MENTAL WELL-BEING FOR HEALTH PROFESSIONALS IS IMPORTANT BECAUSE...

...poor mental health can affect the quality of care they provide.

BACKGROUND CONTEXT

What is good mental health?

The World Health Organization defines good mental health as “a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.”

In terms of mental health in the workplace, three possible states have been defined: (i) thriving at work; (ii) struggling at work; and (iii) unwell and possibly off work.

What mental health difficulties do health professionals face?

Like most people, health professionals experience illness and have family obligations and other commitments outside their professional lives that can affect their mental health. Unlike most people, however, health professionals are also exposed to a particular mix of occupational pressures that can pose additional risks to their mental well-being.

These pressures include, but are not limited to: feelings of responsibility towards patients; high expectations from the public; emotionally challenging and traumatic situations; heavy workloads and long working hours; exposure to (as well of fear of exposure to) biological hazards; and moral injury (a type of psychological stress related to having to make morally challenging decisions that affect patients’ lives, such as how to allocate scant resources). Exposure to verbal or physical violence is also recognized as a risk factor for poor mental health in health professionals, as is workplace bullying and harassment.

Mental health issues among health professionals can include depression, anxiety, insomnia, burnout, post-traumatic stress disorder, substance abuse and suicide ideation. A recent study found that the rate of suicide among female nurses is greater than the rate of suicide among the general working population.

Research has also found that health professionals often continue to work when they are unwell — known as “presenteeism” — because of feelings of duty to their patients, low staffing levels, and a reluctance to let their colleagues down.

Rates of poor mental health in health professionals appear to be increasing in response to rising demands, staffing shortages and diminishing resources. In addition, mental health stresses have been rising during the COVID-19 pandemic, with at least one in five healthcare professionals reporting symptoms of depression and anxiety, and almost four in 10 reporting sleeping difficulties. The prevalence of presenteeism is likely increasing as well.
There is evidence that poor mental health and well-being among health professionals impairs quality of patient care. Poor mental health can drive health professionals away from their caregiving roles, increasing the gap between the supply of health professionals and the demand for their services, and leaving some people with no access to healthcare. If we are to address the global health workforce crisis, we must act quickly to prevent poor mental health in health professionals.

It is well established that “good work” is good for mental health.

The features of “good work” have been defined, and many of these features also define positive practice environments. Examples include autonomy, work-life balance, fair pay, employment security, opportunities for progression and training, appropriate safety measures, and the absence of bullying, harassment, discrimination and violence (see the World Health Professions Alliance factsheet on violence and positive practice environments for healthcare professionals here: www.positivepracticeenvironments.org).

The World Health Organization has called on governments to improve the mental health of health professionals. Yet many other stakeholders can also make a difference, including policy makers, professional bodies, regulators, organizations/employers, managers and researchers, as well as individuals.
Organizations, employers and managers should:

• provide good work conditions, including optimal staffing levels, effective people management, and an environment conducive to healthy lifestyles, such as access to healthy food choices, exercise, and support for smoking cessation;
• require workers to take their full entitlement to breaks and provide access to appropriate food and drink and bathroom facilities;
• produce, implement and communicate a mental-health-at-work plan that includes risk assessment and mitigation, mental health awareness among staff, appropriate training of managers, open conversations about mental health and the support available when employees are struggling, and routine monitoring of employee mental health and well-being;
• provide access to mental well-being and social support services, including primary prevention programmes (such as resiliency and other training to prepare staff for the challenges associated with their jobs), health programmes that help health professionals to help themselves, medical treatment, counselling, advice on work-life balance and healthy lifestyles, support networks, and occupational rehabilitation;
• build a blame-free culture that explicitly recognizes how the nature of the work and working conditions can impact the well-being of staff, and tackles stigma associated with seeking help for a mental health problem;
• recognize that avoidance is a core symptom of trauma, and ensure that team leaders reach out to staff who are repeatedly unavailable to attend support programmes;
• establish anti-bullying and harassment policies and take steps to confront bullying at any level;
• provide insurance coverage for work-related risks.

Governments, policy makers, regulators and professional bodies should:

• establish policies to ensure positive practice environments, including appropriate and fair duration of deployments, working hours and rest breaks, and minimal administrative burden on health professionals;
• define appropriate and safe staffing levels within healthcare facilities;
• facilitate research on positive practice environment issues, such as bullying and harassment, in order to provide evidence-based recommendations on interventions;
• assure health professionals of the same right of privacy and confidentiality as a patient when seeking or undergoing treatment;
• ensure that illness prevention, early assistance and interventions are available separately from any disciplinary process.

Health professionals should:

• seek help early;
• make sure they recognize the symptoms of stress, find out about steps to cope, and know where to go if they need help.

Poor mental well-being among health professionals should be of grave concern to us all. Let’s join in commitment and action to create quality workplaces for quality care.
References


