



# PHYSICIAN HEALTH AND WELLNESS NATIONAL ANALYSIS ENVIRONMENTAL SCAN: CHALLENGES AND OPPORTUNITIES FOR ADVANCEMENT IN CANADA – SUMMARY

## Overview

This is a summary of the challenges and opportunities for the advancement of physician health and wellness in Canada taken from the [Physician Health and Wellness National Analysis Environmental Scan](#). The environmental scan was commissioned by the Canadian Medical Association to understand the landscape of physician health and wellness today — existing structures, programs and processes — and assess opportunities for the future. To achieve that result, more than 50 stakeholders from across Canada were formally engaged, through interviews, information collection forms and in-person feedback sessions.

## Physician Health and Wellness – Key Challenges

### 1. Awareness and stigma

The topic of physician health and wellness has moved to a national discussion, earning attention at the provincial/territorial, organizational and individual physician levels. Physicians have also become more aware of the concept and topic of physician health and wellness and the importance of seeking support when needed. However, awareness and stigma remain a challenge, there is low recognition and awareness of supports available for physicians and there is a stigma among physicians around seeking help. Additionally, the structure of the system currently does not lend itself to supporting a physician health and wellness environment and there are generational gaps in terms of the expectations of the medical profession in the work environment.

### 2. Availability of services

There currently exist gaps in operational supports and services for certain geographies and demographics that are largely driven by provincial/territorial size. The services required are not always readily available and they are often not physician-centric, addressing the unique needs of this population.

### **3. Resources and capacity**

Despite a desire among physician health programs (PHPs) to broaden the scale and scope of services available, there is a constant tension between providing current programs and being able to invest in the future and drive broader change due to staffing structures and available funding. In addition, there is significant geographical variability in the operating budgets, resources and maturity of the programs.

### **4. Measuring outcomes**

There is no set national standard or provincial/territorial standard on the metrics that measure physician health and wellness outcomes. For this reason, there are a myriad of metrics being tracked across the provincial/territorial programs. In addition to the array of metrics being tracked, limited data collection and reporting are occurring, mainly because of difficulties in obtaining the metrics. This has posed a challenge in most provinces/territories and at the national level to understand the efficacy of the programs and services that are being offered and delivered to physicians.

### **5. Provincial and territorial funding**

Most funding agreements in the provinces/territories are through physician membership fees and negotiated agreements through the provincial/territorial government. The funding is inconsistent and negotiated on a contract-term basis. This is causing discrepancies between the provinces/territories in terms of their ability to provide services and programs.

### **6. Government advocacy**

Physician health and wellness would benefit from greater advocacy at the national and provincial/territorial government levels. The advocacy is required to understand the “burning platform” and build the value proposition for greater support in physician health and wellness both at the national and provincial/territorial levels. No concerted advocacy effort is currently underway. Greater collaboration among system partners is required to get the message to the appropriate levels of government.

### **7. Structure of the “system”**

The structure of the system currently does not lend itself to supporting a physician health and wellness environment (i.e., incentive systems, regulatory authorities, accessibility, anonymity). The current fee-for-service model does not necessarily lend itself to developing a wellness environment for physicians. This service model implies that time is income and, as a result, it is difficult to focus on their own wellness when they need to prioritize the amount of services they are providing in order to maintain their income.

In addition, there exists a fear among physicians that if they access services or interventions this will be reported to their medical regulatory authority, which may threaten their licensure to practise.

Lastly, because of generational gaps in terms of expectations and values relating to competitiveness and perfectionism, the medical professional culture has become contrarian to the values of physician health and wellness.

## **8. Effecting culture change and making an impact at the national level**

Most of the national medical organizations are trying to influence culture change at the system and organizational levels by providing ethical and moral imperatives to improve. The psychological and physical safety of physicians requires greater attention to improving medical work environments. The stigma that still exists across the profession needs to be eradicated to break down the barriers preventing physicians from accessing services and to decrease the incidence of physician suicide and suicidal ideation.

Generating influence at the right level to effect change in front-line care, patient outcomes and system outcomes takes a sustained effort over time at the systemic, organizational and individual levels.

## **Physician Health and Wellness – Emerging Opportunities**

### **1. National standards and measurement**

To better collaborate and evaluate physician health and wellness efforts, a common language and set of key performance indicators is required to level set the conversation across the country and to support the dialogue at the government and leadership levels.

The path to national standards and measurement for the country will involve working toward a common vision, language and definition for physician health and wellness to improve collaboration and outcomes. The first step is to develop a set of national standards, after which measures and key performance indicators should be developed.

### **2. Enhanced advocacy**

The benefits and impact of investing in physician health and wellness need to be articulated, to support discussions and negotiations with governments and other stakeholders. To support the messaging, a compelling value proposition including socioeconomic impacts and quality improvement should be developed to showcase the return on investment that could be attained by greater investment in physician health and wellness efforts at both the national and provincial/territorial levels. Establishing support for physician health and wellness from major stakeholders (including federal and provincial/territorial governments) to drive prioritization of the topic and promote consistent funding will be a key component of the advocacy. In addition to the stakeholder groups included in the environmental scan, health ministries, improvement agencies, other health care associations (e.g., nursing associations), patient advocacy groups, experts in electronic medical records and digital health, and insurance providers have all been identified as key influencers to be part of the discussion.

### **3. Service awareness, availability and access**

There is opportunity to work at a pan-Canadian level to enhance and complement the work currently underway by the PHPs to generate greater awareness of, availability of, and access to services within their jurisdiction. As noted earlier, the smaller provinces tend to have fewer service offerings and less availability than the larger provinces. There is an appetite to coordinate national efforts to develop equitable and accessible services for all physicians across Canada.

#### **4. Medical profession transitions**

There is disconnect in the physician life cycle as students, residents and physicians transition throughout their career from being learners all the way to being retirees. Concerted efforts are needed to ensure that physicians are learning how to manage and monitor their well-being throughout their career. This will require greater collaboration to support physicians' transitions, including greater collaboration with medical schools to ensure student curriculum and supports are in place, and coordination to find ways to engage with physicians who are in the middle and later stages of their careers. Efforts should be made to address physician health and wellness needs from a wider university, local health care and overall system perspective (potential for nationwide campaign).

#### **5. Shifting the system's culture**

Many partners play important roles in shaping the medical culture, organizational culture and overall system culture. All stakeholders need to be aligned in a commitment to moving the dial on physician health and wellness. Now is the time to capitalize on the momentum that has been created on the topic of physician health and wellness across provinces/territories to change the system's culture (mindsets, values, behaviours, practices) and prioritize focus across the system.

The psychological and physical safety of physicians requires greater attention to improve work environments. Guidance and leading practices should be developed to assist health care organizations in guiding and implementing initiatives and practices that will support a positive and healthy work environment.

To help reduce stigma in the culture, a coordinated approach should be developed to showcase the benefits of physician health and wellness services as supporting and enabling overall health and wellness and work to remove the fear of asking for help.

Culture change should be addressed at both the provincial/territorial and national levels. At the national level, there is an opportunity to work with system influencers at the government level to gain commitment and investment in physician health and wellness for the country. There have been various lobbying and advocacy efforts made to date on the topic, but a more consolidated, concerted effort is required by a coalition of system influencers.

#### **6. National lead**

There is a need for a facilitator to help align the collective energy and resources of the various stakeholder groups, remove silos and coordinate collaboration on physician health and wellness across the country. There is an opportunity to establish this role at the forefront of the physician health and wellness movement to gain immediate traction and support from willing stakeholders and influencers.

#### **7. Evidence and research**

There is a need for more Canadian-based research and evidence on the topic of physician health and wellness. Most organizations have adopted and adapted research and evidence produced in the United States. Although the United States is similar in many ways to Canada, there is no concrete evidence to indicate that the physician landscapes in the two countries are comparable. Organizations are seeking more Canadian research and evidence on physician health and wellness and are looking to collaborate in this space.

## Success Factors

The following success factors to advance physician health and wellness in Canada have been identified:

- Facilitating a national discussion to effect change: There is a need for a national-level facilitator to collaborate and coordinate the platform, partnerships, content and conversations to be had across system influencers.
- Working at the [organizational](#) level to support culture change: Shifting the system's culture will require working at the organizational level to influence and provide guidance on how to make an impact on culture and support the front line.
- [Change management](#): A strong change management and communications plan is necessary to drive the success of any national-level physician health and wellness initiatives. Additionally, a stakeholder management plan should address all individuals and groups required to support the management and implementation of the strategic initiatives.
- Managing performance: The key performance indicators and reporting requirements will need to be well planned and established to be able to report on the outcomes as part of a national strategy.