

BEYOND THE WHITE COAT...

Patient centricity alone
is no longer enough,
the needs of Healthcare
Professionals need to
be heard now more
than ever



“ There’s a ‘fake it till you make it’ kind of thing and we all do that, but the issue with being a junior doctor is that you’re moving speciality every few months. It’s pretty overwhelming ”

– Accident and emergency (A&E) department doctor, UK

Physician and medical trainee burnout and mental illness are at epidemic levels.¹ This alarming statement was being made even prior to the pandemic. Now after more than a year of the horrors of the pandemic, the rates of burnout, depression, substance abuse and other disorders have soared. The pandemic publicly revealed many of the preventable operational inefficiencies and environmental stressors under which Healthcare Professionals (HCPs) are expected to perform. In the service of others, the needs of HCPs are often overlooked, and an adequate support system is lacking.

Unaddressed, the environmental determinants of clinical performance and wellbeing are leading to an alarming rate of providers leaving their field and many others left suffering from untreated mental health issues. According to a JAMA Network Open article, nearly 20% of HCPs are considering leaving the workforce and 30% are considering cutting back their hours.² This paper takes a look at what's going on beyond the white coat, and within workplace culture, through ethnographic and qualitative research with HCPs from a variety of specialisms.

An HCP-centric approach

When we research patients, we typically take a personal, patient-centric approach. We look at the burden of living with a particular illness and connect this with the person's lived reality of the

disease. This helps us understand how to improve the patient experience, communications and services. In contrast, research about HCPs can often come with the unspoken assumption that personal issues are off-limits. But as anthropologist Michael Jackson argues, our understanding of others is always filtered by our own experiences – and this applies as much to healthcare professionals as patients.

Ipsos and Reach believe that right now it's essential to deploy an HCP-centric approach that looks at the pressures of workplace culture, personal experiences, the highs and lows, adrenaline and stress, all of which impact clinical decision making. This snapshot will hopefully help shine a light on the process and the mechanisms by which brands and services can provide support.

“You don’t want to be seen as the junior doctor that needs a lot of hand-holding or who can’t do things on their own”

Why it’s not as simple as just asking for help. A junior doctor’s story.

Jack, a newly qualified doctor working in a UK hospital, recalls the first time he took blood. “[The patient] was very kind. We talked about Star Wars and his son.” What helped in this instance was the patient knowing it was Jack’s first time and Jack’s openness about the situation.

Jack describes starting on a hospital ward as being thrown in at the deep end, which meant he suffered from anxiety and impostor syndrome:

“From a recent graduate point of view, we all have massive impostor syndrome. I was sent this meme the other day on the ward showing everything on fire. That’s how we all feel. It’s just constant firefighting, just as you think you’ve nailed something a new issue pops up.”

As experienced A&E doctor Lewis explains, recent graduates are often on high alert. A doctor might see thousands of patients with headaches every year and, in their whole career, two of these might be meningitis. Junior doctors are very focused on not missing the meningitis.

“All junior doctors are aware of

these scare stories, they are told to you by senior doctors and consultants, 'don't miss this... I was there when it happened'. You can imagine how defining and crushing it is in someone's career if they miss that diagnosis. You don't want to be 'that' person."

This fear of missing things, combined with a culture of not being able to ask for help in what Lewis calls a very hierarchical profession, can lead to junior doctors shouldering a great deal of pressure. "You don't want to be seen as the junior doctor that needs a lot of hand-holding or who can't do things on their own," Lewis tells us. There isn't a culture of support in many departments; it's not seen as the thing to do and displays a sign of weakness.

This pressure doesn't only affect the mental wellbeing of HCPs. It can create a culture of firefighting, meaning doctors hurry to rule out serious diagnoses before having to turn to the next patient. While this is often all that is manageable for busy doctors, it frequently leaves patients feeling dismissed or dissatisfied. The patients with headaches still don't know why they have headaches, they don't feel heard, and may crop up later

on in the healthcare system. For Lewis, the solution is teaching and creating a culture of greater empathy, starting with medical school. This would also include encouraging people to ask for help and providing support before the pressure gets too much.

But there are wider reasons for HCPs at all levels not wanting to seek help, including the fear that it might have serious repercussions. The American Medical Association quotes research that found that 40% of physicians were reluctant to seek formal medical care for treatment of a mental health condition for fear it might impact their careers. As reported in *The Washington Post*:

*"... physicians, in particular, face elevated levels of scrutiny when disclosing any form of mental health treatment to state licensing boards. For many doctors, the repercussions they may face introduce a significant obstacle. About 90% of state licensing applications include a question about a physician's mental health, and some even ask questions about past diagnoses, such as depression or anxiety, that may have occurred before medical school."*³

Against the backdrop of COVID-19

and its ongoing stresses and mental health fallout, it is now more important than ever to understand the structural and cultural barriers to getting help, and what form support might take.

The importance of personal experiences in shaping work culture. A paediatrician's story.

Carly, an experienced paediatrician, highlights that it isn't just recent graduates who might struggle, but throughout a doctor's life personal experience will influence how HCPs do their work and interact with others. She gives one example of an anaesthetist she routinely works with.

"She said she couldn't understand why parents often cry during [their child's] anaesthetic, it's just a broken arm! Nothing will happen, they will be fine. She found herself getting impatient."


This all changed when the anaesthetist had her own baby. She immediately "understood the vulnerability it imposes. You are separate, but you are completely entwined."

Carly also talks about breastfeeding seeming quite 'niche and side-line' if you haven't been through it or close to it. It isn't featured in the curriculum at medical school and yet it is deemed important by the World Health Organisation and in our culture. This creates a mismatch between patients coming in who feel it's very important, and doctors who might not agree.

"You have new mums coming to [emergency rooms or urgent care clinics] whose babies have lost weight because breastfeeding is not well established. But instead of having a conversation with a breastfeeding expert, they are put on the bottle route. It doesn't really align with cultural values of trying to support breastfeeding."

Carly says that, in her experience, doctors who have had some experience with breastfeeding will prioritise it and the outcome may be different.

The importance of personal experience chimes similarly with newly qualified doctor, Jack, who told us he sometimes struggles when advising older people on issues that he can't identify with. "If it's someone who is in their 80s and



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has terminal cancer, I can't relate – I'm never going to die!” he jokes. “Sometimes there's a decision that you think the patient should just make. Say someone has inoperable cancer, should they have chemo? Most of the time I'm too far away to put myself in their shoes.”

This is why Lewis, an emergency room doctor, says that experience counts for so much in medicine:

“It's almost like junior doctors should experience a health crisis. They can fall into a pattern of seeing patients as numbers or a job to be done ... we need to put more emphasis on empathy training and help HCPs with this.”

As Lewis himself suggests, more research is needed to understand and unpick the HCP experience to benefit both HCP and patient.

HCPs as humans – snap judgments and self-preservation. A retired GP's story.

In spite of Lewis' dedication to creating connections with patients in the emergency room, distance between doctor and patient is often necessary. He says: “You don't want to imagine that they're individuals with lives because it makes it more difficult. I distance myself from the reality just to get the job done.”

There is a balance to be struck between creating enough empathy in the interaction so that patients feel heard, and limiting the cumulative effect of trauma on the healthcare professional's shoulders.

Another side effect of being human is the presence of biases, which can play a part in interactions too. As Malcolm, a recently retired UK general practitioner describes:

"We do also look at how people dress and come across. Perhaps it's only human. It's not a conscious thing. You can't help thinking that a person who has made an effort will take things more seriously. Perhaps you feel slightly warmer to them."

This point is echoed by anthropologist Sylvie Fainzang, who noted that if patients appeared to be better educated and higher earning, they were more likely to be given an accurate account of their cancer diagnosis, and more detail about their condition and treatment.

Judgments aren't just predicated on people's appearance, as Lewis reflects: "There are those patients who seem to be destroying their health through lifestyle." Lewis frequently sees colleagues getting impatient with patients who

seemingly don't take care of their health, by smoking for example, but understands that when HCPs are under so much pressure it's often difficult to have empathy with patient's contexts.

As Malcolm highlights, doctors don't sit above the judgments and sensitivities everyone else suffers from. "Aggressive patients are called 'heart-sink' patients. Your heart sinks when you see them. No one likes to be at the receiving end of aggression." With doctors having the unusual position of being at the coalface of people's lowest and scariest moments, it's easy to imagine how this can feel relentless.

Devastating reality of needs unmet

HCPs need resources that can support their ability to thrive. The realities of a fragmented system, ill-equipped to support HCPs, has proven detrimental to both providers and patients. For instance, the rate of suicide has increased during the pandemic, and many healthcare research analysts fear a post COVID-19 healthcare system 'collapse'.

The annual number of physician



“ The most common cause of death among medical students, after accidents, is suicide ”

suicides is estimated to be between 300-400 a year in western countries such as the United States and the United Kingdom.

Globally HCPs are classified as the highest at risk for suicide, suicide attempts and suicidal ideation.⁴ Unfortunately, these alarming statistics hold true for medical trainees as well. The most common cause of death among medical students, after accidents, is suicide.

The fragility of the healthcare system and the need to support care providers is paramount. Health systems rely on the talents and motivation of their staff and with the world suffering from high rates of physician burnout (exacerbated by COVID-19), staff welfare and retention represent a burning platform.

We believe empathetic research with clinicians, just as we conduct with patients, is key to insightful understanding of the ways brands and services can help support them.

Among the factors that have led us to this conclusion are research findings that describe HCPs as a ‘high-control’ population who despite their drive to lead, manage and fix, find themselves in environments, workplaces and employment conditions where they lack control.⁵ Other poignant factors include increasing workloads, more stringent regulatory requirements, decreasing ability to control income, and elevating patient safety and liability concerns.⁶ Where these stressors don’t lead to suicide, they commonly lead to lack of clinical empathy, medical errors, delays in timely and appropriate response,

“ The environment impacts their wellbeing, clinical decision-making and how they relate to patients ”

and occupational injuries. The effect is not just on patients and themselves, but also on their co-workers and family.

Conclusion

Doctors are as human as their patients, subject to the same pressures and bringing their own experiences to each and every clinical interaction. The environment and culture they operate in impacts their wellbeing, their clinical decision-making and how they relate to patients.

It has been repeatedly cited that there is an insufficient amount of data on the psycho-social needs of physicians. For other healthcare workers there is an even greater lack of data.⁷ This warrants the need to implement studies that investigate a broad range of practitioners and specialists. The more insight one gathers on the burdens and expectations that sit ‘beyond the white coat,’ the better positioned a brand or service is to present itself in a manner to which practitioners will respond positively.

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About Reach

REACH is a global social impact organization **whose mission is to improve the healthcare experience for patients and providers. Reach is focused on sustainable, large scale improvements in the delivery of care and in the health journey of all people through research, education, innovation, and thought leadership.** It supports the role of public health professionals in influencing and shaping the conversations most paramount to:

Universal access to quality care, equity in the practice and delivery of care;
Mutual trust and respect between provider-provider and provider-patient relationships;
Education and the integration of technologies in support of these values.

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For more information please contact the authors:

Lucy Neiland

Lucy.Neiland@ipsos.com

Fran Ayalasomayajula

Fran@reachtl.org

Eleanor Tait

Eleanor.Tait@ipsos.com

