



**dhaswa**  
doctors' health advisory service  
western australia

# Doctors Welfare Guidelines



Edition: 5 June 2018

©DHASWA 2018

## 1. Purpose

These Doctors Welfare Guidelines are principally written for organisations that employ Doctors. They are largely based on and are consistent with the “Developing a workplace mental health strategy” guide produced by Beyond Blue in August 2017.

The main purpose of the Guidelines are to improve the mental health and wellbeing of doctors. The Guidelines were developed in response to extensive research that has found Doctors have a higher level of psychological distress and suicidal ideation than the general population and other health professional groups.

Doctors are at particular risk of stress related conditions due to a range of factors including the high level of responsibility of their work, the competitive nature of their training, and the tenuous nature of their employment. Preventable factors, such as an unsupportive work environment, make this stress even worse.

The level of Doctors health and wellbeing, at organisational and individual levels, correlates with productivity and patient safety. It is therefore in the best interests of Doctors, patients, and health providers, for health organisations and individual work units/Departments to create a “healthy workplace” that minimises stress on individual Doctors.

There is clear evidence that Doctors with mental health conditions, and to a lesser extent physical health conditions, are subject to high levels of stigma at all stages of their career. This stigma can not only create severe stress for individuals, it can also deter Doctors from seeking appropriate treatment.

Creating mentally safe workplaces is important for everyone, as is addressing cultural issues which make it hard for doctors to seek help. While suicide is a devastating event, many of the contributing factors will be upstream of a suicide event, and a focus on prevention and early intervention is important to address the growing burden of psychological ill health in the medical profession.

An “Integrated Approach” is required that focuses on promoting and protecting the wellbeing of Doctors, and intervening to address mental health conditions. Doctors health and wellbeing is affected by issues at organisational, team, and individual levels, and therefore a range of strategies need to be implemented at each of these levels.

## 2. Applicability

These Guidelines are aimed at health organisations that employ Doctors. However, the underlying Principles and many of the Plan strategies are also applicable to any other organisations where Doctors work, including small solo practices, private hospitals with visiting Doctors, and large group practices.

Organisations which want to improve the mental health and wellbeing of their Doctors are welcome to adapt and use these Guidelines. It is recommended that larger organisations develop a Doctors Welfare Plan following these Guidelines as closely as possible. The Principles should be adhered wherever possible.

### 3. Principles

The principles underpinning mentally healthy workplaces for Doctors are:

#### 1. Good people management and addressing psychosocial hazards

- All Doctors have the right to feel physically and emotionally safe. Doctors are human and are subject to the same physical and mental health conditions as the general population.
- Work culture, practices and supports are often more important factors in determining the level of an individual's stress than their own personal resilience.
- Professional and workplace culture should be nurturing and model the principles applied to patient centred care.
- The health service should be respectful to all doctors in its policies and management practices.
- Bullying and harassment of Doctors is endemic in many medical organisations and Departments. Roles and environments that are inherently dangerous or toxic should be identified and removed.
- The same fundamental rights of workers in any profession also apply to Doctors. In particular Doctors should have access to leave, part time work and supported return to work. Rostered working hours should reflect actual working hours and all legitimate claims to unrostered overtime paid.

#### 2. Promoting wellbeing and reduce stigma

- The medical professional ideals of perfectionism, toughness in the face of adversity, and ability to keep going no matter what, need to be challenged.
- Stigma is a major factor leading to Doctor stress and suicide, and deterring Doctors from seeking appropriate treatment of mental health conditions.
- Mental health conditions need to be "normalised", and viewed and managed by the workplace in a constructive way, similar to how physical health conditions are.

#### 3. Early recognition and support

- Doctors should be encouraged to have a GP and not self-manage themselves.
- Doctors should be encouraged to disclose health conditions that may affect their ability to work, and be assisted with finding appropriate management for their condition.
- Doctors in difficulty need a safe point of first contact, with the option of someone independent from their employer and supervisor.
- Barriers to Drs accessing support within the organisation must be identified and controlled. The control measures should be monitored and performance reviewed.

#### 4. Mitigating the consequences of illness

- Where possible Doctors with health conditions should be supported at work, and with return to work from illness, including flexible part time options.

## 4. Infrastructure Requirements

Each health service/organisation should have the following strategies in place:

### 4.1 Senior management support

Senior management support is essential for the success of any organisation's Doctors welfare initiatives. The Doctors Welfare Plan and associated infrastructure must be endorsed, supported and adequately resourced by senior management.

### 4.2 Steering Committee

Establish a Doctors Welfare Steering Committee ("the Committee") with Executive (or Principal) sponsorship to oversee strategy development and the implementation of a Doctors Welfare Plan.

- The Committee should include representatives from Medical Executive, Medical Education and Occupational Health and Safety.
- Both junior and senior Doctors should be represented on the Steering Committee or a subcommittee thereof and have a strong voice in its deliberations. All elements of the Doctors Welfare Plan should have the support and endorsement of both junior and senior Doctor groups. Health organisation Executive and Boards must be informed about any elements of a Doctors Welfare Plan that are not supported by the junior or senior Doctor representatives.
- Dr's with a lived experience of mental illness should be represented on the Doctor groups.

### 4.3 Resources

Sufficient resources must be provided to develop and implement the Doctors Welfare Plan.

### 4.4 Confidentiality

The confidentiality of Doctors health problems must be maintained. Staff working with individual Doctors should only be informed of issues with the consent of the Doctor. All data collected should be aggregated and de-identified.

### 4.5 Monitoring

The Committee should monitor the level of Doctors satisfaction and wellbeing at all levels, on at least an annual basis.

### 4.6 Reporting

Items regarding Doctors Welfare, including the level of Doctors satisfaction and wellbeing, should be discussed at Executive level at least monthly, and at Board meetings 6 monthly.

### 4.7 Review

The Doctors Welfare Plan should be reviewed at least annually.

## 5. Doctors Welfare Plan

The Committee should analyse its organisation regarding Doctors' welfare needs, identify priorities, and develop an implementation plan. The plan should include strategies at organisational, departmental and individual levels that:

### 5.1 Raise awareness

- Regularly provide information about mental health and wellbeing to Doctors, through multiple channels, including suicidal risk, self-care advice, positive coping strategies and resilience.
- Ensure staff are aware of their roles and responsibilities regarding mental health in the workplace, including legal obligations.
- Promote events such as Australian Mental Health Week, R U OK Day, Crazysocks4docs Day.
- Recognise the important relationship between work and home life.

### 5.2 Address Identified High Risk groups

- Target some interventions at groups of Drs considered at high risk e.g. Interns, Drs sitting exams, International Medical Graduates (IMGs).
- Monitor risks and consult with Drs in these high-risk groups to develop solutions.
- Assist Doctors going through professional transitions e.g. Resident to Registrar, Registrar to Consultant.

### 5.3 Foster an anti-bullying and harassment culture

- Create greater awareness of bullying and inappropriate behaviours.
- Educate staff and managers about appropriate and inappropriate behaviours
- Create or improve policies and protocols around workplace bullying, setting a zero-tolerance approach.
- Implement confidential reporting and response procedures for when bullying occurs, treating all matters seriously. Ensure policies and procedures protects anyone who reports or witnesses workplace bullying from victimisation.
- Liaise with supervisors, other workplaces, training programs and Colleges as appropriate, regarding individuals identified as engaging in ongoing bullying or harassment of a serious nature.

### 5.4 Promote positive mental health and wellbeing

#### - Senior Drs and organisational leaders must model

- Encourage all Doctors to have a GP and have regular check-ups.
- Provide training and development to Doctors at all levels on positive proactive leadership (including providing constructive feedback, supporting employee growth, praising efforts as well as results, and where possible meeting individual learning needs).
- Encourage Doctors to work with other Doctors at all levels, and non-medical staff, as a team, and where appropriate take part in social activities.
- Regularly collect two-way feedback between those being supervised and supervisors.
- Create opportunities for staff to have input into how the wider organisation is run, and how their feedback is being used for improvement.
- Promote healthy living e.g. health eating, exercise, no-smoking, responsible use of alcohol.
- Encourage activities that individuals find stress relieving e.g. mindfulness.

### **5.5 Combat stigma**

- Persons with a personal experience of recovery and management of a mental health condition should be invited to share their story in the workplace (E.g. at a Grand Round or work place publication).
- Encourage senior doctors, including Executive, to speak openly about mental health in the workplace by actively endorsing and participating in activities and events aimed at reducing stigma.
- Promote zero-tolerance for discrimination against staff who have a mental health condition.
- Support staff with mental health conditions to stay at or return to work, by making reasonable adjustments.
- Provide information about resources that challenge inaccurate stereotypes about suicide and mental health conditions.

### **5.6 Support Doctors with mental health conditions regardless of cause**

- Develop the capabilities of supervisors regarding identifying staff at risk and supporting those with mental health conditions.
- Provide a range of internal and external mental health support options E.g. internal “safe” point of first contact, external Employee Assistance Programs. Stipulate confidentiality and make the pathway for accessing support clear.
- Breakdown the misconception about the process and requirements of the mandatory reporting requirement under state law, to the Medical Board of Australia.
- Provide flexibility where possible, regarding work hours and tasks, prioritising mental health and wellbeing above performance expectations.

### **5.7 Support return to work after illness**

- Develop policies and procedures relating to return to work plans, or additional support when at work, for Doctors who have been diagnosed with a physical or mental health condition. Where possible the same level of support should be offered to those with work, or non-work related, health conditions.
- There should be a designated person (position) who is responsible for return to work programs for Doctors. The program for individual Doctors must be agreed to by the Doctor, and relevant supervisors informed of the plan. Where appropriate other relevant staff may be informed of aspects of the plan if the Doctors consents.
- The Doctor must have a designated person who is responsible for overseeing and monitoring an individual return to plan, has regular contact with the Doctor, and is the first point of contact for the Doctor if any issues arise.

### **5.8 Prevent Suicide**

- Invite people with a personal experience of recovery related to suicide, to share their stories in the workplace. Ensure appropriate supports are available to the speaker, and other who may be affected by their story.
- Develop clear protocols around suicide and suicidal risk
- Provide additional support to staff bereaved by the suicide of a colleague, family member, close friend or patient.
- Communicate information to Doctors to highlight the warning signs, and key resources available to staff at risk.

**5.9 Implement good medical employment practices**

- Units/Departments should be adequately staffed at senior and junior doctor levels, to reasonably cope with workload, and internally cover leave where required.
- Rostered working hours should reflect actual working hours.
- Doctors should not be discouraged or intimidated from claiming legitimate unrostered overtime. All such requests should be paid.
- Sufficient leave cover should be available so all reasonably foreseeable requests for leave, including annual, professional development and sick leave, can be covered.
- Part time work options should be available for all levels of staff.

**5.10 Implement good management practices that encourage Doctor engagement**

- Doctors should be encouraged to form groups that can represent their opinions and assist with the planning of services and advise on changes.
- Regular meetings of Executive members and junior Doctor representatives to discuss matters of common interest.
- Regular meetings of Executive members and senior Doctor representatives to discuss matters of common interest.
- Junior and senior representatives should be consulted prospectively on changes impacting on their work design or work practices.
- Executive members should be “visible” and approachable to doctors at the workplace.
- A quiet, safe area away from clinical areas, where Doctors can meet and support each other, debrief, and vent issues in private, should be provided.
- Communication to Doctors at all levels is respectful and understanding of their particular needs and circumstances.
- Heads of Department and medical Co-Directors are adequately supported for their role.

**5.11 Encourage individual and peer group support and debriefing**

- Health services should have designated welfare officers (medical or non-medical) who are trained in addressing welfare concerns of Doctors. They should be seen as “safe” people to talk to and are not their supervisors (do not make decisions on whether a Doctor “passes” a term or on matters relating to their ongoing employment).
- Peer group debriefing should be encouraged and where possible facilitated by trained facilitators.
- The health service should have guidelines and processes for critical incident debriefing of doctors at organisation, Departmental, and work unit levels e.g. Code Lavender”.

**5.12 Planned response for death of a Doctor**

- The health service should have a protocol to be followed if there is a death of a Doctor. This should include how to inform staff of the death, offer them support and follow up including information on crisis care resources (inside and outside the health service), and provide guidance on how to express bereavement e.g. dedication morning tea, cards to relatives.
- The health service should gather information regarding the circumstances of the death. For Doctor suicides there should be a confidential internal investigation as to whether the hospital could have done anything to help prevent the death, with the Steering Committee and Board informed of the findings.

## 6. References

*Developing a workplace mental health strategy.* Beyond Blue, August 2017  
<http://resources.beyondblue.org.au/prism/file?token=BL/1728>

*Review of Safety and Quality in the WA Health System – A strategy for continuous improvement.* Department of Health Western Australia, July 2017  
<http://ww2.health.wa.gov.au/Improving-WA-Health/Safety-and-quality-review>

Hall LH, Johnson J, Watt I, Tsipa A, O'Connor DB. *Healthcare staff wellbeing, burnout, and patient safety: a systematic review.* PloS one. 2016 Jul 8;11(7):e0159015.

Scheepers RA, Boerebach BC, Arah OA, Heineman MJ, Lombarts KM. *A systematic review of the impact of physicians' occupational well-being on the quality of patient care.* International journal of behavioral medicine. 2015 Dec 1;22(6):683-98.

*National Mental Health Survey of Doctors and Medical Students,* Beyond Blue, October 2013 <http://resources.beyondblue.org.au/prism/file?token=BL/1132>

*The Mental Health of Doctors – A systematic literature review.* Beyond Blue, August 2010.  
<http://resources.beyondblue.org.au/prism/file?token=BL/0824>

*National Forum on Reducing the Risk of Suicide in the Medical Profession, High Level Summary.* 14 September 2017, NSW Parliament House, Sydney.

*Creating a Mentally Healthy Workplace, Return on Investment Analysis,* Price Waterhouse Cooper for Beyond Blue, March 2014.  
<http://resources.beyondblue.org.au/prism/file?token=BL/1278>

*Review of the morale and engagement of clinical staff at Princess Margaret Hospital.* Department of Health Western Australia, May 2017. <http://ww2.health.wa.gov.au/Reports-and-publications/Review-of-the-morale-and-engagement-of-clinical-staff-at-Princess-Margaret-Hospital>

*JMO Wellbeing and Support Plan.* NSW Health. November 2017.  
<http://www.health.nsw.gov.au/workforce/culture/Publications/jmo-support-plan.pdf>

## Doctors Health Advisory Service of Western Australia (DHASWA)

These guidelines have been written and endorsed by the Doctors Health Advisory Service Western Australia (DHASWA). DHASWA is an independent not for profit association whose purpose is to promote the wellbeing of Doctors in Western Australia. DHASWA is supported through funding from the Medical Board of Australia. Any queries regarding these guidelines should be directed to [manager@dhaswa.com.au](mailto:manager@dhaswa.com.au) . For further information regarding DHASWA [www.dhaswa.com.au](http://www.dhaswa.com.au).