Cultivating the joy of medicine: A focus on intrinsic factors and the meaning of our work

Janet R. Serwint, MD,[a,*] and Miriam T. Stewart, MD[b]

Physician burnout is at epidemic levels. In our role as healers, the concepts of humanism and relief of suffering are central themes in our work, yet burnout and depersonalization can threaten these values. While working to mitigate burnout, we need to move towards a focus on health and well-being and develop preventive strategies to cultivate resilience. This manuscript discusses the intrinsic factors that motivate us to be physicians: medicine as a calling, finding meaning in our work, and seeking joy in practice. Some strategies that enhance our resilience will be discussed including individual reflective practices, in addition to organizational strategies such as creating team mission statements, and participating in debriefing, Balint groups, and Schwartz Rounds. All of these practices provide opportunities to acknowledge the emotional impact of our care of patients and to focus on our values and the meaning of our work. Strategies to cultivate joy in practice are presented alongside a framework from the Institute for Healthcare Improvement to guide organizations.

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Central to our work as pediatricians and healers is a focus on humanism and the importance of the patient-parent-physician relationship.[1] The definition proposed by the Arnold P. Gold Foundation states that "Humanism in health care is characterized by a respectful and compassionate relationship among physicians, their patients, and other members of the health care team. It flourishes within a humanistic culture. A humanistic health care professional demonstrates integrity, excellence, compassion, altruism, respect, empathy, and service."[2] Humanism focuses on the importance of the patient-physician relationship, and the value of doctoring as a source of meaning and growth for health care providers in our roles as healers.[3] A recent study by Branch and colleagues evaluated a faculty development session for physicians focused on humanism. A particularly poignant comment from one of the study participants highlights the vital importance of humanism in promoting physician resilience: "It (my relationship with patients) fills me up instead of emptying me out: it sustains me." Respondents in this study noted that while periodic burnout may still occur, chronic burnout can be mitigated by holding on to humanistic values as a source of resilience.[4]

Most physicians enter the profession of medicine out of a humanistic impulse to heal and relieve suffering, yet there are aspects of medical practice that threaten this underlying motivation. As the medical profession contends with the epidemic of physician burnout, it is critical to identify and overcome the barriers to the humanistic practice of medicine.

Inadequate support to mitigate the effects of chronic exposure to suffering

The most basic challenge to humanism is chronic exposure to suffering with inadequate coping strategies to mitigate its effects. The word patient comes from the Latin word "patiens" which means to suffer.[5] Every patient with whom we interact has some element of suffering and as healthcare providers, we routinely witness suffering and attempt to relieve it as part of the commitment to our profession.[6] Bearing witness to suffering is central to our roles as physicians[1,7] and has the potential to enrich our capacity for compassion. In fact, the word compassion is derived from the Latin word "to suffer with."[8] And yet, exposure to suffering can take its toll. Sulmasy coined the term the "wounded healer" to describe the impact that

From the [a]Department of Pediatrics, Charlotte Bloomberg Children's Center, Johns Hopkins University School of Medicine, Baltimore, MD, United States; and [b]Division of General Pediatrics, Children's Hospital of Philadelphia, Philadelphia, PA, United States.
*Corresponding author.
E-mail: jserwint@jhmi.edu

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bearing witness to suffering has on physicians. "All health care professionals are wounded healers. They cannot escape suffering themselves. Moments of pain, loneliness, fatigue and sacrifice are intrinsic to the human condition. The physician or nurse's own suffering can become the source of compassion in the healer's art."[1] Journeying with patients through their suffering is one of the most rewarding privileges of our vocation, yet it can also be the source of our own suffering if there are not adequate opportunities to reflect on, process, and seek the support of colleagues around these challenging experiences.

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Toxic aspects of the "hidden curriculum" in medical culture

Medical culture is rooted in the attributes of humanism—striving for excellence and the highest ethical and professional standards, contributing to something larger than oneself, and working tirelessly to serve others.[9,10] However, there is also a "hidden curriculum" of medicine whose values can lead physicians to behave in ways that promote burnout, including perfectionism, self-criticism, denying vulnerability, delaying gratification which results in surviving instead of thriving, suffering in silence, and working in isolation.[11,12] Each of these behaviors can be adaptive in certain circumstances, and may have helped us to persevere through the challenges of medical training, but they can also be detrimental to our health and well-being. The work of supporting physician well-being needs to include a cultural shift away from these maladaptive values and behaviors.

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Loss of focus on real-time doctor-patient interactions as the foundational work of medical care

Care of the patient at the bedside or in the exam room has traditionally been the central focus of physician practice. Over time, additional responsibilities have been added to the physicians' mandate beyond the relief of suffering for their individual patients, as outlined in the Triple Aim: "Improving the health of populations, enhancing the patient experience of care, and reducing the per capita cost of health care."[13] As the mandate for physicians has broadened, so too has the complexity of care coordination and the demands of regulatory and billing requirements. As a result, less and less of physician time is spent in direct contact with patients, causing disillusionment for both health care professionals and patients. Physicians are increasingly occupied with tracking down records, speaking with insurance companies, getting approval for testing and medications, documenting, and ensuring adherence to quality metrics, all of which are invisible to the patient. Patients are only aware of the time that is spent with them which is often quite short, leading to the frequent situation wherein the physician has spent hours arranging and advocating for a patient's care, only to be met with the patient's frustration when aspects of that care fall short of being ideal or the patient's relationship with the physician feels less personal than they had hoped.[14] Physicians often experience a sense of isolation in fighting the good fight alone.[4]

Tension between medicine as a business and medicine as a service

As more physicians are employed by large health-care organizations, the emphasis of medical care has tipped towards a business-focused model, at times crowding out the empathy and compassion that are foundational to the therapeutic relationship.[15] The business-focused emphasis on

productivity, efficiency, and throughput often clashes with the desire to provide humanistic care, which requires time—time to be present, time to listen, and time to think.[16]

In Branch's study of a humanism-focused faculty development program, participants were asked what factors discouraged or inhibited their humanistic practice and these included 1) inadequate time, 2) stress, 3) culture and 4) episodic burnout. The stress of work and fatigue often interfere with a clinician's ability to practice humanistic medicine – to learn more about their patients, their families, and their social and cultural context, which are all important in treating a patient as a person.[4]

Physicians feel ill equipped to adapt to the rapid changes in the health care system and have adopted a strategy of surviving instead of thriving. There is a need for more coordination, collaboration, and partnership between hospital administrators and clinicians to reach the compromises needed to help physicians cope with the rapid changes of practice environments and also to move the pendulum back towards humanistic care.[4] The recent publication of the Quadruple Aim by Bodenheimer and colleagues offers a paradigm shift that acknowledges provider well-being as a cornerstone of effective patient-care. In order to accomplish the first three aims of the Triple Aim, a fourth aim is needed: "care of the patient requires care of the provider."[17] The visionary goal must be to "transform our workplace to be a place that is healing for health care professionals as well as for patients."[18]

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A sense of calling as an intrinsic motivator associated with resilience

While there has been much emphasis in the literature on the identification, measurement, and mitigation of physician burnout,[19-21] less attention has been paid to intrinsic factors associated with resilience. While reducing burnout is an imperative, the absence of burnout is not sufficient; physicians need to thrive and not merely survive. Intrinsic motivation focuses on the individual's internal views of their work and how an individual seeks enjoyment, stimulates their curiosity, and finds reward within the personal challenges that he/she encounters.[22] One model of self-determination theory suggests that intrinsic motivation may be more effective than some of the extrinsic motivators[23,24] and research has suggested that intrinsic motivation may be more enduring than extrinsic motivators in enhancing employee satisfaction and retention.[24]

A sense of calling is an important intrinsic motivator associated with resilience.

A sense of calling is an important intrinsic motivator associated with resilience. A sense of calling has been defined as "a career that involves having an external summons, provides a sense of meaning or purpose, and is used to help others in some capacity."[25] A sense of calling may be led by a strong sense of inner direction that fulfills a social good and belief that one's work makes the world a better place.[25,26]

Some have raised concerns that health care providers may be losing their sense of calling in medicine with increasing emphasis on technology, the huge volume of information that physicians must process, and the unfortunate but inevitable evolution of less time with patients and more focus on the business aspects of medicine.[27] Yet, we believe that a sense of calling is still a motivating factor for many who enter the medical field and that this sense of calling must be protected and preserved for the benefit of both physicians and their patients.

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Researchers have begun to examine factors associated with a sense of calling. Tak and colleagues surveyed 2000 primary care physicians and specialists and found that

physicians who endorsed a sense of calling expressed greater life meaning and commitment to direct patient care. Extrinsic factors, such as annual income, were not associated with enhanced meaning or commitment to patient care.[28] Another study by Yoon and colleagues examined the association between the practice of medicine as a calling and career satisfaction. Physicians who strongly agreed that they had a sense of calling were more likely to be very satisfied with their overall career, more likely to report that they would choose medicine as a career, and less likely to report being burned out.[26] A study by Jager and colleagues found similar results. While the majority of participants stated they found their work rewarding, multivariate analysis revealed that those who were burned out were less likely to find their work rewarding (OR 0.05), believe their work makes the world a better place (OR 0.38), or report that they would choose the same career again (OR 0.11).[29] However, this study only revealed associations between these variables and future research will need to determine whether strengthening the sense of calling can prevent or mitigate burnout, which Maslach referred to as "erosion of the soul."[30]

Striving for joy in medicine

Finding joy in work is another way to support humanism in medical practice. "Joy in practice is the aspirational state in which professionals are emotionally and behaviorally compassionately engaged in the care of patients and the mission of their organization."[31] That joy is usually grounded in the relationships that we form with patients, with colleagues, and with family and friends. Joy is possible when we live in the present, we approach our work with gratitude, and we acknowledge that we have the privilege of serving others.[1] Just as Miller has recommended that choosing altruism will lead to the habit of humanism,[32] choosing joy is also a personal choice and an ongoing personal practice. That said, individual efforts to sustain joy and the meaning of our work and ways to enhance it must be accompanied by organizational strategies to improve our work and learning environments.[21,31]

A study by Hipp and colleagues used appreciative inquiry to explore how meaning in work is affected by the clinical practice environment.[33] In the study, 37 residents and fellows were asked to describe the ideal learning environment after reading *When Breath Becomes Air* by Paul Kalanithi.[34] The following broad themes were generated that described the ideal learning environment: 1) more time at the bedside and more direct engagement with patients, 2) shared sense of teamwork and respect, 3) reduced time on administrative or non-clinical responsibilities, 4) supportive, collegial work environment and 5) development of clinical mastery and progressive autonomy in the learning environment.[33] These themes confirm the importance of internal motivators such as mastery, autonomy and a sense of purpose or meaning in work.[23,24] However, the results from this "Back to Bedside" inquiry[33] seem to be in conflict with what is actually happening in health care today, where providers spend more time on documentation and administrative task than they do with patients.[35] The ACGME is now supporting a Back to Bedside initiative with funding to support residents and fellows to develop innovative projects to support meaning in their work and transform their learning environments.[33,36]

Shanafelt and colleagues have written on the importance of meaning in work.[37] In a study of internal medicine physicians, they found that physicians who were spending less than 20% of their effort on an activity that they found personally meaningful were almost three times more likely to be burned out. These results reinforce the importance of supporting physicians to achieve goodness of fit in their careers, allowing them to practice in a way that aligns with their passions and values.[37]

There are individual and organizational strategies that can nurture the focus on intrinsic factors to renew the meaning in our work. A unifying theme is opportunities for reflection.[7,38,39] Opportunities for either group or individual reflection can have many benefits, allowing physicians to develop greater self-awareness and self-insight, to identify core values, to learn and grow from challenges, and to acknowledge their positive impact on patients' lives.[38,39] Journaling is one mechanism for individual reflection. Dr. Rachel Remen suggests a daily reflection exercise based on 3 questions: "What surprised me today?", "What touched my heart today?", and "What inspired me today?".[40] Nathan Merriman has proposed the concept of "forever moments,"— experiences from our personal and professional life that reaffirm why we do the work we do and remind us of our values[41] These may include monumental experiences such as births or deaths of patients, but can also include small moments that reveal the courage and humanity of patients or colleagues.

Opportunities for reflection in group settings can strengthen our sense of calling and meaning in our work while also enhancing our sense of community

and shared cultural values, which are two additional drivers of resilience.[21] Creation of a team mission statement is a strategy that allows team members to share their values and commit to professional behaviors and may serve as a moral compass during challenging experiences.[42,43] Debriefings,[44] Balint Groups,[45–47] and Schwartz Rounds[48, 49] are additional group reflection strategies. In these settings, physicians and team members can gain comfort and support by sharing experiences with colleagues.[44,45] These group formats also promote reflection on what team members learned in caring for a patient and how they impacted that patient's life, as well as allowing colleagues to reinforce to each other the importance of caring for themselves so they can continue to care for others.[50] These types of reflections can also serve as tributes to the respect that we have for our patients.

Fostering joy in medicine within organizations

Swensen and Shanafelt outline the six evidence-based actions that organizations can take to promote joy in practice.[31] The actions are listed below:

1) Design organizational systems to address human needs
2) Develop leaders with participative management competency
3) Build social community
4) Remove sources of frustration and inefficiency
5) Reduce preventable patient harm and support second victims
6) Bolster individual wellness

Design organizational systems to address human needs

Basic human needs include physical, mental, and emotional health and safety, as well as meaning, purpose, equity, and autonomy. Organizations must strive to meet these basic needs for both patients and employees, and should implement metrics that allow the organization to be held accountable for the experiences of both groups.[31]

Develop leaders with participative management competency

A focus on a participative leadership style creates a work environment that allows team members to be involved in decision-making and in finding solutions. Leadership triads that include physicians, nurses, and administrators can make leadership more effective. Encouraging leaders to maintain their practice of medicine helps them to retain credibility and also to serve as role models, while removing a sole focus on financial dimensions of medicine.[31]

Build social community

Providing venues to build social communities at work promotes trust and allows colleagues to seek support and shared meaning in their experiences. Debriefing, Balint groups, and Schwartz rounds are examples, as noted above.[44–49] A focus on team building also ensures that everyone understands their roles and feels they are valued in their contributions.[31]

Remove sources of frustration and inefficiency

Addressing and removing sources of frustration and inefficiency is essential.[31] As per the IHI Joy in Work framework, organizations should convene forums for physicians to identify the "pebbles in your shoe"[18]– the aspects of work processes that get in the way – and physicians should be empowered and supported to work toward solutions. The electronic health record, while necessary for safe care, data retrieval, and sharing of information, is a frequently cited barrier to joy in work. A recent study showed that physicians spent 27% of their work on direct patient care and almost 50% on EHR documentation and working at their desks.[35] Interventions such as utilization of scribes, voice activated documentation systems, or sharing documentation amongst team members are potential solutions.

Reduce preventable patient harm and support second victims

The Institute of Medicine report, "To Err is Human" shifted the conversation about medical error away from individuals and toward an understanding of the ways systems contribute to error. Organizations have an obligation to review errors and work to prevent them from occurring again.[51] At the same time, we need to acknowledge that errors will always be a part of medical practice and it is critical to support the "second victims" of error.[52] Physicians who are involved in an error should be offered support to

integrate these experiences and maintain their confidence and positive self-concept.[52]

Bolster individual wellness

Organizations can bolster individual wellness both by reducing barriers to healthy behaviors and by ensuring that the workplace culture rewards rather than penalizes employees for prioritizing self-care. Access to nutritious food, on-site physical fitness, and ergonomic workstations are some examples of areas where organizations can play a role in promoting individual wellness.

The Healthy Workplace Study by Linzer and colleagues has been a welcome next step in improving work conditions and in turn, helping physician find more joy in their work. The study included a cluster randomized trial of interventions to improve work conditions and clinician burnout in 32 primary care practices. The study focused on 5 quality domains; trust in the organization, cohesiveness, emphasis on quality of care rather than productivity, communication, and alignment of values between leaders and clinicians.[53] Their results revealed that burnout was more likely to improve when workflow improvements or targeted QI initiatives were implemented.[54] Their conclusions suggest that joy in practice and job satisfaction are associated with slower paced, less chaotic environments.[53-54] These findings serve as a template for clinical units to create quality improvement interventions tailored to their unique environments.

Sinsky and colleagues have studied joy in practice by examining innovative, high functioning primary care practices. They found that efficiency was enhanced by a team-based care model allowing all team members to practice at the top of their license. Other successful innovations included pre-visit planning, pre-appointment lab testing, standing orders and assisted order entry, use of MAs as scribes, co-location of team members, and daily huddles focused on identifying problems early and rapidly resolving them.[55]

The Institute for Healthcare Improvement has written a white paper that provides a framework for improving joy in work and guidance on how to undertake an organizational process to increase joy in work.[18] IHI describes 3 reasons to focus on joy in work: 1) positive psychology leads to solution of problems, 2) joy is about connections and purpose and 3) joy is a cornerstone to improvement and the psychology of change.[18]

The four steps which organizations are suggested to follow are described below.

1. Ask staff "What matters to you?" Some related questions include "When we are at our best, what does that look like?" "What makes you proud to work here?" These questions promote a conversation of shared values, help to build consensus, and demonstrate that every team member has a role in providing input.[18]
2. Identify local impediments to joy in work with the question: "What is the pebble in your shoe?" The local impediments may vary and be unique to a team, a unit, a program, an organization or an entire institution. Identifying an effective leader in facilitating these conversations is critical and it is important that the leader is able to truly listen and allow visionary thinking rather than the more common defensive response of explaining why things are the way they are. True listening is critical so that team members develop the trust that their responses matter. It is important to distinguish between "pebbles", which may be readily fixable, and "boulders" such as EHR inefficiency, which need to be tackled by leadership at the institution leaders most likely require significant resources.[18]
3. Commit to a systems approach to making joy in work a shared responsibility at all levels of the organization. All team members should be part of these solutions, from those who are front line providers to those in high leadership. Suggested areas for initial focus include addressing Maslow's hierarchy of needs: physical and psychological safety of the staff, finding meaning and purpose, enhancing choice and autonomy, development of camaraderie and teamwork, and ensuring fairness and equity.[18,56]
4. Use improvement science to test approaches to improving joy in work in your organization. Teams need to identify their priorities in what they want to change after discussions from numbers 2 and 3 above. Subsequent steps include setting an aim, identifying measurements that can demonstrate progress, tracking results, and continued feedback to the team for refinement. The goal is to start small, identify a needed change, measure relevant outcomes, achieve the desired aim through iterative tests of change, and sustain the improvement over time.[18]

Conclusions

Humanism is foundational to the practice of medicine and may protect physicians from burnout. Both

intrinsic and organizational factors play a role in sustaining humanism and enhancing a sense of calling and purpose for health care professionals. A return to joy in medicine is essential to sustain individual physicians over the career span and to ensure the health of the medical profession as a whole. The medical profession is at a critical crossroads. We need to transform our work places to be a place of healing for both health care professionals and their patients.[18] With almost every national medical organization recognizing physician well-being as a priority, the time is now to take action. If you haven't already, we hope you will commit to contributing to the positive transformation of our profession, whether through attending to your own well-being, contributing to efforts at your organization, getting involved with leadership and advocacy on a local, regional, or national level, or contributing to the growing body of research in this important field. Together we can build a health care system that honors our highest ideals of service and caring.

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None.

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