



Leading, Working and staying Well.

There's a lot of focus these days on wellness and work: and rightly so – many professionals face stress, burnout, depression, anxiety and other medical conditions.

Studies have identified that several professions more likely to have negative effects of stress and depression, and it's probably no surprise that doctors are one of those groups. In fact the likelihood of depression in these groups is about double that of the general population.

As part of a recent public health assessment I developed an initiative to work with entrepreneurs (another of those groups) on wellness.

The basic concept, in a nutshell: Facilitate wellness support by bringing together peers in a safe environment where they can talk and support each other to stay well. I've learned that the most useful way of approaching wellness with a group is to assist with information as it's appropriate (there are many, many studies on wellness these days) but to otherwise let the group direct itself.

Here are some things that I've learned from peer groups I've worked with:

1. There's no prescriptive path to wellness: As soon as you say wellness depends on having work/life balance, eating well and getting sleep someone will say: I live for my work, it makes me happy and I only sleep 5 hours a night. In health we talk of client centred approaches, and consumer directed care. This is no different. People can build their own wellness and their own resilience. They don't need direction, but they do need motivation.

2. Be there to motivate. The great thing about groups of peers is that talking is easier hearing others are in the same stuff. A facilitator can bring peers together and direct conversation so that people feel safe to disclose, and make commitments in front of each other. People are much more likely to keep a public commitment.
3. Don't talk about meditation, gratitude diaries or other woo-woo things. Lots of people aren't ready for it, even if there are many studies that support these kinds of approaches. But we all know about neural plasticity. All these types of exercises are really about is the quality of thought, and consequently the pathways we burn: do we think positive or negative? The concepts are simple when you take away the woo-woo words.
4. There's more benefits to wellness than being well: Wellness concepts are at the core of adaptive leadership models, authentic leadership models, and underpin high performance at work and in teams. The quality of your decision making is improved when you can engage those areas of the brain that are helpful, and turn off the "lizard brain".

As a management consultant and coach working for social good I have facilitated many peer groups and teams exploring wellness. The model of peer driven safe spaces ends up being popular and, if feedback is anything to go by, successful.

If anyone is interested in starting a conversation in their work place, please contact me.

David Puls, becoming/change

Clinician Engagement – do definitions matter and why? A discussion with Christine Jorm.

DISCUSSION



Around the world a whole range of organizational and institutional mechanisms are being developed in an attempt to encourage, support and develop clinicians to better engage in management and leadership of the organization.

I was recently discussing clinician engagement with Christine Jorm and her excellent work in Victoria.

PL – I use a different definition of engagement to that described in your work and I'm wondering if you think definitions matter?

CJ - The concept of clinician engagement is derived from the behavioural perspective on employee motivation. The original focus was on a personal state, for example, 'a positive, fulfilling work-related state of mind that is characterised by vigour, dedication and absorption'. Engaged employees carry out discretionary acts – outside the prescribed job description, leading to improved workplace function and productivity. It also improves psychological wellbeing.

Definitions of clinician engagement variably focus on the individual's experience, their attitude or state of mind, their performance and what the workplace offers. Curiously, discretionary behaviours may be specifically excluded. Importantly, the definition adopted determines the appropriate policy responses.

PL – Staff sometimes tell me the term engagement is code for getting them to complete a task or do something.

CJ - The quest for clinician engagement is considered by some as an attempt to get clinicians to take greater responsibility for change with minimal organisational support and to do so as volunteers. Unfortunately, it is not customary in professional roles to be paid for every activity, and dispute about what is included in 'normal working roles' can be potentially endless.

The proposed Victorian definition prioritises the requirement for clinicians to be 'in the room and participating in a co-creation process with regard to design, planning and evaluation, and ... in decisions that concern them and their patients.' It is the responsibility of managers to design involvement opportunities, so that they are convenient and rewarding for clinicians.

Appropriate human resource practices that encourage trust, job satisfaction and reduce excessive workloads are a pre-condition for such clinician involvement. "This definition is deliberately instrumental, designed to drive improved engagement and thus improve staff well-being and patient care – all things that matter. You can read my just released scoping paper on Clinician Engagement below.

DOWNLOAD: CLINICIAN ENGAGEMENT PAPER HERE