

TRAINEE FOCUS

Wellness, resilience and performance: Translating ideas into action

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Why wellness?

Wellness is the antithesis to burnout – it is an obvious priority for health-care organisations who value their staff. Not only does it create happy workplaces with engaged team members, but it enhances patient outcomes and productivity.¹

Apart from the direct health benefits to themselves, physicians who undertake preventative health strategies are more likely to recommend these to their patients, and moreover, their patients are more likely to take this advice.^{2,3} There are also significant financial costs associated with burnout, including reduced productivity, staff turnover and increased community risk from lower quality patient care and patient safety.⁴

Although there is plentiful literature that defines and describes the factors that contribute to psychological and physical unwellness in Emergency Medicine (EM) healthcare workers,⁵ less is understood about the factors that contribute to the enhancement or restoration of wellness. Furthermore, there exists a tension between which of these factors are determined by the individual versus the responsibility that can be expected to be taken by organisations. This article seeks to reflect on these issues and to propose

some strategies that may be employed to optimise wellness within health workplaces.

It is sometimes presumed that EM clinicians become desensitised over time to the numerous stressors that are faced on a regular basis. This image of the invincible Emergency Physician (or other EM healthcare worker) can promote a resistance to efforts – or even dialogues – to enhance wellness. Some in our EM community view struggle to be associated with weakness or personal failure, as if admitting vulnerability may suggest that one 'may not be cut out for this'. This not only creates a culture of negativity and disconnection, but compromises performance at individual and team level. Poor working relationships can impede clinical performance via decreased information-sharing and help-seeking.⁶

Personal and organisational self-care strategies in partnership: more than just another resilience workshop

Having accepted that wellness is important for both patients and emergency physicians, how best can we establish, maintain and/or improve it within our work

environments? It is essential to recognise that this responsibility is shared between the organisation and the individual. Focussing exclusively on either personal or organisational strategies ignores the inextricable link that exists between the drivers of both burnout and wellness.¹

At a professional-body level, ACEM has recognised the role of wellness in performance and career longevity.^{7,8} In addition to the Workforce Sustainability Survey, the Discrimination, Bullying and Sexual Harassment survey and Draft Action Plan have also reinforced the shared responsibility for wellbeing and the need for a comprehensive approach to cultural change and leadership in order to ensure healthy workplaces.^{7,8} Specialist training is a very vulnerable phase of the FACEM's career life cycle; accordingly ACEM has introduced the role of the Trainee Advocate. Although still in evolution, it is recognised that there is vital need for additional support for trainees whose training journey is complicated by personal or professional circumstances. Similarly, it is also recognised that the wellness challenges extend throughout a career in EM, and so it is vital that supports exist throughout this continuum.

Legitimising the wellness method

How then do we take the concept of wellness at an organisational level and evolve it into 'business as usual'? The ED is a challenging environment in which to introduce or sustain a wellness programme. EDs provide constant and unscheduled '24 × 7'

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care to the community. Opportunities for group activity are limited and it is otherwise difficult for staff to access provided programmes. Resources to conduct such activity are also typically limited. In addition there is an inherent scepticism and resistance towards programmes that are led or coordinated external to the ED, be that within the organisation, or from an external provider.⁹

FACEMs may not be compelled by wellness programmes or campaigns in their own right – but the potential to enhance technical skills (focus, attention and performance) as well as non-technical skills (communication, teamwork and leadership) adds impetus to such programmes.¹⁰ Further moral, ethical, economic and financial arguments have been made to help overcome organisational barriers to wellness.^{1,4}

Engaging with senior leaders and decision-makers is crucial in establishing a wellness programme. This not only ensures sponsorship but also demonstrates organisational commitment, underlining the shared responsibility for staff wellness.¹

Undertaking a wellness assessment or survey of the department is helpful to determine baseline wellness and rates of burnout, and to assist with tailoring a locally relevant strategy.⁴ Many health jurisdictions undertake regular employee surveys that may provide a useful data set. Selecting an intervention or programme that is acceptable, feasible and sustainable is also vital.

The most effective practices are arguably those that are simple, brief and embedded into daily workplace tasks. Engaging FACEMs as well as trainees is important – the wellness imperative extends throughout the continuum of training and having positive senior and junior role models is essential to ensuring this practice is maintained throughout a career in EM.^{11,12}

Anticipating and overcoming resistance will be an important and challenging aspect of any programme implementation. It is also crucial to undertake regular evaluation and modification of the programme. Much time and energy in the ED is focussed on time targets, rapid investigation and timely effective

treatment modalities. In the authors' experience, it takes time and a 'long haul' approach to create and successfully embed a sustainable programme in the ED – one must be patient and persistent in order to achieve cultural change. Some suggestions for starting a wellness programme are shown in Box 1.

Examples of programmes

Several examples of successful programmes exist locally in the region where the authors work, as well as elsewhere. Gold Coast Hospital and Health Service ED conducts its 'oneED' programme, which is based on simple embedded mindfulness practices. It consists of a weekly 'pause' at morning handover (comprising a commentary and a short guided meditation), a weekly 30 min drop-in session for journaling, mindful listening and sharing, and flyers promoting mindfulness.¹³ Sunshine Coast Hospital and Health Service has produced 'Monday Moments' – a 2–3 min video conveying a reflection on a wellness related topic at medical and nursing handovers every Monday morning, and other initiatives such as multidisciplinary social events for staff, fruit days and free massage days. Brisbane's Queen Elizabeth II Jubilee Hospital includes a wellness curriculum in their registrar education programme, conducts whole of hospital grand rounds with an emphasis on wellness, mindfulness workshops for hospital staff, and the regular dissemination to staff of 'Bite-size posts' with an evidence based focus on wellness.

These programmes use various practices as vehicles for the wellness agenda. However, there is a general acceptance that the value of these programmes lies not only in the specifics of the practice but also in the statement that is made by them: that a focus on wellness is considered a priority or, simply, 'the way we do things around here'. One goal is to create a culture whereby such practices are not just accepted, but expected. This helps to normalise the dialogue on wellness and struggle, and thereby enables staff to support each other in the day-to-day health-care environment.

BOX 1. *Tips for getting started with a wellness-related programme*

- Engage leadership/decision-makers.
- Select a method that will be acceptable to local staff (legitimate, credible and evidence based) as well as feasible and sustainable.
- Coalesce a group of champions – then ignite the 'early adopters' in order to help maintain momentum independent of the initiators.
- Start with simple steps/exercises and embed into daily practice.
- Anticipate resistance from sceptics.
- Review the programme at intervals – be open to modifying it, or even discarding it and starting again.
- Persevere.

Wellness, Resilience and Performance in Emergency Medicine: WRaPEM

The authors comprise part of a collaborative of Emergency Physicians in South East Queensland who are working together to promote wellness – WRaPEM: Wellness, Resilience and Performance in EM (<https://wrapem.org>; @wrapemtweet). WRaPEM aims to promote wellness, encourage dialogue and translate awareness into action, by providing a free, open access resource for Emergency Physicians and trainees to use locally in their departments. The resource includes several components as outlined in Box 2.

WRaPEM is also working in partnership with ACEM and like-minded groups in other regions, for example North America, to fuel initiatives such as an annual Wellness Week (held 11–17 March 2018).

BOX 2. WRaPEM – Wellness, Resilience and Performance in EM

- A wellness curriculum with educational modules, designed to be user-friendly and adaptable to suit local environments.
- Regular blog posts by faculty members and guests, with a forum to encourage idea-sharing and creativity in the wellness sphere.
- Links to other, high-quality, wellness-related resources.
- Promotion of Wellness Week.

Conclusion

Legitimising the wellness imperative for EM healthcare workers relies on its conversion from a ‘soft’ issue within the workplace into a core attribute that promotes performance – individually and collectively. As such, the agenda and motivation apply not just to the individual, but to the department and indeed the organisation.

There is no one-size-fits-all approach to enhance EM healthcare worker wellness. However, simply starting the conversation and initiating some action in this space can make powerful statements about recognition of issues as well as a commitment to optimising wellness within the workplace. It is incumbent upon individuals and organisations to work in partnership in order to achieve this.

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Competing interests

The authors are foundation members of WRaPEM. SB is the founder of the oneED programme at GCHHS.

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