AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE

34 Jeffcott Street, West Melbourne Victoria 3003, Australia
ABN 76 009 090 715
Tel 61 3 9320 0444
Fax 61 3 9320 0400
Web www.acem.org.au
Email admin@acem.org.au

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The Australasian College for Emergency Medicine (ACEM, the College) welcomes the opportunity to provide feedback to the South Australian Parliamentary Committee on Occupational Safety, Rehabilitation and Compensation, in relation to its inquiry into workplace fatigue and bullying in South Australian hospital and health services.

ACEM is the peak body for emergency medicine in Australia and New Zealand, with responsibility for training and educating emergency physicians and advancing professional standards in emergency medicine. As the trusted authority for emergency medicine, ACEM has a vital interest in contributing to a sustainable emergency medicine workforce that provides high quality patient care and upholds the highest possible professional standards in emergency medicine.

The College provides feedback in relation to issues of workplace bullying and workplace fatigue. The information provided below relates to both Fellows of ACEM (FACEM, emergency medicine specialists) and FACEM trainees i.e. those training to become specialists in emergency medicine. For the purposes of this submission, the term ACEM members refers to FACEMs and FACEM trainees.

Section One: The factors contributing to workplace fatigue and bullying in South Australian Hospital and Health Services

ACEM considers the issues of workplace bullying and workplace fatigue to be interrelated, and that access block and overcrowding in Emergency Departments (EDs) are the two biggest contributing factors, reflecting the strains and pressures on the health system itself. The emotionally demanding nature of emergency medicine, coupled with the unpredictability of patient flow, as well as the management of complex patient and family relationships, in an already highly stressful environment is therefore further exacerbated by a hospital system in severe distress/crisis.

ACEM has a long standing guideline that sets out the minimum requirements for establishing and maintaining a senior emergency medicine workforce to ensure the timeliness and quality of care for the public and safe and sustainable working conditions for the workforce. ACEM's G23 Guideline on Constructing and Retaining a Senior Emergency Medicine Workforce provides the recommended senior medical staff, based on the volume of presentations to EDs, as well as levels of staffing to ensure safety in relation to supervision, rosters and shift work and accreditation requirements related to professional development and clinical support.

ACEM has regularly briefed SA Health and the Minister for Health about ongoing access block and overcrowding issues across South Australian emergency departments. Regular occurrences of

patient length of stay greater than eight hours and up to and longer than 24 hours are unacceptable, with ACEM particularly concerned about the numbers of people presenting in mental crisis who must endure long waits in the ED as a result of a chronic shortfall in inpatient mental health beds and other services.

Ongoing media coverage of ambulance ramping at Royal Adelaide Hospital is one example of systemic crisis[1]. Overcrowding at Lyell McEwin Hospital emergency department has also been extreme, to the point that a stop-gap measure was introduced last year to also see emergency patients in the radiology department of the hospital. Members are providing consistent reports that on the vast majority of evening shifts there is a combination of ambulance ramped patients and/or overflowing walk in patients that exceed the current capacities at all three major emergency departments. At times the current number of patients waiting for a bed is the same as the number of beds allocated to each emergency department. Real time data on access block in these EDs can be monitored via the twitter handle @AdlEmergStatus. Additionally, media coverage of the dangerous levels of overcrowding at Flinders Medical Centre, Lyell McEwin Hospital, Queen Elizabeth Hospital and the Royal Adelaide Hospital have been in the media in for several years[2].

It is in this context that ACEM provides the following data and review of the evidence regarding workplace bullying and fatigue.

Workplace bullying

In a 2016 survey of all ACEM members on the issues of discrimination, bullying and sexual harassment (DBSH), 49.5% of respondents from South Australia reported that they had been subject to DBSH by a professional colleague in the workplace, with 36.9% reporting that they had been specifically subjected to bullying. This was across a range of settings (e.g. the emergency department, other hospital departments such as the intensive care unit, and retrieval services), whilst the perpetrators were of varied roles i.e. FACEMs, trainees, medical administrators, nursing staff and other specialty physicians. A high proportion of South Australian members reported being subjected to bullying multiple times across their careers, with 48.6% and 37.1% reporting that they had experienced bullying between two to five times and 6 – 20 times respectively, throughout their careers.

In relation to workplace bullying, research points to the negative impact of stressful healthcare environments, and suggests that healthcare workers are more likely to experience workplace bullying than those in other industries, due to the demands placed on them, the high-stress environment, emphasis on performance and targets and the often physically limited workspaces[3,4]. The International Classification of Diseases and Related Health Problems (ICD)-10, suggests that

[1] Crouch, B 2018. *Adelaide's hospitals struggling to deal with demand at emergency departments, ambulances ramping*. The Advertiser, Adelaide.

[2] Crouch, B 2018. *SA Ambulance official order staff 'not to be rude' as ED crush puts pressure on medics*. The Advertiser, Adelaide.

[3] Dalton DL. Bullying in the healthcare industry. Journal of Emergency Medical Services. 2016 August.

[4] Rosenstein AH, O'Daniel M. Impact and implications of disruptive behaviour in the perioperative arena. J Am Coll Surg. 2006 July; 203(1): 96-105.

frontline professionals are particularly likely to exhibit behaviours associated with workplace bullying, due to the repeated workplace stressors, pace of regulatory change, pressure to maintain successful outcomes and adhere to targets and managing complex family and patient relationships[5]. Some research also suggests that the propensity to experience bullying increases for those who undertake shift work, experience work-related stress and/or a lack of work satisfaction[6].

Workplace fatigue

FACEMs and FACEM trainees in particular are exposed to patterns of work that are likely to increase the risk of fatigue and its consequences. Factors include long working hours, the required periods of sustained attention and performance of complex and demanding cognitive tasks while managing a high workload with ever increasing volume of presentations in the context of access block and overcrowding. At a personal level, shift work increases the risk of fatigue by disrupting natural sleep cycles. When doctors have less than ten hours rest between shifts there is the further risk of fatigue because of the short time for rest and recovery. The current demands of medical rosters are another significant factor contributing to the risk of fatigue for emergency medicine specialists and trainees. According to the Australian Medical Association's (AMA) 2016 AMA Safe Hours Audit, almost forty percent (38%) of those working in emergency medicine reported working to rosters that place them at significant and higher risk of fatigue[7]. ACEM's South Australian members confirm that current medical rosters are often requiring excessive overtime commitments and extended on-call shifts.

In Australia, the minimum annual leave entitlement for all workers is four weeks (20 days) of paid leave. Australian hospital shift workers (those regularly rostered to work evenings and on call at nights, or on weekends and public holidays) such as emergency physicians may be entitled to additional weeks of annual leave. In addition, for each five to twelve-hour shift, workers are entitled to an unpaid meal break of between 30 to 60 minutes and one or two paid 10-minute rest breaks (Fair Work Ombudsman, 2016). Twenty days or more of annual leave per year has been shown to reduce work-related and other stress, enhancing productivity at work and individual health and wellbeing[8] and short breaks have been shown to improve performance and decrease fatigue[9].

Under the SA Salaried Medical Officers Enterprise Agreement 2017 (the Agreement), a full-time equivalent workload for an emergency medicine specialist is 37.5 hours per seven-day week for FACEMs and 38 hours for juniors, inclusive of clinical support and teaching and/or training time. Based on this agreement, FACEMs must have a minimum of eight consecutive hours of rest between shifts but there is no fixed hours, i.e. the limits on the length of the shifts on a roster, and there are

[5] Fink Samnick E. The side effects of workplace bullying in healthcare. ICD10 Monitor; June 18 2018. [cited 18 January 2019]. Available from https://www.icd10monitor.com/the-side-effects-of-workplace-bullying-in-healthcare

[6] Ariza-Montes A, et al. Workplace bullying among healthcare workers. Int J Environ Res Public Health. 2013 July; 10: 3121-3139.

[7] Australian Medical Association. Managing the risks of fatigue in the medical workforce: 2016 AMA safe hours audit. 2016. AMA. [cited 2019 Jan 23]. Available from https://ama.com.au/article/2016-ama-safe-hours-audit

[8] Cairncross G, Waller I. Not taking annual leave: what could it cost Australia. Journal of Economic and Social Policy. 2004; 9(1).

[9] Mitra B, Cameron PA, Mele G, Archer P. Rest during shift work in the emergency department. Aust Health Rev. 2008 May; 32(2): 246-51.

no defined breaks in the shift. The junior doctors must have an (unpaid) 30 minute break within six hours, but there is no paid rest break.

In practice, ACEM research indicates that a high proportion of ACEM members are working excessive hours and have limited opportunities for annual leave. Results from ACEM's 2016 Workforce Sustainability Survey showed the following in relation to working hours for South Australian members:

- The majority of members (65.3%) reported working more than 40 hours per week;
- 34.7% reported working excessive overtime (45+ hours);
- 62.5% reported working unpaid hours;
- 42.3% reported only 2 weeks or less of annual leave within in a 12-month period;
- 11.3% reported only taking 1 week of annual leave within the same period;
- 12.7% reported having taken no leave within a 12-month period;
- Difficulty in arranging leave was reported as an issue, with 69% of respondents reporting that it was difficult or very difficult to arrange leave.
- 70% reported difficulty in being able to take a break at work.
- 61.5% reported that they were either likely (32.9%) or very likely (28.6%) to reduce their clinical practice hours over the next 10 years;

ACEM members identified a number of barriers to being able to take a break during a shift. These included the demanding and unpredictable nature of the working environment, coupled with time constraints and performance indicators, as well as suboptimal workplace conditions and resource allocation (ACEM Workforce Sustainability Survey, 2016).

Improved recruitment and retention of senior medical staffing levels

ACEM has set minimum recommended senior medical staffing levels for emergency departments across Australia and New Zealand. Based on total number of annual presentations, the G23 framework provides a model for calculating the necessary level of senior decision makers for each shift. Under the category of senior decision maker (SDM), EDs employ FACEMs as well as a variety of non-FACEMs doctors who are, for example, career medical officers (CMOs) with ACEM qualifications such as the Emergency Medicine Diploma. All of South Australian EDs report a significant shortfall in the current staffing levels of senior medical decision makers.

Inadequate staffing levels of senior decision makers and junior doctors combined with overnight closure of patient assessment areas and difficulties recruiting specialists from interstate are a key contributor to patient wait times of up to 10-12 hours. Staffing EDs with locums is a costly solution that is imposing a significant burden on the health budget for the state.

ACEM members in SA report that pressures around access block are intrinsically tied to inpatient staffing shortages, and in particular the shortage of senior medical staff to support timely and appropriate consultations and admissions across all the Local Health Networks. Longstanding

challenges in the recruitment and retention of a middle grade emergency medicine workforce, consisting of, for example, advanced trainee registrars, CMOs or General Practitioners with emergency medicine qualifications, needs prioritisation.

ACEM considers that better planning for immediate and longer term recruitment and retention of this middle grade workforce at an individual hospital and whole of state level, is urgently needed to provide strategic guidance in meeting the future needs of South Australian patients. This is a timely opportunity to consider the number of registrars, trainees and specialists, including non-FACEM senior decision makers eg. career medical officers, required by the system to provide a safe working environment and the options for expanding staffing to support a 24 hour hospital.

AEM Recommendations

1. *Immediate action is needed to address the shortfall of senior decision makers in EDs, based on ACEM's workforce guidelines (G23 Guidelines), to reduce the risk of workplace fatigue and bullying for emergency doctors.*
2. *Longer term strategies are needed to plan for the recruitment and retention of the hospital and local health network workforce, particularly at the non-FACEM senior-decision maker level. In particular, improved staffing levels outside of business hours and across inpatient services will further reduce the prevalence of workplace fatigue and bullying, and improve the quality and safety of patient care. This may include significant changes to the current enterprise bargaining agreement to accommodate the non-specialist SDM group of medical practitioners.*

Section two: The impact of workplace fatigue and bullying on the health and wellbeing of health care professionals and on the quality and safety of effective health services.

Workplace bullying

The negative impacts of bullying on the individual are numerous, and can include feelings of exclusion, humiliation and isolation, insomnia, depressions, anxiety, gastrointestinal complaints, weight loss, palpitations, post-traumatic stress disorder and even thoughts of suicide[3]. Bullying can also have a significant impact for familial and other personal relationships.

There is also a growing body of evidence regarding the negative impacts that the bullying of healthcare workers can subsequently have on the quality of patient care delivered. Research has shown that patients of disrupted physicians experience higher rates of complications post-surgery, and higher rates of medical errors[3]. Bullying behaviours disrupt teamwork, hinder effective communication, causing subsequent negative impacts on the implementation of necessary patient care[10, 11, 12].

[10] Westbrook J, Sunderland N, Atkinson V, Jones C, Braithwate J. Endemic unprofessional behaviour in health care: the mandate for a chance in approach. Medical Journal of Australia. 2018 November; 209(9): 380

[11] Houck NM, Colbert AM. Patient safety and workplace bullying. J Nurs Care Qual. 2017 June; 32(2): 164-171.

[12] Wallace SC, Gipson K. Bullying in healthcare: a disruptive force linked to compromised patient safety. 2-17 June; 14(2): 54-70.

In addition, the efficiency and effectiveness of the overall organisation can also be significantly disrupted, with increases in staff dissatisfaction, absenteeism and higher rates of staff turnover, as well as significant financial costs to the organisation[13, 14]. Organisational reputations can also be affected with the ensuing legal action that comes about with high rates of bullying and unprofessional behaviour. A recent estimate suggested that bullying costs the Australian economy up to $36 billion per year, with an average case costing between $17,000 – 24,000 for employers[15].

Workplace fatigue

Fatigue has been shown to negatively impact an individual's performance across various situations[16]. According to the American College of Occupational and Environmental Medicine (ACOEM), the following factors contribute can lead to fatigue, increase the propensity for sleep and result in various degrees of impairment[17]. These include:

- Sleep deprivation;
- Circadian variability;
- Time awake;
- Health factors (sleep disorders, medications);
- Environmental issues (light, noise); and
- Workload.

Existing research detailing the links between workplace fatigue and accidents shows that fatigue, as well as the need for recovery, could be independent risk factors for being injured in an occupational accident[18]. Disruptions to the circadian rhythm and sleep deprivation can impair performance and, in the long term, contribute to anxiety, depression and heart disease[19,20]. Fatigue and continued sleep deprivation have been shown to be associated with a decline in various cognitive functions, such that sustained wakefulness for 24 hours can result in a decline in cognitive psychomotor performance equivalent to that of a blood alcohol concentration of 0.110%[17]. Fatigue and decreased alertness may also result in slowed reaction times, reduced decision-making ability and distraction during complex tasks[17,21]. Furthermore, night shift work (in non-healthcare settings) has been shown

[13] Nielsen MB, Indregard Rustad AM, Overaland S. Workplace bullying and sickness absence: a systematic review and meta-analysis of the research literature. Scandinavian Journal of Work, Environment & Health. 2016 June; 42(5): 359-370

[14] Ortega A, Christensen KB, Hogh A, Rugulies R, Borg V. One-year prospective study on the effect of workplace bullying on long-term sickness absence. J Nurs Manag. 2011 September; 19(6): 752-9.

[15] House Standing Committee on Education and Employment. Workplace bullying – we just want it to stop. 2012 October. [cited 17 January 2019]. Available from: https://www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=ee/bullying/report.htm

[16] Gates M, Wingart A, Featherston R, et al. Impact of fatigue and insufficient sleep on physician and patient outcomes: a systematic review. BMJ Open. 2018; 8:e021967.

[17] American College of Occupational and Environmental Medicine. Fatigue Risk Management in the Workplace. Journal of Occupational and Environmental Medicine. 2012 February; 54(2): 231-258.

[18] Swaen GMH, van Amelsvoort LGPM, Bultmann U, Kant IJ. Fatigue as a risk factor for being injured in an occupational accident: results from the Maastricth Cohort Study. 2003; 60(Suppl 1): i88-i92.

[19] Dawson D, Reid K. Fatigue, alcohol and performance impairment. Nature. 1997 August; 368(6639): 235

[20] Kevat DA, Caeron PA, Davies AR, Landrigan CP, et al. Safer hours for doctors and improved safety for patients. Med J Aust. 2014; 200(7): 396-398.

[21] Cunningham N. Safe working hours for doctors – whose duty of care. Aust and NZ Journal of Health, Safety and Environment. 2018; 34(2).

to increase the relative risk of accidents, compared to working either the morning or afternoon shifts, due to impaired alertness and performance[22].

Various research exploring the effects of workplace fatigue on interns has shown extended work hours, sleep deprivation and limited recovery time to be associated with:

- an increase in attention failures;
- an increased risk of having a motor vehicle accident;
- more serious medical errors when long shifts are worked more frequently[23,24].

As well as impacting cognition, research shows that overall, fatigue and insufficient sleep are negatively associated with physician health and wellbeing[16]. Physician burnout is one such negative outcome, and has wide reaching implications for the professional performance, health and psychological wellbeing of doctors. Burnout indicates unfeeling and impersonal responses to recipients of the respondent's services, care, treatment or instruction, such as objectification of patients or students. It is characterised by a general loss of enthusiasm for one's work and an increase in detachment, emotional exhaustion and cynicism. Emotional exhaustion indicates emotional over-extension and exhaustion due to work. By contrast, personal accomplishment indicates feelings of competence, success and achievement in the respondent's work with people[25].

International research suggests emergency physicians experience professional burnout more than three times that of the average physician[26]. In its research, ACEM has also found concerning levels of burnout reported by its members. Through the 2016 ACEM Workforce Sustainability Survey, South Australian members reported concerning levels of burnout-related factors, including depersonalisation and emotional exhaustion. Fifty-nine percent of members reported moderate to high levels of depersonalisation, whilst 62.5% reported moderate to high levels of emotional exhaustion. These findings were comparable with those from the 2013 National Mental Health Survey of Doctors and Medical Students[27]. It is suggested that work environments characterised by high overload and role conflict aggravate emotional exhaustion, which in turn mediates depersonalisation.

In the 2016 ACEM Workforce Sustainability Survey, respondents reported that work-life balance was considerably disrupted, with almost 50% of South Australian members reporting that they either disagreed or strongly disagreed that they had a balance between personal and professional

[22] Folkard S, Lombardi DA, Tucker PT. Shiftwork: safety, sleepiness and sleep. Industrial Health. 2005 January; 43(1): 20-3.

[23] Lockley SW, Cronin JW, Evans EE, Cade BE, et al. Effect of reducing interns' weekly work hours on sleep and attentional failures. N Engl J Med. October 2004; 351(18): 1829-37.

[24] Ayas NT, Barger LK, Cade BE, Hashimoto DM, Rosner B, et al. Extended work duration and the risk of self-reported percutaneous injuries in interns. JAMA. September 2006; 296(9): 1055-62.

[25] Maslach C, Jackson SE, Leiter MP. Maslach Burnout Inventory (3 ed). Palo Alto, CA: Consulting Psychologists Press.

[26] Berger E. Physician burnout – emergency physicians see triple risk of career affliction. Annals of Emergency Medicine. 2013 March; 61(3): 17A – 19A

[27] beyondblue. National Mental Health Survey of Doctors and Medical Students. 2013. Melbourne: beyondblue

commitments and 65.4% agreed or strongly agreed that the demands of work interfered with their home and/or family life.

Significant cultural change is fundamentally required in order to adequately these issues. The following section provides recommendations on measures to support cultural change in SA hospitals.

Section three: Measures to improve the management and monitoring of workplace fatigue and bullying

Initiatives that commit South Australian hospitals to safe working hours

SA Health must lead the development and implementation of policies and other initiatives that ensure a safe working environment, and limit the risk of fatigue impacting both the individual physician and the wider delivery of patient care. The American College of Occupational and Environmental Safety recommends organisations development their own Fatigue Risk Management Systems (FRMS) as part of a broader safety management system. Such a system specifies:

- a formal fatigue management policy
- a fatigue reporting system for employees
- fatigue incident investigation
- fatigue management training
- sleep disorder management[17].

In addition, existing resources there are existing resources available such as the AMA's Fatigue Risk Assessment Tool, which should be considered for inclusion and use in such a system. This tool assists doctors in determining whether they are at risk of fatigue. The utilisation of such a tool by an organisation (rather than just the individual) could more comprehensively allow organisations to identify concerning work patterns, and minimise risk.

ACEM Recommendation

3. *That SA Health commit to safe working hours for emergency doctors that take account of the specific risks of fatigue for this workforce.*

Agreed Framework for safe working hours.

As described above, the current SA Salaried Medical Officers Enterprise Agreement 2017 (the Agreement) specifies some protections for medical staff in relation to the amount of hours worked, as well as the minimum length of breaks, but makes no provision for rest or meal breaks or agreement on the management of fatigue. The AMA's National Code of Practice (Hours of Shiftwork and Rostering for Hospital Doctors) advises that working more than ten consecutive hours will start to negatively impact the individual.

Consideration should be given to building these requirements regarding safe rostering and working hours into existing information technology (IT) infrastructure, such that the doctors' hours and rest periods can be allocated and monitored as part of putting in place better safety measures.

ACEM Recommendation

4. *That SA Health adopt the AMA National Code of Practice (Hours of Shiftwork and Rostering for Hospital Doctors)[28] as the agreed framework for safe working hours and embedded in IT infrastructure.*

Organisation cultural change programs

In relation to bullying ACEM recommends focusing on initiatives that promote positive behaviour and outcomes, rather than relying on punitive measures. Such initiatives aim to address issues of poor organisational culture manifested in bullying and disruptive behaviours by building and promoting a culture of safety and respectful behaviour. This protects both healthcare workers and patients. Two large-scale cultural change interventions in hospitals are highlighted below.

The St Vincent's Ethos Program, developed at St Vincent's Health Australia, is one such program. The Ethos Program is an early intervention program, led by staff, and is designed to (i) recognise staff who exhibit positive behaviours and/or leadership role modelling and (ii) remove barriers to speaking about disruptive behaviour. Importantly, the Ethos Program also links negative and disruptive behaviours to its negative impact on patient care. Training and an online reporting tool is provided for staff about submitting reports on either positive or negative behaviour. Rather than immediately instigate disciplinary action against staff exhibiting disruptive behaviours, staff receiving negative reports receive feedback about their behaviour, how it is being perceived and an opportunity to reflect on this, via an Ethos Messenger (typically one of their peers).

A similar program is Civility, Respect and Engagement in the Workforce (CREW). Developed in the United States, CREW was established as a culture change initiative to improve the workplace climate through more civil and respectful interactions. Participating departments identify areas of working relationships that require improvement and trained facilitators assist with discussions and activities to improve staff relations over a 6 month period[29].

ACEM Recommendation

5. *That SA Health develop and implement hospital-wide cultural change programs, drawing on tested models in Australia and internationally.*

[28] AMA. AMA National Code of Practice – Hours of work, shiftwork and rostering for hospital doctors. August 2016. Available from: https://ama.com.au/article/national-code-practice-hours-work-shiftwork-and-rostering-hospital-doctors

[29] Osatuke K, Leiter M, Belton L, Dyrenforth S, Ramsel D. Civility, respect and engagement at the workplace (CREW): a national organisation development program at the Department of Veterans Affairs. Journal of Management Policies and Practices. 2013 December; 1(2): 24-34.

Thank you again for this opportunity and we look forward to further engagement with the Committee on this important issue in emergency medicine. If you require further information, please do not hesitate to contact the ACEM Policy Manager Helena Maher on (03) 9320 0444 or helena.maher@acem.org.au.

Yours sincerely,

Dr Simon Judkins
President

Dr Thiru Govindan
Chair, South Australia Faculty