



# Why Healthcare Wellness Matters

Shahina Braganza

I am a senior ER doctor and I have not felt this flat since a brief episode of burnout more than 15 years ago. In addition to this, I know inherently that many of my colleagues – doctors, nurses, allied health, administrative and ancillary staff – are feeling the same way after a ferocious southern-hemisphere winter and ‘flu season’. If a patient comes into our ER, we are still going to deliver world-class care; however, we know that when we are feeling better, then we do better, individually and as a team.

This is the real-world, visceral experience of what we already know: A staggering number of healthcare workers suffer high rates of burnout, psychological distress and mental illness.<sup>6</sup>

Why does this matter? Because looking after ourselves is not only kind and sensible, but being well also greatly enhances our performance. And, for us, “performance” equates to providing high quality patient care.

As healthcare professionals, our work demands commitment, diligence, stamina and resilience. We continually push our minds and bodies, and even perhaps our souls, beyond regular limits. At times, we may feel like we thrive in this mindset and environment.

However, for all of us, there are times where we experience struggle. This struggle may occur anywhere on a spectrum from mildly inconvenient to devastating. It is easy to recall those days when one might have gone to work feeling psychologically stressed, and then struggled to care for patients, but also struggled to functionally interact with other members of the healthcare team. Studies have demonstrated that being unwell increases our risk of clinical error and compromises patient safety.<sup>7</sup>

Further, if we consider the concept of team wellness, we can conceptualise a work environment that is “toxic” and where working relationships are continually eroded, resulting in lost productivity and inefficiency. By contrast a workplace in which individual and team wellness are explicitly recognised and supported can result in positive outcomes eg decreased complication rates after surgery.<sup>8-5</sup>

Based on this premise, at Gold Coast Hospital and Health Service Emergency Department, we built the oneED program.<sup>6-8</sup> This in-house program comprises a suite of practices, including mindfulness. Mindfulness practice is neuro-scientifically supported, simple and can be embedded into the midst of a busy clinical shift. The intention of the practice is to pause and reset our mindset in order to



enhance self-awareness, but also to practice focussing our attention in order to enhance performance, technical and non-technical.<sup>9-11</sup>

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By employing some simple practices, we work to regulate our emotions, while optimising our performance. Some of us take a square breath (inhale for four seconds, hold for four seconds, exhale for four seconds, hold for four seconds) prior to the arrival of a critically unwell patient. This may allow clear cognitive processes in diagnosis and management. Some of us take a moment to “reset”, simply by becoming aware of the present moment, forced to be still while awaiting a blood or urine sample to process. This may calm a heightened state of arousal. We try to mindfully listen to a patient while minimising interruption, allowing the patient to feel that they have been heard, and allowing the healthcare worker to hear how the patient is feeling and not just thinking.

At team level, we promote connection by engaging in group practice. On a weekly basis, we start our handover meetings with a “four-minute pause” variably consisting of a guided meditation, commentary, or reflection. A cohort of nurses has preferred a more active endeavour during this time and, encouraged to explore what seemed to fit better, they started group dancing before shift.

During Emergency Medicine Wellness Week 2019, we pushed around a Staff Resuscitation Trolley containing healthy snacks to eat while on shift, and

had a Reiki Master visit for brief individual sessions. To us, the activity matters – but not as much as the act of engaging collectively in it. Is a team member more comfortable to ask for help from a colleague with whom she was dancing the Macarena an hour ago? I am certain she is.

We are working to ingrain our attitude and dialogue around wellness into the workplace - as an overt and core priority. We are working to cultivate communities that are deeply connected, so that no one is isolated in their struggle, and where everyone is nurtured to reach their aspirations.<sup>12</sup> As a team, we know that this is important for our own sustainability, and integral to our end goal of providing excellent patient care.

Embracing our wellness as healthcare workers is not just the kind thing to do – it is the smart thing to do. That is why it matters. €



Learn more about author Shahina Braganza at [shahinabraganza.com](http://shahinabraganza.com).

## References

1. Beyond Blue. National Mental Health Survey of Doctors and Medical Students. 2013; [www.beyondblue.org.au](http://www.beyondblue.org.au), 2013.
2. Fahrenkopf AM, Sectish TC, Barger LK, et al. Rates of medication errors among depressed and burnt out residents: prospective cohort study. *BMJ*. 2008;336(7642):488-491.
3. Shanafelt T, Goh J, Sinsky C. The business case for investing in physician well-being. *JAMA Internal Medicine*. 2017;177(12):1826-1832.
4. Shanafelt TD, Noseworthy JH. Executive Leadership and Physician Well-being. *Mayo Clinic Proceedings*. 92(1):129-146.
5. Braithwaite J, Herkes J, Ludlow K, Testa L, Lamprell G. Association between organisational and workplace cultures, and patient outcomes: systematic review. *BMJ Open*. 2017;7(11).
6. Braganza SY, J; Sweeny, A; Brazil, V. oneED: Embedding a mindfulness-based wellness program into an emergency department. *Emergency Medicine Australasia*. 2018.
7. Panagioti M, Panagopoulou E, Bower P, et al. Controlled interventions to reduce burnout in physicians: A systematic review and meta-analysis. *JAMA Internal Medicine*. 2017;177(2):195-205.
8. S. B. What We Can Learn from a Mindful Emergency Room [Internet]. *Greater Good Magazine* 2017.
9. Beach MC, Roter D, Korthuis PT, et al. A Multicenter Study of Physician Mindfulness and Health Care Quality. *The Annals of*



Family Medicine. 2013;11(5):421-428.

10. Krasner MS, Epstein RM, Beckman H, et al. Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. JAMA. 2009;302(12):1284-1293.
11. Sibinga EM WA. Clinical Mindfulness and Patient Safety. JAMA 2010;304(22):2532-3.
12. Braganza S, Markwell A, Jayasekara S. Wellness, resilience and performance: Translating ideas into action. Emergency Medicine Australasia. 2018;30(2):263-265.