Care for physicians health guarantees a happier patiënt

The need of a job specific health surveillance programma to monitor doctors’ health

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-Hans Rode, psychiatrist, former director Physician Health Program the Netherlands

EAPH meeting Oslo 21 May 2019
Topics that will be addressed during this workshop

• Your opinion with concern of doctor’s health and the need to perform a preventive intervention.
• A brief summary of our findings regarding health hazards among doctors which resulted in a preventive workers health surveillance programme (WHS)
• Discussion in groups:
  - do you recognise our findings?
  - what is your opinion or experience in performing a preventive (WHS) programme at your site; are there obstacles to be taken.
  - organisational vs occupational health involvement is there enough understanding and can this be improved
No conflicts of interest are available
Statement 1

• Have you ever participated in a health check up/monitoring program? (Workers Health Surveillance; WHS programme)

• Yes/no
Statement 2

- Would you consult your Occupational Health Physician or GP (general practitioner) in case of work related health problems?

- Yes/ No
Statement 3

• Would you consider your work place as sufficiently safe and ergonomically well designed?

• Yes/no
Statement 4

• Would you know how to act when you detect a health hazard in your work place and how to report this to your superiors (eg along a standard procedure)

• Yes/no
Statement 5

• Once reported to management; do you feel this matter is addressed sufficiently and adequately followed up?

• Yes / No
Statement 6

• Do you support an effective incentive for your decision makers to invest in Physician Wellness/Health

• Yes/No
Monitoring doctors’ health; Our approach

- Dutch guidelines for occupational physicians as framework to develop a job-specific workers’ health surveillance (WHS) for Dutch hospital physicians, to optimize workfunctioning by:
  - Signalling and monitor workrelated health complaints in the job
  - signalling and monitor of decreased work-ability / work-functioning
  - provide individual feedback to worker with appropriate advice / intervention / guidance by Occ Phys
More specific health hazards under doctors; focus on MSD & mental strains
Example MSDs: Longlasting/repetitive musculoskeletal complaints in last 6 months (prev(range))

Ruitenburg, Plat, Frings-Dresen & Sluiter, 2012

Work-induced:
- Low back: 42%
- Hip: 5%
- Knee: 17%
- Lower-leg: 25%
- Ankle/foot: 25%

Work-induced:
- Cervical spine: 71%
- Thoracic spine: 73%
- Shoulder: 60%
- Elbow-wrist-hand: > 50%

*=high prevalence
Example: psychological health hospital physicians,

<table>
<thead>
<tr>
<th></th>
<th>Prevalence</th>
<th>Range</th>
<th>F / M</th>
<th>Sr / Med Res</th>
<th>Age</th>
<th>Type of med spec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posttraum.stress*</td>
<td>15 %</td>
<td>5 – 19</td>
<td>F</td>
<td>=</td>
<td>=</td>
<td>Surgeon</td>
</tr>
<tr>
<td>High stress screener*</td>
<td>15 %</td>
<td>10 – 19</td>
<td>F</td>
<td>MR</td>
<td>=</td>
<td>Interns</td>
</tr>
<tr>
<td>Burnout screener</td>
<td>6 %</td>
<td>2 – 10</td>
<td>F</td>
<td>=</td>
<td>Old</td>
<td>=</td>
</tr>
<tr>
<td>Work-related fatigue*</td>
<td>39 %</td>
<td>35 – 48</td>
<td>F</td>
<td>MR</td>
<td>Young</td>
<td>Interns</td>
</tr>
<tr>
<td>Need for recovery after work</td>
<td></td>
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<td></td>
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<tr>
<td>Depression screener*</td>
<td>29 %</td>
<td>25 – 34</td>
<td>=</td>
<td>=</td>
<td>=</td>
<td>=</td>
</tr>
<tr>
<td>Anxiety screener*</td>
<td>24 %</td>
<td>16 – 30</td>
<td>F</td>
<td>MR</td>
<td>=</td>
<td>Interns</td>
</tr>
</tbody>
</table>

* = high prevalence

Ruitenburg, Plat, Frings-Dresen & Sluiter, 2012
## Examples WHS advice/interventions (3)

<table>
<thead>
<tr>
<th>Problem screened or signalled</th>
<th>Intervention/advice from occupational physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>High work-related fatigue or high stress complaints</td>
<td>Discuss interventions at work to increase recovery opportunities</td>
</tr>
<tr>
<td>Musculoskeletal problems, work-related</td>
<td>Discuss and advice ergonomic measures for specific work environment</td>
</tr>
<tr>
<td>High psychological complaints, non-specific</td>
<td>Start more in-depth diagnostics for depressive disorder, anxiety disorder and burnout</td>
</tr>
<tr>
<td>High, more specific psychological complaints</td>
<td>Start self-help module E-physicianhealth.com:</td>
</tr>
<tr>
<td></td>
<td>- Resiliency</td>
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<tr>
<td></td>
<td>- Burnout</td>
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<tr>
<td></td>
<td>- Disruptive behaviour</td>
</tr>
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<td></td>
<td>- Posttraumatic stress disorder</td>
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<tr>
<td>Risk factors for cardiovascular disease or substance use</td>
<td>Start self-help module E-physicianhealth.com:</td>
</tr>
<tr>
<td></td>
<td>- Substance use</td>
</tr>
<tr>
<td></td>
<td>- Weight, nutrition and fitness</td>
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www.ePhysicianHealth.com
canadian medical association
Money Talks; a cost benefit analysis

€1

Return On Investment

€11

Absenteeism & presenteeism

a similar study among other HCW, not specific doctors
To discuss in groups

• With respect of the reported health hazards do you recognise these in your own situation?

• Performing a WHS programme what do you encounter in your working environment which obstacles to overcome

• Is there a need to improve the acceptance with policymakers (HR) or directors
Conclusions

• Invest in physicians health is valuable and worthwhile and shows a good employer behavior.

• Introducing a preventive job-specific WHS for hospital physicians was feasible and shown to be relevant and necessary.

• Hospital policy makers are advised to offer this WHS to hospital physicians moreover a positive business case for WHS on work functioning under HCW eg nurses more recently was shown.