

a VITAL WorkLife article

# Physician Distress: What to Look for and How to Help.

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National Physician Suicide Awareness Day<sup>1</sup>, which takes place every year in September, is a somber but necessary occasion, an opportunity for healthcare leaders and physicians to think about how best to support their colleagues' mental and emotional well being—and put best practices into action.

The pandemic, of course, has done its share to increase the risk of these conditions, in addition to other symptoms such as exhaustion, frustration, anger and anxiety. It's crucial for leaders, colleagues and the physicians themselves to be on the lookout for the very earliest signs of prolonged distress.

1. <https://www.cordem.org/npsa>

# Physician Distress: Early Identification Is Crucial

Suicide is the most tragic outcome of physician distress, but the pressures they work under today can produce a breadth of concerns, including depression, burnout, chemical dependency, compassion fatigue, second victim syndrome, moral injury, PTSD and even suicidal ideation.

The pandemic, of course, has done its share to increase the risk of these conditions, in addition to other symptoms such as exhaustion, frustration, anger and anxiety. It's crucial for leaders, colleagues and the physicians themselves to be on the lookout for the very earliest signs of prolonged distress.

## Early Warning Signs Colleagues May Notice

Based on my experience as a healthcare executive and physician peer coach, I've found the best people to identify signs of distress at the earliest stages are a physician's colleagues. Working with the same group of colleagues day in and day out offers more instances to notice changes in their behavior, and as a result more opportunities to follow-up and check-in with them. Signs may be as simple as:

- **A chance remark.** The physician may say something like 'I feel pretty stressed' or 'I'm not getting much appreciation around here.'
- **A change of attitude.** The person might be less cooperative, less collegial, more withdrawn. They may have a shorter fuse than they used to have, and a greater tendency to show impatience or exasperation. This may take the form of an explosion or tirade, but it may also be far less intense.

- **Failure to follow protocols.** Another possible symptom of lowered morale or resentment.
- **Team trouble.** A team that was functioning reasonably well might start to struggle due to the negative behavior of one or more of its members.
- **Scheduling changes.** When a physician cuts back from seeing 20 people in a given time period to seeing 18, and is still making errors—or making more errors—it could be a sign that he or she is overwhelmed.

None of these early warning signs are direct pointers to specific conditions on the spectrum of concerns. It can also be easy to ignore or minimize them, especially with medical culture's emphasis on stoicism, self-denial, and "sticking it out" no matter what. But addressing them early on can forestall exasperated issues later on.

As for the action to take, a casual approach that respects the physician by not making assumptions or invading his or her privacy is recommended. You may talk with your colleague one-on-one, 'I've noticed that you don't seem quite like yourself recently, and I just wondered if there might be something going on that I could help you with.'

The colleague may or may not reveal some significant concern or problem, but that's an opportunity to be of real help if they do. Go beyond simply suggesting they take advantage of the mental health resources the organization offers, but take them to that help directly—by providing a pamphlet, a web address, the name of a peer coach, or another resource.



**“...it may be difficult for a physician even to self-identify early symptoms of incipient burnout or other problems. They are often unaware of their symptoms and believe they don’t need help or can work through it themselves, which can lead to suicide ideation.”**

Simon Mittal  
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## What Administrators Should Notice—and Know

Direct person-to-person help, where one physician takes responsibility for helping another with information and support, is an important expression of a [“culture of care”](#) in the organization—and building that culture is the responsibility of leadership. Additionally, building a culture of care is good for the business overall because it improves morale and retention while reducing negative issues commonly associated with bad or toxic cultures.

- While administrators may not be in a position to notice the more subtle early signs of mental health issues in individuals, they can and should be aware of the pressures those who work for them experience. Here are a few stressors to be aware of:
- **Schedule and workload:** The stressors that have made working in healthcare particularly taxing even before the pandemic<sup>2</sup> have become all too familiar:
  - » Productivity requirements that limit time with patients.
  - » Aging patient populations with complex conditions.
  - » The demands of EMRs, especially time-consuming data entry and coding.

The 2021 Medscape National Physician Burnout and Suicide Report notes that 58 percent of respondents cited “too many bureaucratic tasks” as the chief contributor to burnout.<sup>3</sup>

- **Pandemic worries:** COVID-19 has severely impacted physicians and filled them with uncertainties of all kinds. Potential thoughts may include, ‘Sometimes I’m not sure I’m making a difference.’ And, ‘Some days, I’m not sure if I can do this anymore’ Or, ‘I don’t know who’s been vaccinated and what kind of exposure I have. Am I bringing this disease home to my family?’
- **Financial, legal and domestic pressures:** Physicians may be undergoing stressors that are “invisible” when they’re at work—dealing with malpractice suits or other legal problems; struggling with financial obligations or family or partnership crises.
- **The burdens of change:** One financial issue is compensation. How physicians get compensated is changing, and that creates stress. However, it’s not because of the money, but because of the change itself, and whether it’s being communicated and supported by the administration. Leaders should ask themselves, ‘Am I recognizing that, given everything physicians are dealing with changes, large or small, need to be handled with care and clarity?’

2. <https://www.cordem.org/npsa>

3. <https://www.medscape.com/slideshow/2021-lifestyle-burnout-6013456>



## What Physicians May—or May Not—Notice about Themselves

Medical stoicism is one of the major roadblocks to physicians being able to notice early warning signs in their own feelings and actions. For a lot of us, if we aren't struggling, we feel we aren't working hard enough. We're not good at looking at ourselves, and we rarely seek help—the data bears this out. Concerns about confidentiality, access to help, and the general social stigma concerning mental health problems, intensified by medicine's tough-it-out attitude, are major roadblocks. [One physician's experience](#) was detailed during an interview with his wife following his suicide, in which he experienced many of these feelings prior to his death.

Given all of this, it may be difficult for a physician even to self-identify early symptoms of incipient burnout or other problems. They are often unaware of their symptoms and believe they don't need help or can work through it themselves, which can lead to suicide ideation. Some of these symptoms can include:

- **Increased alcohol consumption:** or use of other chemical mood changers.
- **Changes in sleep patterns:** sleeping significantly less, or more, than normal.
- **Changes in diet:** eating significantly more, or less.
- **Trouble with relationships,** especially outside of the work environment. Such as noticing if you're yelling at your kids or your partner more often. Very often those closest to you will notice changes in your attitude and behavior sooner than you will. A good tip is to check in with your partner—how do they feel about what seems to be going on with you?



4. [https://journals.lww.com/academicmedicine/Fulltext/2021/05000/Professional\\_Stigma\\_of\\_Mental\\_Health\\_Issues\\_27.aspx](https://journals.lww.com/academicmedicine/Fulltext/2021/05000/Professional_Stigma_of_Mental_Health_Issues_27.aspx)

## Fostering A Culture of Care

Becoming more aware of these pressures and how they can impact physicians will help leaders build a compassionate culture in which vulnerability is valued and it will be easier for physicians to share their concerns about their own mental and emotional health. And that, in turn, will make it easier to offer support well before simple stress turns into burnout, unhappiness turns into despair and despair breeds thoughts of self-harm.

This culture of care for physicians includes:

- **Well being resources** that are well known to physicians and easily accessible, including peer coaching, counseling and willingness on everyone's part to guide a troubled colleague to them.
- **Education within the organization** about how to spot early signs of mental or emotional distress.
- **Open avenues of communication** for physicians to feel they can share their concerns and be heard.



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As an example, Dr. Kevin Coss, Medical Director, Physician Wellbeing, at Community Health Network in Indianapolis [recently detailed the positive impact](#) they've experienced by prioritizing a culture of care and implementing a physician well being program. "Our patient satisfaction scores related to physicians and advanced practice providers increased, despite COVID-19 and the challenges it presented to all our caregivers," he says. "I would like to think this is related to the many resources our Center for Physician Well-Being provided to reduce isolation and support the well being and resilience of our physicians and advanced practice providers during the pandemic."

Summing up, it's a culture of relationships. Are we willing as leaders and colleagues to value and encourage relationships? Are we taking notice of what's going on with one another? Are we willing to talk about how we can problem solve together and offer meaningful support to colleagues who need help?

And can we be honest about the fact that we are doing all of this because we care? Of course we want the practice to be successful, but we also need to care about one another.



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coaching in the areas of leadership development, career development, strategic planning and talent management. In his 15 years of practice, he has held numerous roles in healthcare systems, including that of vice president of medical affairs, department chair of internal medicine, and chair of a medical executive committee. He completed his medical degree at the University of Texas Medical School at Houston, and completed his internship and residency at the Fitzsimons Army Medical Center in Aurora, CO. Dr. Mittal also holds a master's degree in medical management from the University of Southern California.

#### ABOUT VITAL WORKLIFE

VITAL WorkLife, Inc. is a physician-focused national behavioral health consulting practice supporting all dimensions of well being in the workplace with a multitude of solutions. Serving the U.S. health-care industry since 2007, our national team of certified physician peer coaches and senior behavioral health consultants deliver life-changing well being solutions.

#### Sources:

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