MEDICINE: RENOVATING TOXIC CULTURE

Cultivating a Health Promoting Learning & Work Environment

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THE PSYCHOLOGY OF POSTPONEMENT

✓ After I get into medical school, life will be better
✓ After I get a residency position, life will be better
✓ After I pass my licensing exam, life will be better
✓ After I am staff for a few years, life will be better
✓ When my kids are older, life will be better
✓ When I make tenure, life will be better
✓ When I retire, life will be better…
DELAYED GRATIFICATION

37% of oncologists rated “looking forward to retirement” as an important wellness strategy!

OBJECTIVES

1. Describe Health Promoting Learning & Work Environments
2. Illuminate the barriers to meaningful change in academic and clinical environments
3. Discuss the systemic and structural drivers of unhealthy learning & work environments
4. Review tangible interventions to change the health outcomes for ourselves and our colleagues
FERTILIZER

- Community
- Equity/Inclusivity/Anti-racism
- Respect & Professionalism
- Contributions recognized & valued
- Health promoting policy
- Skilled leadership
PESTS

- Hierarchy
- Lack of Psychological Safety
- Racism/Discrimination/Mistreatment
- Hidden Curriculum
- Workload
- Administrative Tasks
- Inefficiencies in our workflow
- Passive Leadership
A MATTER OF SEED SELECTION

• Matriculating medical students have lower rates of burnout & depression, and higher QOL scores compared to similarly aged college graduates

• “These findings, along with high rates of distress reported in medical students and residents, support concerns that the training process and environment contribute to the deterioration of mental health in developing physicians.”

Brazeau (2014)1
Prevalence of Depression and Depressive Symptoms Among Resident Physicians
A Systematic Review and Meta-analysis

Douglas A. Mata, MD, MPH; Marco A. Ramos, MPhil, MSEd; Narinder Bainsal, PhD; Rida Khan, BS;
Constance Guillie, MD, MS; Emanuele Di Angelantonio, MD, PhD; Sritan Sen, MD, PhD

CONCLUSIONS AND RELEVANCE In this systematic review, the summary estimate of the prevalence of depression or depressive symptoms among resident physicians was 28.8%, ranging from 20.9% to 43.2% depending on the instrument used, and increased with calendar year. Further research is needed to identify effective strategies for preventing and treating depression among physicians in training.
# The Health of Physicians and Residents

CMA National Physician Health Survey: A National Snapshot, Oct 2018

<table>
<thead>
<tr>
<th></th>
<th>Resident</th>
<th></th>
<th>Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flushing</td>
<td>53%</td>
<td>Flourishing</td>
<td>58%</td>
</tr>
<tr>
<td>Languishing</td>
<td>6%</td>
<td>Languishing</td>
<td>4%</td>
</tr>
<tr>
<td>Moderately mentally healthy</td>
<td>39%</td>
<td>Moderately mentally healthy</td>
<td>29%</td>
</tr>
<tr>
<td>Emotional well-being (high)</td>
<td>87%</td>
<td>Emotional well-being (high)</td>
<td>87%</td>
</tr>
<tr>
<td>Emotional well-being (low)</td>
<td>12%</td>
<td>Emotional well-being (low)</td>
<td>8%</td>
</tr>
<tr>
<td>Social well-being (high)</td>
<td>66%</td>
<td>Social well-being (high)</td>
<td>64%</td>
</tr>
<tr>
<td>Social well-being (low)</td>
<td>32%</td>
<td>Social well-being (low)</td>
<td>29%</td>
</tr>
<tr>
<td>Psychological well-being (high)</td>
<td>82%</td>
<td>Psychological well-being (high)</td>
<td>81%</td>
</tr>
<tr>
<td>Psychological well-being (low)</td>
<td>17%</td>
<td>Psychological well-being (low)</td>
<td>12%</td>
</tr>
<tr>
<td>Resilience (high)</td>
<td>80%</td>
<td>Resilience (high)</td>
<td>83%</td>
</tr>
<tr>
<td>Resilience (low)*</td>
<td>20%</td>
<td>Resilience (low)*</td>
<td>16%</td>
</tr>
<tr>
<td>Burnout (high)*</td>
<td>38%</td>
<td>Burnout (high)*</td>
<td>29%</td>
</tr>
<tr>
<td>Depression (screening)*</td>
<td>48%</td>
<td>Depression (screening)*</td>
<td>32%</td>
</tr>
<tr>
<td>Lifetime suicidal ideation*</td>
<td>27%</td>
<td>Lifetime suicidal ideation*</td>
<td>18%</td>
</tr>
<tr>
<td>Recent suicidal ideation (last 12 months)</td>
<td>15%</td>
<td>Recent suicidal ideation (last 12 months)</td>
<td>8%</td>
</tr>
</tbody>
</table>
IN THE US **400** PHYSICIAN DIE BY SUICIDE EACH YEAR

Suicide is the only cause of morbidity that is higher in physicians than in the non-physicians
BURN OUT

At best: 30% are burnt out
At worst: 65% are burnt out

Emergency Medicine is the worst

PHPM is the best

… at least pre-COVID

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Shanafelt et. al. Arch Intern Med, 2012;172(18):1377-1385
BURN OUT IS NOT A DIAGNOSIS
STRESSORS

**Learners**
- Curriculomegaly
- Underpowered/Mistreatment
- Residency positions: supply vs demand
- Lack of flexibility/transfer in PGME
- Under-represented students
- CBME/Administrative Tasks
- Service: Education Ratios

**Staff**
- Competing roles
- Lack of training in leadership/conflict
- Difficult Personalities
- Politics
- Cannot see alternatives to current circumstance
- Technology (EMR)
- Institutional Betrayal
- Perfectionism; afraid to show vulnerability
PERFECTIONISM IS AN INVASIVE WEED IN OUR CULTURE

• Perfectionism/keeps u stuck
• No delegation
• Procrastination
• Indecision
• Conflict avoidance
• Imposter syndrome
• Rumination
• Negative self talk

• Perfectionism/over-working
• People pleasing
• bulldozing
• Multi-tasking
• Work-a-holic
• No work life balance
• What are these things called boundaries?

The goal is excellence not perfection

Vitale Buford Hardin, 2022
Hill & Curran, 2016
THE GULF BETWEEN STAFF AND RESIDENTS: THE PERFECT STORM

- Erosion of Hierarchy
- Unwilling to conform to status quo
- Work hours
- Calling in and Calling out bad behaviour
- Increasing pressures: EMR, CBME, COVID

*Playing on the same team but with different expectations for what is reasonable & healthy*
PSYCHOLOGICAL SAFETY

• People are comfortable expressing and being themselves.
• When people have psychological safety they feel **comfortable sharing** concerns and mistakes without fear of embarrassment, belittlement or retribution.
• They are confident they can speak up and won’t be humiliated, **ignored** or blamed.
• A work place that calls-out or calls-in micro-aggressions
• Feedback is expected
• **Honest (radical) Candor**
<table>
<thead>
<tr>
<th></th>
<th>Low Standards</th>
<th>High Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low psychological safety</td>
<td>Apathy zone</td>
<td>Anxiety zone</td>
</tr>
<tr>
<td>High psychological safety</td>
<td>Comfort zone</td>
<td>Learning &amp; high-performance zone</td>
</tr>
</tbody>
</table>
ASSIMILATION IN MEDICINE

LOSS OF SELF IN TRAINING

• Conforming to the Colonial image of a “good doctor”

• Are there pedagogical constructs that erode identity?

• In resident selection: Do we really want individual who ‘fit’ with the current culture?

• Fear drives impression management & loss of identity

• We have spent time and effort breaking down barriers and attracting diverse and under-represented medical students

• But have we built in the necessary supports for ALL students to maintain their identity and wellbeing once in medical school and residency?
MORE MINDFULNESS RIGHT?

If it were only that easy...
Instead of praising people for being resilient, change the systems that are making them vulnerable.

Muna Abdi
Physicians Well-being 2.0: Where Are We and Where Are We Going?

Hero to Human

FIGURE 1. Professional characteristics and mindset of the 3 eras of physician well-being.

https://doi.org/10.1016/j.mayocp.2021.06.005
CHANGE NEEDS TO BE PERVERSIVE & SYSTEMATIC

1. Faculty Development (at all levels)
   • Leadership development, on boarding, reviews
   • Giving & Receiving feedback
   • Benefit of the doubt culture (think ill before evil)

2. Supportive Policies & Procedures
   • Informal vs Formal

3. Leadership (CWO) and Resources (Budget)

4. Continuous Quality Improvement Cycles

5. Research & Metrics (QI/QA)
THE OKANAGAN CHARTER (OC) COLLABORATION TAKES ROOT IN CANADA IN 2022
THE OC CALLS TO ACTION

The OC has Two Calls to Action for higher education institutions:

1. Embed health into all aspects of campus culture, across the administration, operations and academic mandates.
2. Lead health promotion action and collaboration locally and globally.
What is the Tipping Point to Action in a Stubborn Culture & Complex Health System?

Apparently, the health outcomes of medical learners and clinicians are not enough..

Or a crumbling health care system..
SURVEYING THE ENVIRONMENT

CLIMATE SURVEYS:

Is there psychological safety in the Division or Department of
1. Can you speak up?
2. Are you afraid of reprisal if you do?
3. Is there back biting?
4. Are there other forms of bullying by colleagues?
5. Have you been subjected to microaggressions?
6. Do you feel engaged at work?
7. Are you thinking of leaving, retiring, changing programs?
8. Do you feel you are being supported to meet your best potential?

Adapted from:
Fix Your Climate, Anderson & Young, 2020
How do start changing an unhealthy work environment, Rolfsen, GD. TedxOslo, 2016)
7A. Please pick the issue that is the most detrimental to your current level of functioning.

- i. Balance between clinical service and education
- ii. Balancing administrative demands (One45, procedure log, EPAs et al.)
- iii. Safe learning environment (intimidation, back biting, bullying)
- iv. Work/life balance
HOT SPOT SURVEYS

Have you experienced or witnessed:

1. Harassment
2. Intimidation
3. Bullying
4. An Inclusive Environment
HOT SPOT SURVEYS

Satisfaction by Hot Spot Domain. A higher value reflects a higher satisfaction rating, averaged over all respondents. The standard is set at 80%.

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Count</th>
<th>Discrimination</th>
<th>Harassment</th>
<th>Bullying</th>
<th>Inclusive and Respectful</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED 546</td>
<td>52</td>
<td>93%</td>
<td>98%</td>
<td>96%</td>
<td>87%</td>
</tr>
</tbody>
</table>

Moir, Wearn & Pattern, 2021
LEADERSHIP MATTERS & CORRELATES WITH BURNOUT


- N=2,813
- Physicians and scientists
- 12 leadership domains
- Immediate supervisor, incl 124 dept/div Chair
- Decreased Burnout correlated with satisfaction
- 1 point increase in leadership score = 3.3% decrease in likelihood of burnout and 9% increase in satisfaction
- P < 0.001

Dyrbye et al (2019)

- N=39,891
- Non-physician heath care employees
- 1 point increase in leadership score = 7% decrease in odds of burnout
- And 11% increase in odds of employee satisfaction
- P < 0.001
POSITIVE LEADERSHIP BEHAVIOURS

- **Include**: Treat everyone with respect and nurture a culture where all are welcome and are psychologically safe.
- **Inform**: Transparently share what you know with the team.
- **Inquire**: Consistently solicit input from those you lead (participatory management).
- **Develop**: Nurture and support the professional development and aspirations of team members.
- **Recognize**: Express appreciation and gratitude in an authentic way to those you lead.

*CULTIVATING LEADERSHIP, SWENSEN & SHANAFELT, 2021
Measure & Assess Leaders to Improve Professional Wellbeing*
## Cultivating Leadership

<table>
<thead>
<tr>
<th>The leader to whom I report...</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Holds career development conversations with me</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>2. Empowers me to do my job</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>3. Encourages employees to suggest ideas for improvement</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>4. Treats me with respect and dignity</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>5. Provides helpful feedback and coaching on my performance</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>6. Recognizes me for a job well done</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>7. Keeps me informed about changes taking place at: (name of organization)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>8. Encourages me to develop my talents and skills</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>9. I am satisfied with my immediate supervisor</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

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The only thing worse than doing **nothing** about a problem (toxic people & places)

Is to say you are going to do **something**, and then do **nothing**
Or zero tolerance for some but not others..
EASY-ISH WINS

Leadership Development

• Change the conversation at planned reviews
• Develop skills to identify and intervene with unwell and challenging colleagues
• Accountability for psychological safety
• Annual leadership reviews (LI)
• Faculty development opportunities to support gaps
EASY-ISH WINS

Cultivating Community at Work
• Supporting colleagues experiencing distress: college complaints, lawsuits, medical errors, unexpected deaths, experiencing key transitions
• Peer support and coaching networks

Ensuring Inclusive Environments
• All-gender bathrooms, lactation areas, all faith prayer spaces, and accessible spaces for all.
Physicians who spend 20% of their professional effort focused on the dimension of work they find most meaningful are at dramatically lower risk for burnout

Shanafelt, West, Sloan et al, Arch Intern Med. 2009; 169(10); 990-995
SET UP FOR FAILURE

• Critical offices and leadership do not model a ‘trust and just culture’
• Lack of tangible action against threats
• If mistakes are not quickly acknowledged
• Lack of recognition that people and money will be required to get this movement started and sustained
• A lack of patience..

UPENDING THE STATUS QUO WILL BE UNCOMFORTABLE..
WE ARE CHANGING CULTURE WHEN

- Your program/department starts to attract and retain learners, staff, and scientists
- Search & select committees recognize the institutions values and pick leadership accordingly
- Structures are in place to manage challenges
- The values of the institution are known & embraced
WE ARE CHANGING CULTURE WHEN

• Mistreatment/racism/disruptive physicians decreases
• We acknowledge our mistakes and where we can do better (psychological safety)
• Burnout rates decrease, more engaged learners and faculty
• Positive shift of ‘quality of life’ indicators and ‘professional fulfilment’ for physicians
We simply cannot continue on our current course

...And waiting for the next gen to fix our issues, is simply indefensible
WE NEED TO WEED OUT THE OCCUPATIONAL HAZARDS IN OUR WORK & LEARNING ENVIRONMENTS

And then we can reclaim the meaning, creativity and engagement in our work

*The issue isn’t the worker it’s the work environment*
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