

Why COVID-19 pandemic builds a convincing case for investing in ‘Young Physician Leaders (YPL)’

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ABSTRACT

There are pressing issues that are plaguing healthcare systems across the world (especially in the lower-middle-income countries), which comprise low-quality care, affordability, accessibility, poor infrastructure, violence against healthcare personnel, deficiency of physicians and healthcare staff. COVID-19 has put an immense physical and mental strain on the young physicians who are at the forefront in fighting this pandemic. This has led to an increase in incidences of burnout among young doctors, which adversely impacts the quality of healthcare, patient well-being and satisfaction. The present-day medical training typically creates solo medical experts; but, modern-day management of patients and organisations require team-work and leadership. To profoundly alter the way the young physicians work and for creating physician leaders for the future, leadership training ought to commence during the medical school.

Keywords: Burnout, COVID, leadership, physician, young

Introduction

The present coronavirus disease 2019 (COVID-19) pandemic has laid bare gaps in our healthcare systems that need to be addressed shortly. Due to extraordinary and persistent demands on public healthcare systems around the world, COVID-19 has put an immense burden on healthcare providers, especially doctors and nurses. On the one hand, the young physicians, who are at the forefront in this war against the pandemic, have to endure uncertainty about their health and burnouts; there are reports of violence against the frontline health professionals by segments of the misinformed public. Besides managing the patients, these young physicians have to deal with complex situations along with

coordinating the logistics of limited medical resources. Further, they act as trusted information sources; play a crucial role in alleviating anxiety, answering queries and providing emotional support to the patients, their attendants and the public. Since these young physicians are standing at the bottom of the deeply entrenched medical hierarchy, they often find it difficult to speak up for them and advocate for improvements in healthcare set-up and a better working environment. Consequently, many such physicians are encountering mental health issues and in extreme cases suicides have also been reported.

Brief Review of Literature

Many studies have been done in the past that have delineated the problems faced by junior physicians. From these studies, it can be seen that many of the problems faced by such physicians are common both in the global south and global north countries. In this context, one of the major issues is burnout. In a study from Germany, the authors documented that the burnout risks for junior doctors, especially females working in the intensive care

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units were higher than other occupational groups in Germany along with the recommendation that social support should be provided at the work place^[1] while in a study from the US, it was revealed that junior physicians (especially residents) had a high risk of burnout among perioperative team members.^[2] Another study from Tunisia documented that junior residents of all medical specialties have a higher risk of burnout^[3] while another paper from Brazil stated that the majority of the junior doctors faced high-stress that is a predictor of burnout syndrome. It has also been documented that burnout was strongly associated with shifts of more than 12 h^[4] and there is a need to educate physicians regarding self-awareness and personal health.^[5] While burnout is an organisational (system) problem, the majority of the establishments operate under the flawed context that physician burnout and work satisfaction are exclusively the liability of the physician and not the system.^[6] It has also been stated that stressors need to be identified and should be addressed to improve job satisfaction and reduce the burnout and psychological demands which are the key predicting factor of burnout.^[7,8]

Another major issue is the ever-increasing incidence of workplace violence that has been reported against young physicians from many parts of the world, especially from the developing countries.^[9] In a study from Pakistan, it was documented that the violence is usually high among Pakistani physicians and many of these physicians were suffering from post-traumatic stress disorder, anxiety and depression as a consequence.^[10] It has been rightly stated that improving the leadership skills in young physicians such as communication, self-management and conflict management is one of the key measures to combat burnout and workplace violence.^[11] However, problems such as inadequate investments in public healthcare, low wages, long working hours, poor infrastructure, human resource crunch and poor working environments also contribute to the above-cited problems faced by junior physicians and compromise the healthcare.^[12,13]

In developing countries, especially in countries such as India and Pakistan, young physicians often work in an environment that lacks security and safety with a constant threat of abuse, exploitation and violence from mobs or people with power.^[9,13-15] Further, these physicians have to endure legal challenges related to patient care, however, it is pertinent to mention that some of the key contributing factors for poor healthcare are a shortage of beds, lack of equipment, poor infrastructure and shortage of health staff, factors that these physicians have no control over. However, these issues that are plaguing the healthcare systems are sometimes highlighted as the fault of physicians.

The way forward

The problems such as lack of affordability and accessibility, limited resources, inadequate investments, lack of public trust and low quality of healthcare are plaguing the healthcare systems of many countries the world over and ought to be tackled determinedly and jointly by all nations. The world needs effective healthcare

leaders for the solution of the above-cited issues, which indeed are very pressing. The healthcare systems though lagging in many respects; require a collaborative culture and teamwork. Physicians who are usually the primary and the first point of contact for the populace in the healthcare systems, have an opportunity to lead the change. The need for 'Young Physician leadership' was never felt as stronger as is today in this time of this global COVID-19 crisis. Therefore, there is a need to inculcate leadership qualities in young physicians for a more effective response from them not only in managing health emergencies and crises but also in improving the healthcare systems soon.

While physician leadership is vital for better healthcare, this is not usually a part of their medical training curriculum. Some of the leadership qualities that need to be incorporated into young physicians are teamwork, collaboration, emotional intelligence, mindfulness, advocacy, self-care, conflict resolution and negotiating skills, interpersonal skills, influencing and motivating others, effective communication across different levels of the organisations, etc., Needless to add, there is a need for dedicated leadership programmes for young physicians to groom them as healthcare leaders of tomorrow. It is high time that young physicians stand up, advocate for themselves and a better healthcare setup and for doing that, acquiring leadership qualities are essential. The need of the hour is that healthcare delivery systems ought to be lead by physicians with such leadership qualities. I hope, the world is listening.

Conclusions

Professional healthcare institutions require physicians with leadership qualities. The modern-day healthcare system is dynamic and needs collaborative ethos and teamwork. The solutions to the pressing issues that are plaguing the healthcare systems around the world have to come from dedicated physician leaders. The need for multidisciplinary (including leadership) coaching of young physicians cannot be overstated.

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Conflicts of interest

There are no conflicts of interest.

References

1. Heinke W, Dunkel P, Brähler E, Nübling M, Riedel-Heller S, Kaisers UX. Burn-out in der Anästhesie und Intensivmedizin: Gibt es ein Problem in Deutschland? [Burnout in anesthesiology and intensive care: Is there a problem in Germany?]. *Anaesthesist* 2011;60:1109-18.
2. Hyman SA, Michaels DR, Berry JM, Schildcrout JS, Mercaldo ND, Weinger MB. Risk of burnout in perioperative

- clinicians: A survey study and literature review. *Anesthesiology* 2011;114:194-204.
3. Ben Zid A, Homri W, Ben Romdhane I, Bram N, Labbane R. Burnout chez les résidents en médecine tunisiens: À propos de 149 cas [Burnout in Tunisian medical residents: About 149 cases]. *Encephale* 2018;44:337-42.
 4. Toral-Villanueva R, Aguilar-Madrid G, Juárez-Pérez CA. Burnout and patient care in junior doctors in Mexico City. *Occup Med (Lond)* 2009;59:8-13.
 5. Nason GJ, Liddy S, Murphy T, Doherty EM. A cross-sectional observation of burnout in a sample of Irish junior doctors. *Ir J Med Sci* 2013;182:595-9.
 6. Shanafelt TD, Noseworthy JH. Executive leadership and physician well-being: Nine organizational strategies to promote engagement and reduce burnout. *Mayo Clin Proc* 2017;92:129-46.6.
 7. Siu C, Yuen SK, Cheung A. Burnout among public doctors in Hong Kong: Cross-sectional survey. *Hong Kong Med J* 2012;18:186-92.
 8. Fernández-Prada M, González-Cabrera J, Iribar-Ibabe C, Peinado JM. Riesgos psicosociales y estrés como predictores del burnout en médicos internos residentes en el Servicio de Urgencias [Psychosocial risks and stress as predictors of burnout in junior doctors performing emergency guards]. *Gac Med Mex* 2017;153:450-58.
 9. Nowrouzi-Kia B, Chai E, Usaba K, Nowrouzi-Kia B, Casole J. Prevalence of type II and type III workplace violence against physicians: A systematic review and meta-analysis. *Int J Occup Environ Med* 2019;10:99-110.
 10. Zafar W, Khan UR, Siddiqui SA, Jamali S, Razzak JA. Workplace violence and self-reported psychological health: Coping with post-traumatic stress, mental distress, and burnout among physicians working in the emergency departments compared to other specialties in Pakistan. *J Emerg Med* 2016;50:167-77.e1.
 11. Kumar NS, Munta K, Kumar JR, Rao SM, Dnyaneshwar M, Harde Y. A survey on workplace violence experienced by critical care physicians. *Indian J Crit Care Med* 2019;23:295-301.
 12. Wu LX, Qi L, Li Y. Challenges faced by young Chinese doctors. *Lancet* 2016;387:1617.
 13. Nagpal N. Incidents of violence against doctors in India: Can these be prevented? *Natl Med J India* 2017;30:97-100.
 14. Ambesh P. Violence against doctors in the Indian subcontinent: A rising bane. *Indian Heart J* 2016;68:749-50.
 15. Baig LA, Ali AK, Shaikh S, Polkowski MM. Multiple dimensions of violence against healthcare providers in Karachi: Results from a multicenter study from Karachi. *J Pak Med Assoc* 2018;68:1157-65.