

RESEARCH ARTICLE

Healthcare professionals' perceptions of participation in one state physician health program

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Abstract

Background and Objectives: Participation in physician health programs (PHPs) is associated with positive outcomes for healthcare professionals (HCPs) with potentially-impairing conditions, but more information is needed about PHP completer experiences. The present study explored program completers' perceptions of their involvement with one state PHP.

Methods: A PHP staff member with no monitoring role conducted exit interviews via telephone with all individuals who completed the program between January 2019 and September 2023 ($n = 666$). Deidentified interview responses were examined using quantitative descriptive analysis and thematic analysis.

Results: The HCPs who completed PHP participation were generally satisfied with the program. Three major themes emerged: (1) PHP offers valuable support; (2) Helpful components of the PHP; and (3) Challenges encountered during PHP monitoring. The HCPs generally expressed appreciation for the PHP, with many describing a bittersweet journey. Components of the program identified as helpful included peer support, availability and expertise of case managers, accountability, advocacy and support offered by the program, and mental healthcare. Key challenges faced by program completers included the financial burden, feeling overwhelmed by program requirements, and perceived stigma and negative treatment related to their PHP involvement.

Discussion and Conclusions: Many PHP completers perceive PHP support as critical to improving their recovery outcomes. Additional resources may be needed to relieve the perceived financial burden of PHP participation, mitigate disruption to daily life/responsibilities, and reduce emotional distress following referral to PHP.

Scientific Significance: This is a large qualitative study of the perspectives and experiences of PHP completers.

INTRODUCTION

Untreated substance use disorders (SUDs) and psychiatric disorders among healthcare professionals (HCPs) may lead to impairment, medical errors, malpractice, misconduct, or disciplinary action.^{1,2} Many distressed HCPs receive support from physician health programs (PHPs), which are organizations that help HCPs with potentially-impairing conditions to access appropriate evaluation, specialized treatment, monitoring services, and advocacy.^{3,4} They have dual missions of ensuring patient safety while helping the HCPs achieve recovery and retain their licenses/careers.⁵ Accumulating research demonstrates high success rates for PHP participants (i.e., documented abstinence, completion of monitoring agreement, license retention, continued employment),^{6–10} and lower risk of malpractice claims compared to physicians who had never been referred to the PHP.¹¹

However, PHP participants encounter challenges, including stigma¹² and financial burdens.¹³ Some have questioned the ethics of the PHP model,^{14,15} but others have noted the importance of PHP monitoring to ensure patient safety.¹⁶ Participation is often an alternative to disciplinary action, and HCPs may deal directly with their licensing board if preferred. Despite the known burdens of PHP participation, research has demonstrated that most participants are satisfied.^{17,18} The accountability of monitoring,⁸ peer support,^{18,19} introduction to mutual support groups (e.g., Alcoholics Anonymous, SMART Recovery, Caduceus groups),⁸ and assistance maintaining employment¹⁸ are noted as particularly helpful. However, more qualitative research investigating PHP participants' lived experiences at scale is needed to enhance program design, improve monitoring retention, promote ethical practices, and reduce stigma. The present study explored program completers' perceptions of and satisfaction with their experience in one state PHP.

METHODS

Study procedures

This study retroactively analyzed de-identified programmatic records collected between January 2019 and September 2023 by a large PHP in the southeastern United States. After the study was determined Exempt (IRB# NH00020468) by the University of Florida Institutional Review Board, de-identified data were shared with the study team for analysis.

Interview data

Beginning in 2019, the PHP administered a phone-based exit interview to program completers as part of their discharge process. An administrative staff member with no role in the monitoring process contacted all PHP completers on the day of their exit from the program and invited them to provide confidential feedback. If needed,

respondents were re-contacted through phone calls and messages. In rare cases, a case manager facilitated contact if prior efforts were unsuccessful. After explaining the call intention, the interviewer followed a standardized script, which was designed for program quality improvement purposes (not research); therefore, there was no formal informed consent process. Conversational prompts were offered, as appropriate, to clarify questions and encourage additional comment. Respondents were able to decline participation or skip any questions. Staff offered clarification when respondents questioned the interview or seemed hesitant to answer, emphasizing that participation would not affect them in any way or prevent them from exiting the program. They were also informed of the importance of providing honest feedback to support program improvements.

The interview included eight questions regarding overall perceptions of PHP participation and opinions on specific components of monitoring (see Supplement). This study included analysis of three open-ended questions (*"What is your opinion of the [PHP] monitoring process?"*; *"What was most helpful to you throughout your [PHP] contract?"*; and *What has been least helpful to you throughout your [PHP] contract?"*), one close-ended question (*"Did you receive prompt and appropriate advocacy by [the PHP] staff when requested?"*), and one multiple-choice question (*"Please rate your overall experience,"* with response options rated on a 3-point scale ranging from *"Below expectations"* to *"Exceeded expectations"*). Additionally, one question (*"What is your overall opinion of the facilitated group?"*) elicited perceptions of participation in the PHP-facilitated peer support groups, which were held weekly in-person prior to the COVID-19 pandemic, virtually during the pandemic period, and included a combination of in-person and virtual meetings post-pandemic.

Calls lasted 10–45 min and were not recorded. Interview notes were written in real time on an exit interview form, rather than transcribing verbatim responses. All forms were reviewed by the PHP staff, who redacted any identifying information before sharing copies with the study team.

Record data

Interviews were conducted confidentially, and identifying information was not attached to the forms shared with the study team. Therefore, PHP staff extracted minimal sociodemographic data (sex, age, professional category, medical specialty, type of monitoring agreement) from case records for the population of PHP completers during the period of study (January 2019 to December 2023) in order to characterize the sample.

Data analysis

Descriptive statistics were calculated for the multiple-choice and demographic variables. Deidentified interview notes were transcribed into Excel, then imported to NVivo v.14 (QSR International

Pty Ltd.) and analyzed using thematic analysis.²⁰ Specifically, two authors (CNPA and SF) read and re-read the data, taking notes of emerging ideas. Both authors independently and systematically generated initial codes, then resolved coding disagreements through discussion and collaborated to inductively construct initial themes. The first author refined the themes by analyzing their relation to the coded extracts and the overall dataset. The generation of definitions and names for each theme occurred in discussion with the last author (LJM). Interview respondents often provided multiple comments across various questions; while some responses were relevant to multiple subthemes, each comment was assigned to only one subtheme.

An audit trail was maintained by NVivo's automatic project log, which recorded actions (e.g., data imports, node creation, and modifications) as well as input from respective authors and the timeline of each action. Additionally, we duplicated the folder with the original nodes in the NVivo project to preserve the initial coding while using the duplicated nodes to build themes. During the last phase, this article was written, articulating the results with illustratively selected excerpts and contextualizing with relevant literature. Although vivid excerpts were selected, they were brief to avoid deductive identification of respondents.

Reflexivity statement

The first author is a clinical and social psychologist with extensive expertise in qualitative research among special populations with SUD. The second author was a senior undergraduate student at the time of the study. Neither had any relationship with the PHP, contributing objectively to the thematic analysis. The senior author is a clinical psychologist and psychiatric epidemiologist with over a decade of experience studying and promoting well-being among HCPs and trainees with SUD. Although she receives salary support as the PHP's Director of Research through a contract with the University of Florida, she does not have an employment relationship with the PHP. She provided independent insight during the last phases of thematic analysis, drawing on her expertise in PHPs. The remaining authors were employed by the PHP and involved in the exit interview development and data collection, but had no role in data analysis or interpretation.

RESULTS

Cases

Interview responses were available for 666 individuals (100%) who completed PHP monitoring between January 2019 and September 2023. Most (71.0%; $n = 473$) self-identified as male, followed by 28.2% female ($n = 188$), and 0.8% for whom gender was not recorded ($n = 5$). Respondents ranged in age from 22 to 83 years ($M = 48.3$, $SD = 12.3$). Approximately one-fifth (20.4%) completed monitoring in

2019 ($n = 136$), 26.0% in 2020 ($n = 173$), 24.0% in 2021 ($n = 160$), 17.6% in 2022 ($n = 117$), and 12.0% in 2023 ($n = 80$).

The cases reflected the breadth of individuals eligible for the state PHP during the study period. All were licensed HCPs or trainees, except for one licensed harbor pilot. The most common profession was medical doctor (37.7%; $n = 251$), followed by pharmacist (10.4%; $n = 69$), and osteopathic doctor (6.5%; $n = 43$). Medical specialty was recorded for 292 physicians (98.3% of the physicians), with the most common being internal medicine (15.1%; $n = 44$), family medicine (12.3%, $n = 36$), anesthesiology (9.3%, $n = 27$), and psychiatry (7.2%, $n = 21$). The population of individuals who completed monitoring between 2019 and 2023 reflected individuals monitored for SUD (46%), concurrent psychiatric disorder with SUD (38%), psychiatric disorder (9%), and other conditions (i.e., behavioral disorders, chronic pain, cognitive disorders, clinician-patient boundary violations; 2%), with 5% participating in safety/diagnostic monitoring. The average length of monitoring was 4.89 years, and the majority ($n = 537$, 80.6%) participated in weekly PHP-facilitated peer support groups as part of monitoring.

Descriptive analysis

As seen in Table 1, the overwhelming majority (94.9%) reported their PHP experience either met or exceeded their expectations. Of the 3.6% who reported their PHP experience was below expectations, 5 individuals (20.8%) exited the program in 2019, 6 (25.0%) in 2020, 9 (37.5%) in 2021, 3 (12.5%) in 2022, and 1 (4.2%) in 2023. Most (86.3%) noted that they "always" received prompt and appropriate advocacy.

TABLE 1 Experience with PHP monitoring.

Variables	<i>n</i> (%)
Overall PHP experience ratings (Total sample = 666)	
Exceeded expectations	325 (48.8%)
Met expectations	307 (46.1%)
Below expectations	24 (3.6%)
Missing ^a	10 (1.5%)
Received prompt and appropriate advocacy by the PHP (Total sample = 666)	
Yes, always	575 (86.3%)
Yes, most of the time	12 (1.8%)
Yes, sometimes	11 (1.7%)
Yes, but not prompt or not appropriate	11 (1.7%)
No	12 (1.8%)
Not applicable	43 (6.4%)
Did not know how to answer	2 (0.3%)

Abbreviation: PHP, physician health program.

^a"Missing" includes any response that differed from the provided scale response options (e.g., "No comments" or "Had no expectations").

Qualitative analysis

As seen in Table 2, three major themes emerged through thematic analysis: (1) PHP offers valuable support; (2) helpful components of the PHP; and (3) challenges encountered during PHP monitoring. Each theme reflected several distinct subthemes, which together paint a nuanced portrait of the program completer experience, including their overall opinion of the PHP and the most/least helpful components. Respondent ID number and year of interview (P#-YEAR) are indicated in the text following illustrative comments.

PHP offers valuable support

Appreciation for the PHP

Program completer perceptions ranged from "Has no complaints about [the PHP] and thinks that it is good how it is" (P134-2020) to "extremely positive" (P111-2021). Some noted positive changes in the program ["He has been doing this for a long time, and the program has improved dramatically" (P146-2020), "it has become more recovery-oriented and easier to deal with" (P43-2019), and "With the new leadership, it is less punitive" (P12-2021)]. They reported being "glad that it was available" (P2-2020) and expressed feeling "so appreciative that [the PHP] is here and is thankful for it" (P19-2023).

Bittersweet journey

Program completers reported ambivalence regarding PHP participation, perceiving that monitoring was challenging and expensive, but necessary to achieve recovery ["Nobody loves it, and it is expensive; however, it was necessary. It kept her on her toes" (P117-2020)]. Some described the process as particularly challenging in the early phase, initially causing distress, but transformative as they progressed through the process ["When she first got the 4-year contract, it was overwhelming, but once she had some education and recovery, and watching others going through the program, realized the benefit to it" (P4-2021)]. Others perceived it as rigorous and effective ["He had rough times. But looking back, it got him clean and sober and got him where he is today. It is a great system, and it works" (P25-2020)], noting that the structure contributed to success ["It was a pain, but it was the greatest achievement of his entire life. It is designed the way it is for a reason" (P10-2022)].

Monitoring was easy and smooth

Many reported that "the monitoring itself was straightforward and effortless" (P57-2023) and "very friendly and collegial" (P4-2019). The online check-in system facilitated participation ["The app...made things easier" (P100-2022)], and respondents remarked, "[The PHP] has it down for being efficient and making it easy as possible" (P35-2023). They complimented PHP staff ["It was handled in a professional manner" (P123-2021)], including their work in collaboration with other PHPs [The PHP "was doing everything they could to keep track with his other program" (P2-2022)], and their responsiveness ["Whenever he called,

he always spoke to someone, and someone always got back to him" (P14-2023)].

Monitoring saves personal and professional lives

Overall, program completers reported that monitoring was helpful ["Feels like [the PHP] helped her more than anything else has" (P28-2020)], describing it as "a nurturing experience" (P105-2020) and perceiving its positive impact ["Feels very blessed to change the way that she lived her life. It was hard to manage with having a family and having to work; but overall, she is thankful to be able to choose a different way of life" (P92-2020)]. They explained that the PHP connected them to resources ["She learned a lot about resources that she didn't know were there" (P80-2019)] that contributed to better coping strategies ["Gave him good skills to deal with stress and life" (P58-2021)] and emotional growth ["He grew tremendously throughout the years and is not the irresponsible person he was" (P130-2021)]. Additionally, they perceived monitoring as effective ["The process that [the PHP] has in place is really good for abstinence" (P47-2019)], reporting numerous positive outcomes ["It saved his life, his marriage, and his job" (P73-2020)].

Helpful components of the PHP

Peer support

Program completers highlighted the benefits of participation in mutual support groups [e.g., Alcoholics Anonymous (AA), SMART Recovery, Caduceus groups], explaining that, "Going to the AA meetings was helpful for her to get into the process" (P121-2021). Many emphasized the importance of participating in PHP-facilitated groups, which provided opportunities to connect with other HCPs experiencing similar problems ["Having a group that was full of physicians was very eye-opening for him and helpful. He is going to continue to go to group. Having the physicians in group explain what happened to them was helpful to learn from their mistakes" (P130-2019)]. This support from other HCPs in recovery emerged as a crucial component of the process ["It was extremely beneficial throughout recovery and having the other professionals in the [PHP-facilitated] group. Felt they are more helpful than other meetings like AA" (P54-2023)]. Some identified the facilitator as essential to group discussions [His PHP group facilitator's "insight and the way she conducted the group was great. She made it a safe environment" (P21-2023)].

Accountability

Program completers reported that, "The accountability [was the most helpful component]. Teaching him that and responsibility was very helpful" (P36-2023), as it helped them remain disciplined ["The constant observation and knowing that one small issue could mess up everything. It was a zero-tolerance policy" (P130-2021)]. They also explained that the most helpful part was "the structure and the requirements that are in place" (P136-2021), describing the process as "very thorough" (P59-2022), and noting that "the consistency was

TABLE 2 Themes and subthemes regarding perceptions of monitoring in the state physician health program.

Themes	Subthemes	Definition/description	Overall PHP experience ratings				
			Total (n) ^a	Exceeded expectations (n)	Met expectations (n)	Below expectations (n)	Missing (n)
PHP offers valuable support	Appreciation for the PHP	This subtheme includes general and broad expressions of approval. Participants reported that monitoring was a great, good, awesome, fantastic, positive and valuable experience, and so on. Participants also expressed gratitude for the PHP and reported being glad that the PHP was available to them.	330	210	115	4	1
	Monitoring saves personal and professional lives	Overall, participants reported that the PHP monitoring process was helpful and effective, contributing to their recovery and sobriety. Participants reported that monitoring was a second chance, which resulted in health improvements, return to practice, and even saving their lives. They described PHP participation as a life-changing and transformational experience, helping them to achieve significant improvements in their lives, personal growth, and maturity.	204	122	81	0	1
	Bittersweet journey	Participants noted variability in their experiences during the monitoring process. They reported monitoring was challenging at times, but it was beneficial, effective, helpful, and necessary to achieve wellness. They reported being especially ambivalent during the beginning of their journey, but indicated that their perceptions changed as they progressed in the recovery process.	115	61	52	0	2
	Monitoring was easy and smooth	The monitoring process was simple, streamlined, convenient, or not burdensome. It was easy to communicate with PHP staff, who were described as extremely professional and efficient.	107	56	47	3	1
Helpful components of the PHP	Peer support	Participants expressed enjoying the peer support. They emphasized the PHP-facilitated group was especially helpful (n = 353), along with 12-step or other mutual support groups (n = 26). The PHP groups allowed them to share with other HCPs experiencing the same issues and learn from insights provided by the group facilitator.	412	224	173	9	6
	Accountability	Participants indicated the importance of the accountability provided by monitoring. The overall structure of monitoring and its requirements were helpful. They also highlighted that the consistency and thoroughness of the monitoring along with daily check-ins	192	103	84	1	4

TABLE 2 (Continued)

Themes	Subthemes	Definition/description	Overall PHP experience ratings				
			Total (n) ^a	Exceeded expectations (n)	Met expectations (n)	Below expectations (n)	Missing (n)
		and random testing helped them to achieve their treatment goals.					
	Availability and expertise of case managers	Case managers were considered important resources during the recovery process for SUD and other mental health disorders, especially due to their availability, expertise, and nonjudgmental support.	142	82	56	3	1
	Advocacy and support	Participants' responses focused on how the PHP staff were great, understanding, and offered support and guidance. They highlighted the accommodations made by the PHP during pregnancy, financial strain, travels, and testing issues. Furthermore, participants reported advocacy provided by the PHP as particularly helpful.	122	83	36	2	1
	Mental healthcare	Mental healthcare provided by psychologists and psychiatrists was highlighted as an important resource to strengthen their mental health and adopt healthier behaviors. Participants noted that monitoring encouraged them to access this type of resource, and they appreciated the possibility of continuing previous care.	61	17	38	4	2
Challenges encountered during PHP monitoring	Financial burden	Participants highlighted the significant costs of the toxicology testing, neurocognitive evaluations, and monitoring program, although some reported that it was beneficial and worth the expense.	95	30	58	6	1
	Testing and check-in were overwhelming	Toxicology testing and daily check-ins were perceived as overwhelming and stressful, especially due to their high frequency, challenges of fitting them into existing work schedules, accessing testing sites, limited lab hours, and long waiting time at testing facilities.	149	64	75	7	3
	Peer support group meetings	Some participants noted that peer support groups were the least helpful component of monitoring, highlighting aspects reducing its benefits and difficulties accessing the groups.	42	11	28	3	0
	Lack of transparency and communication	Participants reported difficulties communicating with PHP staff and CMs, including a lack of prompt response and orientation about procedures.	32	9	18	3	2
	Stigma and punitive aspects	Participants described observing punitive aspects of the program, feeling treated as a criminal, addict, or child.	28	7	14	7	0

(Continues)

TABLE 2 (Continued)

Themes	Subthemes	Definition/description	Overall PHP experience ratings				
			Total (n) ^a	Exceeded expectations (n)	Met expectations (n)	Below expectations (n)	Missing (n)
		They often experienced misjudgment and a lack of trust within the program, as well as stigma in other social contexts due to their PHP participation.					
	Unfair process	Some participants felt the monitoring was unfair, since they believed being faultless and disagreed with their initial evaluation and diagnosis. They also felt that their contract was too long.	31	6	19	4	2
	Lack of person-centered approach	Participants suggested having more personalized monitoring, involving them in the decision-making process.	30	3	20	7	0
	Painful process	Monitoring was perceived as a painful and overwhelming experience, affecting their personal and work lives.	15	2	8	3	2

^an refers to the number of respondents offering comments related to each theme/subtheme at least once. Depending on the breadth of their responses (i.e., number of topics mentioned), respondents may be counted in multiple subthemes.

very important for recovery" (P133-2019). Many program completers described "The accountability of having to check-in and test" (P41-2021) as the most helpful component of monitoring, noting a belief that monitoring "works and makes people stay clean because of the testing" (P54-2019).

Support and advocacy

Program completers reported valuing the PHP support ["was there for him for the last 13 years. It made him feel good, it strengthened him, and made him enjoy life" (P52-2022)]. They described being treated with compassion and respect, appreciating "The positive aspect of [the PHP approach] and the fact that [the staff] cares and treats everyone like a human, and the support that [the PHP] provides" (P51-2022), as well as the perception that, "Everyone was very professional and supportive" (P90-2020). Program completers "felt that the staff was understanding and helpful" (P76-2022) and made efforts to accommodate their needs ["The program gave flexibility when things arose" (P3-2020)]. Furthermore, they valued the "support of [the PHP] when going before the Medical Board. It was nice that they advocated for him" (P131-2019).

Mental healthcare

Program completers described the importance of PHP requirements for mental healthcare ["It was comprehensive. She had a lot of providers in her contract, so she had a constant opportunity to self-evaluate" (P3-2022)], which helped strengthen their self-care routines ["The therapist... was very helpful. His therapist helped him learn how to take care of himself first" (P107-2020)]. They viewed "[the PHP] pushing him to do the right thing by getting a psychiatrist and a therapist" (P55-2019) as essential, given they "would have never thought about seeing a therapist prior to [PHP participation] and found that very helpful" (P168-2020).

Availability and expertise of case managers (CMs)

Having "The one-on-one help with her CM" (P14-2022) was perceived as helpful, and program completers appreciated their CM's availability ["The easy access to her CM. Any questions or concerns she had, she could always reach him, and her questions were answered quickly" (P70-2021)]. They indicated the importance of receiving nonjudgmental support ["He also felt supported by the CMs... They were all supportive and not judgmental" (P48-2021)], which was perceived as vital to recovery ["Having that one person that is not only a CM, but provides support on the journey to sobriety, was great" (P129-2020)].

Challenges encountered during PHP monitoring

Financial burden

The cost of monitoring was often identified as the "least helpful" component ["The cost was the biggest problem. He had to work tons of overtime in order to cover the cost of his 5-year contract" (P5-2020)], including "The overall cost of the weekly testing and the

additional evaluation fees" (P14-2020), and particularly special testing [The worst part was "the hair testing. He understands it, but it was expensive and took a lot of time out of his schedule" (P72-2019)]. The financial burden was especially overwhelming for those who were unemployed ["Sometimes he did not have a job and still had to pay for group" (P118-2021)], in lower-paying professions ["She is not a doctor, so she didn't have the income of a doctor and the expense was hard" (P63-2019)], or in training ["It was expensive, and she was a resident. That made it really hard. If it was not for her family, she would not have been able to do it financially" (P120-2020)]. Still, some program completers reported it was worth the high cost ["It was expensive but helpful" (P31-2022)].

Testing and check-ins were overwhelming

Many program completers felt burdened by the toxicology testing ["The most inconvenient thing was the testing and not having a schedule" (P90-2021) and "It was a little stressful with remembering to check-in" (P36-2021)]. They expressed frustration with the schedule ["Thinks that the rate of the testing was excessive" (P47-2021) and "The randomness of the testing was inconvenient. He would have two types of tests on the same day and that would be a waste of his money" (P29-2022)]. They reported difficulty fitting testing into their work schedule, especially with "a 24 h window to test. It was hard to test the same day, especially with work schedules" (P76-2023), "waiting at testing facilities to test" (P92-2019), and the scarcity of convenient testing facilities ["As time went on, he felt that getting testing sites became more difficult. He would have to get up really early and go before work or sometimes he would have to drive 30 miles to test, and it was stressful" (P12-2020)]. Some program completers wished "to have had a later testing time, as some labs will allow late night testing, but he understands that is uncontrollable from [the PHP]" (P132-2020), while others appreciated accommodations made during the COVID-19 pandemic ["having the 48 h window to test was helpful" (P80-2022)].

Lack of transparency and communication

Some program completers complained about communication difficulties ["Trying to get in contact with his CM, it was difficult" (P115-2019)] and lack of information about process and procedures ["Wish that he had a more thorough orientation with more Dos and Don'ts. Would have liked a better explanation of the rules and stuff" (P148-2021) and "Not having the information in the manual about traveling and using [lab testing centers] when you are traveling [was problematic]. Would have liked it to be updated" (P93-2022)].

Stigma and punitive aspects

Some program completers perceived the monitoring process as punitive ["She feels like she was being punished and not helped" (P67-2020)] and/or felt misjudged by the independent medical evaluator ["It felt cold, aggressive, he felt judged by him. Very little was explained to him about his thought process" (P48-2021)]. A few described feeling they were treated poorly ["She was treated like an addict by higher-ups at [the PHP] and it was really difficult. She had a

false positive and [the PHP] made her out to be a liar. It was tough this go-around" (P18-2022)]. Others reported frustration ["That she wasn't trusted and wasn't being believed" (P64-2023)]. Some reported experiencing discrimination in other settings because of their PHP participation ["People that are in [PHP monitoring] get looked at differently and that is difficult" (P74-2019)].

Unfair process

Some program completers reported feeling the monitoring process was unfair ["Thinks it wasn't fair. He was referred for something that happened in his past and that never sat well with him. He was 5 years sober when he entered [the PHP]" (P48-2019)], particularly when they believed their initial evaluation and diagnosis were inaccurate ["When he first got out of treatment, his life was confusing. Mainly he felt that way because he was given a diagnosis that he did not feel was correct" (P25-2019)]. Others were frustrated by the length of monitoring ["5 years was a long time" (P56-2021)], especially when comparing with others ["He self-reported and doesn't think 5 years was needed for him. There are others who were caught with drugs in their system, and they were only given 2 years. He feels there is a problem with that" (P5-2020)].

Peer support groups

Some program completers described participation in mutual support groups (i.e., AA, SMART Recovery, Caduceus groups) as least helpful ["Felt they were worthless to him" (P18-2023)]. Others described the PHP-facilitated groups as least helpful ["His facilitator was phenomenal, and the group itself was awesome, but it didn't do a lot for his personal program that he has created for himself" (P96-2019)], particularly if the group composition was not ideal ["The groups were not overall helpful. She was the only female, and it wasn't a very big group" (P111-2019)]. Some highlighted practical challenges related to travel ["He had to drive an hour to get to [the PHP-facilitated peer support] group. He thinks if there was one closer to him, that would be more convenient" (P44-2019)] and documenting attendance ["Having to log her [12-step/mutual support] meetings and finding the time to do so" (P38-2021)], with others disapproving of the virtual format implemented during the COVID-19 pandemic ["He would prefer to have them in person" (P25-2022)].

Lack of person-centered approach

Some program completers perceived monitoring as overly standardized ["It was a strange experience because she was in it for mental health and not substance abuse and feels the program is more centered around substance abuse" (P69-2021)], and suggested a more tailored approach ["Would have liked a more personalized program. Felt like it was a "one size fits all" type of program" (P4-2023)]. Some expressed frustration that recommendations were not accepted ["He was asked his opinion, but it was never taken into consideration" (P81-2019) and "[The PHP] tried to dictate what kind of spirituality program she had or what rehab programs she wanted to use. Feels that should be something dictated by your doctor" (P92-2020)]. Others expressed concern that recommendations from independent

evaluators were overemphasized ["Feels that the evaluators are given too much 'weight' in the decision on what the participant needs. Feels that they aren't given enough time to know the patient" (P59-2019)].

Painful process

A handful of respondents reported very negative experiences ["It was a lot to handle, especially in the beginning when he was on rotation. It got to a point where he wasn't doing well and he ended up remediating a year" (P74-2019) and "It was extremely distressing. It was the worst experience of her life" (P12-2019)]. Some indicated that monitoring negatively impacted their personal life due to "The extra tasks and having to add something else to an already busy day" (P72-2022) and "The effect it had on his wife. She is from another country and felt [the PHP] disrupted his life" (P46-2023).

DISCUSSION

This study included both physician and non-physician PHP completers, extending previous research on physician-only cohorts. Consistent with previous research showing high rates of satisfaction among PHP completers,^{8,17,18} results demonstrated that completers were overwhelmingly satisfied. Unlike previous research with lower response rates and reliance on self-report surveys, this study included 100% participation and utilized interview notes with a mix of quantitative and qualitative findings to add context to the experience ratings. The data span almost 5 years of program completers, providing feedback for a decade of program operations.

Many program completers described their PHP involvement as a bittersweet journey; however, most said the benefits outweighed the challenges. They expressed gratitude for PHP support and indicated that PHP involvement saved their careers and/or lives. Program completers perceived monitoring and advocacy as integral to their recovery, which is expected given the documented rates of license retention and continued employment among PHP participants.⁵⁻¹⁰ However, it is important to note that the present study did not evaluate relapse rates, abstinence, or post-program functioning. Findings suggest stigma toward HCPs with potentially impairing conditions remains problematic, which may reflect social stigma from workplace colleagues²¹ or potential employers,^{22,23} and may lead HCPs to avoid seeking care due to concerns about confidentiality and possible impacts on their license or credentialing opportunities.²⁴ Importantly, PHPs consistently advocate for both facilitated access to confidential, evidence-based treatment^{25,26} and systemic changes to decrease stigma.²⁵

Though most program completers described smooth monitoring experiences, with PHP staff acting in a professional and supportive manner, some expressed negative experiences, feeling they were subjected to unfair requirements or treated in a punitive manner. This is somewhat consistent with views on SUD treatment participation among individuals in the general population who do not self-refer for treatment.^{27,28} However, a previous study showed that many HCPs

reported gratitude for being identified and/or referred for PHP participation because they did not feel able to seek treatment on their own.²⁹ This highlights the challenge PHPs face as they attempt to balance their dual missions of helping restore HCPs to practice while maintaining patient safety.⁵

Importantly, consistent with previous research,^{8,13} results confirm that the financial burden of PHP participation remains significant and reflects an important target for future efforts towards making recovery accessible. Health insurance should pay for necessary medical care, including evaluations and recommended treatment.³⁰ Disability insurance should help cover lost wages for time spent in treatment, and state-based vocational rehabilitation training programs³¹ should assist individuals who must leave practice for an extended period. State funding, and/or a small surcharge on licensure fees, as well as contributions from professional liability insurance carriers, should support state PHPs since they help to ensure that the monitored professionals are safe to practice, decreasing the risk of medical errors and adverse events. Similarly, hospitals, medical practices, and medical schools should support PHP operations to ensure their high-value employees are able to continue working,²¹ and avoid exacerbating HCP shortages.^{32,33}

Consistent with previous research,^{18,19} peer support was noted as a significant benefit of PHP participation. Research has highlighted the negative impact of shame among HCPs with potentially-impairing conditions, limiting likelihood of seeking care.^{23,29} Participating in peer support groups helps to decrease shame and enhance self-efficacy for recovery.^{34,35} While a few program completers expressed concerns with peer support groups, most noted that both mutual help groups and PHP-facilitated support groups were beneficial, highlighting the importance of both resources.

Limitations

First, only program completers were interviewed, which may have created a selection and survivorship bias by excluding those who dropped out or were terminated from monitoring. The sample may underrepresent the most dissatisfied individuals, likely inflating satisfaction reports and minimizing the observed challenges. Second, phone interviews were generally conducted on the day of program graduation, so responses may reflect recall bias and/or be influenced favorably by the emotions of this milestone. Third, despite interviewing staff not having a role in monitoring, responses may have been influenced by social desirability bias, as participants may have felt pressured to provide positive feedback to preserve a good relationship with the PHP. However, interviewers encouraged respondents to answer honestly to promote program improvements, and informed participants they could decline the interview or skip any questions. Fourth, feedback was obtained from only one state PHP and may not generalize to other programs. Fifth, responses were not linked to participant diagnoses, referral types, or monitoring conditions, precluding analysis of the impact of these variables on participant experience and satisfaction. Future studies should include

program non-completers and participants from other states, and should examine the relation between individual factors and PHP experiences. Finally, given the challenge of extracting a singular signal from qualitative datasets, future research could incorporate open-ended recall, consistent with the naturalistic free recall approach,^{36,37} to allow respondents to report what is most meaningful to them. Operationalizing the identified constructs into a scale that could be incorporated into surveys administered by PHPs would also provide important data regarding the universality of participant experiences.

CONCLUSIONS

In this study, PHP completers reiterated the key role of monitoring to improve the health of HCPs with potentially impairing conditions and to facilitate their safe return to practice, highlighting its most helpful components for recovery. While some perceived hardships are difficult to address, the comments may help PHPs reevaluate their practices. Our findings suggest that program completers may benefit from additional emotional support and orientation at the initial phases of monitoring. Results also suggest potential benefits of additional resources to relieve the perceived financial burden of PHP participation and minimize disruption to daily life/responsibilities.

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CONFLICT OF INTEREST STATEMENT

Dr. Polles, Ms. Conwell, and Ms. Thomas were employed by the physician health monitoring program described in this paper. Dr. Merlo receives salary support as Director of Research for the program through a contract with the University of Florida. Dr. Araujo, Ms. Fire, and Ms. D'Ambrosio have no conflicts of interest to report. The authors alone are responsible for the content and writing of this paper.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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