I've Never Talked About This Before

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PHYSICIAN WELL-BEING DURING SUSTAINED CRISIS

"I've never talked about this before, and, frankly, it feels very freeing."

Some version of this proclamation is a frequent refrain from the hundreds of physicians I have spoken with looking for help to improve their well-being.

Working as the Physician Practice Lead for VITAL WorkLife, my role is that of triage for a well-being and support program for physicians and other clinicians—the program is purchased by health care organizations and offered to their clinicians as a benefit. I provide "in the moment" support, conduct well-being assessments, and guide callers looking for assistance to the most appropriate resource within our program, such as confidential coaching or counseling. I also attempt to normalize some of the difficult experiences and feelings callers express so they know they are not alone.

There is a cloak of secrecy and silence in medicine, and many physicians believe they are alone with job-related doubts, fears, frustrations, and sadness common to those practicing medicine. In fact, practicing medicine is considered one of the loneliest occupations.[1]

In an interview with Linda Schapira, MD, published by Medscape,[2] Tait Shanafelt, MD, noted the following, "As physicians, we generally don't reveal our vulnerabilities or the things we're struggling with to our colleagues. Many of these behaviors are reinforced as professional norms during training. Our training systems, even today, tend to be based on overwork and trial by fire and do not necessarily encourage vulnerability with colleagues." This is a real issue for physicians who often set unrealistically high standards for themselves and fall prey to overly harsh self-criticism and doubt unless held in check by colleagues and mentors.

I've found that normalizing clinician experiences is particularly important to those who may have shame around the reason for contact, i.e., failure to effectively manage their time, having received negative feedback about their interactions with nurses, lack of marital support for their practice challenges, difficulty with emotional regulation, or making a medical error. Most find it helpful to hear that I regularly talk with clinicians about these kinds of experiences, and their challenges are common in today's changing, complicated, and fast-paced environment.

Normalizing experiences and perceptions and helping clinicians to avoid being caught in unreasonable self-criticism can be important even to those dealing with everyday medical practice stressors. You may be familiar with the work of Glen Gabbard, MD, who first talked about the compulsivity triad possessed by many physicians which consists of doubt, guilt feelings, and an exaggerated sense of responsibility.[3]

Gabbard stated that this triad can lead to an inappropriate and excessive sense of responsibility for things beyond one's control and chronic feelings of "not doing enough." Left to their own devices, clinicians will often simply be too hard on themselves and carry the associated heaviness and difficult feelings.

Several years ago, I was presenting to a group of oncologists and posed the question, "Who do you have to talk with when experiencing the patient losses so common in your specialty?" I was surprised to hear that many responded with having NEVER had such conversations with colleagues. Times are changing, and there is far more emphasis on self-care in medical school, and encouragement to debrief after difficult situations with colleagues is also more common now. But in day-to-day practice, time pressures, competition and cultural norms still lead to "nose to the grindstone" and "grin and bear it" practices in response to challenging situations.

In addition to difficulties in speaking openly with colleagues about their challenges, clinicians face a number of barriers in seeking outside help and support. VITAL WorkLife conducted a 2017 national study on solutions for addressing stress and burnout. Over 60 percent of physician respondents reported six or more barriers to accessing well-being resources. The most common barriers were time and accessibility constraints and the stigma associated with seeking help.[4]

Another common barrier is the fear of needing to report having sought care at recredentialling or license renewal. Although efforts are now being made to remove questions about mental health from license renewals, the practice remains and is often cited as a significant barrier to clinicians seeking help.

VITAL WorkLife developed this unique physician well-being program keeping in mind the need to remove common barriers for clinicians seeking support. We have been surprised at the high level of engagement of physicians and other clinicians—the same or higher than engagement in our well-being programs for non-clinicians in health care or other industries. Our findings would suggest clinicians really do "want to talk about it," and we believe if they are able to do so sooner rather than later, the high rates of depression, chemical dependency, and suicide in this population could be reduced.

Regardless of whether clinicians seek avenues for emotional support more informally or through organized support resources, it is clear that efforts need to be made by health care leaders to encourage this behavior and be part of the conversation to destigmatize the use of these resources.

What can organizations do to set the conditions for physicians to be more likely to talk about their feelings and experiences?

On-site support groups offer clinicians an easy access and effective opportunity to share their experiences with peers. Groups are often arranged by spiritual care, a well-being committee, a Chief Wellness Officer, an employee assistance program or through a more grassroots effort. Groups can be drop-in or available only to those who have preregistered. There are formal programs, such as Schwartz Rounds®, which offer health care providers a regularly scheduled time to openly and honestly discuss the social and emotional issues they face in caring for patients and families. Membership in The Schwartz Center is required to access resources for starting a Schwartz Rounds® program.

• Encourage informal dialogues between peers by office sharing, offering a clinician lounge or coffee shop, time for interaction and "check-ins" built into staff meetings.

• Create a culture of acceptance where fear does not abound, particularly in relation to medical errors.

• Offer critical incident debriefings, which are often facilitated by representatives from an organization's spiritual care department or employee assistance program.

• Arrange social gatherings and include spouses or partners, allowing clinicians to take time for socializing without compromising family time.

• Offer internal and external resources for support. Accessibility, ensured confidentiality, endorsement by leaders, and a high level of promotion are important to success. Including a peer component, a virtual concierge, non-diagnostic counseling (such as what is offered through an EAP) and multiple points of access are important. It also appears that programs offered specifically for physicians or other clinicians lead to greater engagement. Develop an internal or external peer coaching program. Our peer coaching program has demonstrated a 58 percent improvement in well-being scores from pre- to post-coaching. Physicians report three outcomes of coaching that have been most beneficial: improved confidence, improved self-awareness and emotional validation.[5]

• Establish internal Well-being Champions. Setting the conditions for clinicians to be open with their emotions and experiences cannot be the job of one or two people alone, particularly in today's large, often spread-out and compartmentalized health care systems. Champions reach out to colleagues informally and can sponsor various events focused on the promotion of well-being in medicine. Active and engaged Well-being Champions help keep the need for self-care and emotional support front and center.

Making connections with colleagues independently

"I am not happy in my work," the young physician announced to me during a call. "I've been at this a year, and I still feel uncertain, overwhelmed and like I'm simply 'not enough' during my clinic days." She went on to describe what is frequently referred to as the "imposter syndrome," where someone feels they are in a profession for which they are unqualified.

How could she test her perception of her abilities? How could she get meaningful feedback about her level of medical knowledge and skill retention? How could she find out if physicians like her were having similar perceptions of their abilities? To do so would require her to proactively break her isolation and speak openly with colleagues. But this was not an easy step for her to take.

There have been several studies demonstrating improved well-being when physicians are brought together on a regular basis to share their professional experiences, feelings, reactions and perceptions.[6,7] But what if this type of group is not readily available to clinicians? What can they do?

Simply put, clinicians need to be prepared to put effort into relationship building. It's hard work and needs to be intentional. But it has the potential to pay off significantly in terms of improved well-being, energy, and focus. When talking with clinicians, I recommend the following:

• Identify one or two colleagues with whom you think you can connect. Ask one of them to go to coffee or, alternatively, a short walking break. Ask them how things are going for them at work—what do they find the most rewarding? Challenging? The goal is to build a connection with someone at work you can trust and can regularly talk with about rewards and challenges. Colleagues in similar situations will likely be able to understand in ways others cannot.

• Get some of your colleagues together for a Zoom reunion or a socially distant social activity.

• Join an online or virtual physician support group, such as Facebook.com/PhysicianMomsGroup or Virtual Peer Support Groups - PRI

What can an individual do to support a peer they are concerned about?

When someone is distressed, it is often those closest to the person who are able to pick up cues from their behavior. Individuals in medicine often spend most of their waking hours in the workplace with constant demands and few opportunities to connect with their colleagues. When a clinician is feeling burned out or stressed or is struggling at home or work, it is often colleagues who are the first to notice. Being sensitive to these situations can help clinicians play a critical role in helping their colleagues establish and maintain well-being and move toward healthier coping.

A distressed colleague may not ask for help, but that doesn't mean it isn't wanted or needed. In discussing this with clinicians, I often advise the following:

If you know a colleague that is distressed, it's common to feel unsure about what to do. If a colleague seems irritable or agitated, you may ask yourself, "Is my colleague just blowing off steam, or is there something truly wrong that requires help?"

You may notice that your colleague is withdrawing, isolating themselves or acting in a way that is abnormal for them. You may wonder if it's a good idea to approach the person at all, and, if you do, you may be concerned about what you should say.

Know there is no "right way" to handle these situations. The important thing is to reach out early and encourage your colleague to share what is going on and, if appropriate, to seek care. There are a lot of ways you can help a colleague when they have expressed a need for support. The following talking points may help to guide your conversation.

• In many cases, simply listening or validating the person's distress can be enough.

• Let your colleague know you are concerned and that they are valued.

• Focus on your colleague's strengths and, if appropriate, be prepared to offer professional resources for support.

• You may find the concerns they bring forward are NOT those you've experienced. Remember that everyone has different tolerance levels and different triggers and avoid reacting in a dismissive or diminishing way.

• You are there for support, not to fix their concerns. Avoid clichés like, "I'm sure you'll manage," "Be strong" or "Everyone has problems." Avoid offering advice unless you are specifically asked to do so. "Fix it" strategies can shut down the conversation and leave your colleague feeling embarrassed about bringing up their concerns.

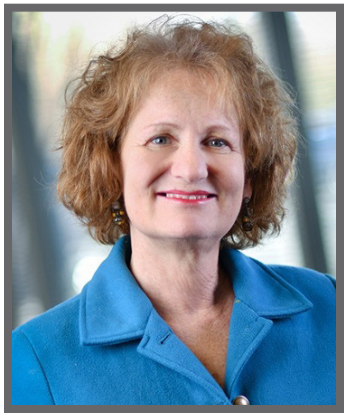
• Acknowledge the person's distress and ask what in their life does make life worth living right now. He or she can create this list and use it as a reminder when feeling low.

• Identify the person's positive coping skills and recall how he or she has dealt with problems in the past.

Talking through feelings and experiences is an important way for clinicians to rebuild well-being and confidence.

Remember the young physician I referred to earlier struggling with imposter syndrome? "I couldn't believe what a relief it was to start to talk with some of my colleagues about what I was feeling," she noted after overcoming her reluctance to reach out to her peers. "It's made a huge difference to realize that others, even those with more experience, were having some of the same challenges as me."

She also found many of the approaches she was taking with her patients were the same as those of her peers, but noted when she asked for advice, she discovered strategies for making her job easier and more effective. "I'm definitely feeling more positive about my practice right now," she said, "and definitely not so alone."



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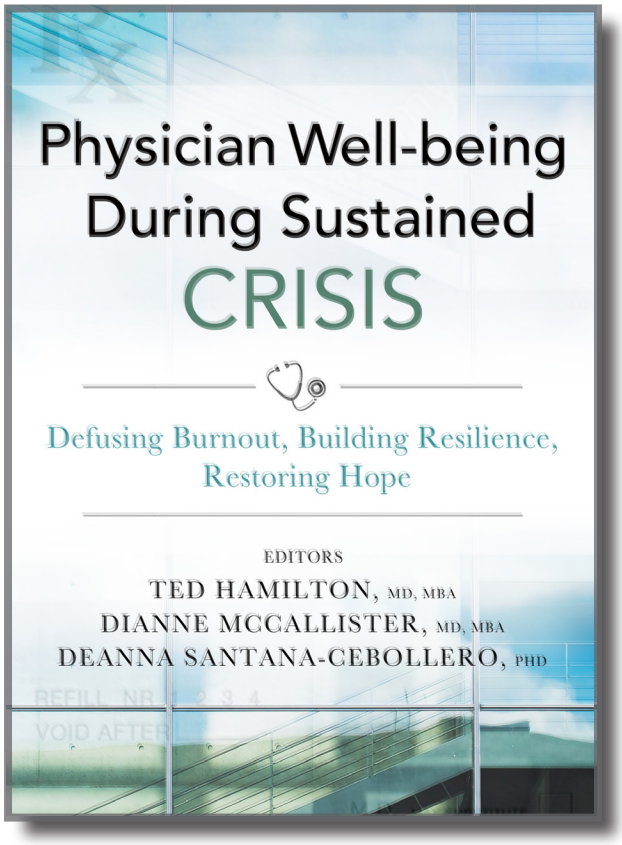

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