

## **PFSP Perspectives: *Alberta Doctors' Digest***

### **Keeping the igloo warm**

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As winter approaches, it seems timely to consider the “igloos” we will be huddled in during our working day, and how ready they are for what storms may come.

#### **How cold is it out there?**

There were 10,738 physicians, residents and students on the College of Physicians & Surgeons of Alberta (CPSA) register in 2010. The Physician and Family Support Program (PFSP) was contacted by 6.7% of the career spectrum of physicians last year.

Of the career spectrum callers to PFSP in 2010, 20% presented an occupational problem. In 11% this was the primary problem. Roughly one in five of this latter group accessed the PFSP case coordination service for face-to-face assistance and support.

The PFSP case coordination process can follow individual physicians and their health for up to five years. In 2010, of the total of 85 physicians in ongoing case coordination, almost one-third had occupational issues as the primary problem.

When occupational issues were identified as the primary problem, no addictive disorders were identified, although issues of mental and physical health (as well as those of family and relationships) were often evident. These findings are echoed elsewhere.<sup>1</sup>

Close to 20% of occupational problems involved physician stress and burnout and another 16% related to workplace relationships. In only three cases was an alleged perpetrator of disruptive behavior identified. Another one-third of workplace issues were related to learners – academic performance and related concerns such as professionalism, and whether these problems related to health. Noteworthy is that only five cases involved a regulatory complaint, and in only three instances were patient or professional boundary issues identified.

As part of the PFSP health promotion initiative Healthy Workplaces, our healthy workplace survey was distributed to visitors to our booth during multiple conferences and at PFSP education sessions in 2010-11. The survey focused on various elements of a healthy medical workplace, whether in a hospital or clinic setting.

The respondents of the survey highlighted how stressful the workplace can be:

- 45% had experienced violence from some source in the workplace.
- About 50% were aware that their workplaces had a policy for dealing with patient-initiated aggression and violence.
- Only a striking 3% were aware of any organizational fatigue management plan.
- 44% of physicians had a fatigue management plan of their own.

Interestingly, respondents also reported the most important factors contributing to a high level of job satisfaction were the following:

- Respectful relationships
- Collegiality and collaboration
- Availability and flexibility of practice coverage (i.e., a measure of perceived autonomy)

Separately, other Alberta initiatives have focused on the magnitude of these issues.

Alberta's Health System Performance Measures Review (November 30, 2010) disclosed a sense of staff engagement of only 35%, with physician engagement of only 26%. The current climate of economic constraint, changing personnel, and shifting policies of the government would seem to have contributed to the malaise felt by the profession as a whole.

After widespread media coverage of many systemic issues within health care, the Health Quality Council of Alberta struck a review in 2011. Concerns included emergency services accessibility, cancer treatment waiting times, and intimidation within the system.

The complexities of a healthy health care workplace cannot be overstated.

### **A brief history of “igloo-fixing”**

Historically, experience in resolving medical workplace problems perceived as involving physician behavior was developed largely on a case-by-case basis or utilized methods which were neither uniform nor consistent throughout a clinic, hospital, health region or faculty of medicine.

Conceptually, resolving workplace issues involving physicians largely focused on individual behavior viewed as disruptive. The individual was viewed as the sharp end of the stick and solutions were largely remedial, and sometimes perceived as punitive, in nature. In recent times, many organizations including the CPSA, universities, hospitals, Alberta Health Services (AHS), the Alberta Medical Association (AMA), PFSP and the College and Association of Registered Nurses of Alberta have been involved in exploring workplace behavioral issues and processes in Alberta. Since 2006, the PFSP case coordination approach and process has evolved with regard to the issue of physician behavior in the workplace. Between 2007-10, CPSA, the AMA and other

stakeholders worked to produce a guidance document for all involved in the processes. A number of important documents resulted from these endeavors during these years, both nationally and within Alberta.<sup>2,3,4</sup>

## **Building a warmer igloo**

Each of our professional organizations has its own role in building a warmer igloo. CPSA has a responsibility for public safety. AHS has a concern for the health and functionality of the public institutions, and the universities for the integrity of the academic process. The primary mandate of PFSP of the AMA is that of physician health.

PFSP chose to approach behavior described as either disruptive or distressed in the workplace from two specific perspectives:

- Positive factors of a healthy medical workplace
- Appreciation of system factors: Everybody plays a part

So in 2010, PFSP developed the Healthy Workplaces health promotion initiative to address the health of the workplace. This has included an awareness campaign, providing education, sharing of dialogue, collegiality, and support for practicing physicians. All this is intended to reflect and support the PFSP case coordination process as it currently exists.

The PFSP team presented this formally at the Federation of State Physician Health Programs Annual Meeting in Seattle, Washington, under the banner, “North of 49. Keeping the Igloo Warm: A Canadian Approach to a Healthier Medical Workplace.”

This approach recognizes that workplace disruption is intrinsically neither good nor bad, and in fact necessary for change. Components of a distressed workplace can be recognized, as well as the skills needed to build a stronger team. These skills include acknowledging the primary importance of the emotional issues often present for stakeholders, and that addressing these is critical to effective problem resolution. The components of a healthy workplace include the physical, cultural, and internal environments experienced for all those involved, including the support staff.

This initiative and the case coordination process emphasize “circumspect exploration” (recognizing the importance of physician health in the equation, as well as the systemic nature of most problems). In addition, there is recognition that all parties must agree to a course of action (not trivial), and that mentoring is often a critical part to successful resolution.

We also observe that the highly specialized medical environments can actually drive behavior and preclude options within them. A workplace can invisibly and unconsciously preclude the innovation needed for its own change.

The actual role played by PFSP in facilitating workplace change is that of triage, case coordination (primary role), further referral (as needed), and aiding in mediation. Because each work environment has its own unique issues and because solutions have to be unique to the

institution (be it office, hospital, or primary care network [PCN]), PFSP recognizes that the actual problem-solving must be carried out by the workplace itself. PFSP assists in this process while endeavoring to maintain a stance of neutrality.

Factors recognized by PFSP as vital for success include the recognition of different leadership styles and roles, and engagement and trust by all in the process.

What could we achieve if we regularly practiced “appreciative inquiry?” We would know each other better and certainly understand we all value the physician-patient relationship and patient care.

Would there be a difference in our workplaces if we all began and led the 5Cs: Civility, Communication, Collegiality, Collaboration and Conflict Resolution? PFSP thinks so.

PFSP case coordination appreciates that working documents (including letters of understanding and behavioral agreements) and components of codes of conduct (such as identified channels of reporting and appropriate process of response) are also critical to the process in disrupted workplaces.

PFSP is constantly refining its process of coordinating real-time solutions, and evaluating its own performance through a variety of means.

Problems encountered to date in keeping our igloos warm include those of loosely structured workplaces, floating populations of personnel, subtle long-term irritants, the factual reality that all perspectives (i.e., the physician, the multidisciplinary team member, the physician administrator) are equally entitled to be considered in our approach, and the differing skills/training among the stakeholders.

What is most needed to successfully continue this process are organizational champions, continued education across the career and organizational spectrum, the continued linkage of this work with previous health promotion initiatives (i.e., fatigue management, nutrition in the workplace, career transitions, adverse events, dare to care), and continued innovation.

One thing remains clear to us all here at PFSP, the warmest igloo is the one made by all who abide within it.

## References

1. Snyder, M.W. Understanding “Disruptive” Physician Behavior: The Stereotype vs. the Reality. Poster Session. International Conference on Physician Health (Physician Health and Resiliency in the 21st Century), Sponsored by AMA, CMA, and BMA. Chicago. October 2010.
2. Quality Worklife Quality Healthcare Collaborative. *Within Our Grasp. A Healthy Workplace Action Strategy for Success and Sustainability in Canada’s Healthcare System*. Canadian Council on Health Services Accreditation. 2007.
3. College of Physicians & Surgeons of Alberta. *Managing Disruptive Behavior in the Health Care Workplace*. Guidance Document and Toolkit. Fall 2010.(website: [www.cpsa.ab.ca/Resources/managingdisruptivebehavior.aspx](http://www.cpsa.ab.ca/Resources/managingdisruptivebehavior.aspx))
4. AMA PFSP Approach to physicians with disruptive behavior. June 2009.