

Queensland **Clinical Senate**

Clinician leadership. Consumer collaboration. Better care.

Health and Wellbeing of the Workforce

9-10 May 2019

Health and Wellbeing of the Workforce, Meeting Report

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Chair's report

As clinicians, we are trained to identify a problem and solve it efficiently and effectively for our patients. Ironically, the 'problem' of our own health and wellbeing in the workforce isn't one we can so easily solve. The complexities are multi-layered and multi-faceted involving the individual, the team, the local context, culture and leadership.



But there is much that can be done—some of which is quite simple—and that is already being done. Many of the existing programs to support the physical and psychological wellbeing of clinicians have gone a long way to changing the conversations around clinician wellbeing. The very fact that we can now talk about it is significant in itself – and a very important part of the solution. The more we can normalise this conversation and talk to our colleagues about how we really are, the better off we all will be.

We have also seen a significant shift in the way the 'problem' is discussed. It has moved away from solely being about the individual to looking at it from a team and organisational perspective.

The Senate's Health and Wellbeing of the Workforce meeting gave clinicians the opportunity to focus solely on the topic, without distraction.

We talked about why clinician health is paramount and how it is essential to ensure excellent patient care. We discussed the links between wellness, professionalism and performance and how team and organisational culture is so closely linked to wellbeing.

We learned that interventions don't need to be complex. In fact, some of the most effective remedies can be as simple as a smile, being civil to a colleague and starting a conversation.

We talked about visibility of leadership. The power of health service executives stopping by the tea room or visiting staff on a ward cannot be underestimated when it comes to staff feeling valued.

We also talked about our work needing to be a place of psychological safety.

The ideas, suggestions and comments from clinicians, consumers and health executives at the meeting have been developed into a statement of principles around clinician wellbeing. It includes short, medium and long-term strategies aimed at improving the health and wellbeing of clinicians. You will find a copy of the document on the following two pages of this report.

It is a piece of work I am very proud of, and it is my intention to ensure it is a document that is actively used and updated. I encourage all clinicians to promote the principles not only by sharing the document but also through your words and actions. We can all choose to do something each day to help ourselves and those around us.

We must work together towards a healthier, safer and more productive workforce. This is what will best position us to continue to provide high quality patient care.

Dr Alex Markwell
Chair

Queensland Clinical Senate

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Health and Wellbeing of the Workforce – a statement of principles and actions

May 2019

The Queensland Clinical Senate promotes a whole-of-system approach to staff wellbeing, centered on the following principles and actions developed by the clinicians and consumers at its May 2019 meeting.

The health outcomes of patients are inextricably linked to the health and wellbeing of clinicians—a healthy, happy workforce is a necessity. Existing programs have helped normalise conversations between colleagues and shift the focus from the isolated individual to include the broader team and organisational context. Leaders visibly value staff and promote psychological safety. Effective interventions range from the very simple to the more complex, but are developed by the collective team and supported by the organisation.

Principles of wellbeing



P1 – The health and wellbeing of clinicians directly impacts the care we provide.
This underpins all other principles.



P2 – Creating a positive health and wellbeing culture
A culture that supports the health and wellbeing of all staff is embedded throughout all organisational tiers. Clinicians are encouraged to talk openly about issues impacting wellbeing. Our leaders prioritise and enable wellbeing for all.



P3 – Commitment to continually improve
Collaboration between organisations, teams and individuals is pursued to continually improve wellbeing in the routine and the extreme. We emphasise and encourage positive change.



P4 – Maximise access to wellbeing resources
Tools are accessible, support services are available and education provided to maximise opportunities for wellbeing.



P5 – We practice civility, empathy and kindness
We smile and say hello. Everyone is empowered to challenge, discourage and act on incivility.

Actions to improve health and wellbeing



Individuals

- Recognise the importance of and commit to prioritising your physical, psychological and emotional health.
 - Reflect upon and be flexible in your beliefs, attitudes and practice.
 - Practice and promote self-compassion. Be kind to yourself.
 - Role model courteous behaviour and compassion—all staff can lead in this sphere.
 - Bring more joy to the workplace.
 - Recognise symptoms of burnout that may be impacting your capacity to feel motivated or purposeful at work. Seek appropriate help (e.g. from team leader)
 - Treat others as you would like to be treated.
 - Just get started—start small and build.
-



Teams

- Take care of each other.
 - Maximise team and leadership stability.
 - Recognise, respect and value the entire team (including patients and family).
 - Enable rostering to support work-life flexibility and integration.
 - Engage more when teams work off site / in separate locations / unable to meet regularly.
 - Recognise signs and symptoms of reduced staff wellbeing, seek support and promote wellbeing resources.
 - Integrate wellbeing activities into the workplace, and support wellbeing groups.
 - Create environments and processes that establish meaningful connections between staff and across teams.
-



Organisations

- Take care of your people.
- Adopt zero tolerance for workplace incivility.
- Enable systems to support work-life flexibility and integration.
- Promote development and implementation of wellbeing resources and activities
- Describe and promote kind professional behaviour and recruit accordingly.
- Make staff wellbeing a measurable outcome for leaders supported by appropriate plans and actions.
- Include staff health and wellbeing as an agenda item at performance meetings.
- Implement an annual organisation-wide 'health and wellbeing of the workforce week' to promote wellbeing, existing initiatives and resources.
- Support clinicians speaking about their struggles and encourage wellbeing self-assessments.
- Plan for disasters, detail expectations and principles across the stages of disaster, recovery and beyond.
- Measure and report on wellbeing using validated instruments.

For more information and examples of actions, please see the [Health and Wellbeing of the Workforce meeting report](#)

Introduction

The health and wellbeing of clinicians is inextricably linked to patient outcomes. Evidence suggests that healthcare providers who have poor health or suffer from burnout are much more likely to make medication prescribing errors, less likely to show compassion and empathy to their patients, and their patients are more likely to suffer an adverse event.

The converse is also true. Patients of clinicians who are healthy with high levels of job satisfaction have much better outcomes.

Clinician stress, fatigue and burnout is widespread. A 2013 study found that 38% of doctors and medical students aged 18-50 in Australia had significant burnout, while 43.8% of midwives reported work-related burnout¹. An earlier study (2008) found that 69% of junior doctors were at risk of burnout².

Compared to the general population, clinicians have significantly higher rates of:

- Anxiety and depression
- Suicide
- Substance misuse including alcohol and prescription drugs
- Relationship and personal disharmony.

While local, organisational and statewide programs exist to support clinicians, the 'problem' still exists.

The Senate meeting

The Queensland Clinical Senate brought together more than 130 clinicians, consumers and health executives from across the state to understand what contributes to clinicians experiencing burnout, stress and fatigue and to discuss possible solutions to a healthier, safer and more productive workforce.

Delegates contributed to a statement of principles about clinician wellbeing that identified short, medium and long-term strategies at the individual, team and organisational level. See Appendix 1.

Speakers and panellists

Meeting facilitator: Ms Liz Crowe, Advanced Clinician Social Worker, Children's Health Queensland

Mr Russell Bowles, Commissioner, Queensland Ambulance Service

Dr Shahina Braganza, Emergency Physician, Gold Coast University Hospital

Ms Jan Chaffey, Chief Executive Officer, Camp Hill Healthcare

Dr Bruce Chater, Statewide Rural and Remote Network

Dr Erin Evans, Chair, Health Consumers Queensland

Dr Margaret Kay, Director, Queensland Doctors' Health Program

Dr Lynne McKinlay, Senior Medical Educator, Cognitive Institute

Ms Sonia Morshead, Senior Project Officer Drought, Disaster and Emergency Incidents Team, Mental Health Alcohol and Other Drugs Branch

Ms Lita Olsson, Queensland Occupational Violence Strategy Unit Clinical Lead, Metro North Hospital and Health Service

Ms Keren Pointon, Healthcare consumer representative and carer

Mr Silven Simmons, Senior Director, People Safety and Performance, Department of Health

Dr Mark Wenitong, Public Health Medical Advisor, Apunipima Cape York Health Council

Mr James Wong, Healthcare consumer representative

Ms Nicola Young, Director of Nursing and Facility Manager, Proserpine Hospital, Mackay Hospital and Health Service



Wellbeing across health panel (L-R): Mr Russell Bowles, Dr Erin Evans, Dr Shahina Braganza and Mr Silven Simmons

Key messages

Dr Lynne McKinlay, Senior Medical Educator, Cognitive Institute

'It's time we stopped neglecting ourselves while still caring for others.'

- Rates of burnout in clinicians are significant:
- Burnout impacts the individual, the organisation and the patient.
- Clinicians with burnout experience reduced job satisfaction, show less empathic communication, and cognitive function (memory and decision making) is affected.
- Burnout affects quality of care. For example, high-rate burnout has been shown to increase infection in critical care units³.
- Visible leadership (leader walkarounds) enables staff to feel that their work is valued.
- Civility is one of the most powerful strategies to improve the health of the workforce and keep patients safe⁴.
- Building resilience and promoting engagement are both very important for dealing with burnout.
- Evidence suggests⁵ that whilst individual strategies to enhance personal resilience are important, organisation-directed interventions are more effective.



Mr Russell Bowles Queensland Ambulance Service Commissioner

'Society has changed considerably over time and I'm not sure that our systems have changed to keep up with that. We need to look at how our workplaces also go into the employees' home.'

Dr Shahina Braganza, Emergency Physician, Gold Coast University Hospital

‘If we are in the business of caring for people than surely we must be more overt about caring for each other and an inherent part of that is caring for ourselves.’

- Gold Coast University Hospital Emergency Department wellness program, ‘OneED’.
- Aims to collectively create a culture of growth where everyone can be nurtured and thrive—normalising conversations about wellness and struggle.
- The multi-faceted program is based on mindfulness and involves: once a week at changeover pausing for four minutes, fliers around the department reminding staff to pause when the opportunity arises, a weekly drop-in session.
- Three main philosophies of the program are that it was built by us, for us; the program is married to a performance agenda; it focuses on the individual, the team and the organisation.
- The program is inclusive of all staff in the department—clinicians, administrative and ancillary staff.
- Leadership was vital and without it the program would not have been sustained.
- It’s important to be adaptive and responsive to the feedback about the program.



Lita Olsson Queensland Occupational Violence Strategy Unit Clinical Lead, Metro North Hospital and Health Service

‘We are really good at looking after our patients but what we’re not so good at is looking after each other.’

Dr Mark Wenitong, Public Health Medical Advisor, Apunipima Cape York Health Council

‘As health professionals we have very high expectations of ourselves—sometimes too high. We need to understand that we are just human.’

- Be a human practitioner – it’s okay to mourn. Be relational.
- Be forgiving of yourself (we tend to remember failures) and remember what you have accomplished (celebrate successes).
- Health practitioners are not immune – life doesn’t stop around us and our load can invade our family and other interests.
- Have some trusted friends that you can talk to – it’s not always easy but sometimes you just need to.
- Don’t take for granted that people are okay – stay in touch with your colleagues.
- We can blend our humanity into health professions better without losing any professionalism. It could benefit our wellbeing and that of our patients.



Dr Bruce Chater Chair, Statewide Rural and Remote Clinical Network

‘As health professionals, we need to accept help and a little bit of vulnerability at times. It’s something as doctors we don’t do very well. We think we are the helpers and we should be the ones giving the help.’

Ms Keren Pointon, Healthcare Consumer and Carer

‘When you practice patient centred care you transform the experience for everyone involved.’

- Taking the time to connect, engage, smile and have a joke with your colleagues, patients and their families makes us feel cared for and can make everyone’s day brighter.
- Staff wellbeing directly impacts patient, family and carer wellbeing. We need clinicians to be engaged and well.
- If clinicians are disengaged, patients will be less likely to ask questions, trust the clinician and listen to their advice.
- As patients/carers we expect that the system has the right checks and balances in place so that clinicians are getting the rest and breaks they need and that the ratios are right.
- Following the principles of patient and family centred care (as opposed to ‘transactional care’) can make the average day of a clinician and that of their patient/family so much better.



Dr Erin Evans Chair, Health Consumers Queensland

‘As consumers in a vulnerable place, we need and want clinicians to be in an empowered position so you can advocate for us. If we feel that you aren’t able to be certain or that there is tension, we feel unsafe. We may then not share information or ask questions central to our health.’

Special thanks to

Minister for Health, the Hon. Steven Miles

Director-General, Queensland Health, Mr Michael Walsh

Deputy Director-General, Clinical Excellence Queensland, Dr John Wakefield

Clinical Excellence Queensland

Organising committee

Dr Alex Markwell, Chair, Queensland Clinical Senate

Ms Nicole Branch, Nurse Manager, Central Queensland Hospital and Health Service

Dr Shahina Braganza, Emergency Physician, Gold Coast University Hospital

Dr Anthony Brown, Executive Director of Medical Services, Torres Cape Hospital and Health Service

Ms Patrice Cafferky, Practice Nurse, Australian Primary Health Care Nurses Association □

Ms Rachelle Cooke, A/Associate Nursing Director Workforce, □ Cairns and Hinterland Hospital and Health Service

Ms Liz Crowe, Advanced Clinician Social Worker, Children's Health Queensland

Dr Erin Evans, Chair, Health Consumers Queensland

Ms Joanna Griffiths, Statewide Occupational Violence Implementation Committee Project Manager, Operations Metro North Hospital and Health Service □

Ms Kathy Grudzinskas, Executive Director, Clinical Support Services, Metro South Hospital and Health Service □

Ms Deborah Miller, Senior Director, Office of the Chief Nursing and Midwifery Officer

Ms Lita Olsson, Queensland Occupational Violence Strategy Unit Clinical Lead, Metro North Hospital and Health Service

Mr Sam Schefe, Director Mental Health Alcohol Tobacco and Other Drugs, Torres and Cape Hospital and Health Service

Dr Alan Sandford, Principal Medical Advisor, Division of the Chief Health Officer

Ms Anne-Marie Scully, Director of Nursing, Kowanyama, Torres and Cape Hospital and Health Service □

Dr David Rimmer, Executive Director of Medical Services, Central West Hospital and Health Service □

Dr David Rosengren, Executive Director, Royal Brisbane and Women's Hospital, Metro North Hospital and Health Service

Dr Stuart Watkins, Senior Staff Specialist, Emergency Medicine, Gold Coast Hospital and Health Service

Ms Sharon Woods, Director Nutrition and Dietetics, Mackay Hospital and Health Service

Ms Nicola Young, Director of Nursing and Facility Manager, Proserpine Hospital, Mackay Hospital and Health Service



Top left – (Left to right) West Moreton HHS representatives: Ms Helen Mees, Mr Philip Juffs, Ms Cassandra Tratt, Ms Taresa Rosten, Ms Katie Auld and Ms Tracey Tellam

Top right – Central West HHS representatives: Mr Anthony West, Ms Jane Williams, Dr David Rimmer

Bottom right – Minister for Health and Minister for Ambulance Services, Hon. Steven Miles MP

Appendices

Wellbeing resources

Gold Coast Hospital and Health Service Emergency Department wellness program

OneED: Embedding a mindfulness-based wellness programme into an emergency department

<https://onlinelibrary.wiley.com/doi/10.1111/1742-6723.12977>

ChooseWell (internal to Queensland Health on QHEPS)

<https://qheps.health.qld.gov.au/hr/staff-health-wellbeing/staff-wellbeing>

Occupational Violence Incident Response Kit

<https://qheps.health.qld.gov.au/metronorth/qovsu>

Wellness, Resilience and Performance in ED (WRaP EM)

www.wrapem.org

St Emlyn's

www.stemlynspodcast.org

The Queensland Doctors' Health Programme

Available to support doctors and medical students

<https://dhasq.org.au/>

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Matrix

The following matrix provides tangible activities that individuals, teams and organisations could consider implementing to improve health and wellbeing.

	Short term (days, months)	Intermediate term (months, years)	Long term (>2 years)
Individual <i>Take care of yourself</i>	Get started on something small, and do it regularly. For example, drinking water, having small snacks	Try to be flexible and adaptable; reflect on self and that you may need a range of wellbeing tools.	Live and role model a healthy lifestyle and values.
	Focus on physical health and leverage off existing practices. Look for opportunities for incidental exercise at work. For example, take the stairs, hold walking meetings.	Be compassionate to yourself and ask for help when things aren't going well.	Adopt a holistic approach—physical, emotional, spiritual, occupational etc.
	Connect with nature—try to see natural light during the working day.		
	Manage your energy. Pay attention to your needs and take breaks as needed.	Build rituals and routines that encourage wellbeing. For example, bringing lunch from home or managing work schedule.	
	Explore available resources. For example, smart phone apps such as <i>Smiling Mind</i> (subscription available through Queensland Health Staff Wellbeing page) or <i>Treat</i>	Establish support networks inside and outside of work.	

	Short term (days, months)	Intermediate term (months, years)	Long term (>2 years)
Team <i>Take care of your team, and each other</i>	Bring more fun into the workplace; embrace programs developed by staff; support initiatives, large and small.	Consolidate team and leadership stability/visibility; consider wellbeing committee or similar. Consider a wellness charter.	Create and build environments and processes that encourage interactions between teams outside of clinical space. For example, shared tearooms.
	Encourage the team to introduce themselves to everyone they interact with #HelloMyNames.	Call for external help if the team isn't working well—it can't always fix from within. See resources on page 11 of this report.	Embed local wellbeing events and activities that become 'how we do things around here'.
	Recognise, respect and value ALL team members (not just clinicians).	Get the basics right within the system—rostering, leave, flexible work options, safety.	Develop a culture of prevention (building capability and promoting wellbeing) continuing to responsiveness (interventions).
	Get the basics right in the system—rostering, breaks, leave, flexible work options.	Undertake team health challenges. For example, 10,000 steps, healthy weight challenges,	Break down silos and tribalism (us and them).
	Engage with team away from work—social activities; impact of outside life on work and vice versa.	Consider implementing programs such as psychological first aid, peer support and debriefing processes; Schwartz rounds, mindfulness sessions.	Demonstrate leadership—permission to recover; role-modelling; allow small change (cumulative).

	Short term (days, months)	Intermediate term (months, years)	Long term (>2 years)
Organisation <i>Take care of your people</i>	Include staff wellbeing as a standing item in all performance meetings (what are you doing about wellness and what would you like to do?)?	Create staff wellbeing KPIs for executive and leaders supported with appropriate plans and actions.	Review and refine existing instruments (e.g. Working for QLD survey) to reliably measure, report and act on wellbeing of staff.
	The language around workplace health and safety is adapted to recognise the importance of both physical and psychological health and safety.	Executive and leaders demonstrate commitment to both physical and psychological health and safety in the workplace through enacted policies and management actions.	The safety climate (psychical and psychosocial) and supporting policies and practices are measured and undergo continuous improvement.
	Civility Campaign—zero tolerance of incivility.	Enhance “Queensland Health ‘Staff wellbeing: Choose Well’” website (or alternative) to include repository of: effective programs; sharing experiences and stories; tips and suggestions and resources/toolkits. Make this accessible on internet (not just intranet).	Annual Health and Wellbeing of the Workforce Week—promote wellness initiatives and resources; continue conversations of struggle and recovery; reward and recognition of staff.
	Identify areas of staff turnover (churn) and consider options. For example, secondments; upskilling; values-based recruitment.	Embed health and wellbeing in the organisational values and expected behaviours (describe and understand respectful and compassionate behaviour).	Continue to refine disaster management plans—consider practical needs of staff and patients in the immediate period (equipment, clothes, consumables). Recognise the long-term impacts and provide supports.
	In situations of disaster or extremes, recognise the impact on staff and their lives in and outside work; support varying contributions by staff.	Reflect and debrief after events and enable telling of stories; build resilience before disaster strikes; recognise long-term impact of disaster after initial physical recovery efforts- vulnerability peaks after spotlight fades.	Support varying contributions by staff; reflect and debrief after events and enable telling of stories; build resilience before disaster strikes; recognise long-term impact of disaster after initial physical recovery efforts- vulnerability peaks after spotlight fades.