



<https://www.newsweek.com/great-resignation-hits-healthcare-actions-take-1761064>

PHYSICIANS AS SHOCK ABSORBERS: THE STRUCTURAL SOURCES OF 'DISCONTENT' IN MEDICINE

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BACKGROUND

- **A mental health crisis in medicine**

- Pre-COVID, physicians already suffered from worse mental health outcomes than other professionals and the general population

(Dyrbye et al., 2008; Hawton et al., 2011; Jackson et al., 2016; Rotenstein et al., 2016; Schernhammer, 2005; Schernhammer and Colditz, 2004)

- Roughly 1 in 2 physicians suffer from burnout

(NASEM 2019)

- Most physicians are dissatisfied with their work-life balance

(Keeton et al., 2007; Shanafelt et al., 2012; Starmer et al., 2016)

- Outcomes have only worsened since COVID (Linzer et al. 2022; Shanafelt et al. 2022)



<https://www.ama.com.au/e-dit/edit-issue-195/articles/doctors-urge-more-understanding-and-action-combat-physician-suicide>

We Must Address the Mental Health Crisis Among Medical Professionals

— It's time to stop the stigma

by Bill Heller

Charted: Physicians' mental health in 2023

Posted on March 08, 2023

Updated on March 17, 2023

Many physicians are struggling with their mental health, with almost 25% reporting that they were depressed, and 9% saying that they've experienced suicidal thoughts,



Burnout is a health crisis for doctors—and patients

ig/2023/03/10/physician-suicide

MAR 9, 2023 • 6 MIN READ



Jack Resneck Jr., MD

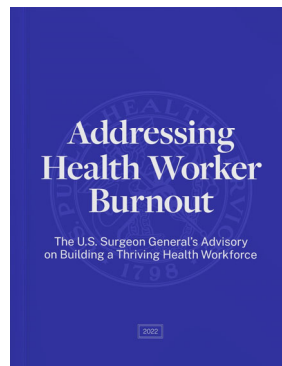
President



GROWING RECOGNITION OF STRUCTURAL FACTORS SHAPING PHYSICIAN 'DISCONTENT'

Definitions:

- **Physician 'discontent'**: includes dissatisfaction with career and job-related stress, burnout, and mental illness (McKinlay & Marceau 2011) – not mere unhappiness
- **Structural factors**: those extra-individual social forces at the organizational, professional, and societal level that shape, enable, and constrain physician discontent and wellbeing



GROWING RECOGNITION OF STRUCTURAL FACTORS SHAPING PHYSICIAN DISCONTENT

Significant unknowns remain, however



<https://www.pinterest.com/kaimbki/say-in-sha-allah/>

The role of professional-level factors



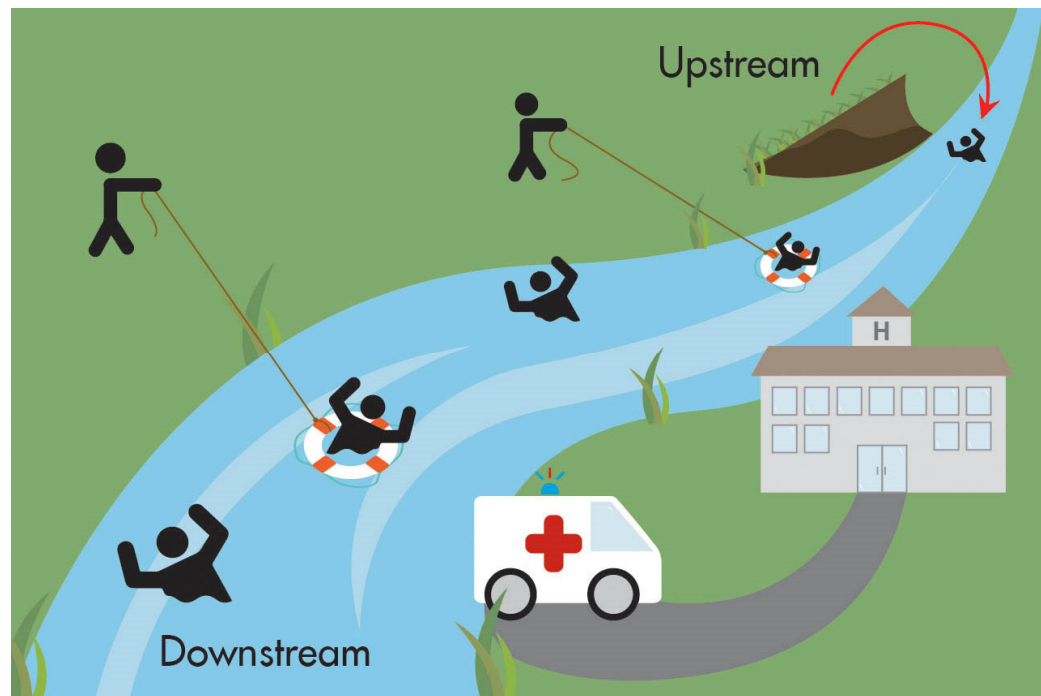
https://dribbble.com/tags/synergy_teamwork

Systemic change without fully understanding the system

(Arnold-Forster, Moses and Schotland 2022)

THINKING SOCIOLOGICALLY ABOUT (MENTAL) HEALTH

- Most healthcare interventions are “downstream” endeavors which treat an individual’s medical problems but do not necessarily work to address societal roots of the problem
- Refocusing further upstream can help target health problems where they begin



https://www.phsd.ca/wp-content/uploads/2016/09/Upstream_Image-01_web.jpg

McKinlay, J. B. (2009). A Case for Refocusing Upstream: The Political Economy of Illness. In P. Conrad (Ed.), *Sociology of Health and Illness: Critical Perspectives* (Eighth ed., pp. 578-591). New York: Worth Publishing.

WHAT ARE THE MICRO HEALTH IMPACTS OF MACRO CHANGES?

The medical profession is in decline

(McKinlay & Marceau 2002; 2008)



<https://www.health.harvard.edu/blog/is-our-healthcare-system-broken-202107132542>



Wellbeing?

The profession remains dominant over medical matters

(Freidson 1984; Timmermans 2008; Timmermans and Oh 2010)



How do organizational, professional, and societal-level factors shape physician wellbeing?

DATA & METHODS

Ethnography of an academic general pediatrics clinic (December 2020-August 2021)

- COVID as an acute-on-chronic stressor (Ahmed 2020)
- **Participant observation:** 8 months of observation in 2021 at “Condor Downtown Pediatrics Clinic” located in a low-SES neighborhood
- **35 in-depth interviews** with Downtown pediatrics attendings, residents, and clinic leadership;
 - 32 Maslach Burnout Inventory and Global Satisfaction Measures from Physician Worklife Survey (Williams et al. 2016)
- **Open and focused coding with NVIVO** (Lareau 2021)



<https://www.istockphoto.com/search/2/image?mediatype=illustration&phrase=pediatrics>



RESULTS



DOWNTOWN PHYSICIAN WELLBEING

(N=32)

63% WERE BURNED OUT

Of those respondents who took the MBI, 63% exhibited at least 1 symptom of burnout (high emotional exhaustion, high depersonalization, or low personal accomplishment)

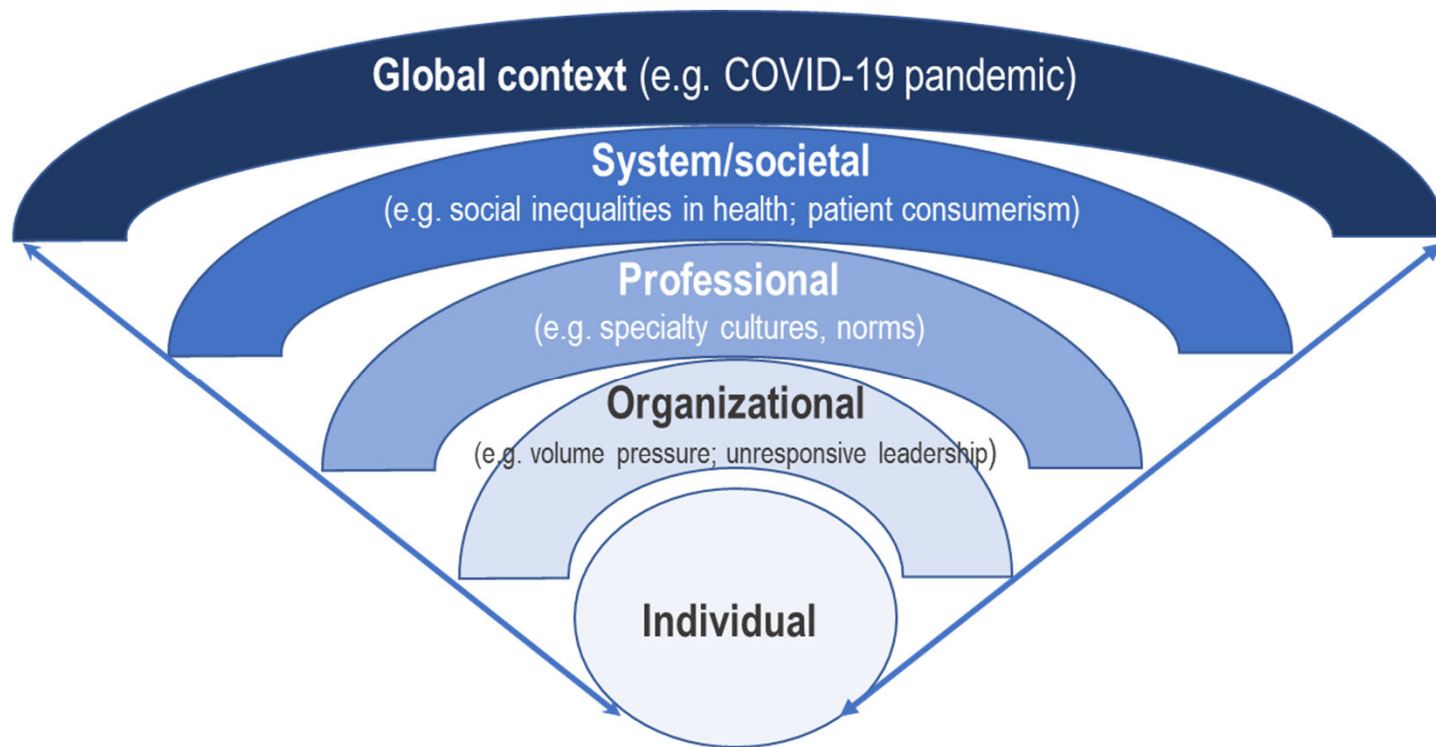
58% VIEWED THEIR CURRENT WORK SITUATION AS A MAJOR SOURCE OF FRUSTRATION

Of those respondents who took the career satisfaction survey, 58% responded with agree or strongly agree to "My current work situation is a major source of frustration"

39% FELT THEIR MEDICAL CAREER HAD NOT MET THEIR EXPECTATIONS

Of those respondents who took the career satisfaction survey, 39% responded with disagree or strongly disagree to "In general, my medical career has met my expectations"

DOWNTOWN PHYSICIAN WELLBEING



SOCIETAL STRESSORS: “DOING IT ALL”

- **Being asked to do ever more**

- “We have these new [SDOH] screeners that are wonderful for our patients...but now it’s this whole thing we have to look for...**And ahh! I can’t do it all**” (Nina, attending, emphasis added).

- **Nina’s morning**

- “So I just saw one of my longtime families that I’ve been following for several years. They’ve had a really tough time with food insecurity and loss of work. [One parent] had COVID this summer and was out of work for...weeks. They sold everything they have...And now [the other parent] has to have surgery.”
- “It’s not much, it’ll only last a few days. But it’s something,” adding, “You know, it’s all those social determinants of health that are so important.”
- “So 15 minutes of my visit was dedicated to that.”
- “No, I mean **that’s just part of the deal. A well-visit isn’t just a well-visit – it’s all of this**,” she said, gesturing around her. “And so, I have to deal with all that plus I’m running behind now for my next appointments.”

A decorative graphic consisting of two thin, intersecting lines that cross each other on the left side of the slide, extending towards the top-left corner.

SOCIETAL STRESSORS: “DOING IT ALL”

- **Being asked to do ever more**

According to Medical Guidelines, Your Doctor Needs a 27-Hour Workday

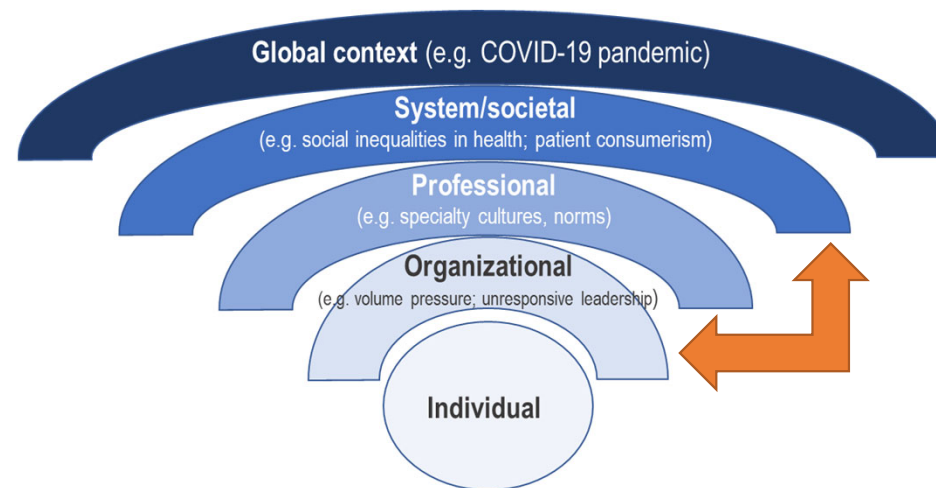
Some doctors say that however reasonable guidelines may seem, their cumulative burden causes “constant frustration” to medical practice.

Feb. 14, 2023

- **Not just the quantity but the quality of tasks**

ORGANIZATIONAL STRESSORS: “IMPOSSIBLE TO BE SUCCESSFUL”

- **Organizational volume pressures (which themselves stem from societal fee-for-service models) demand even more from physicians**



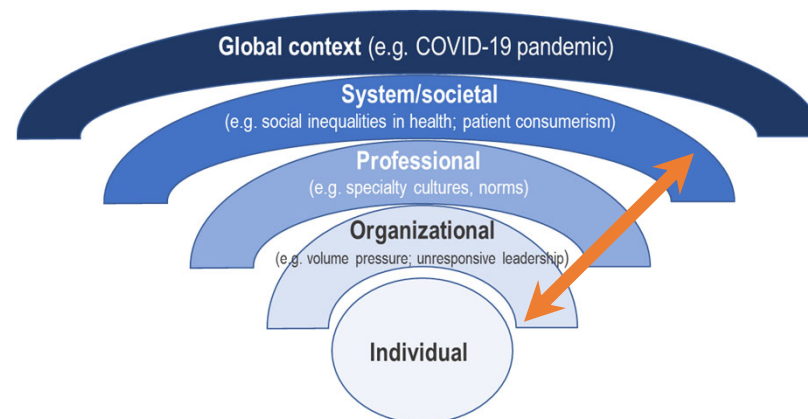


ORGANIZATIONAL STRESSORS: “IMPOSSIBLE TO BE SUCCESSFUL”

- **Organizational volume pressures (which themselves stem from societal fee-for-service models) demand even more from physicians**
 - “**With the population that we serve**, maybe their car broke down, maybe mom had to pick up a shift at work. Or someone got sick” (Bernadette, attending)
 - “**Things happen, but we’re penalized for that.**” (Genevieve, attending)
 - “It's **stressful** because [it] doesn't capture the complexity of the kids I see” (Nina, attending)

PROFESSIONAL STRESSORS: “GIVE, GIVE, GIVE”

- **Specialty cultures & professional norms further reinforce the idea that physician should ‘give’**
 - “Tania and I were talking about this...The constant giving of ourselves.” The second attending nodded in agreement, adding: **“Give, give, give”** (emphasis original). The first attending continued, “We have to serve ourselves up to the greater good at all times” (fieldnote)



PROFESSIONAL STRESSORS: “GIVE, GIVE, GIVE”

- **Specialty cultures & professional norms further reinforce the idea that physician should ‘give’**
 - Ideal pediatrician: “friendly,” “warm and fuzzy,” or “collegial”
 - Conversely, if pediatricians pushed back or were not as warm, they could be penalized:
 - Residents would get punished in evaluations for not being “bubbly” enough:
 - “‘**It’s not as pleasant to work with them anymore**, they don’t engage in conversation.’... I would ask, ‘Is the care in the room being blunted?’ And people would say ‘**No, it’s just the way they’re coming off is that they not happy to be here.**’”
[fieldnote]
 - “**It feels psychologically unsafe to be here,**” [fieldnote]
- **Superhero norm**
 - Aisha (PGY-1) chastised for drinking water between patients
 - “That added a good amount of extra pressure...just feeling like I’m going to be harshly judged or assessed poorly for being inefficient just because I needed a couple of human moments”

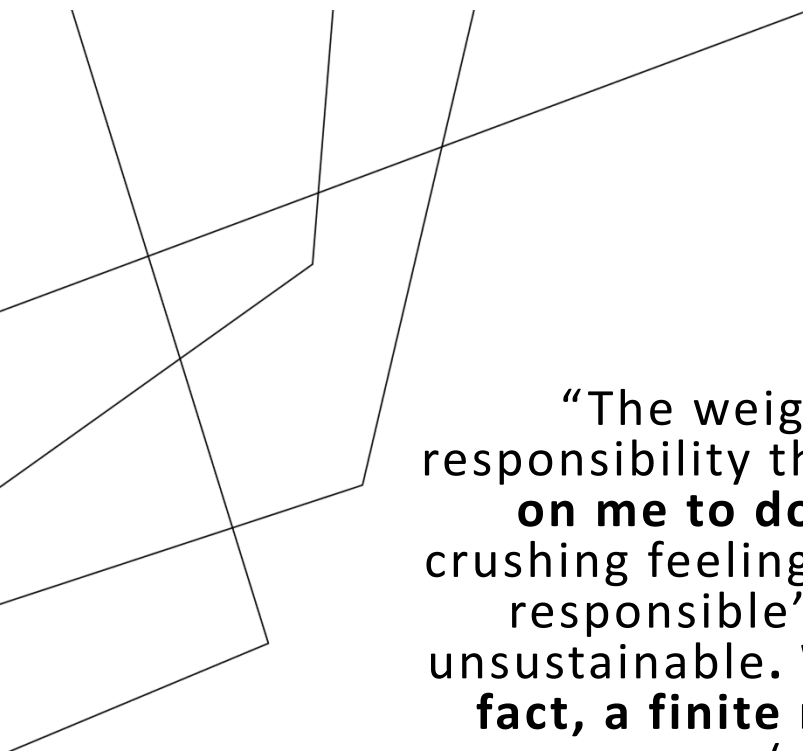
PHYSICIANS AS SHOCK ABSORBERS: “A LIMITLESS RESOURCE”

- Organizations, professions, and society *count* on physicians to absorb these multi-level stressor and ‘make it work’
 - “I feel like we’re treated like a **limitless resource**,” said one attending physician
 - **“It’s not our fault but it’s our problem”** (fieldnotes)

“You have to go and get my laptop because if I have to [get admitted] today, I have to tie some loose ends up [at Downtown]”

–Downtown attending

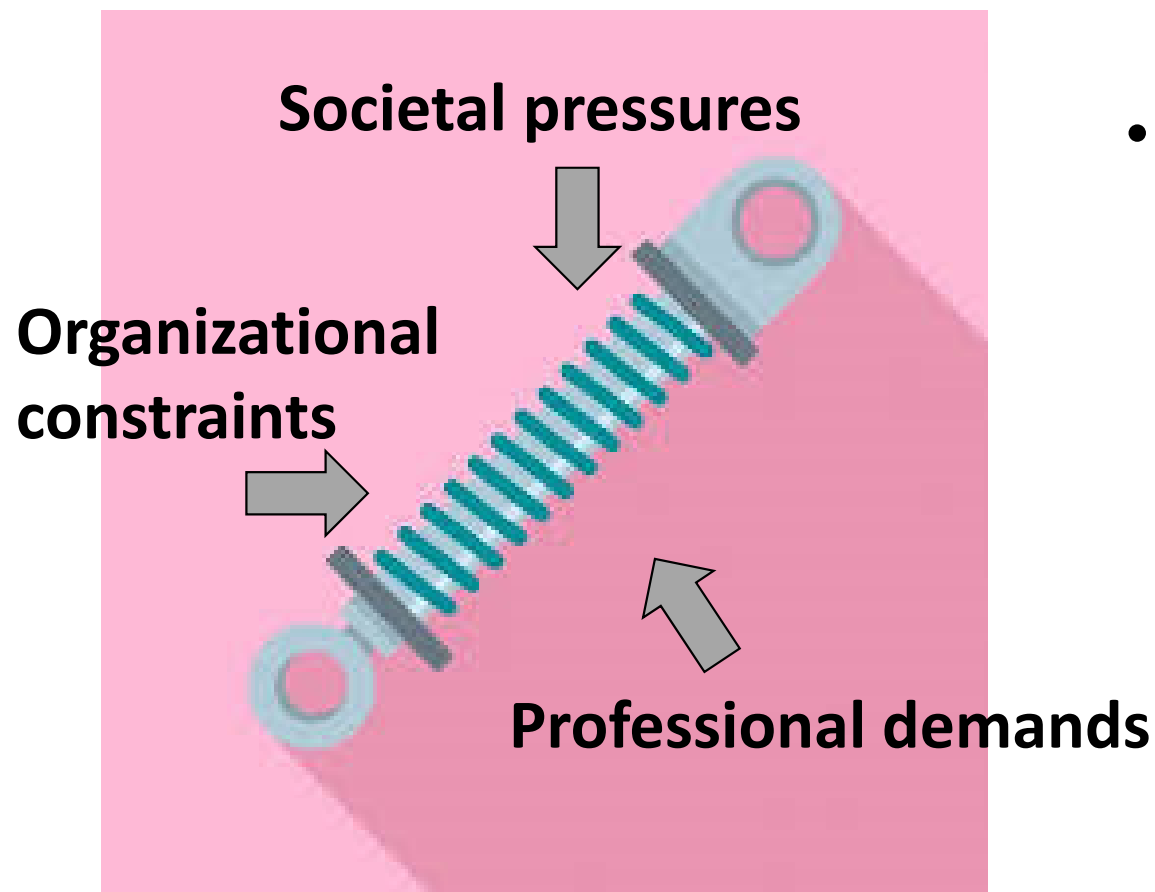


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“The weight of that responsibility that **it’s all on me to do this**, the crushing feeling that ‘I’m responsible’...is really unsustainable. **We are in fact, a finite resource**”
(attending)



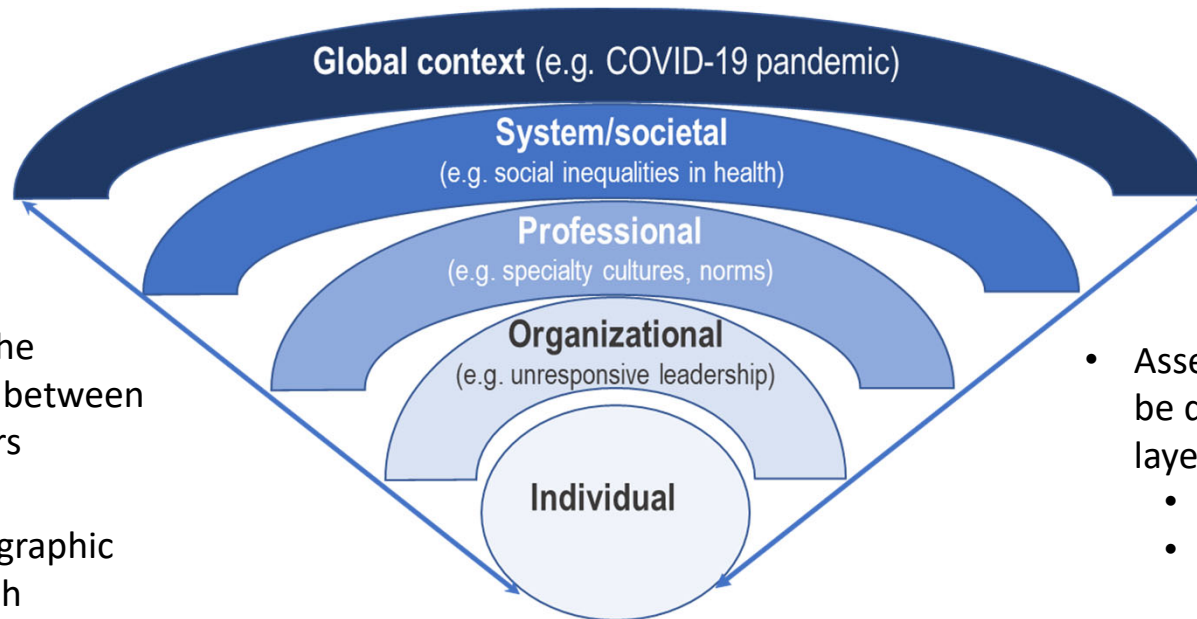
CONCLUSIONS



- **Physicians as shock absorbers of synergistic pressures**

- Physicians regularly dampen the impact of everyday conflicting structural demands to keep the healthcare system rolling
- **How long can the medical profession remain dominant at the expense of physician health?**

POLICY IMPLICATIONS



Socioecological Model of the Medical Profession
(Jenkins, under review)

- Pay attention to the **interdependency** between structural stressors
- Fund more ethnographic work on the health workforce

- Assess how pressures might be diffused across structural layers through:
 - Interdisciplinary teams
 - Increasing numbers of physicians
 - Upstream interventions aimed at upstream problems

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THANK YOU!
QUESTIONS?

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THREE-CLINIC COMPARISON

DOWNTOWN CONDOR PEDIATRICS CLINIC

CONDOR PEDIATRIC SURGICAL SUBSPECIALTY CLINIC

UPTOWN CONDOR PEDIATRICS CLINIC

	DOWNTOWN CONDOR PEDIATRICS CLINIC	CONDOR PEDIATRIC SURGICAL SUBSPECIALTY CLINIC	UPTOWN CONDOR PEDIATRICS CLINIC
ORGANIZATIONAL	"Impossible to succeed"	More lucrative, more powerful	More lucrative, fewer resources
PROFESSIONAL	"Give, give, give"	More intense hours; less forgiving culture	
SOCIETAL / SYSTEM	Low-SES: "doing it all"		Higher-SES; higher patient consumerism

15 months of observations (600h)
128 interviews
126 MBIs; 68 satisfaction surveys

THREE-CLINIC COMPARISON

**DOWNTOWN CONDOR
PEDIATRICS CLINIC**

**CONDOR PEDIATRIC
SURGICAL
SUBSPECIALTY CLINIC**

**UPTOWN CONDOR
PEDIATRICS CLINIC**

**How do organizational, professional, and societal/health system-level factors—
namely the degree to which health professionals feel valued in their work—
shape career satisfaction and wellbeing among physicians and trainees?**

15 months of observations (600h)
128 interviews
126 MBIs; 68 satisfaction surveys



WHY PEDS?

- **“The happiest people on earth!”**
 - General pediatricians historically rank as happiest at work despite lowest paid (Frelick 2017)
 - But in last 10 years, burnout and dissatisfaction have *doubled* (Shanafelt et al. 2022)
 - Pediatrics also directly experiences many countervailing forces: patient skepticism/vaccine hesitancy, dealing with SDOHs, with some of the lowest reimbursement rates of any insurance (Council on Community Pediatrics et al. 2013; Gowda and Dempsey 2013; Tang et al. 2018)