

Australasian Doctors' Health Conference 2019

22 - 23 November 2019, Perth WA

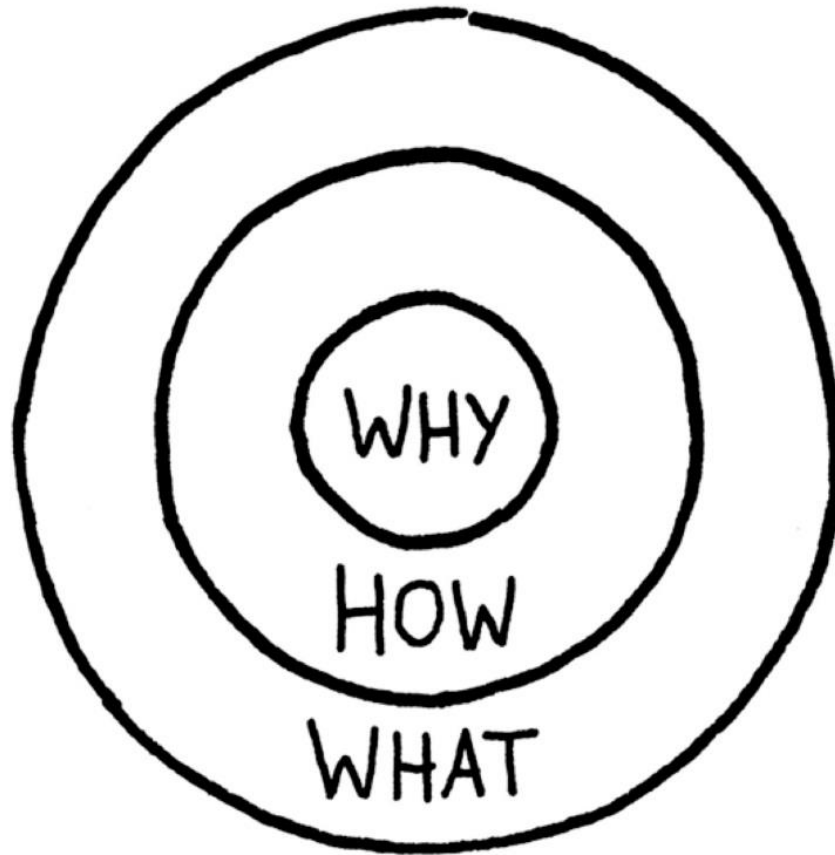


*“Developing the skills to create healthy workplaces
- the challenge for doctors.”*

Dr Peter Connaughton

Past President, Australasian Faculty of Occupational
and Environmental Medicine (AFOEM)





What

Every organization on the planet knows WHAT they do. These are products they sell or the services they offer.

How

Some organizations know HOW they do it. These are the things that make them special or set them apart from their competition.

Why

Very few organizations know WHY they do what they do. WHY is not about making money. That's a result. It's a purpose, cause or belief. It's the very reason your organization exists.

Summary:

Why? Ethics and Safety

How? Organisations and Systems

WHY MUST WE TAKE ACTION?

Creating an environment that promotes wellbeing and is physically and mentally safe and healthy:

- **Is ethically responsible**
- **Improves patient safety outcomes**
- Ensures organisational compliance with legal obligations
- Improves patient and worker experiences
- Improves performance, productivity and quality
- On average, results in a positive return on investment
- Assists in attracting and keeping the best workers

ETHICS AND VALUES



WMA DECLARATION OF GENEVA

*Adopted by the 2nd General Assembly of the World Medical Association, Geneva, Switzerland, September 1948
and amended by the 22nd World Medical Assembly, Sydney, Australia, August 1968
and the 35th World Medical Assembly, Venice, Italy, October 1983
and the 46th WMA General Assembly, Stockholm, Sweden, September 1994
and editorially revised by the 170th WMA Council Session, Divonne-les-Bains, France, May 2005
and the 173rd WMA Council Session, Divonne-les-Bains, France, May 2006
and amended by the 68th WMA General Assembly, Chicago, United States, October 2017*

The Physician's Pledge

AS A MEMBER OF THE MEDICAL PROFESSION:

I SOLEMNLY PLEDGE to dedicate my life to the service of humanity;

THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration;

I WILL GIVE to my teachers, colleagues, and students the respect and gratitude that is their due;

I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare;

I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard;

I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;

I MAKE THESE PROMISES solemnly, freely, and upon my honour.

64% of mental disorder claims arise from 4 out of 19 industry divisions

21%

Health care
and social
assistance

14%

Education and
training

21%

Public administration
and safety

8%

Transport, postal
and warehousing



Workers' Compensation Scheme Trends

November 2019

Industry and occupation

In 2018/19, the highest number and proportion of lost-time claims were associated with manual labour and high-risk industries, such as Health care and social assistance (15 per cent), Construction (12 per cent) and Manufacturing (11 per cent).



Top five industries percentage of lost-time claims – 2018/19



15%

Health care and social assistance



12%

Construction



11%

Manufacturing



9%

Education and training



9%

Mining



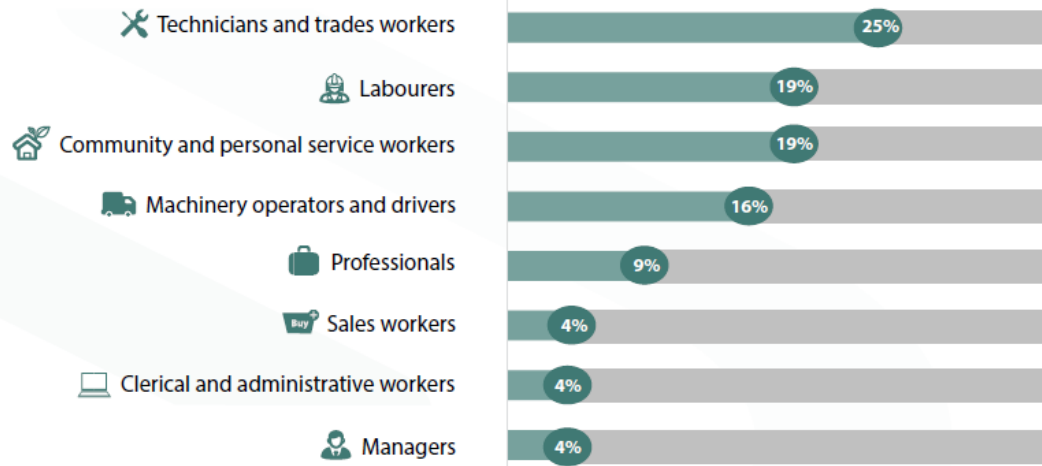
WorkCoverWA

Workers' Compensation Scheme Trends

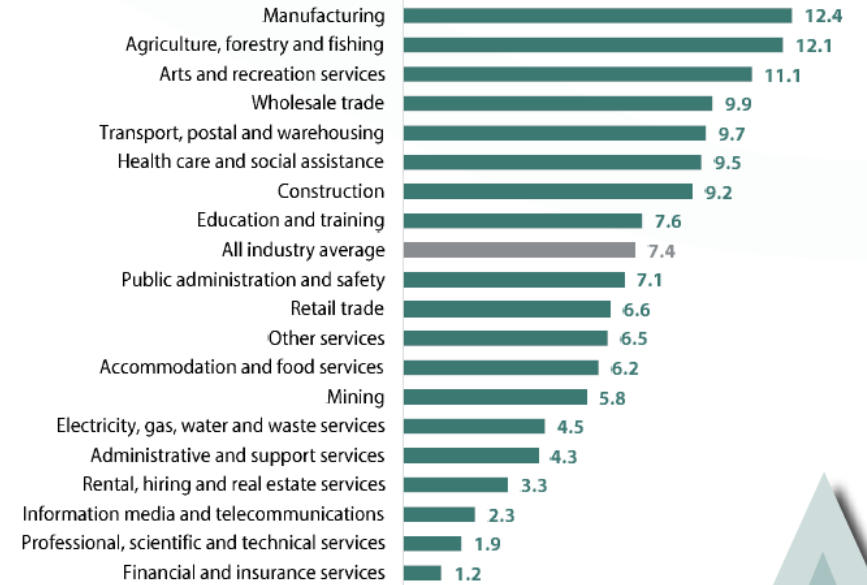
November 2019

Claims by occupation

Percentage of lost-time claims by occupation – 2018/19



Frequency rates by industry – 2017/18





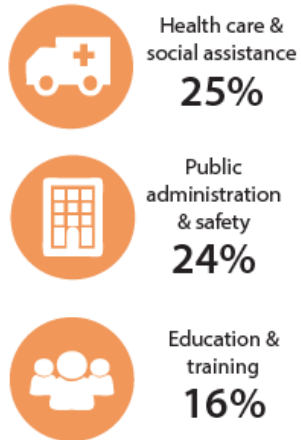
Stress-related claims

Statistical Note
October 2016

In the Western Australian workers' compensation system, numbers of stress-related claims are low compared with overall figures. However, these claims are often associated with high costs and long duration.

Top three industries

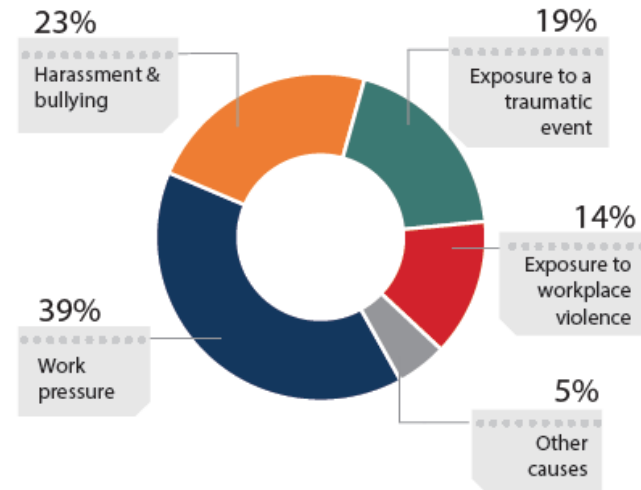
Stress-related claims



All lost-time claims



Causes of stress-related claims



workcover.wa.gov.au

RISK FACTORS FOR WORK ABSENCE IN MENTAL HEALTH CLAIMS



10yrs
2005-2015

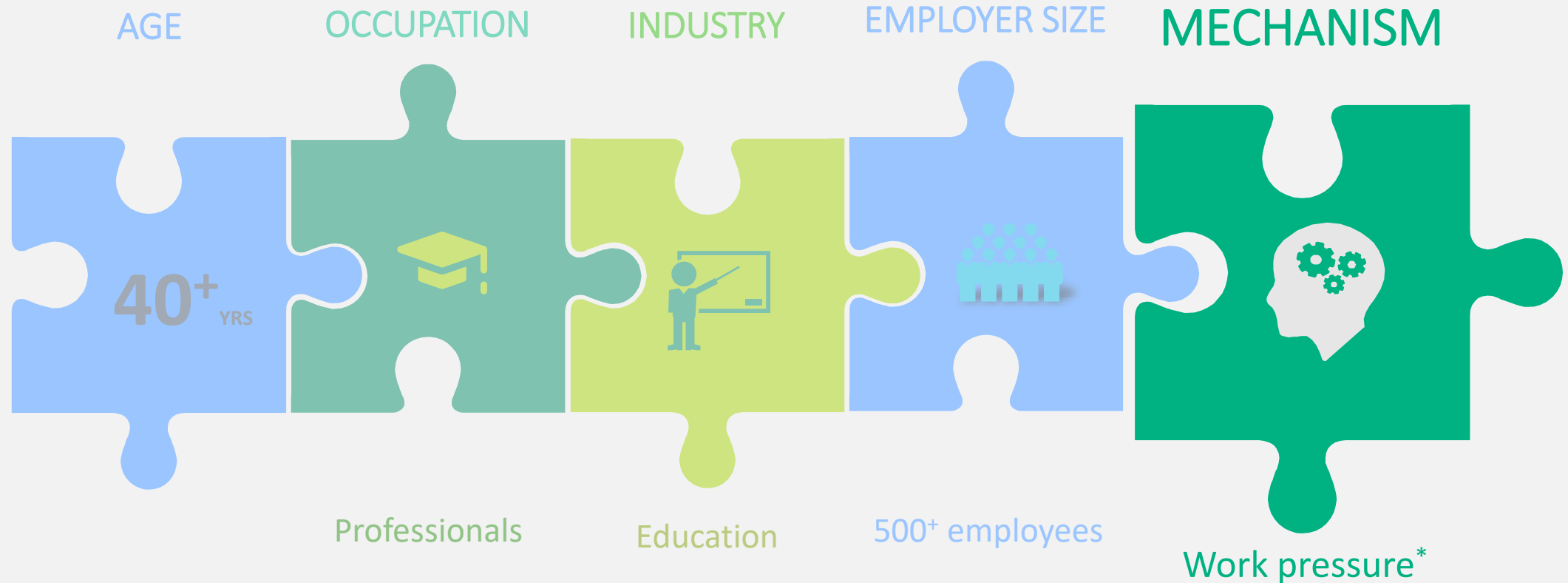
377,801
All accepted claims

3345
Sample set

Dr Bianca Cheong

Retrospective cohort study of WA worker's compensation claims

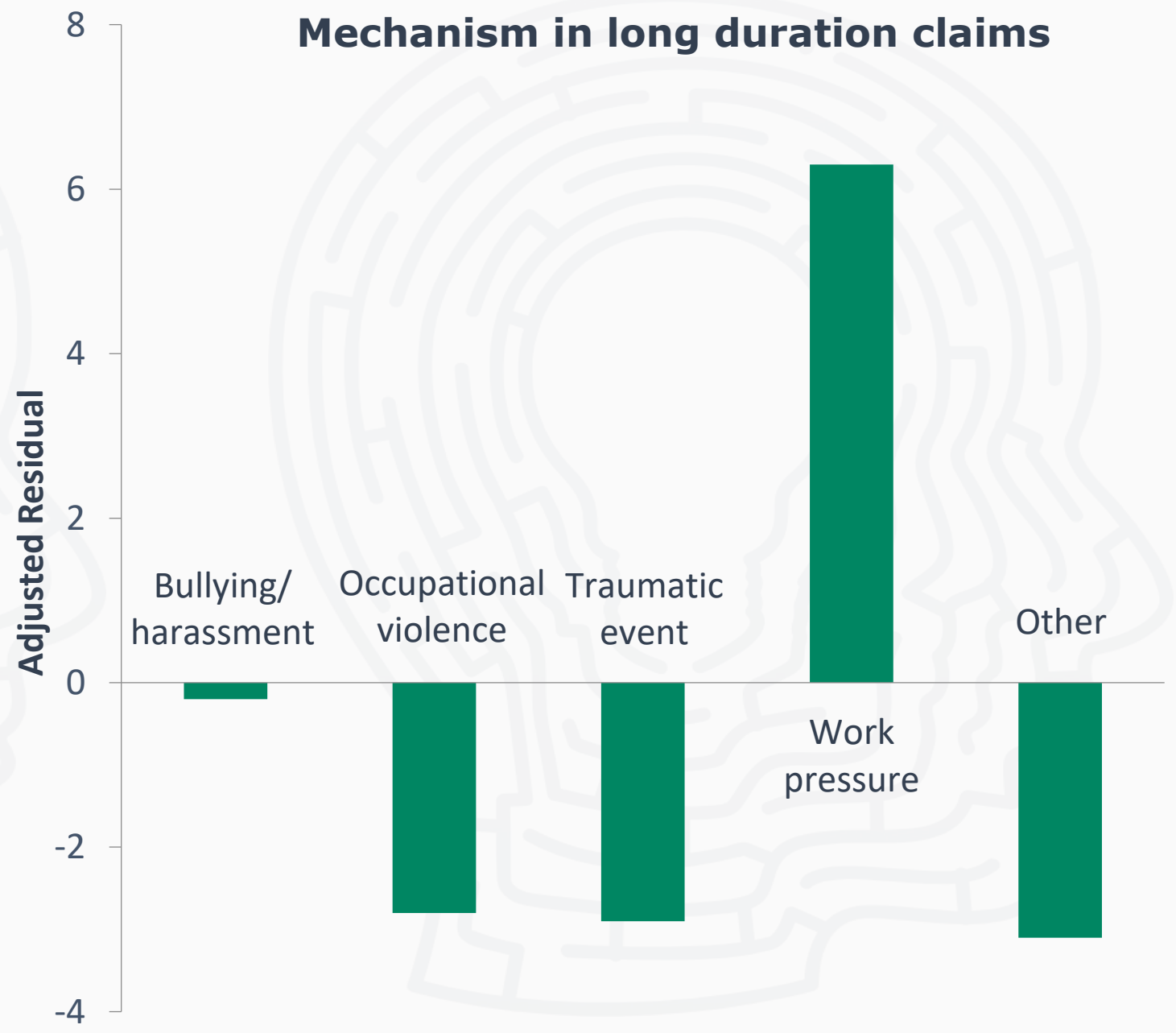
LONG DURATION RISK FACTORS



* Work pressure includes work backlogs & deadlines, organisational restructures, interpersonal conflicts, disciplinary actions, performance counselling or promotion disappointment

Work pressure
is the number one
cause of long
duration mental
health claims*

*with regards to mechanism





HEALTH CARE PROFESSIONAL STRESS/BURNOUT SURVEY: A GLOBAL PERSPECTIVE



**SURVEY SENT TO 47
MEMBER SOCIETIES IN
FEBRUARY 2019**



**n=30 RESPONSES
(64% RESPONSE RATE)**

PARTICIPATING COUNTRIES in Survey

- Norway
- Greece
- South Africa
- Portugal
- France
- Australia (n=2)
- Estonia
- Slovakia
- South Korea
- Chile
- Brazil (n=2)
- Canada
- Venezuela
- Italy
- Peru (n=2)
- Guatemala
- United Kingdom (n=2)
- Indonesia
- Croatia
- Netherlands
- Japan
- United States
- Switzerland
- Denmark
- Costa Rica
- New Zealand

SURVEY STATISTICS ON BURNOUT

- **Australia:** 32% doctors with high levels of emotional exhaustion
- **Canada:** ~30% physicians suffering burnout
- **Ireland:** Burnout in 29.7% doctors
- **Japan:** 17.2% doctors in state of burnout
- **Netherlands:** 17.9% burnout in health care workers
- **Portugal:** 21.6% health professionals w/moderate burnout, 47.8% high burnout
- **United Kingdom:** 22% doctors burned out
- **U.S.A.:** 54.4% of physicians reported at least 1 symptom of burnout



IOMSC: Declaration on Health Care Professionals' Health and Well-being Statement of Principles and Values

The IOMSC advocates for the health and well-being of all health care professionals. We seek to improve health care systems in order to create better health and safety outcomes for patients. Members of the IOMSC can contribute effective solutions to the identification, reduction and/or elimination of hazards associated with the provision of health care. We acknowledge the adverse impacts of workplace risks on the physical and mental health and well-being of health care professionals and the secondary adverse effects on their patients, families, colleagues and the community.

PATIENT SAFETY

ACOEM POSITION STATEMENT

Interaction of Health Care Worker Health and Safety and Patient Health and Safety in the US Health Care System: Recommendations From the 2016 Summit

Ronald Loeppke, MD, MPH, Jodie Boldrighini, RN, MBA, John Bowe, Barbara Braun, PhD, Erik Eggins, Barry S. Eisenberg, Paul Grundy, MD, MPH, Todd Hohn, CSP, T. Warner Hudson, MD, John Kannas Jr., MSPH, E. Andrew Kapp, PhD, CSP, CHMM, Doris Konicki, MHS, Paul Larson, MS, Stephanie McCutcheon, Robert K. McLellan, MD, MPH, Julie Ording, MPH, Charlotte Perkins, Mark Russi, MD, Cindy Stutts, MS, RN, and Mary Yarbrough, MD, MPH

Open access

Research

BMJ Open Doctors don't Do-little: a national cross-sectional study of workplace well-being of hospital doctors in Ireland

Blánaid Hayes,^{1,2} Lucia Prihodova,² Gillian Walsh,² Frank Doyle,³ Sally Doherty³

Developing a workplace mental health strategy

A how-to guide for health services



Heads up |  beyondblue
Better mental health in the workplace



Industry Statistical Report 2014/15 - 2017/18

Health care and social assistance
in the Western Australian
Workers' Compensation Scheme

June 2019

Health care & social assistance at a glance 2017/18

Labour force



167,856
employees



241 million
hours worked

Claims

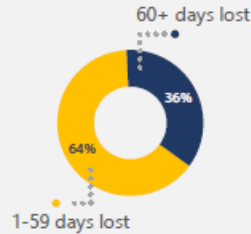


3,303
workers' compensation
claims lodged



69% of claims
involved at least one
day/shift off work

Days lost



Frequency rate



9.5 lost-time
claims per million
hours worked



Higher than the
Scheme average
of 7.3

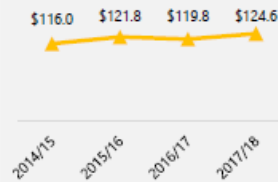
Average claim cost

-\$5,461 lower than the
scheme average



Claim payments

\$125m was paid



Mining at a glance 2017/18

Labour force



95,809
employees



228 million
hours worked

Claims

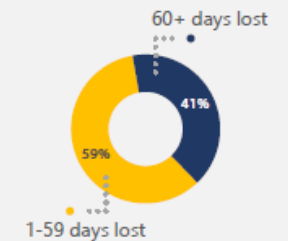


2,532
workers' compensation
claims lodged



52% of claims
involved at least one
day/shift off work

Days lost



Frequency rate



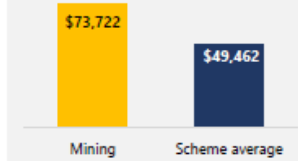
5.8 lost-time
claims per million
hours worked



Lower than the
Scheme average
of 7.3

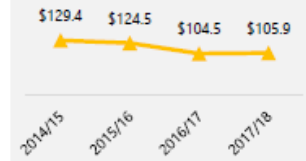
Average claim cost

\$24,261 higher than the
scheme average



Claim payments

\$106m was paid





COMPLEX

SYSTEMS

SCIENCE
DEFINITION
PHENOMENA

RELATIONSHIPS
UNPREDICTABLY
APPROXIMATED

SOCIOLGY
LIFE
HISTORY
ANALYSIS

ENGINEERING
INFORMATION

RATIONALITY
EARLY
DYNAMIC

COMPUTATIONAL
CONSTRaining
PROBLEM
CYBERNETICS
MAIN
EQUATIONS
DEPENDENCE

EVOLVE
COMPLEXITY
ROBOTICS

RANDOMNESS

ABSENCE
PRECISELY

THEORY
ANTHROPOLOGY
PARTS
NARRATIVES

PHYSICS
COUPLING

JOURNALS
PERTURBATIONS

CONCEPT
BEHAVIOR

MODELING
INTELLIGENCE
LIBRE
DETERMINISTIC
HISTORICAL
UNPREDICTABLY
RELATIONSHIPS
SIMULATION
MECHANISTIC
PROCESS

RESILIENCY

FIELD

BREVE
CENTERS

ACTION
PHYSICAL

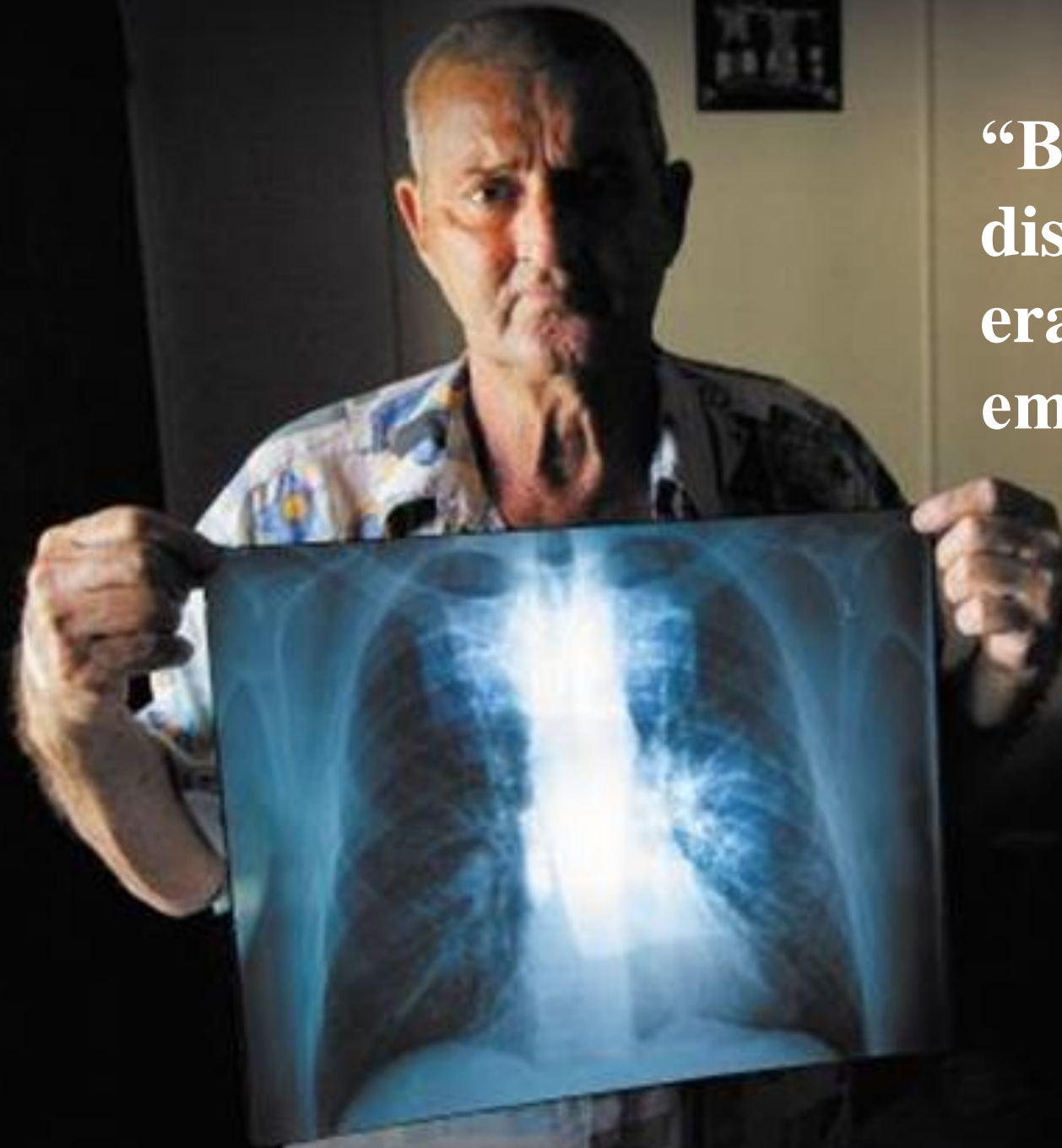
SCIENCE
CHAOS

COLLECTIVE
CYBERNETICS

EQUATIONS
DEPENDENCE



“Black lung, a potentially fatal disease that Australia eradicated decades ago, has re-emerged.”





8 Step Kotter Model of Change





RACP
Specialists. Together

EDUCATE ADVOCATE INNOVATE



Australasian Faculty of
Occupational and Environmental Medicine

Consensus Statement on the Health Benefits of Good Work

At the heart of this consensus statement on the health benefits of good work is a shared commitment to improve the health and wellbeing of individuals, families and communities.

Good work is engaging, fair, respectful and balances job demands, autonomy and job security. Good work accepts the importance of culture and traditional beliefs. It is characterised by safe and healthy work practices and it strikes a balance between the interests of individuals, employers and society. It requires effective change management, clear and realistic performance indicators, matches the work to the individual and uses transparent productivity metrics.

What is good work?

A safe, healthy, engaged and productive workforce... and makes a positive contribution to the health and wellbeing of the worker and those affected by the worker.



**Australian
Health Benefits of
Good Work Signatory
Steering Group**

MAKING IT HAPPEN

Harnessing the health benefits of good work

There is compelling evidence for organisations to embed integrated approaches for health and wellbeing into their business. Such integration has been shown to improve the health, participation and productivity of their employees with additional flow on benefits to the business.

How can we work together for the HBGW?

The RACP has launched the HBGW Consensus Statement which is our call to action. The consensus statement unites a wide range of stakeholders affirming the importance of good work as a determinant of health and productivity. Signatories to the statement are called upon to deliver approaches within their organisations and through the services they provide, to bring the HBGW to life.

Over 200 leading Australian organisations are signatories to the consensus statement and many proudly display the Charter of Principles at their workplaces.

Summary:

Why? Ethics and Safety

How? Organisations and Systems