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## Conference Report: Health of the Health Professional Conference. Auckland, 3-5 November 2011

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The *Health of the Health Professional Conference* was held in Auckland on November 3-5, 2011. It was hosted by the Goodfellow Unit and the Department of General Practice of the University of Auckland and was a multidisciplinary conference of about 210 registrants from a wide range of disciplines (nurses being the largest group) including about eight representatives from psychology. The majority of invited speakers were physicians, but many of their insights and research findings are likely to be relevant to other disciplines. This report summarises the proceedings of the conference by two major themes:

1. **Why we need to do something:** focusing on why it is important to enhance the health and wellbeing of health professionals
2. **What we can do:** focusing on strategies and approaches to enhance the health and wellbeing of health professionals.

### **Why we need to do something about the health of the health professional: The impacts of poor and good health and wellbeing in health professionals**

The impacts for the health professional of their own and organisational efforts to maintain their health and wellbeing are obvious. However, several speakers emphasised that inattention to the health of health professionals has serious adverse impacts not only for the health professionals but also for their clients and for the sustainability, effectiveness, and cost-effectiveness of the health system.

An unhealthy workforce greatly increases the cost of provision of health services. Neil Pilland (a health economist from the US) described significant financial benefits in

enhancing the health of health professionals, including increased productivity and reduced waste, lower staff turnover, reduced recruitment costs, and fewer costly errors. Poor health amongst health professionals affects workforce utilisation due to absenteeism. Concern was also expressed about *presenteeism*, that is, people who come to work but who are substantially non-productive due to mental or physical impairment (e.g., burnout). This was regarded as just as problematic as absenteeism, and potentially more so, as they may not only be non-productive themselves but may also disrupt others. Many large businesses, recognising the economic benefit of keeping their staff well, are investing substantially to support staff health.

The health of the health professional also has an impact on the health of the patient. Jane Lemaire (a physician from Canada) and other speakers cited evidence showing that physically or mentally unhealthy clinicians have less healthy patients than do healthy clinicians. She also reported research showing that working long hours not only adversely affects the wellbeing of health professionals, but also led to deterioration in cognitive performance similar to that caused by alcohol consumption. This was likely to increase the risk of poor decision making and errors in healthcare delivery. Some interesting work led by Erica Frank (from the USA) assessed the impact of physicians' own health practices on their patients. They found a clear association between the health promotion, illness prevention, and screening practices doctors undertook for themselves, and what they recommended and got for their patients. Therefore, their own health practices had a direct impact on their

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patients' health.

### **Health professionals' self-care**

There is extensive evidence that health professionals often do not attend well to their own health, and the practices of healthcare organisations are often not particularly supportive of good health amongst their employees. For example, Jane Lemaire reported a study showing that physicians often did not take the time to eat or remain hydrated at work, and that this led to poorer decision making. Faye Cobden-Grainge (a nurse from Auckland) evaluated a programme to encourage physical health in student nurses but found the programme had little impact because students prioritised other responsibilities over maintaining their health. Michael Bonning (a physician from Australia) identified stigma, embarrassment, and concerns about career development as significant barriers to health professionals looking after their own health or seeking help for health problems.

Several speakers identified that most trainees receive minimal training in how to safeguard their own health when working professionally. Jill Clendon (a nurse from Nelson) presented research on younger nurses who reported that the emotional challenges of the job were greater than they expected, and that they felt unprepared for managing the challenging behaviours, conflict, stress, and stress management difficulties in their roles. They also reported missing the mentoring that they had during training and 10% intended to leave the profession within the next year. The lack of support through the transition from training to practice may be experienced by trainees in many health professions.

### **Need for change to face the future of health care demands in New Zealand**

Des Gorman (a surgeon and Chair of Health Workforce New Zealand) reported predictions that there will be a doubling of healthcare demands in the next decade but,

at best, only a 40% increase in expenditure on healthcare. This indicates the need for more efficient and effective services. Increased health professional effectiveness and productivity is likely to be important in achieving this. Health of health professionals is therefore significant because of clear evidence that "a healthy and happy workforce is a productive workforce", and a healthy workforce, along with good management, good planning, effective techniques, and good pastoral care will be needed to meet the challenge of the future.

Des Gorman also identified that aging of the health workforces will require specific responses to address the needs and wants of "third age" (older) health workers so they can be sustained in productive roles. He predicted the need for retraining of third age health professionals, often into "different versions" of their previous roles that are more desirable and sustainable for older people. He mentioned that almost all of the currently \$500 million health training budget is committed to initial training, and very little is committed to mid-career or third age training. He predicted that this will change.

In summary, there are many reasons why working to better protect the health of the health professional is important to the health professional, to their clients/patients, and to society as a whole.

### **What we can do to enhance the health of the health professional:**

#### **Positive approaches to the health of the health professional**

One of the major and most heartening conference themes was a strong positive psychology focus on enhancing wellbeing, resilience, and similar positive approaches. Several speakers (including psychology doctoral student Katie McCormick) suggested that a positive psychology focus on growth, satisfaction, and wellbeing may be particularly effective to help health professionals flourish and function optimally, and may be more acceptable to health professionals as it avoids triggering

some of the stigma often evoked by interventions that focus on traditional targets such as stress and burnout.

Tony Fernando (a psychiatrist from Auckland) presented his “Positive Psychology for Practitioners” programme that draws on the growing evidence for neuroplasticity - that we can change our brain chemistry to be more positive and that this has huge benefits to our health. He drew on recent work by Barbara Fredrickson that identified we need a 3:1 ratio of positive:negative emotional states in order to flourish (and new data showing that teams need a 5:1 ratio of positive:negative interactions to flourish). The positive psychology approach is not a simplistic “positive thinking” approach but does involve thinking about the positive too and not nurturing and feeding on the negative experiences (which evidence suggests that we do!). Tony has helped develop a website for students: <http://www.calm.auckland.ac.nz> that describes this area well and has good self-help resources.

The extensive work being undertaken world-wide on the importance of resilience for physical and mental health is also finding its way into practice to enhance the health of the health professional. Gaynor Parkin (a clinical psychologist from Wellington) described her programme for assisting wellbeing in the workplace which enhances resilience through:

- physical health (exercise, good sleeping and eating, and relaxation),
- social support,
- flexible thinking,
- realistic optimism (learned optimism as opposed to learned helplessness), and
- cultivation of positive emotions (that can be experienced and encouraged even at times of stress).

Gaynor emphasised that resilience can be built by learning specific skills, strategies, and tools, and that it can be further strengthened with practice over time.

Ann Paddy (an occupational therapist from Auckland) described her research about older health professionals, and recommended that resilience and adaptability in older health professionals could be supported by actively valuing their advanced skills and contribution, supporting individualised education to assist them to stay current in their knowledge and practice, and (echoing Des Gorman’s comments) enabling job patterns and demands to change to match their life stage.

Carole Adamson (a social worker from Auckland) reported on a qualitative study of social workers’ view of resilience. She found that resilience was partly defined as based on personal characteristics (e.g., self-awareness), but also as strongly contextual and relational, determined by the strength of relationships with colleagues and sense of being able to provide well for clients. Thus, resilience is affected by organisational structures and broader determinants of professional life as well as personal characteristics.

Rob Moodie (Professor of Global Health from Melbourne) emphasised the importance of wellbeing across the personal and family life as well as in professional life for maintaining the wellness of the health professional. He emphasised the importance of making good connections; good food, good fun; embracing the arts; exercising your brain; finding hope and meaning; and getting physical. He also emphasised the importance of emotional intelligence (characterised by elements such as self-awareness, self-regulation, motivation, empathy, and social skills) for enhancing wellbeing.

Several presenters described other approaches for enhancing wellbeing. An example was Robin Youngson (an anaesthetist from Auckland) who described a website he has established (HeartsinHealthcare.com) that focuses on enhancing both compassionate care and the wellbeing of the clinician. He also

emphasised the importance of health professionals making attitudinal shifts for both their own benefit and that of their clients. Specific attitude shifts he encouraged included:

- Changing your mind – changing the grumpiness to positivity.
- Are we fixing, helping, or serving? – taking an attitude of serving is likely to lead to more positive interactions and the wellbeing of both parties.
- Assume that the patient/client is making reasonable demands – listen and work to understand even when demands seem unreasonable.
- Taking the time to care - Investing the time to build resilience leads to more efficient and effective care.

### **Enhancing coping strategies for reducing stress**

Jane Lemaire described coping strategies reported by 1200 physicians who completed a survey that was developed following interviews with 40 physicians and their spouses (where available) and from observation of the physicians at work. This survey indicated use of many useful strategies familiar to psychologists, including:

*Problem-focused strategies* (used when have some control over the situation – aimed at eliminating or allaying the source) including: Dealing with it – taking one step at a time, Making a plan of action, Seeking informational support, and Seeking instrumental support (helping out).

*Emotion-focused coping* (aimed at reducing or managing the emotional and psychophysiological response to stress) including: Talking with colleagues, Seeking emotional support, Taking time out, Exercise, Taking quiet time, Talking with spouse, Spending time with family, Leaving work at work, Laughing and smiling, and Use of humour.

Some *maladaptive coping strategies* were also described, including: Substance use, Not seeking help, Denial and avoidance (ignoring), Disengagement, Unhelpful distraction, and Going on as if not affected.

This study indicated that strategies for dealing with day-to-day work stressors may be as important as strategies for dealing with major stressful events. As a result of this research a laminated sheet is now given to all medical students at her university outlining 15 things you can do to reduce stress.

### **Developing healthy workplaces**

David Kopacz (a psychiatrist from Auckland) discussed that an optimal working environment must recognise physical, emotional, environmental, family, and cultural needs of staff, and the need for trust, interpersonal connection, “heart”, creativity, self-expression, and spirituality.

Chris Creswell (an Emergency Department physician from Whanganui) described strategies used in his Emergency Department to achieve goals similar to those articulated by David Kopacz and to reduce stress and create resilience amongst staff. These strategies included making a healthy and nurturing physical environment (e.g., by having plants, music, natural light, and windows that open), and leaving inspirational books around the workplace. He also reported efforts to create a workplace in which fun, laughter, and positivity is encouraged. He has also engaged natural therapists who work with patients and staff, and junior staff are taught to meditate. Mentoring and supervision were common practice. Developing an open culture that acknowledges that health professionals can and do make mistakes, and that promotes discussion of mistakes as being important learning opportunities, has also been a significant goal. He described web-based resources he has developed to assist health professionals to maintain their own health and that of their clients (his websites are <https://sites.google.com/a/hello-me.org/creating-a-healing-space/> and <https://sites.google.com/site/freefromyourmind/>)

### **Teaching skills for wellbeing as part of health professional curricula**

Iain Martin (ex-Dean of the Auckland Medical School) discussed that it is difficult to truly predict which students will do well in health careers when they first enter their career at quite a young age. His conclusion from this was that “selection is less important than curriculum” for developing health professionals, including a workforce that is resilient and sustainable. This suggests that teaching the skills and aptitudes for health of the health professional as part of the curriculum is important, rather than simply relying on the existing abilities or incidental learning by students.

Supporting new staff was a repeated theme of the conference. Education to normalise their responses to their work and encouraging use of supervision to support and help them develop coping strategies was seen as important. Sandy Jusuf (a physician from Australia) also described a programme to promote the health and wellbeing of junior medical officers by providing web-based resources they could use to self-assess their mental health and access information and advice related to self-care, with links to further resources.

Health promotion initiatives are also being incorporated into health professional training. Ben Middleton (a medical student from Australia) described incorporating mental health promotion activities into undergraduate medical training to assist medical students to develop resilience. He recommended that students be involved in developing the programme to allow for greater engagement. Fiona Moir (a General Practitioner from the University of Auckland) described a randomised controlled trial of three peer-led anxiety management interventions for medical students. She reported that a peer support (one-to-one support and organised social events) group and a group who had a combination of peer support and relaxation training showed less increase in anxiety

before exams than a group taught relaxation strategies alone.

### **Specific services for health professionals**

The HPCA makes it mandatory for a health practitioner to notify the relevant Board if they have significant concerns about another practitioner’s (of their own or another health profession) fitness to practice. This requirement over-rides patient confidentiality and is not diminished by being a treating health professional for the practitioner of concern. It was stated that most professional registration boards attempt to be as supportive and rehabilitative as possible in response to such notifications. For the Medical Board in New Zealand, approximately half of fitness to practice notifications are self-referrals, which is considered a sign that medics are trusting that the process is fair, rehabilitation focused, and not unfairly stopping people practising. In some other countries specific health services have been set to treat health practitioners (e.g., with issues such as substance abuse) whilst maintaining their confidentiality (and possibly ensuring that their seeking treatment is not accessible to regulatory bodies). No such service is extant in NZ, but Employee Assistance Programmes (EAPs), MPS/MAS helpline, Doctors Health Advisory Service, and similar organisations (such as NZCCP support service) play part of this role.

There was discussion of the substantial growth in the use of online learning resources including those to enhance the health of the health professional. The cost for this kind of learning resource is coming down, and staff can now quickly learn to develop their own resources. For example, Michael Bonning described *Beyond Blue* – a Mental Health Programme that, amongst other activities, incorporates an online self-directed mental health and well-being programme to address depression and anxiety in Australian physicians and a wellbeing booklet for medical students.

## **Other strategies for enhancing the health of the health professional**

### *Culture change*

There were numerous calls for culture change that embed better the need to care for ourselves and also promote well being, resilience, and morale. An example of this was Mercy Hospice's **Emotional Safety Policy** that was presented by Jayne Huggard (a social worker from Auckland). She defined emotional safety as "the capacity to deal with what we have to deal with". Interventions outlined by this policy included: all staff having supervision, critical incident debriefing, a staff support counsellor, ability to take 6 months leave every 5 years, flexible working hours, emergency chocolate box for night staff(!), marking birthdays in the team, a forum to discuss ethical issues, and weekly interdisciplinary meetings. They have also instituted a self care questionnaire which helps staff to identify areas that they are going to work on (starting, stopping, or maintaining) for their self care and contracting this as part of their annual review

### *Critical incident stress management*

Carole Adamson talked about building resilience in organisations by addressing staff needs after distressing incidents. While research has thrown doubt on the effectiveness of routine psychological debriefing on its own after a trauma, the trend is to include debriefing as part of an organisational programme of Critical Incident Stress Management programmes that also includes preventative education and attention to factors that build resilience in staff. Some research has suggested a very favourable 1:7 cost benefit ratio for this kind of response. Another example of an

initiative to deal with a specific large stressor was presented by Georgie Thomas (a physician from the US) who described a protocol for addressing with other staff the suicide of staff member. This protocol was helpful in reducing confusion and improving staff and organisational responses, potentially leading to less staff distress.

### *Supervision*

Supervision was identified by many speakers as a key support for staff in relation to their work. More professions are requiring their members to have supervision, and more research is proving its efficacy. Mark Rawlinson (a nurse from the UK) described an online supervision programme for nurses in South England that allows 24-hour accessibility to professional supervision that can reduce many of the existing limitations to supervision availability. He reported staff as keen to use the online format as it met many needs for supervision.

## **Conclusion**

The conference showcased a broad range of initiatives to enhance the health of health professionals from the small local level activities to national-level initiatives and beyond. While psychologists were not particularly strongly represented either amongst the speakers or amongst the attendees at this conference, many of the approaches discussed were based on psychological theory and practice and it is clear that the health of the health professional is an area in which psychologists could have much to offer. Given the obvious importance of this area for the future of health professionals, the health system, and all users of health services, it clearly is an area which is deserving of our active attention.

More information about this conference can be found at the conference website: <http://www.healthworkershealth.co.nz/>  
Some presentations from the conference are available at  
[http://www.fmhs.auckland.ac.nz/soph/centres/goodfellow/cpe/hobp\\_presentations.aspx](http://www.fmhs.auckland.ac.nz/soph/centres/goodfellow/cpe/hobp_presentations.aspx)