



# Safe team, safe patient

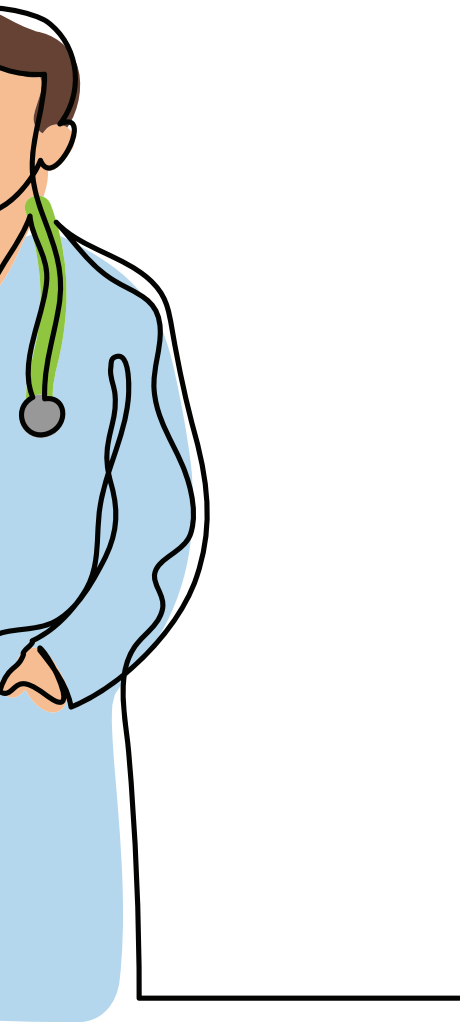
**Anna Paisley** follows up a recent Robert Shields Lecture and explores how poor wellbeing puts the physical and emotional health of staff at risk with impacts on the clinician, the system and patient safety



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Human factors, which aim to design systems that mitigate risk and make it easier to perform to our best, are integral to improving patient safety. Current systems models place the individual at the centre of the entire model. It is clear that worker wellbeing has a direct influence on all other aspects of the work system and is directly correlated with patient safety and treatment outcomes. In other words, there can be no patient safety without healthcare worker safety.

According to the National Academy of Medicine, healthcare worker wellbeing is “a state of personal fulfilment and engagement that leads to joy in one’s practice and connection to why one entered



healthcare in the first place". For surgical and other teams, it involves many factors, including emotional, mental and physical health (Figure 1).

### CAUSES OF POOR WELLBEING

A number of reports from UK national bodies have highlighted concerns over poor healthcare worker wellbeing and its impact on patient safety. These graphically record the challenges facing staff in the modern NHS.

In line with human factor principles, they all note that the system in which staff work has a major impact on their mental health. They all acknowledge that healthcare is a tough job, but that it is made far harder than it should be by neglecting the basics in caring for healthcare worker wellbeing.

Issues affecting staff wellbeing were highlighted in the Boorman review in 2009<sup>1</sup>. Unfortunately, there has been little tangible progress since then, with more recent reports from Health Education England<sup>2</sup>, the General Medical Council<sup>3</sup> and the British Medical Association<sup>4</sup> reporting similar findings.

Several additional factors are considered by many to be particularly important in the current healthcare climate. Over recent years we have become more aware of the concept of moral distress. This occurs when one knows the right thing to do for a patient, but institutional constraints make it impossible to pursue that course of action. It has been reported that 73% of NHS staff feel their organisation does not have enough staff and resources to enable them to do their jobs properly. This inevitably leads to fear, feelings of loss of control and low morale.

Bullying and undermining also play a part. An RCSEd survey found that 33% of Members and Fellows had experienced bullying and undermining, with 44% feeling unable to report it. These behaviours affect the recipient and observers, as Figure 2 illustrates.

Complaints and adverse events, no matter how trivial, are powerful triggers for mental illness and substantial contributing factors to doctors' suicides. They can have significant emotional impact on all staff, causing feelings of guilt, shame and inadequacy – the so-called second victim syndrome.

Causes that are specifically related to surgery have been comprehensively outlined in a systematic review<sup>5</sup>. Clinical factors included adverse events, medical error and malpractice claims, as well as intraoperative stress. Environmental factors included

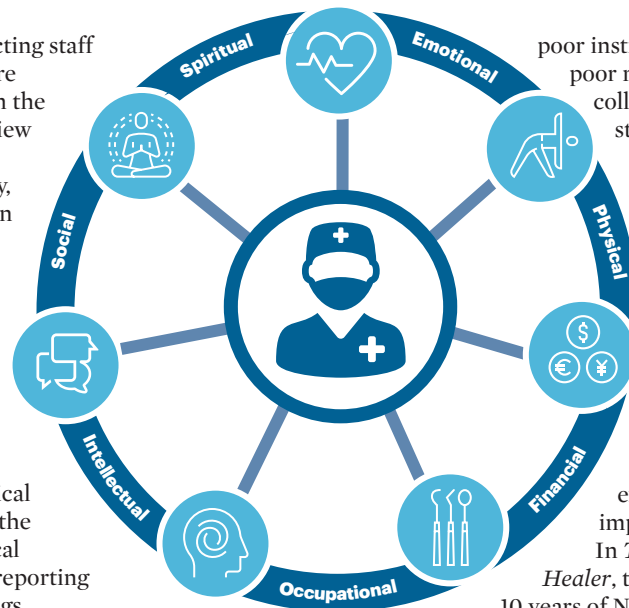


Figure 1: Wellbeing involves many factors<sup>1</sup>

Figure 2 (below): Bullying and undermining behaviour affect not only the victim, but witnesses and patients too

poor institutional support, poor relationships with colleagues, lack of structured mentorship programmes, pressure to succeed in research and missed educational opportunities. Many studies highlighted difficulties coping with suffering and death, emotional exhaustion and imposter syndrome. In *The Wounded Healer*, the report on the first

10 years of NHS England's Practitioner Health Programme, Clare Gerarda postulates that the traits which often define the surgeon and the demanding high-risk surgical workplace may place surgeons at particular risk of poor wellbeing<sup>6</sup>.

Furthermore, it is Gerarda's observation that surgeons who present with mental health issues generally struggle more than other doctors to accept illness, relinquish their professional identity and see themselves as patients. Doctors, and surgeons in particular, are reluctant

## INCIVILITY

### THE FACTS

**WHAT HAPPENS WHEN SOMEONE IS RUDE?**

- 80% of recipients lose time worrying about the rudeness
- 38% reduce the quality of their work
- 48% reduce their time at work
- 25% take it out on service users

**Less effective clinicians provide poorer care**

**WITNESSES**

- 20% decrease in performance
- 50% decrease in willingness to help others

**SERVICE USERS**

- 75% less enthusiasm for the organisation

**Incivility affects more than just the recipient  
IT AFFECTS EVERYONE**

## CIVILITY SAVES LIVES

The price of incivility, Porath C, Pearson C, Harv Bus Rev. 2013 Jan-Feb;93(5-2):114-21, 146.

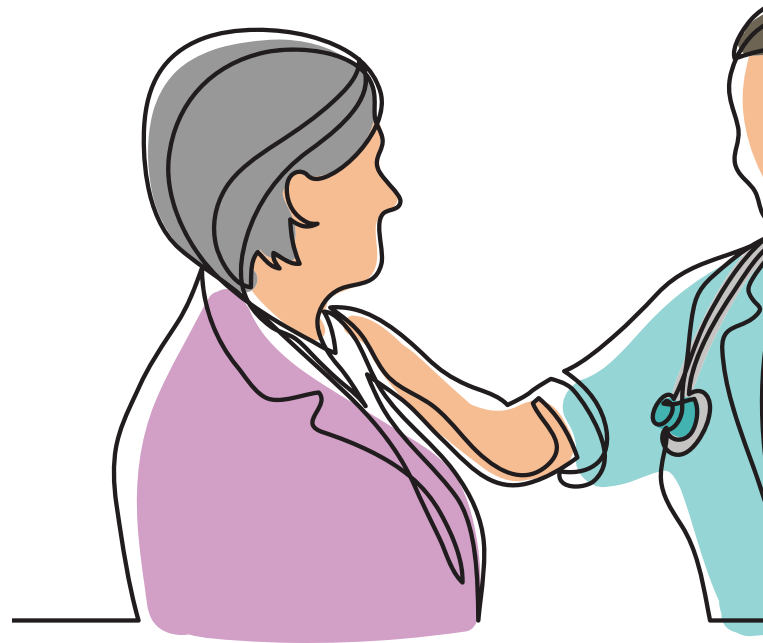
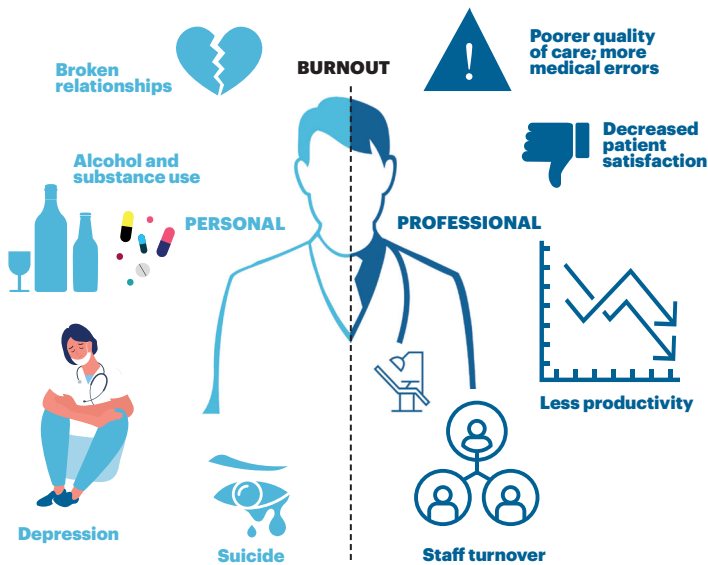


Figure 3: The consequences of poor wellbeing

to seek help for mental health issues due to the perceived personal, professional and institutional stigma associated with the diagnosis.

**EFFECTS OF POOR WELLBEING**

Numerous studies have shown an association between distress and a range of medical comorbidities. Strain can also lead to behavioural problems, including mood disturbance, poor concentration and impaired decision-making, along with a deterioration in memory, reaction time and the performance of different cognitive tasks.

Poor wellbeing significantly worsens compassion, professionalism, staff productivity

and work satisfaction, leading to poorer performance at work. Surgeons, specifically, may experience negative impacts to both their technical and cognitive intraoperative performance, with serious consequences to patients.

If staff are unhappy and have high levels of stress, it has repeatedly been shown that there will be increased sickness rates and poor recruitment and retention, as well as more instances of early retirement.

There is also a significant psychological impact, with increased rates of relationship breakdown, substance abuse, stress, anxiety, burnout, depression and suicide (Figure 3).

**References**

1. Boorman S. NHS Health and Wellbeing. Department of Health, Nov 2009.
2. NHS Staff and Learners' Mental Wellbeing Commission. Health Education England, 2019.
3. West M, Coia D. Caring for doctors, Caring for patients. GMC, 2020.
4. Mental health and wellbeing of the medical profession. British Medical Association, Oct 2019.
5. Vitou CA et al. Optimising surgeon wellbeing. *Ann Surg.* 2021; 1: e029.
6. The wounded healer: report of the first 10 years of the practitioner health service. NHS GP Health Service, 2018.
7. Caring for the mental health of the medical workforce. British Medical Association, 2019.
8. We are the NHS: people plan 2020/21; action for all. NHS England, Jul 2020.
9. Swensen SJ, Shanafelt TD. Mayo Clinic: Strategies to Reduce Burnout. Oxford University Press, 2020.

**IMPROVING WELLBEING**

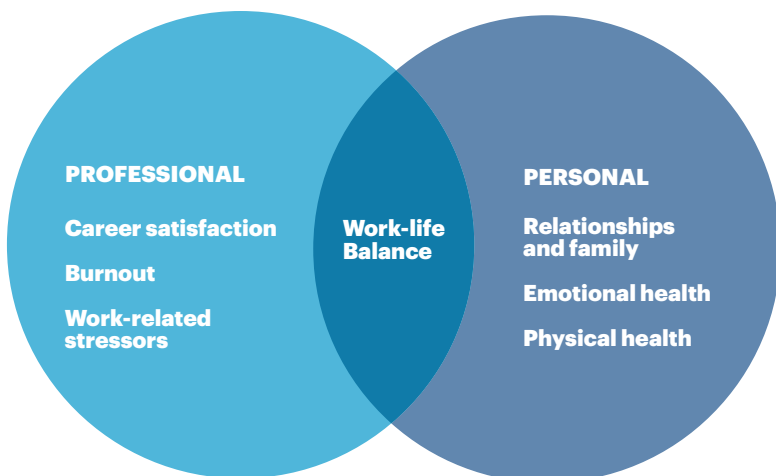
Most interventions to improve wellbeing have focused on improving individual coping skills and building resilience. These include cultivating work-life balance (Figure 4), prioritising personal time, training in mindfulness, building strong support networks and stress-reduction techniques.

Staff should take time to look after their physical health: eating well, ensuring they get adequate sleep, exercising regularly and making time to see their GP when needed. Reading about resilience or going to a workshop will not lead to lasting improvements. Staff need to learn to reset priorities and build changes into their everyday routines.

While it is helpful to develop personal strategies to cope with the job, this only goes part way to improving wellbeing. As Human Factor theory clearly tells us, it is essential to also target the workplace at a system-level to address organisational factors that underpin poor staff wellbeing, thereby dealing with the causes as well as the consequences.

Strategies targeting systems factors have been highlighted in many recent guidance documents from several UK bodies, including HEE<sup>2</sup>, GMC<sup>3</sup>, BMA<sup>7</sup> and NHS England<sup>8</sup>.

Figure 4: Staff need to balance work and their personal life to achieve wellbeing





### ANTI-STRESS ABC

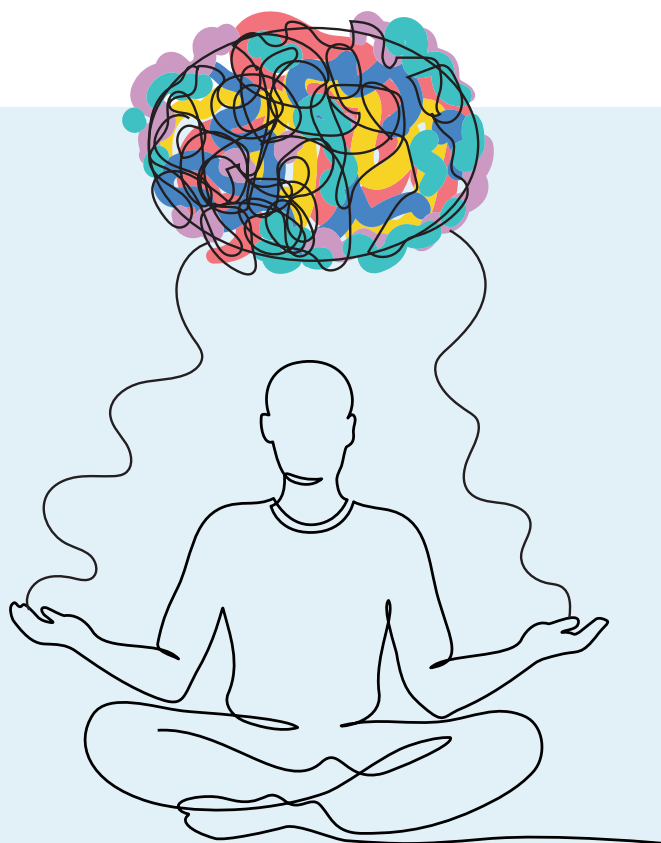
The GMC report *Caring for doctors, Caring for patients*<sup>3</sup> focused on developing greater consistency of good work environments to improve the wellbeing of doctors. The report defined an ABC of doctors' core needs to minimise workplace stress – autonomy, belonging and competence – and set out an action plan with six key recommendations linked to these core needs.

The Mayo Clinic, meanwhile, has described nine key guiding principles when thinking about systems improvements<sup>9</sup>.

### OPTIMAL CARE

The culture of surgery has in the past accorded a low priority to surgical team members' mental health. We are ordinary people, and the stresses and strains of the healthcare environment impact on us as much as they do on other healthcare professionals. We need to check in on our colleagues and ask how they are. We all need to talk openly about our stresses and challenges, and make it OK to talk about mental health.

The wellbeing of surgical team members is central to patient safety and optimal patient care. If we don't look after ourselves and our teams, we cannot hope to provide good quality care for our patients.



## RCSEd wellbeing resources

The RCSEd recognises that staff wellbeing is also a key factor in helping to ensure safe patient care. The promotion of good mental health has been a priority over the last year, and we have developed a set of resources to improve wellbeing at individual and system levels.

### Wellbeing weeks

The College Trainees' Committee has run wellbeing weeks, which raised awareness of the importance of wellbeing. Surgical team members took part in various activities, including daily webinars, virtual workshops and sessions on cooking, mindfulness, yoga, art and how to make work fun. CPD points were given for webinar participation, underlining their importance.

### Moon and Back

Last autumn the College launched the Moon and Back campaign to encourage people to take time out of their busy schedules to focus on their mental health.

### Focus on bullying

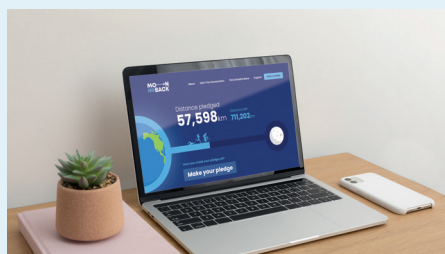
The #LetsRemoveIt campaign to reduce bullying and undermining in the workplace began in 2017, and a range of resources have been developed. The College was also instrumental in forming the anti-bullying alliance with other national bodies, and has developed national guidelines, such as *Improving the Working Environment for Trainees out of Hours*.

### Working well

Training resources have been developed to foster working environments in which wellbeing can flourish for surgical and dental teams. These include the NOTSS, PiNTS and DeNTS programmes, which help to develop good non-technical skills such as communication, teamworking, leadership, situation awareness and decision-making.

The College has also nurtured system culture to ensure appropriate training environments through the Faculty of Dental Trainers, and support for members of the wider perioperative team through the Faculty of Perioperative Care.

We have collaborated with Healthcare Improvement Scotland on resources to improve Team-Based Quality Reviews. We also contributed, along with other healthcare organisations in Scotland, to the GMC Scottish Wellbeing Advisory Group.



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