White Paper on Faculty Wellness

Academic Affairs Strategic Planning
Faculty of Medicine Project Renaissance

Working group members

Chair: Dr Lesley Fellows, Vice-Dean, Academic Affairs
Dr. Michelle Elizov, Assistant Dean of Faculty Development
Maria Di Feo, Ingram School of Nursing
Dr. Steven Grover, Medicine
Dr. Namta Gupta, Assistant Dean of Student Affairs
Dr. Mimi Israel, Psychiatry
Dr. Audrey Juras, Family Medicine
Dr. Wassim Kassouf, Surgery
Dr. Leonora Lalla, CPD
Dr. Nancy Mayo, SPOT, Medicine
Dr Leon Tourian, Psychiatry

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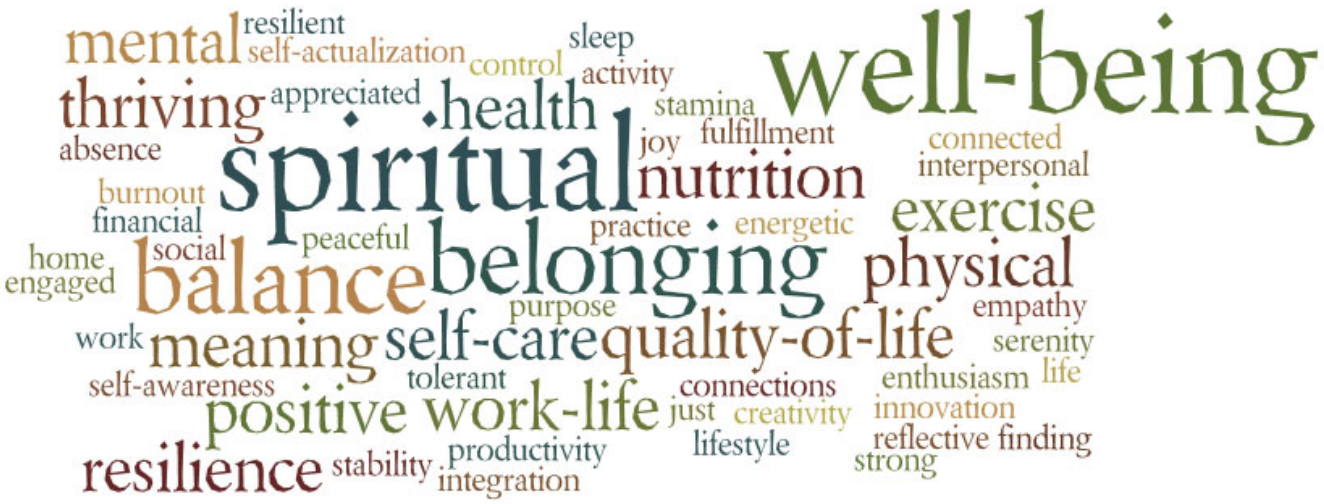
Why Work on Wellness?

The academic medical environment can be a challenging workplace, and recent research suggests that burnout and other signs of un-wellness are on the rise (or perhaps are more readily acknowledged or reported) than in the past. Faculty wellness is self-evidently important for the individual, but may also have far-reaching impacts on the institution (retention, productivity), on the learning environment, and on patient care.

Defining Wellness

Wellness is the absence of illness or burnout, at a minimum. But it is more than that, encompassing resilience to external stressors or challenges, and a positive, actively pursued state of health, thriving, flourishing. The facets of wellness identified by working group members are summarized in the word cloud below (more frequent terms in larger font).



This broad, multifaceted view of wellness echoes the literature. The largest relevant literature addresses physician wellness. A very recent systematic review found that wellness is not defined at all in the bulk of the physician wellness literature, and when it is defined, there is little agreement across papers[1]. Quoting from this systematic review: "When taken together, authors' definitions of physician wellness reveal a multifaceted construct that includes mental, physical, social, and spiritual QOL [quality of life] in both physicians' work and personal lives. Moreover, the literature revealed that physician wellness includes the absence of distress and the presence of positive well-being, including vigor and thriving states and behaviors beyond mere job satisfaction."

Contributors to Wellness

Thus, in current usage, workplace wellness is a multi-faceted construct influenced by multiple factors. The working group's initial brainstorm on the contributors to wellness is summarized in the word cloud below.

The facets seen as priorities by the working group can be organized by theme:

Social:	social interactions, support networks, family, sense of community, sense of belonging, connections to others including colleagues, team dynamics, quality, effectiveness of local leadership in addressing group needs and interests.
Physical:	exercise, nutrition, time to eat, sleep, relaxation
Psychological:	stress management, personal resilience
Existential:	ability to try new things, develop new skills, creative work, agency, meaningful work, competency, sense of control
Structural:	physical space, administrative support, time to reflect, institutional policies and initiatives that make wellness of people a top priority, balance between service and teaching, scheduling control.

The working group proposed that wellness is 'contagious'; thus, intervening within workplace communities is potentially very powerful. Likewise, low morale is transmissible, with impacts on all aspects of work including the learning environment and quality of patient care as well as personal well-being. The group also considered demographic trends potentially relevant to thinking about workplace wellness: gender differences in workload related to societal expectations regarding family and household responsibilities (so-called "double shift") contributing to higher rates of burnout in women, generational differences in expectations about workload and work-life balance, and the stigmatization of mental health difficulties that may create barriers for accessing support. It has been proposed that the individual characteristics that put people at higher risk of burnout may also make them less likely to access preventative support.

Barriers to wellness

The group's initial brainstorm is summarized in this word cloud:

This also echoes the literature, identifying many factors within the workplace that are sources of frustration and affect individual well-being, with a prominent theme of increasing administrative load for faculty (thus less time for meaningful activities such as patient care or teaching/supervision). This is seen as arising from many sources, including unintended consequences of changes such as EMRs and requirements for increased accountability (i.e. documentation), without a concomitant increase in administrative staff support. Further, administrative staff likewise face rising complexity of work due to many of the same issues.

Assessing faculty wellness

Literature

The systematic review cited above finds that most often wellness is not measured, but rather burnout is assessed (the most-used burnout questionnaire assesses emotional exhaustion, depersonalization, low sense of personal accomplishment). In addition, other (negative) constructs are sometimes assessed: depression, stress. Some work has asked about positive constructs like job satisfaction, life satisfaction, career commitment, work attitudes. Research addressing social factors has mainly focused on family/personal life. Sleep and rest, work-life balance has also been studied a bit. There is more work on burnout in physicians (and some work on nurses in clinical settings) and much less on academic work in general or academic medicine in particular. A recent review summarizes the commonly used measures (Shanefelt & Noseworthy[2]). The group also considered a workplace quality of life (QOL) questionnaire.

Faculty Wellness Resources

McGill Employee Assistance Plan

McGill offers disability insurance to full-time faculty, and has data on use of this insurance according to Faculty. An Employee Assistance Plan is also available for those with Supplemental Health insurance through McGill. This is a confidential, 'arms-length' service that includes up to 4 hours of psychology, as well as other services (financial planning, legal assistance, social work).

PAMQ

This is a confidential referral and support service for physicians in Quebec: http://www.pamq.org/en/

Hospitals

MUHC has some Wellness resources: https://muhc.ca/dsm-student-orientation/your-wellness
https://muhc.ca/dsm-student-orientation/%3D/module-2-workplace-health-and-safety

AFMC

This organization has a working group on the topic, focusing on physicians and medical trainees. McGill is represented on this working group.

CMA

Focuses on physician health in particular, see: https://www.cma.ca/En/Pages/physician-health.aspx;
https://www.cma.ca/physician-health-and-wellness;
https://policybase.cma.ca/documents/policypdf/PD18-01.pdf;

Other general resources on workplace wellness

https://www.ccohs.ca/topics/wellness/; http://www.royalcollege.ca/rcsite/about/creating-positive-work-environment-e;

Wellness-relevant initiatives at McGill

Faculty Mentorship

Some departments and schools have faculty mentoring programs. In some cases, there is consideration of issues pertinent to wellness. There is also a faculty-wide group mentoring program (Telemachus Scholars Program) that addresses wellness themes and promotes collegial engagement and support.

Faculty Development

Workshops relevant to personal development, time management, stress management etc.

CARE workshop for clinicians

Patricia Dobkin, Tom Hutchison and colleagues offer workshops on self-care and mindfulness for clinicians. This has been piloted in the Dept of Medicine.

Education Strategic Planning Exercise re: improved recognition of teaching

Potential targets for action: Faculty of Medicine

As a starting point for action on wellness, Table 2 adapts the comprehensive framework on wellness contributors from the work of Shanafelt and Noseworthy[2], focusing on those elements potentially relevant to faculty members in the Faculty of Medicine. Health and safety, seen as necessary precursors to wellness, were added, and several factors more relevant to hospital (especially in US environments) were deleted.

Drivers	Individual	Academic/Institutional	Externalities
workload	financial goals/compensation mix	clinical service demands research productivity demands teaching demands	clinical re-orgs, waitlist pressures, clinical admin load, fee-for-service incentives grant funding rates CBD, increasing admin load for training/accreditation/research ethics/financial management
efficiency/resources	time mgmt., goal alignment, personal efficacy (including ability to say 'no')	IT admin support administrative load (time)	reduced/changed admin support (hospital and university) increasing bureaucratic demands re: accreditation, Royal College, REB, HR, Finance etc.
meaning in work	insight/self-reflection, autonomy in setting & pursuing meaningful goals (20% rule?) ability to recognize own accomplishments, find meaning	match work to talents/interests (offer new opportunities) align personal and institutional expectations recognize (appreciate) accomplishments equity in opportunity, transparency, fairness	mismatch of financial models and personal interests (in clinical medicine and research/teaching)
culture/values	personal priorities re: wellness personal resources, resilience	organizational norms (role models), explicit and implicit messaging re: wellness	gendered expectations generational trends
control/flexibility	perception of control, responses to stressors	control over clinical, teaching, research schedules 'slack' in the system-–cross-coverage, redundancy, teamwork	political pressures funding changes
community/social support	personal (non-work) social support (family, friends, communities)	opportunities & spaces (physical and virtual) to interact recognition of community-building	built environment may not offer appropriate space virtual social world…?
health & safety	personal health promoting behaviors (self-care: exercise, sleep, nutrition, stress management)	safe workplace availability of healthy food health promotion in the workplace access to EAP other health benefits	access to mental and general healthcare varying coverage of EAP, PAMQ, other services

Table 2 focuses on **potential targets for action on wellness by the Faculty of Medicine**, with a preliminary list of existing or feasible actions, and suggested measures by which to assess need or judge effectiveness of any intervention.

Drivers	Potential measures	Candidate Faculty of Medicine actions
workload	burnout inventory perceived stress, fatigue, depression items from work-related QOL	Streamline common admin procedures Consider faculty time burden in all Fac Med decisions about existing and new processes Optimal (and fair) use of admin support
efficiency/resources	time-analysis/audit items from wrQOL	FacDev, Telemachus re: personal efficacy Orientation to better inform re: available support, prepare for required administrative tasks IT solutions (e.g. UniWEB, commonCV, …) Mechanisms to get feedback on admin load? 'SWAT team' consultation for individual units at high-risk? Tool-kit for DIY local burnout reduction/wellness promotion?
meaning in work	burnout inventories work engagement job / professional satisfaction scales (or single item job satisfaction)	FacDev, Telemachus, Orientation re: promoting reflection and engagement emphasis on assuring meaningful work at time of hiring, and update this at annual review
culture/values	wr QOL items	systematic communication on the importance of wellness (esp. linked to clear definitions, concrete actions)
control/flexibility	wr QOL items perceived stress scale empowerment at work scale	FacDev, Telemachus re: priority setting, managing up review alignment of interests and activities/expectations at annual review support innovation and high-in-meaning activities: practice plans or other protected time initiatives? small-scale grants?
community/social support	social QOL?	Telemachus support for unit-level community-building initiatives (mentoring, etc.)
health & safety	items from wr QOL SF 36 or sub-set? spiritual well-being??	assure physical safety of University facilities health promotion interventions? (unit-level or whole-Faculty?) clear information (web, orientation) on health & wellness services available and how to access them

Principles

- **Wellness is cross-cutting. It should be integrated (or at least considered) in all aspects of the Faculty's Strategic Plan**
- **Wellness is multi-faceted and multi-factorial. One size will not fit all; multiple "nudges" may be more useful than any single initiative. Local action may be more effective than faculty-wide efforts.**

Recommendations

COLLECT DATA

- **A brief wellness survey should be undertaken to collect local data.**
- **Intersectional issues could be usefully assessed in the same participants (e.g. harassment, learning climate, clinical care etc.) to allow evidence-based, appropriate prioritization of wellness interventions.**

PROMOTE RESOURCES

- **Existing resources (e.g. re: health & safety) should be better communicated (orientation, AA website, etc).**

INTEGRATE INTO ANNUAL REVIEW

- **Relevant facets of wellness (see Table above) should be integrated into the Annual Review.**
- **Those who carry out the face-to-face reviews may need training to do this effectively.**

MENTORSHIP & COMMUNITY-BUILDING

- **Mentorship and other community-building efforts should be supported**
  - e.g., community-building around physical or mental health specifically (Wellness as the target), or around other themes (Wellness as a 'side effect')
  - Consider social media approaches, especially for distant sites.

References:

1. Brady, K. J. S. *et al.* What Do We Mean by Physician Wellness? A Systematic Review of Its Definition and Measurement. *Academic Psychiatry* **42,** 94–108 (2018).
2. Shanafelt, T.D. & Noseworthy, J.H. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. *Mayo Clin Proc.* **92**(1):129-146 (2017).