

University of Ottawa Faculty Wellness Program / Academy of Medicine Ottawa

A community survey of wellness behaviours and attitudes among physicians

by Derek Puddester, MD, FRCPC
Alicia Donohue, MD

Introduction

In November 2003, the Academy of Medicine Ottawa (AMO), in collaboration with the Faculty Wellness Program (FWP) at the University of Ottawa Faculty of Medicine, conducted a survey to explore the health concerns and behaviours of Ottawa physicians, and to assist in the development of "Code 99," a network of local physicians willing to act as personal physicians to Ottawa doctors and medical students.

Since 2000, the FWP has provided health support and services to distressed faculty members, as well as local physicians.¹ In addition to offering workshops, rounds, and lectures pertaining to physician health, the FWP also supports local research initiatives on health-related topics.

As the Branch Society of the Ontario Medical Association, the AMO represents Ottawa physicians both locally and provincially, and advocates on behalf of physicians, and for best quality health-care delivery and patient practices.²

The AMO has also promoted the efforts of the Ontario Medical Association

Physician Health Program, as well as programs by the Canadian Medical Association,³ such as the CMA "Position Paper on Physician Health and Well-Being,"⁴ the Canadian Physician Health Network, and the Canadian Centre for Physician Health and Well-Being.

Through this survey, and the Code 99 initiative, the FWP and AMO have worked together to build linkages between academic and community physicians.

Methodology

In reviewing literature pertaining to the topic of physician health,

the authors found that a number of recommendations remained consistent from one source to the next, regardless of a work's author or its context.

To develop questions for the survey, the authors focused on four areas:

1. Physician strengths, such as recreation, exercise, career satisfaction, and financial health.
2. Service needs of physicians, such as insurance needs, health care coverage, and dental care coverage.
3. Behaviours directly related to health and wellness, such as having a family physician, having an assessment by a physician, self-prescribing, and prescribing to family members.
4. General concerns physicians have about their physical and mental health.^{5,6,7}

The survey was piloted among a small sample of physicians to assess its clarity and merit. After several revisions, a copy of the survey was distributed to all 2,715 physicians in the Ottawa region.

The survey was mailed in November 2003 directly to physicians' offices from the OMA, along with AMO materials, and a letter from AMO President Dr. Gail Beck encouraging physicians to participate in the survey, and in the Code 99 program.

Table 1
Demographics of Respondents

Age	Male % (n=123)	Female % (n=111)	All Physicians % (n=234)
20 - 29 years old	1	3	2
30 - 39 years old	10	18	14
40 - 49 years old	28	27	27
50 - 59 years old	27	31	29
60 - 69 years old	21	9	15
70 - 89 years old	11	4	8
None Identified	2	8	5

Table 2
Practice Characteristics of Respondents

Practice Type	Male % (n=123)	Female % (n=111)	All Physicians % (n=234)
Academic Practice	24	14	20
Group Practice	35	47	40
Solo Practice	35	29	32
None Identified	6	10	8

There were no incentives offered to complete the anonymous survey, and non-respondents were not re-surveyed.

Results

A total of 234 surveys were returned, resulting in a response rate of 8.6 per cent.

The majority of respondents were between the ages of 40 and 59 (see Table 1, above).

Table 2 (above) shows that 80 per cent of respondents practised in a non-academic setting. Women physicians were more represented in group practice models, while men were more represented in solo and academic practices.

Table 3 (opposite) shows 31 per cent of respondents were concerned about their physical health, with fewer women (25 per cent) than men (34 per cent) reporting health concerns.

Approximately 18 per cent of par-

ticipants were concerned about their mental health, while 31 per cent expressed concern about their physical health.

Table 4 (opposite) shows 82 per cent of respondents had a family physician, and 46 per cent of these had seen their family physician for a complete exam in the last year. However, among physicians with a personal family physician, 26 per cent had not had a complete exam for more than three years.

Only 26 per cent of respondents reported seeing their family physician for a health issue in the past year, while nine per cent had not seen their family physician for a health issue in at least three years.

Self-prescribing (including the distribution of office samples) is common, with 47 per cent of all respondents identifying this practice.

Prescribing for family members is also common, with 58 per cent of

respondents identifying this practice.

On the topic of insurance, researchers found that 86 per cent of survey respondents held disability insurance, 60 per cent held insurance for medications, 55 per cent had extended health care insurance, and 55 per cent had dental insurance.

Table 5 (opposite) shows 88 per cent of respondents indicated they were happy with medicine as a career; 65 per cent said they exercised at least three times a week; 90 per cent took time for recreation; and 86 per cent had a financial adviser.

Discussion

The College of Physicians and Surgeons of Ontario has explicit policies regarding self-prescribing, as well as the provision of care for family members.

Given survey participants' rates of self-prescribing, and prescribing for family members (47 per cent and 58 per cent, respectively), it appears that physicians may differ in their comprehension and application of this policy. There is a paucity of literature on this behaviour,⁸ suggesting that further study is required.

The bulk of the survey sample consisted of self-employed physicians. Self-employed persons are particularly vulnerable to the impact of disability on their income and financial health, and are consistently encouraged to carry disability insurance.

This product can currently be purchased by Ontario postgraduate trainees, and carried over into practice. In spite of this, 14 per cent of respondents did not have disability insurance. The reasons for this variation are unclear. This, too, is an area that warrants further study.

A very high percentage of respondents were happy with their career. Yet, there is much discussion within the profession on the challenges facing medicine, and the potential impact of these challenges on physician health and well-being.

Finally, there were differences in the resiliency factors (see Table 5) assessed in the questionnaire. The level of physical activity reported by

Survey of Wellness Behaviours

the sample was impressive, as was the level of recreational time.

Limitations of the study include a low response rate, which prevents the generation of any firm conclusions.

In addition, many of the participants may have been more interested in physician health issues, and have increased insight into their own health needs, thus possibly resulting in a biased outcome. As well, non-responders may have less interest in their own health and/or decreased insight into their own needs. Regardless, the absence of data from non-responders is significant.

Finally, it is possible that respondents may not have been willing to admit to perceived negative health behaviours.

Conclusions

The study's limitations make it difficult to draw conclusions. This speaks to the need for further study in this area. However, physicians in the sample did indicate that they were happy with their career choice, and had access to family physician care, financial advice, insurance protection, recreation, and exercise.

Yet, there were significant levels of concern among respondents with regard to their mental and physical health.

Survey results also indicate high rates of self-prescribing and family-prescribing, while participation in regularly scheduled, complete physician assessments was low.

Encouraging physicians to have a family doctor is not enough; physicians must be encouraged to utilize them appropriately.

Physicians should be encouraged to have a periodic health review in keeping with Canadian standards of care, and to entrust their own care, and that of their family, to independent and objective colleagues.

There also appear to be some gender differences in the health practices of physicians, which is also in keeping with the understanding of the influence of gender on health. This suggests that strategies to improve physician health will need to be sen-

Table 3
Physician Concerns About Health

	Male (n=123)%	Female (n=111)%	All Physicians % (n=234)
Concerned about physical health	34	25	31
Concerned about mental health	16	18	18

Table 4
Physician Care Behaviours

	Male (n=123)%	Female (n=111)%	All Physicians % (n=234)
Have a family physician	79	84	82
Complete exam with a family physician in the last year	36	56	46
Visit to a family physician in the last year	17	34	21
More than three years since last exam	13	9	9
Prescription of medication for self	41	60	47
Prescription of medication for family members	50	69	58

Table 5
Physician Resiliency

	Male (n=123)%	Female (n=111)%	All Physicians % (n=234)
Happy with medicine as career	90	86	88
Exercise three times per week	58	71	65
Take time for recreation	88	92	90
Have a financial adviser	86	90	86

sitive to the influence of gender, and that particular interventions may need to be targeted to a particular gender.^{9,10} Clearly, this is an important area for further research.

Provincial and national physician health programs currently focus on mental health and addiction problems. However, in this survey, more physicians reported concerns about their physical health than their mental health.

Physician health programs should expand to facilitate comprehensive health care for physicians. To address only mental health or addiction concerns does not fully reflect this population's health needs. A shift from an "impairment model" to a "wellness model" for physician health may be required.

Survey results suggest that physicians as patients underutilize routine primary care. It appears that the threshold for seeking medical advice is much higher for physicians compared to other patients. Research indicates that medical students and residents face similar problems.⁸

In a unique partnership, the Aca-

demy of Medicine Ottawa and the Faculty Wellness Program will use this survey data as a first step to guide the development of services and products for the physicians they serve, such as the Code 99 physician referral system.

Through these initiatives, the AMO and FWP hope to assist physicians to be better patients, and to encourage and assist doctors to become personal physicians for their colleagues. **OMR**

Dr. Puddester is Director, Faculty Wellness Program, Faculty of Medicine, University of Ottawa. Dr. Donohue is a family physician in Ottawa and a member of the AMO Executive.

References

1. MacDonald NE, Davidson S. The wellness program for medical faculty at the University of Ottawa: a work in progress. *CMAJ* 2000;163:735-738.
2. Pitt D. Those were the days: an anecdotal history of the Academy of Medicine Ottawa, AMO, 2004.
3. Myers M. Ed. The CMA Guide to Physician Health and Well-Being.

Ottawa: Canadian Medical Association, 2003.

4. Puddester D. The Canadian Medical Association's Position Paper on Physician Health and Well-Being. *Western Journal of Medicine* 2001; 174: 5-7.

5. Kwong JC, et al. Effects of rising tuition fees on medical school class composition and financial outlook. *CMAJ*, Apr 2002; 166:1023-1028.

6. Martin S. More hours, more tired, more to do: results from the CMA's 2002 Physician Resource Questionnaire. *CMAJ*, 2002 Sep 3;167(5): 521-2.

7. Mechanic D. Physician Discontent: Challenges and Opportunities, *JAMA*, 2003 Aug 20; 290(7): 941-6.

8. Campbell S, Delva D. Physician do not heal thyself. *Canadian Family Physician*, 2003 Sep;49:1121-7.

9. Palepu A, Herbert CP. Medical women in academia: the silences we keep. *CMAJ*, 2002 Oct 15;167(8): 877-9.

10. Carr PL, et al. Relation of family responsibilities and gender to the productivity and career satisfaction of medical faculty. *Ann Intern Med*, 1998 Oct 1;129(7):532-8.

2004 CORPORATE HOTEL DIRECTORY

OMA opens the door to hotel discounts

As a service to its members, the OMA has obtained discount rates for hotels throughout Metro Toronto and regions across the province.

The January 2004 issue of the *Ontario Medical Review* featured a complete listing of locations and rates (pp. 37-43). The directory is also available via the Internet at OMA WebLink under "Benefits and Services" on the OMA Members' Home Page.

If you have any questions, please contact:

OMA Conference Planning

525 University Avenue, Suite 300

Toronto, Ontario M5G 2K7

Tel. (416) 599-2580, or 1-800-268-7215, ext. 3271

E-mail: susan_teslak@oma.org

