EXECUTIVE SUMMARY

After nearly two decades of work in physician health, I've seen the essential role that Physician Health Programs (PHPs) play in supporting the well-being, safety, and careers of medical professionals. This work, both practical and academic, led me to explore a central question: *What helps PHPs thrive, and what holds them back?* In particular, I was interested in understanding the factors that prevent PHPs from expanding into broader wellness and well-being spaces; areas of ongoing need, given the high prevalence of work-related syndromes and psychological distress among physicians. These challenges impact not only the quality of life for providers but also the safety and quality of care delivered to patients.

This study offers an analysis rooted in the lived insights and collective wisdom of PHP leaders across the U.S. The research was conducted using a qualitative methodology approved by the dissertation committee and IRB. Findings were interpreted through the lenses of Self-Determination Theory (SDT) and Conservation of Resources (COR) theory — two frameworks that help explain how both individuals and organizations thrive or struggle based on the presence or absence of key internal and external supports.

Organizing Principle 1: PHPs function best when their own psychological needs are met.

SDT identifies three core needs: autonomy, competence, and relatedness. These apply not only to individuals but to PHPs as organizations.

- *Autonomy* is limited when programs are legally constrained to only support physicians who meet specific diagnostic thresholds. This limits early, voluntary intervention — the kind of help most physicians would seek if available confidentially.
- *Competence* is undermined when resources are scarce. Understaffed programs with leaders wearing multiple hats are forced to prioritize compliance over innovation, leaving no room for prevention or systemic outreach.
- *Relatedness* refers to the relationships PHPs maintain with clients, regulators, and institutions of medicine. These are often weakened by stigma and a lack of shared understanding about the PHP's purpose, leading to mistrust or underutilization.

Organizing Principle 2: Resource scarcity leads to organizational depletion.

COR theory explains how chronic lack of resources doesn't just limit services — it sets off a cycle of loss. PHPs operating under these constraints spend their energy maintaining compliance rather than expanding services. Over time, this prevents them from demonstrating outcomes that would warrant further investment. To interrupt this cycle, stakeholders — especially those in leadership and policy roles — must be better educated about the critical role PHPs play in physician wellness and safety.

***Key Strengths Identified**

Accessible Expertise: PHPs provide specialized knowledge developed over decades. Programs that have built long-term trust with referring institutions and medical boards are more frequently consulted. Continued communication of this expertise within the medical community may help increase engagement earlier in the referral process.

Confidentiality: All interviewed leaders emphasized the importance of confidentiality. They noted the amplification of trust and help-seeking behaviors in programs where it is clearly

supported, reinforcing and communicating these safeguards remains a vital part of program credibility and accessibility.

Education & Outreach: PHPs were consistent in their efforts to connect with their local healthcare and academic institutions, educating them on the PHP's role. Notably, this role plays a key role in reducing stigma, debunking PHP myths, and increasing visibility. Sustained outreach through partnerships may further extend this impact.

Stakeholder Collaboration: Strong relationships with licensing boards, healthcare systems, and medical societies enhance program effectiveness. In programs where these partnerships are proactive and well-resourced, PHPs are more integrated and better utilized. Building and nurturing these connections is vital for growth and shared accountability in consumer protection and provider well-being.

***Key Barriers Identified & Implications**

Limited Scope: Leaders commented on statutes that often restrict PHPs from providing services unless a physician has a qualifying diagnosis, which limits early and voluntary intervention. Revisiting these definitions to include non-diagnostic, confidential support could help remove a significant barrier to preventive engagement.

Funding & Staffing: PHPs often operate with limited staff and restricted budgets. At times, this results in a forced and myopic focus on monitoring tasks and compliance, at the expense of preventive efforts. With more consistent funding and staffing, PHPs could enhance their outreach and provide more proactive and wellness-conscious support.

Organizational Barriers: In some institutions, wellness programs are superficial and disconnected from real support systems. When internal policies don't recognize PHPs as core partners in physician health, referrals are delayed or missed entirely. Integrating PHPs into institutional wellness and professionalism frameworks may strengthen timely access for providers.

Individual Barriers: Physicians continue to struggle with internalized stigma, fear of career impact, and professional identity concerns that make seeking help difficult. Increasing visible leadership support for help-seeking and addressing this earlier during training may reduce avoidance and increase early engagement.

Conclusion & Call to Action

If we are serious about sustaining physician safety and the safety of those they serve, we must also take seriously the systems built to support them. This involves addressing statutory constraints, enhancing confidentiality protections, increasing funding and staffing, and educating stakeholders across the medical field about the role PHPs play. The collective wisdom of program leaders, together with my own experience in the field, makes one thing evident: PHPs are vital, but they cannot be effective in isolation. They must be understood, supported, and integrated into our medical institutions.

This is not just a summary, it is an invocation and rededication for those within this field and those connected to it, to remain steady and grounded in our shared commitment: to support rather than simply supervise, to facilitate healing rather than merely monitor, and to build systems rooted in care, trust, and long-term well-being. //Signed Joyce Davidson, PhD, LCSW