
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!

Shanafelt. J Support Oncol, 2005;3(2):157-164





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

Original Investigation

Prevalence of Depression and Depressive Symptoms Among Resident Physicians A Systematic Review and Meta-analysis

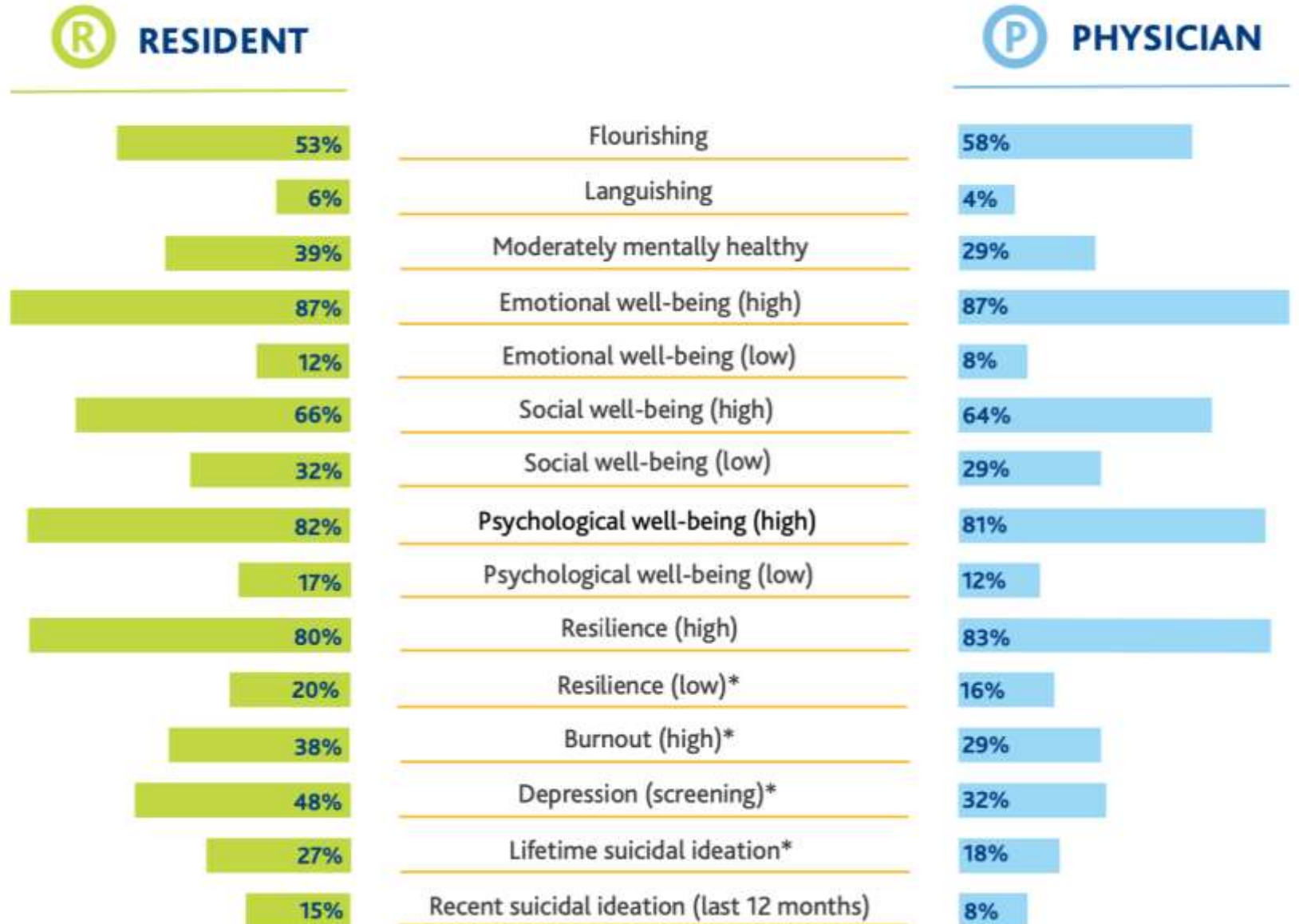
Douglas A. Mata, MD, MPH; Marco A. Ramos, MPhil, MEd; Narinder Bansal, PhD; Rida Khan, BS;
Constance Guille, MD, MS; Emanuele Di Angelantonio, MD, PhD; Srijan Sen, MD, PhD

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.

Jama. 2015;314(22):2373-2383. doi:10.1001/jama.2015.15845

THE HEALTH OF PHYSICIANS AND RESIDENTS

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



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

Emergency medicine
General internal medicine
Neurology
Family medicine
Otolaryngology
Orthopedic surgery
Anesthesiology
Obstetrics and gynecology
Radiology
Physical medicine and rehabilitation
Mean burnout among all physicians participating
General surgery
Internal medicine subspecialty
Ophthalmology
General surgery subspecialty
Urology
Psychiatry
Neurosurgery
Pediatric subspecialty
Other
Radiation oncology
Pathology
General pediatrics
Dermatology
Preventive medicine, occupational medicine, or environmental medicine



BURN OUT IS **NOT** A DIAGNOSIS



[Home](#) / [News](#) / Burn-out an "occupational phenomenon": International Classification of Diseases

Burn-out an "occupational phenomenon": International Classification of Diseases

28 May 2019 | Departmental news | Reading time: Less than a minute (180 words)



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



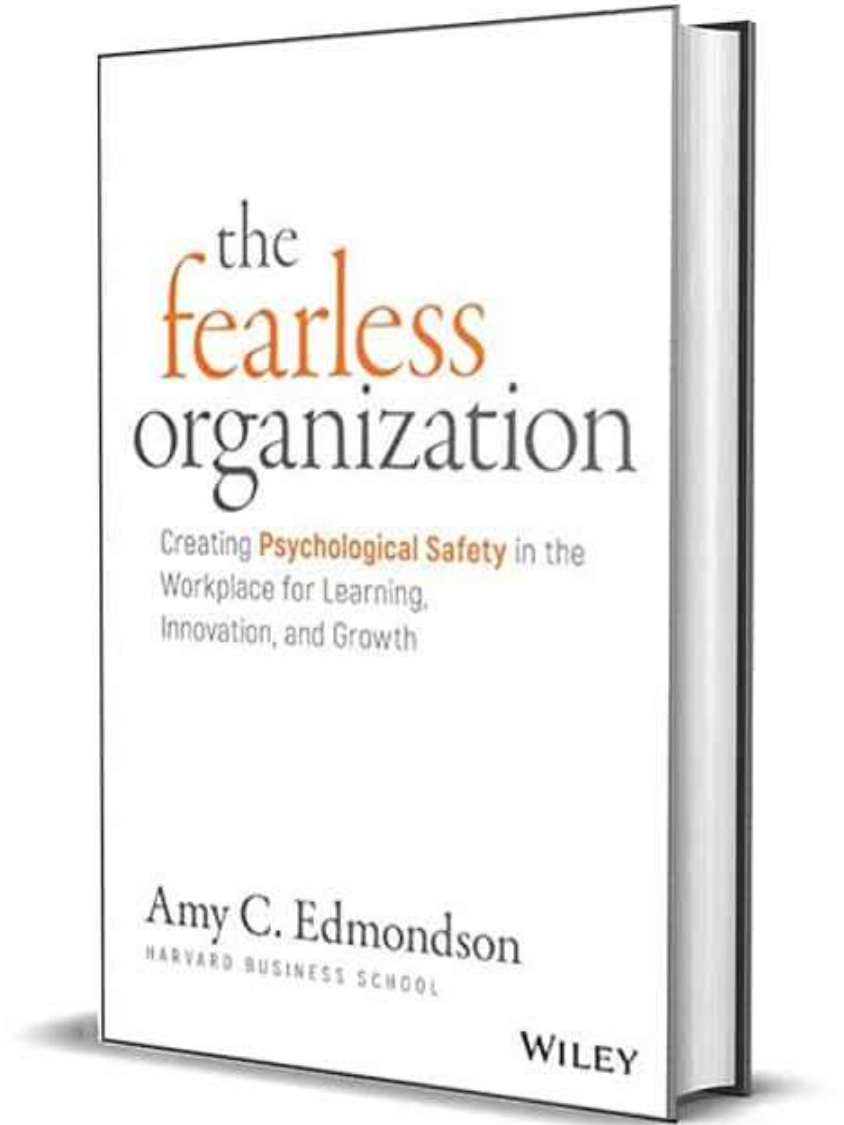
THE GULF BETWEEN STAFF AND RESIDENTS: *THE PERFECT STORM*

- 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**



THE RISKS & BENEFITS OF PSYCHOLOGICAL SAFETY

	Low Standards	High Standards
Low psychological safety	Apathy zone	Anxiety zone
High psychological safety	Comfort zone	Learning & high-performance zone

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...



A large, modern greenhouse with a high, arched metal frame and a translucent covering. Inside, rows of plants are growing on raised beds. The plants are lush green, and the beds are supported by a network of metal pipes. The lighting is bright, suggesting a sunny day. The overall scene is one of a well-maintained agricultural facility.

Instead of praising people
for being resilient,
*change the systems that
are making them vulnerable*

Muna Abdi

MAYO CLINIC PROCEEDINGS

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

Hero to Human

Era of distress



- Deity-like qualities
- Perfection
- No limits on work
- Self-care
- Isolation
- Performance

Well-being 1.0



- Hero-like qualities
- Wellness
- Work-life balance
- Resilience
- Connection
- Frustration

Well-being 2.0



- Human qualities
- Vulnerability & growth mindset
- Work-life integration
- Self-compassion
- Community
- Meaning and purpose

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 PERVASIVE & 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



OKANAGAN CHARTER
AN INTERNATIONAL CHARTER
FOR HEALTH PROMOTING
UNIVERSITIES & COLLEGES

An outcome of the 2015 International Conference on Health
Promoting Universities and Colleges / VII International Congress

Kelowna, British Columbia, Canada

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

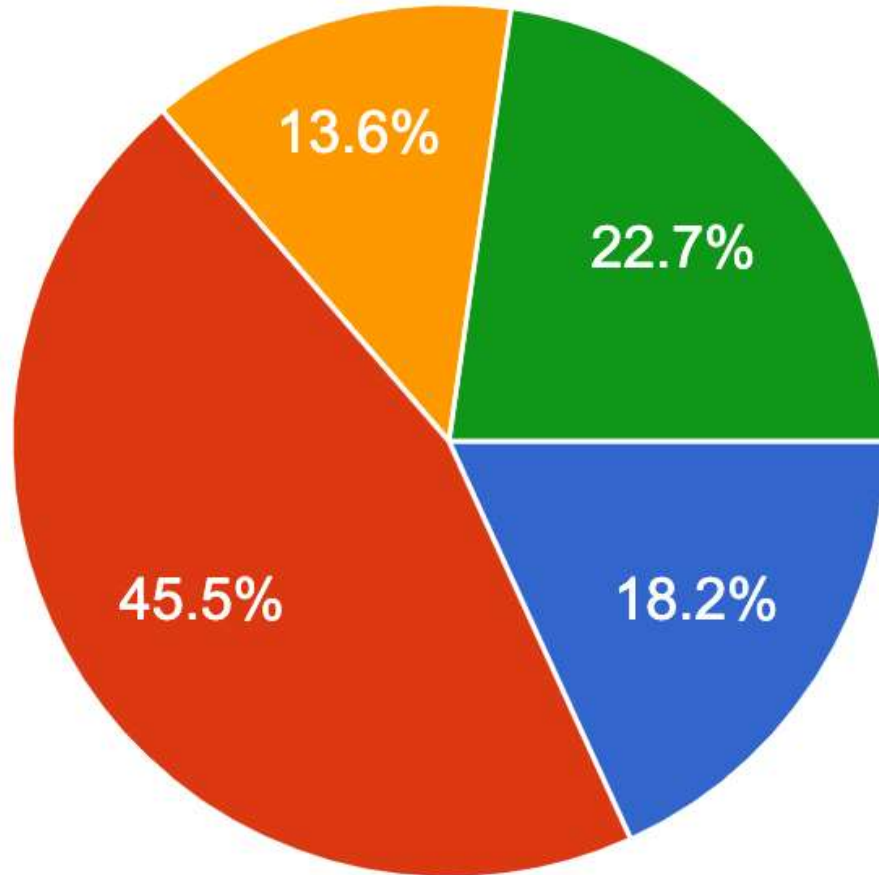
1. Can you speak up?
2. Are you afraid of reprisal if you do?
3. Is there back biting?
4. Are there other forms of bullying by colleagues?
5. Have you been subjected to microaggressions?
6. Do you feel engaged at work?
7. Are you thinking of leaving, retiring, changing programs?
8. Do you feel you are 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)

RESIDENT SURVEY



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%.

Rotation	Count	Discrimination	Harassment	Bullying	Inclusive and Respectful
MED 546	52	93%	98%	96%	87%

LEADERSHIP MATTERS & CORRELATES WITH BURNOUT

Shanafelt et al (2015)

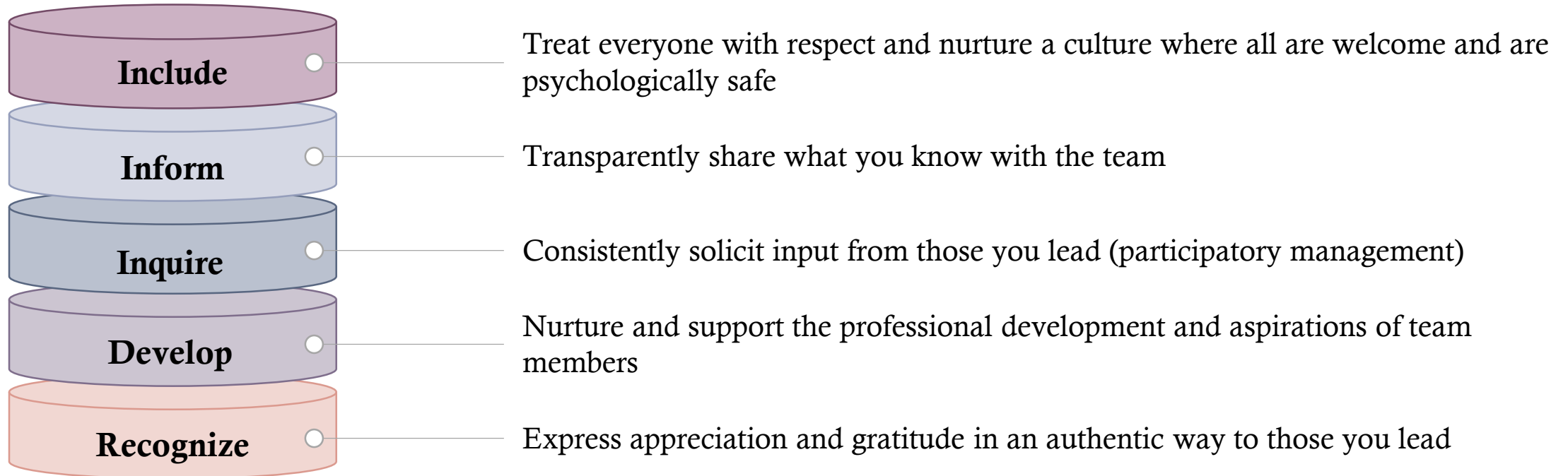
- N=2 813
- Physicians and scientists
- 12 leadership domains
- Immediate supervisor, incl 124 dept/div Chair
- Decreased Burnout correlated with satisfaction
- 1 point increase in leadership score = 3.3% decrease in likelihood of burnout and 9% increase in satisfaction
- $P < 0.001$



Dyrbye et al (2019)

- N=39 891
- Non-physician health 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



CULTIVATING LEADERSHIP

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

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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

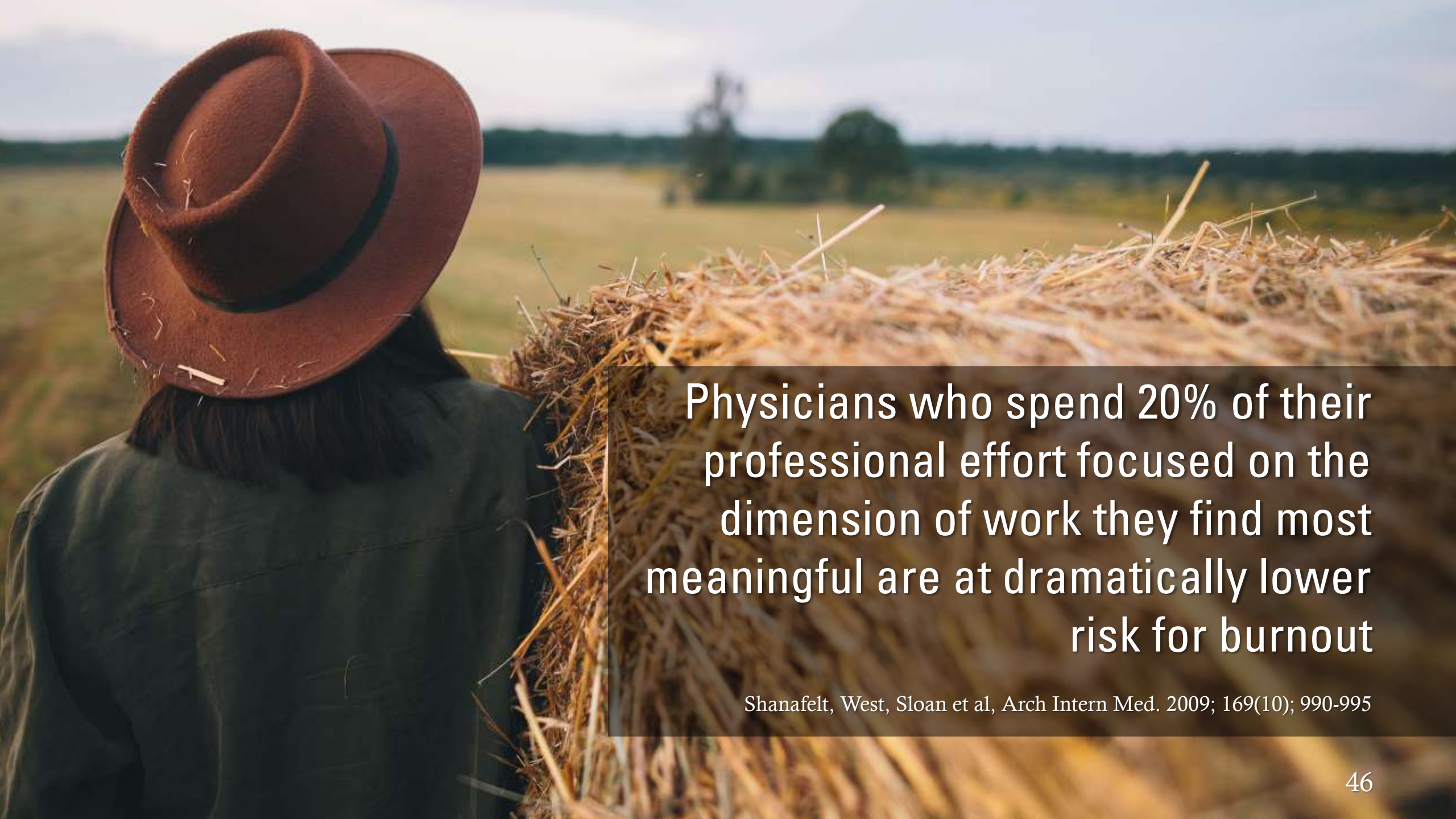
Cultivating Community at Work

- 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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