

The need for physician-centered research: results of a bi-national study

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The need for physician-centered research

It is important to care about and for patients, but it is also important to care about and for clinicians

- Clinicians are affected by their « outer » (context) and their « inner » world (psychic) and they deserve attention
- Clinicians lived experience of their profession impacts on patients, the practice of medicine and the health care system

*Stiefel F. Bourquin C: The lived experience of physicians: A call for research.
Cancer Research Switzerland 2015: 69-73*

What kind of influences (from the outer and inner world) are clinicians subjected to ?

① Society

e.g., dominant discourses on medicine, death and dying; expectations, judicialization, modification of the patient-clinician relationship, etc.

② Institutional context and environment

e.g., institutional constraints (efficacy, administrative work), changes of practice (fragmentation and standardization of care), physician shortage, etc.

③ Socialization and relational ties of clinicians

e.g., hidden curriculum of medicine, hierarchical systems, conformism, infighting, competition, corporatism, etc.

④ Clinicians' emotions and psychological health

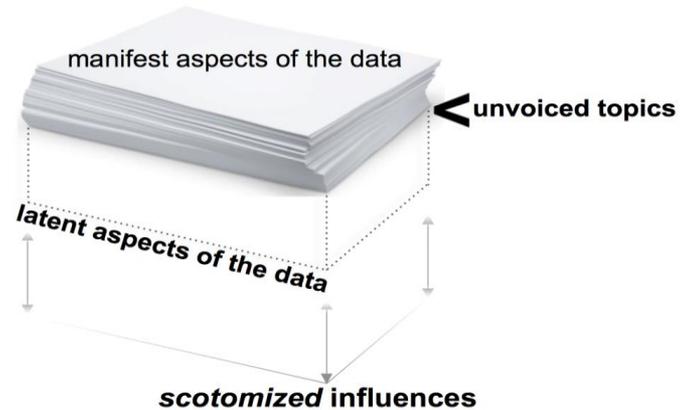
e.g., fears, burn-out, cognitive dissonance (cynicism, frustration, substance abuse), lack of engagement, interferences of biography with care, etc.

A few clinical examples: the influences from the « outer » and the « inner » world

- Outer world:
 - Society: from shared decisions to a shift of responsibility
 - Institutional context: side effects of a complaint center
 - Socialization: an oncologist and his ambivalent patient
- Inner world
 - When biography interferes with medical care

Bourquin C, Stiefel F, Panese F, Schaad B: « *What was the hardest to endure for the patient was me* »: how physicians experience patient complaints. *Pat Edu Couns* (submitted)

What do we know about clinicians' lived experience ?

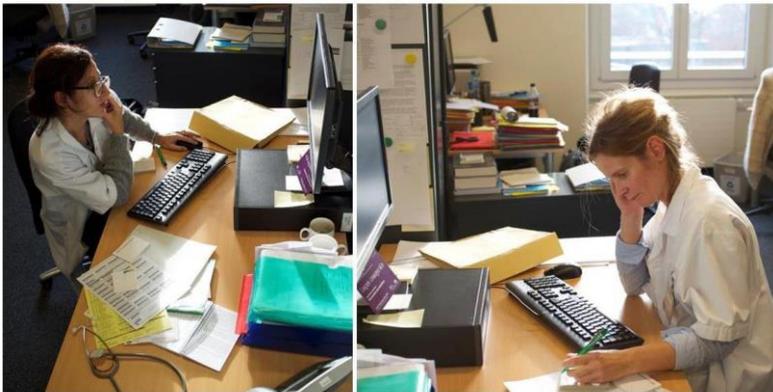


- 1) The literature focuses on burnout, psychopathology and job dissatisfaction
 - 2) The lived experience of physicians (N = 28) and nurses (N = 30) [Focus Groups (N = 8) of different hospitals (N = 9) and different disciplines (N = 4)] in EoL care
- * Results: *unvoiced topics*

Physician-centered research: a bi-national study



experiencing the life of a physician ...



CB

SO

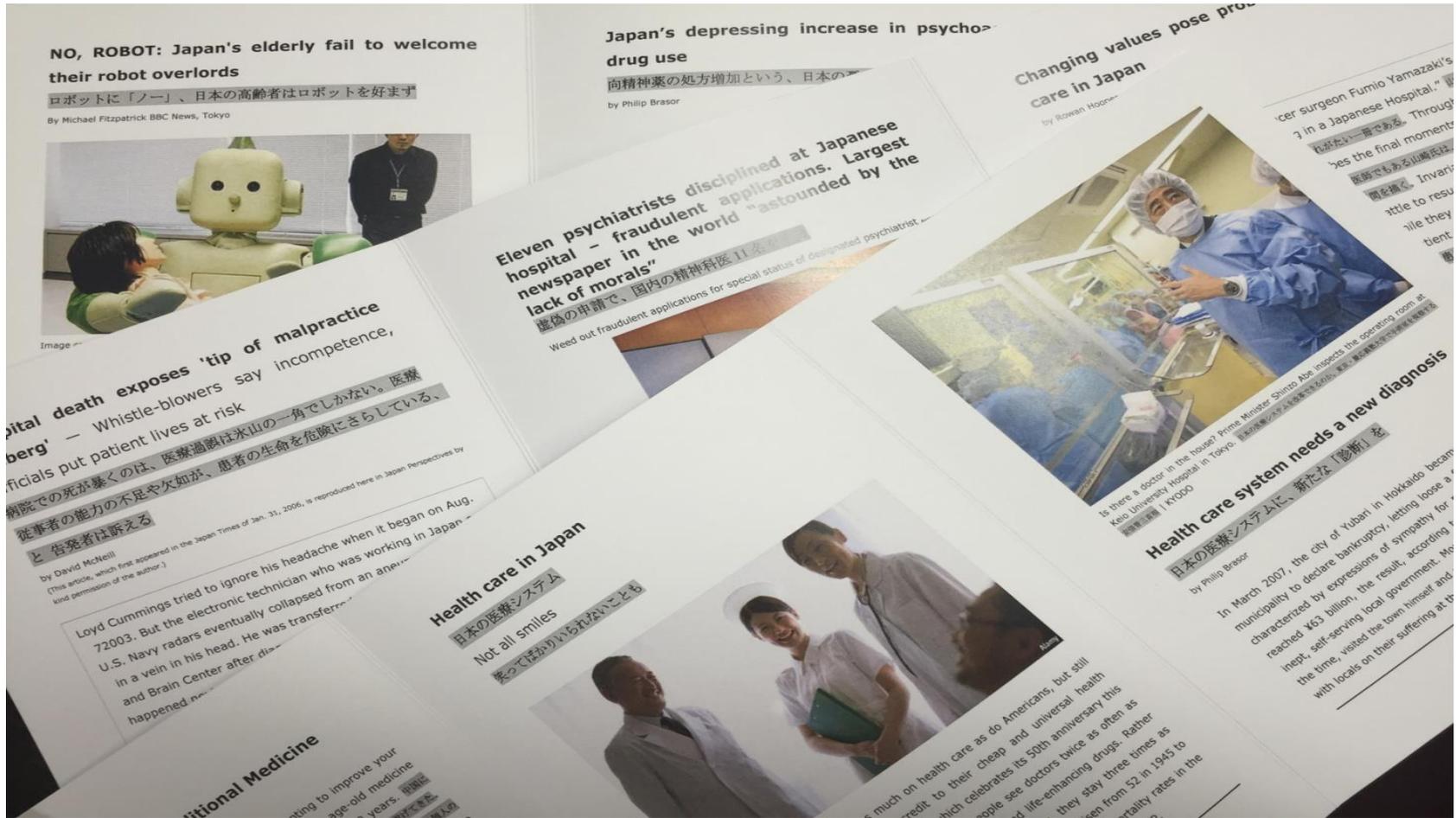
Methodology

- Swiss physicians (N = 33, 20 men) and Japanese physicians (N = 18, 12 men) of different hierarchical levels and various disciplines
- Outer world
 - Photo-elicitation methods (sociology)
 - Purpose-designed techniques (quotes)
- Inner world
 - Projective methods (psychology)

Narrative facilitators

① **Society**

Reactions of physicians facing discourses about medicine ?



Some examples / Swiss physicians

I think our profession has changed ...there are more and more demands put on the physician ... we are loosing our identity ...we are not anymore infallible
(change of identity, status and role)

The human side is put between parentheses
...(cognitive dissonance)

The public is fascinated and on the same time fearful of medicine...*(ambivalence of society)*

**② Institutional context,
work environment**

Reactions of physicians facing a clinician's day of work ?

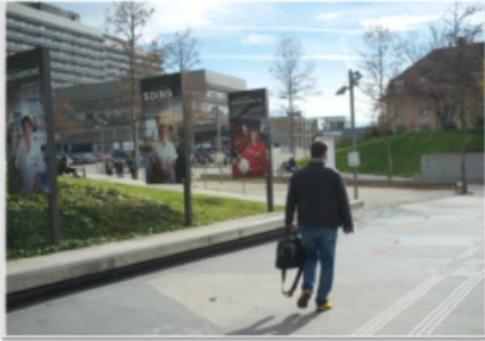


photo 1*



photo 2*



photo 3



photo 4*



photo 5*



photo 6*



photo 7*



photo 8*

Some examples (Japanese physicians)

This physician seem to fill in forms, he is forced to do this, he seems bored ... he looks at the PC for a holiday location...(*institutional constraints*)

The people seem to be alone, everyone in his bubble... (*lack of relationships*)

In the meeting, they all look up to the boss...(*hierarchy*)

He is happy work is done, he will now have a drink...(*stress-related behaviour*)

③ **Socialization**

Reactions of physicians facing quotes from peers ?

Quotes from qualitative studies (Japan) or books (Switzerland) on different aspects of medicine:

Such as the way clinical work is conceived, hierarchy, gender differences, medical knowledge and attitudes, role models and relationship with peers

Examples (Swiss physicians)

A physician has to do everything and to know everything...(*physician-hood*)

I think it's essential to have some distance towards the patients... (*rules in clinics*)

I've got used to things, I even consider that I lack compassion... (*physician fatigue*)

I have the impression physicians have difficulties to talk about themselves ...(*lack of communication*)

**④ Clinicians' emotions and
psychological health**

Reactions of physicians facing scenes of a clinician who works, encounters a patient and peers, and is alone ?



Stiefel F, Nakamura K, Terui T, Ishitani K: Collusions Between Patients and Clinicians: Why Clarity Matters. J Pain Symptom Manage 2017; 53: 776-782

**An illustration of a sequence,
blurred and without sound**

Examples (Japanese physicians)

Ahh, professor's round, all are following him blindly...(*conformisme*)

This physican turns in circles, he has to announce bad news to his patient ...(*anxiety*)

He is afraid to has to go see his boss ... (*hierarchy-related anxiety*)

He is not in a good condition, I would like to ask him what's the matter ...(*physician's suffering*)

Analyses

- Different perspectives and methods can be used to analyse the data, first results
- Thematic analysis of the narratives' contents, reactions towards the narrative facilitators, etc.
- Directions of narratives as a whole, individual narratives and typologies of physicians, minority discourses, etc.

Narratives of Japanese physicians I

A physician with a tough and stressful job, a kind of « lonely fighter », who feels torn between his ideal of patient-centered care and a harsh clinical reality with time pressure.

Patients are generally considered as preoccupied « consumers » and he fears to deceive them. He deplors a lack of understanding of and communication with patients, but also with peers.

The health care system is perceived as excellent for the patients, but less for physicians.

Narratives of Japanese physicians II

Despite the harsh reality, no complaints are voiced and rules of conduct guide him in a somehow constraining and not supportive environment and a society which delegates some of its problems to medicine ...

While difficulties with communication runs like a red thread throughout the narratives and the joyful sides of the profession remain unvoiced, no indication exists of what has been called the collapse of morale among hospital physicians. Yasunaga H: The catastrophic collapse of morale among hospital physicians in Japan, Risk Manage Healthcare Pol 2008; 1: 1-6

Stiefel F, Stiefel F, Machino T, Terui T, Ishitani T, Bourquin C: Spotlight on Japanese physicians: an exploratorion of their professional experience by means of stimulated narratives (submitted)

Narratives of Swiss physicians

A physician who face a practise under transformation and on the way to be increasingly dominated by technics, affected by a identity crisis and a loss of prestige in an environment, which shows considerable ambivalence towards medicine.

A physician who has a positive outlook on the developments, fascinated by medical progress and increased possibilities.

A lonely fighter, only understood by peers, with his work and life are almost collapsed.

A last general comment

In the past, health and medicine have played a limited role within society and physicians were often entirely devoted to their profession, and highly respected. While today health and medicine have become very important issue within society - quoting Foucault: health has replaced salvation -, physicians seem to less value their professions and immigrate into an inner insulation

*Foucault M: Naissance de la clinique, PUF
1963. The Birth of the Clinic, Routledge
Classics edition, 2003*

Conclusions

- Physicians somehow endure their destiny, some of them reported difficulties to « see the whole picture » in which medicine is practised.
- I hardly ever use this part of my brain !
 - ✓ We need to know more about the physicians
 - ✓ Training: *Conscientization, Reflexivity, Introspection*

Stiefel F, Saraga M, Bourquin C: Clinical communication: don't forget the physician ! Med Educ 2017; DOI 10.1111/medu.13279

And a final word ...

