

Health practitioner wellbeing in the pandemic era and beyond

Taking Care podcast transcript

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Susan Biggar: Welcome to *Taking Care*, a podcast of Ahpra and the National Boards. I'm Susan Biggar and today we are talking about health practitioner wellbeing in the pandemic era and beyond. The health and wellbeing of Australia's health practitioners has always been important but in recent months since the onset of the COVID-19 pandemic, the pressure on health practitioners has increased in different ways. So, today's discussion on kindness and practitioner wellbeing is very salient. In today's episode, we hear from three health practitioners - all advocates for or experts in health practitioner wellbeing. Our guests today are Margie Stuchbery, Dr Jane Munro and Dr Kym Jenkins.

Margie Stuchbery: I'm Margie and I am a late career clinical psychologist. I am heavily involved in the training and supervision of mental health clinicians and I am also currently part of the working party developing resources to support the emotional wellbeing of healthcare workers.

Dr Jane Munro: My name is Jane Munro and I work at the Children's Hospital in Melbourne. I am head of rheumatology there and I have been really interested for a long time in clinician wellbeing but particularly in the past couple of years. I have been very involved, in particular, in gathering people and building networks amongst all different types of people that are interested in really looking at how we can transform our healthcare system. And this really culminated late last year in Victoria in trying to build a network that was hopefully going to springboard at the start of 2020 and then with COVID has launched a network nationally called Pandemic Kindness which we might get to talk a little bit more about.

Dr Kym Jenkins: I'm Kym Jenkins and I am a psychiatrist. I am the immediate past president of the College of Psychiatrists and I am now Chair of the Council of Presidents of Medical Colleges but my interest in physician wellbeing and doctors' health probably goes back to medical student days when I was involved in a counselling service for medical students and stressed out health practitioners in those days.

Susan Biggar: Let's start with you Kym, why is this so important now?

Dr Kym Jenkins: Well, I think there are many factors about that but probably the easiest one to say is that we never needed our healthcare practitioners to be in good health more than at this time. In addition to the usual stresses that we all feel as healthcare practitioners, there are a whole lot of new stresses that people are dealing with as well. Many people in the healthcare professions are already feeling overloaded and we have to make sure that it just doesn't tip people over the edge and create more problems for people.

Susan Biggar: Jane - I wonder if you could talk about some of the different ways that the pandemic may be impacting on people that you have seen?

Dr Jane Munro: For me, seeing it through a range of different lenses both as a clinician and as a healthcare leader in the hospital in paediatrics. And because we had that lead-in in Australia, we could see the anticipation having seen it come from China for several months and that spread throughout Asia and then in to Europe. It has given us a real advantage in our preparation. But it has given a heightened

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anxiety and a long lead-in time and then, of course, there was a long period of time particularly for hospitals or healthcare settings where people were preparing and particularly for a number of weeks when we weren't sure how that was going to play out in Australia. Was there going to be a tsunami of cases or not? And people were really using that word and a lot of words around war and battle where people were very scared about their own health. They were worried for their own patients, they were worried for their family members. The impact for a lot of people in their homes and their professional lives has been huge and depending on people's reserves and where they were at and how they were supported in their workplace, that really had a huge impact.

Susan Biggar: That is a lot of potential stress, Jane. Margie - are you feeling that too?

Margie Stuchbery: Nothing like the kind of frontline concerns that Jane is describing but still a raised level of anxiety generally. And I also think that for some of the younger new career clinicians it has been very difficult to deal with people's more or less global anxiety and how to assist people with that. That has been quite a challenge as well.

Susan Biggar: Kym - what are the consequences you have seen? For example, you work with many students and junior doctors.

Dr Kym Jenkins: Professional exams have been cancelled, people can't pass through the hurdles that they would normally do in their training trajectory. And as well as the anxiety around COVID, there has been anxieties around their own careers and what it means. And if people have been redeployed to a different speciality or a different job from the rotation they were expecting to be doing, the question is then what does this mean about my graduation date? Do I finish on time? And what does it mean to someone who has spent three, four years studying for an exam and then suddenly that exam doesn't happen?

Susan Biggar: And it is not just work or study issues, is it?

Dr Kym Jenkins: With home-schooling kids and juggling the new factors at work and doing everything in a different way, or an unforeseen way. The other one I was going to mention here that we are beginning to see, it is something like survivor guilt in a way, because in Australia the pandemic hasn't panned out as it has in, say, New York or London. We have been expecting things to be as bad as they were overseas but we are dealing with a different sort of anxiety and adjusting to 'why are we still feeling stressed?', How can we still feel anxious when we haven't got it as bad as in other places?

Margie Stuchbery: Yes, it is almost as if they feel that they are not entitled to feel as bad as they do when they see such greater suffering in some other context. And I think it also happens between professions. For example sitting here as a mental health clinician knowing that Jane and her colleagues are at the frontline, it is quite difficult to complain about things like a drop in income or having to do telehealth.

Dr Jane Munro: I do think what has been remarkable—and, in fact, it was noted by some of the psychiatrists that were looking at some of the information coming out of Wuhan and some of the cities in China (and I can see it here)—is the positive mental health effects and in fact the sense of community and collaboration. So, I think that there have been some positive aspects around the community, across healthcare working together, including working within the whole of the hospital system but also within the bureaucracy of the government, the collaboration of building across the country and working together. Internationally, I am on a number of WhatsApp groups that are global and the sharing of information, even overnight last night people sending information across multiple countries about reports of 'Is there truth to children having any of these inflammatory responses?' And clarifying it and sending updated information so that we can send that information around Australia and get clarity, which is incredible. And the support that we get to be able to give back to our colleagues and check in on colleagues in our specialities that are working in New York or places where there is really significant problems, in Europe and Canada and particularly the US—is a global community; that has been incredible to see too.

Margie Stuchbery: That is fantastic. And I just want to say also that there has been some suggestion that Australia might be doing quite well in that area in the sense of community response and the banding together and I wondered whether that is partly due to the fact that this has come on the heels of a very significant trauma around the catastrophic bushfires. So we immediately appreciate and understand the need for community engagement and connection. We were primed in a way.

Susan Biggar: So, maybe one trauma has prepared us for another. Kym - do you have any thoughts on how trauma is affecting health practitioners?

Dr Kym Jenkins: People may have more direct exposure to traumatic events and may have discrete, quite well-defined experiences of a trauma that does get better and you can deal with debriefing and connecting with colleagues. And some of the things that we have been talking about, but other things that happen to us as healthcare practitioners are that we carry a lot of other people's distress. And it is not just the direct stress upon us that we see ourselves; it's the work that we do by treating other people who may be affected by COVID. Then, as a healthcare practitioner, looking at how you look after yourself at this time and it has never been more important to have healthy healthcare practitioners. You really need to be addressing both those issues and thinking about 'this is my stress, his is a stress that has come to me from my patients and my work' and to have a range of resources open to you. We have already said that how important connectiveness is and we know a sense of connectiveness is one of the most protective factors. Unfortunately, a lot of us in medicine and allied health and nursing are quite sort of doing things sort of people who like to be practical in everything and we like to have solutions and answers to problems., But at this time of COVID, it's a time of great uncertainty and we don't know what is going to pan out, we don't know what it is going to look like and therefore we don't have the answers that usually make us feel safe and secure.

Susan Biggar: Margie - what about from a psychologist prospective?

Margie Stuchbery: Most people come to healthcare work because of the nature of caring. That is, the nature of the role of being a healthcare worker, there is some degree of caring involved in it and many people are attracted to that. And while that is a wonderful thing, it is also something that can become a liability in some ways too when you are not able to resolve the problems, as Kym pointed out. When we are facing something as catastrophic as this, it's not fixable in many ways and so there are challenges to being in that role of caring that are perhaps a little more impactful on the healthcare workers. But in another way, I would like to say also that healthcare workers are also very similar. We are just people like everyone else and we are just as likely to have pre-existing vulnerabilities, we are just as likely to have all the usual problems of human life in our life as well, while simultaneously taking on this role of caring for others. And so it is important to keep in mind as well that healthcare workers can be vulnerable too.

Dr Kym Jenkins: Just because we are in the middle of a pandemic, all these stresses and strains and trials and tribulations of everyday life don't go away. And whatever our role is as healthcare practitioners, remembering that we are human beings as well, we get the same stresses and strains as everybody else.

Susan Biggar: Jane - what are some things that you think that practitioners can focus on to improve their wellbeing now?

Dr Jane Munro: Thinking about things like sleep, for example, because almost every healthcare worker I spoke to in that first two to four weeks found that their sleep was impacted in some way. And particularly when they were involved in clinical-facing work—that the worry about PPE for almost everyone because they were not sure of access and supply in Australia—was a really significant issue and that is what they found overseas as well. Once some of these things were able to settle and communication was better, and our leadership and our government and others were able to reassure us across different jurisdictions, that has really assisted. It also reflects Kym's comment about the doing. A lot of people need to do the doing, but people were able to have a bit more time to be able to reflect on what were the things that they needed to do for their own coping skills. The other thing that I really hope that we are going to be able to take out of COVID is, I hope, that we can look at transforming our healthcare system around cultural change, around clinician or staff wellbeing. And using some literacy around that and getting people to think about accessing mental health care if they need it but certainly coping skills, looking about if their sleep isn't good or if they need to look at ways they manage their anxiety. Low level anxiety – almost everyone has some aspect around that- how do they get tricks around managing that? Are they exercising? Have they got good nutrition? All of those little tricks and what do we want to take out of COVID that is really good? Which bits of telehealth might be good for our patients and good for us as clinicians? What other things could be good for our whole teams? How we work in our hospitals and I think for us as healthcare professionals we should be thinking - what has been good for us? Is it that I actually had time because I didn't have the commute every day? That I had time to exercise a whole heap more? What was it? There are a whole lot of people who have said 'I have seen my kids a whole lot more', 'I have actually done homework with them and they have really enjoyed some of that', 'I have cooked with my kids', 'I have done this and that'. And people who haven't done that thing with their children for a very long time and have actually loved it and thrived in it, so they are thinking 'how can I maintain some of that?' That joy and that engagement on the far side of COVID.

Susan Biggar: Kym - do you have any tips?

Dr Kym Jenkins: If we have a really, really tough day at work and we go home stressed out, have a moment and have a distinct transition between the work day and home life. Now that can get a bit challenging if you have been working from home and you have been juggling your kids in between seeing patients on telehealth and that sort of thing. But if you have been working in a health service, just see if you can have some way of 'work has finished, I'm showering, I'm changing, I'm getting out of my scrubs' or probably in the other order to what I have just given you, but a clear transition between work and home.

Susan Biggar: So, it is really about finding those pandemic free spaces, Margie, anything from you?

Margie Stuchbery: For mental health workers, so much of your client's stories and minds and experience occupies your mind and it is very important to be reflecting on that. But at some point you need to have a way of turning that off at the end of the day and what Kym is pointing out is so important to actually draw a line that compartmentalises home and work, which is very hard to do at the moment as we are zooming in our bedrooms or living areas. But just a simple thing like going for a walk after work or walk the dog or something or if there is a trampoline in the yard jump on it with the kids, do something fun. Demarcate that work time and home time. It helps the brain reconfigure so that you can move in to a more fun relatable space and let those other things settle down.

Susan Biggar: Jane - how do you see the new ways of working impacting on your colleagues?

Dr Jane Munro: For a reasonably large group of people, the isolation aspect away from their team and the way that they are working is really difficult. So there are a number of people that are thriving, being able to partially work from home and zooming in or a little bit in their clinic or in the hospital. But there is clearly a reasonably large group of people that are really struggling with that and first and foremost, see your GP. But there is a lot of support for doctors' mental health and doctors' health services as well as a range of others that could easily help you if you are struggling. Because I think that isolation and the overload or 'covaload', as someone emailed me the other day that they were in covaload, it can become really overwhelming. And if you are someone that then spirals into anxiety around that, it is a real worry. I have seen that start to really settle but I have to say, two to four weeks ago I had many people that had reached out to me from around Australia and a number of colleagues that were very distressed and very anxious who had not had that before, and I suspect that was very widespread.

Susan Biggar: Kym - what about peer support?

Dr Kym Jenkins: The beauty about peer support is that it is a preclinical intervention. It's acting in almost a preventative way of joining with others, connecting with others, sharing experiences and for some people that might be what they need. They might need the reassurance about how stressed I am feeling., 'Well, everyone else is feeling this stressed' and 'my colleague here got through it and maybe I will try what they are doing' and have their experiences validated by their peers is really helpful.

Margie Stuchbery: And I would echo that. I would just like to say that if you are not part of a peer support group, have a think about it. It can be a really powerful and sometimes a long-lasting group of relationships that will sustain you in these difficult times and help you also to see the hallmarks and notice when you are starting to burn at both ends. Sometimes you need an external voice and an objective voice to help you see that.

Susan Biggar: And before we go, Jane, I wonder if you could tell us something more about pandemic kindness, the movement that you are leading?

Dr Jane Munro: We have set up a national initiative on our workforce wellbeing called Pandemic Kindness Movement and it has just been launched in the last week of April which is really exciting. And it came about only four weeks before that as an idea about how we might be able to work together throughout the COVID pandemic and it spread across four states and one territory now. It has been led out of the Agency for Clinical Innovation in New South Wales and it has really been amazing. Getting together with about fifty different people around Australia with expertise in clinician wellbeing but it is really looking at how we can put a whole lot of resources that are the best ones we can find around the world on one website. It's based on Maslow's Hierarchy of Need and we formed six leadership groups based on the five panels if you like or the layers of the Pyramid of Maslow's. And then one on leadership because we thought that was really important. And found an expert group to be led by that leader and then we are hoping longer term to be putting in some webinars and some podcasts as well as building on those original resources. Really trying to design something that will be fantastic at a national level, both in terms of workforce wellbeing and something that is fit for purpose for COVID. But then really looking at how we

might all then work together nationally on the far side of the pandemic and look towards transforming healthcare and I think it is going to be a really fantastic initiative longer term.

Susan Biggar: So, Jane if you could say one thing to health practitioners now, what would it be?

Dr Jane Munro: Be kind to yourself, listen to what is going on for yourself and stay safe and look after each other.

Susan Biggar: I would like to thank our guests today - Margie Stuchbery, Jane Munro and Kym Jenkins.

