

The Emotional Side of Practicing Medicine

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Disclosure

- Relevant to the content of this educational activity, we do not have any financial conflicts with commercial interest companies to disclose.

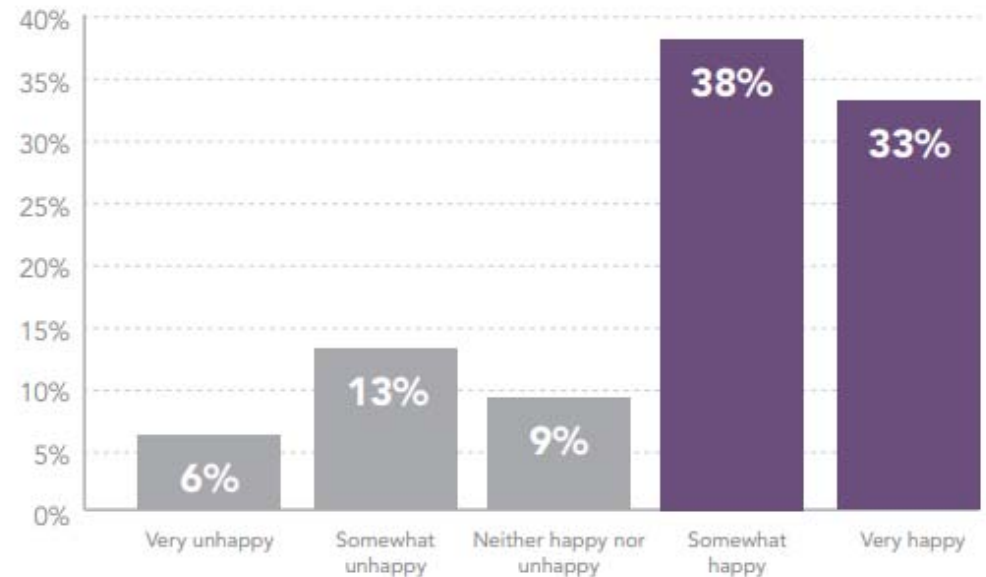
Objectives

- Increase awareness of emotional responses in medicine and throughout medical training.
- Describe the myriad of ways these emotional responses can be triggered while working as physicians.
- Recognize personal emotional responses and how they can impact academic performance as well as patient care.
- Describe potential methods to reduce burnout including improving work-life balance, self-efficacy, self-regulation, and resiliency.

Physician Happiness and Life Satisfaction

- Note: Percent of physicians that are happy in their careers. Adapted from “2019 AAFP/COMPHEALTH Physician Happiness Survey.” by Chad Saley, 2019, in *CompHealth*, Retrieved August 11, 2021, from comphealth.com/resources/physician-happiness-survey/.

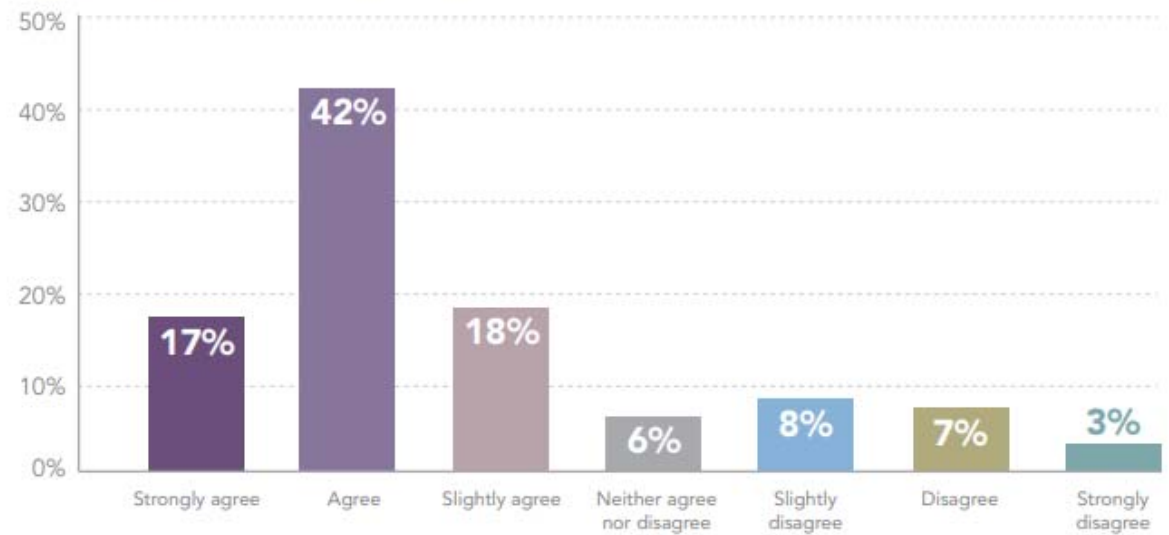
Physician happiness



Physician Happiness and Life Satisfaction

- Note: Percent degree of life satisfaction amongst physicians. Adapted from “2019 AAFP/COMPHEALTH Physician Happiness Survey.” by Chad Saley, 2019, in *CompHealth*, Retrieved August 11, 2021, from comphealth.com/resources/physician-happiness-survey/.

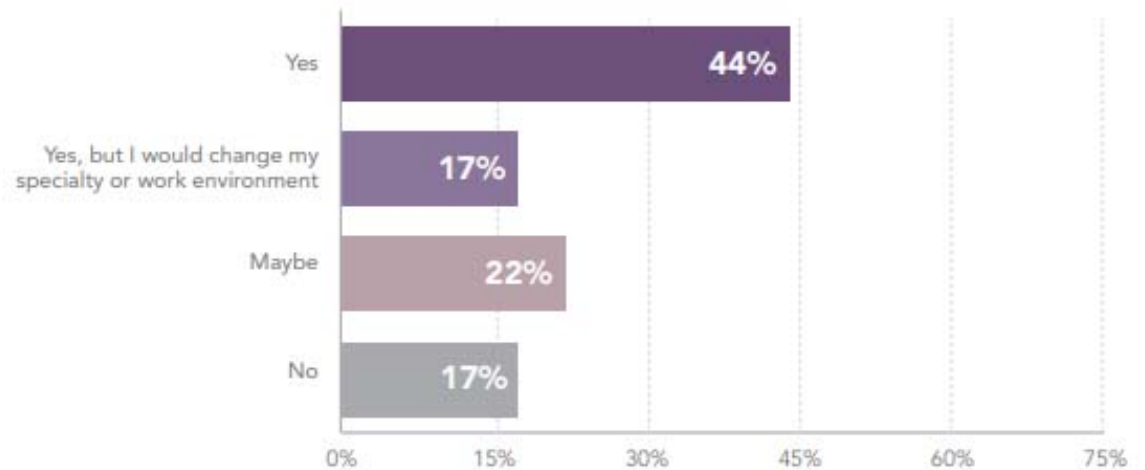
Physician responses to “I am satisfied with my life”



Physician Happiness and Life Satisfaction

- Note: Percent of physicians that would practice medicine again, change specialty or work environment, or choose a different career by percentage. Adapted from “2019 AAFP/COMPHEALTH Physician Happiness Survey.” by Chad Saley, 2019, in *CompHealth*, Retrieved August 11, 2021, from comphealth.com/resources/physician-happiness-survey/.

Live life over and still become a physician





Physician Happiness and Life Satisfaction

	2018	2016	2014	2012
Yes, medicine is still rewarding	72.6%	71.7%	71.3%	66.5%
No, the negatives outweigh the positives	27.4%	28.3%	28.7%	34.5%

- Note. Percent of physicians that either find medicine rewarding or have negative interpretations of the field by percentage. Adapted from “2018 Survey of America's Physicians.” by Merritt Hawkins, 2018, in *The Physicians Foundation*, Retrieved August 12, 2021, from physiciansfoundation.org/physician-and-patient-surveys/the-physicians-foundation-2018-physician-survey/.



Physician Burnout

- Described as³:
 - Emotional Exhaustion
 - Depersonalization
 - Sense of low personal accomplishment


Physician Burnout

	2018	2016
No such feelings	5.7%	10.7%
Rarely have these feelings	16.6%	15.3%
Sometimes have these feelings	37.7%	25.4%
Often have these feelings	31.0%	31.4%
Always have these feelings	9.1%	17.2%

- Note. Physicians self-reported frequency of feelings of burnout by percentage. Adapted from “2018 Survey of America's Physicians.” by Merritt Hawkins, 2018, in *The Physicians Foundation*, Retrieved August 12, 2021, from physiciansfoundation.org/physician-and-patient-surveys/the-physicians-foundation-2018-physician-survey/.

Physician Burnout- Why does it matter?

- Poor Outcome Associations³:
 - Consequences in patient care
 - Negative effects on the healthcare workforce
 - Increased healthcare costs
 - Negative effects on physician and trainee health overall
 - Poor academic performance amongst medical students⁹



Beyond Burnout: Emotions in Medicine

- Emotional States vs Traits¹⁰:
 - Emotional States: is temporary and contextual, and subject to fluctuation based off the situation
 - Emotional Traits: consistent patterns of emotional response across different situations

Case Presentation: Story Time with Grethel

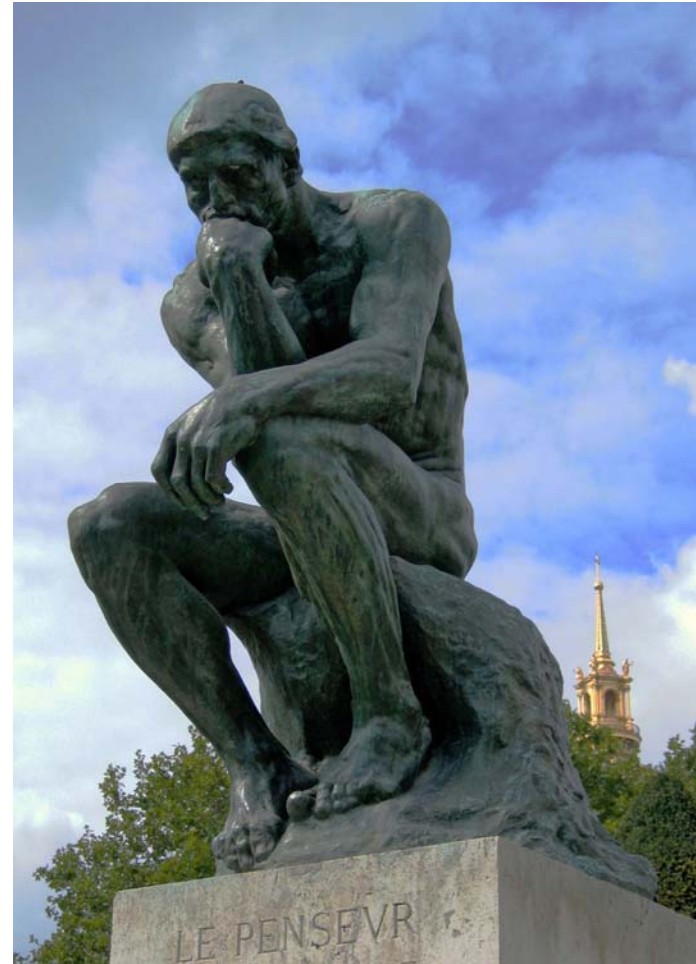
- 62-year-old African American male
- Non-compliant
- Insulin requiring diabetes secondary to pancreatic insufficiency
- Poorly managed



So we checked
his glucose
levels...



Internal Dialogue



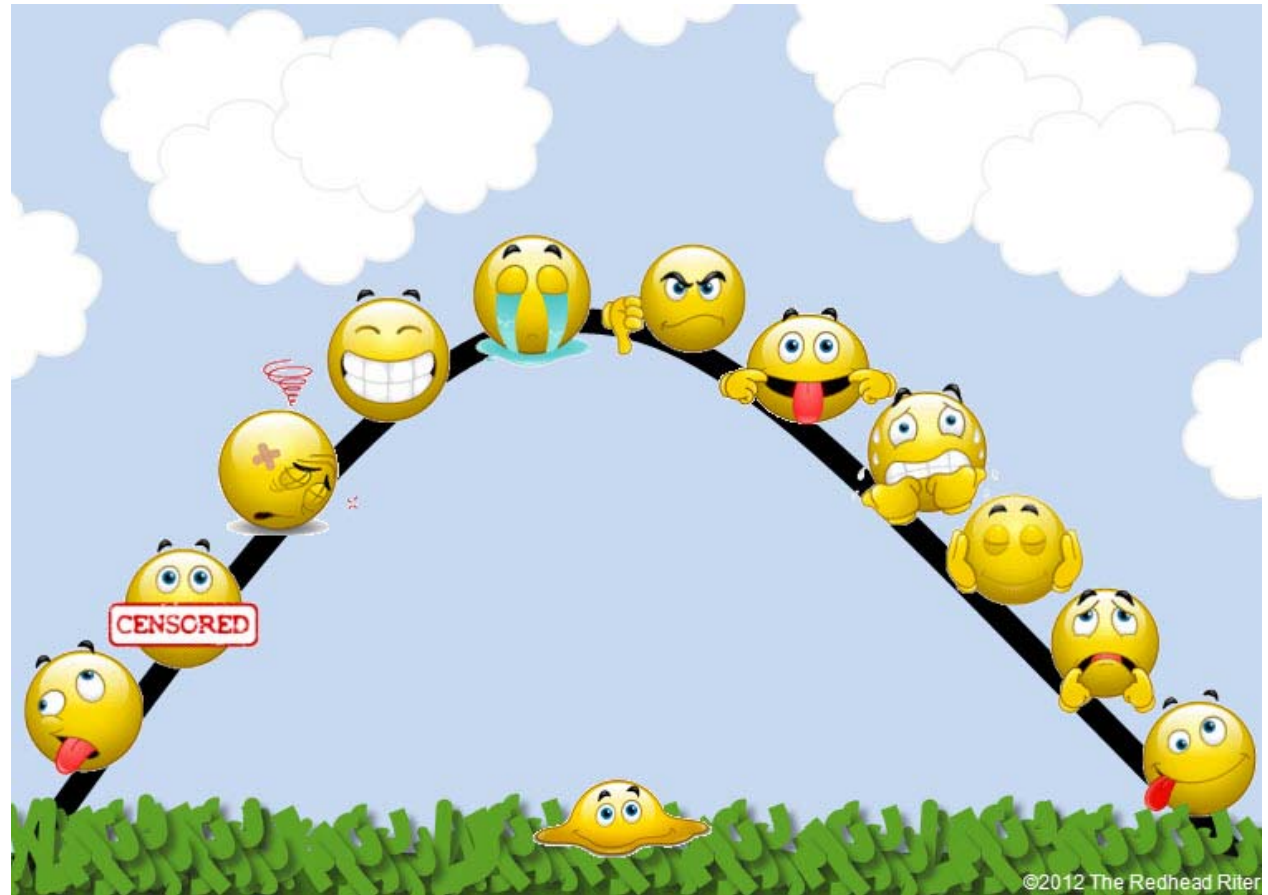


How many hands does
it take to clap?



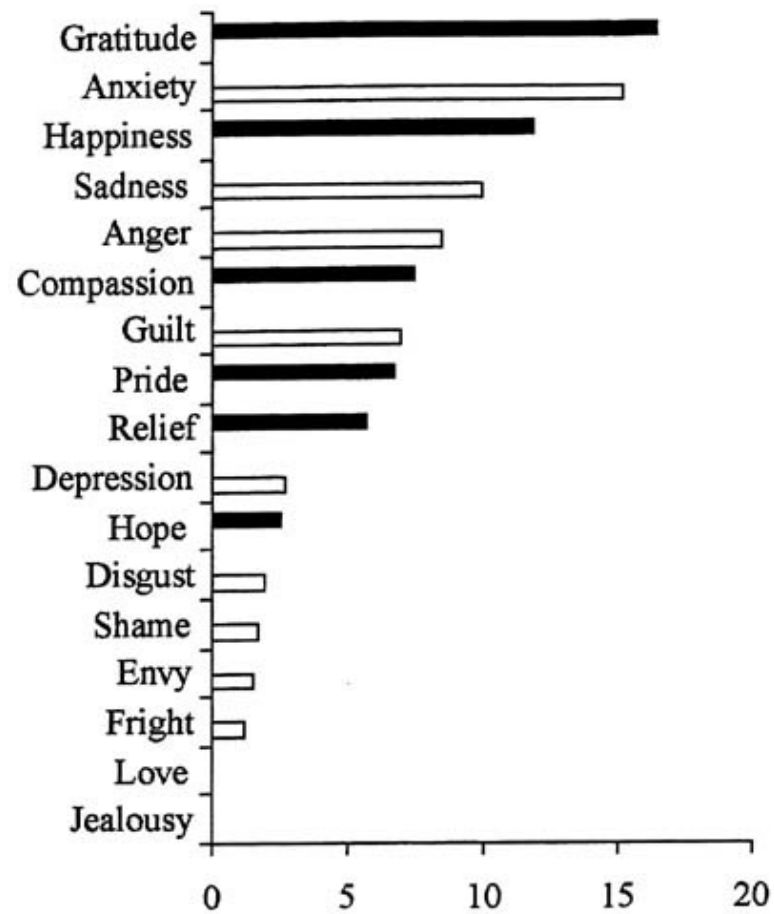
Get to know your
patients

ALL the Feels in a Single Patient Encounter



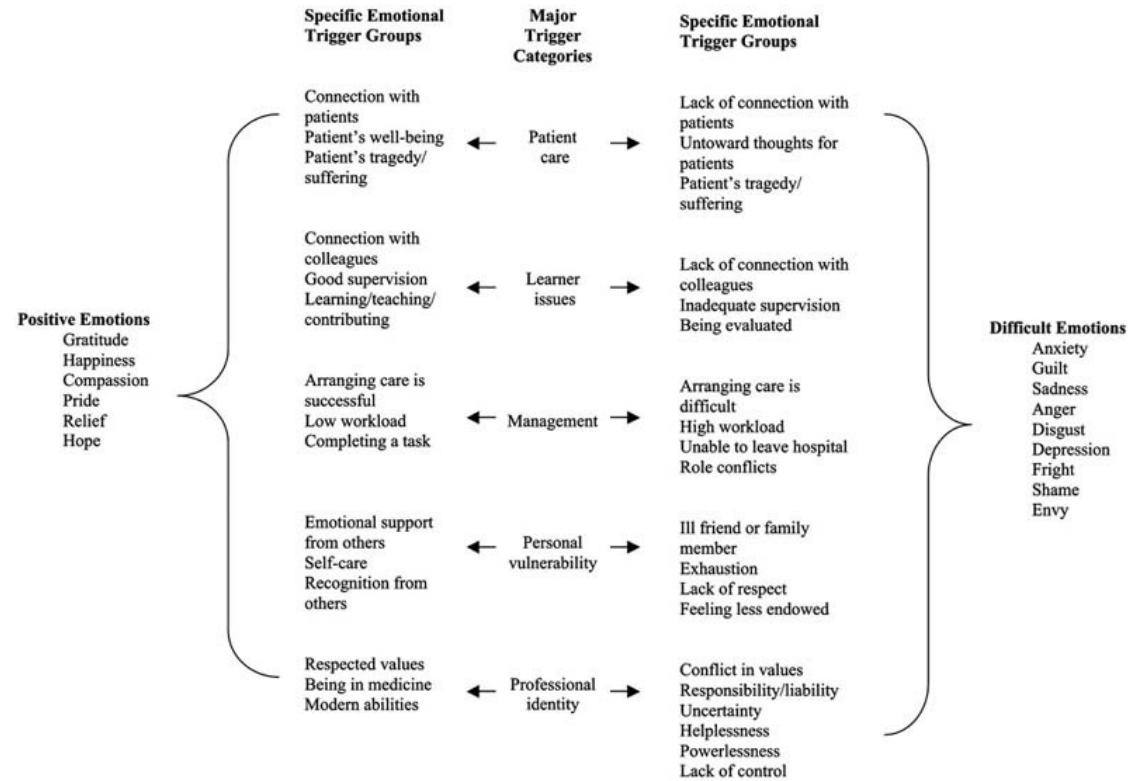
Emotional Experiences on IM and Pediatric Inpatient Ward

- Note. Self-reported emotional experience of trainees practicing on an inpatient ward by percent of expressed emotion. Adapted from “Educating for Professionalism: Trainees’ Emotional Experiences on IM and Pediatrics Inpatient Wards.” by Deborah Kasman, 2003, in *Academic Medicine: Journal of the Association of American Medical Colleges*, Retrieved August 12, 2021, from www.ncbi.nlm.nih.gov/pubmed/12857696.



Emotional Triggers

- Note. Emotional triggers and trigger responses amongst medical trainees on the inpatient wards. Adapted from “Educating for Professionalism: Trainees’ Emotional Experiences on IM and Pediatrics Inpatient Wards.” by Deborah Kasman, 2003, in *Academic Medicine: Journal of the Association of American Medical Colleges*, Retrieved August 12, 2021, from www.ncbi.nlm.nih.gov/pubmed/12857696.



Static vs Dynamic Emotions and Emotional Triggers⁵

Static:

- Guilt
- Patient death, poor outcomes
- Gratitude, positive patient interactions

Dynamic:

- Imposter Syndrome
- Academic stress
- Level of control
- Burnout



Physician Guilt

- *“Physicians’ Goodness and Guilt-Emotional Challenges of Practice Medicine”*⁶
 - Guilt: feeling of a failed obligation or committing a wrong
 - Guilt can be useful or problematic
 - Physicians have a strong desire to do good

Poor Patient Outcomes

- Rates of adverse events/near misses in medicine¹³:
 - Adverse event with serious patient harm: 51.1%
 - Adverse event with minor patient harm: 55.6%
 - Near miss with potential for serious patient harm: 61%
 - Near miss with potential for minor patient harm: 55.1%
 - None of these: 10.7%

Poor Patient Outcomes

- Professional impact of adverse events¹³:
 - Lower confidence in ability as a doctor: 63.2%
 - Difficulty sleeping: 59.9%
 - Reduced job satisfaction: 48.5%
 - Affected relationships with colleagues: 25.5%
 - Damaged professional reputation: 20.1%
 - Anxious about potential for future errors: 81.5%
 - Generally distressed: 73.6%
 - Generally anxious: 68.0%
 - Negative toward self: 27.3%
 - Determined to improve: 80.6%

Patient Death

- Patient death is emotionally impactful/distressing among medical students (57%) and physicians (61%)¹⁴
- Contextual themes are related to emotions surrounding patient death¹⁴:
 1. Time and process
 2. Medical care and treatment decisions
 3. Negotiation

Patient Death- A Balancing Act

- Physicians can experience grief after patient deaths differently than typical grief¹⁵
 - Physician experiences involve profession responsibilities
 - Physicians disconnect from emotions to fulfill their role as a physician
 - Physicians fluctuate between grief and professional role¹⁷



A Medical Student's Encounter with Death

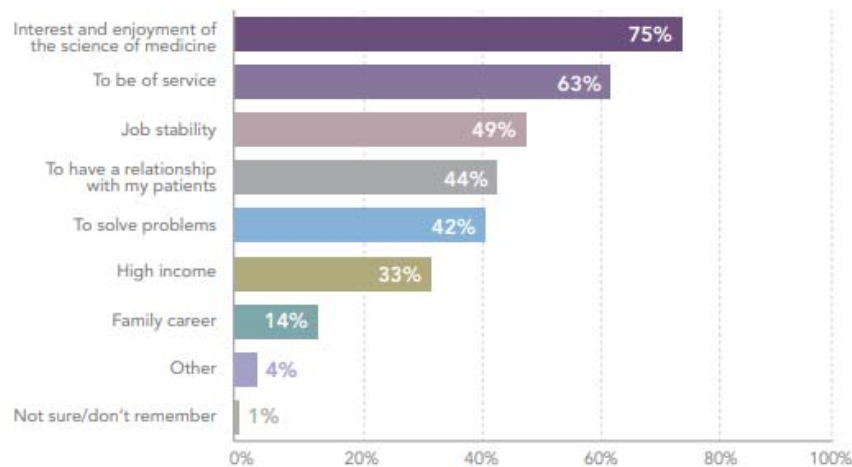
Story Time with Grethel

Gratitude

- Most common positive expressed emotion amongst physicians in some studies⁴
- Multiple triggers for expressed gratitude:
 - Joy of learning
 - Honor of being in medicine
 - Receiving emotional support
 - Receiving recognition
 - Forming positive patient interactions

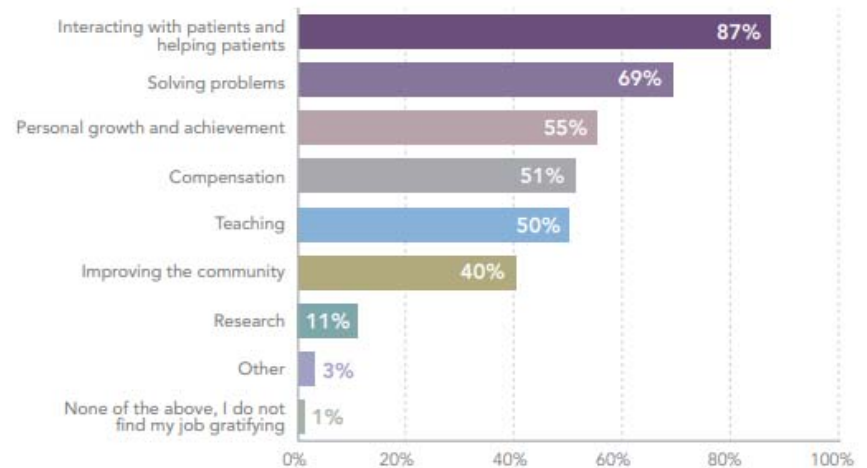
Patient Interactions

Physicians' reasons for going into medicine



Note: Physicians' reasons of choosing a career in medicine by percentage. Adapted from "2019 AAFP/COMPHEALTH Physician Happiness Survey." by Chad Saley, 2019, in *CompHealth*, Retrieved August 11, 2021, from comphealth.com/resources/physician-happiness-survey/.

What is the most gratifying part of being a physician?



Note: Reported aspects of being a physician by percentage. Adapted from "2019 AAFP/COMPHEALTH Physician Happiness Survey." by Chad Saley, 2019, in *CompHealth*, Retrieved August 11, 2021, from comphealth.com/resources/physician-happiness-survey/.



Positive Patient Interactions

- “*What Family Physicians Find Rewarding.*”¹⁸
 - “The same as the first day I started practice—the grateful patient.”
 - “Developing a therapeutic relationship with my patients; treating several generations within a family and following patients over many years; counseling patients.”
 - “Reaction[s] of my patients when we have good outcomes.”
 - “Relationships with my patients; gratitude of my patients for my involvement in their care; challenge and excitement of medicine even after 39 years of practice.”

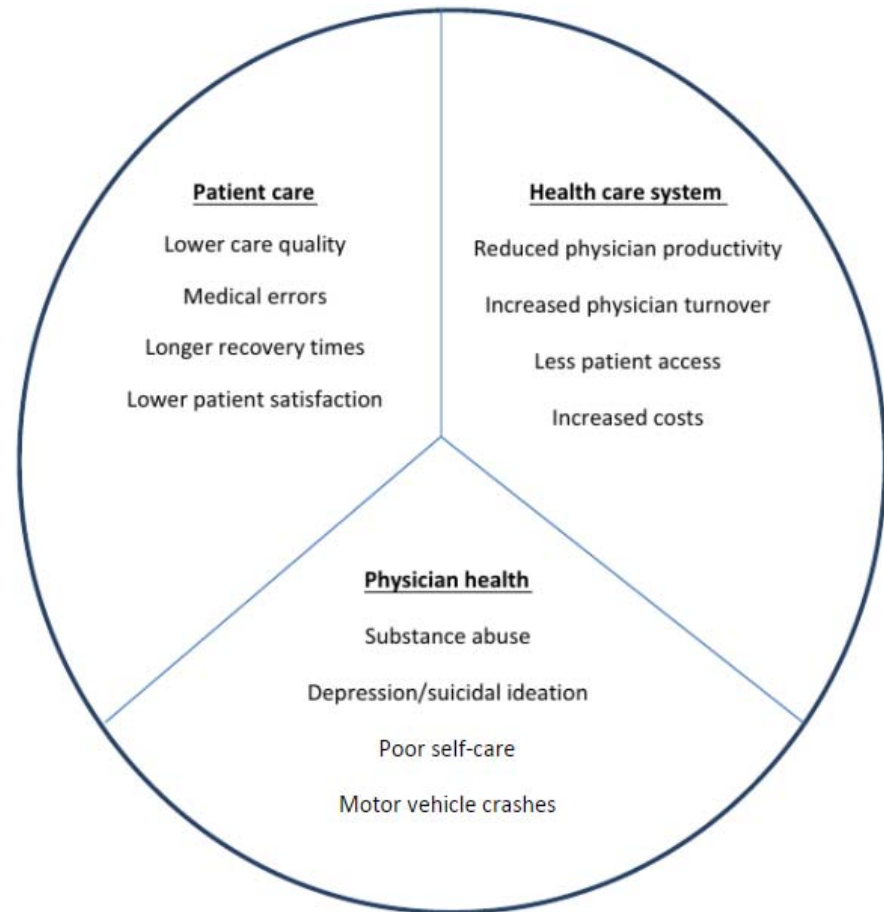


Imposter Syndrome

- Imposter Syndrome: chronic feelings of self-doubt and fear of being discovered as an intellectual fraud⁷

Burnout Revisited

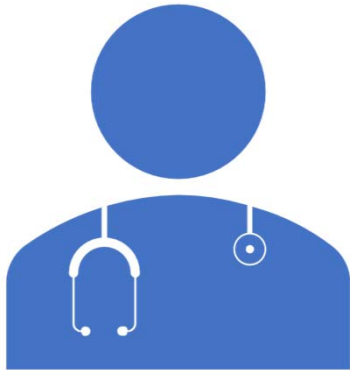
- Note. Graphic of the consequences of physician burnout divided into the categories of physician health, health care system, and patient care. Adapted from “Physician Burnout: Contributors, Consequences and Solutions.” by C.P. West, 2018, in *Journal of Internal Medicine*, Retrieved August 20, 2021, vol. 283, no. 6, 2018, pp. 516–529., doi:10.1111/joim.12752.



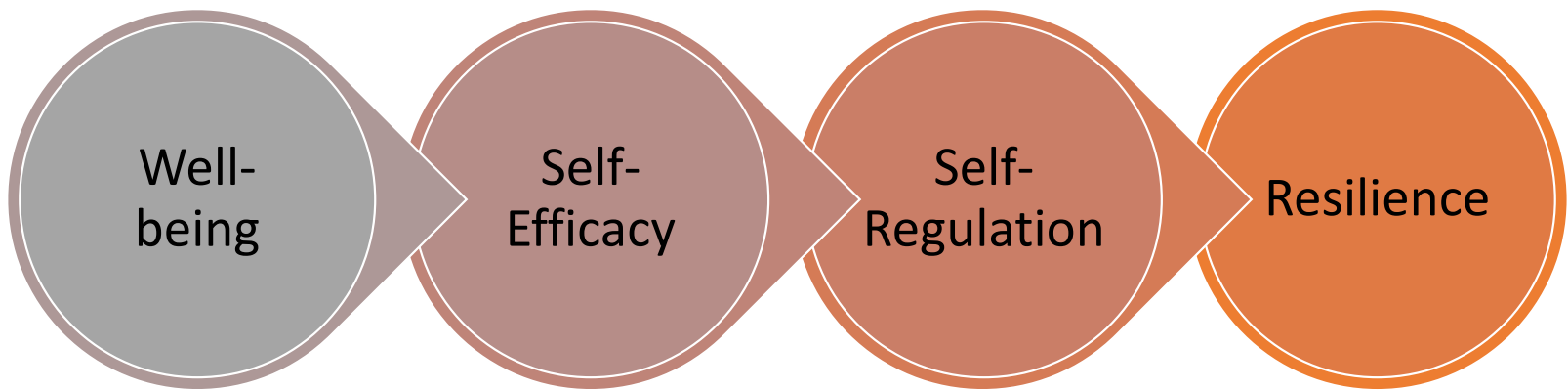
Contributors to Burnout

- Contributors³:
 - Work Factors:
 - Excessive workloads
 - Inefficient work processes and environments
 - Work-home conflicts
 - Finding meaning in work
 - Organizational Factors:
 - Negative leadership behaviors
 - Limited interprofessional collaboration
 - Opportunities for advancement and social support
 - Individual Factors:
 - Debt, age, gender, relationship status, age of children, and spousal/partner occupation
 - Personality and interpersonal skills
 - Personal experiences

Burnout Over Time



- Burnout throughout training⁵:
 - Burnout is most prevalent amongst medical school trainees and early career physicians compared to general US population
 - Medical students have overall more personal distress
 - Medical students have a lower sense of personal accomplishment
 - Well-being is low amongst medical students compared to peers of similar age of different occupations



Physician Well-being

- Dimensions of Psychologic Well-Being¹¹:
 1. Self-acceptance
 2. Personal growth
 3. Purpose in life
 4. Positive relations with others
 5. Environmental mastery
 6. Autonomy
- Helps to form overall positive life functioning

Self-Efficacy: Social Cognitive Theory

- Albert Bandura⁸
 - Perceptions of an individuals' capabilities influence the ability to reach a particular goal
 - Self-beliefs have an impact on behavior, motivation, and cognition
 - Human Agency- these beliefs can enable an individual to exercise control over thoughts, emotions, and then actions
 - Self-reflection- individuals can alter their behavior and thoughts by examining their emotions and thoughts



Academic Self-Efficacy

- Academic Self-Efficacy: an individuals' own beliefs about their capabilities to learn or perform academic tasks⁸
- Increased academic self-efficacy results in⁸:
 - Greater effort to achieve a goal
 - More persistence toward a goal
 - Increased resiliency
- Self-efficacy is not the only factor that determines success⁸
 - Students still need competence- you cannot accomplish tasks beyond your capabilities
 - Doesn't change behavior if the individual doesn't value the outcome



Forming Academic Self-Efficacy

- Four ways for form academic self-efficacy⁸:
 - Mastery Experience- seek competence
 - Vicarious Experience- have a mentor and model your behavior
 - Social Persuasions- encourage and praise one another
 - Somatic and Emotional States- regulate emotions and find adequate coping strategies

Self-Regulation



Self-Regulation⁹: One's capacity to plan, control, evaluate, and adapt to internal states in order to attain a desired goal in changing and demanding environments



Sub-processes of self-regulation⁹:

- Goal-setting
- Planning
- Self-monitoring
- Self-reflection



Self-regulation has been linked to⁹:

- Higher well-being
- Positive adjustment
- Low psychopathological symptoms
- Better interpersonal relationships



Self- Regulation

- Self-regulation in medical students has been linked to¹¹:
 - Better academic performance
 - Better clinical performance



Self- Regulation Phases

Phases¹⁹:

1. Planning- setting goals
2. Monitoring- examining the progress towards goals
3. Reflection- evaluating progress, improvements, managing emotional responses
4. Repeat- Adjust goals

Improving Resiliency

- Resiliency^{20, 22}: The ability to resist or manage adversity without developing physical or psychological disabilities
- Strategies to promote resilience
 - Mindfulness and self-awareness
 - Self-regulation
 - Mentorship/Peer support
 - Maintaining work-life balance
 - Exercise
 - Relaxation techniques
 - Meditation
 - Yoga
 - Biofeedback
 - Positive Social Relationships
 - Counseling
 - Spirituality
 - Leisure time
 - Self-reflection/Aligning action with your values

Work-Life
Balance:
Story Time
with
Grethel

Don't sacrifice your
mental health

What is important to
you?

Lean on your loved
one

Thank you!

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