonclinical duties changing their roles, responsibilities, and priorities that have reduced their sense of meaning and control. This has led to increasing levels of anger, cynicism, dissatisfaction, frustration, stress, and burnout, and in some cases. More serious behavioral issues and habits affecting their attitudes and behaviors toward medical care [4]. Many physicians are unable to recognize the toll this is taking on their physical and mental well-being. Even if they are aware, many physicians are reluctant to seek outside help and have a difficult time addressing the issue in an effective manner.

Barriers

Physicians are dedicated to doing everything they can to provide good medical care. A commendable trait. As part of this persona they have to develop strong stoic superego personalities which at times requires them to sacrifice their own well-being in order to meet the hectic demands of patient care. In some cases physicians actually feel guilty if they take time off from medical practice [5].

It all starts with awareness (Table 1). Physicians often ignore the physical and emotional symptoms of stress and burnout. After all they're used to going without rest and sleep and they've worked under stress all their lives. It just goes with the territory. Ironically, if a patient presented with stress related symptoms they would immediately know what to tell them to do. Physicians need to be

Table 1: Barriers.

Personality (superego/ stoicism)
Awareness (individual/ organizational)
Acceptance
Does anyone care?
Do it on their own
Time
Where to go for help
Confidentiality (Diagnosis)
Competency (credentialing/ licensure)

Table 2: Recommendations.

Raise awareness/ willingness/ motivation for change
Provide a supportive culture and work environment
Education and training
Logistical/ clinical/ behavioral support
The interaction
Promote physician well- being
Gratitude and respect
Joy and fulfillment

encouraged to take a step back and reflect on how they're feeling and be willing to accept the fact that they are working under stressful conditions and recognize that it may lead to a negative effect on their well- being and performance.

Getting them to take the next step is crucial. Physicians have become so accustomed to having more and more demands thrust on their shoulders they wonder if anybody cares. After they do admit that they may be working under stress the usual response is that they can take care of it by themselves. Ask them how this is working. The next excuse is that they don't have the time to take away from practice. Once they recognize the need most physicians aren't aware of where they can go for help.

One of the biggest concerns is confidentiality. Physicians are reluctant to open up in fear that others will find out and how this might affect their reputation in the community. Concerns about the possibility of receiving a diagnosis that may imply competency issues may be raised that could affect privileges or licensure. This is a very significant source of resistance.

Recommendations

A list of recommended solutions is presented in Table 2. This is a complex situation and there is no one solution that fits everybody's need. Individual solutions need to be tapered to individual circumstances and the organizational situation at hand. As alluded to earlier, we cannot leave it up to the individual physician to take action on their own. It is imperative for the employer and/ or the organization in which the physician is affiliated to take a more visible pro-active role in providing resources to help physicians better adjust to the pressures of medical practice [6].

The first component is to raise individual awareness, willingness, and motivation for change. As part of the process the physician needs

to recognize the impact and implications if things are left unchanged and be open and willing to accept outside advice. The goal is to help the physician get through the pressures of practice and be successful in what they do.

Organizational culture is a key background component. The physician needs to feel that he or she is respected and supported by an organization who is understanding, empathetic, and committed to their cause. We should never underestimate the importance of organizational culture, leadership, and the workplace environment as to its impact on physician satisfaction and morale [7].

Another key component is education. The organization can provide training in stress, anger, conflict, and project/ time management, and try to improve relationship dynamics by providing training in diversity management, emotional intelligence, and enhancement in communication and team collaboration skills. Comprehensive courses on meditation and resiliency training have proven particularly effective in this regard.

The organization can provide logistical support by being sensitive to physician time and productivity schedules and make the necessary adjustments in on- call responsibilities, committee work, and time spent on non- clinical duties. Helping the physician better adjust to the nuances of the electronic medical through personalized training or the use of "scribes" will address one of the physician's pet peeves. The organization can offer clinical support by utilizing more Physician Assistants, Nurse Practitioners, and Case Managers to free up some of the physician's routine medical responsibilities and allow the physician to spend more time on complex medical situations. Behavioral support can come from a variety of different channels including informal discussions, department and town hall meetings, designated task forces, Wellness Committees, Physician EAPs (Employee Assistance Plans), and services offered by local and national medical societies. Some organizations have introduced a new position of Wellness Officer to take over some of these responsibilities [8]. Individualized coaching services have been shown to be particularly effective [9]. Physicians concerned about schedules or confidentiality can participate in a number of different on- line course modules offered by the AMA (Steps forward program), the National Academy of Science (focus on physician well- being), and the IHI (focus on the joy of practice). Physicians with more deep-seated behavioral problems or substance abuse problems will require more compressive specialty services provided by trained mental health personnel.

The interaction can occur at several different levels. First is an informal "coffee time" interaction where the physician can obtain advice from family, friends, or peers. This is the least threatening type of interaction but may not provide the structure for appropriate motivation and follow through. The next level of interaction is at a more formal level where the physician meets with a coach or counselor with skill training in stress, anger, and conflict management and can use these skills to help motivate willingness and action for change. The next level is focused behavioral counseling. The crucial aspect of these conversations include maintaining confidentiality, listening intently to the physician's concerns, enabling them to gain a better understanding of what they want, provide supporting strategies, and motivate them for positive change with the primary goal of having

them thrive in clinical practice.

Physician well-being needs to be a primary concern. Physicians who are happier and healthier are much more resilient to the day to day pressures of care and receive greater joy and rewards from services rendered [10,11]. They are more energized, more satisfied, more engaged, and develop better overall care relationships that enhance patient outcomes of care. The importance of supporting and endorsing a positive physician lifestyle of taking time for one self and making a commitment for more rest, relaxation, healthy exercise and nutritional habits, and avoidance of risky non- healthy bad habits, goes a long way in keeping them going.

At the back end, showing respect and gratitude by thanking physicians for what they do makes a strong organizational statement of support that improves overall morale and attitudes toward practice. Reminding physicians about why they went into medicine in the first place, and all the positive things that they have done, will help motivate them away from the default negativity bias by reinvigorating their purpose, energy, passion, and joy for medical care.

Summary

Physicians are working in a high demand, high pressure medical environment and are experiencing significant degrees of stress, burnout, depression, and more, and this has negatively impacted their attitudes and reactions toward medical care. They feel like they're alone out there and don't know where to go for help. Even if they want help, they are reluctant to get it. We can't leave it up to the physicians to act on their own so we need to look to the organizations in which the physician is associated with to provide pro- active support. A key piece of this endeavor is to give them a chance to be heard and focus on efforts to enhance their physical and emotional well-being. There are many opportunities available that range from informal discussions and meetings, administrative and clinical support, focused education and training, mentoring and coaching, and more comprehensive mental health services. Services provided need to be held in a confidential non- confrontational manner and be

conducted by trained individuals familiar with the physician's state of affairs. The primary focus and goal of these sessions is to help the physician better adjust to the stress and pressures of the health care environment so they can thrive and succeed in medical practice. We need to look at physicians as a precious, over- extended resource who just want to provide good patient care. Collectively we can all make this happen.

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