



Let's make our hospitals healthy again

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Several years ago, the Department of Health adapted a motto that included "Healthy Hospitals, Healthy Staff". A few reconfigurations later, and some say they have never seen our hospitals or staff, looking sicker.

So, what are the main factors contributing to doctors' stress and, more importantly, what can we do about it?

The blame game, with doctors blaming administration and administration blaming doctors, doesn't work.

Broadly speaking, there are three factors contributing to the increase in stress in today's hospitals.

The first, and arguably the most important, are **organisational factors**. The main driver is financial, resulting in a cap on the number of staff employed, and restrictions on paid overtime. Another organisational cause of stress is changes in the roles of doctors e.g. the days of the rugged individualist are disappearing, with doctors being held increasingly accountable to organisational and accreditation standards, rather than their own. Another organisational cause of stress is when doctors at the coal face are not consulted or listened to, when changes to their work are proposed.

The second factor contributing to an increase in stress is a **decrease in supportive supervision**. With decreased patient length of stay, and more medical students, consultants have less time to train their juniors. Sometimes there is a chain reaction, with stressed consultants not having time to adequately support their Registrars, and stressed Registrars in turn sometimes not having time to support their intern or RMO, who in turn become stressed.

Thirdly there is now a **greater appreciation by doctors of workers' rights**. If doctors don't feel respected then they won't respect their employer, resulting in loss of morale, loyalty and retention. Expecting large amounts of unpaid, unrostered overtime and the lack of flexibility in rosters and

leave due to inadequate recruitment can create tension and breed resentment.

Furthermore many doctors fear raising personal health issues with colleagues, colleges or employers because of the impact this may have on their career.

So, what can we do to make our hospitals and doctors healthy?

First, we need to look at how change is implemented. Doctors working at the coal face must be involved in decision making. They know best if a process is working, and are usually best placed to identify solutions.

A relatively simple change that can lead to significantly reduced stress is changing rosters so they are more worker friendly.

Second, we need to rethink how we provide supervision and support to doctors. In my experience, the most important determinant of how stressed a doctor feels is the level of support they receive from their immediate supervisor. An empathetic or understanding supervisor is critical for the health of their junior.

Last, we need to look after our colleagues. Hospital employment practices, including adequate staffing, rosters and leave are critical. Doctors must be supported and encouraged to seek appropriate help when experiencing significant stress. For doctors with impairment, there needs to be fair, clear and consistent processes to support return to work.

We should be aiming to create a culture of kindness – where we care not just about our patients or our own training but also about our colleagues, our juniors and ourselves.

Doctors and administrators need to be working with each other, not against each other. By doing this we can make our hospitals healthy again. ■

NOTE: In 2017 the Doctors' Health Advisory Service of WA will be implementing a number of initiatives to support our hospital colleagues. This includes raising awareness of health issues, a 24/7 helpline for doctors in distress, training for doctors who treat doctors, and working with Medical Directors, the Department of Health and the AMA on return to work guidelines.