

A Time of Crisis, a Time to Re-evaluate

D. Slattery

Children's Health Ireland and Royal College of Surgeons in Ireland

The Covid-19 pandemic demonstrated the strong culture of professionalism in healthcare that exists nationally and internationally. In excess of 40,000 responses to the HSE's "be on call for Ireland" campaign were received. Healthcare workers came out of retirement and home from abroad to work frontline with student nurses and doctors.

Despite individual displays of patient advocacy, altruism and compassion during this crisis, this is a critical time for professionalism. When people are under pressure, there are more communication breakdowns, more interpersonal disputes, increased risk of adverse incidents causing patient harm, which in turn increases anxiety, leading to more incidents.

During times of stress, underlying structural organisational problems previously present, resurface and need to be addressed including bullying, harassment, burnout, unprofessional behaviour, inadequate care for the caregivers, suboptimal staff self-care and preventable patient harm.

Disappointingly more than 10 years after *To Err is Human* identified significant numbers of preventable patient deaths, the Joint Commission identified that communication breakdown was still the root cause in > 60% of cases of sentinel events. Medical error has recently been identified as the third leading cause of death in the USA ¹. National data from the INAES study similarly identified that the majority of adverse events are preventable ².

Bullying is a patient safety issue because bullied doctors are more likely to be involved in adverse incidents ³. Recently a large study in Australia identified that between 54-57% of junior doctors reported being bullied ⁴. Training accreditation was withdrawn from an intensive care unit in Sydney because of alleged bullying by senior staff ⁵. The financial cost of bullying and harassment to the NHS is estimated at £2 billion per annum ⁶. A recent Medical Council survey identified that bullying and harassment of trainee doctors in Ireland is increasing and 40.9% of respondents experienced some form in their role ³. Not only is bullying a patient safety issue, it is a recruitment and retention issue and a healthcare organisation reputational issue.

Physician burnout is a leading indicator of health system performance. Burnout is associated with increased adverse incidents. A recent national study of hospital doctors in Ireland identified that 30.7% met the criterion for burnout ⁷, not too dissimilar to figures from the USA. The financial cost of burnout in the USA is approximately US \$4.6 billion/year ⁸. Burnout is the factor most strongly related to doctors plans to withdraw from the clinical workforce ⁹. Burnout is a patient safety issue, a recruitment and retention issue and an institutional reputational issue.

Physician self-care is another area of concern in particular depression, suicide risk, substance abuse and error impact. The overall pooled prevalence of depression or depressive symptoms was 28.8% in trainee doctors in a large systematic review. Depression is associated with poor quality care and increased medical errors. A systematic review estimated that doctor relative suicide risk is 1.1-1.34 higher for male doctors and 2.5 -5.7 higher for female doctors, compared to the general population.

Approximately 10-12 % of doctors will develop a substance abuse disorder during their career, a rate similar to or exceeding that of the general population but in doctors it is typically more advanced before identification and intervention. A large North American study identified that the impact of error on lives led to increased anxiety about future errors, increased sleeplessness, reduced job satisfaction and confidence.

The financial cost of clinical claims, some of which are due to unprofessional behaviour is significant in Ireland and internationally. In Ireland in 2019, the cost of resolving and managing active clinical claims was €325.1 million euro, an increase from €268.5 million, the previous year.

Drivers for change and improvement include patient safety and patient experience, staff wellbeing, burnout, recruitment and retention, risk of litigation, healthcare organisation reputation and the rising cost of litigation.

At undergraduate level unprofessional behaviour is associated with disciplinary action as a practicing doctor ¹⁰. At post graduate level unprofessional disruptive behaviour is associated with compromises in patient safety and quality of care.

Professionalism should be taught and embedded across the continuum of undergraduate and post graduate education and continuous professional development.

A multifaceted professionalism programme for all staff (clinical and non-clinical) incorporating evidence-based interventions is an important tool to address organisational, structural issues, promote staff self-care and improve patient centred care, all culminating in a stronger culture of professionalism. The triad of leadership, education and accountability strengthens a culture.

Healthcare staff is the Irish health system's most valuable asset: staff must be supported and "care provided for the care-giver".

Pillars of professionalism programmes at international centres of excellence may include staff support and training, communication and events, policy and pathway development, data analysis for lessons learned and research.

Peer Support programmes where trained peer supporters are available to meet with healthcare staff on a one-to-one basis and provide free confidential support are valuable. It has been shown that talking with a peer soon after an adverse event increases resilience. Staff engagement and communication is crucial with Professionalism in the Workplace Surveys where results are shared, and interventions co-designed with staff to address issues identified. This data provides a baseline against which the impact of an intervention can be measured. Staff training is required in requested areas such as complex communication, successful leadership, building teamwork and ethical decision making.

Expected behaviour may be addressed through development and writing of professionalism pledges by staff from a broad range of professions, (approved by senior leadership) and to which staff hold themselves accountable. Pathways to address unprofessional behaviour can be co-designed. Recognition of colleagues who go “above and beyond” through peer nominated professionalism team awards and events such as a Professionalism week to celebrate great work is important. A Professionalism conference open to all staff with national and international experts (clinical and non-clinical) sharing their work helps consolidate the academic component of the programme. Inclusivity of all healthcare staff is key.

This time of Covid crisis, is a time to re-evaluate and act.

Corresponding Author:

D Slattery

Children’s Health Ireland (CHI) Professionalism Programme,
CHI,

Temple St,

D1, D01XD99

E-Mail: Dubhfeasa.slattery@nchg.ie

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