Poor doctor wellbeing creates a risk to patient safety and exacerbates workforce issues

The situation:

- There is clear evidence that poor medical culture is associated with substandard patient outcomes.[i,ii] Poor wellbeing of clinical and non-clinical staff leads to errors which can have serious consequences for both patients and clinicians and contributes to low quality care, workforce issues and the subsequent escalating costs of the Australian healthcare system. Several Australian studies have illustrated that healthcare worker wellbeing is directly linked to poor patient outcomes, and that poor workplace culture, including bullying, discrimination and harassment, leads to barriers to speaking up for safety.[iii,iv]

- The landmark *beyondblue* survey in 2013 identified that doctors have substantially higher rates of psychological distress and suicidal thoughts compared to both the Australian general population and other Australian professionals (3.4% vs. 2.6% vs. 0.7%)[v]. Factors that contribute to this include disruptions to sleep from shift work and being on-call, conflict between career and family/personal responsibilities, clinical isolation in poorly supported rural and remote practices, the need to work long hours and overtime that is often unpaid, barriers to accessing leave due to workforce pressures and a culture that supports presenteeism, and the fear of making a clinical error with the potential for regulatory action with significant career implications. Career uncertainty is also a major stressor for doctors in training (junior doctors) with the additional pressures of often inflexible and costly training programs and speciality training bottlenecks.[vi]

- Further, the Productivity Commission Inquiry into Mental Health identified a high risk of mental illness among healthcare workers due to the inherently stressful nature of their jobs. The COVID-19 pandemic has placed the health workforce under an unprecedented level of psychological distress exacerbating these levels of chronic stress present prior to the pandemic.[vii]

- Moral injury is a significant contributor to the above picture and illustrates why healthcare professionals are leaving the workforce for alternative and more supportive careers.[viii] The National Medical Workforce Strategy (NMWS) 2021-2031 has highlighted doctor wellbeing as a cross-cutting theme with several actions for implementation to address the impact poor wellbeing has on the current medical workforce crisis.

- There is also an economic argument for mentally safe workplaces with a number of costs associated with a mentally unhealthy workplace. This includes absenteeism, presenteeism (where an employee remains at work despite experiencing symptoms that result in reduced levels of productivity) and the cost of workers compensation claims. Studies have estimated that the cost of unhealthy workplaces to businesses in Australia is in the order of $11 billion (PwC 2014) to $12.8 billion each year (KPMG and Mental Health Australia 2018). The Productivity Commission estimated that absenteeism and presenteeism in the workforce costs up to $17 billion per year.[ix]

- More recently, the Medical Board of Australia (MBA) identified that there is a strong evidence base linking poor culture with poor patient outcomes. The MBA has acknowledged that the culture of medicine is firmly in their scope and is reflected in the Board's Professional Performance Framework as a key pillar[x]. This is further reflected via the MBA's Medical Training Survey[xi] and at the Medical Board's Culture of Medicine Symposium recently held on 27 May 2022 in Melbourne.[xii]

The impact:

- Poor workplace culture leads to bullying and harassment, a poor work environment, poor doctor wellbeing, and creates a risk to patient safety.[xiii] The pandemic has exacerbated this situation and has contributed to ongoing workforce pressures and shortages across Australia.

The way forward:

- A positive workplace culture and strong leadership are key contributors to doctor wellbeing. To achieve this the AMA is calling for changes to promote increased governance and accountability in healthcare settings. This requires an increasing focus and responsibility of the psychosocial safety of the healthcare workforce. Mechanisms to achieve this are outlined below:

1. **Increase Hospital & Health Service Boards & Senior Management responsibilities**

- Health service boards and management are increasingly accountable for providing a safe psychosocial work environment. This practise should be expanded across all jurisdictions.

- In early 2020, the AMA South Australia (AMA SA) brought together doctors, academics, administrators and politicians at a 'Culture and Bullying Summit', to identify causes and solutions for poor workplace culture and bullying and to say unequivocally that 'bullying must stop'.

- AMA SA has since been successful in advocating for legislative change to the SA Health Care (Governance) Act as below:

  - Section 33(2)— the incorporated hospital—

    - promotes a healthy workforce culture for and among staff employed to work within the incorporated hospital; and

    - implements measures to provide for and promote the health, safety and wellbeing of those staff within the workplace (including the psychosocial health, safety and wellbeing of staff); and

    - implements policies issued by the Chief Executive on workforce health, safety and welfare (including policies on workforce harassment and bullying), so far as those policies apply to the incorporated hospital;

- This is referenced in the Act at page 5 at Health Care (Governance) Amendment Act 2021 (legislation.sa.gov.au). It came into effect on 23 August 2021 (SA Health governance reforms | SA Health). The section of the Act it fits into is at 11 on page 3 at Health Care (Governance) Amendment Act 2018 (legislation.sa.gov.au).

2. **Strengthen Occupational Health and Safety Regulation in each jurisdiction**

- The Productivity Commission Inquiry into Mental Health (Action 7.1) stated that Australian, State and Territory Governments should amend Workplace Health and Safety arrangements in their jurisdiction to make psychological health and safety as important in the workplace as physical health and safety.[xiv] This is particularly important for the healthcare system given the potential to prevent healthcare complications and complaints.

- To this end, Victoria has recently introduced Occupational Health and Safety Amendment (Psychological Health) Regulations commenced on 1 July 2022.[xv]

- These amendments will provide guidance to employers on their obligations to protect workers from mental injury. They make it clear that hazards posing a risk to psychological health are as harmful to worker health and wellbeing as physical hazards.

- They apply to any employer that has 50 or more employees and include new definitions to support employers' understanding of psychosocial hazards.

- The definitions include:

  o High job demands: sustained or repeated physical, mental, or emotional effort which is unreasonable or frequently exceeds the employee's skills or capacity.

  o Psychological response: includes cognitive, emotional, and behavioural responses and the physiological processes associated with them.

  o Psychosocial hazard: any factor in work design, system of; management of; carrying out of work or; personal or work-related interactions.

  o Reportable psychosocial complaint: includes aggression or violence, bullying, sexual harassment.

  o Work design: equipment, content, org of work tasks, interactions within a job or role.

- Examples of these issues include: bullying, sexual harassment, aggression or violence, exposure to traumatic events or content, high job demands, low job demands, low job control, poor support, poor organisational justice, low role clarity, poor environmental conditions, remote or isolated work, poor organisational change management, low recognition and reward, poor workplace relationships.

- These Psychological Health regulations (PHRegs) will impose the standard approach under the OHS Act to the identification, assessment, and control of risks, modified as necessary to address the different nature of psychosocial risks.

- They will also set out requirements for employers:

  o to review and revise risk control measures in certain circumstances;

  o to have prevention plans in place where certain psychosocial hazards are identified in the workplace;

  o to consult with employees on psychosocial policies and plans;

  o to submit on request the written prevention plans and all incident reports required by the PHRegs to be in that Plan.

  o the Plan is a "living document" and the PHRegs set out specific triggers which must lead to a review and update of the Plan where necessary;

  o those plans must also be produced on request not only to a WorkSafe Inspector, but also to a Health and Safety Representative and a member of each health and safety committee;

  o the Plans must be retained for 5 years.

- It should also be noted that in June 2022 the International Labour Organisation recognised a safe and healthy working environment as one of the five fundamental principles and rights at work – see: https://www.ilo.org/declaration/lang--en/index.htm. More locally, the High Court of Australia has recently upheld these principles in a recent legal case *Kozarov v State of Victoria [2022] HCA 12* with significant implications for Australian workers and their employers about who is responsible when there is a psychiatric, rather than a physical, injury at work.

3. Strengthen the National Safety and Quality Health Service (NSQHS) Standards

- Given the strong link between healthcare staff wellbeing and patient care/safety outcomes, and the increased focus on this issue via other avenues as illustrated above, there is potential for the Australian Commission on Safety and Quality in Healthcare (ACSQHC) to strengthen the National Safety and Quality Health Service (NSQHS) Standards. The strengthened Standards should encourage health services to adopt an evidenced based risk management approach to address psychosocial hazards in the workplace, with clear KPIs to measure progress towards this.

- This is most relevant to the Clinical Governance Standard which aims to ensure that there are systems in place within health service organisations to maintain and improve the reliability, safety and quality of health care. This would embolden this Standard's aim to "to ensure that a clinical governance framework is implemented to ensure that patients and consumers receive safe and high-quality health care". This could be addressed in the following criteria and actions in the Standard with consideration to stand-alone criteria given the evident significant impacts on patient safety and quality of care:

    o [Governance, leadership and culture](#) - particularly Action 1.01

    o [Organisational leadership](#) – particularly Action 1.03

    o [Patient safety and quality systems](#)

    o [Clinical performance and effectiveness](#)

    o [Safe environment for the delivery of care](#)

Summary

The AMA is calling on:

1. State and Territory Governments to adopt nationally consistent statutory provisions that make it explicit that hospital & health service boards are responsible for:
    a. promoting a healthy workforce culture for and among staff employed to work within the incorporated hospital or health service;
    b. implementing evidence-based audits and measures which assess the workplace culture and the psychosocial health, safety and wellbeing (including any bullying, discrimination or harassment) of staff which:
        i. allows for the specific causes of any existing risk or deficiency to be identified in each workplace; and
        ii. is followed by the application of actions or policies necessary to resolve or improve these areas of risk or deficiency
    c. regular public reporting, using comparable measures, of the state of workplace culture and the psychosocial health, safety and wellbeing (including any bullying, discrimination or harassment) of staff of each hospital or health service.
2. The Australian Commission on Safety and Quality in Healthcare to strengthen the National Safety and Quality Health Service (NSQHS) Standards to:
    a. require health services to provide for and promote the health, safety and wellbeing of those staff within the workplace (including the psychosocial health, safety and wellbeing of staff); and
    b. adopt a patient safety and quality systems approach to risk management to provide a safe psychosocial work environment for healthcare workers to deliver best quality care.

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