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DISCLOSURES

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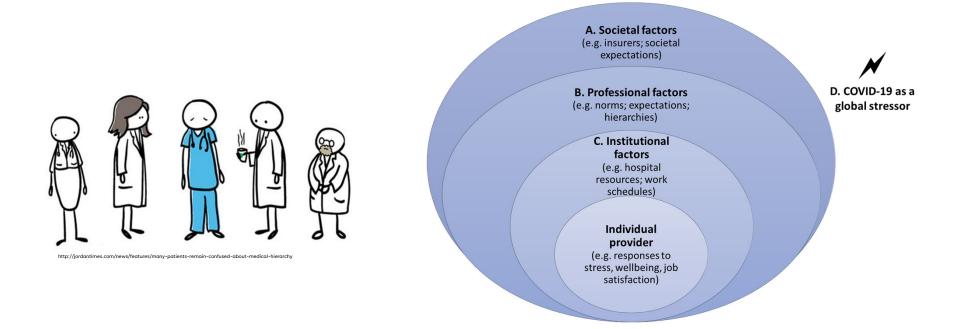
BACKGROUND

- Disillusionment and distress are well documented in medicine ¹⁻¹⁰
 - 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

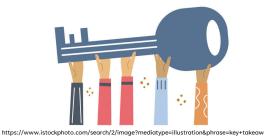
SOCIETAL/SYSTEM

- 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 |
| | | | |

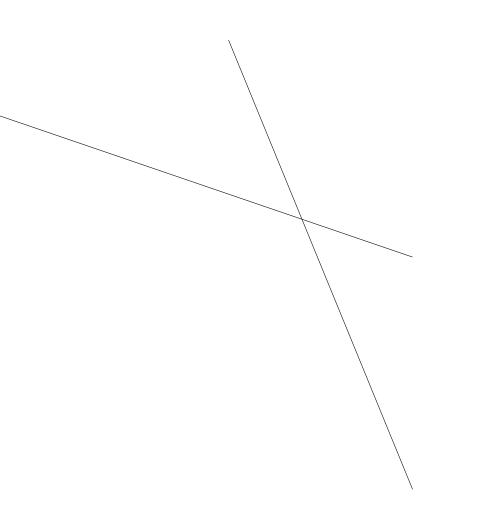
KEY TAKEAWAYS

- Structural factors work together to shape wellbeing in medicine
 - Physicians and trainees as shock absorbers
- Limitations
 - Generalizability¹¹
- 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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