



Canadian Society of Palliative Care Physicians

Position Statement on Physician Wellness

The Canadian Society of Palliative Care Physicians is committed to assisting its members in enhancing their well-being and professional fulfillment. The responsibility to prevent burnout, build resilience, foster work-life balance and develop a culture of wellness rests not only on individuals but should be owned and prioritized by the healthcare system as a whole. At the organizational level, the CSPCP endeavours to sponsor and endorse activities, programs and policies that support our members to thrive in their work - as individuals and as a community.

Burnout is characterized by emotional exhaustion, depersonalization, cynicism, and a negative evaluation of competence or personal accomplishment.^{1,2,3} Drivers of burnout include excessive workload, work inefficiency and lack of work support, lack of work-home integration, loss of control and autonomy, loss of meaning from work, and moral distress³. Physician burnout causes harm to patients, other healthcare professionals, and the healthcare system.^{1,3}

Palliative medicine attracts highly compassionate and driven individuals with a strong sense of duty.^{4,5} Palliative care physicians work in emotionally charged situations and circumstances and are subject to high expectations from patients, colleagues, and the health care system⁵. These expectations can contribute to prioritizing the care of others over the care of self and result in feelings of guilt and selfishness for caring for their own well-being.⁶

Physicians, in general, often self-assess or are perceived as immune to injury and diseases or moral distress, and as a result, medical leaders and physicians themselves may overlook workplace health and safety programs.³ Working conditions, including workload and work hours, affect physicians' motivation, job satisfaction, personal life and psychological health during their careers.^{3,16,17,18} Moreover, palliative care physicians are often self-employed and sometimes work in small communities or in isolation. This may create an even higher risk for occupational diseases for which they may not have access to health and safety programs provided by larger health establishments or communities.^{4,5} Moral distress for palliative care physicians arise from personal factors, but also numerous external ones, such as patient/family issues (for example, lack of advance care planning, or conspiracies of silence), team issues (for example, dehumanization or disregard for patient values, or provision of "false hope"), and organization factors (for example, lack of resources, or overcrowding of medical units).²⁹

Despite the well-documented magnitude of healthcare clinician burnout and the demonstrable role of organizational or systemic mediators, interventions to address or prevent physician burnout are often focused solely on the individual. System-level issues contribute significantly to

burnout; healthcare organizations, therefore, must also take responsibility and accountability to address this critical issue and promote physician wellness and professional fulfillment.¹

Strategies for healthcare organizations to systemically address physician wellness.^{1,2,3,9,10}

1. To promote a culture of wellness:

1. Regularly measure burnout/resilience and publish data; for example, dashboards that can be accessed by all at anytime.^{1,11,12,13,14,24}
2. Calculate the cost of burnout to the healthcare organization.^{1,15,16}
3. Develop & invest in resources to enhance the skills of leaders to address burnout and promote wellness.^{16,17,18,10,20}
4. Create an organizational strategy to be accountable for the well-being of everyone working there.^{1,21}
5. Invest in research in palliative care physician wellness.^{3,18}
6. Develop and promote strong conscient protection measures and other strategies to mitigate moral distress, which are often a result of external factors.²⁹

2. To improve models of practice:

1. Identify and redesign inefficient work - and involve palliative care physicians in these processes.²³
2. Promote teamwork models of practice.^{1,26,27}
3. Streamline electronic health records and information technology interfaces.¹
4. Encourage realistic staffing and scheduling that recognizes predictable absences.^{1,23}
5. Reduce clerical burden for the palliative care physician.

3. To promote personal resilience:

1. Hold training sessions on team compassion and self-compassion.¹
2. Provide space for physical activity, or at a minimum provide access to local fitness facilities.¹
3. Provide access to various levels of psychological counselling & support - from peer support to professional psychological counselling.^{1,25,26,27,28}
4. Promote healthy behaviours, such as adequate nutrition and rest.¹

The CSPCP Commitment:

1. Maintain and support the Wellness Committee.
2. Hosting wellness activities and sessions.
3. Periodic measurement of membership wellness and burnout.
4. Regularly update this position statement on palliative care physician wellness.
5. Collaborate with national, provincial, or jurisdictional leadership and organizations to promote palliative care physician well-being.

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