New Zealand

Medical Protection

Breaking the burnout cycle

Keeping doctors and patients safe

Foreword

Being a doctor can be incredibly rewarding. There are few other professions with so many possibilities to improve people's lives.

But when I talk to other doctors it is impossible not to notice the increasing levels of burnout that colleagues are facing. I find this extremely troubling and it is vital that action is taken to ensure that we do not let the environment we work in reduce the sense of value that we get from being a doctor.

Burnout has recently been recognised by the World Health Organisation (WHO) as a syndrome brought about by chronic workplace stress that hasn't been successfully managed. When doctors feel burnt out and disillusioned it is not only bad for the doctors concerned but also for patients and the wider healthcare team. The obvious reality is that doctors who are happy and engaged are much more likely to be compassionate and provide safer care.

Each of us as doctors are responsible for identifying signs of burnout in ourselves and others and in working together to develop strategies to enhance personal resilience. This includes the Medical Protection Society (MPS). As a mutual organisation, we listen to and care for members in New Zealand and around the world. The feedback we get from doctors who undergo our risk prevention training is incredibly positive and I am particularly proud of the work we do to support those dealing with burnout. But while this support is invaluable, it is only a part of the solution.

We have asked members in New Zealand and around the world about their working environment and they told us loud and clear about the impact their work is having on their wellbeing. Based on these survey results and our work with doctors internationally, we have been able to identify concrete recommendations which are aimed at the doctor (I), the healthcare team (we) and the wider healthcare system (they).

MPS is seeking a commitment from healthcare providers and government to improve the working environment for members and truly begin to tackle the endemic of burnout in healthcare. Only with organisational interventions can the wellbeing of members be safeguarded. We believe that if our recommendations are taken seriously it would help to mitigate the risks of burnout in the profession.

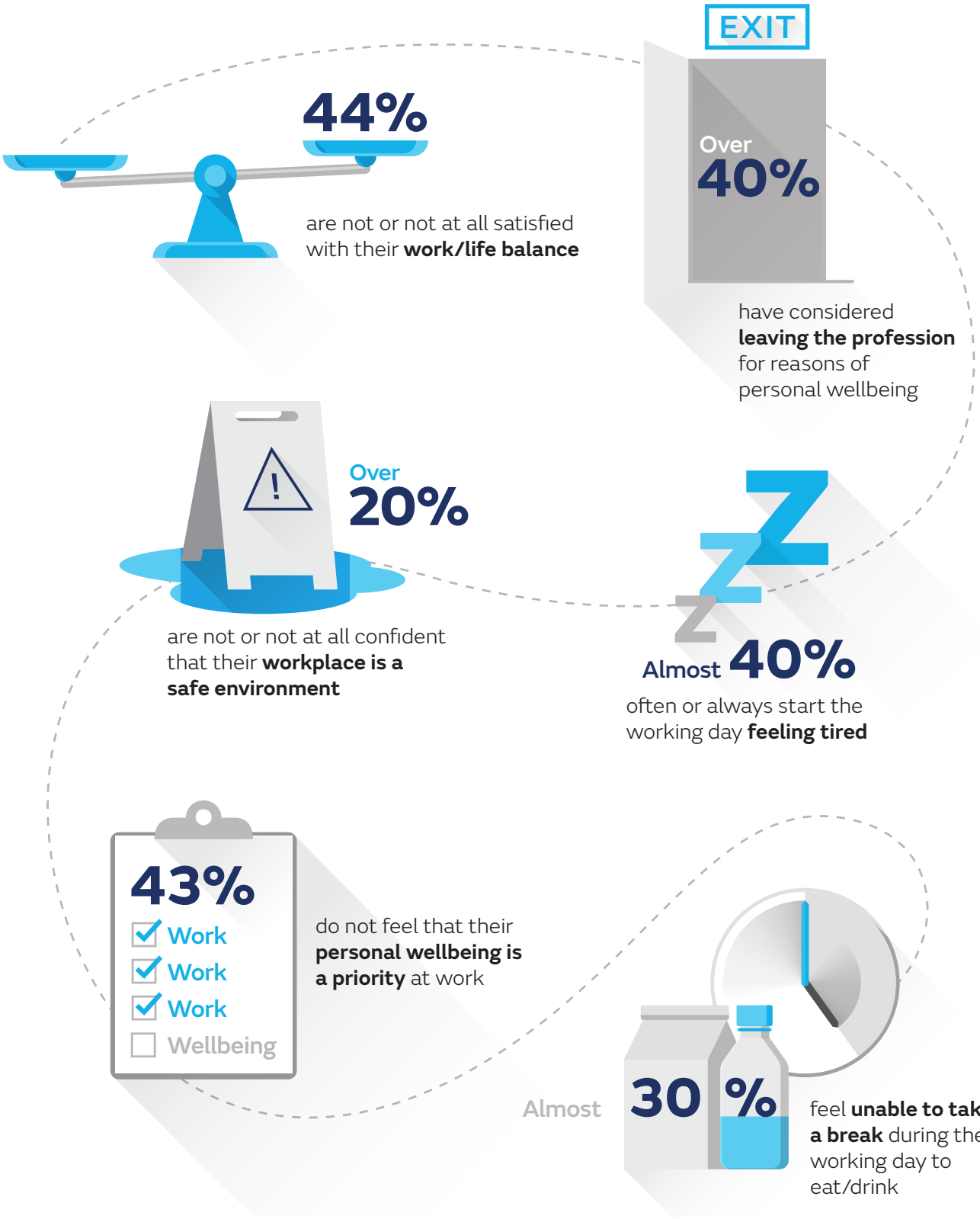
Prof Dame Jane Dacre
MPS President of Council

November 2019

Views from the frontline

In June 2019, we surveyed Medical Protection members to better understand the impact work is having on their wellbeing.[1]

Amongst other things, members in New Zealand told us:



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1. Survey of New Zealand based Medical Protection Society members, conducted between 11 June and 25 June 2019. Sample size was 300.

A growing global concern

It is perhaps one of the great paradoxes of our age that modern medicine allows doctors to do more for their patients than ever before, yet mounting evidence shows that doctors feel burnt out and disillusioned in ever greater numbers.

New reports are published regularly that show increasing problems with doctors' health and wellbeing, and how this leads to healthcare professionals leaving practice prematurely.

There have been renewed calls for changes to improve doctor wellbeing in New Zealand hospitals. A study from 2016 revealed that the overall prevalence of high personal burnout was 50%. Qualitative data emphasised intense and unrelenting workloads, under-staffing, onerous on-call duties and frustrations with management as factors contributing to burnout. The study also reported that 71% of women under the age of 40 suffer from burnout.[2]

Burnout was a key topic at a recent annual congress for physicians, and the Association of Salaried Medical Specialists (ASMS) launched a campaign to raise awareness of and find solutions for this growing problem.

They have been following up their research, and in April they released a *Standard for Sustainable Work* and urged District Health Boards (DHBs), the Ministry and the Minister to commit to it.[3]

NZ Doctor published an article about GP burnout following the 2018 RNZCGP workforce survey. More than 3,050 GPs responded to the survey. The key thing to stand out from the survey is the increasing rate of burnout among GPs, with 26% of respondents to the survey saying they feel burnt out by their jobs to some degree, up from 23% last year. Other findings revealed that practice owners and partners are significantly more likely to feel burnt out compared with long-term employees and contractors, and GPs experiencing burnout are more likely to be older and working full time.[4]

But burnout among doctors is not unique to New Zealand, to doctors working in DHBs or in the private sector, or to any one particular specialty. It is a widespread and global phenomenon that can affect all clinicians. Burnout is high among doctors around the world. While the rates vary by country, medical specialty, practice setting, gender and career stage, the overall evidence suggests that many doctors worldwide will experience burnout in their careers, that burnout rates are rising and that they have reached an epidemic level.

Many international studies conducted over the past few years have identified increasing levels of stress and burnout among doctors and the impact this has on their personal and professional lives. Earlier this year, Chinese media reported of an increasing number of doctors collapsing from burnout,[5] and evidence shows that burnout affects over half of practising doctors in the US, which is rising. The *2018 Survey of America's Physicians: Practice Patterns and Perspectives* reported the 78% of doctors had burnout, an increase of 4% since 2016.[6]

In another survey, doctors from 27 specialties were asked to rank their burnout on a scale of one to seven. All but one specialty graded their burnout at a four or above.[7] And in comparing physicians to the general population, researchers from the American Medical Association and the Mayo Clinic found that doctors were significantly more likely to show signs of emotional exhaustion, depersonalisation and overall burnout than the rest of us.[8]

Doctors in Portugal and Spain also reported high levels of burnout, totalling almost half of all those interviewed.[9]

In the UK, where the level of burnout is also increasing, the BMA, the Royal College of Psychiatrists and the Royal College of Physicians have addressed the need for action, highlighting the impact of organisations and work environments on the wellbeing of healthcare professionals in the UK. Health Education England have also created a dedicated commission on the mental wellbeing of NHS staff and learners, which has reported to the Secretary of State for Health and Social Care.

In Ireland, a study by the Royal College of Physicians of Ireland (RCPI) found that one in three hospital doctors working in the health service is suffering from burnout.[10] The College is now pursuing innovative approaches to support doctors' health and to raise awareness of the importance of caring for them.[11]

An occupational hazard

In May 2019 the WHO included burnout in its 11th Revision of the International Classification of Diseases (ICD-11) as an occupational phenomenon. It is not classified as a medical condition.

It is described in the chapter: '*Factors influencing health status or contact with health services*' – which includes reasons for which people contact health services but that are not classed as illnesses or health conditions.

When we refer to burnout we refer to the definition of the WHO in ICD-11:

> *Burnout is a syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions:*
>
> - *feelings of energy depletion or exhaustion;*
> - *increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and*
> - *reduced professional efficacy.*
>
> *Burnout refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.*[12]

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2. Chambers, C N, Frampton, C M, Barclay, M & Mckee, M (2016). 'Burnout Prevalence in New Zealand's Public Hospital Senior Medical Workforce: A Cross-Sectional Mixed Methods Study'. BMJ Open, 6 (11)e013947
3. See this media release along with associated links
4. https://www.nzdoctor.co.nz/article/news/gp-burnout-rate-rising-business-and-clinical-pressures-mount
5. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31573-9/fulltext
6. https://www.merritthawkins.com/news-and-insights/thought-leadership/survey/2018-survey-of-americas-physicians-practice-patterns-and-perspectives/
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8. https://www.ama-assn.org/practice-management/physician-health/how-physician-burnout-compares-general-working-population
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10. https://www.independent.ie/irish-news/health/onethird-of-doctors-in-hospitals-hit-by-burnout-study-shows-37907967.html
11. https://www.irishtimes.com/news/health/half-of-ireland-s-hospital-doctors-exhausted-and-overwhelmed-by-work-1.3823488
12. World Health Organisation, 11th Revision of the International Classification of Diseases, 2019

The WHO is about to embark on the development of evidence-based guidelines on mental wellbeing in the workplace. We welcome this effort. Burnout is a widely used term and a common condition in modern society, but it is often poorly understood and therefore not always treated effectively. It is often not taken seriously by employers, policy makers or the wider public.

Burnout is characterised by mental, physical and emotional exhaustion, cynicism, increased detachment and a decline in professional satisfaction caused by multiple factors. These contributing factors can exist at a personal, team and wider system level. The condition is an occupational hazard that occurs frequently among professionals who do 'people work' of some kind.

Burnout is not the same as depression; they have different diagnostic criteria with different treatment. Burnout improves with a break or time away – depression does not. Burnout is a problem that is specific to the work context, in contrast to depression, which tends to pervade every domain of a person's life.

Effect on quality of care and patient safety

Evidence suggests a significant correlation between healthcare staff wellbeing and patient safety.[13] Burnout directly and indirectly affects medicolegal risk, with the poor wellbeing of doctors having major implications for patient outcomes and the overall performance of healthcare organisations.

Doctors with burnout are less empathic, less able cognitively and can have a negative impact on colleagues, teams and the organisation.[14]

This can jeopardise patient care and lead to complaints to the HDC and/or Medical Council, leaving clinicians even more vulnerable to burnout. Victims of burnout also suffer from poorer health and strained private lives.

To put it simply, happy staff are more compassionate and provide safer care – which of course will come as little surprise. It is not surprising, therefore, that wellness of doctors is increasingly proposed as a quality indicator in healthcare delivery.[15] In this context, exploring the impact of burnout and offering solutions is a risk management duty and the right thing for Medical Protection to do for members and their patients.

Role of Medical Protection

Medical Protection is extremely concerned to see the number of doctors suffering from burnout. As a medical defence organisation, we see first-hand the consequences of when things have gone too far and when members can no longer cope.

This is why we assist members with ongoing learning and help reduce medicolegal risk. As part of our comprehensive education and risk management programme, we introduced the workshop Building Resilience, Avoiding Burnout (BRAB).

The intended learning outcomes of this workshop are to **review**, **recognise** and **respect** the need to build individual an organisational resilience and to develop strategies for safe **recovery** to avoid burnout when resilience is challenged.

Members attending our BRAB workshop can expect to:

- ☑ Enhance their understanding of resilience, burnout and associated risk.
- ☑ Recognise the key signs of burnout.
- ☑ Learn how to develop coping strategies to recover.
- ☑ Find out why individual and organisational resilience is important.

As well as supporting doctors on an individual basis in this way, and through our counselling service specific to NZ Medical Protection members, we want to go further by using our international insight and experience to call for concrete solutions to mitigate the risks of burnout.

Based on our member survey, we have identified where improvements can be made and what concrete measures can be taken by the individual doctor (I), the team (we) and at an organisational/wider system level (they) to help improve the work environment of doctors.

With this paper, we outline key findings as well as recommendations which, if taken seriously, will help prevent doctors from burning out.

Recognising and preventing burnout

Christina Maslach, Professor Emerita of Psychology at the University of California at Berkeley, proposes six areas of work. This methodology was originally constructed with the goal to assess an individual's experience of burnout and is based on employees' interaction with people at work.

She identified the following areas of work life:

1. Workload
2. Control
3. Reward
4. Community
5. Fairness
6. Values.[16]

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13. Forty-six studies were identified. Sixteen out of the 27 studies that measured wellbeing found a significant correlation between poor wellbeing of staff and worse patient safety, with six additional studies finding an association with some but not all scales used, and one study finding a significant association but in the opposite direction to the majority of studies. Twenty-one out of the 30 studies that measured burnout found a significant association between burnout and patient safety, whilst a further four studies found an association between one or more (but not all) subscales of the burnout measures, and patient safety.
14. L Hall et al, (2016) Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review
15. M Panagioti, (2017) Controlled Interventions to Reduce Burnout in Physicians: A Systematic Review and Meta-analysis, JAMA Internal Medicine, Physician work environment and wellbeing; 177 (2):196
16. C Maslach and M Leiter, (1999) Six areas of worklife: A model of the organisational context of burnout, Journal of health and human services administration 21(4): 472 -89

Identifying concerns within some, or all, of the six areas of work, offers a framework to diagnose and resolve difficulties creating burnout for individuals and teams.

Indeed, the difficulties within the six areas of work identified by Maslach came through clearly in Medical Protection members' response to our survey.

We are keen to help improve members' relationship with each of the six areas of work through individual, team and systemic changes. Medical Protection members responded to tell us the extent to which their needs in each of these areas are being met. In the following section we set out the findings for each area of work, and also look at three specific issues related to these areas:

- Presenteeism
- Incivility at work
- Wellbeing oversight in the workplace.

Workload

Predisposing factors for burnout are often related to job demands such as workload, time pressure, and long hours without sufficient time to rest and recover. Workload is expected to have a direct relation to exhaustion.

In our survey, 66% responded that regular rest/recovery periods are not the norm during work sessions, and 35% suspect that emotional exhaustion has contributed to an irreversible clinical error, with 58% of them saying this was due to a lack of concentration. Almost 30% feel unable to take a break during the working day to eat/drink.

The link between a failure to meet physiological needs (food, water, sleep, rest) and patient safety is evident. In our BRAB workshops, we are robustly teaching the importance of regular short breaks throughout a working day.

International research suggests that opportunities for employees to recover from work demands can have a strong influence on organisational and patient outcomes. Greater satisfaction with work/life balance was linked with better financial performance and lower absenteeism, as well as higher patient satisfaction and lower risk of infection rates in hospitals. Such findings further highlight the need for evidence-informed initiatives to promote work/life balance and recovery from work.

Our survey also reveals that over 80% of doctors would be prepared to cover a colleague's work for a short period, so that they may take a break.

It is interesting to see that respondents recognised the need for others to take a break but did not feel able to do so for themselves.

One of the most important aspects in building resilience is the organisational respect for energy. Systems, policies and procedures should promote this. Sadly, the culture in healthcare does not always reflect an organisation's policies. This must change.

- ☑ Teams should have policies in place that allow for breaks during work sessions.
- ☑ Organisations should make rest/recovery periods the norm and put policies and procedures in place that respect the need for recovery periods throughout the time spent at work.

Control

In order to feel satisfied and competent in our jobs, we need to have a sense that we are in control of our tasks and their outcomes. A lack of control can lead to a job that is in direct conflict with our own values. Like workload, control reflects the demand-control model of job stress. Doctors are more likely to burn out if they lack control over their work. Low autonomy and not being able to say "no" scored high in our survey.

Almost 70% agree or strongly agree that it's difficult to say "no" when asked to undertake additional tasks. Half of doctors feel unable to take a short break in between two clinically demanding procedures.

These figures highlight the need for training in "saying no for safety", which is also a key BRAB workshop message.

Saying "no" creates enormous anxiety. This anxiety comes from within us and externally. However, the 'rescue model' of healthcare cannot survive when resources do not meet demand. There is a need to normalise "saying no for safety".

Ineffective, inefficient, unsafe systems and repeated reorganisations can also make a working environment stressful to work in and interfere with effective team functioning and professional relationships. In our BRAB workshops members often tell us that failing IT systems, for example, could have a serious impact on a doctor's wellbeing.

Doctors practising in chaotic clinics reported lower work control and job satisfaction, less emphasis on teamwork and professionalism, more stress and burnout, and a higher likelihood of leaving the practice within two years. Chaotic clinics had higher rates of medical errors and more missed opportunities to provide preventative services. [17]

Almost 20% of respondents do not feel able to practise to the standard they're capable of.

- ☑ Doctors should feel supported by their peers and leaders to speak up for safety.
- ☑ Teams should have optimal rotas in place that allow for a structure and responsible approach to work sessions.
- ☑ Organisations should put measures in place that help create a culture in which it is the norm for staff to say no for safety.

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17. H. Perez et al, (2015) Chaos in the Clinic: Characteristics and Consequences of Practices Perceived as Chaotic, Journal for Healthcare Quality 39(1)

Reward

We often think of rewards in monetary terms, but workplace rewards can involve anything that makes the day-to-day flow of work more satisfying. This can certainly be financial rewards (high pay, good benefits), but also social rewards (recognition from those around you) and intrinsic rewards (the feeling that you're doing a good job).

If you're lacking in any of these three areas, generally you're more likely to feel dissatisfied with your work and may be more susceptible to burnout. Evidence suggests that burnout is more likely when your rewards do not match your expectations.

Reassuringly, most managers in healthcare seem to do a good job in certain areas: over 40% of respondents say that their line manager/partner understands the value of celebrating success, and 63% feel appreciated for the work that they do.

However, for many doctors the job doesn't match with the dynamic and exciting work life that they had expected:43% of responding doctors feel often or always like they are on a treadmill while over 25% of respondents feel often or always disillusioned in their work.

These figures highlight the room for improvement around an appreciative culture/leadership in healthcare.

- ☑ Teams should develop processes and procedures to help create work environments that encourage recognition and celebration of achievements.
- ☑ Organisations should capture examples of great work and have ways to share, reward and celebrate.

Community

As well as assistance from managers and senior staff, support from colleagues and feeling part of an effective team are also fundamental to the mental health of doctors. Such support not only improves professional effectiveness but can also foster a psychological safe environment where doctors feel they belong. Mutually supportive working relationships can help doctors manage the emotional labour of the job and also reduce the stigma of disclosing work-related stress and mental wellbeing problems and seeking help.

Our survey found 77% feel supported or strongly supported by their peers, while over 80% agree or strongly agree that they would be prepared to cover a colleague's work for a short period, so that they may take a break.

These results highlight doctors' desire for a sense of belonging and community in the workplace.

- ☑ Doctors should feel encouraged and empowered by their leaders to stimulate mutually supportive working relationships.
- ☑ Teams should create an open and supportive working environment and actively support team building opportunities.
- ☑ Organisations should facilitate doctors' messes, ie spaces to meet, talk and share time together.

Fairness

Fairness is a fundamental desire of nearly all employees. It is vital that employers not only treat people fairly in their work, but that that fairness is recognised. A (perceived) lack of fairness can lead to feelings of being disrespected or powerless. Our survey results reveal that doctors are not confident that their managers are doing their best to maintain a fair and equitable workplace.

A third of respondents feel there is no fair and equal approach to work/life balance policies such as flexible working, while 54% believe that the workload in their practice/organisation is not equally distributed among colleagues. We encourage the use of standardised tools, scales and procedures to ensure a sense of fairness in the workplace.

Our survey also revealed that over half of respondents would be supported to learn from an error if they made one, while 14% say they would be blamed.

These figures raise concerns about the continuing presence of a blame culture in our healthcare system. It highlights a system where the emphasis can be on punishment and even criminalisation, while neglecting to nurture a system where mistakes – sadly sometimes catastrophic – can be learned from and avoided in the future. Patient safety suffers when healthcare professionals are not supported to learn from mistakes.

Aviation's supposed 'no-blame' culture is often held up as the pinnacle of openness and learning, and one that healthcare should try and emulate. The Civil Aviation Authority (CAA) of New Zealand (and internationally) reject that the industry is a 'no-blame' environment. Instead of a no-blame culture, the CAA promotes the notion of a "Just Culture". It defines a Just Culture as one where a person's accountability flows not only through their activity, but through the circumstances where that activity has taken place.

Steps must be taken to support and reassure doctors who are feeling vulnerable in the present climate. The level of concern in the profession should not be underestimated. We recognise this, and we are calling upon employers and regulators to play their part in addressing it.

- ☑ Doctors should feel comfortable and receive appropriate support and training to enable them to raise any concerns regarding unfairness with their manager.
- ☑ Teams should make use of standardised tools, scales and procedures to ensure a Just Culture type of workplace.

- ☑ Organisations should put policies in place and mandate training to ensure psychological safety is measured, developed and maintained.

Action is needed to further support openness and learning and give doctors confidence in this process. Some of these actions can be taken relatively swiftly; others will require change over a longer period.

Values

Value reflects the cognitive-emotional power of job goals and expectations. A conflict in values occurs when your personal values and goals are not in line with those of the organisation. A disconnect in values can lead to a strong sense of moral distress.

Over 25% of respondents feel often or always disillusioned in their work. When asked how frequently systemic factors compromise ethical standards, 42% of respondents say they experience this once or twice a week or more. They indicated that time pressure 54%, workload 55% and lack of resources 37% were the top three factors that most contribute to this.

A body of research on job crafting suggests that at least 20% of work should be personally meaningful.[18]

Maslach suggests two options for dealing with a conflict in values: either attempt to bring your personal values in line with those of the organisation or leave the organisation and look for a more meaningful job.

- ☑ Teams should strive to appreciate different motivators and values and ensure job crafting can allow team members to do enough meaningful work that aligns with their values and passions.
- ☑ Organisations should strive to offer support and resources to allow teams and individuals to perform ethical and safe work with flexibility for job crafting embedded in the culture.

Presenteeism

In our survey, 75% of doctors responded that they will always come into work, even when they're not feeling well or resilient enough to work safely.

Presenteeism is the opposite of absenteeism and is defined as turning up to work when too unwell, fatigued or stressed to be productive. It is a major issue in the medical profession.

Doctors are notoriously reluctant to take time off when they are sick, and this can result in a number of issues, including not performing efficiently. Both issues can have greater repercussions than if the doctor had sought advice from their own doctor and stayed off work.

The Association of Salaried Medical Specialists (ASMS) has conducted a study on this, published in the *New Zealand Medical Journal*. This study sought to understand the prevalence of and factors that influence presenteeism within a particular sector of the New Zealand medical workforce (doctors and dentists). Presenteeism was reported by 88% of respondents. The study concluded that presenteeism is a widespread behavioural norm in the New Zealand senior medical workforce, and that choosing whether or not to work through illness reflects the high value placed on duty of care, but also tensions around defining responsible behaviour in this regard.[19]

The concept of the "superdoctor" is a key BRAB concept, and we recognise that it's hard to reverse. Organisations and practice managers should all play a role in driving a culture change and insist that doctors look after themselves better. It might be that hospitals with very low sickness absence among their medical workforces are the ones that should be insisting doctors look after themselves better.

- ☑ Everyone in healthcare has a role to play in actively challenging the unhealthy culture of presenteeism in medicine.

Incivility at work

The importance of civility in the workplace, especially in the context of burnout, cannot be overestimated.

New evidence suggests that increased civility in the workplace leads to an enduring reduction in burnout amongst healthcare providers.

Creating a culture of respect is the essential first step in a healthcare organisation's journey to becoming a safe, high-reliability organisation that provides a supportive and nurturing environment and a workplace that enables staff to engage wholeheartedly in their work.[20]

Feeling psychologically safe at work is essential. Bullying and harassment is still sadly present in healthcare, and the ability to speak up for safety and a "Just Culture" have yet to be embedded in many organisations.

A recent study on bullying among senior doctors and dentists in New Zealand's public health system revealed that the overall prevalence of bullying was 38% (at least one negative act on a weekly or daily basis, 37% self-reported and 68% witnessed. Bullying is often associated with high workloads and low peer and managerial support.[21]

30% of respondents agree that colleagues' behaviour undermines respect for each other in the workplace.

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19. Chambers et al (2017). 'Presenteeism in the New Zealand Senior Medical Workforce-a Mixed-Methods Analysis'. N Z Med J, 130 (1449)10-21
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21. Chambers et al (2018). "It Feels Like Being Trapped in an Abusive Relationship': Bullying Prevalence and Consequences in the New Zealand Senior Medical Workforce: A Cross-Sectional Study'. BMJ Open, 8 (3)e020158

32% of respondents witness disrespectful behaviour among colleagues more than once or twice a week.

When they witness disrespectful behaviour, 46% of respondents say they are not sure if they feel comfortable speaking up, and almost 20% would not feel comfortable at all.

It is essential for doctors to have the skills to manage disagreements with colleagues whilst remaining respectful, and how to manage themselves well in difficult situations.

In healthcare, speaking up is about raising a concern before an act of commission or omission that may lead to unintentional harm, rather than after it has occurred, as happens when reporting sentinel events or whistleblowing.

- ☑ Policies need to be put in place to fight incivility in the workplace in all its forms and embed a "Just Culture" in all healthcare organisations.

Wellbeing oversight in the workplace

The environment in which a doctor works is crucial to wellbeing – hence the need for change at an organisational level to allow professionals to thrive.

Respect for resilience at an individual and organisational level is key if healthcare is to survive the current pressures.

- ☑ Medical Protection is advocating for wellbeing to be a KPI in all organisations.

Our survey results reveal some interesting data about the way doctors feel treated by their employer.

Almost 30% of respondents do not always get the support they need from their employer to do their job well.

40% of respondents do not feel encouraged by their line manager/partner to discuss wellbeing issues.

43% do not feel like their personal wellbeing is a priority of their line manager/partner.

In the context of wellbeing, more than 40% do not or not at all feel supported by practice/hospital management.

24% do not or not at all feel supported by their line manager/partner.

Almost 90% of respondents say they do not have someone at work solely responsible for staff wellbeing.

These figures highlight the need for a role to be filled that is dedicated to staff wellbeing.

Recommendations

In order to address the issue of burnout facing the profession, action needs to be taken by the doctor (I), the healthcare team (we) and the wider healthcare system (they).

Medical Protection will continue to provide valuable support to doctors dealing with burnout. But the focus should not solely be on interventions that help the individual doctor to cope with their work environment. A move towards prevention is needed with much more emphasis placed on the improvement of underlying working conditions that impact on the wellbeing of clinicians.

We are calling for the following actions:

1

Doctors

- should be trained on the risks and consequences of burnout
- should be trained to recognise burnout in themselves
- should receive training on how and when to say no for safety
- should be encouraged to routinely celebrate their achievements
- should feel encouraged and empowered by their leaders to stimulate mutually supportive working relationships
- should feel comfortable and receive appropriate support and training to enable them to raise any concerns regarding unfairness with their manager.

2

Medical teams

- should have policies in place that allow for breaks during work sessions
- should have optimal rotas in place that allow for a structure and responsible approach to work sessions
- should develop processes and procedures to help create work environments that encourage the recognition and celebration of achievements
- should create an open and supportive working environment and actively support team building opportunities
- should make use of standardised tools, scales and procedures to ensure a "Just Culture" can develop in the workplace
- should strive to appreciate different motivators and values and ensure job crafting can allow team members to do enough meaningful work that aligns with their values
- should make rest/recovery periods the norm and put policies and procedures in place that respect the need for recovery periods throughout the time spent at work.

3

Practices/organisations

- should put measures in place that help create a culture in which it is the norm for staff to say no for safety
- should capture examples of great work and have ways to share, reward and celebrate
- should facilitate staff break spaces, ie spaces to meet, talk and share time together
- should put policies in place and mandate training to ensure psychological safety is measured, developed and maintained
- should strive to offer support and resources to allow teams and individuals to perform ethical and safe work with flexibility for job crafting embedded in the culture.

4

All healthcare organisations should have clear policies and procedures in place to ensure healthcare professionals feel able to take breaks and to take time off when ill.

Other important considerations:

- KPIs/corporate objectives should include wellbeing as part of the staff survey
- Optimal rotas should be implemented to ensure adequate recovery time is embedded for individual doctors with adequate staffing, policies and procedures to ensure doctors can be absent when needed
- All staff, including managers, to be trained on the importance of putting policies and procedures in place to prevent burnout. Resilience of individuals and teams must be seen as a priority at all times
- Doctors and medical students should receive training in building resilience and be supported for developing good individual coping strategies in the workplace
- Occupational health teams should be involved in the planning and support of psychological safety in the workplace, ie proactive involvement rather than just being involved when burnout has occurred
- Organisations must offer appropriate spaces for doctors to rest and meet during breaks.

5 **The Ministry of Health** should require all healthcare organisations to appoint wellbeing guardians. The wellbeing guardian would create a focus on staff mental wellbeing by seeking continual improvement in caring for those who look after the public's health, and how they are supported in their working lives. It would do this by ensuring that sufficient information is being provided to the health board, to create benchmarks, set organisational expectations and monitor performance. Such a role would be similar to the *Workforce Wellbeing Guardians* as recommended by the Learners' Mental Wellbeing Commission in England. [22] We recommend such wellbeing guardians are put in place in every healthcare organisation by 2022, and to report their progress to the leadership board.

We would also encourage private providers to establish wellbeing guardians.

Work would need to be undertaken to consider how such a role would work for GPs and other doctors who work in smaller clinics. We would like to see local areas work together to ensure each GP has a dedicated person who makes their health and wellbeing a core priority and is trained to recognise and support them when they are experiencing difficulties.

The Department of Health should also ensure, when burnout has occurred, that funding is available to provide confidential and easily accessible counselling services for all healthcare professionals across the country.

6 **Medical schools and postgraduate training bodies** need to focus on providing medical practitioners who supervise others with the time and training to perform key management activities, such as debriefs and identifying and supporting sick team members.

Generally, they can play a much more prominent 'upstream', preparatory role when it comes to the wellbeing of their scholars. They have a clear responsibility in laying physiologically healthy foundations for doctors and other healthcare professionals during their training and supporting them in their professional career development.

They should establish comprehensive standards for doctors' wellbeing at every career stage and measure those standards. They should provide scholars with obligatory training in general wellbeing in the workplace, in building resilience, speaking up for safety, and how to develop good individual coping strategies.

We know Auckland University medical school are rolling out a scheme to ensure wellbeing in their medical students, and we look forward to seeing how this develops.

Our work with doctors and the key findings from the survey have helped to identify these concrete recommendations which, if taken seriously, will mitigate the risks of burnout in the profession.

REFERENCES

22. In the UK, the NHS Staff and Learners' Mental Wellbeing Commission, which was set up by the HEE, reviewed academic literature, and from its research it has become clear that as in many other non-healthcare sectors there is a need for board-level leadership to be responsible for the mental wellbeing of staff. The HEE places this recommendation so central to the culture of the NHS, that their primary recommendation is the NHS should establish a *Workforce Wellbeing Guardian* in every NHS organisation, and that the wellbeing guardian should be authorised to operate within a set of principles as set out by the HEE.

Medical Protection

Medical Protection is part of Medical Protection Society (MPS), the world's leading protection organisation for doctors, dentists and healthcare professionals. We protect and support the professional interests of more than 300,000 members around the world.

Membership provides access to expert advice and support together with the right to request indemnity for any complaints or claims arising from professional practice.

Our highly qualified, in-house experts assist with the wide range of legal and ethical problems. This includes clinical negligence claims, complaints, medical and dental council inquiries, legal and ethical dilemmas, disciplinary procedures, inquests and fatal accident inquiries.

Our philosophy is to support safe practice in medicine and dentistry by helping to avert problems in the first place. We do this by promoting risk management through our workshops, e-learning, clinical risk assessments, publications, conferences, lectures and presentations.

Our knowledge and experience of the medicolegal environment globally puts us in a strong position to advise and inform policy makers.

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