THE NEW ZEALAND MEDICAL JOURNAL
Journal of the New Zealand Medical Association

Consensus statement from the Health of the Health Professional Conference, November 2011

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Abstract

This article presents a consensus statement that arose from the views of participants that attended the multidisciplinary conference "The Health of the Health Professional", in Auckland in November 2011. A healthy workforce is the key to improving the health of all New Zealanders. Yet health practitioners' health is of concern, and despite the evidence of real problems little has been done to constructively and systematically address these issues. This consensus statement provides some potential ways to move forward.

In this article we briefly cite examples of some issues affecting the health of New Zealand practitioners, before moving on to present a summary of the key messages from the recent multidisciplinary international conference, "The Health of the Health Professional" (HOHP).

Internationally, conferences focusing on the health of the health workforce are driven and informed by concerning statistics regarding the health of health professionals at all levels, from students to experienced clinicians.

Even at the point of student selection, there is evidence indicating that some may well already be at a higher risk of developing mental ill-health compared to their peers.[1] Certain personality traits are a risk factor for mental ill-health, for instance conscientiousness,[2,3] and maladaptive perfectionism.[4] These same traits may also be seen as 'desirable' characteristics for future health professionals. Being a student in one of the health professions, may contribute to ill-health, now or in the future.[5,6]

There are many stressors alongside the workload, which contribute to this picture.[7,8] For instance, financial stress in nursing students has been shown to be a predictor of both mental and physical health problems.[9] Medical students at the University of Auckland report lower depression and anxiety scores and are more satisfied with life compared to students from other disciplines (nursing, health science and architecture).[10]

This is one of the few New Zealand studies which compares the mental health characteristics of medical students to other student groups. However it has also been reported that Asian medical students have lower satisfaction with social relationships compared with their non- Asian peers.[11] In a qualitative study it was found that students felt clinicians would view them 'as weak' if they took time off when unwell.[12]

The health of the health professional may also be affected by their help-seeking behaviour. It is well documented that students and staff perceive a variety of barriers to asking for help,[13] often founded on fears of lack of confidentiality, and further

influenced by habits such as self-prescribing or informal consultations with colleagues and peers.[14,15]

In terms of the medical profession the recent Consensus Statement defining aspirations as to *The Role of the Doctor in New Zealand* highlighted the importance of doctors maintaining their own health as well as being advocates for a health-promoting workplace for all staff: "Doctors accept responsibility to positively influence the culture and environment in which they work…exhibiting behaviours that are nurturing, supportive and respectful and which enable individuals and teams to flourish and enjoy their work…"[16]

The prevalence of health issues in the New Zealand health workforce is of concern. Up to 10% of doctors across disciplines display psychological symptoms[17–19] and there are similar trends reported in nurses and audiologists.[20,21] One overseas study, which followed up doctors regularly in the 10 years following graduation, found that they had a lower life satisfaction than other people the same age.[22]

In New Zealand there is minimal research comparing the health of health professionals with others the same age and of the same socioeconomic bracket in the general population. However one study examining suicide rates reports that nurses and female pharmacists are at higher risk of suicide than other occupational groups including doctors.[23]

Whilst more research needs to be done to document the prevalence of illness in the New Zealand health workforce, it is clear that there is a problem. Issues of stress, burnout, staff retention and low morale persist, upheld by anecdotes and research.[8,24]

A disempowered workforce can languish in a state of learned helplessness which affects staff recruitment and retention.[25,26] There is nothing to be lost and perhaps much to be gained by proactively taking steps towards change. Some of this has started to happen. There has been inter-professional leadership in the form of Health Workforce New Zealand, set up in 2009 to provide co-ordination and development of the health workforce. Although some direction may need to be provided at an institutional/system level, there may be other smaller changes which can be accomplished by an individual.

Change to enable a move towards a more supportive culture has been called for,[24,27] but in an era in which staff may feel undervalued it may be difficult to instigate. However research has shown that even establishing simple habits like eating regularly can make a difference to personal and professional practice.[28]

In summary, the HOHP conference reached the conclusion that the status quo is not acceptable because an unhealthy health practitioner workforce impacts on the effectiveness of the health workforce and on patient outcomes.[29,30] The conference participants made a commitment to focus on some solutions and take action as outlined in Table 1.

Table 1. Recommended solutions and actions to improve the health of the New Zealand health workforce

LEVEL	SOLUTIONS
At all levels	
	Establish one organisational framework or overseeing body for the health of health professional in New Zealand
	Convene an annual multidisciplinary conference
	Start a compassion revolution by joining Hearts in Health Care www.heartsinhealthcare.com
	Adopt a strength-based approach
	Encourage improvement in collaboration and communication
	Advocate for HOHP at a political and professional level
	Advocate for de-stigmatisation and normalising of HOHP
	Address the frequent negative dialogue by reframing issues positively
	Establish programmes for early intervention and prevention
	Assist in career matching - the process of finding a role that makes the most of a person's innate strengths
	Develop a culture of trust between health professionals and society and facilitate reasonable expectations
	Develop a code of health rights or charter for health professionals and students
Individual	
	Encourage self-empowerment and personal responsibility for change
	Role model 'wellness' in the community
	Develop and implement a personal health toolkit: e.g. self-care contract as part of performance appraisal, own general practitioner, undertake supervision or mentoring, participate in Balint groups, retreat weekends and other groups
Organisational	
	Support managers to understand, embrace and act on HOHP
	Develop a constructive cultural approach to managing errors
	Encourage debate about what sort of leadership is needed and then implement effective leadership training programmes
	Develop more support for practitioners at all transition points e.g. new managers, new graduates, new specialties, retirement
	Develop organisational support for practitioner well-being
	Introduce funding for supervision in work time
	Implement healthy workplace practices for all
Educational	
	Support continuing research e.g. neurosciences, qualitative approaches
	Develop and implement HOHP into health practitioner education
	Encourage sharing of curriculum internationally and showcasing what works
	Encourage a culture of support in students

It is important to acknowledge that we need to address these issues at all levels—from the individual through to all levels of health organisations, primary through tertiary, and in educational institutions. By collating the evidence, learning from colleagues, sharing ideas and research, we will initiate a dialogue which reaches across disciplines and countries, and is a call to action.

Competing interests: None declared.

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Acknowledgements: We acknowledge the contributions of all participants at the HOHP Auckland 2011 conference.

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