

Physician Wellness Across the Professional Spectrum



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KEYWORDS

• Wellness • Burnout • Physician well-being • Career stage and health

KEY POINTS

- Physician wellness continues to be an area of growing concern for health systems, particularly as it relates to primary care physicians.
- Wellness and burnout continue to have major impacts on individual physicians and their families, and on the health system as a whole.
- Strategies exist to help physicians to cope with career stresses as studies continue to accumulate pertaining to awareness regarding physician wellness and burnout.

INTRODUCTION

Physician wellness has emerged as a key concern. Debates, followed by changes to medical and resident education, have taken place in recent years, not the least of which has been restriction of duty hours. When new physicians stand and recite the Hippocratic Oath today, with many schools using the modern oath, these doctors pledge “an awareness of my own frailty.”¹

However, this pledge has proven easier said than upheld. The culture of medicine and the journey through training frequently put the health and well-being of the physician last, with competencies in training for residents that require demonstration of “responsiveness to patient needs that supersedes self-interest.”² Frequently, the care of self falls to the bottom of the list in the midst of the day’s demands, particularly for primary care physicians as they balance the workload of patients and their families, paperwork, referrals, and administrative upkeep. The impact of diminished wellness among physicians has been associated with everything from patients’ health and safety, to successful health care reform.³

Wallace and colleagues⁴ have argued that physician wellness has risen to a level of importance for societal systems and the population, and that it should now also be

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among the many quality indicators that are present in medicine. The Accreditation Council of Graduate Medical Education (ACGME) has also placed heightened interest in recent years on the topic of wellness among physicians.⁵ This increased attention is most notable in the ACGME's Clinical Learning Environment Review, which has set forth guidelines for programs to educate trainees regarding burnout and also to assess its impact among residents.⁶ Some medical schools even prepare classes to address such topics as "How to avoid suicide."⁷ This article provides an overview of wellness and burnout among physicians across the spectrum of professional life—medical student, postgraduate trainee, and various stages of the doctor's career—and highlight strategies shown to strengthen the physician's very real frailty.

Burnout can be defined as "a maladaptive syndrome that results from chronic work stress...and characterized by feeling emotionally depleted (emotional exhaustion) and/or having a distant or uncaring attitude toward patients and work (depersonalization or cynicism)."

WELLNESS AND BURNOUT

Burnout has been described as the antithesis of wellness, as argued by McClafferty and Brown.⁸ Burnout is measured most often with the Maslach Burnout Inventory, which specifically addresses 3 components: emotional exhaustion, depersonalization, and low sense of personal accomplishment (**Box 1**). The first 2 components of this scale are most frequently areas of poor scoring among physicians.⁹ Burnout is further defined as "a maladaptive syndrome that results from chronic work stress...and characterized by feeling emotionally depleted (emotional exhaustion) and/or having a distant or uncaring attitude toward patients and work (depersonalization or cynicism)," according to Jennings and Slavin.⁶ Overall, the literature suggests that burnout effects anywhere from 30% to 40% of physicians,¹⁰ and even up to 75%. Compared with the general population, physicians are more likely to commit suicide, and burnout contributes to the 8% to 12% rate of substance abuse among physicians.¹¹ With health care reform increasing the numbers of patients with access to care, the increasing rate of administrative oversight, and loss of autonomy for many physicians, the future remains unclear as to how these numbers might be affected.

In contrast, wellness has been defined as "the complex and multifaceted nature of physicians' physical, mental and emotional health and well-being."¹⁰ Many aspects are in the purview of wellness, but frequently noted is the idea of resiliency, which includes self-awareness, self-care, and maintenance of values. Brennan and McGrady² argue that, despite this quality being traditionally thought of as an immutable one, resiliency can actually be taught and enhanced. According to the authors, the domains of resiliency include insight, self-care, and values. Areas that have been shown to improve physician wellness are work-life balance, social support, adequate rest, and regular physical activity.⁸ Presently, the bulk of research and data that have

Box 1

Components of the Maslach burnout inventory

Emotional exhaustion

Depersonalization

Low sense of personal accomplishment

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