

Mental wellbeing of healthcare professionals

Background

In healthcare, staff are the most important resource. Well-educated, satisfied and motivated employees are the prerequisite for high quality care, patient safety and patient satisfaction. However, working in the healthcare sector is challenging, this is particularly true in the current climate with COVID-19 and the additional challenges this brings for staff. The challenges healthcare staff experience, can sometimes lead to mental strain. When the mental strain is not handled adequately, this can impair functioning or even contribute to long-term harm for healthcare professionals. In addition to the impact this has on the healthcare staff, patients and the organisation they work in can subsequently be affected.

In a recent survey of Danish healthcare professionals, approximately three-quarters of respondents stated that they have personally experienced severe mental strain at some point in their careers. However, only a small proportion perceive that they received sufficient help in connection with their mental wellbeing. These factors are leading to higher sickness absence, more redundancies and more challenges with recruitment of new staff.

Our Improvement Theory

Psychological safety and a supportive psychosocial work environment contribute to ensuring mental wellbeing in the workplace. Central to safety and the environment is the caring attention between the employees, in relation to each other's professional, mental well-being. The attention and care is especially expressed through supportive conversations about what can be stressful for the individual or the team. The content and structure of the conversation is crucial, as is the accompanying listening.

By learning how to provide supportive, open and appreciative conversation between colleagues, and by contributing to the development of a culture where the conversation becomes a natural element in the daily work, a framework is established for maintaining the mental health among employees and managers. These conversations are supplemented by the possibility of structured de-fusing conversations in addition to efforts in relation to management, communication and organization.

Our goal

The aim of the project is to improve the patient safety culture and the psychosocial work environment in the Anaesthetic, surgery and intensive care department of an hospital in the capital region of Denmark. We aim to achieve this by developing a coherent set of guidance and instructions, along with concrete tools to prevent and reduce the degree and duration of mental strain when it occurs for the healthcare professionals working in the department.

The specific goals of the project can be set in the following hierarchy:

- We aim to improve the psychosocial work environment in the department
 - We aim to increase the psychological security among the employees
 - We aim to make it easier to talk together about concerns related to work
 - We aim to make it natural to talk together about mental strains in relation to specific patient processes
 - We aim learn to talk constructively about patient courses that did not go according to plan or were stressful

Drivers to achieve these goals are:

Knowledge (about psychological safety, stress psychology, conversation techniques), training / competencies in specific techniques and tools, and organizational infrastructure and culture.

Our interventions

The interventions (actions) in the project consist of three elements: learning, training and an implementation effort.

1. Learning

- a. Education in psychological safety for all staff (including leaders)
- b. Education in 'good coversations' for all staff (face-to-face & e-learning)
- c. Training of specific staff in defusing techniques

2. Training

- a. Simulation-based, for all employees and managers, 'good conversations'
- b. Simulation-based, for specific staff in defusing techniques (plus Train-the-Trainer)

3. Implementation effort

- a. Weekly insitu simulations in the individual departmental teams
- b. Network meetings for local project leaders persons
- c. Steering Committee Meetings
- d. Data (indicators) collection
- e. Internal communication effort
- f. infrastucture to support change efforts

The current program of work started in Autumn 2020, and we expect to provide an update with progress in spring 2021.

A link to a recent article providing further background is available here (Danish): <https://patientsikkerhed.dk/nyt-initiativ-skal-styrke-mentale-sundhed-blandt-medarbejderne/>