PRESCRIBING SELF-CARE

I. THE DIAGNOSIS? STRESS AND BURNOUT

Being a healthcare practitioner (HCP) can be hard work. It is one of life's cruel ironies that in trying to make others well, we sometimes do harm to ourselves. Healthcare is one of the most stressful professions; up to 38% of dentists report feeling frequently worried or anxious; pharmacy workloads and stress among pharmacists has risen by 50% in the last ten years; and psychological morbidity in practising doctors has been estimated at 25%.[1,2,3] Studies have shown that roughly 40% of HCPs exhibit symptoms of burnout, compared to 28% of the general population.[4] Burnout can be defined as a syndrome of emotional exhaustion, depersonalization, and feelings of low personal accomplishment that leads to decreased efficacy at work.[4] The COVID-19 pandemic and the increased strain placed on HCPs has worsened this phenomenon. Dentists had to close their practices for extended periods of time and 80% of dentists have reported a high risk to the sustainability of their practice[5]. Pharmacists had to pivot into new roles and assist with the vaccine roll-out making them busier than ever. Many doctors worked months on end without breaks and recent reports in the media indicate that 77% of Irish hospital consultants are now showing signs of burnout and 66% are suffering from emotional exhaustion.[6]

We would do well to remember that these are not just statistics, and that there are people and carers behind these figures. Stress and emotional exhaustion should be taken seriously, for if they are not resolved they may result in serious, and sometimes tragic, outcomes. For reasons of time, confidentiality, or fear of judgement, some HCPs may find it difficult to talk to their own GP or occupational health service when they find themselves facing burnout, and instead they try to self-manage, and sometimes self-medicate their symptoms. Alcohol and substance use is higher among HCPs than the general population and it is estimated that between 10 – 15% of HCPs will engage in substance misuse at some point in their career.[7,8] This is significantly higher than the reported prevalence of lifetime substance misuse in Ireland among the general adult population, which is just 4%.[9] According to one study, which explored the causes for substance misuse in HCPs, 69% of respondents reported that they turned to substances to "*to relieve stress and physical or emotional pain.*"[10] Beyond health concerns for the HCP, and the patients that they treat, substance misuse can have serious implications for a HCP's future career and may lead to disciplinary action being taken by their regulatory body.* This in turn can exacerbate the stress and emotional pain that the HCP is suffering, leading to a vicious cycle of further anxiety and depression. Even in cases where burnout does not result in substance misuse or regulatory action, emotional exhaustion and feelings of low accomplishment can take their toll. Suicide rates among doctors are the highest of any occupation and

* In 2019 alone, 16 doctors in Ireland were liaising with the Medical Council's Health Committee, which monitors and supports medical practitioners to maintain their registration during illness and/or disability (including addiction to alcohol or drugs).

are more than two times higher than the general population.[11] Suicide rates among pharmacists are also higher than average, and a recent survey in the UK indicated that 17.6% of dentists had seriously contemplated suicide. [12,13]

Studies have consistently shown that these trends start early, with more than 27% of medical students having been shown to exhibit depressive symptoms.[14] Medical students have higher levels of psychological stress than non-medical students and the general population.[15] Abnormal levels of stress, anxiety and depression have also been detected in both dental and pharmaceutical students.[16,17] Pharmacy students are also less likely to seek help when needed and reported higher levels of stigma regarding mental health treatment.[17] Crucially, it has been shown that stress experienced at school, and maladaptive coping mechanisms, are predictive of future problems as qualified HCPs.[18] The personal and psychological difficulties encountered by many students and HCPs can also go on to have a negative impact on patient care (see Fig. 1 below).[19]

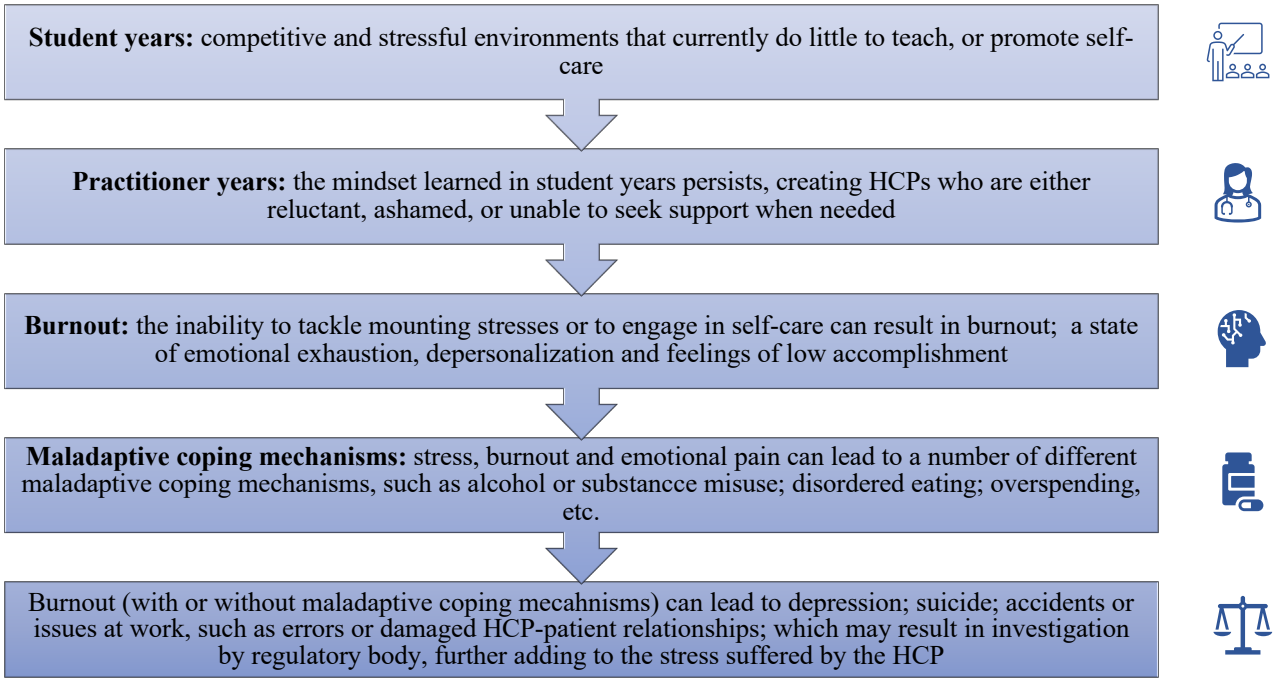

Figure 1. The road to burnout and its potential consequences

Nevertheless, in spite of the threat to HCP well-being and patient care, studies show that students and HCPs are not getting the help they need to overcome burnout and emotional stress.[14,17] While many support programmes are in place, students and HCPs rarely seek help. It is not entirely understood why help is not availed of, but it is likely multifactorial in nature. Stigma surrounding mental illness remains pervasive in the healthcare community.[17, 20] Even among a sample of psychiatrists, who in theory should be less affected by stigma, 15.7% had self-medicated for depression.[21] Doctors and medical students are also less likely to attend for routine medical care compared to age-matched peers and more than 25% have no primary medical care provider.[22] Other studies have shown that many HCPs and students are not aware of the supports available to them.[23] All of this creates a perfect storm; stigma-laden and

stoic training environments promote silent suffering. Fellow students and colleagues are often seen as competition, rather than potential support, which can lead to alienation. The lack of routine care compounds this, as students and HCPs who are not receiving primary care miss early intervention opportunities.

HCPs are human too, and need care just like everyone else. It is against this backdrop that the below interventions are proposed.

II. THE CURE? A PRESCRIPTION FOR SELF-CARE

In order to fix the ever increasing problem of poor practitioner health and burnout, we must first strive to achieve cultural change. The evidence shows that many of the systemic barriers to seeking help arise in univeristy.[14,15,17] Occasionally hostile, and frequently competitive environments, which promote a fallacy of practitioner invincibility do untold harm to students' mental health. Numerous students have reported that they feel taught to hide their issues rather than to discuss and address them.[24] HCPs in training are socialised into the belief that illness and stress belongs to patients and not to those who treat them.[25] The practitioner cannot afford to be unwell, or to take time off; to do so would lead to them being seen as weak and would damage their career prospects. If we are serious about promoting practitioner health, and tackling burnout, depression and suicidality among HCPs, this culture and how our students are taught needs to change.

One thing we are taught as HCPs, which is particularly applicable to mental health concerns, is that prevention is better than cure. Promotion of practitioner health needs to begin at the earliest possible stage of training. This means updating the curricula of health science schools in Ireland. A number of different studies have shown that Mindfulness-Based Stress Reduction (MBSR) ameliorates stress in students, and is associated with higher levels of empathy.[15,26] Mental health training programmes like MBSR should be built into the formal curriculum and be treated as a mandatory module in healthcare programmes. If a formal mental health module was adopted this would also allow students to be informed about the supports available to them, such as the Practitioner Health Matters Programme (PHMP)[†], on-campus supports (like GPs, therapists, financial advisors, etc.) and NiteLine. Higher levels of empathy among students would be a very helpful starting point in de-stigmatising mental health concerns and promoting open communication and peer support. The mental health module would ideally contain a mandatory screening programme, where students with high depression or stress scores could be referred to counselling or mental health services, as appropriate.[‡] This formal system would ensure adequate follow-up and that no student falls through the cracks. While this may seem drastic,

[†] According to the PHMP Annual Report (2020) just 3 medical/dental students sought support in 2020. No pharmacy students are reported to have presented for help. These low figures highlight the disparity between those suffering (c.27% of medical students exhibit depressive symptoms[14] versus 18% of pharmacy students[17]) and those seeking help.

[‡] Screening would not be a prerequisite to getting help for those who voluntarily want to attend counselling or therapy, but it would allow those students who may be reluctant to receive help to be flagged.

mental health screening is common in certain professions, such as the aviation industry[27]. Why should HCPs be any different? The screening could be efficiently carried out; for example, it could take place on an annual basis at the same time that students are being given their flu vaccines. Just as students need to immunised before they enter the wards, they should also be given the opportunity to speak about their stresses and fears to ensure they are not at risk to themselves or others. This would drive home the point that mental health is as important as physical health.

This emphasis on practitioner health should be stressed at every possible opportunity of training. Once students have graduated, their induction programmes at the hospitals, medical, dental or pharmaceutical practices they are joining should include; (1) mental health screening; and (2) a lecture containing information on resources and support. The existence of the PHMP should be pointed out to all new HCPs and it should be stressed that it is an independent service, separate from their place of work, and that it is completely free and confidential. New HCPs should also be formally encouraged to find their own GP (noting that any free services they had while in university may have ended) and be made aware of the supports that are available within the workplace, for example how to connect with occupational health services.

Further training schemes should also be examined and re-configured to ensure that they facilitate flexible working, taking breaks, and part-time working where possible. Numerous studies have highlighted the benefits of flexible working for medical professionals.[28] Yet, the HSE's National Flexible Training Scheme currently funds only 32 participants[29]. This number is much too low, considering for the last five years in Ireland there has consistently been over 1,000 medical graduates each year[30]. Is it any wonder so many of our young HCPs are emigrating in search of better work-life balance elsewhere? If interested stakeholders could petition and campaign for further funding, or if more hospitals, practices and pharmacies were encouraged or offered incentives to invest in pilot job-sharing programmes, perhaps we could better support our young HCPs and keep them within the healthcare system that has educated and trained them.

Additional research is needed to fully explore how best to implement structural changes and effect cultural change in hospitals, dental practices, and pharmacies but other options that could be explored further include; liaising with the various regulatory bodies, perhaps to include information on practitioner health and the PHMP in annual registration renewal packs; mental health working groups in hospitals, medical and dental practices and pharmacies across the country; on-site liaison officers who are trained in referral pathways; and mental health training for all HCPs (so as to avoid stigmatising language and to be better able to recognise and approach colleagues who may be suffering).

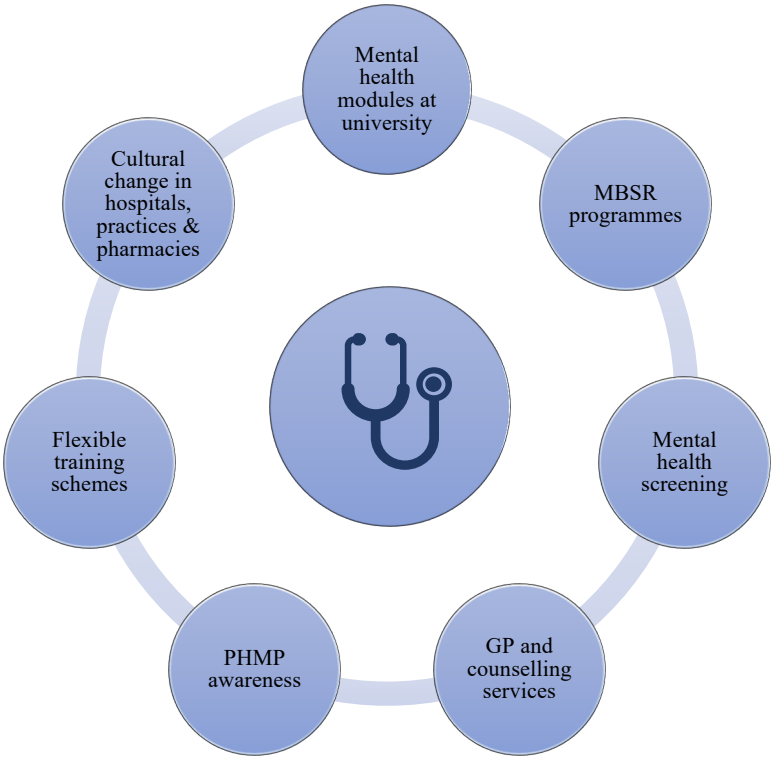

Figure 2. How to build a healthier HCP

In conclusion, the teaching and training of a HCP comprises more than the acquisition of scientific knowledge and skills. Healthcare is a demanding occupation, and stress and burnout are at an all-time high. Unless we tackle the root cause of these issues they will not be cured. However, research shows that there are a number of measures we can take to build healthier practitioners that will be better equipped for the stresses and burdens that they will no doubt face in their careers. We must work to tackle stigma surrounding mental health, and support fellow students and colleagues in times of stress. If attention to practitioner health can be promoted at an early stage, and if the skills to discuss and manage stress and burnout can be taught, together we can ensure that HCPs will be empowered to enjoy long and rewarding careers.

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