

Professional Satisfaction and Practice Conditions: *Two Important Elements*

Claude Prévost and Sandra Roman

Your workplace can't manage to retain the recently recruited doctors. On top of that, one of your colleagues has left on sick leave, adding to your workload. So, Doctor, do you have any regrets about your choice of career?

INDIVIDUAL SOLUTIONS, such as in the case of stress management—coping mechanisms which help us adjust to difficult work conditions—have been looked at by the authors of this issue, but what about aspects of work organization over which we have but little individual influence?

Studies have long shown that there is a close connection between work and health, and the related positive and negative effects¹. When conditions are good, work is important for producing good health. In addition to financial security, it defines our identity and becomes a source of social recognition, self-actualization and personal development. On the opposite end of the scale, unemployment is associated with depression, alcoholism and violence¹.

According to the experts, work organization has negative repercussions when the task is very demanding, and the person has little control over his organization, or when little recognition is received for all the efforts put in (Figure 1)².

Social support provides protection in both these cases. You are probably already relating this to your everyday reality as a doctor! However, studies confirm that we do not focus on the health of doctors regarding their professional activities, setting and work conditions.

Why Should We Be Concerned About the Professional Satisfaction of Doctors?

It is important to be concerned with dissatisfaction at work, since it could be a precursor to more well-defined disorders, such as burn-out. Moreover, it not only adversely affects the doctor's health, but also patient satisfaction, the trust the patient puts in the

FIGURE 1

Explanation of the Effect of Working Conditions on Health²



"Demand Versus Control" Model

Demand - Difficulty of a task, intensity, time pressure, stressful situations (with patients or colleagues), the consequences of errors.

Control - Autonomy or control that a person has over how his work is organized or done

"Reward Versus Effort" Model

Effort made - Level of responsibility, workload, time invested

Reward - Financial gains, promotions, recognition, respect, social status

Models are used to explain the effects of work on health and to evaluate those effects that are increasingly attracting attention and that we can categorize under Work Dissatisfaction.

healthcare professional and the patient's desire to follow the treatment. It is also harmful in that it can lead to staff turnover³, which is nothing to be sneezed at, since it undermines the quality and continuity of care, the morale of the care-giving teams, and, in the end, the ability to recruit. This is the vicious circle of dissatisfaction (Figure 2).

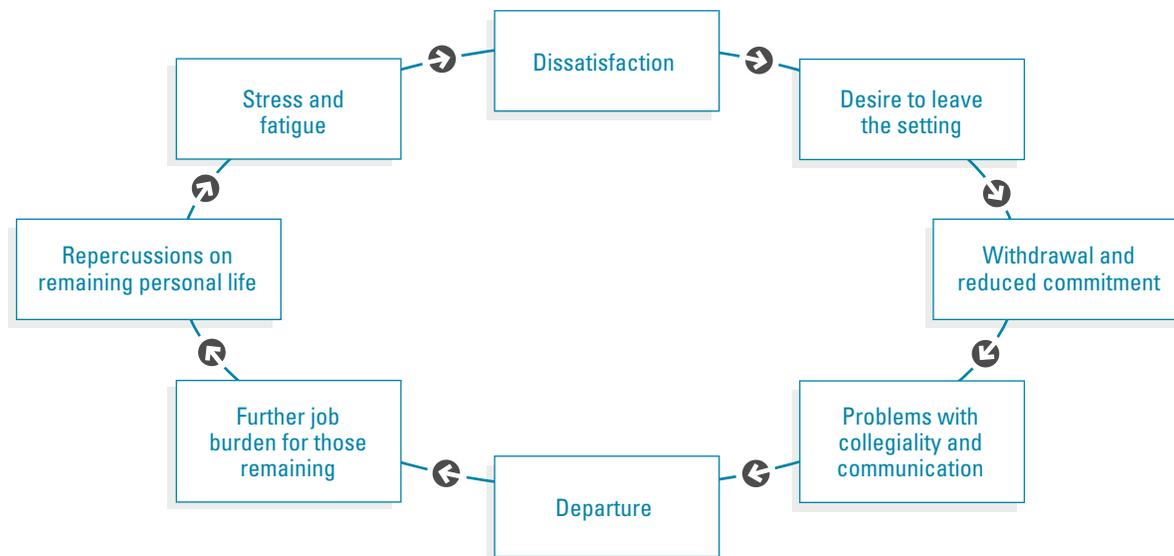
Dissatisfaction at work is therefore a relevant concept. According

to recent studies, the level of satisfaction has been falling for doctors for many years, especially given the deteriorating conditions for practising medicine⁴.

Many factors influence the professional satisfaction of doctors, including autonomy, relationships with patients, colleagues and personnel, income, available resources, free time, balancing personal life with work, administrative support, and field of practice.

FIGURE 2

Vicious Circle of Dissatisfaction

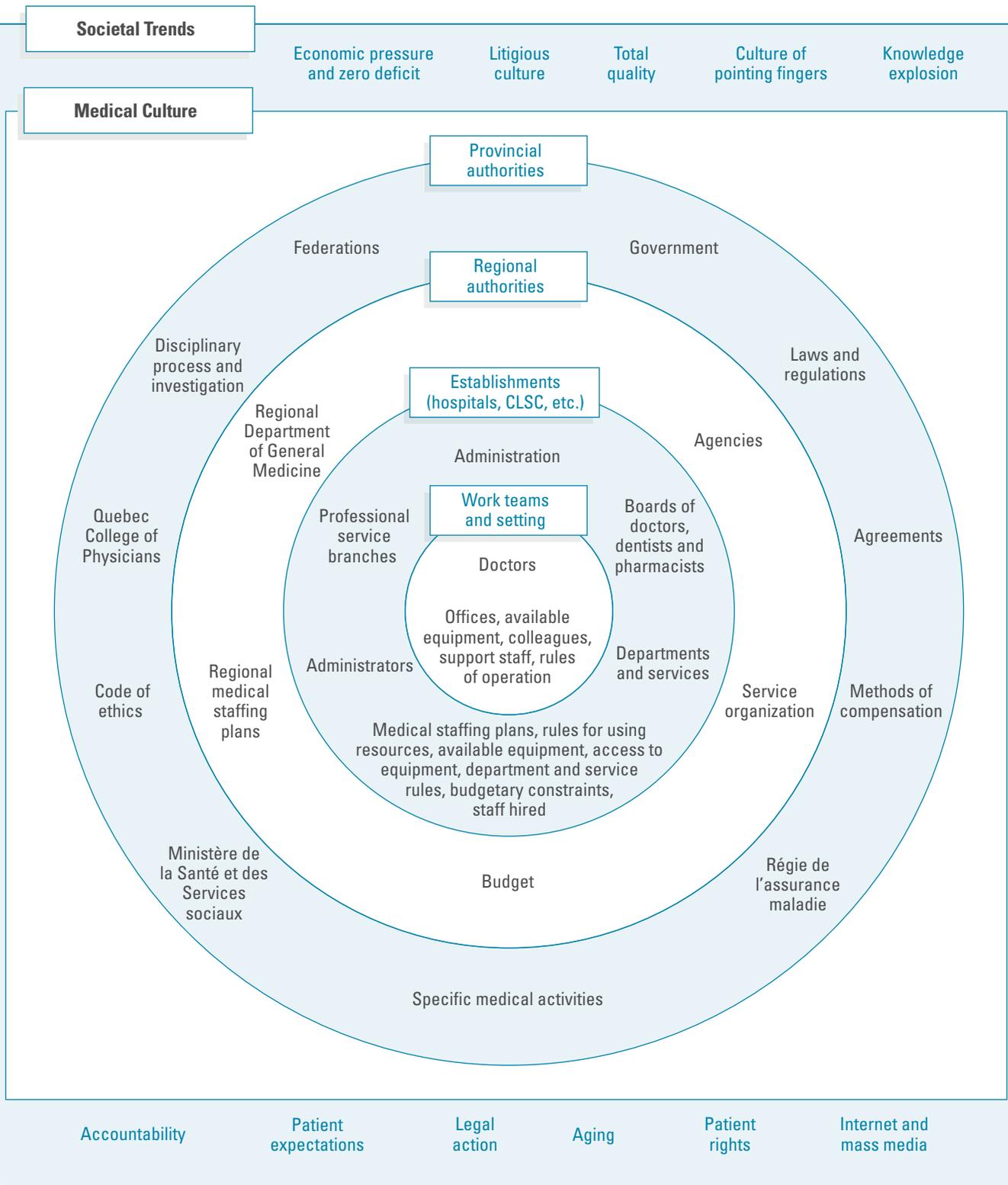


So, since work satisfaction is important, and we know how to increase it, wouldn't it be a good idea to take action to change or improve the conditions of practice? To answer this question, we must first understand what influences these conditions.

As professionals, we are of course partially responsible for our job and the way in which we organize our work. However, we do not have individual control over certain things. Figure 3, by no means exhaustive, summarizes the complexity of what can influence our working conditions.

FIGURE 3

Items Influencing the Working Conditions of Doctors



Does Medical Culture Hinder Professional Satisfaction?

Unfortunately, medical culture is a major hindrance to professional satisfaction. It is not typical of any particular organization. Its influence is apparent in all medical structures and organizations. It encompasses a set of values and behaviours, which are learnt over our long years of training, and that we ourselves perpetuate. Let's look at some of its consequences.

The most obvious way in which the medical culture appears is in the defensive strategies that we use to meet the demands and pressures we face⁴. With having to do an intense, serious, bureaucratic and risky job, we adopt protective behaviours taken from our education and valued models. These strategies, largely authorized and recommended by the medical community and culture, include professional **hyperactivity** and **stamina**⁴. The former is apparent when the doctor can no longer reduce his workload, although he may consider it excessive or even dangerous for himself and his patients, whereas the latter arises when the doctor must deal with it, regardless of problems in the organization and his personal state (fatigue, exhaustion, illness, etc.). These defence mechanisms are so thoroughly internalized that they become the norm, if not a criterion for selecting or retaining physicians⁵.

The danger is that work organization is based on the systematic use of these strategies by all doctors as a way of offsetting the shortcomings of the healthcare system. The way in which doctors overinvest in their work thus excuses organizations with shortcomings. Professional hyperactivity and stamina, which sooner or later lead to the loss of collective solidarity and collegiality, are reflected in the denial of illness and personal vulnerabilities (not consulting, having suboptimal treatments, refusing to take into account a colleague's illness)⁶; of one's own or a colleague's pregnancy); of aging (having the same workload regardless of age); and, more generally, of the suffering of other physicians⁷.

This way of working is so highly ingrained that, despite the growing knowledge on risks related to the many aspects of our work and work organization (on-call schedule, sleep deprivation, overloads, etc.), we have far more problems accepting or even imagining doing things any other way⁶.

The rules, constraints, guidelines, and expectations indicated in Figure 3 define what work **should be**⁴. Unfortunately, work organization in the healthcare sector no longer meets all the items listed. Lack of time and resources, among other things, make respecting this list unrealistic, not to mention the sometimes contradictory expectations that get in the way⁴. The discrepancy between the work defined in the job description and the work actually performed leads to what some call "ethical suffering", i.e., the inability to offer patients within the desired time the care we want to give them and that we know they need.

All physicians are affected by problems related to work organization, but they do not all suffer equally. In addition to health problems, dissatisfaction involves problems in the quality of care, the desire to leave the profession or withdraw from caring for patients, and, in the end, the stopping of clinical work out of frustration. The situation could however be reversible by implementing work conditions that are acceptable for most doctors.

Poor work conditions are very common in medicine. Healthcare workers are the least likely to describe their workplace as healthy. Surveys indicate that 30% to 40% of doctors would not choose their profession again, and an even higher number would not recommend it to a student or their children⁹.

How Can the Conditions of Practice and Satisfaction Be Improved?

Before implementing solutions, the importance of doctors in providing healthcare must be recognized. This idea is undoubtedly taken for granted by all stakeholders. We must then recognize the importance of the well-being and professional satisfaction of doctors for the providing of quality healthcare and act accordingly. This article argues in favour of this, but nothing is carved in stone, and we each have a role to play.

General Recommendations

In general, solutions must encourage the autonomy of doctors by giving them the leeway necessary to act on their work conditions and the ability to influence the decisions that affect their working environment. They must also cultivate collegiality in order to foster healthy relationships between professionals. Adequate administrative support must free up doctors from tasks that are not related to patient care. It is also important to limit work from interfering with personal life and to promote a healthy balance between personal and professional activities. Lastly, the values we hold dear must take their rightful place back within our work places and guide orientations so that doctors and institutions can work toward a common goal.

To achieve these changes, each stakeholder in the healthcare network must be committed to making the health and professional satisfaction of doctors a strategic issue in providing quality healthcare. This issue must therefore be taken into account in all decisions that could affect doctors. It would also be advisable that organizations monitor indicators of well-being and work satisfaction for doctors (e.g.: turnover rate, absenteeism, rate of vacant positions, etc.).

It is essential that doctors participate in evaluating the situation and looking for solutions. In a context of shortages, where the cumbersomeness of doctors' workload is a concern, looking for

balance between the demands of work and autonomy (Figure 1) must precisely allow doctors to regain control over their working conditions. This control is currently largely in the hands of the government, administrative bureaucracy and related organizations. Therefore, a larger part of the decision-making process should be put into the hands of the doctors. Centres that have doctors participate in the organization of services see an increase in physician satisfaction and commitment¹⁰. The movement of doctors to the private sector, in our opinion, demonstrates this need for control over the way they work.

Doctors must also become positive stakeholders in changing and improving their working conditions. Other professions have understood the importance of knowledge related to motivation, performance and productivity, and devote a considerable part of their university program to these aspects. Doctors have little training with regard to these issues and are not qualified to deal with concepts linked to collegiality and cooperation¹¹. As soon as they enter medical school, and throughout their residency, future doctors should be made aware of and integrate the importance of taking care of themselves, as well as learn the aspects related to the organization of the practice, and the concepts of effective leadership, practice management¹², stress control, communication, conflict resolution, gaining balance of life, etc. Doctors in practice should also have access to continuing education on these topics.

Specific Recommendations

Specific recommendations can also be made for several stakeholders in the healthcare network.

- The government should agree to the requirement of monitoring quality of life indicators at work, consider including them in certification standards of hospital centres, promote research and dissemination of knowledge, and invest in the creation and maintenance of healthy workplaces¹³.
- The Quebec College of Physicians, from the perspective of improving quality of care and preserving medical resources, could make the health, well-being and professional satisfaction of physicians a priority. It could promote and support the training of students and doctors in practice on the aspects related to the health of caregivers and related skills, and support their participation in the decision-making process associated with their conditions of practice at all levels.
- Federations could also make the health and well-being of doctors a priority and insist on the importance of providing their members with adequate work conditions, and participate and promote in initiatives to that effect¹⁴.

- In addition to the aforementioned recommendations, institutions could set up structured programs focused on the well-being and professional satisfaction of doctors⁶, which would include targeted training, activities to promote collegiality and measures for improving health and access to the appropriate health services. Efforts must also be made to ensure more flexible work schedules and to adopt ways of working that allow for adequate sleep and rest. Physicians need to believe that their organization values them and sees them as an asset, rather than viewing them as a simple budgetary item⁸.

In the end, the doctor is able to assess whether his work setting is adequate. There will always be dysfunctional work places. These work places are all different, but they often involve a high turnover of personnel and doctors, a lack of direction and planning, hazy or unrealistic expectations, arbitrary authority or impulsive requests. Discussions on differences of opinion, which are completely normal, are avoided for fear of conflict. Initiative is neither expected, nor paid any attention to, nor rewarded, no more so than the efforts to work together. There is a culture of blame (pointing fingers) and defamation, which aims to find faults on all sides¹¹. Certain people set their work climate based on their day-to-day moods, and this practice is tolerated. As members of a work team, we must require those in authority to take the necessary corrective measures. Certain authors, such as Pffiferling and Sotile, have further discussed strategies and approaches that improve operations in problematic clinical settings^{11, 15}. As a last resort, if nothing changes, we must take care of ourselves and look for a way out.

DOCTORS FORSAKE their professional satisfaction to their detriment and that of their profession. By better understanding the psychological and organizational elements associated with their satisfaction, they can bring about major positive changes. We should no longer put up with struggling along in our job and with the conditions imposed. In our profession, we must find the happiness of being useful and being satisfied with a job well done. Medicine is a magnificent, but difficult, profession. It is too important for those practicing it not to participate in decision-making.

What's more, we have also the intention of working on pilot projects in the field in the near future, with (we hope) all stakeholders in the healthcare network and the support of the medical community.

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