Safe, healthy and supportive work environments for hospital doctors

2023

This document articulates the AMA view on the essential components of a safe work environment and the expectations on hospitals to keep their employees safe and to maintain a sustainable and productive workforce. It outlines requirements along three domains – system, physical and personal safety and wellbeing – and complements the existing suite of specific AMA position statements relating to safe work environments.

1. Overarching principles

1.1. Everyone has the right to work in a safe environment. Safe work environments in hospitals and other health care organisations are essential for best practice clinical learning, the provision of quality care and improving patient outcomes.

1.2. Safe working environments ensure doctors' wellbeing, improve productivity and reduce costs related to absenteeism, lost productivity, turnover, workers' compensation, and medical and disability claims.

1.3. The AMA recognises that doctors' safety and wellbeing at their workplace is closely linked with the quality of care delivered to patients and can impact clinical care outcomes.

1.4. The hospital and health care environment is a high pressure environment with competing demands. Many unintentional injuries, infection, prolonged sickness can be avoided and psychological stress reduced through appropriate workplace policies, prevention and early intervention.

1.5. Both employers and employees alike have an obligation to create and support a safe work place.

Requirements for system safety

2. Leadership and commitment

2.1. The AMA calls on Health Ministers, State and Territory Health Departments, the Australian Commission on Safety and Quality in Healthcare, hospitals, health care organisations and administrators to show leadership and commitment to providing a safe working environment for doctors. This can be achieved by:

- legislative amendments that make it explicit that hospital and health service boards are responsible for promoting a healthy workforce culture for and among staff employed to work within the incorporated hospital or health service, and

- review of the National Safety and Quality Health Service (NSQHS) Standards to 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)

2.2. The AMA encourages hospitals developing and communicating a clear statement that articulates the organisation's commitment to a safe workplace, that they value the health and safety of their employees and acknowledging the potential for unsafe work environments to impact on wellbeing, care quality, safety and access.

3. Clear policies and procedures

3.1. The AMA supports following effective policies and procedures:

- Policy amendments at the State/Territory level modelled on the policies developed and implemented by South Australian Health.[1,2]
- An overarching policy with an absolute commitment to providing and promoting a safe workplace.
- Policies and protocols which foster safe work environments and support clinicians to deliver care according to safe work principles.
- Clear policies on ensuring continuous adequate workforce availability, to enable surge capacity in service provision, cover leave as well as facilitate all of the other components of a safe, healthy and supportive work environments for hospital doctors.
- Policy which supports the health and wellbeing of workers, including communication, performance management and grievance handling; discrimination, bullying and harassment, workplace aggression and violence, occupational health and safety in the workplace (psychological burnout, injury prevention, infection control, safe handling of chemicals and waste); hazard identification and reporting systems; and crisis management and emergency incident response.

4. Clearly articulated roles and responsibilities

4.1. Hospitals and health care organisations can facilitate a safe working environment by clearly articulating the roles and responsibilities of line managers and senior leadership in providing a safe work environment.

4.2. This includes ensuring that managers and those responsible for policy implementation and safety planning receive adequate training and support, and accept responsibility and accountability for their actions.

4.3. Engagement of clinicians in hospital governance and leadership roles in hospitals can help maintain safe work environments. Hospital and health district administrators must work in tandem with clinicians to achieve best practice management, service planning, health care delivery and clinical practice.[3]

5. Awareness raising and education

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[1]
https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/cultural+evolution+pathway
[2]
https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/policies/respectful+behaviour+including+management+of+bullying+and+harassment+policy+directive
[3] AMA Position Statement on engagement of medical practitioners in hospital governance
https://www.ama.com.au/articles/ama-position-statement-engagement-medical-practitioners-hospital-governance

5.1 Information education and training should be provided to all staff about the importance of safe work environments for the physical and psychological wellbeing of health workers.

5.2. Hospitals and health care organisations must provide access to adequate information, instruction, and supervision in relation to work tasks and situations that encourage people to work effectively, safely and responsibly.

5.3. This includes, but is not limited to, legislated employer and employee responsibilities in providing safe work environments, what constitutes an unsafe environment, and how to manage and report an incident when it occurs. Information, education and training should be included at induction for all new staff, and in continuing education programs for staff.

5.4 The AMA calls for the Information and education to also be provided to the broader public, the patients and the society in general, to improve their awareness and understanding of how unsafe work environments impact the quality of care they receive in hospital.

6. Hazard identification and reporting

6.1. Hospitals and health care organisations should have processes in place to identify and report hazards and assess risks and should take proactive measures to implement controls to minimise risks and achieve a safe workplace.

6.2 Hospitals and health care organisations should 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.

6.3. It is important to consider aspects that may be discipline and/or setting specific when assessing work conditions and risk factors. To be effective, reporting should be followed by appropriate action, and de-briefing and counselling services should be offered where appropriate.

7. Support and referral

7.1. Hospitals and health care organisations must ensure that there are appropriate and confidential, de-briefing and counselling support and referral services, and return to work pathways, for employees who are injured at work. These must be clear, accessible and promoted to all employees.

8. Complaints handling

8.1. Hospitals and health care organisations must adopt a no blame culture for reporting unsafe work situations. Efficient and accessible systems must be in place to allow staff to report unsafe work situations.

8.2. The AMA calls on healthcare administrators to ensure that the complaints processes are transparent and that lessons are learned from situations and environments where complaints are common. Actions aimed at removing the cause for complaints and improving the culture of the organisation must follow from adequately handled complaints processes.

9. Safety planning

9.1. Hospitals and health care organisations must promote engagement and discussion amongst clinicians and staff, managers, consumers, researchers and policy makers about how to improve work environments. It is important to involve clinicians in the development of strategies and policies related to occupational health and safety, personal safety, risk management and health and wellbeing.

10. Monitoring and review

10.1. Hospitals and health care organisations should have review and reporting systems in place that facilitate identification and management of risks to enabling positive work culture and safe work environments for doctors.

10.2 Reports and reviews obtained this way should be used to develop new or amend existing policy in order to implement best practice safe work environment policy and practice.

Requirements for physical safety and wellbeing

11. Safe systems of work, safe equipment and facilities

11.1. The AMA acknowledges that creating a safe work environment is a fundamental responsibility for both employers and employees.

11.2. Workplaces need to develop a culture of best practice regarding psychosocial safety for doctors. Mindfulness, compliance, role clarity, work group cohesion, and appropriate supervision are essential elements of physical safety in the workplace.

11.3. It is the AMA position that availability of office spaces for doctors is integral to ensuring their psychosocial safety and wellbeing. Doctors should have access to dedicated office space with a dedicated desk and other relevant equipment to allow them to perform their clinical and non-clinical work duties. The AMA considers hotdesking in a hospital environment unacceptable.

11.4. A private meeting space of adequate size for doctors to conduct clinical handover, hold discussions with colleagues and private discussions with patient's relatives should also be available.

11.5. Hospitals often require doctors to be on-duty for extended hours. Sleeping accommodation and rest areas are a necessary provision in hospital environments.[4]

11.6. Investment in new products and technologies, in particular digital health technologies, that can assist with safe practice will continue to be important. New products and technologies should be designed to reduce the administrative burden on medical practitioners and others involved in clinical care, increase productivity and improve healthcare worker satisfaction. [5]

12. Safe working hours, rostering and fatigue management

12.1. Rostering and working hours should contribute to good fatigue management practices and a safe work and training environment.

12.2. This includes implementing and supporting safe rostering practices and staffing levels, providing appropriate access to leave provisions, and for clinicians, protected teaching and training time, and teaching organised within working hours, in accordance with the AMA National Code of Practice.[6]

13. Safer design

13.1. The AMA acknowledges that shared office spaces can pose a significant occupational health and safety risk.

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[4] See also AMA Position Statement on Workplace Facilities and Accommodation for Hospital Doctors 2021 https://www.ama.com.au/sites/default/files/2021-10/FINAL%20AMA%20PS%20Workplace%20Facilities%20and%20Accommodation%20for%20Hospital%20Doctors%202021.pdf
[5] See also AMA Position Statement on System Interoperability in Healthcare 2022 https://www.ama.com.au/articles/ama-position-statement-system-interoperability-healthcare-2022
[6] https://ama.com.au/sites/default/files/documents/FINAL_NCP_Hours_of_work_2016.pdf

13.2. Therefore, the AMA calls for particular attention to be paid to designing facilities and buildings to maximise safe work environments to the greatest extent possible. This includes designing work spaces that minimise open plan and allow for individual office space for doctors.

Factors to consider during the design/building phase of a facility include:

- Dedicated office spaces for clinicians
- Security and access arrangements.
- Planning for appropriate entry and egress points in consulting or patient care rooms as required.
- Effective lighting.
- Good visibility at entrances, in walkways and the perimeter of a building.
- Methods of communication.
- Work schedules.
- Physical layout and natural surveillance points.
- Service delivery processes.
- Providing accommodation on site for locums, employees on call/after hours and/or working long shifts.
- Providing sufficient car parking within close proximity of the building for doctors who work after hours/at night.
- Access to a dedicated office/time out space for clinicians, and rest areas, sleeping pods for doctors on call/after hours in recognition of the contribution of service and learning to quality of care and patient safety.

14. Hazard controls and injury prevention

14.1. The responsibility for identifying hazards, assessing risks and taking action to ensure a safe work environment belongs to both employers and employees.

14.2. Risks include, but are not limited to, communicable diseases, exposure to hazardous materials, needle stick and sharps injuries, violence and verbal aggression from patients and co-workers. Identifying and resolving safety issues requires constant attention, and should include:

- Having processes in place to ensure that staff working after hours can do so safely and efficiently including:
    - providing transport home and/or accommodation on site for staff who work long shifts or after hours; and
    - providing staff escorts to accompany staff to car parking after hours, and where staff are required to walk significant distances after hours to perform their work.
- Providing access to healthy food, and appropriate shift and meal breaks.
- Providing access to secure lockers in which valuables can be stored while working.
- Controlling access to staff only areas (including staff office areas, staff common rooms, and other restricted areas).
- Having video surveillance in appropriate areas.
- Providing duress alarms where practicable for staff exposed to higher-risk situations and in settings where there is little organisational backup or may be delays in getting emergency help.
- Providing protection from infectious risks and biohazards, including the provision of personal protective equipment, providing instruction in good hygiene practices and aseptic techniques.
- Establishing policies and processes and providing education and training to manage workplace aggression and violence.
- Establishing policies and processes and providing education and training to manage in the workplace.

Requirements for psychosocial safety and wellbeing

15. Culture

15.1. Hospitals must be inclusive work environments that foster psychosocial safety and wellbeing by welcoming and empowering doctors who identify with and come from all types of diverse backgrounds. Hospital culture must be one that recognises diverse perspectives and life experiences of all people and fosters a sense of belonging allowing for doctors and all staff to contribute and grow.

15.2. The AMA acknowledges that poor hospital workplace culture is linked to poorer patient outcomes.

15.3. Staff retention and doctors' wellbeing are closely linked to the hospital culture that stems from the management approach.

15.4. Workplaces have a key role to play in promoting health and wellbeing by establishing systems and cultures that promote a safe and productive work environment for employees.

15.5. This includes modelling positive behaviours at all levels in the workplace, developing workplace champions for personal safety, having in place visible and accessible support services, and promoting a zero tolerance policy to instances of aggression, bullying and harassment in the workplace.

15.6. Workplaces must also adopt a "no-blame" culture that supports those in difficulty, so that doctors are confident that seeking help will have no negative consequences nor damage their career.

15.7. It is the AMA position that doctor engagement in hospital governance will lead to improvements in professional fulfilment and effective practice, the culture of wellbeing and ultimately to improved patient outcomes.

15.8. The AMA supports the Productivity Commission Inquiry into Mental Health (Action 7.1) recommendations stating 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. This is particularly important for the healthcare system given the potential to prevent healthcare complications and complaints.

15.9. 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.

16. Support and care

16.1. Prevention and early intervention services must be part of safe work environments. Those services must be publicised and easily accessible to doctors and medical students, while providing confidentiality and privacy at all times. They include but are not limited to health promoting events or seminars, access to a general practitioner, professional counselling, debriefing and mentorship.

16.2. The AMA calls for formalised support systems and services to be put in place. For doctors, and in particular medical students and doctors in training, this may include regular education, review and/or debriefing sessions, a buddy or mentor system, peer support groups, or a combination of models.

16.3. Support services must also be accessible to doctors, trainees and medical students working in rural and isolated areas.

16.4. It is the AMA position that referral pathways for doctors in need of assistance should be clear, with the option of accessing services away from the work environment. Information and education on

strategies and contingencies to manage unexpected situations or extreme events at work should also be provided e.g. exhaustion, assault, death or serious accident in the workplace. Health services and training providers should have postvention strategies in place to support doctors who are impacted by the death of a colleague.

16.5. The AMA supports career guidance and planning being available to doctors across the medical training continuum.

17. Raising awareness and supporting resilience

17.1. It is the AMA position that the broader health policy and relevant regulation, in particular clinical care standards, must acknowledge the impact of poor workplace culture on doctor health and wellbeing and that it is ultimately linked with the quality of clinical care provided and patient outcomes.

17.2. Employers play the key role in ensuring work satisfaction and fulfillment by employees, along with preventing stress and burnout through implementing safe work environments and supportive workplace culture.

17.3. It is the AMA position that employers must ensure that all staff understand the impacts of poor health on themselves, and on quality of care and patient safety.

17.4. Staff should receive training on how to identify internal and/or external stress factors contributing to poor health in themselves and in colleagues, and be able to recognise the warning signs and behaviour patterns leading to stress and poor health.

17.5. Staff must also be provided with adequate resources to cope with the stress factors, including but not limited to, access to paid stress leave, and flexible work arrangements.

17.6. Other strategies workplaces can adopt include promoting access to early and expert assistance from professional services and providers, and incorporating skills such as stress management, resilience and time management into continuing education and professional development.

18. Discrimination, bullying and harassment

18.1. Changing the culture of the profession must start with hospital management and senior members of the profession taking a leadership role and making it clear that discrimination, bullying and harassment is unacceptable.

18.2 It is the AMA position that policies and processes to stamp out discrimination, bullying and harassment must be strengthened including a commitment at senior levels to tackling problem behaviour, and specific training for all staff including how to deal with situations of discrimination, bullying and harassment.

18.3. The AMA calls for clearly articulated policies and process on discrimination, bullying and harassment at all levels, to engender confidence that complaints will be treated seriously and fairly. Processes must offer a 'safe space' for complainants so that they can raise issues of discrimination, bullying and harassment, free of shame, stigma or repercussions.

18.4. The AMA supports employers having best practice performance management processes in place to avoid reasonable management actions escalating into harassment complaints.

19. Privacy

19.1. Employers must ensure that the personal privacy of doctors is protected, particularly sensitive details such as private address and contact numbers. This is particularly important in situations where the nature of doctors' work may place them at risk of harassment and violence from patients and members of the public.

20. Provision for leave and flexible work arrangements

20.1. Employers can support staff to maintain a healthy lifestyle and work life balance by making provisions available for leave and by providing flexible work and training arrangements.

20.2. The AMA supports workplaces adopting policies that promote the intentional inclusion of all doctors, including doctors with disabilities, doctors at risk of vulnerability, so that they are able to fully participate in the workforce (e.g. by providing flexible employment and training opportunities).

20.3. Safe work policies must particularly apply to doctors who work while pregnant and doctors experiencing peri-menopause and menopause. This serves to ensure supportive, safe and healthy workplace while they are experiencing those life stages.

20.4. A clear and supportive framework should be in place to support return to work arrangements for employees who are returning to training/work following a career break, illness or mental health episode or illness.

See also:

[AMA Position Statement on Workplace Facilities and Accommodation for Hospital Doctors 2021](#)

[AMA Position Statement on System Interoperability in Healthcare 2022](#)

[AMA Position Statement on engagement of medical practitioners in hospital governance](#)

AMA Position Statement on Sexual Harassment in the medical workforce - 2015.

AMA Position Statement on Workplace bullying and harassment - 2009. Revised 2015.

AMA Position Statement on Health and wellbeing of doctors and medical students - 2011.

AMA Position Statement on Accommodation and Appointment Standards for Community Placements - 2007

AMA Safe Handover: Safe Patients

AMA National Code of Practice - Hours of Work, Shiftwork and Rostering for Hospital Doctors

Add a link to CPMC policy on office spaces – or initiate the discussion with CPMC