Living or surviving at work
Learning to develop professional resilience in complex working environments

Dra. Eulàlia Masachs Fatjó
Sra. Anna Mitjans Garcés

Fundació GALATEA

EAPH Conference 2015 - Barcelona
What is the Galatea Foundation?

- Created by the Catalan Medical Association in 2001 in accordance with the autonomous government of Catalonia.

- Aiming at enhancing the health status and wellbeing of doctors and other health professionals: encouraging healthy lifestyles and preventing avoidable illnesses.

- Providing integral care programmes for care of health professionals (Doctors, Nurses, Veterinarians and Pharmacists): PAIMM, RETORN, ASSÍS, ÍTACA

- Offering a framework to manage programmes for health care and prevention addressed to professionals.
Burnout in health professionals

State of fatigue or frustration that occurs by dedication to a cause, lifestyle or relationship that does not produce the expected reinforcement

1st definition by H. Freudenberger 1974 (assistance to drug addicts)

Burnout three factors (C. Maslach 1976)

• emotional exhaustion
• depersonalization
• low professional accomplishment
Burnout in health professionals

• Review of 17 Spanish studies (MBI questionnaire).

• Total of 5,121 health professionals:
  – Greater affectation of the emotional exhaustion dimension (46% - 80%) = sign of alarm
  – Emotional exhaustion is associated with quality of life in the SF-36 dimensions (general health status, physical pain, vitality, ...)

“Health and wellbeing of health professionals in the workplace. Guide to good practice for institutions, teams and professionals”
Public Health Agency of the Catalan Government, with Galatea Foundation collaboration.
Psychological distress or risk of poor mental health

Risk of poor mental health - GHQ-12

<table>
<thead>
<tr>
<th>Group</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical students</td>
<td>37,5</td>
<td>50,2</td>
</tr>
<tr>
<td>Residents (baseline)</td>
<td>8,9</td>
<td>18,2</td>
</tr>
<tr>
<td>Residents (end first year)</td>
<td>24,5</td>
<td>30,6</td>
</tr>
<tr>
<td>Doctors 30-55</td>
<td>16,2</td>
<td>21,1</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>16,1</td>
<td>22,8</td>
</tr>
<tr>
<td>General population 15-44</td>
<td>9,4</td>
<td>12,8</td>
</tr>
</tbody>
</table>

**Students:** Study on health, lifestyles and academic conditions of medicine students in Catalonia. Galatea Foundation, 2012.

**Residents:** Longitudinal study on residents’ health, lifestyles and working conditions in Catalonia. Galatea Foundation, 2013-14.


**Pediatricians:** Study on health, lifestyles and working conditions of pediatricians in Spain. Galatea Foundation, 2014.

**General Population 15-44:** ESCA 2013.
Burnout in health professionals

Beyond the **personal impact** …

**Implications for professional practice:**
- Medical Errors (depersonalization)
- Poor quality care
- Worse adherence of patients
- Sick leave, absenteeism, early retirement …

Firth-Cozens J, Greenhalgh J.  
Doctors’ perceptions of the links between stress and lowered clinical care.  
Factors that may favour stress in health professionals

**Factors linked to the task**
Contact with situations of great emotional impact
Long training period
Need for continuous updating of knowledge

**Individual Factors**
Self-demandingness and perfectionism
Lack of training and skills to cope with stress and anxiety
Isolation: little time to enjoy family, social relations and leisure activities
Factors that may favour stress in health professionals

**Organization Factors**
- Increasing workload
- Increasing bureaucratic tasks
- Gap between management decisions and clinical practice
- Poor support and poor clinical supervision
- Poor teamwork
- Little control over working conditions

**Social and political Factors**

**Economic crisis: cuts**
- Increasing number of complaints and litigation by patients
- More management/political control over the task
- More pressure from the media
Improving the well-being at work
Two levels of intervention

Policies in the **workplace**: work organization and managerial measures

Individuals need to learn how to manage the complex situations experienced in their daily professional life: **Personal Resilience**
Living or surviving at work
Learning to develop professional resilience in complex working environments

Aim of the workshop

to obtain new insights in the relationship between individuals and their organizations, in order to allow a more satisfying work experience, and to prevent stress and burnout.

Participants: doctors and nurses working in health care institutions

Duration: 5 hours (short version) / 20 hours (long version)
Living the work experience
The dynamics that could create distress

- Strong ideals/ideology
- Poor flexibility/adaptation
- Unconscious emotional needs

- As a “whole”/impersonal
- Unrealistic expectations (protection)

- Acting roles for the group
- Split in the group: good people and bad people

Individual expectations
Perception of the institution
Team conflicts and with interpersonal relationships
Analizing the experience of Peter

What do you think are the reasons for:

• the reaction of the team?
• the attitude of the manager?
• Peter’s behaviour?
• what should Peter do to cope with this situation in a more resilient way?
Analizing the experience of Peter

Team
✓ Limited cohesion
✓ Loss of the leader and distrust regarding the new director
✓ Peter is selected to express discomfort (group pressure)

Institution/ manager
✓ Distrust of the team by the manager
✓ Manager needs to be legitimated
✓ Management model has changed

Peter
✓ He needs to be accepted by the group
✓ He takes up a “scapegoat” role for the group
✓ He loses the sense of the task
Group dynamics and individual roles

Individuals play roles in groups

Psychological mechanisms: projective identification, transference and counter transference
To develop the professional ROLE in complex working environments

Role is the result of the conscious and unconscious expectations from the group to the individuals and from the individuals to the group.
Analizing the experience of Peter

Team
- Limited cohesion
- Loss of the leader and distrust regarding the new director
- Peter is selected to express discomfort (group pressure)

Institution/management
- Distrust of the manager
- Manager needs to be legitimated
- Management model has changed

Peter
- He needs to be accepted by the group
- He takes up a "scapegoat" role for the group
- He loses the sense of the task

- To organize a work meeting with some colleagues (team work)
- To prepare a proposal for the management based in objective reasons: defining the needs, what can and what not...
Resilience: *Learning from the experience*

Three levels: Individual / team / institution

- Understanding the psychological dynamics of groups and organizations
- Recognizing the individual expectations and emotional needs
- Finding the sense of one’s own professional role (task) and its relationships with that of other stakeholders.
## Activity rapport

*Workshops Living or surviving at work*

<table>
<thead>
<tr>
<th>INTERVENTION</th>
<th>NUMBER OF WORKSHOPS</th>
<th>TOTAL PARTICIPANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short version (5h)</td>
<td>9</td>
<td>135</td>
</tr>
<tr>
<td>Long version (20h)</td>
<td>5</td>
<td>42</td>
</tr>
</tbody>
</table>
The workshop helps in:

Having a more realistic view of the organization where they work and what one can expect from it.

Understanding the institution as something that is constantly changing.

Understanding the dynamics and psychology of groups and being aware of the roles that one and the others play.

Improving the professional position when coping with conflict, promoting a more proactive attitude.

Sharing difficult experiences with other colleagues and improving understanding.