

# International Practitioner Health Summit 2018 The Wounded Healer

A REORIENTATION TO IMPROVED SYSTEM-BASED  
MANAGEMENT AS AN EFFECTIVE SUPPORT MECHANISM

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# Underlying Premises

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## a) Context

- increasing pressures on NHS staff
- morale is low
- stress and burnout are increasing

a) Doctors and junior doctors in particular are a vulnerable group (also basis of our study)

c) Systems thinking orients one to prevention rather than treatment

d) Organisations have a responsibility (culpability) for affects on their staff.

# Problem Manifestation

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Typical issues – burnout, low morale, intention to leave

Burnout = exhaustion, cynicism and reduced effectiveness

## Implications:

- a) Individual – broken relationships, alcoholism and self-harm
- b) Organisation – quality of care, patient safety and satisfaction

Burnout is therefore a system issue.

# The Organisational Role

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Organisations have a critical role in creating circumstances that both promote individual distress and in being able to avoid it.

Key factors include:

- workload
- Flexibility/control over work pattern
- work-life integration
- social support/community at work
- meaning derived from work

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# The Organisational Role (2)

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Organisations typically perceive any problems arising as an individual issue – leading to interventions such as stress management workshops/mindfulness programmes.

**Shanafelt & Noseworthy (2017) suggest:**

- a) Clinicians are cynical about such approaches
- b) The focus should be on promoting medical engagement

# Medical Engagement – the Evidence

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Medical Engagement defined as “the active and positive contribution of doctors within their normal working roles to maintaining and enhancing the performance of the organisation which itself recognises this commitment in supporting and encouraging high quality care”. (Spurgeon, Clark & Ham 2011).

Engaged employees are characterised as having:

- belief and pride in their organisation
- commitment to improve outcomes
- understanding of wider context of the organisation
- respect for colleagues
- willingness to go the extra mile.

# Junior Doctor Crisis

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- a) BMA survey (2014) – 1 in 4 considering leaving the profession
- b) UK Medical Careers Research Group (2015) found nearly 80% (of 6220 surveyed) felt that they were “not valued at all”.
- c) Dutch study (2015) found 21% of 2000 junior doctors fulfilled the criteria for severe burnout, and only 27% were positively engaged.

Spurgeon & Wathes (2014) using Medical Engagement Scale (MES) found low levels of engagement in junior doctors across NHS.

There were exceptions (with high levels of junior doctor engagement) – these formed focus of study.

# Empirical Study

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6 NHS Trusts – senior staff interviewed

Focus groups trainees (120 consulted on better support and actions to promote engagement)

Key recommendations

- a) Effective and welcoming Induction – was rated as most important activity by trainees
- b) Visible and accessible senior leaders
- c) Supportive mentor
- d) Opportunities to develop their own leadership skills



# Empirical Study (2)

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- e) Buddy system (doctor/manager pairing)
- f) Junior Doctor forum to facilitate exchange
- g) Doctors Mess – can meet doctors (junior and senior) from other parts of hospital. Informal meetings can solve problems

**NOT ROCKET SCIENCE – BUT GENERALLY NOT DONE**

# Outcomes and Benefits

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Engaged trainees were:

- positive agents for change and improvement
- happier in their role
- higher levels of job satisfaction
- keen to join and commit to organisation long-term
- felt more in control of work and life generally

There are thousands of trainees and this relatively low cost investment could save significant personal costs and actual costs of individual support initiatives.