

# Working towards change

Dr David Oldham reports on the key issues raised at a National Forum on doctors' wellbeing

The evidence is now clear – many aspects of medical culture and medical workplaces have been harmful to doctors' wellness in the past and been too slow to change.

Earlier this year in March, the Australasian Doctors' Health Network convened a National Forum to look at the issue of doctors' wellness, and in particular, the impact of the work environment on this.

Attended by representatives from a wide range of organisations including medical colleges, state doctors' health services, medical schools and postgraduate medical councils, the forum considered the main issues affecting doctors' wellness, and what could be done to address these.

Key points arising were:

## Medicine can be an isolating profession

Many doctors, particularly those in private practice, experience a large degree of isolation. Even GPs working in a large group practice can spend an entire working day, or even a working week, without talking to another doctor in the practice. This can result in feelings of loneliness and cause difficulty reaching out to other doctors if they are having problems, be they personal or professional.

Whilst there is often a larger "team" structure in the public hospital system, it is still possible for doctors at all levels to feel isolated if they are not supported by their colleagues.

Regular practice meetings and social activities are a useful way to help avoid this isolation. Even having lunch together at work is a good step. Doctors' common rooms should be seen as a core component of a healthy workplace rather than as an optional extra.

## The "sink or swim" approach to training is not the best way

Traditionally there has been a belief that doctors need to be



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toughened up during their training in order to cope with the rigours of clinical practice. Doctors who showed any sign of "weakness" were quickly shown the door.

It is now apparent that this approach is misguided for a number of reasons.

First, it has been found that most personalities, and particularly those who choose to train in a "caring" industry, respond best to a constructive coaching approach to training.

Furthermore, it is now recognised that non-technical skills, including communication, teamwork and professionalism, are more important factors than pure technical skills with regards to patient outcomes.

The days of the abusive master clinician, feared by staff and patients alike, are numbered if not over.

## Burnout is common – there is no "one" solution

A recent Australian study found that 48 per cent of doctors under the age of 30 reported features of burnout. This is similar to other western countries.

Burnout leads to increased medical errors, reduced patient satisfaction and increased stress and sick leave for doctors. American research has shown that burnout is a complex issue in which work-life balance is just one factor.

Burnout rates vary between specialties, with emergency physicians having the highest burnout risk despite relatively good work-life balance.

What is stressful for one doctor, might not be stressful for another. Therefore, a stress reduction strategy that helps

one doctor might not help another. The best strategies help about 10 per cent of doctors. Therefore, multiple strategies are required, and need to address issues at organisational, department (team) and individual levels.

The wellbeing of doctors should be a key performance indicator within organisations. Surveys such as the AMA DiT Wellbeing Survey have an important role in monitoring wellbeing, and highlighting areas that need attention.

### Junior doctors need protection

Junior doctors are extremely vulnerable to stress and burnout, particularly on commencing internship, when competing for specialty training positions, and when sitting exams. They need mentors who are positive role models and appropriately trained and committed to a mentoring role.

Junior doctors need to be able to openly discuss errors in a supportive and protective environment. They feel powerless in negotiating safe working conditions and need the understanding of management to resolve practical concerns such as rostering, leave and unpaid overtime.

The needs of junior doctors should to be recognised by their formal representation on management committees. Doctors also need to be able to provide de-identified feedback to their organisation.

### Medical culture needs to change

Improved doctor wellness leads to improved patient safety. Junior doctors need to ask themselves: "Have I done the best for my patient?" rather than "Will my supervisor be happy?"

The myth of the doctor "superhero" is damaging – it places unrealistic expectations on doctors and encourages individualistic behaviour to the detriment of patient care.

Poor behaviour by senior staff or colleagues should not be normalised or trivialised. Efforts to address bullying and harassment require an institution-wide policy of zero tolerance. Effective organisational leadership is the key to establishing a positive organisational culture.

### Accreditation processes and the colleges have a vital role in improving doctors' wellness

Wellness should be a consideration in all accreditation processes affecting doctors including accreditation of hospitals, college training programs and pre-vocational training.

Colleges have a special role because of their wide reach within the profession. They set standards, not only for clinical practice but also for professional behaviour. There is a need for a "Charter for Doctors Welfare" which colleges and employing organisations could sign up to. The Charter would be a set of principles, which improve doctor's wellness and organisational culture. ■

**Dr David Oldham is the Chair and Medical Director of the Doctors' Health Advisory Service WA. DHASWA is an independent not for profit organisation supported through funding from the Medical Board of Australia.**

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For general enquiries and feedback, phone 9273 3025 or visit [www.dhaswa.com.au](http://www.dhaswa.com.au)

*If you or someone you know is experiencing depression, you can contact Lifeline on 13 11 14.*

*To contact Beyond Blue, please call 1300 22 4636 or visit [beyondblue.org.au](http://beyondblue.org.au)*

## Australasian Doctors' Health Conference, November 2019

It was agreed that the issues raised at the National Forum were important and would not go away. Further discussion was required. If you have an interest in doctor's wellness or improving medical culture then come along to the **Australasian Doctors' Health Conference**, which is being held in Fremantle on 22 and 23 November 2019.

These conferences have been held biennially for 20 years, and this is the first year in WA. The theme for 2019 is "creating a healthy workplace", which will be relevant to doctors at all levels and practice types, be they GPs, junior doctors or consultants.

For further information, see [ruralhealthwest.eventsair.com/2019-adhc](http://ruralhealthwest.eventsair.com/2019-adhc)