



## PHYSICIANS AND THEIR EXPERIENCE WITH THE STIGMA FOR SEEKING HELP

*By: Diane W. Shannon, MD, MPH, PCC*

### Coming up in the article:

- Checking in with Colleagues
- Modeling and Leadership
- Understanding Through Shadowing
- The Coaching Difference
- A Critical Caveat
- Banishing the Stigma

The medical field often portrays physicians as invincible superheroes, with an unlimited capacity to keep going no matter the circumstances. As the high prevalence of burnout among physicians can attest, this is not true.

From my experience as a physician who experienced burnout, as a writer who has spoken with scores of physicians with burnout and as a physician coach, I know that physicians often have a difficult time asking for help. There are a number of reasons for this hesitance.

**First**, when we're exhausted, stretched thin, burned out, or struggling with moral injury (struggling with issues that conflict with our values or beliefs), we conserve our energy to do the job at hand. We're not thinking about accessing help; we're simply trying to get through the day. We're drowning in work, trying to keep our heads above water and who has time to seek help?

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**Second**, we tend to put ourselves and our needs second to the needs of the patient too much and too often—if we put ours into the equation at all. This habit is reinforced in our training, which involves years of self-sacrifice. We become pros at delayed gratification.

We accept the role of the superhuman savior who sweeps in to rescue the patient and the hero who doesn't have personal needs. We don't need to sleep or go to the bathroom. We don't need time to eat healthy food, exercise or connect with people. We don't need a place to express our feelings when patients die unexpectedly or admit distress in the aftermath of witnessing trauma first hand. Many of us buy into the hero-without-needs archetype.

**Third**, there exists in healthcare a significant stigma to asking for help when it's needed, especially emotional and mental health help. When we buy into the belief that we don't need to address our human needs or get support when we're struggling, we create and reinforce an environment in which it feels unacceptable to admit to struggling or seek out help.

**Fourth**, another important barrier to seeking help is concern about the implications in terms of physicians' state licensing and practice credentialing. Fortunately, there are efforts underway on federal and state levels to change the questions allowable on medical license applications and credentialing forms.





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## **Four important strategies to address stigmas and barriers for seeking support are checking in with each other, modeling, shadowing and coaching.**

### **Checking in with Colleagues**

Physicians and colleagues can begin with the simple question: “How are you doing?”—and then really listen to the answer.

You may see a colleague who is more withdrawn than usual or is looking more harried. Take a moment to ask, “How are you? Would you like to have coffee?” Get together and talk.

Providing a safe space to speak may be all that’s needed. If more support is called for, suggest they access counseling or coaching, or that they see their primary care physician. If the person is experiencing serious difficulty, encourage them to call or text one of many hotlines for physicians that offer emergency help, such as the Physician Support Line at 1 (888) 409-0141 or engage their internally provided resource—such as VITAL WorkLife.

### **Modeling and Leadership**

Just as important as inquiring is modeling. When physicians see their colleagues sharing about challenges or accessing help, they’re more likely to share and to seek help themselves. You notice when someone takes a step to take care of themselves.

It’s especially important for leaders to demonstrate this type of transparency.

Chief medical officers, department heads, really anyone who leads teams can demonstrate it’s okay to not feel your best sometimes and it’s okay to access help.

Leadership is also critical for supporting the well being of physicians in more direct ways. Research from the Mayo Clinic has shown that the positive behavior of the leaders who supervise physicians is directly related to the physicians’ lower risk of burnout. These behaviors are pretty basic, reflected in statements like “My leader treats me with respect and dignity” and “My leader is interested in my opinion.”<sup>1</sup>

1. Shanafelt TD, Gorringer G, Menaker R, Storz KA, Reeves D, Buskirk SJ, Sloan JA, Swensen SJ. Impact of organizational leadership on physician burnout and satisfaction. *Mayo Clin Proc.* 2015;90(4):432-40.

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Too often in medicine, individuals are promoted into leadership positions because of their clinical experience, not because they're highly trained in leadership. That's why leadership development is so important in the field of healthcare. We need to promote leaders who communicate, who support, who listen, who create positive organizational cultures where talking about difficulties and accessing help when needed are the norm. That openness sets the stage for those they lead to be able to ask for support.

### Understanding Through Shadowing

Another important step leaders can take is to strengthen their understanding of what clinicians experience every day. This is especially important for administrators who don't have a medical background—and for those who were medically trained but haven't practiced for a while.

Mission Health in North Carolina is one of several organizations that have a program in which executive leaders shadow clinicians. They put on scrubs and observe physicians for a full shift in the ER, the OR or elsewhere in the clinical setting. They sit next to them while they complete their laborious documentation.

The result is what you would expect: a better understanding of the stressors physicians and other healthcare professionals face every day. Later, when leaders receive a request for resources of a certain kind, they have a deeper appreciation for the need underlying the request.



### The Coaching Difference

I'm a coach, so I'm definitely biased, but when it comes to tangible help an organization can provide to physicians who are struggling, I think peer coaching resources are a leading strategy.

Coaching is very action oriented. It's about the here and now, about helping the client identify their goals and the obstacles (internal and external) that are in the way. Then with this greater insight, the client designs a small action step, approached as an experiment, aimed at moving forward to their goals. Often within just 5 or 6 sessions, their work life and home life are in a much better place and they're more hopeful about the future.

Coaching is not therapy, which tends to focus on treating a condition like PTSD, or depression, or delving into a past experience to achieve healing and closure. I refer clients to other professionals if counseling is needed.

I think a peer coaching program that's confidential, credible and easy to access and offered as a part of their benefit package is a great way to support the emotional and mental health of physicians. It also sends a message to employees that their organization values them. And that's a crucial message.

## A Critical Caveat

Any discussion of physician well being needs to acknowledge the research marking system factors are significant drivers of clinician burnout, such as productivity pressure, inefficient processes for patient flow through the clinic or practice, inadequate numbers of medical assistants and other support staff, the intense burden of documentation. Well being initiatives will fall short if leaders are not also addressing these drivers of burnout.

## Banishing the Stigma

Acknowledging the stigma that blocks physicians from accessing help and understanding its causes is a first step. Checking in with colleagues and sharing hotline info are simple actions that individuals can take to help peers. Modeling help-seeking and providing access to peer coaching and counseling, as well as addressing system-level burnout drivers, are ways that organizational leaders can improve the well being of their clinicians.

Taken together, these steps can promote clinician well being and banish the stigma of seeking help so it becomes a thing of the past.

**For more on the stigma of seeking help and how organizations can lead their employees and best support physician well being, contact VITAL WorkLife to learn more.**



[Contact us](#) to learn more about how to foster a culture where physicians prioritize their own mental well being and feel comfortable seeking help, without the fear of being stigmatized.



**Contact us by phone at 877.731.3949, or online at [VITALWorkLife.com/contact-us](https://VITALWorkLife.com/contact-us)**

## ABOUT VITAL WORKLIFE

VITAL WorkLife, Inc. is a physician-focused national behavioral health consulting practice supporting all dimensions of well being in the workplace with a multitude of solutions. Serving the U.S. healthcare industry since 2007, our national team of certified physician peer coaches and senior behavioral health consultants deliver life-changing well being solutions.



**DIANE W. SHANNON,  
MD, MPH, PCC**

Dr. Diane Shannon has been a physician peer coach with VITAL WorkLife since 2020. She is a physician who transitioned to health

care writing after experiencing professional burnout more than 20 years ago. As a writer and author, she highlighted problems with the US healthcare system, including patient and worker safety issues, medical errors, clinician burnout and communication gaps. After co-authoring Preventing Physician Burnout: Curing the Chaos and Returning Joy to the Practice of Medicine, she decided to be a more proactive catalyst of change and transitioned to full time coaching. Today, she helps women physicians move from overwhelm and burnout to balance and thriving.



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## SOURCES

1. Shanafelt TD, Gorringer G, Menaker R, Storz KA, Reeves D, Buskirk SJ, Sloan JA, Swensen SJ. Impact of organizational leadership on physician burnout and satisfaction. *Mayo Clin Proc.* 2015;90(4):432-40.