1

Focusing on Well-being

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Festina lente—Make haste slowly
Latin translation of Classical Greek adage

We propose a conceptual framework for how institutions, educators, and learners can promote well-being. We provide personal strategies for mindfulness training, relaxation techniques, appreciative inquiry, narrative medicine, and positive psychology. We review the Liaison Committee on Medical Education (LCME) and the Accreditation Council for Graduate Medical Education (ACGME) initiatives to promote a culture of well-being in health systems, as well as individual and organizational initiatives.

Objectives

Describe factors that influence the well-being of health profession educators and learners.
Provide a framework to promote personal strategies to enhance well-being among learners.
Provide resources for implementation and research on wellness.

Deborah is a 34-year-old emergency medicine physician facing a professional and personal crossroads. As a child, she had a keen interest in science, and her parents encouraged and praised her aspirations. Despite her best effort, she did not graduate at the top of her class. She considered this a major failure, and vowed to intensify and focus her efforts on academic work in the future.

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Deborah was unsuccessful at her first attempt to get into medical school. Once admitted, she adjusted well to the rigors of medical school until her second year when her father died suddenly. Her classmates noticed she now preferred to study alone and was losing weight. She felt depressed, but feared disclosing this. She told herself she had no time to spare for counseling or therapy. She struggled quietly with her depression, graduated from medical school, completed an emergency medicine residency, and married.

Deborah thought her professional and personal life was on track. Then, a medical error resulted in a medical malpractice lawsuit. Despite the case's eventual resolution, she remained anxious, and worried constantly about making a medical error. Her colleagues noticed she was impatient and irritable. She questioned her decision to be a physician, as well as the value of her work. Several colleagues offered to cover extra shifts so she could take an extended vacation. Her husband was also worried and encouraged her to consider a career change. She recognized she had burnout, and sought help.

Factors That Influence Well-being

Well-being is an internal state characterized by a predominance of positive emotions (contentment, happiness, a sense of fulfillment) and positive functioning (Diener 2000). It has become a public health outcome due to its association with self-perceived health, healthy behaviors, and productivity (CDC 2016). Determinants of well-being include genetics, personality, gender, age, and external factors such as income, work, and relationships (Nes et al. 2006). Heritability studies suggest that genetics may determine positive emotions, but they also recognize the role of environmental factors (Nes et al. 2006). Well-being is positively associated with the personality traits of optimism, high self-esteem, and extroversion while neuroticism is negatively associated with it (Diener 2000).

Low self-esteem, obsessive worry, social anxiety, intolerance of uncertainty, and fear of personal inadequacy and failure impact well-being negatively (McCranie and Brandsma 1989; Bovier and Perneger 2007; Gerrity et al. 1990). Most health care professionals, like Deborah, have personality traits predating their education that act as endogenous stressors or resilience facilitators (Benbassat et al. 2011).

Deborah is experiencing multiple components of burnout:

Emotional fatigue resulting in loss of passion for medicine
Depersonalization leading to cynicism and disinterest at the workplace
An overwhelming sense of personal and professional ineffectiveness (Maslach et al. 1996; Thomas 2004).

Personal, situational, and professional stressors all contribute negatively to well-being.

Personal factors

Deborah's case illustrates several personal factors negatively affecting well-being. These are: financial stress from educational indebtedness (Collier et al. 2002; Sargent et al. 2004; McNeeley et al. 2013); inadequate coping skills, especially anxious-avoidance or denial leading to self-doubt and self-criticism (Bittner et al. 2011; Firth-Cozens 2001); and a history of psychiatric disorder, especially depression (Campbell et al. 2010; Ford and Wentz 1984; Hirschfeld and Klerman 1979). Also negatively impacting well-being are social isolation—for example, moving to a new town, lacking peer support or relationships, or having little to no family engagement (Rutherford and Oda 2014); negligence in self-care and leisure activities; and antisocial, avoidant, or dependent personality disorder (Lemkau et al. 1988; Purdy et al. 1987). Other factors negatively associated with well-being include youth, single marital status, and childlessness (Collier et al. 2002; Eneroth et al. 2014; Kimo Takayesu et al. 2014; Martini et al. 2004; Sargent et al. 2004; Shanafelt et al. 2002). The impact of gender and ethnicity on resident well-being remains ambiguous (Ishak et al. 2009; Prins et al. 2007; Ripp et al. 2011; Thomas 2004).

Situational factors

A supportive learning environment with esprit de corps allows protective measures to take place (Aach et al. 1988; Dyrbye and Shanafelt 2016; Eckleberry-Hunt et al. 2009; Ishak et al. 2009; Prins et al. 2007; Rutherford and Oda 2014; Satterfield and Becerra 2010; Thomas 2004). A malignant learning environment—that is, where there is hostility among

peers or faculty, program indifference to residents' suggestions, or lack of feedback on self-performance—can worsen physician burnout (Kimo Takayesu et al. 2014; Ripp et al. 2011; Sargent et al. 2004). Other situational factors negatively associated with well-being are: excessive or inappropriate administrative responsibilities; insufficient resources or ancillary support, including lack of allied health personnel; excessive or heavy time demands or duty hours leading to work exhaustion and sleep deprivation; and overwhelming or inadequate workload, including patient census or ward call volume (Sargent et al. 2004).

Professional factors.

Professional factors can have a positive or negative impact on physician well-being (Aach et al. 1988; Dyrbye and Shanafelt 2016; Eckleberry-Hunt et al. 2009; Ishak et al. 2009; Prins et al. 2007; Rutherford and Oda 2014; Satterfield and Becerra 2010; Thomas 2004; Wallace, Lemaire, and Ghali 2009). Some factors are essential to develop medical knowledge and clinical skills, and to engender confidence and competency in medicine. For example, the long-standing culture of graduated resident autonomy and responsibility for patient care, teaching, supervision, and leadership can create resilience in the face of personal adversity.

Other professional risk factors are ambiguous roles and responsibilities in patient care (Kimo Takayesu et al. 2014), a lack of independence or control over work schedule or patient care (Kimo Takayesu et al. 2014; Ripp et al. 2011; Zwack and Schweitzer 2013), and excessive supervisory or teaching responsibilities of junior learners. Overwhelming exposure to difficult, complex patients or clinical pathology, lack of career mentoring and planning, and fear of patient safety errors or medical litigation negatively affect physician well-being (Levin et al. 2007).

Conceptual Framework

We present a framework demonstrating the intersection of personal practices, institution-sponsored programs, and national initiatives (Figure 1) illustrating how institutions and learners can promote well-being.