

# We Have Enough Information to Act

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*Sponsorships or competing interests that may be relevant to content are disclosed at the end of this article.*

## Abstract

Evidence clearly indicates that physicians are suffering. This is harming our profession, our colleagues, other health care team members, and sometimes our patients. There are efforts nationally and internationally to explore ways of promoting wellness and decreasing the high levels of burnout among physicians. While promoting wellness is a complex challenge, and the solutions will need to be multifactorial, the literature suggests that the most effective interventions are organizational. Instead of putting the burden solely on us as individuals to be able to cope with challenging environments, we should be working toward improving the culture and processes in the workplace. Some technical solutions will be needed, but the challenges will also require adaptive solutions that address issues of trust and support. Our Center for Professionalism and Peer Support offers organizational initiatives designed to foster a culture of trust and respect through professionalism, conflict management, peer support, and disclosure coaching programs.

## Keywords

wellness, physician wellness, physician wellbeing, wellbeing

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Physician wellness is of paramount importance to our patients, to each of us as individuals and to our profession. There is a convincing body of literature indicating that physician wellness is not close to the level it should be. Concerningly, we are seeing a high prevalence of physician burnout, depression, and suicide.<sup>1</sup>

There are 2 basic reasons for providing the resources to improve wellness. First, it is the morally right thing to do. Physicians—our colleagues—are suffering. Second, it supports the outcomes we care about. It is difficult to provide high-quality compassionate patient care when we ourselves are emotionally, physically, or cognitively challenged. We know, for example, that burnout is associated with increased medical errors and less compassionate care.<sup>2</sup>

Multiple groups have called for action to address this serious issue, and many are working on this at the national

level, including the National Academy of Medicine,<sup>3</sup> Accreditation Committee for Graduate Medical Education, the American College of Surgeons, and Collaborative on Healing and Renewal in Medicine (CHARM).<sup>4</sup> There is enough evidence of a crisis requiring immediate attention. This is a complex problem, and we recognize that no one solution or approach will provide a cure. There is general agreement that there are 3 broad areas where change might have a positive impact: work culture, efficiency of practice, and personal resilience.<sup>5</sup> Although all areas are important, recent evidence suggests that organizational approaches have the highest impact on promoting well-being.<sup>6</sup> Some technical solutions will be needed, but the challenges will also require adaptive solutions that address issues of trust and support.<sup>7</sup>

This commentary focuses on our experience in developing organizational approaches to promote a supportive work environment. Through the Center for Professionalism and Peer Support, we have multiple programs to help create a culture of trust in the organization, in service of improving clinician wellness and patient quality. The following are some of our key programs.

## Professionalism

Respectful, professional behavior fosters trust and is positively correlated with team and workplace satisfaction. Being treated with respect is correlated with increased job satisfaction and decreased burnout.<sup>8</sup> Conversely, a toxic work environment has a negative effect on clinician wellness. Professionalism also influences morale, productivity, recruitment, and retention.

An organizational approach to professionalism needs to be comprehensive, including developing a code of conduct to set institutional expectations for everyone. In addition, education and training are key. We provide required, facilitated, simulation-based small group training around professionalism challenges, including issues of sexual harassment

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and disruptive behavior. We also teach giving difficult feedback and conflict resolution.

In parallel, our accountability process works with individual physicians about whom professionalism concerns have been raised. There is a safe process for raising concerns, so that reporters of concerns can come forward without fear of retaliation. The process for assessing concerns must be fair to the person about whom concerns are raised. The assessment should elucidate specific behaviors and their intensity and frequency. If the concerns are validated, the focus person is given feedback, often in partnership with his or her supervisory physician. The physician must then be given an opportunity to respond to the feedback. Triggers such as systems issues are sometimes identified, and those issues are important to address. That said, it is also every physician's personal responsibility to behave professionally, even in the face of external stressors. The process of monitoring and the importance of nonretaliation must be explicit. Resources for helping individuals manage stress are offered. If, however, the behaviors persist, the institution needs to escalate accountability consequences. Our data show that our interventions have a high success rate for influencing positive behavior change in most of our physicians.<sup>9</sup> Again, the focus is initially on prevention and remediation; discipline is reserved for those instances where the unprofessional behavior persists.

### Peer Support

Practicing medicine is highly rewarding as well as stressful. It is critical to support our colleagues, especially during times of heightened stress and vulnerability such as medical errors. Peer support helps mitigate the shame, fear, and isolation that often accompany involvement in adverse events and other stressful situations. We have trained dozens of clinician peers to reach out to their colleagues who may be facing stressors such as involvement in an adverse event, being named in a lawsuit, caring for trauma victims, patient aggression, or the illness of a colleague.<sup>10</sup>

### Disclosure Coaching

Discussions with patients and families after adverse events can be high stakes and emotionally charged for all involved. A failed disclosure can result in emotional distress for both patients and clinicians, loss of patient and family trust, litigation, and lost opportunities to learn from and prevent subsequent errors. We have a disclosure coaching program that provides just-in-time coaching for physicians to prepare for conversations after adverse events that we anticipate may be especially challenging.

### Additional Initiatives

Other wellness initiatives we and other organizations are developing include providing access to mental health services,

improving the electronic health record (EHR)—physician interface, training physicians in resilience techniques such as meditation, and encouraging physician discussion groups to recreate a sense of community that has been lost in our practice environments.

Many individuals and organizations are working together to foster clinician wellness. A collaborative approach to such a complex challenge is critical as we move forward.

### Author Contributions

**Jo Shapiro**, sole author.

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### References

- Schernhammer E. Taking their own lives—the high rate of physician suicide. *N Engl J Med*. 2005;352:2473-2476.
- Shanafelt TD, Bradley KA, Wipf JE, Back AL. Burnout and self-reported patient care in an internal medicine residency program. *Ann Intern Med*. 2002;136:358-367.
- Dzau VJ, Kirch DG, Nasca TJ. To care is human—collectively confronting the clinician-burnout crisis. *N Engl J Med*. 2018; 378:312-314.
- Ripp JA, Privitera MR, West CP, et al. Well-being in graduate medical education: a call for action. *Acad Med*. 2017;92:914-917.
- Bohman B, Dyrbye L, Sinsky CA, et al. Physician well-being: the reciprocity of practice efficiency, culture of wellness, and personal resilience. *NEJM Catalyst*. 2017. <https://catalyst.nejm.org/physician-well-being-efficiency-wellness-resilience/>. Accessed February 1, 2018.
- West CP, Dyrbye LN, Erwin PJ, Shanafelt TD. Interventions to prevent and reduce physician burnout: a systematic review and metaanalysis. *Lancet*. 2016;388:2272-2281.
- Heifetz RA, Linsky M, Grashow A. *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World*. Boston, MA: Harvard Business School Publishing; 2009.
- Shanafelt TD, Gorringer G, Menaker R, et al. Impact of organizational leadership on physician burnout and satisfaction. *Mayo Clin Proc*. 2015;90:432-440.
- Shapiro J, Whittemore A, Tsen LC. Instituting a culture of professionalism: the establishment of a center for professionalism and peer support. *Jt Comm J Qual Patient Saf*. 2014;40: 168-177.
- Shapiro J, Galowitz P. Peer support for clinicians: a programmatic approach. *Acad Med*. 2016;91:1200-1204.