

Overwork – Medical & legal risks: Real or Perceived.

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Recent Headlines.



Burnout from work recognised by WHO

Andrew Taylor

The World Health Organisation has declared "burnout" to be an occupational phenomenon that undermines how well people perform at work.

The United Nations agency last week listed burnout in its latest International Classification of Diseases (ICD-11), defining it as a "syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed". It stopped short of classifying burnout as a medical condition.

However, Gordon Parker, a professor of psychiatry at the University of NSW and founder of the Black Dog Institute, said WHO's wording left open the possibility of listing burnout as a disease in the future.

"I more read ICD-11 as drawing attention to burnout as an explanation for some states and perhaps gently setting the stage for its later formal classification," Professor Parker said.

The WHO listing said burnout was characterised by feelings of exhaustion, mental distance from a job and reduced professional efficacy. It refers specifically to workplace issues and "should not be applied to describe experiences in other areas of life," WHO added.

The Black Dog Institute is seeking participants for stage two of its burnout study, which Professor Parker said aimed to find a more precise



Lauren Crystal ended up in hospital after suffering burnout. Photo: Justin McManus

definition and distinguish it from conditions such as depression.

His research also aims to determine to what degree of burnout is triggered by external factors.

"If burnout is caused at least in part by external triggers in the workforce – for example, forced overtime, overloading – then it will be the responsibility of employers to eliminate these triggers," he said.

If burnout became accepted as a diagnostic condition, Professor Parker said the door could be open to insur-

SYMPTOMS OF BURNOUT

- ▶ 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

SOURCE: WORLD HEALTH ORGANISATION

ance claims and sick leave for Australian workers.

"Employers will be somewhat resistant as they, if wise, will be required to introduce preventative strategies to reduce the risk and also assist management of those with the condition, but this is all achievable," he said.

Jennifer Low, an associate director at the Australian Chamber of Commerce and Industry, said WHO had provided clarity and put "understandable boundaries around workers' compensation claims and medical treatment whilst guiding workplace interventions".

But she said it was difficult to determine the prevalence of burnout because it was not typically measured or diagnosed within WorkCover schemes.

"Prevalence will be highly dependent on the nature of work and the extent to which it is endlessly pressur-

ing," Professor Parker said. "Anecdotally, it appears to be increasing in most Western regions."

Lauren Crystal felt the crippling effects of burnout while working as a consultant at a software company where expectations were "intense" and long working long hours were expected.

"The boss told us many times he liked to see people prove themselves by being in the office after hours, so working from home wasn't really an option," she said. "For me, this meant a lot of long hours at work with long, late-night commutes."

Ms Crystal's job left her physically and mentally exhausted, constantly stressed and unable to "turn off".

"When I asked my boss if I could work some of the evenings from home, it was met with resistance and a frown," she said.

Ms Crystal said her mother urged to leave the job after she ended up in hospital suffering physical symptoms brought on by stress.

Ms Crystal, who won a leadership prize at this year's Telstra Business Women's Awards, now runs a creative agency and developed a software program to help workers manage their workload and avoid overtime.

Burnt-out executives, meanwhile, may struggle to take time off from stressful jobs even though stressed-out corporate leaders are prone to poor decision making.

ICD-11 Defines Burnout as a Syndrome

Burnout Syndrome – An ‘occupational Phenomenon’

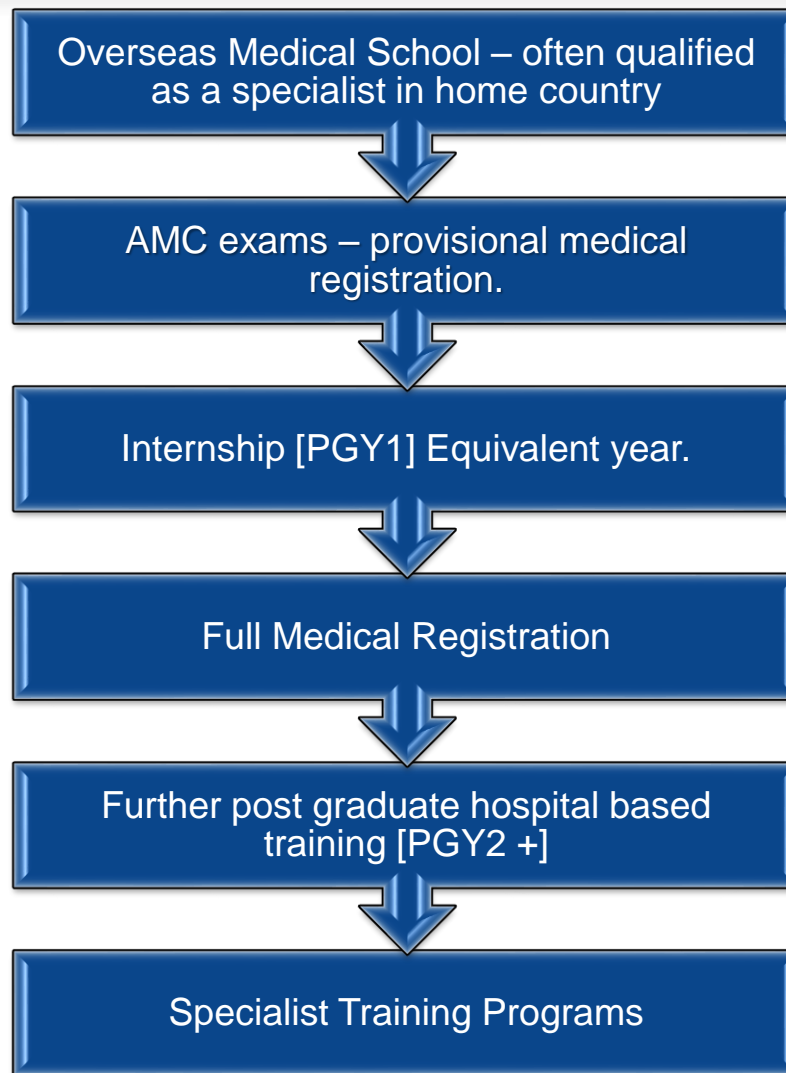
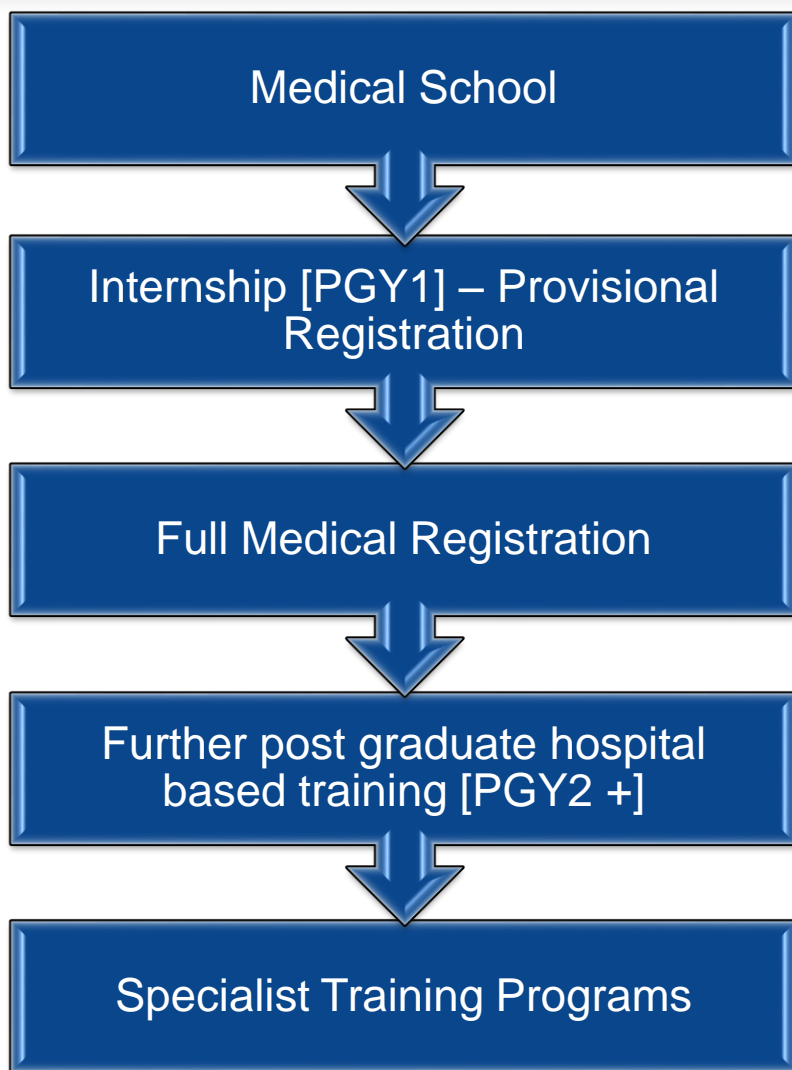
ICD – 11th revision

Syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed.

- Feelings of energy depletion or exhaustion.
- Increased mental distance from one's job, or feelings of negativism or cynicism related to ones job &
- Reduced professional efficacy.

Pathway to becoming a 'junior doctor'

Hospital based pathways



Pressure Points & Stressors.

- Competitiveness of securing positions.
- Financial stressors
- Accessibility and quality of senior supervision and support
- Service provision requirements Vs Education and training.
- Expectations personal & organisational
- Workplace environment and culture.



Patient Safety

Learning culture & environment

Service
Provision

Learning and
Teaching
expectations.

Accessibility
& willingness
of supervisors

The Culture of The
Medical Profession

Meet Dr Roy....



.....and then

- Suspended pending investigation.
- RCA
- Complaint
- Coronial
- Civil Proceedings.



- Risk assessment / performance program
- Conditions on medical registration.
- Longer provisional registration

Expectations of Junior Doctors.

CLINICAL SUPERVISION

As an intern, you will work under the supervision of more senior doctors who are ultimately responsible for patient safety.

When on duty, you must always have access to the advice and support of a more senior clinician.



Expectations of Junior Doctors.

Orientation to each term should include:

- A written term description.
- Rostering and work expectations (including overtime) of the hospital network.
- Learning objectives for the term.
- Departmental clinical guidelines.
- Roles of team members.



Expectations of Junior Doctors.

- Education forms a large part of your job
- Your hospital / network should provide with a formal educational program aimed at continuing your professional development and improving your skills.
- Your term supervisors should work with you to achieve the objectives for the term.
- Your mid and end of term assessments are opportunities to learn.



Support for your well being.

Just as you look after your patients to the best of your ability, your hospital should look after you

- There should be an identifiable and accessible structure for JMO management, including JMO support & grievances.
- All JMOs need to have a supportive and safe working environment.

Advice to new doctors.

- You are not expected to manage seriously unwell patients on your own – ask for help
- Notify senior staff as soon as you can if you suspect a patient is unwell.
- Be clear that you need advice and support
- If you do not feel comfortable with the advice given to you by your registrar ask them to see the patient with you.
 - If you are still not comfortable with the plan, consider calling a consultant, use a graded assertiveness approach, always prioritise patient care.

On the Wards – Burnout in Junior Doctors

Emotional exhaustion, depersonalisation and reduced personal accomplishment.

Burnout is common in junior doctors.

- 71% of doctors were concerned about their own health, and majority had low job satisfaction.
- 69% reported feelings of burnout
- 54% reported compassion fatigue.

Burnt out doctors

- Increased medical errors
- Delayed decision making.



<https://onthewards.org/burnout-junior-doctors/>

AMA. AMA Survey Report on Junior Doctor Health and Wellbeing. 2008.

Markwell A, Wainer Z. The health and wellbeing of junior doctors: insights from a national survey. Med J Aust2009;191:441–4

The Reality – The Expectation Mismatch ?

- Australian junior doctors are stressed and report high rates of burnout.
- Australian doctors have higher rates of stress and more attempts at suicide than the Australian population.
- Junior doctors who report burnout are more likely to report increased absenteeism & depression, have more self reported medical errors and engage in risky alcohol usage.
- Contributory factors
 - Job demands
 - Excessive patient loads
 - Long working hours
 - Difficult rostering requirements
 - Disproportionate on call and out of work hours
 - Difficulty maintain work-life balance.
- *Hoffman R & Bonney A – AJGP Vol 47, No 8. August 2019 - <https://www1.racgp.org.au/ajgp/2018/august/junior-doctors-burnout-and-wellbeing>*

Expectations of self

- Limitations in their own knowledge and ability
- Exacerbated in times of uncertainty or unfamiliar situations & intensified in a perfectionist, high achieving personality style
- *'I guess what would make me feel stressed, one thing would be support, like feeling that you don't have sufficient support or supervision, especially when it's early on in your career or if you're in a new position and you're not sure about decision making and what your role is meant to be.'*
- *Huge amounts of work and expectations, both internal and external expectations. And, not feeling like I have enough time to meet these expectations to the standard that I want to hold, I'm a bit of a perfectionist*

The Reality – Emergent Themes

Expectations and the response of others

- The expectation of the junior doctor was that they would be working in a safe environment supported by their direct supervisors, teams, hospital, colleges or colleagues, especially when stressed or in need.
- The working environment has been identified as a clear stressor for both hospital and General practice registrars with long hours and high patient loads being a recurrent theme for increased burdens.
- Medical administration was seen as uninterested and unhelpful when approach by stressed doctors who needed further support.

The Reality – Emergent Themes

Expectations and the response of others

'From the hospital administration, the medical administration, shocking ... I mentioned that I didn't feel comfortable with the work and I needed more supervision ... I felt concerned about patient safety ... they just gave up and became exasperated by it all'

'No registrar on site when I work my afterhours, it's just me ... I really don't mind working after hours, it's more that I don't feel comfortable doing it by myself. '

I'd already had meetings with my consultants and I didn't feel like there was going to be any support from there.

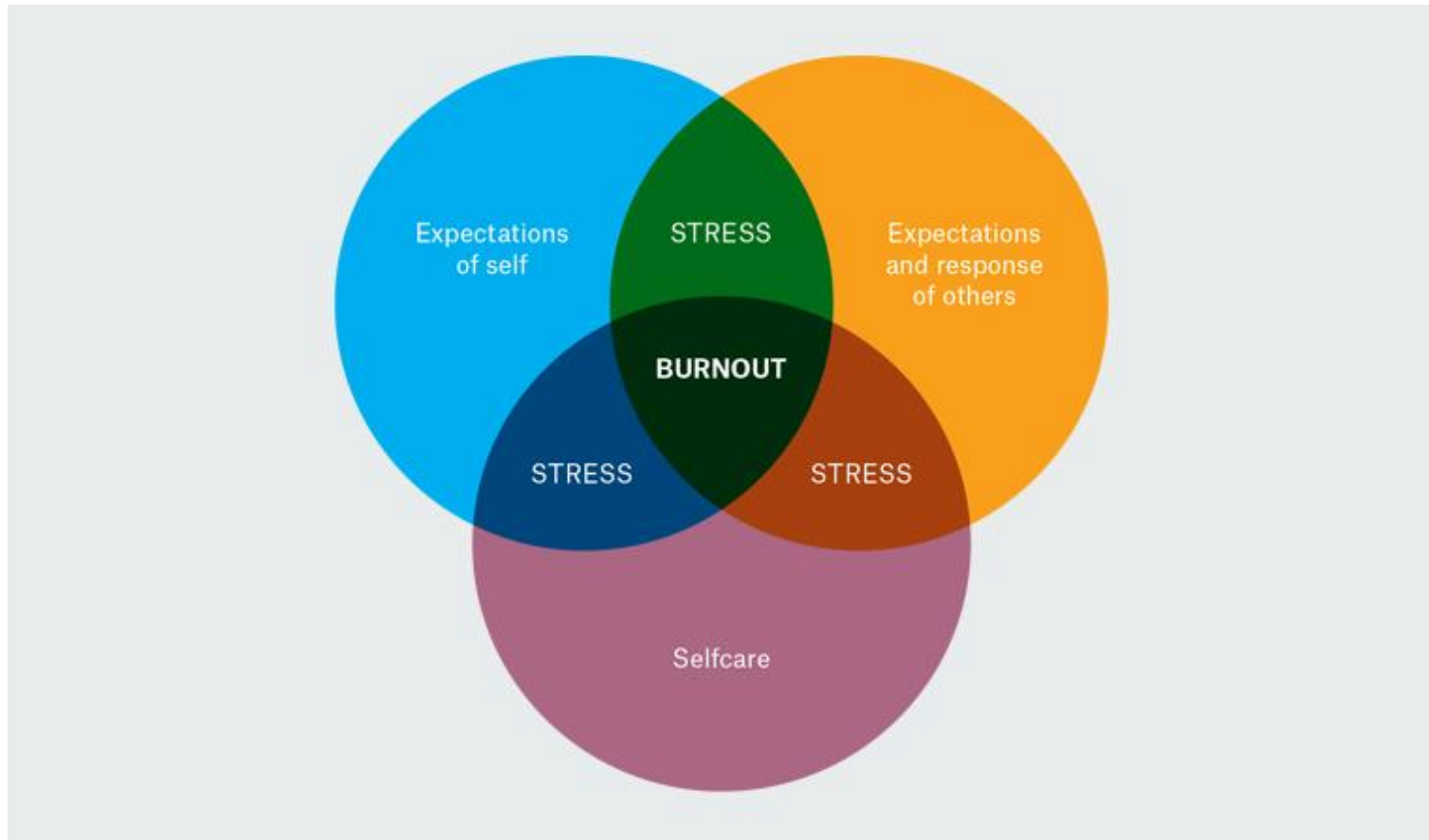
For some it seemed that the senior clinicians had forgotten what the early training years were like

The Reality – Emergent Themes

Self – Care

- All participants were aware of the importance of self care.
- Prioritising self and family were common goals, seen as signs of being in good mental health and an opportunity to reduce stress.
- None of the doctors prioritized having their own doctor as a strategy for reducing burnout.
- All participants considered diet and exercise as critical for self care and preventing burnout.
- Junior doctors saw resilience training as a strategy used by employers to appear as though they are doing something to improve well being without actually looking at the cause of their problems.

Authors model for risk of burnout



Junior doctors will burn out when they fail to be supported by others, are working beyond their perceived abilities and are not engaging in self care.

Rite of Passage?

*'Avoiding burnout is a shared responsibility:
it is too easy to blame the system and, likewise, for the
system to blame the doctor.'*

*A certain amount of work hardening and experience is necessary, but
perhaps older doctors look back on their pressurised junior years
through rose-coloured glasses and see it as a rite of
passage.*

*Is it not time for senior, influential and
experienced doctors to lead action on behalf of our young
apprentices?'*

Strategies to address the issue of Burnout

- Resilience training and resources
- Support networks
- Junior Doctor organisations
- Colleges
- Training organisations
- System change





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On-demand education



eLearning courses



Webinar recordings



Benchmark survey



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