

Flow as the secret to happiness

One of the most meaningful things I have learned about finding happiness is the value of “flow.” Perhaps you have already heard of flow. It is a term coined by Dr Mihaly Csikszentmihalyi (pronounced mee-high cheek-sent-me-high-ee) and clearly, I am late to the game.¹ Dr Csikszentmihalyi’s TED Talk has over 7 million views, and his breakout book, *Flow: The Psychology of Optimal Experience*, is a bestseller endorsed by a myriad of high performers and world leaders.^{1,2}

Flow experiences are those during which one’s sense of time seems to vanish and “effortless actions” create bursts of creative energy, leading to some of the best moments in life.³ Flow can arise only when one has a clear set of goals and access to immediate feedback. A person’s skills must be almost equal to the action, such that the task remains challenging enough to demand undivided attention. If the goal is too easy, one gets bored; if it is too hard, one experiences frustration, which leads to anxiety. Writing about Dr Csikszentmihalyi in 1986, a *Washington Post* reporter said, “We don’t ‘go’ with that kind of flow. We summon it unconsciously, experience it and feel good as a result of it.”⁴ Some common activities during which one might experience flow include playing music, computer programming, rock climbing, and surgery. My flow state comes while I’m wake surfing (the watersport where boats make annoyingly gigantic waves for a surfer who does not require a towrope). I love trying new tricks, riding revert or heelside, and just feeling the shape of the water. It’s blissful ... until I inevitably bail and give my kids something to really laugh about. They have taken to calling my 360 “the banana peel” because that’s what it most often resembles.

I was introduced to the concept of flow through a McGill University course I took during the pandemic, called Human Motivation. The professor, Richard Koestner,⁵ taught us how autonomous motivation can be either intrinsic or extrinsic. Those who are intrinsically motivated do things consistent with their core

values, interests, and personal morals. In contrast, extrinsically motivated people are driven to behave by external sources such as grades, rewards, or the admiration of others.⁶ Intrinsic motivation tends to lead to more enjoyable experiences and lasting satisfaction, although it can be diminished by external pressures.

I have reflected on how physicians might cultivate flow, as intrinsic motivation is undoubtedly what drew many of us to medicine in the first place. During my fellowship I recall

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having frequent flow experiences during surgery. Under the watchful eye of my attending, I got tremendous personal fulfillment from operating; I was helping patients, honing my skills, and enjoying the work. Although I still love my job, flow is understandably harder to come by these days as the most-responsible-physician, concurrently balancing the daily pressures of running a practice while practising medicine.

Flow is a means to experiencing what we all really want: happiness. After learning of the concept, intrigue led me down an Internet rabbit hole of neuroscience and motivational psychology. While I fully endorsed the mental health benefits of flow experiences, mine seemed to take a lot of energy. (To my dismay, I learned that you cannot be in flow while watching reruns of *The Office* with a glass of wine in hand.)

Dr Csikszentmihalyi found that flow is possible to achieve in almost any job, but it takes a committed effort.⁷ To get into the flow state “on purpose and with purpose,” Diane Allen’s TED Talk explains how to dissect your own flow

experiences and find a flow strategy that you can apply to many facets of your life.⁸ Her flow strategy, for example, is harnessing the unity of connecting with others, originally through music, and transferring that to finding unity in daily activities. She reassures us that shutting down your prefrontal cortex and finding flow is not an esoteric concept reserved for the elite; your brain can do it too! If you are creeping toward burnout or feeling under-fulfilled, perhaps it’s time to ask yourself, when was the last time I felt truly immersed in something? Therein may lie the secret to happiness. ■

—Caitlin Dunne, MD, FRCSC

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Bean the change

“Congrats on your raise, doc!” I must’ve appeared baffled as my patient went on . . . “I heard the government is giving family doctors a bunch of money; that should help, hey?”

I sighed, smiled, and explained that it was “complicated.” I was too tired to get into the conversation that the approximately \$17 000 to \$27 000 being given to each BC family doctor wasn’t going to stabilize the family medicine crisis. The stabilization funding, which is meant to help clinics stay open from 1 October 2022 until 1 January 2023, is a nice gesture, but it gives our patients the idea that we can be pacified with money. The fair distribution of these funds will be an interesting and unenviable process for clinic directors. Physicians within a clinic have different styles of practice, see different volumes of patients, and work a varying number of hours to provide quality patient care. The clinics will also take a well-deserved percentage of the funding for overhead.

I joined the Supporting Team Excellence with Patients Society (STEPS) community health centre (CHC)^{1,2} in September 2021, and my overall experience has been very positive. I went from being a solo family practitioner to a valued member in a fee-for-service team-based care model. My patients have access to a wonderful team, including a nurse, a counselor, a social worker, a dietitian, a respiratory therapist, an occupational therapist, a pharmacist, medical office assistants, and urgent care physicians. My laptop is no longer an accessory appendage, and there haven’t been many sightings of me peeking over my Lenovo at family gatherings. My physical and mental well-being directly correlate with the care that I provide to my patients, and the CHC rescued me when I was on the brink of burning out. The connection I have with my team calls on me to reciprocate when others need support, ensuring the greater well-being and health of our team.

Although the CHC model is working well and remains a key strategy for stabilizing primary care in BC, the issue remains that I have

2200 patients, many of whom are very complex. These patients wait up to 8 weeks for a regular appointment. While urgent-care appointments are a great concept, they are taken up quickly as we no longer have any walk-in clinics in Kamloops. STEPS is working on a CHC and urgent primary care clinic combination proposal to increase access to urgent care, which cannot come fast enough. Timely access to care is of the utmost importance to me, and to my patients.

There are physician payment proposals for CHCs offering \$265 000 to \$295 000 annually with \$75 000 for overhead for 1680 hours worked. The \$75 000 offered won’t cover most physicians’ overhead, which is on average 35.5% of gross earnings. A regular patient visit with a family physician, after paying overhead, amounts to approximately \$20/visit, pre-tax. The government is recognizing that we need payment models that address rising business costs as well as the complexities of providing longitudinal care to our patients.

In many of the proposed group contracts, a full-time equivalent physician is expected to manage a panel of 1250 attached patients of average complexity.³ If I optimized my patient panel, approximately 1000 of my patients would be orphaned. This won’t happen because I, like most family physicians, have a moral and ethical obligation to my patients. Ideally, I need another doctor to take over some of my patients so I can cope with the ongoing burden of charting, complex billing, reports, meetings, forms, forms, and more forms! The real issue is that we need more family physicians. Currently in the Thompson Health Region, approximately 39% of our population is not attached to a primary care provider.

Doctors of BC has posted results from the 2021 benchmark member engagement survey,⁴ which had a response rate of 12%. The survey brought forth key issues affecting primary care

medicine and realization of the crisis we are in. Our Doctors of BC president, Dr Ramneek Dosanjh, and her team are making a genuine effort to communicate with primary care providers. She will be meeting with our STEPS CHC via Zoom and will be collaborating, in person, with the medical community in Kamloops.

The family medicine crisis has received significant media attention, and family physicians are finally starting to be recognized as specialists of primary care. We must continue to advocate for equality and collaborate to maintain our diversity and autonomy.

One of my colleagues gave me the book *The Coffee Bean*,⁵ which offers a simple lesson in creating

positive change. The authors liken a stressful environment to a pot of hot water, hypothesizing that we can soften and weaken in it like a carrot, harden like an egg, or transform the environment like a coffee bean. Like the coffee bean, let’s all be active participants in the positive transformation we are seeking in our medical system. ■

—Jeevyn K. Chahal, MD

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