Understanding and Improving Physician Attitudes and Behaviors in Today's Health Care Environment

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Abstract

Physicians just want to be physicians. But changing developments in today's health care environment have introduced a new level of complexity that is leaving physicians feeling frustrated, disillusioned, and dissatisfied with medical practice. As a result, many physicians are overstressed and burnt out to the point where many have reacted by looking for greener pastures by changing their scope or models of practice, switching careers, or retiring early. Those that are left are so unhappy that it's affecting their attitudes and behaviors. With the growing concerns about the availability of physician supply we need to look at physicians as a precious resource and do what we can to help then adjust to the pressures of today's world. In order to do this, we need to gain a better understanding of what they think and feel as to the scope and extent of the disturbing factors that are distracting them from providing patient focused medical care.

Keywords: Physician Attitudes; Physician Behavior; Physician Engagement; Physician Satisfaction

Background

Physicians spend years of dedicated training in an attempt to develop the appropriate skills to become a competent physician. Part of the byproduct of this rigorous training is to develop a very strong egocentric independently functioning personality that focuses on gaining the necessary clinical knowledge and technical expertise at the expense of enhancing personal skill development. As a result, physicians tend to work autonomously, they give orders, they don't like outside interference, and they are resistant to being told what they need to do. Ten years ago, that was a workable situation. But now health care has become more complex, patients are sicker, physicians are being held more accountable for following set standards of care, there's more intrusion, busywork, and accountability for performance outcomes, and there's a greater dependence on new technology and electronic documentation that takes the physician away from face to face patient care. This doesn't sit well with physicians. To survive this change physicians, need to learn how to work effectively in a multidisciplinary practice setting, learn good communication, team collaboration, and work relationship skills, and be willing to accept outside advice and support to help them comply with these new initiatives. So how can we do this?

Process

There is no one cause and effect solution to this problem. We need to start at the beginning in an effort to gain a better understanding of the factors influencing physician behavior and then take the appropriate steps to help out. The focus needs to be on providing positive reinforcement and support to help the physician do what they want to do, practice good medical care. Table 1 outlines a series of steps that can help achieve this objective.

S.NO	Factors influencing Physician Attitudes and Behaviors: Support Strategies
1	Personality influences: Internal/ External
2	Education
3	Relationship training
4	Communication skills training
5	Behavioral support
6	Physician well- being
7	Physician engagement

Table 1: *Factors influencing Physician Attitudes and Behaviors: Support Strategies.*

Individual personality traits, values, perceptions, attitudes, biases, moods, and predilections are based on a number of different deep seated and real time external forces that influence behaviors. Some of the deep seated contributing factors include frameworks set by age and generational values, gender, culture and ethnicity, religion and spirituality, socioeconomics, geographics, and life experiences. Contributing external factors include the training experience, the political and work environment, personal issues, and factors affecting physical and emotional health. The external forces for physicians are somewhat unique. First the training process is viewed by many as a hazing environment where physicians suffer from low self-esteem and learn to survive by gaining knowledge and competence through independent study. This process can be a potential liability in today's health care multidimensional world. Next is the issue of Health Care Reform and metric conformance around value based accountable care. The third issue is the unusual high penetrance of stress and burn-out in physicians. More about this later. So, what can we do?

The process should actually start in medical school. Recent articles have highlighted a training environment of high stress, fatigue, and burnout all of which can have a detrimental effect on student well- being. At one end of the spectrum this can have a significant negative influence on overall attitudes and professional behaviors [1]. In more extreme cases this can lead to severe depression and even suicidal ideation [2]. Given the seriousness of this problem many training programs are now looking for more well-adjusted well-rounded applicants who have majored in the humanities or social sciences rather than those that majored in technical math and science [3]. Many schools are also beginning to introduce team training and personal relationship skill development early on in the educational curriculum pairing medical students together with nurses, pharmacists, respiratory therapists, physical therapists and the like so they can get a better understanding of individual roles and responsibilities [4]. The goal is to enhance development of personal skills. This is a step in the right direction.

The next step is to provide education on the business side if medicine. Physicians need to gain a better understanding of what's going on, why it's happening, how it will impact their practice, and what needs to be done to function as a better performer.

The next step is to improve work relationships. As mentioned earlier health care is becoming extremely complex and effective patient management will require a collaborative multidisciplinary approach that extends across the entire spectrum of care. For many of the reasons as stated above, physicians are not the best communicators [5]. Training physicians how to better interact with their colleagues, medical staff, and the patient can be approached through a number of different programs that include training in diversity management, cultural competency, generational tendencies, sexual harassment, conflict management, and improving overall emotional intelligence [6]. Specific training on improving customer service, communication, and team collaboration skills will significantly improve expectations and compliance in achieving positive outcomes of care [7].

As mentioned previously issues related to Health Care Reform, Accountable Care, new technologies such as the Electronic Medical Record, more time being spent on non- clinical issues, and a greater focus on productivity, have all significantly increased stress and burnout

levels to a serious level where more than 50% of practicing physicians report serious concerns [8]. The problem is that most physicians don't recognize that they're working under such stress, won't admit it, or if they do, won't seek outside help until it's had an appreciable effect on their physical or mental health. If physicians won't react we need to take a proactive stance in trying to help them. There is now a new emergence of Physician Wellness Committees, Physician Employees Assistance Programs (EAPs), and more resources being devoted to personalized coaching or counseling services designed to help the physician adjust to the pressures of medical practice before an unwanted event occurs [9]. Additional support can come from administrative adjustments related to adjusting on-call or committee work responsibilities, providing support with electronic medical records, reducing clinical workloads by utilizing Physician Assistants, Nurse Practitioners, or Care Coordinators to help address routine medical matters, and by offering behavioral support through anger, stress, conflict, and career advice management. Some cases may require more comprehensive therapy. Serious behavioral issues that lead to disruptive behaviors that can negatively affect work relationships and patient care need to be addressed accordingly [10]. All these services need to be promoted with the purpose that they are designed to help the physician thrive in their practice and return their joy and enthusiasm for care, and not be construed as a punishment for behavioral sins.

The next step is the promotion of physician well- being. Physicians need to learn how to set limits, take time for relaxation, be able to say no, and follow their own recommendations for adequate rest, good nutrition, regular exercise, and maintaining a positive overall healthy life style. Mindfulness training, meditation, and resilience training can all help in this regard [11-13]. There are many studies documenting the value of good health and well- being with positive physician satisfaction, engagement, and overall improvements in the outcomes of care [14].

The final step is engagement. To engage physicians, you need to first understand what their concerns are and then give them an opportunity to share their thoughts and ideas [15]. Input can come from Town Hall meetings, Department meetings, Special task forces, or one on one meetings with key clinical and administrative leaders. Listen to what they have to say and be sensitive and empathetic to their concerns. It's not that you'll be able to solve all their problems, but giving them a voice, showing respect, and thanking them for all the hard work that they do will go a long way in reducing their angst.

Conclusion

Many physicians are having a difficult time adjusting to the pressures of today's health care environment. Greater intrusion, more accountability, and more time being spent on administrative requirements have increased levels of frustration, anger, stress, and burnout to the point where it is negatively impacting physician attitudes and behaviors. Physicians are very reluctant to seek outside help for their woes. Gaining a better understanding of the physician mindset, showing empathy and compassion, allowing them to have input and involvement, and proactively providing them with the appropriate administrative, clinical, and behavioral support is an important strategic approach that will lead to improved physician satisfaction, enthusiasm, and team engagement in the overall health care delivery process.

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