

ABSTRACT

The emotional stressors, societal challenges and unique physician specific stressors such as greater risks of contagion, a rapidly evolving practice environment and ever-changing protocols and regulations brought on by the COVID-19 pandemic have placed family physicians at greater risks of physician isolation and loneliness. Establishing and strengthening connections with oneself, peers and patients, and an inclusive and decisive leadership in the Family Medicine fraternity can prevent isolation and loneliness.

Keywords: Physician isolation, Solitude, Connecting, Patients, Retired Family Physicians

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INTRODUCTION

The coronavirus disease 2019 (COVID-19) pandemic has become one of the worst global public health crises of the twenty-first century. This pandemic has caused significant disruption globally, to countries, communities, families, and individuals. The necessary but extreme measures taken, such as quarantining an entire country or city, social distancing and school closures have drastically changed what was once familiar and dramatically altered daily life for many.

The rapid spread of COVID-19 presents Singapore with a critical healthcare challenge. Healthcare professionals, in particular, family physicians are at the frontlines of this unprecedented crisis. According to a report from the Center for Infectious Disease Research and Policy at the University of Minnesota, this COVID-19 pandemic is likely to last as long as two years. It is unlikely to be controlled until about two-thirds of the world's population is immune.¹ The future course of this pandemic is still highly unpredictable. As surges in ill patients could last for months to years, it is critical that family physicians can function optimally over the long haul. However, in addition to the emotional stressors and societal challenges encountered by the general population, family physicians must also cope with unique stressors such as greater risks of contagion, a rapidly evolving practice environment,

ever-changing protocols and regulations.

PHYSICIAN ISOLATION AND LONELINESS

Even before the COVID-19 pandemic, physician isolation and loneliness were prevalent. According to a Finnish national survey done in 2000, 71 percent of physicians who worked or had worked in a primary health care centre reported that "working as a doctor in a health centre is too often isolated work".² A more recent 2018 athenahealth survey done in 1400 practising physicians in the United States, reported that 25 percent of physicians surveyed felt isolated at least once a week, while six percent reported feeling isolated every day.³ This survey also found a clear correlation between isolation and professional burnout, among those who expressed feelings of isolation once a week or more, the burnout rate was 77 percent.³

Isolation in family medicine can be divided into three categories; professional, structural and social isolation; although they can be experienced concurrently.⁴ Professional isolation relates to a sense of isolation from one's professional peers which can lead to a sense of estrangement from one's professional identity and practice currency.⁵ Structural isolation can result from the physical layout of practices and increasing computerisation that leads to consulting alone as compared to a team environment in a hospital.⁴ Social isolation arises from a lack of meaningful connections and can be described as a form of loneliness.⁶

PROFESSIONAL ISOLATION AND LONELINESS IN FAMILY MEDICINE

In the past, family physicians were not limited to sites of practice. They were part of an integrated and connected professional community that practised in all avenues of medical care such as the hospitals, clinics, and community. However, as the practice of medicine becomes more fragmented, greater delineation of workspaces and job descriptions have led to the formation of more boundaries.

As this COVID-19 crisis continues, feelings of professional isolation and loneliness might deepen. Family physicians are no longer able to rely on traditional communicative practices such as physician office visits or face-to-face consultations within the professional health network. This disconnection can breed deficient collaboration and lack of mentorship, feelings of isolation from the work community, and frustrations stemming from making decisions alone.⁵ Professional isolation and loneliness might cause family physicians to question their sense of identity in relation to their colleagues and role in the healthcare system.

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SOCIAL ISOLATION AND LONELINESS IN FAMILY MEDICINE

The concepts of social isolation and loneliness are intertwined; social isolation refers to an objective lack of social contact while loneliness is defined subjectively as a painful experience due to the lack of social contact or belongingness, or a sense of isolation.⁷ Family physicians attain professional and emotional fulfilment from social relationships and social integration with their patients, peers, and families. However, the COVID-19 pandemic has threatened these social support networks.^{8,9} We have heard and read of healthcare workers who have either decided to move out of their homes and into temporary spaces or are self-isolating at home to prevent spread to their families amid the pandemic. A real sense of fear exists of being exposed to COVID-19 while at work and bringing the infection home to their families or propagating the infection at work.¹⁰ Family physicians now spend entire workdays isolated from their peers, and most collegial interactions take place by phone or emails. Fear of contagion and “social distancing” strategies such as stay-at-home recommendations and misinterpretation of what constitutes as essential healthcare consults have also led to obstacles in developing and maintaining relationships with chronic patients which is a core component of primary care. The resulting lack of social connectedness leaves one feeling adrift in a lonely medical fraternity.

CREATING CONNECTIONS DURING COVID-19

During this turbulent time, heightened risks exist for family physicians who have been left feeling increasingly isolated, lonely, and burnt out. Isolation and loneliness pose risks to the physician's personal and professional well-being.^{11,12} Physicians who are burnt out are emotionally exhausted, and report feelings of depersonalisation and low personal accomplishments.¹¹ Burnout is linked to negative outcomes for both staff and patients.¹³⁻¹⁵ The mental health of healthcare staff can impair their competency, career satisfaction, professionalism and patients' quality of care.¹⁶⁻¹⁹ Burnout is also associated with a higher risk of suicidal ideation,²⁰ alcohol abuse,²⁰ malpractice suits,²¹ healthcare attrition.^{22,23}

The COVID-19 pandemic can be a game-changer for the healthcare landscape and professional community not just of family physicians but physicians in general; it presents the leadership of the medical fraternity with an opportunity to rise to the challenge. To keep pace with societal shifts; new and meaningful ways of connecting with ourselves, our peers and our patients can be adopted through new scientific and technological advancements which family physicians might have resisted previously.

The College of Family Physicians Singapore (CFPS) was established in 1971 by a group of family physicians in Singapore who wanted an organisation to preserve and advocate the values and ideals of family medicine.²⁴ In line with the College's mission, the CFPS as the national association of family physicians in Singapore can play a significant role in supporting family physicians through this period by promoting the science

and art of family medicine; providing advocacy, representation, and leadership for the family medicine fraternity; and representing the needs of its members.

Collegial relationships can offer a significant buffer for family physicians from the stresses of their work. Positive collegiality can bring solace and reinforce growth with meaning and purpose to professional values. A systematic literature review done in GPs by Van Ham et al.¹¹ and in residents by Rogers et al.¹² have shown that increasing social interactions and friendships among physicians decreases the tendency to experience emotional and physical exhaustion. The more related the physicians felt to one another, the higher the level of professional well-being, professional satisfaction, and energy in their work. The medical fraternity also becomes more helpful and empathetic as a professional community.

To safeguard the well-being of family physicians, the healthcare system and CFPS will need to ensure that the core needs of family physicians are met. These core needs are: autonomy, belonging, and competence.²⁵ Family physicians' need for autonomy is met when there is inclusive leadership; work regulations are transparent and fair, and they feel that they have a voice and influence in the fraternity. Central to every family physician's sense of belonging is the quality of teamwork and the culture and leadership within their organisations, their need for belonging is met when they feel valued, respected and supported.²⁶ Family physicians' need for competence is met when there is supportive and enabling clinical leadership; they need to feel supported in their growth and development.²⁶

Medical culture has always valued the autonomy, personal experiences and creativity of the physician. During challenging times such as this, it is vital that the family medicine culture is inclusive and takes account of the needs of all family physicians so that they can continue to connect with themselves, establish professional connections, and strengthen relationships with their patients.

CONNECTING WITH ONESELF: CONVERTING ISOLATION TO SOLITUDE

As individuals, practising mindfulness exercises, mindful breathing relaxation exercises, meditative practices, and taking up hobbies such as reading non-medical books can prevent or negate the detrimental effects of physician isolation. Reaching a higher level of individualism which is related to knowing and developing our own real self can transform one from a state of loneliness to solitude wherein one is able to express the glory of being alone.

CONNECTING AS A FAMILY MEDICINE FRATERNITY

The COVID-19 pandemic has afforded us new opportunities to learn to talk to one another. Learning to talk with patients is a part of every medical school curriculum, but learning to talk with our peers has not been an essential focus. This refers to collegial discussions that take place informally such as asking

one's peers "What do you need?", "How are we all doing?", "How can I help you during this period", instead of meetings scheduled with agendas. Family physicians can use platforms such as Telegram and WhatsApp to provide a listening avenue for their peers.

Though the COVID-19 pandemic presents occupational challenges, there are avenues to preserve our social connectedness as a fraternity. Virtual communities of practice²⁷ and Balint groups²⁸ can provide safe spaces to discuss and safe spaces for supportive supervision. Virtual communities of practice are communities of practice that are developed on and maintained using the internet. Active members can be family physicians who participate in the process of collective learning within their domain of interest. The purpose of the virtual community of practice is for knowledge creation and sharing. Community members can learn both through instruction-based learning and group discourse. However, for it to be sustainable, long term management of support is needed to maintain immediate synchronous interactions.²⁹ One example is "The Science & Art of Medicine On-line Series: Resilience in Times of COVID-19 for Frontline Doctors" online course organised by CFPS to develop professional connectedness and community through and beyond this pandemic. Balint groups are purposeful, regular meetings among family physicians, with a trained facilitator or leader, to allow discussion of any topic that occupies a family physician's mind outside of his or her usual clinical encounters. For example, family physicians can meet online regularly via technology such as Microsoft Teams or Zoom to present clinical cases to improve and to better understand the clinician-patient relationship. These meetings focus on enhancing the family physician's ability to connect with and care for the patient sustainably.²⁸

CONNECTING WITH OUR PATIENTS

As mentioned, the COVID-19 pandemic has had a detrimental effect on the traditional physician clinic consult. Telemedicine offers family physicians with an opportunity to stay current in a cradle-to-grave speciality by delivering timely healthcare in long-term chronic disease management in and beyond the COVID-19 pandemic. Family physicians can be better positioned to care for their patients with physical or functional disabilities who have difficulties coming down for on-site consults. Telemedicine can support family physicians in journeying and providing their chronic patients with medical care through their life course.

RETIRED FAMILY PHYSICIANS, SOCIAL ISOLATION, AND THE COVID-19 PANDEMIC

Retired family physicians have a significant role to play in the COVID-19 pandemic. In Singapore and overseas, retired healthcare professionals have been called to battle the pandemic at the frontlines alongside current practitioners. Studies have shown that poor social networks due to retirement are significantly associated with social isolation.³⁰⁻³² The COVID-19 pandemic offers retired family physicians an opportunity to stave off social isolation. Physicians by nature do

not handle idleness well, professional activities consume huge amounts of waking time, but in retirement, lack of professional activities leaves that same amount of time unstructured. A return to doctoring especially in times such as this can be meaningful and gives retired family physicians a renewed sense of purpose.

CONCLUSION

The COVID-19 pandemic has given healthcare professionals a chance to change the tide in healthcare and an opportunity to re-evaluate and revamp Singapore's healthcare system. Inclusive and decisive leadership is vital to 1) nurturing a vibrant and creative community of family physicians 2) promoting a culture that values the autonomy of family physicians 3) cultivating a sense of belonging in family physicians and 4) preventing isolation and loneliness in family physicians. When the current crisis abates, the medical system might consider setting up a reserve of retired professionals to return when needed as they are a wealth of knowledge and skills and it would be a pity not to utilise it. The family medicine fraternity can also emerge more connected than ever as a community and profession by using new means to communicate and connect with their peers and patients.

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LEARNING POINTS

- **Specific stressors such as greater risks of contagion, a rapidly evolving practice environment and ever-changing protocols and regulations brought on by the COVID-19 pandemic have placed family physicians at greater risks of physician isolation and loneliness.**
 - **At the individual level, by establishing and strengthening connections with oneself, peers and patients, family physicians can prevent isolation and loneliness.**
 - **An inclusive and decisive leadership in the Family Medicine fraternity can play a key role in preventing isolation and loneliness in family practitioners and family physicians.**
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