Faculty Wellness

Perspective from Academic Affairs

Lesley Fellows
Faculty Retreat
October 2018
Overview

- Academic Affairs working group on Faculty Wellness
  - Why Wellness?
  - Definition
  - Analysis
  - Scope of potential action by the Faculty of Medicine
  - Preliminary Recommendations & Next Steps
Why Wellness?

- The academic medical environment can be a challenging place to work
- 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
- It may also have far-reaching effects on
  - the institution (retention, productivity)
  - the learning environment
  - patient care.
Faculty Wellness Working Group

- Maria Di Feo (Nursing)
- Michelle Elizov (Med, FacDev)
- Lesley Fellows (Neurology, AA)
- Steven Grover (Med)
- Namta Gupta (FM, WELL)
- Mimi Israel (Psych.)
- Audrey Juras (FM)
- Wassim Kassouf (Surg.)
- Lenora Lalla (FM, CPD)
- Nancy Mayo (SPOT, EBOH, Med)
- Laurie Plotnick (Peds)
Goals

• define wellness in a useful way
• assess what we know about faculty wellness locally, & wellness initiatives here and elsewhere
• identifying barriers to and facilitators of wellness
• make recommendations for tracking and action on wellness for the Faculty of Medicine
Connect with other new Faculty members

Figure out:
- where you are
- where you are going
- how to get there

Overview of academic milestones

Drawing your own roadmap

Are you on the right track?

Performance Review
Reappointment
Promotion

Resources
- Information
- Mentorship

well-being
positive
tolerant
peaceful
engaged

connected
exerice

energetic

physical

appreciated

creativity

spiritual

something

feeling

health

state

social

balance

belonging

mental

purpose

thrusting

social

part

empathy

self-awareness

absence

quality

meaning

resilience

innovation

life

work-life

stamina

productivity

enthusiasm

nutrition

fulfillment

McGill

Faculty of Medicine
Faculté de médecine
Definitions

The working group’s definition:
*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.*

Wellness is a multi-faceted construct. The literature often does not define what aspect of this construct is under study. When definitions are provided, they often don’t agree across studies.

“...wellness includes the absence of distress and the presence of positive well-being, including vigor and thriving states and behaviors beyond mere job satisfaction.”

An Academic Affairs & Faculty Development Office Co-Production
Lesley Fellows, Vice Dean, Academic Affairs & Michelle Elizov, Assistant Dean, Faculty Development

Fall 2018

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Promotion

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Information
Mentorship

space
reflect
belonging
community
social-interactions
family
competency
connections
workplace-policies
relaxation
development
meaningful things
skills
workplace-support

agency
try
sense
communication
work
physical

administrative-support
time

new
ability

creative
eat
physical-space
exercise

McGill
workplace wellness is a multi-faceted construct influenced by multiple factors.
Priority factors: initial thoughts

• **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
• **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.
Further thoughts

• Workplace wellness is probably “contagious”
  • low morale is also transmissible
• Intervening in the workplace may be especially powerful
• demographic trends may be important
  • work-life expectations
  • gender trends and ‘double-shift’ effects
• people at risk for burnout may, for the same reasons, be less likely to seek help on their own
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Resources

Information

Mentorship
Barriers to wellness

Echoing the literature, many factors are sources of frustration and affect individual well-being:

- a prominent theme of increasing administrative load for faculty
  - therefore less time for meaningful activities such as patient care or teaching.
  - arising from many sources
    - unintended consequences of changes such as EMRs and requirements for increased accountability for nearly all activities carried out in an academic medical setting, without a concomitant increase in administrative staff (and with existing admin staff also facing rising complexity of work)
## Analysis of contributors

<table>
<thead>
<tr>
<th>drivers</th>
<th>individual</th>
<th>academic/institutional</th>
<th>externals</th>
</tr>
</thead>
<tbody>
<tr>
<td>workload</td>
<td>financial goals/compensation mix</td>
<td>clinical service demands</td>
<td>clinical re-orgs, waitlist pressures, clinical admin load, fee-for-service incentives, grant funding rates, CBD, increasing admin load</td>
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<tr>
<td></td>
<td></td>
<td>research productivity demands</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>teaching demands</td>
<td></td>
</tr>
<tr>
<td>efficiency/resources</td>
<td>time mgmt., goal alignment, personal efficacy (including ability to say ‘no’)</td>
<td>IT admin support</td>
<td>reduced/changed admin support increasing bureaucratic demands re: accreditation, Royal College, REB, HR, Finance etc.</td>
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<tr>
<td></td>
<td></td>
<td>administrative load (time)</td>
<td></td>
</tr>
<tr>
<td>meaning in work</td>
<td>insight/self-reflection, autonomy in setting &amp; pursuing meaningful goals (20% rule?) ability to recognize own accomplishments, find meaning</td>
<td>match work to talents/interests align expectations recognize accomplishments equity in opportunity, transparency, fairness</td>
<td>mismatch of financial models and personal interests (in clinical medicine and research/teaching)</td>
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<tr>
<td>culture/values</td>
<td>personal priorities re: wellness personal resources, resilience</td>
<td>organizational norms (role models), explicit and implicit messaging re: wellness</td>
<td>gendered expectations generational trends</td>
</tr>
<tr>
<td>control/flexibility</td>
<td>perception of control, responses to stressors</td>
<td>control over clinical, teaching, research schedules ‘slack’ in the system—cross-coverage, redundancy, teamwork</td>
<td>political pressures funding changes</td>
</tr>
<tr>
<td>community/social support</td>
<td>personal (non-work) social support (family, friends, communities...)</td>
<td>opportunities &amp; spaces (physical and virtual) to interact recognition of community-building</td>
<td>built environment may not offer appropriate space virtual social world...?</td>
</tr>
<tr>
<td>health &amp; safety</td>
<td>personal health promoting behaviors (self-care: exercise, sleep, nutrition, stress management)</td>
<td>safe workplace availability of healthy food health promotion in the workplace access to EAP other health benefits</td>
<td>access to mental and general healthcare varying coverage of EAP, PAMQ, other services</td>
</tr>
<tr>
<td>drivers</td>
<td>candidate measures</td>
<td>candidate Faculty of Medicine actions</td>
<td></td>
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<td>--------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>workload</td>
<td>burnout inventory perceived stress, fatigue, depression work-related QOL</td>
<td>• Streamline common admin procedures&lt;br&gt;• Consider faculty time burden in all Fac Med decisions about existing and new processes&lt;br&gt;• Optimal (and fair) use of admin support</td>
<td></td>
</tr>
<tr>
<td>efficiency/resources</td>
<td>time-analysis/audit? items from wrQOL</td>
<td>• FacDev, Telemachus re: personal efficacy&lt;br&gt;• Orientation to better inform re: available support&lt;br&gt;• Mechanisms to get feedback on admin load?&lt;br&gt;• ‘SWAT team’ consultation for individual units at high-risk?&lt;br&gt;• Tool-kit for DIY local burnout reduction/wellness promotion?</td>
<td></td>
</tr>
<tr>
<td>meaning in work</td>
<td>burnout inventories work engagement job / professional satisfaction scales (or single item job sat.)</td>
<td>• FacDev, Telemachus, Orientation re: promoting reflection and engagement&lt;br&gt;• emphasis on assuring meaningful work at time of hiring, and update this at annual review</td>
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<tr>
<td>culture/values</td>
<td>wr QOL items</td>
<td>• systematic communication from Fac Med leadership (esp. linked to concrete actions)</td>
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<tr>
<td>control/flexibility</td>
<td>wr QOL items perceived stress scale empowerment at work scale</td>
<td>• FacDev, Telemachus re: priority setting, managing up&lt;br&gt;• review alignment of interests and activities/expectations at annual review&lt;br&gt;• support innovation and high-in-meaning activities: practice plans or other protected time initiatives? small-scale grants?</td>
<td></td>
</tr>
<tr>
<td>community/social support</td>
<td>social QOL?</td>
<td>• Telemachus&lt;br&gt;• support for unit-level community-building initiatives (mentoring, etc.)</td>
<td></td>
</tr>
<tr>
<td>health &amp; safety</td>
<td>items from wr QOL SF 36 or sub-set? spiritual well-being??</td>
<td>• assure physical safety of University facilities&lt;br&gt;• health promotion interventions? (unit-level or whole-Faculty?)&lt;br&gt;• clear information (web, orientation) on health &amp; wellness services available and how to access them</td>
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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.
Preliminary recommendations

- Local data are needed.
  - A brief wellness survey should be undertaken.
  - Intersectional issues could be usefully assessed in the same participants: e.g. harassment, learning climate, clinical care and so on to allow evidence-based, prioritization of wellness interventions.

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

- 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 some training to do this effectively.

- Mentorship and other community-building efforts should be supported
  - 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.

- Faculty Development? CPD? Other?
Next Steps

- Finalize preliminary Wellness Strategic Plan
- Consult broadly; look for synergies
- Collect local data
- Develop a specific action plan
Questions?