Improving Workplace Health and Physician Health and Wellness: An Online Learning Solution

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Abstract -- While factors that contribute adversely to patients’ health and well-being have been well documented in the literature, those that affect physicians’ health have received little attention. In an effort to improve physician health, the Faculty of Medicine at the University of Ottawa created Canada’s first “Faculty Wellness Program” in 2000. However, due to the busy schedules of physicians and medical students many are unable to attend continuing medical education programs related to health and well-being and alternative means for delivering this education is required. In response to this need, two online programs centering on physician and workplace health will be developed. This paper presents the findings from the needs assessments that were conducted in order to inform the design, development, and delivery of these programs.

Index Terms – E-Learning, Physician Health, Workplace Health, Needs Assessment

I. INTRODUCTION

Efforts to promote health and wellness can be understood as upholding the goals of professionalism [1]. A competency of physicians in the Physician Competency Framework [2] is to demonstrate a commitment to physician health and sustainable practice. According to Frank, “This involves: balancing personal and professional priorities to ensure personal health and a sustainable practice; striving to heighten personal and professional awareness and insight; and recognizing other professionals in need and respond[ing] appropriately” (p. 24). Physicians whose health or wellness is at risk should seek appropriate help from their co-workers and engage in self-assessment [1]. An online eCurriculum would allow physicians quick and anonymous access to resources, services, and support for personal healthcare issues.

Factors that contribute adversely to patients’ health and well-being have been well documented. However, little attention has focused on the well-being of physicians and the coping skills that physicians use. Factors that can impact physicians’ health include distress, burnout, and other impairments [3] [4] [5] [6]; coping with personal chronic illnesses [7]; and disruptive behaviours [8] [9][10].

In efforts to improve physician health and wellness, the Faculty of Medicine, at the University of Ottawa created Canada’s first “Faculty Wellness Program” in 2000. This program promotes health and prevention of disease among medical students and physicians. In addition, the program offers expertise to individuals struggling with acute health issues (including behavioural, substance-related, physical and mental health issues), stress and burnout, conflict and conflict resolution, and, increasingly, individuals identified as being disruptive. However, despite the efforts of this exemplary program, many health professionals seeking access to health and wellness resources and services may not realize this program exists or that they have access to it. Clinicians are busy people and, due to time constraints and geographic location, they may not be able to attend continuing medical education programs related to health and well-being. In response to this concern, two research proposals were submitted to the Ministry of Health and Long-Term Care.

The first proposal was to design, develop, deliver, and evaluate an online Physician Health Program. The second was to design, develop, deliver, and evaluate an online program on Workplace Health. The goal of both online programs is to allow healthcare professionals (1) access to cutting-edge information related to physician wellness and workplace health respectively, (2) to evaluate their current knowledge and health status, and (3) to learn how to access online and face-to-face resources and supports. The Physician Health program is aimed primarily at Canada’s medical students and physicians (including residents), while the Workplace Health program is targeted to all regulated health professionals working within their Local Health Integration Network (LHIN).
To guide the design, development, delivery, and evaluation of the two online programs, the W(e)Learn Framework [11] was adopted (Fig. 1). According to W(e)Learn, the first step in developing an online program is to identify the needs of the potential audience. Consequently, the purpose of this research was to conduct comprehensive need assessments for both the Physician Health and Workplace Health online learning programs.

II. W(e)LEARN

W(e)Learn (Fig. 1) can be used as both a quality standard and a guide to design, develop, deliver, and evaluate online healthcare programs in pre- and post-licensure settings. W(e)Learn draws on the knowledge and experience of healthcare experts, considers key elements outlined in Ref. [12], interprofessional education for collaborative patient-centred practice framework, and incorporates best practices for interprofessional education from the literature. W(e)Learn is framed by various learning theories that consider learning as embedded in social situations and is viewed through the lens of interprofessionalism. The model outlines four critical dimensions: structure, content, media, and service. The framework reflects an emergent design process. Throughout the development and delivery, the design is continually evaluated so it can be adapted and improved as necessary.

W(e)Learn is intended to elicit four levels of outcomes, the pinnacle of which is organisational change towards collaborative practice and the resulting improvement in care delivery that promotes patient well-being. An interactive version of the W(e)Learn framework can be viewed online at http://www.ennovativesolution.com/DDLM-IP/. Moving your mouse over each of the elements in the model will reveal the definition of that variable.

This online presentation of the model can be used as a quick reference or a teaching tool.

III. METHODOLOGY

W(e)Learn proposes that the first step in developing an online program involves identifying the needs of the target learners. Therefore, a needs assessment was conducted with clinical physicians, medical residents, and medical students for the Physician Health program and regulated healthcare workers for the Workplace Health program. This allowed input on the design of the programs from multiple perspectives [13] [14]. Planning the needs assessment and designing the interview questions involved members of the Faculty Wellness program, subject matter experts in healthcare and workplace learning, and the project team, which included physicians, educators, and eLearning experts.

A total of 11 interviews (3 focus group and 8 individual interviews) were conducted. Six were for the Physician Health program (five individual interviews with two physicians, a medical researcher, a medical educator, and a resident and one focus group interview with eight first and second year medical students; Tab. 1). The remaining five interviews were conducted to identify learner needs for the Workplace Health program. These included three individual interviews with physicians and two focus groups with the following professionals: two physiotherapists, one medical administrator, one occupational therapist, one recreational therapist, one psychologist, one social worker, one union leader for a healthcare organization, one dietician, one medical manager, and two nurses (Tab. 2).

The interviews lasted from 30 minutes to 1 hour and took place at a location convenient to the participants. The interviews were tape recorded with the participants’ permission and transcribed verbatim. An analysis of the data was sent back to the participants for verification and clarification and for their personal and professional interest. Through this process, these potential users and/or stakeholders were able to provide input to the team regarding the design, development, and delivery of the online resources. No further feedback on the analysis was received from the participants.

<table>
<thead>
<tr>
<th>TABLE 1: PARTICIPANTS IN THE PHYSICIAN HEALTH NEEDS ASSESSMENT</th>
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<tbody>
<tr>
<td>Physician Health Needs Assessment Participants (N=13)</td>
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<tr>
<td><strong>Occupation</strong></td>
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<tr>
<td>Family Physician</td>
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The International Conference on E-Learning in the Workplace 2009, www.icelw.org
### Physician Health Needs Assessment

**Participants (N=13)**

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### Workplace Health Needs Assessment

**Participants (N=16)**

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<tr>
<td>Union Leader</td>
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### IV. FINDINGS

The findings from the needs assessment was similar for both the Physician Health and Workplace Health programs in terms of what would motivate participants to use the programs, how the websites should look and feel, the amount of time participants would spend at one time using the resource, language, ethical and cultural considerations, and delivery issues (e.g., interactivity, length, and media decisions). The findings for the two programs are organized under the five constructs of the W(e)Learn framework: Structure, Content, Media, Service, and Outcomes. Under each construct, several themes emerged (Fig. 2). When there were differences or idiosyncrasies specific to one program or the other the findings are presented under separate sub-headings.

#### A. Structure

A number of sub-themes under the construct ‘Structure’ emerged and are presented below:

**i. Characteristics of the Program**

The two requirements for the programs mentioned most frequently and with the strongest conviction were (1) that the information must be presented in a concise style that takes no more than 10 minutes to cover with ‘options’ to delve deeper and (2) the resource must be absolutely anonymous and confidential. Participants also indicated the resources must be easy to find and use, and include relevant and meaningful content. Participants representing both programs said what would motivate them to access the programs would be a problem, situation, or a crisis involving themselves, a colleague, family member, or patient.

#### ii. Interactivity

Although all participants agreed the content should be succinct and relevant, there was disagreement regarding the degree to which the resource should be interactive. Some physicians and medical students expressed that they wanted to be engaged in interactive activities and cutting edge technology, “Show off up-front that you have some magic tricks to WOW them” (physician). Others were adamant that quick, simple, straightforward content presented in text form, requiring little or no downloading was their strong preference. One medical administrator stressed that he preferred to have no interactivity. A physiotherapist in the same focus group agreed that she would prefer “just the quick link to the information”.

#### iii. Characteristics of the Target Audiences

Repeatedly, participants from both programs interviewed warned not to talk down to the learner: “I...
think if you talk down to your audience it may turn people away. If you are telling us the common sense we have already known, it is almost humiliating” (physiotherapist).

iv. Ethical Considerations

One of the most accentuated points made by all participants for both programs was that the resources need to be confidential and anonymous: “This program should be offered with a full set of confidentiality” (physician). It was pointed out that learners coming to the website may be in a vulnerable state: “Clinically speaking, people experiencing depression, anxiety disorder, and so on typically feel cornered. Not all of them, but many of them don’t feel that they can reach out to get help; they feel anxious that they cannot” (physician). Participants commented that an online program would have the advantage of being able to be anonymous: “It is a controlled atmosphere, less anxiety provoking” (physician).

v. Language

Several participants stated they thought the resources should be bilingual. Two of these individuals acknowledged the cost involved and one suggested that translating the project into French be a long-term goal.

vi. Learner Assessment

Although highlighted frequently, there were no strong opinions from participants regarding learner assessment for either the Physician Health or the Workplace Health programs. One physician, referring to the Physician Health program, stated, “They like getting feedback. They like to feel they have mastered and then go on”. A medical student suggested that whether or not you provide feedback and what kind of feedback you provide depends on how the resource is being used: “It depends on why you are using it. If you use it for self-help or assessment of somebody else, you may not want any feedback. If you are doing it for learning purposes, to get educated, that is different”.

B. Factors that Influence Mental and Physical Health

A question that was included in the Workplace Health needs assessment but not in the one for Physician Health was, “What are the factors in your work life that most influence your mental and physical health?” Therefore, the findings from this question only represent perspectives from the Workplace Health participants. However, since three of the five interviews conducted with the Workplace Health program were conducted with physicians, it is fair to infer that the findings may also be very relevant to the Physician Health program.

i. Workload

The most common factor that participants said influenced their mental and physical health in the workplace was related to workload. They said having to see so many patients each day and not being able to provide patients with the time or attention needed was stressful.

ii. Environment

Environment was identified as a cause of workplace stress for many healthcare professionals interviewed. Physicians, nurses, physiotherapists, medical administrators, occupational therapists, and others discussed how the physical environment affected their health.

iii. Relationships

All participants discussed how their immediate supervisor, colleagues, and others they work with have a significant impact on their health. They indicated most of their stress was related to the organization’s administration and management style.

C. Content

These findings emerged from data collected from both the physician health and workplace health participants. A number of sub-themes under the construct ‘Content’ emerged and will be presented below.

i. Responsive to Stakeholders

Findings for both the Physician Health and Workplace Health programs were similar with regard to the need to be receptive to the audience. All participants emphasized that the healthcare professionals for whom the programs are being designed are extremely busy. Participants in both sets of interviews foresaw a lack of time as one of the biggest potential barriers to a successful online learning experience.

ii. Topics

When asked what topics should be covered in the Physician Health program, the most prominent topics mentioned by all participants were mental health issues such as depression, suicide, stress, anxiety, burnout, and substance abuse. Topics that were deemed important for the Workplace Health program included: bullying, flu vaccine, fatigue management, loss of a patient, care for the caregiver, manners, etiquette on sending email, how to run a committee, pandemic preparedness, and compassion.

iii. Inclusive

With regard to gender and cultural issues that needed to be considered in designing the Physician Health and Workplace Health Programs, participants
suggested that this was a ‘given’ and were quite matter-of-fact in their responses. There were no noteworthy differences in responses between the findings for the two programs. Several participants had suggestions on how gender and cultural issues could be addressed. One physician said, “There are inherent cultural and gender issues. Building something to reach everyone is a challenge. I hope there are a lot of sensitivities to this issue”.

D. Media

These findings emerged from data collected from both the physician health and workplace health participants. A number of sub-themes under the construct ‘Media’ emerged and will be presented below.

i. Usability

Participants continually underlined the importance of creating a learning resource that is easy to use. They stated that they wanted a resource that was easy to navigate and had everything in one place. Participants stressed they wanted something ‘short’ that required little or no scrolling or moving from one page to another. They emphasized that it is essential that the information and resources be up-to-date and suggested having an attractive design.

ii. Convenient

Several learners said they wanted a convenient resource where they could have a one stop, just-in time, easily accessible resource available to assist healthcare professionals needing help at any time of day. One medical student pointed out the importance of “having all the information in one spot. You don’t have to look in all different places, you know the information you are looking for is reliable”.

iii. Delivery Mode

Participants’ ideas regarding what kind of features and activities the resource should include spanned the full spectrum of pedagogy strategies.

E. Service

These findings emerged from data collected from both the physician health and workplace health participants. A number of sub-themes under the construct ‘Service’ emerged and will be presented in the following.

i. Accessibility

Participants repeatedly emphasized the need for easy access to the programs. They pointed out that the resources first had to be easy to find and should to be flagged in prominent places. Participants suggested having advertising in renowned journals, professional magazines, online media, and newsletters.

ii. Resources

All participants suggested that providing support in the form of resources was very important to designing a successful online course. They repeatedly talked about providing resources that would allow learners the option to delve deeper into a topic. Participants suggested the resources should be up-to-date, relevant, culturally and gender sensitive, and portray individuals experiencing issues being addressed. One medical student put it this way: “Resources for help and counselling would be beneficial. Also knowing that other people are having the same kind of problems would be somewhat helpful”.

iii. Technical Support

There was not a great need expressed by the participants for technical support. One medical student suggested, “Having access to technical support would be good”. One student suggested providing an instruction sheet addressing technical issues would be beneficial: “Maybe include an instruction sheet about how to use the website and contact information when you have problems. I don’t think we need much support”.

F. Outcomes

These findings emerged from data collected from both the physician health and workplace health participants. A number of sub-themes under the construct ‘Outcomes’ emerged and will be presented below.

i. Continuing Medical Education (CME) Credits

Learners indicated that obtaining CME credits for the programs would motivate them to participate and be beneficial to them. One physician pointed out, “To me, it is very important because it is a motivator. I don’t need the CME credits but we are socialized in this way and it is how we get to med school in the first place. It makes us absorb huge amount of information and I collect diplomas”.

ii. Increased Awareness

Several participants suggested that the Physician Health and Workplace Health programs would increase awareness of physician health, workplace health, and medical illness issues. One learner indicated, “I would find this resource very useful. Bring up awareness, normalizing the content…”.

iii. Learning

Participants anticipated an outcome of the programs would be access to new information and learning. One physician suggested, “I would expect to become less narrow. I find myself in sort of a technical field and I
V. CONCLUSION

One of the most striking findings from the needs assessments was how similar the findings were for the two programs. Three possible explanations for the similarities are (a) the fact that the content in both programs will address similar issues (time management; stress; anxiety; conflict resolution; substance abuse); (b) the audience for both programs is busy adult healthcare professionals; and (c) there were several physicians participating in both sets of interviews. However, all regulated healthcare professionals (i.e., nurses, physiotherapists, occupational therapists, physiologists, recreational therapists, social workers, and medical administrators) provided similar perspectives to those of the physicians on many of the questions with regard to what they felt they and their colleagues wanted and needed with regard to online programs.

The two requirements for the programs mentioned most frequently and with the strongest conviction were (1) that the information must be presented in a concise style that takes no more than 10 minutes to cover with ‘options’ to delve deeper and (2) the resource must be absolutely anonymous and confidential. Participants also indicated the resources must be easy to find and easy to use, and include relevant and meaningful content.

VI. RECOMMENDATIONS FOR THE PROGRAMS

- Present content in a concise style that takes no more than 10 minutes to complete
- Provide exercises, resources, and activities as an ‘option’ for learners to delve deeper into concepts
- The resource must be absolutely anonymous and confidential
- Ensure there is no tracking and no way to tell who has visited the site
- Everything should be conveniently found in one place
- Have little scrolling or page turning
- Make the resource easy to use – with the ‘option’ to partake in more complex and sophisticated activities and technology applications
- The content must be relevant
- Make use of videos vignettes
- Make links available to support groups and resources
- Ensure it is easy to print documents for themselves and patients
- Ensure gender and culture sensitivity
- Use a URL that is easy to remember
- Use key words that will enable finding the site easily through a Google search
- Advertise learning resource in renowned journals, professional magazines, online media, and newsletters

VII. RECOMMENDATIONS SPECIFIC TO WORKPLACE HEALTH

- Have administration take the resource so they understand the impact of implementing an insensitive or badly informed policy or when they are bullying or being abusive.
- Have administration recognize the employees that go beyond the call of duty rather than emphasize those abusing the system. Focus on the positive and reward the hard workers and deal with those not carrying their weight on an individual bases.

REFERENCES


12-13.


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