Patient Education and Counseling xxx (2017) xxx–xxx

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

Family Perspectives

How physicians draw satisfaction and overcome barriers in their practices: "It sustains me"

William T. Branch Jr.[a,*], Amy B. Weil[b], MaryAnn C. Gilligan[c], Debra K. Litzelman[d], Janet P. Hafler[e], Margaret Plews-Ogan[f], Elizabeth A. Rider[g], Lars G. Osterberg[h], Dana Dunne[e], Arthur R. Derse[i], J. Richard Pittman[a], Richard M. Frankel[j,k]

[a] Emory University School of Medicine, Atlanta, GA, USA
[b] University of North Carolina School of Medicine, Chapel Hill, NC, USA
[c] Medical College of Wisconsin, Milwaukee, WI, USA
[d] Indiana University School of Medicine, Indianapolis, IN, USA
[e] Yale University School of Medicine, New Haven, CT, USA
[f] University of Virginia School of Medicine, Charlottesville, VA, USA
[g] Institute for Professionalism & Ethical Practice, Boston Children's Hospital, Harvard Medical School, Boston, MA, USA
[h] Stanford University School of Medicine, Palo Alto, CA, USA
[i] Institute for Health and Society, Medical College of Wisconsin, Milwaukee, WI, USA
[j] Education Institute, Cleveland Clinic, Cleveland, OH, USA
[k] Indiana University School of Medicine, Indianapolis, IN, USA

ARTICLE INFO

Article history:
Received 15 February 2017
Received in revised form 22 May 2017
Accepted 3 June 2017

Keywords:
Faculty development
Professional identity formation
Medical humanism
Physician satisfaction
Medical education
Physician burnout
Mindfulness

ABSTRACT

Objective: Major reorganizations of medical practice today challenge physicians' ability to deliver compassionate care. We sought to understand how physicians who completed an intensive faculty development program in medical humanism sustain their humanistic practices.
Methods: Program completers from 8 U.S. medical schools wrote reflections in answer to two open-ended questions addressing their personal motivations and the barriers that impeded their humanistic practice and teaching. Reflections were qualitatively analyzed using the constant comparative method.
Results: Sixty-eight physicians (74% response rate) submitted reflections. Motivating factors included: 1) identification with humanistic values; 2) providing care that they or their family would want; 3) connecting to patients; 4) passing on values through role modelling; 5) being in the moment. Inhibiting factors included: 1) time, 2) stress, 3) culture, and 4) episodic burnout.
Conclusions: Determination to live by one's values, embedded within a strong professional identity, allowed study participants to alleviate, but not resolve, the barriers. Collaborative action to address organizational impediments was endorsed but found to be lacking.
Practice implications: Fostering fully mature professional development among physicians will require new skills and opportunities that reinforce time-honored values while simultaneously partnering with others to nurture, sustain and improve patient care by addressing system issues.

1. Introduction

Major reorganizations in medical practice today create unique stressors, including physicians' experiencing loss of control of their practices, inadequate time with patients, bureaucratic administrative requirements that diminish face-time with patients, and epidemic levels of burnout affecting physicians and other care-providers [1–14]. Aspirationally, medicine is a moral enterprise guided by standards that require sacrifice and emotional energy to achieve the respectful, compassionate, culturally sensitive humanistic relationships that are therapeutic for patients, families, and others [15–21].

To help physicians approach these professional standards, it is important to understand factors that sustain and impede them. For example, burnout, reflecting stress in the practice, has become epidemic among physicians [11]. Bodenheimer and Sinsky proposed that improving the work life of physicians and other healthcare providers should join population-based health, patient experience and cost control as a fourth aim of the health care

* Corresponding author at: Emory Faculty Office Building, 49 Jesse Hill Jr. Drive, Atlanta, GA, 30303, USA.
E-mail address: Wbranch@emory.edu (W.T. Branch).

http://dx.doi.org/10.1016/j.pec.2017.06.004
0738-3991/

system [22]. A central component of coping with stress is finding meaning in one's practice, which enhances resilience and resistance to burnout [23,24]. Our study analyzes the central issue of meaning versus frustration in medical practice by addressing the sustaining and impeding factors to humanistic practice as a source of meaning [18]. We explored these factors in a group of faculty who had completed a multi-institutional faculty development program in humanism [25–27]. We studied these physicians because as humanistic exemplars, we expected their reactions would amplify our understanding of how stress in practice affects physicians' abilities to navigate change, to practice humanistically and thereby find meaning. This information should enable us to suggest strategies to enhance medical humanism [17,19].

Conceptually, we adopted the perspective of professional identity formation, ways of being and relating professionally that occur during the life course of physicians: how they develop their mature values and social identities over time [28–35]. We utilized Kegan's model where, at the highest level, self-internalized values, principles and standards guide mature physicians, who have become well adapted and socialized into their community of practice [28,29]. Kegan's theoretic and empirically studied model provides an ideal framework for studying humanistic physicians' responses to today's stressful practice environment.

Although medical humanism or its lack in medical students and residents has been explored previously, the focus has generally been on the negative side [36–38]. Only one other study identified motivating factors to embody humanism in medical school faculty members [39]. Chou interviewed 16 "highly humanistic" faculty members at a single institution [39]. However, no studies have examined this issue using larger samples across institutions or have used more open-ended questions to elicit humanistic physicians' perceptions.

We asked study participants to write reflectively about what motivated them to practice humanistically, and the barriers that limited them. We employed qualitative thematic analysis of their responses to elucidate impediments, and having done so, to shed light on a key question for medical practice: what factors and strategies enable faculty physicians to provide humanistic care despite impediments?

2. Methods

2.1. Subjects and settings

Study participants at eight medical schools had completed a one-year small group faculty development program designed to enhance their humanistic teaching and role modeling [25,26]. Site leaders/facilitators at each school (the investigators) identified and enrolled in the small groups, eight to twelve physician faculty members who were recognized as promising and respected clinical teachers and practitioners in their respective fields, were recommended by their department chairs, and often held leadership roles in educational and clinical programs (Table 1).

Our faculty development program employed twice-monthly, 90 min, small-group sessions over one year to enhance humanistic teaching and role modeling by following a curriculum described in our previous publications [25–27]. The curriculum employed a combination of experiential learning, critical reflection, and supportive group-process [27]. Previously published evaluations showed that completers of the program were judged by their learners to be superior to matched controls on the validated humanistic teaching and practice evaluation questionnaire (HTPE) [25,26,40].

Table 1 shows that most study participants were female, were Instructors or Assistant Professors, were less than 45 years of age,

Table 1
Characteristics of the Study Physicians and their Reflective Responses.

Institutions	Female/ Male	Ages years	Ranks	Held Leadership Role%[a]	Word Count Reflections Motivators	Word Count Reflections Barriers
#1	6/5	<45: 72% ≥45: 28%	Assistant/Instructor 100%	91%	Range: 15–154 Mean: 54 Median: 53	14–124 60 69
#2	7/3	<45: 60% ≥45: 40%	Assistant/Instructor 100%	50%	Range: 7–528 Mean: 135 Median: 74	2–196 76 57
#3	10/5	<45: 71% ≥45: 39%	Assistant/Instructor (1 Fellow) 86% Associate/Professor 14%	71%	Range: 32–205 Mean: 71 Median: 67	30–169 79 58
#4	3/7	<45: 70% ≥45: 30%	Assistant/Instructor (1 Resident) 60% Associate/Professor: 40%	80%	Range: 29–181 Mean: 127 Median: 114	35–273 126 106
#5	8/2	<45: 88% ≥45: 12%	Assistant/Instructor: 88% Associate/Professor: 12%	90%	Range: 15–221 Mean: 99 Median: 88	35–236 117 108
#6	1/1	<45: 0% ≥45:100%	Assistant/instructor: 100%	100%	Range: 95–197 Mean: 146 Median: N/A	83–227 180 N/A
#7	1/2	<45: 100% ≥45: 0%	Assistant/Instructor 66% Associate/Professor 33%	66%	Range: 77–165 Mean: 119 Median: 115	224–127 66 47
#8	4/3	<45: 43% ≥45:57%	Assistant/Instructor 57% Associate/Professor 43%	57%	Range: 60–229 Mean: 99 Median: 105	45–175 87 110
Totals	40 (59%) /28 (41%)	<45: 69% ≥45: 31%	Assistant/Instructor 85% Associate/Professor 15%	71%	Range: 7–528 Mean 93 Median: 95	2–273 87 91

[a] Examples: Assistant/Associate Dean, Assistant/Associate/Full Program Director or Clerkship Director.

Please cite this article in press as: W.T. Branch, et al., How physicians draw satisfaction and overcome barriers in their practices: "It sustains me", Patient Educ Couns (2017), http://dx.doi.org/10.1016/j.pec.2017.06.004