

**Maine Medical Center
Department of Emergency Medicine
Journal Club Summary Template**

Date: Sept 15	Presenter Name: Heidi Roche
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Article Citation:
Suicidal Ideation and Attitudes Regarding Help Seeking in US Physicians Relative to the US Working Population
Shanafelt, Tait D. et al. Mayo Clinic Proceedings, Volume 96, Issue 8, 2067 - 2080

Country(ies):
United States

Funding Source(s):
Funding for this study was provided by Stanford WellMD Center , American Medical Association , and Mayo Clinic Program on Physician Well-being.

 None Stated

Purpose

Research Question(s):

1. What is the prevalence of SI and attitudes regarding help seeking among physicians relative to the general US working population?
2. What are the associations of occupational and general indicators of distress with SI among physicians?
3. Does self-valuation modify the relationship between medical errors and SI?

None Stated

Hypotheses:

x None Stated

Study Purpose:
A large body of evidence from older studies have well-documented the increased physician suicide rate compared to other career paths. Given the higher prevalence of protective factors against suicide common in physicians such as higher education, income and social support, this phenomenon is unexplained as of yet. The authors seek to identify factors influencing this disparate suicide rate, including attitudes regarding seeking help and how increased self-valuation plays a role in mitigating suicidal ideation.

Methods

Study Design:
A secondary analysis of a cross-sectional survey

Outcome(s) [or Dependent Variable]: survey of US physicians and secondary survey regarding self-valuation

Intervention [or Independent Variable]: <i>survey from a probability-based sample of the US working population</i>
Ethics Review: <input type="checkbox"/> IRB Review <input type="checkbox"/> IACUC Review <input type="checkbox"/> Other: <input checked="" type="checkbox"/> None Stated
Research Setting: national survey
Study Subjects: A sample of US physicians across all specialties from the American Medical Association Physician Masterfile and a probability-based sample of US workers in all other fields in October 2017; individuals aged 29 to 65 years with oversampling of adults aged 35 to 65 years to match the age range of physicians
Inclusion Criteria:
Exclusion Criteria:
Study Interventions: A random sample of physicians who completed the initial electronic survey received a subsurvey assessing self-valuation
Study Groups:
Instruments/Measures Used: Clinician Self-valuation Scale National Comorbidity Survey 2-item Primary Care Evaluation of Mental Disorders assessment Maslach Burnout Inventory
Data Collection:
Data Analysis: <i>A priori</i> sample size calculation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Described <input type="checkbox"/> N/A Statistical analyses used: All analyses were conducted in R (version 3.6.0; R Foundation for Statistical Computing), with all P values specified as 2 sided and results deemed statistically significant at a P value of less than .05. Standard descriptive statistics were used to describe the physician and population samples. Differences between physician and population samples were analyzed with the Mann-Whitney U test for continuous variables and the χ^2 test for categorical variables. Instruments were scored by the standard, published approach. Univariable and multivariable logistic regressions were performed to identify factors associated with SI and help seeking in physicians and population samples. Multivariable logistic regression with an interaction

term was used to investigate whether there is an interaction between medical errors and self-valuation on suicide ideation

Adjustment for potential confounders? Yes No Not Described N/A

If yes, list:

Results

Study participants:

Brief answers to research questions [key findings]:

Physicians had an increased rate of SI than the general population and Workers in other fields were less likely report that they would “probably” or “definitely” go for professional help if they had an emotional problem.

Higher risk SI: depression, female, younger, recent medical error

Protective against SI: married w kids

No association: specialty, call schedule, practice setting, or the recent experience of a malpractice suit

Relationship between depression and burnout independent of SI - consistent with other studies

In those with high self-valuation scores: If they made a medical error, the buffer against SI was less.

Therefore, although high self-valuation is preventative against SI, medical error significantly decreases this benefit.

Additional findings:

Important finding: Less physicians said yes to seeking help if they said yes to SI in past year

Limitations:

Screening tool for depression, not assessing severity

More males than females in initial study population

Poor overall response rate

Clinical Implications

We must practice better self-valuation, starting at an early stage in training such as medical school, and encourage this mindset in our peers.

Level of evidence generated from this study

n/a

Additional Comments/Discussion/Notes