

Health Benefits of Good Work

Stress in Health Services

20 August 2019

Dr Warren Harrex

MSc(OccMed), BMedSc(Hons), MBBS, DObstRCOG, DAvMed, FAFOEM, FAFPHM, FACAsM

Occupational and Environmental Physician

Chair AFOEM Faculty Policy and Advocacy Committee

Chair HBGW Executive



The Royal Australasian
College of Physicians



Australasian Faculty of
Occupational and Environmental Medicine





- Are hospitals and health departments good places to work?
- How can you tell a good workplace from a poor one?
- How can doctors help?
- Where can doctors get help?



Health Benefits of Good Work



Mission:

To protect, promote and restore the health and well-being of individuals, businesses, organisations and communities through good work.



Unemployment is generally harmful

There is strong evidence that unemployment is generally harmful to health, including:

- higher mortality;
- poorer general health, long-standing illness, limiting longstanding illness;
- poorer mental health, psychological distress, minor psychological and psychiatric morbidity;
- higher medical consultation, medication consumption and hospital admission rates.



Suicide rates

- Young men out of work for six months have 40x the suicide rate of their peers

In Australia

- Unemployed men have suicide rate 4.6x
- Unemployed women suicide rate is 8.4x



So are people better off not working?

- Certificates for work –
- Often last question asked by the doctor - or the patient
 - Do you need a certificate for work?
 - How long do you need off?
- Are we doing them any harm?



Social determinants of health

[Social determinants of health](#)

[Evidence](#)

[Action](#)

[Global commitments](#)

[Publications](#)

[Learning and tools](#)

[Media centre](#)

About social determinants of health

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

Key concepts



Employment conditions

Measures to clarify how different types of jobs and the threat of unemployment affect workers' health.



Employment conditions



WHO

The most important factors shaping people's social position include employment and working conditions. The Employment Conditions Knowledge Network (EMCONET) developed models and measures to clarify how different types of jobs, conditions of underemployment and the threat of becoming unemployed affect workers' health.



But is going back to work good for people?



Review

Health effects of employment: a systematic review of prospective studies

Maaïke van der Noordt,¹ Helma IJzelenberg,² Mariël Droomers,³ Karin I Proper^{4,5}

Occup Environ Med 2014;71:730–736



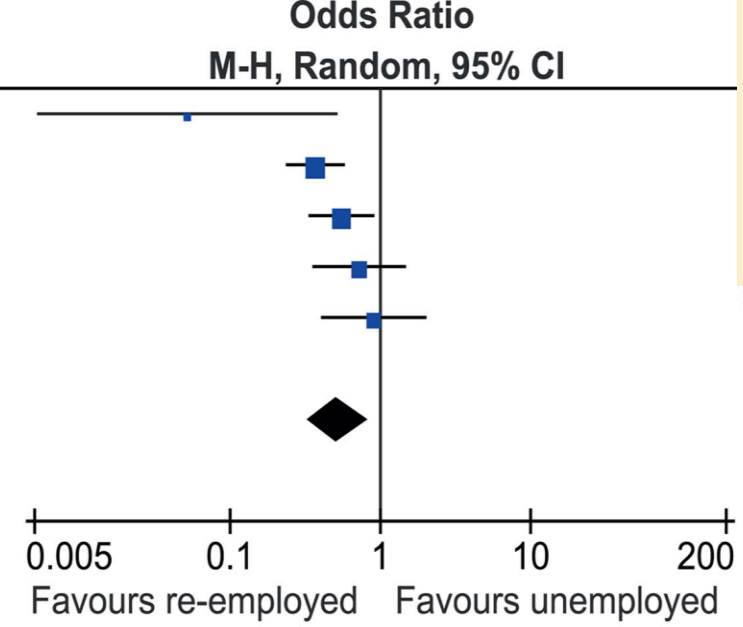
Results

33 prospective studies were included, of which 23 were of high quality. Strong evidence was found for a protective effect of employment on depression and general mental health. Pooled effect sizes showed favourable effects on depression (OR=0.52; 95% CI 0.33 to 0.83) and psychological distress (OR=0.79; 95% CI 0.72 to 0.86). Insufficient evidence was found for general health, physical health and mortality due to lack of studies or inconsistent findings.

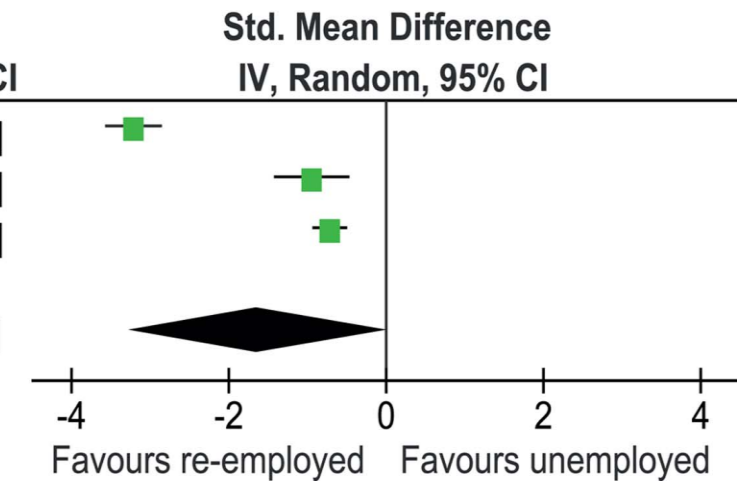
Conclusions

This systematic review indicates that employment is beneficial for health, particularly for depression and general mental health. There is a need for more research on the effects of employment on specific physical health effects and mortality to fill the knowledge gaps.

Study or Subgroup	Re-employed		Unemployed		Weight	Odds Ratio
	Events	Total	Events	Total		M-H, Random, 95% CI
Mascaro et al., 2007	1	6	27	34	3.7%	0.05 [0.01, 0.52]
Prause & Dooley, 2001	70	284	55	117	29.6%	0.37 [0.23, 0.58]
Miyake et al., 2011	21	227	85	544	27.6%	0.55 [0.33, 0.91]
Claussen et al., 1993	13	113	25	164	20.8%	0.72 [0.35, 1.48]
Brown & Bifulco, 1990	17	88	13	62	18.3%	0.90 [0.40, 2.03]
Total (95% CI)		718		921	100.0%	0.52 [0.33, 0.83]
Total events	122		205			
Heterogeneity: Tau ² = 0.14; Chi ² = 8.66, df = 4 (P = 0.07); I ² = 54%						
Test for overall effect: Z = 2.76 (P = 0.006)						

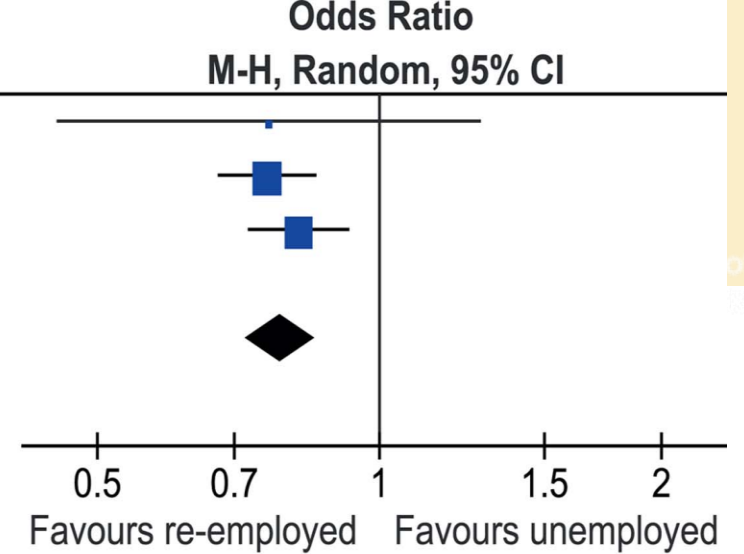


Study or Subgroup	Re-employed			Unemployed			Weight	Std. Mean Difference
	Mean	SD	Total	Mean	SD	Total		IV, Random, 95% CI
Claussen et al., 1993	1.3	0.04	113	1.47	0.06	164	33.4%	-3.21 [-3.57, -2.85]
Winefield & Tiggeman, 1990	0.53	0.91	40	1.54	1.2	35	32.9%	-0.95 [-1.43, -0.47]
Prause & Dooley, 2001	3.7	4	284	6.8	5	117	33.7%	-0.72 [-0.94, -0.50]
Total (95% CI)			437			316	100.0%	-1.63 [-3.25, 0.00]
Heterogeneity: Tau ² = 2.04; Chi ² = 136.67, df = 2 (P < 0.00001); I ² = 99%								
Test for overall effect: Z = 1.96 (P = 0.05)								

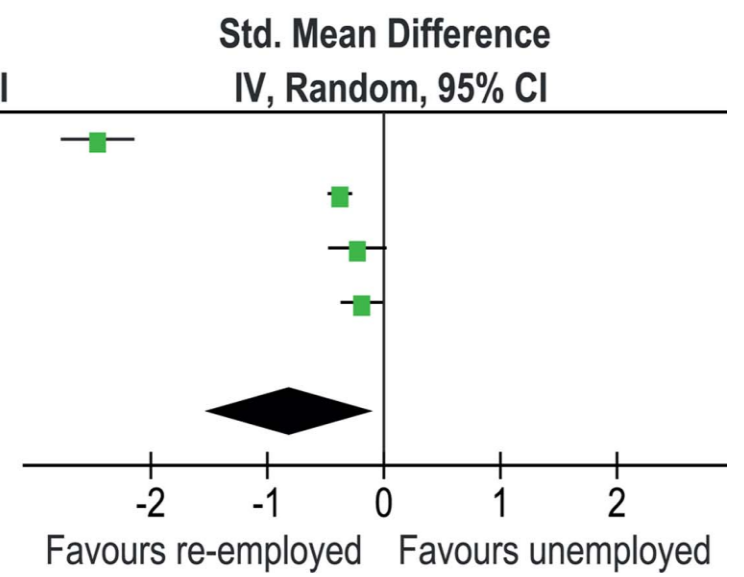


Forest plots based on number of events and mean scores of depression among re-employed versus unemployed persons.

Study or Subgroup	Re-employed		Unemployed		Weight	Odds Ratio	
	Events	Total	Events	Total		M-H, Random, 95% CI	
Claussen et al., 1993	32	113	56	164	2.7%	0.76	[0.45, 1.28]
Thomas et al., 2005	1136	4028	583	1709	50.0%	0.76	[0.67, 0.86]
Thomas et al., 2007	345	1346	9216	31136	47.3%	0.82	[0.72, 0.93]
Total (95% CI)		5487		33009	100.0%	0.79	[0.72, 0.86]
Total events	1513		9855				
Heterogeneity: Tau ² = 0.00; Chi ² = 0.78, df = 2 (P = 0.68); I ² = 0%							
Test for overall effect: Z = 5.47 (P < 0.00001)							



Study or Subgroup	Re-employed			Unemployed			Weight	Std. Mean Difference	
	Mean	SD	Total	Mean	SD	Total		IV, Random, 95% CI	
Claussen et al., 1993	0.69	0.04	113	0.82	0.06	164	24.4%	-2.46	[-2.77, -2.14]
Liira & Leino-Arjas, 1999	16.2	3.9	756	17.9	5.1	670	25.5%	-0.38	[-0.48, -0.27]
Ali & Avison, 1997	10.13	10.72	89	12.68	11.36	198	24.9%	-0.23	[-0.48, 0.02]
Halvorsen, 1998	1.29	0.48	195	1.39	0.55	299	25.2%	-0.19	[-0.37, -0.01]
Total (95% CI)			1153			1331	100.0%	-0.80	[-1.52, -0.09]
Heterogeneity: Tau ² = 0.52; Chi ² = 167.52, df = 3 (P < 0.00001); I ² = 98%									
Test for overall effect: Z = 2.20 (P = 0.03)									



Forest plots based on number of events and mean scores of psychological distress among re-employed versus unemployed

Figure 1. Recovery curves, duration of cumulative compensated time loss by jurisdiction, claims made in 2010 with at least 2 weeks compensated time loss. Note that the ACT data includes both private and government schemes.

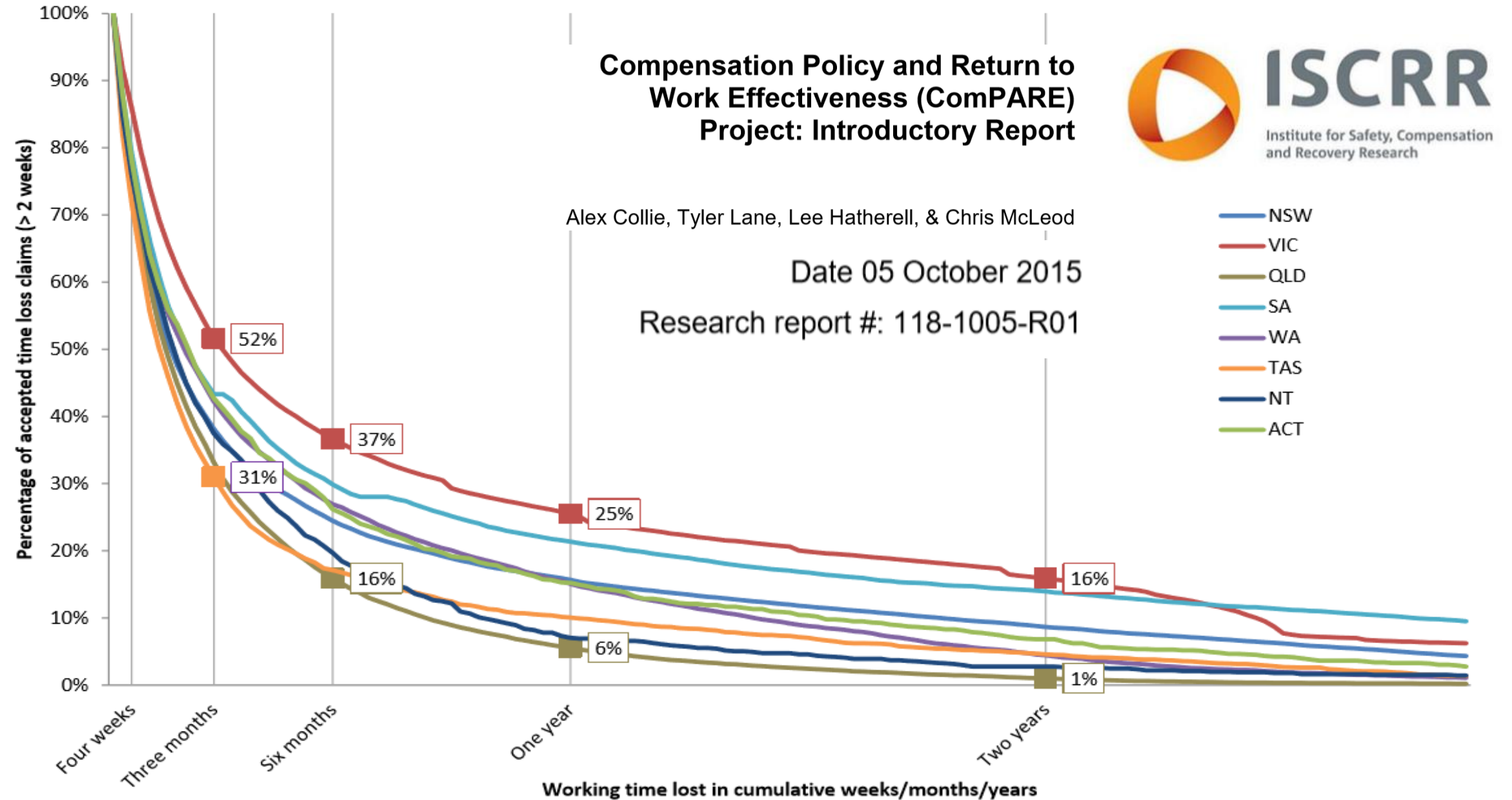
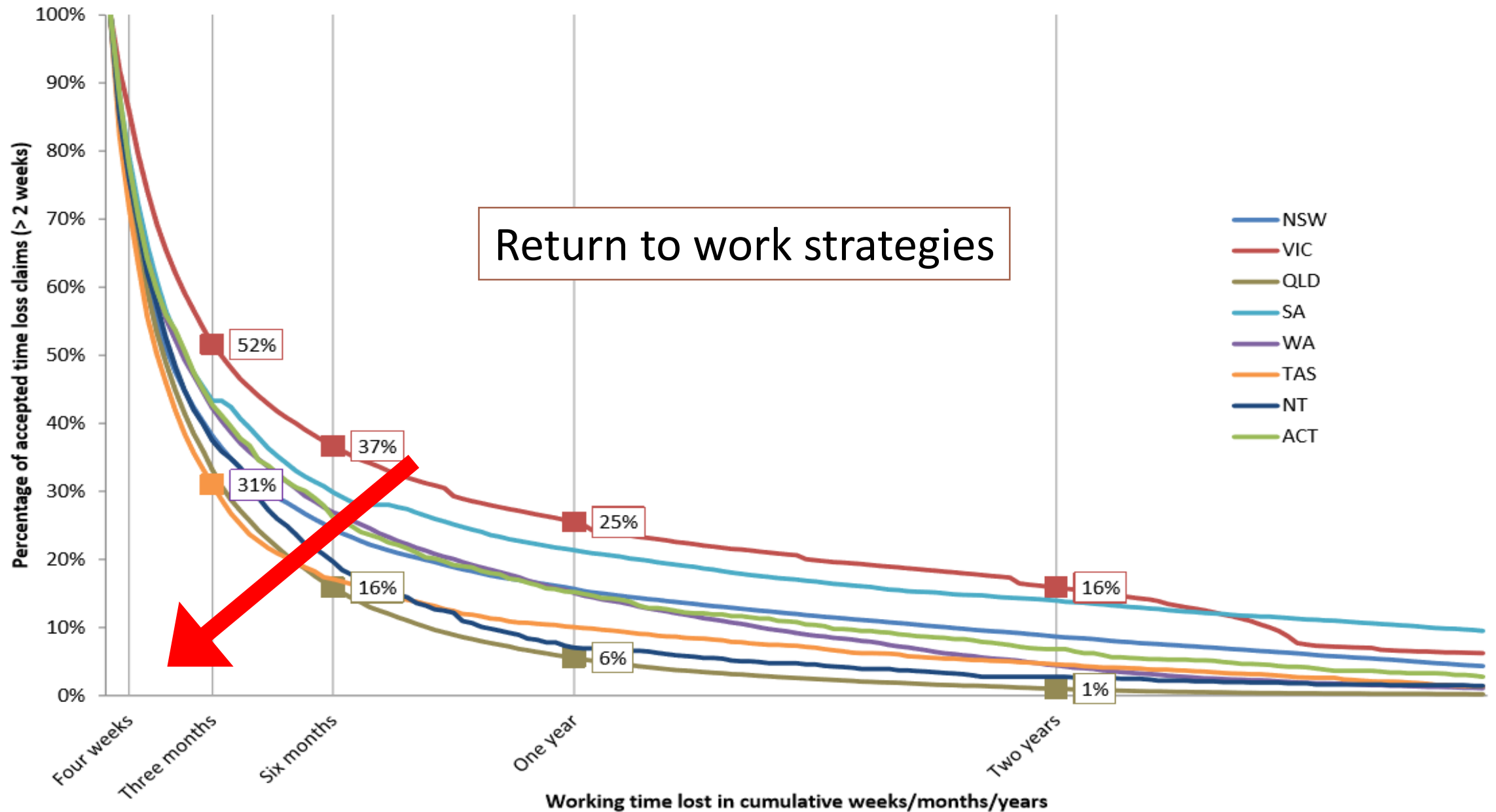


Figure 1. Recovery curves, duration of cumulative compensated time loss by jurisdiction, claims made in 2010 with at least 2 weeks compensated time loss. Note that the ACT data includes both private and government schemes.





So why reluctance to return to work?

- Ask the workers:
 - Do you like your job?
 - Do you get on with your boss?
 - Is your work valued?



Needs to be Good Work

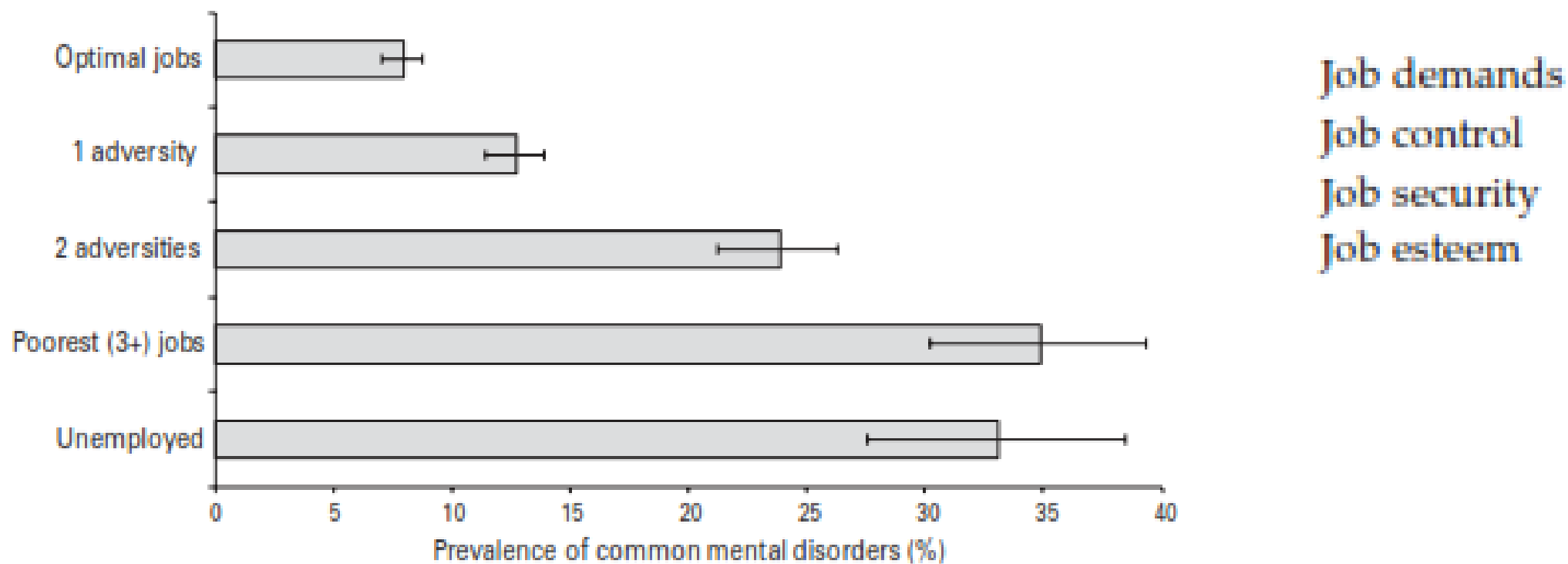


Fig. 1. Prevalence of common mental disorders (and standard errors) by employment circumstances.



Is there a problem?

ANALYSIS

'Tough leadership' and humiliation: why is workplace bullying still so prevalent?

By Peter Fleming
Posted 31 Oct 2018, 4:30am

Australia does not compare well

A 2016 [study](#) found Australia had the sixth highest rate of workplace bullying when compared with 34 European countries.

Bullying seems to be more common in government administration, the health care sector, defence and electricity supply. But even supposedly progressive work environments, like universities, have become hotbeds of bullying.

Workplace bullying among Canberra health staff 'worst' nurses have seen, report reveals

By Niki Burnside

Updated Fri at 3:50pm

A "worrying" and "poor" culture exists within ACT Health, where two-thirds of staff surveyed revealed they had witnessed their colleagues being bullied, a review panel has concluded.

The review of Canberra's public health sector was commissioned by the ACT Government after it was found **ACT Health's most senior executives had failed to effectively manage a series of misconduct and bullying complaints.**

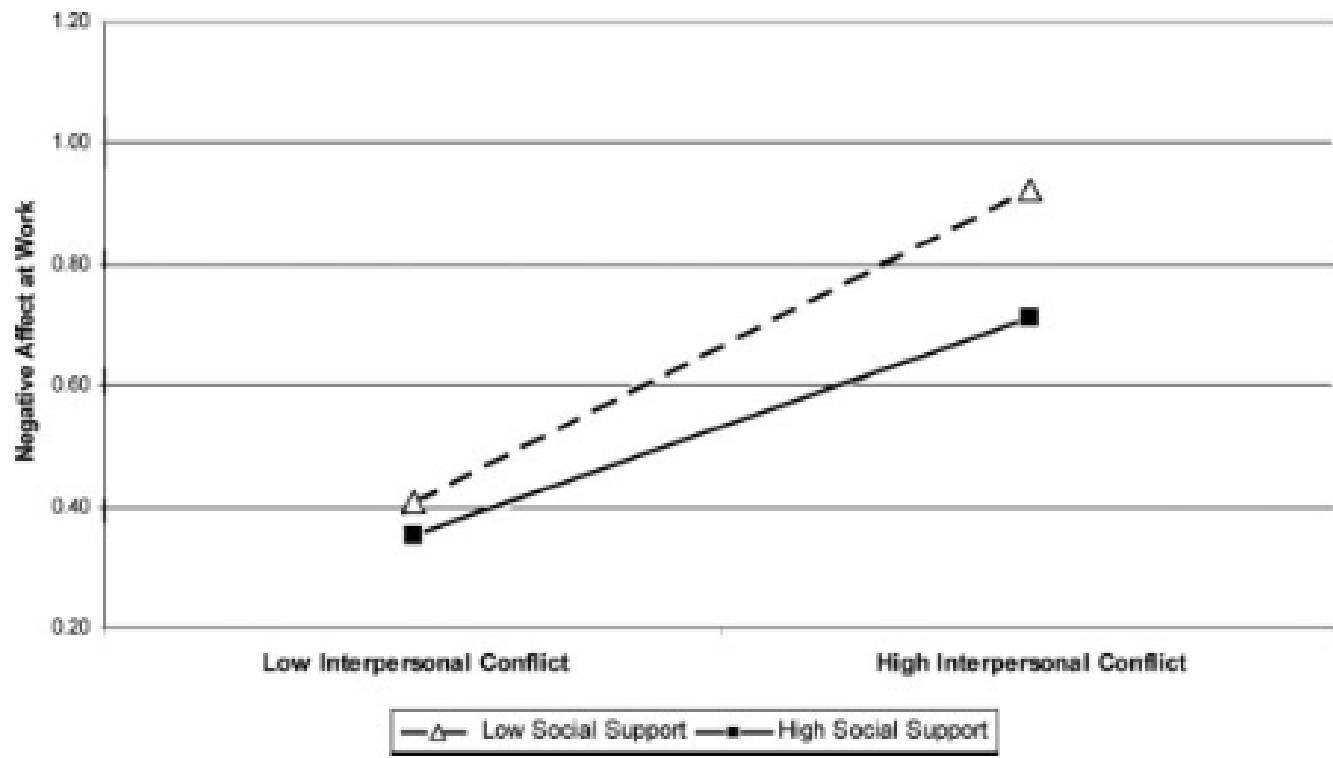
In its findings, the review panel said the relationship between Calvary Public Hospital, the Health Directorate and Canberra Health Services had "deteriorated", with behaviour by executives



PHOTO: More than two thirds of survey respondents had witnessed bullying and one third had been bullied.
(Unsplash.com: Natanael Melchor, CC-0)



Work Stress: Importance of lack of social support and interpersonal conflict



Remus Ilies, Michael D. Johnson, Timothy A. Judge and Jessica Keeney. *A within-individual study of interpersonal conflict as a work stressor: Dispositional and situational moderators*. J. Organiz. Behav. (2010)



ABC NEWS

LOCATION:

Canberra, ACT

OPINION

Living like a super-productive chief executive is harmful to your health

By [Caroline Zielinski](#)

Updated Sat at 12:06pm

In a [feature for The Economist](#), psychoanalyst and author Josh Cohen writes: "In our attainment society, we are constantly told that we can be, do and have anyone or anything we want. But ... limitless choice debilitates far more than it liberates."

"In our high-performance society, it's feelings of inadequacy, not conflict, that bring in depression. The pressure to be the best workers, lovers, parents and consumers possible leaves us vulnerable to feeling empty and exhausted when we fail to live up to these ideals."



Compounding the problem, "women experience depression twice as much and anxiety four times as much as men", says Jayashri Kulkarni, professor of psychiatry at The Alfred Hospital.

"When we look at the environmental factors, along with carrying the burden of being primary carers, women have the added expectations of performance in the workplace, performance in the home, performance also as the key drivers of social networks, as well as the pressure to look good," Professor Kulkarni said.

"Then there is the tendency to ruminate on your failings, which women also do more than men," she says.

Workplace bullying among Canberra health staff 'worst' nurses have seen, report reveals

By Niki Burnside

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PHOTO: More than two thirds of survey respondents had witnessed bullying and one third had been bullied.
(Unsplash.com: Natanael Melchor, CC-0)



Bullying of medical students has consequences — for future doctors and patients

[ABC Life](#) / By Ben Bravery

Updated Yesterday

What I wasn't prepared for was the way the bully chipped away at my confidence and undermined my sense of purpose.

On this occasion my face felt hot and my heart was racing. I wanted to crawl under the desk and cry.



From that point on the bully had a
pet name for me and it wasn't nice —

Argyll Robertson?



There are some very good reasons why this kind of behaviour needs to stop. Doctors need to start treating each other better, and senior doctors in particular need to cultivate a culture of support and compassion.



OPINION NATIONAL HEALTH

I was a young doctor, about to kill myself, when I heard a knock at my door

By Steve Robson

2 November 2018 – 11:30am

A A A

I discovered CrazySocks4Docs Day – held annually on June 1 – only this year. The day aims “encourage conversations about mental health and help reduce the stigma for doctors experiencing mental illness”. This discovery overwhelmed me.

Almost 30 years ago, Dr Steve Robson tried to kill himself. Now he's breaking his silence in the hope it will save lives - because someone saved his.



Australasian Faculty of
Mental and Behavioral Healthcare



SMH.COM.AU

'I was a young doctor, about to kill myself, when I heard a knock at my door'



RANZCOG Board 2016 – 2018



Professor Steve Robson

MPH MMed MD FRCOG FACOG FRANZCOG

President

A RANZCOG Fellow since 2000, Steve is a general obstetrician and gynaecologist working in Canberra. In addition to his private practice, he is a VMO to the Centenary Hospital for Women and Children and a clinical academic at the Australian National University. He has a special interest in reproductive



OPINION NATIONAL HEALTH

Dear Steve, I was among the young doctors who decided to knock on your door

By Kate Tree

2 November 2018 – 11:29am

A A A

Dear, dear Steve,

As one of the very small group of interns working with you in 1988 at Rockhampton, [I read your brave and eloquent story](#). I wept, I could not sleep, and I felt I must respond.



I would not have recognised social withdrawal as a sign of depression. We were all overwhelmed by the hours, the workload, the responsibility of being the one and only doctor on site overnight in the entire hospital, under constant social pressure to not ask for help, by working as interns with sometimes no registrar and sometimes no consultant.



In 2013, a [beyondblue study of doctors and medical students](#) found that 20 per cent had been diagnosed with depression, 25 per cent had contemplated suicide, and one in 50 had attempted it.

Just to be clear — all of these stats are much higher than for the general population, the report adds.

Last year an Australasian College for Emergency Medicine [survey of 2,100 emergency physicians found more than one-third had experienced bullying.](#)

National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2018 update



Web report | Last updated: 21 Sep 2018 | Author: AIHW | [Media release](#) |

Ex-serving men aged under 30 had a suicide rate 2.2 times that of Australian men the same age, for 2014–2016

In 2002–2016 the age-adjusted suicide rate was lower for serving and reserve men than for all Australian men

For 2002 to 2016 ex-serving men had an age-adjusted suicide rate 18% higher than for all Australian men

In 2001–2016 there were 373 suicides in serving, reserve & ex-serving ADF personnel with 1 day of service since 2001



The Medical Journal of Australia • MJA
MEDIA RELEASE



Australasian Faculty of

REDUCING RISK OF SUICIDE IN MEDICAL PROFESSION

EMBARGOED UNTIL 12:01 am Monday, 5 November 2018

female doctors suicide at 2.27 times the rate of the general population
male doctors suicide at 1.41 times the general population

Dr Ann McCormack, a staff specialist in endocrinology at St Vincent's Hospital Sydney, was prompted to write by the suicides of three doctors in her circle.

Suicide by health professionals: a retrospective mortality study in Australia, 2001–2012

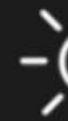
Allison J Milner, Humaira Maheen, Marie M Bismark and Matthew J Spittal

Med J Aust 2016; 205 (6): 260-265. || doi: 10.5694/mja15.01044

Published online: 19 September 2016



- doctors should invest in their physical and mental health, and be role models to junior colleagues;
- doctors need to be kinder to themselves and more compassionate to both junior and senior colleagues;
- medical students should be selected on academic performance and aptitude testing;
- the mental health of medical students should be a high priority, with ongoing support;
- doctors should teach and model resilience;
- doctor wellbeing programs should be mandated, including peer support networks;
- workforce planning should address the bottleneck at the advanced training level; and
- collegiality should be built back into medical and health workplaces.



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More

Canberra Hospital radiology unit flunks training standards over negative work environment

By [Elise Scott](#)

Updated 23 Jul 2018, 12:57pm

The poor relationship between senior staff in Canberra Hospital's radiology department and a negative environment is having a "significant impact" on the wellbeing of its trainees, confidential documents obtained by the ABC show.

The preliminary accreditation report from March showed the department failed to meet 28 of the 32 criteria required to keep training radiologists, resulting in an "unacceptable level of risk to the trainees' training and wellbeing".

It also found a lack of education before trainees



PHOTO: The department failed to meet 28 of the 32 criteria required to keep training radiologists. (Flickr: Yale Rosen)



The Canberra Times

By [Henry Belot](#)

4 August 2015 – 8:28pm

During the same month, Canberra Hospital's urology training accreditation was stripped by the Board of Urology of the Australasian College of Surgeons due to concerns about internal culture and "significant disharmony" among staff.

In February, the Canberra Hospital's maternity clinic was given the shortest possible accreditation period of six months by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, due to cultural and long-running management programs.



INDEPENDENT REVIEW INTO THE WORKPLACE CULTURE WITHIN ACT PUBLIC HEALTH SERVICES

The Independent Review into the Workplace Culture within ACT Public Health Services (the Review) is seeking submissions on the workplace culture of public healthcare services in the ACT. Here you will find more information about the Review including how to make a referral and protection of your privacy.

A call for submissions is now open and closes on 30 November 2018.

Sydney's Westmead Hospital stripped of ICU training accreditation following bullying claims

Updated Sat at 11:54am

One of Sydney's major hospitals has been stripped of its Intensive Care Unit training accreditation following a string of serious bullying and harassment allegations against senior medical staff.

The College of Intensive Care stripped Westmead Hospital, in Sydney's west, of its ICU training credentials in September following the complaints.

The NSW Government said it was made aware of the issue on Thursday and has demanded a report into the allegations within a month.

The Western Sydney Local Health District has since appointed an independent investigator.



PHOTO: A string of serious bullying and harassment allegations against senior medical staff have emerged at Westmead Hospital. (Giulio Saggin, file photo: ABC News)



Doctors fight, to save lives



Top paediatrician resigns amid row between Sydney children's hospitals

The head of the network which governs Sydney's two children's hospitals resigns amid a bitter dispute between the facilities which the Opposition says is bad for both doctors and patients.



R U OK?



How to assess the health of an organisation

- Staff turnover rate
- Unplanned absence rate
- Number of workers compensation claims



How to assess the health of an organisation

- **Staff turnover rate**
- Unplanned absence rate
- Number of workers compensation claims



NATIONAL PUBLIC SERVICE

ACT public service struggles with skill shortages and executive retention

By [Tom McIlroy](#)

Updated 17 October 2017 –
12:45pm, first published at
9:50am

ACT government directorates are struggling to fill critical workforce skill shortages and recruiting and retaining senior executives, the latest public service snapshot has shown.



Report of the ACHS National Safety and Quality Health Service (NSQHS) Standards Survey

ACT Health

Canberra, ACT

Organisation Code: 81 00 04

Survey Date: 19-23 March 2018

Advanced Completion: 3-5 July 2018



The ACT Health has for some time been going through a significant churn at executive level with many in their roles less than 15 months. There has been what the staff would consider a revolving door at senior levels and this has created a great deal of instability, turmoil and fragmentation of leadership. In addition to this a significant body of 'corporate knowledge' has been lost and systems around good governance have been impacted. This turmoil at a senior level has resulted in the staff providing clinical services somewhat detached and rudderless so they have developed sub systems to try and achieve various goals. The last workplace culture survey was undertaken in 2015 and since then there has been a lack of follow through with an assessing organisational culture. There has been a recent review of the committee structure but it is important that this is done in conjunction with developing a robust clinical governance framework.



The rate and cost of nurse turnover in Australia

Michael A. Roche^{a,*}, Christine M. Duffield^a, Caroline Homer^b,
James Buchan^{c,d,e}, Sofia Dimitrelis^a

^a Centre for Health Services Management, Faculty of Health, University of Technology, Sydney, Australia

^b Faculty of Health, University of Technology, Sydney, Australia

^c School of Health, Queen Margaret University, Edinburgh, United Kingdom

^d WHO European Observatory on Health Systems, Belgium

^e Faculty of Health, University of Technology, Sydney, Australia

Received 18 February 2014; received in revised form 13 May 2014; accepted 15 May 2014



The annual turnover rate per ward was 15.1% overall, ranging from 12.6% in NSW to 16.7% in WA. The total cost of turnover was highest in the ACT (\$68,621), followed by WA (\$58,260) and NSW (\$26,199). There was also consid-

The findings indicate that nurse turnover is a critical concern faced by health care organisations, particularly as turnover carries significant costs which impact hospital budgets and health expenditure costs. Greater attention needs to be placed on retention of projected workforce

Table 3 Turnover costs per FTE.

	Item/data element	Turnover costs ^a Mean (Min–Max)	Average % of costs	
			Category	Overall
Direct costs	Advertising and training	\$913 (\$149–\$2505)	3.8	1.9
	Temporary replacement/unfilled positions	\$21,878 (\$6212–\$69,398)	89.9	44.4
	Hiring	\$1554 (\$453–\$5393)	6.4	3.2

The average total cost of turnover per FTE in Australia was two to five times higher than previously reported estimates that utilised the same costing methodology. The maximum cost in this study was more than 10 times higher than the lowest rate reported in the US (\$10,198 per nurse;

(\$9214–\$52,955)

Average total costs

\$49,255
(\$17,728–\$104,686)

^a Costs calculated using the original NTCCM; figures rounded to the nearest dollar.

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	Temporary replacement/unfilled positions	\$21,878 (\$6212–\$69,398)	89.9	44.4
	Hiring	\$1554 (\$453–\$5393)	6.4	3.2
	SUBTOTAL direct costs	\$24,345 (\$6936–\$70,400)		49.5
Indirect costs	Orientation and Training	\$5072 (\$1639–\$13,253)	20.4	10.3
	Decreased new nurse productivity	\$7380 (\$840–\$18,461)	29.6	15.0
	Termination	\$12,457 (\$1275–\$29,678)	50.0	25.3
	SUBTOTAL indirect costs	\$24,910 (\$9214–\$52,955)		50.6
	Average total costs	\$49,255 (\$17,728–\$104,686)		

^a Costs calculated using the original NTCCM; figures rounded to the nearest dollar.

NEWS

PHARMACIST TURNOVER 32% IN ACT PUBLIC HOSPITALS



MEGAN HAGGAN — 09/10/2018

SHARE ON: [f](#) [twitter](#) [g+](#) [p](#)

AHRI PULSE SURVEY

TURNOVER AND RETENTION



Australasian Faculty of

- Effective management and leadership, opportunities for career progression and promotion, and a positive workplace culture were most commonly identified by respondents as effective ways to retain employees.
- Nearly seven out of ten respondents (69 per cent) report that the cost of turnover is not measured in their workplace.



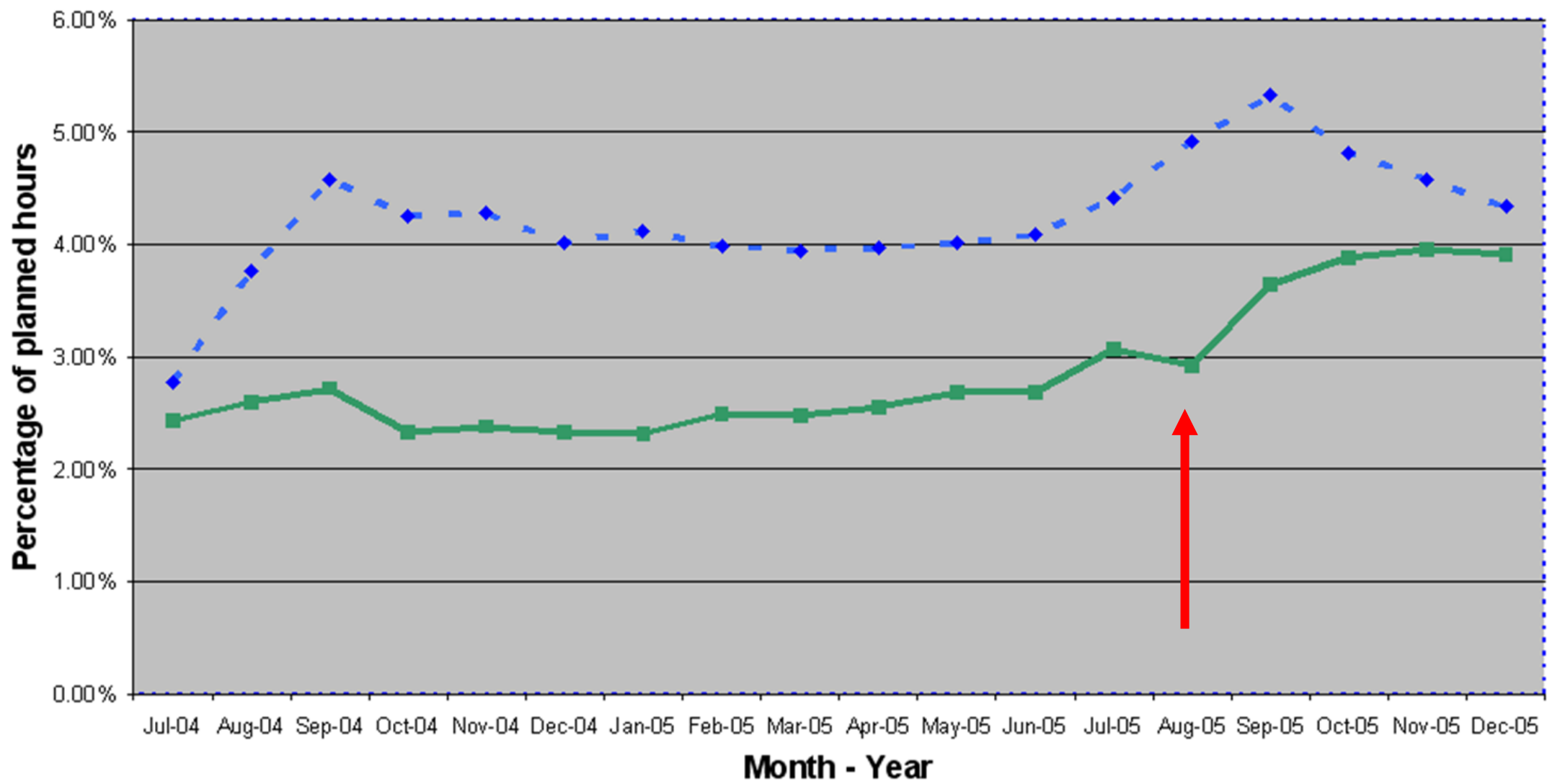
How to assess the health of an organisation

- Staff turnover rate
- **Unplanned absence rate**
- Number of workers compensation claims



	FY18		FY17		FY16		FY15		FY14			
Responsible Corporate Governance												
Headcount (FTE) ⁴	1,056		996		984		828		793			
Employee engagement score (%) ⁵	No Survey		76		No Survey		80		No Survey			
Staff Turnover (%)	26.7		30.6		29.4		24.5		26.3			
Absenteeism (%)	4.0		3.6		3.5		3.8		4.0			
Staff Training & Development (Hours)	34,374		22,165		28,863		31,964		31,698			
Lost Time Injury Frequency Rate (AS1885.1-1990)	5.5		6.1		5.1		8.1		Nil			
Employees	M	F	M	F	M	F	M	F	M	F		
Total (%)	49	51	49	51	48	52	47	53	47	53		
Management (%)	66	34	67	33	66	34	-	-	-	-		
Group Executive (%)	75	25	75	25	79	21	82	18	82	18		
Board (%)	80	20	80	20	80	20	100	Nil	100	Nil		
Employee Age Diversity	<20		20-29		30-39		40-49		50-59		60+	
%	1.2		22.9		38.9		21.8		11.2		3.3	

Unplanned absence rates
 Office vs [] Division
 July 2004 to December 2005



[]



How to assess the health of an organisation

- Staff turnover rate
- Unplanned absence rate
- **Number of workers compensation claims**



COMCARE SCHEME— WORKERS' COMPENSATION STATISTICS 2016–17

Figure 3.14 Mental stress claims by mechanism of incident initially accepted in 2016–17

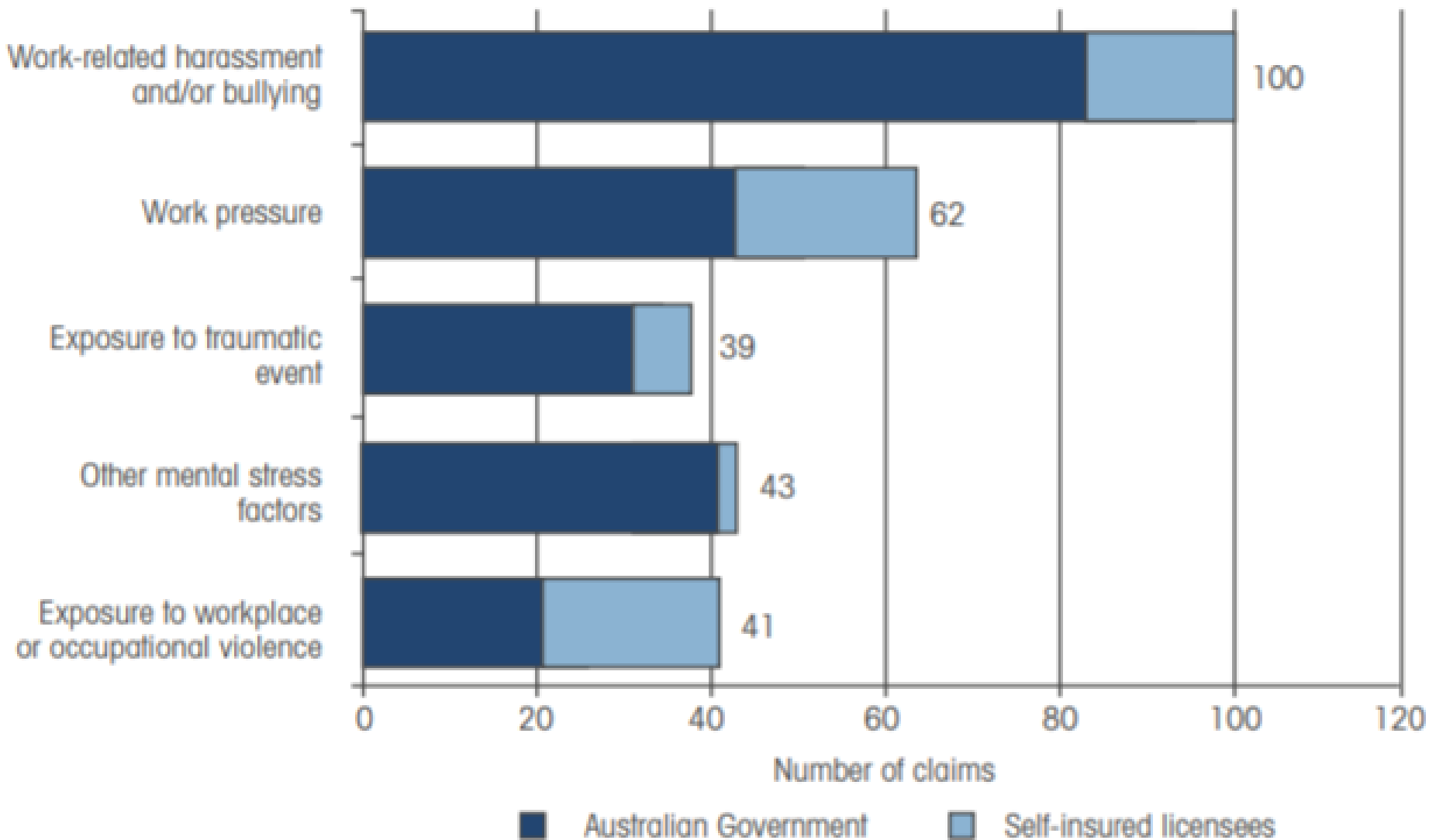
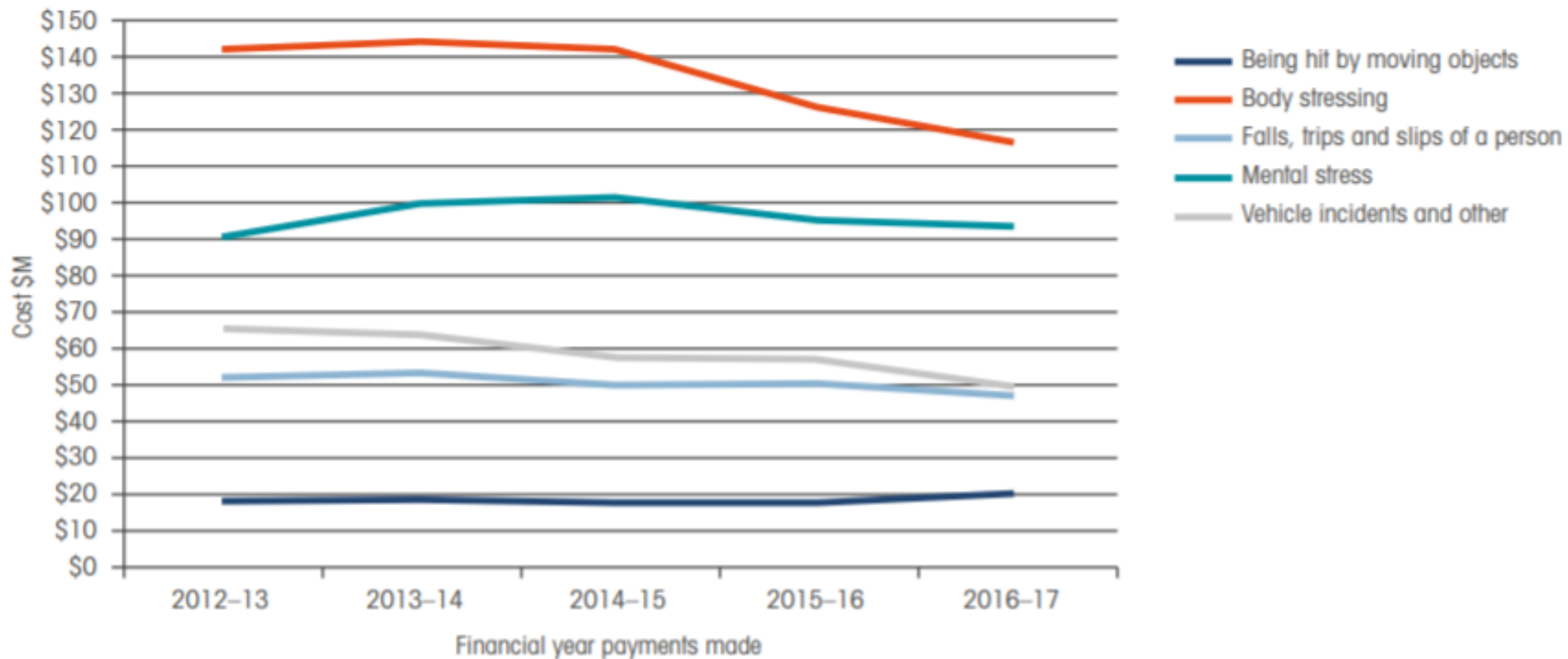


Figure 3.10 Workers' compensation payments by the top five mechanisms of incident





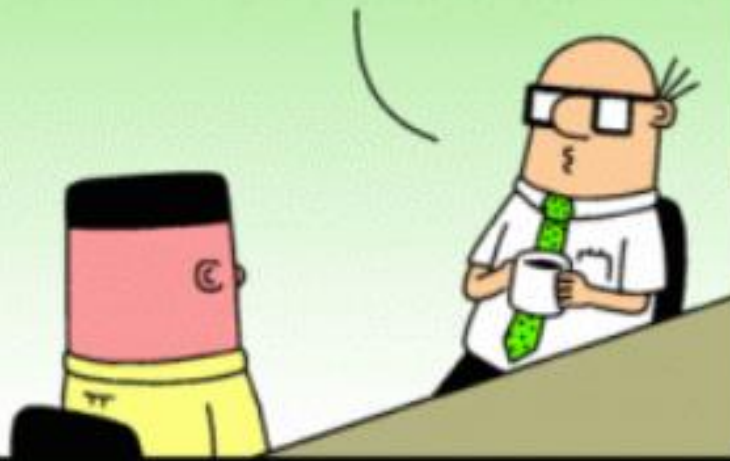
- Are hospitals and health departments good places to work?
- How can you tell a good workplace from a poor one?
- How can doctors help?
- Where can doctors get help?



R U OK?



THE SECRET TO
HAVING A REWARDING
WORK-LIFE BALANCE
IS TO HAVE NO LIFE.



Dilbert.com DilbertCartoonist@gmail.com

THEN IT'S EASY
TO KEEP THINGS
BALANCED BY DOING
NO WORK.



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SO SIMPLE,
AND YET,
SO GENIUS.



IT WAS
HIDING
IN PLAIN
SIGHT.





Stress vs burnout

Burnout and resilience in anaesthesia and intensive care medicine

Stress	Burnout
Characterized by overengagement	Characterized by disengagement
Emotions are overactive	Emotions are blunted
Produces urgency and hyperactivity	Produces helplessness and hopelessness
Loss of energy	Loss of motivation, ideals, and hope
Leads to anxiety disorders	Leads to detachment and depression
Primary damage is physical	Primary damage is emotional



CME / ABIM MOC

What Is the Cost of Physician Burnout in the United States?

Authors: News Author: Kerry Dooley Young; CME Author: Charles P. Vega, MD [Faculty and Disclosures](#)

CME / ABIM MOC Released: 7/19/2019 Valid for credit through: 7/19/2020

The principal dimensions of occupational burnout include emotional exhaustion, feelings of cynicism and detachment from work, and a sense of low personal accomplishment.

Panagioti and colleagues explored the cost to patients of physician burnout in a meta-analysis published in the October 1, 2018 issue of *JAMA Internal Medicine*.^[1,2] They included 47 studies with data of 42,473 physicians in their analysis. **Physician burnout was associated with a near 2-fold increased risk for patient safety incidents.** Burnout more than doubled the odds ratios for reduced quality of care because of poor professionalism and reduced patient satisfaction. Residents and physicians early in their career appeared particularly prone to negative effects of burnout in patient outcomes.



Wellbeing support services

Burnout Questionnaire

This confidential questionnaire can help you screen yourself for symptoms of burnout. It will help you identify feelings and experiences you have about your work, so that you can get a feel for whether you might be vulnerable to burnout.

Burnout can occur often in caring professions.

Factors contributing to burnout include excessive workloads, patients pressures, lack of control, interference from managers, insecurity, reorganisation, poor support, front-line practice, perceived threats of complaints or violence and dysfunctional workplaces.

So that we may gather an idea of the type of person who is completing this questionnaire, please answer the questions below.

Gender: Female Male

Years of working experience:

Specialty:

Number of working hours per week:

Oldenburg Burnout Inventory

Instructions:

Below you will find a series of statements with which you may agree or disagree. Please select a radio button under the column that best matches your agreement with each statement.

Question	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I always find new and interesting aspects in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Physician **HEAL** *thymself*





Where to get help?

- RACP survey result
 - Your boss?
 - GP
 - RACP support
 - Employee assistance program
 - DHAS
 - Specialists
- What about the stigma?
 - What are the priorities?
 - What if you are asked for help?

Fellows

- ▶ [Becoming a Fellow](#)
- ▶ [Continuing Professional Development](#)
- ▶ [Professional Practice Framework](#)
- ▶ [Supervision](#)
- ▼ [Physician Health and Wellbeing](#)
- ▶ [I need support](#)
- ▶ [I want to offer support](#)
- ▶ [Resources](#)
- ▶ [Members' stories](#)
- ▶ [Resources](#)
- ▶ [Affiliate and associate members](#)

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Physician Health and Wellbeing

I need support >

Need to talk? - anytime, where and how. Find tools and strategies.



Support a colleague or trainee >

Helping a colleague or friend is a skill that requires active and mindful attention



Resources >

Resources provided by the College, and external resources.



Members' stories >

Members share their stories of wellbeing.



The wellbeing of Doctors



Australasian Faculty of

DHAS in NSW & ACT

DHAS in other States, Territories and NZ



dhas

doctors' health advisory service

NSW & ACT Help Line 02 9437 6552



**NSW & ACT
Help Line
02 9437 6552**

**Dedicated service
available 7 days a
week**

**THIS IS NOT AN
EMERGENCY SERVICE.
FOR ANY EMERGENCY
PLEASE CALL 000**

Please **do NOT** use this
service to 'Find a Doctor'.

The Doctors' Health Advisory Service (NSW) aims to ensure that every doctor, dentist, veterinarian or student in these professions has ready access to health care.

We offer a telephone help line for personal and confidential advice for practitioners and students, and also for colleagues and family members in NSW and the ACT.

We handle calls relating to stress and mental illness, drug and alcohol problems, or personal and financial difficulties. No problem is too trivial or too serious. Our staff and volunteer doctors can provide advice and referrals if required. Professor Garry Walter is the Service's Medical Director supported by our medical social worker, Sarah Foster.

We strongly recommend that you have your own general practitioner and see him/her promptly if you are unwell - as William Osler said 'a physician who treats himself has a fool for a patient'. Don't be so foolish!

Contact details of
Doctors' Health Advisory
Services in other states,
territories & N.Z





Occupational and environmental physicians

- Understand the issues
- Can negotiate with GP and stakeholders
- Explore meaningful duties
- Graduated return to work program
- Minimise demand on others

Intern support program Royal Perth Hospital

- Roger Lai – [Bottom up approach to wicked problems: Doctor mental health](https://vimeo.com/256346469)

<https://vimeo.com/256346469>

password is HBGW2018.



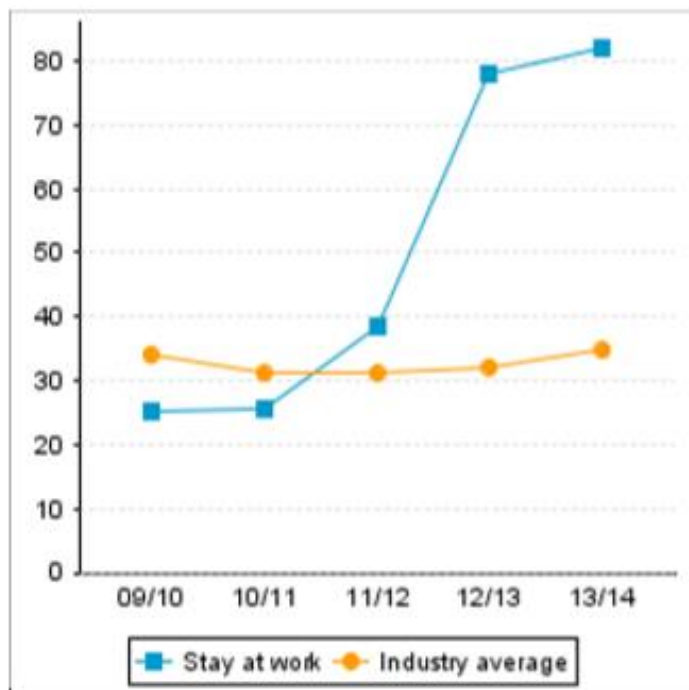
Policy

Mater Misericordiae Health Services Brisbane Limited (WAA850693455)

Industry

Hospitals (Except Psychiatric Hospitals)

Percent stay at work



Days until first return to work

