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# DISCLOSURES

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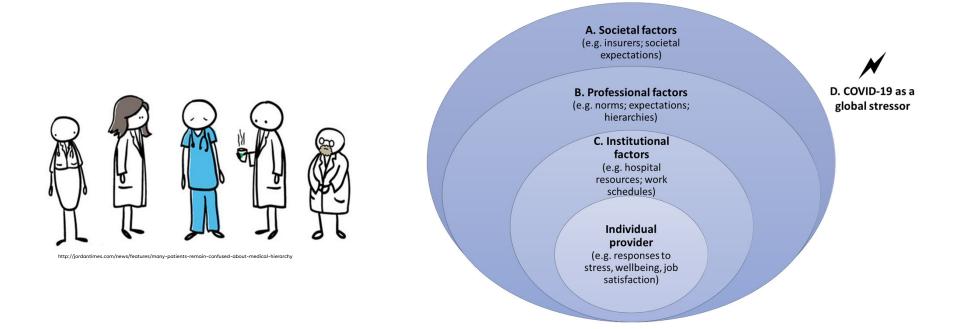
### BACKGROUND

- Disillusionment and distress are well documented in medicine <sup>1-10</sup>
  - High rates of burnout and mental illness
  - A largely individual emphasis in the physician mental health literature
  - There is a need to go beyond the individual level to examine the structural factors shaping physician wellbeing and satisfaction



https://www.istockphoto.com/illustrations/physician-burnout

# SOCIO-ECOLOGICAL MODEL OF PHYSICIAN SATISFACTION AND WELLBEING



How do institutional, professional, and societal stressors shape physician responses to their work along the career span?

## **DATA & METHODS**

- **Participant observation:** 8 months of observation in 2021 at an academic primary care pediatrics clinic located in a low-SES neighborhood; affiliated to "Nelligan Medical College"
- 66 in-depth interviews: with pediatrics attendings, residents, clinic administrators, and medical students (74% female; 45% Black, Hispanic, Asian, or Middle-Eastern);
  - Maslach Burnout Inventory and the Global Satisfaction Measures Survey
- Data analysis is ongoing



### RESULTS

#### 63% ARE BURNED OUT (74% OF STUDENTS)

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

#### 53% VIEW THEIR CURRENT WORK SITUATION AS A MAJOR SOURCE OF FRUSTRATION

Of those residents and attendings who took the career satisfaction survey, 53% responded with agree or strongly agree to "My current work situation is a major source of frustration"

#### 38% FEEL THAT THEIR MEDICAL CAREER HAS NOT MET THEIR EXPECTATIONS

Of those residents and attendings who took the career satisfaction survey, 38% responded with disagree or strongly disagree to "In general, my medical career has met my expectations"

### SELECTED STRESSORS

#### INSTITUTIONAL

- Centralized decision-making
- Lack of transparency
- Unresponsive leadership
- Lack of flexibility in scheduling to accommodate life events (e.g. sickness, pregnancy)
- Not feeling valued by institution
- Productivity pressures

#### PROFESSIONAL

- The organization of training
  - Mismatched expectations
  - Balance of service and learning
  - "A world of judgment"
- "Superhero norm"
  - Push bodily needs aside
  - Don't show 'weakness'
- Specialty culture

#### SOCIETAL/SYSTEM

- Social inequalities in health add complexity to visits
- Patient satisfaction
- Systemic racism
- Rationalization of healthcare
- Secondary trauma from encountering social inequality
- Heavy expectations re: documentation
- Electronic health record erases line between work and home

	FUTURE DIRECTIONS		
	NELLIGAN PEDIATRICS CLINIC	NELLIGAN PEDIATRIC SURGERY CLINIC	NEW NELLIGAN PEDIATRICS CLINIC
INSTITUTIONAL		More lucrative, high volume	Fewer no-shows; shorter visits; higher RVUs
PROFESSIONAL		Specialty cultures	
SOCIETAL / SYSTEM			Higher-SES; higher patient consumerism

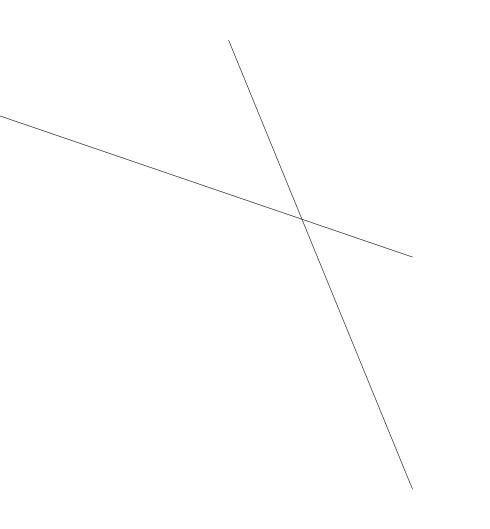
# **KEY TAKEAWAYS**

- Structural factors work together to shape wellbeing in medicine
  - Physicians and trainees as shock absorbers
- Limitations
  - Generalizability<sup>11</sup>
- Policy implications
  - Institutional: Supporting multi-disciplinary teams and spaces
  - Professional: (Re)balancing service and learning in GME
  - Societal / system: Empowering physicians of color



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# THANK YOU!

### **QUESTIONS?**

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