

Physician Health and Wellness- A Peer Support Program at the Pediatric Department Of Regina General Hospital

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INTRODUCTION

Relevance:

Peer support programs have been used to mitigate the effects of stress and burnout associated with a career in medicine, *where 1 in 3 physicians experience burn out* [1]. The idea of PSP is to support physician health and wellness and build resiliency [1]. PSP utilize the natural human tendency, to respond and empathize with shared difficulties. Through analysis of this exploratory study, we can discover how and to what degree peer support works, the benefit it offers, and the specific aspects that may require further development and improvement so we can continue to advocate for physician mental health.

Research Question

How the peer support program can be an effective measure in improving physician's health and wellness

METHODS

Peer Support Participation

14 physicians (staff and residents) from the Pediatrics department of the Regina General Hospital were recruited to partake in the Peer Support Pilot Program based on self interest. Participants were asked to rank potential partners and were paired based on common rankings. Participants were asked to meet every two weeks for three months (January –March 2021), given a guideline of topics to discuss. Meetings were an informal format decided on by pairs.

A mixed method study design was employed to evaluate how the peer support program was perceived and its value in helping with stress management among pediatricians.

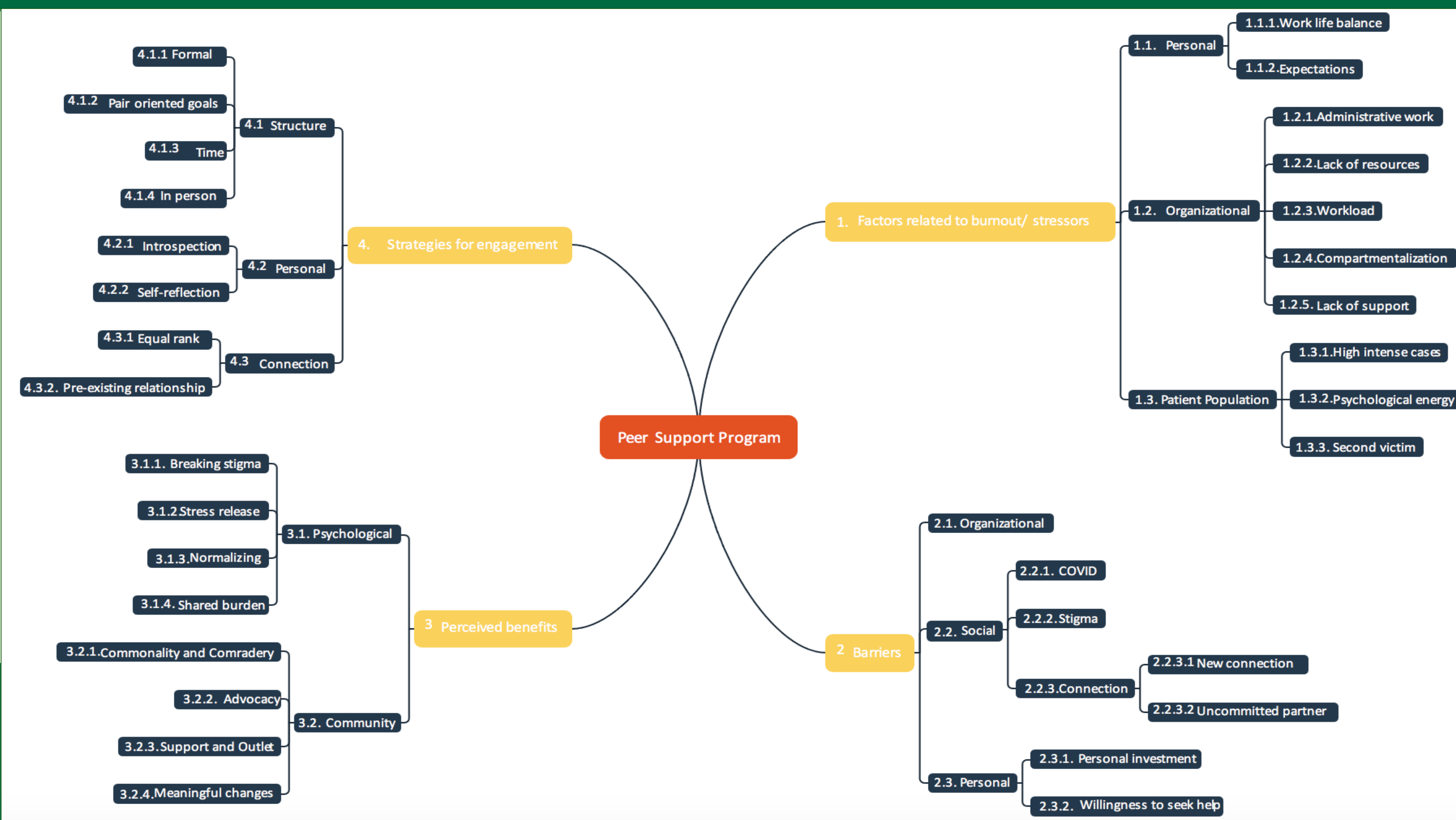
Interview

8 physicians participated to understand experience in, and perception of, Peer Support. Questions addressed ideas related to Physician wellness, stress and burnout. Interview transcripts were analyzed qualitatively, beginning with line-by-line coding and concluding with the identification of recurring issues as per presented in the linear six-phased method of thematic analysis [2].

Survey

A cross sectional survey consisting of open and closed ended questions was employed to evaluate experience and feedback. Statistical analysis was performed using SPSS. Descriptive statistics were computed, and continuous variables were summarized using means and standard deviations. Categorical variables were summarized in counts and percentages.

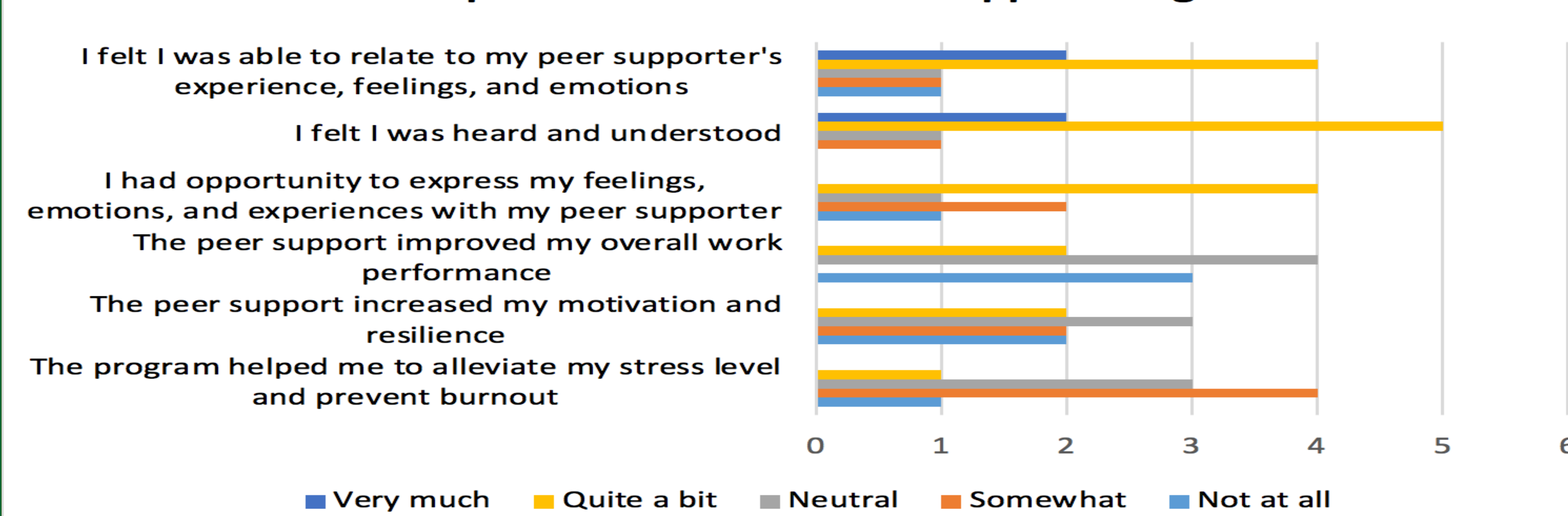
RESULTS



“I think peer support is critical because I think medicine can be quite an isolated specialty. And so I think having a peer support system where you have someone you can reach out to and deal with some of those challenges or go over some of those stressors, I think is huge. I think it’s a really important role that needs to be filled in medicine.”

“For example, it would have been helpful to know what are some ways you kind of break the ice, or get through the layers of generalities to talk about specific wellness issues more efficiently. Ultimately, all of us are short on time. And so if there was a way that we could get to some of these more difficult situations while still like having a safe conversation and brave conversation for each other. I think that would be good”

Overall Experience with the Peer Support Program



Seven participants perceive workplace as ‘quite a bit’ to ‘somewhat’ stressful. All respondents would prefer peer support among colleagues. 77.8% would prefer a paired peer support over group. Majority agreed they would recommend participation to another colleague or a health professional. Reported stressors included long hours, administrative work, lack of resources, physician shortages, high-pressure situation and the pandemic. The respondents also emphasized that in person meetings would be beneficial than virtual for peer support

DISCUSSION

The pilot peer support program highlighted:

- ❖ Barriers to engaging in peer support meetings included scheduling conflicts, geographical location, and virtual burn out due to COVID-19
- ❖ Barriers to engagement with assigned peer included lack of prior connection and mutual investment
- ❖ Physicians valued peer support with psychological benefit and ability to have shared burdens with an empathetic connection
- ❖ Physicians expressed interest for continued peer support with specific interest for non virtual engagement
- ❖ Indications for a more formalized peer support program with administrative support is needed

CONCLUSIONS

Limitations included:

- ❖ A small department with a limited number of physicians, and therefore a limited participant pool in the study
- ❖ Although COVID-19 highlighted the importance of a need for peer support and mental health resources for physicians, it also posed limitations. Limiting physician’s free time to meet, and ability to meet more naturally in person

Future Directions:

- ❖ Continuation and expansion of the program in the RGH
 - ❖ Strategies to navigate around scheduling and geographical conflicts
 - ❖ A more formalized program that supports meeting scheduling and number of meeting expectations
 - ❖ **Continued awareness of the importance of physician mental health and the benefits of peer support**
- This pilot project has allowed us to recognize the utility of peer support and tailor it to the identified institutional and individual barriers.

AWKNOWLEDGMENTS/ REFERENCES

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1. Shapiro J, Galowitz P. Peer support for clinicians: a programmatic approach. Academic Medicine. 2016 Sep 1;91(9):1200-4.
2. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology,3(2),77–101.Retrieved from https://doi.org/10.1191/1478088706qp063oa