ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

SUBMISSION TO THE INQUIRY INTO WORKPLACE FATIGUE AND BULLYING IN SOUTH AUSTRALIAN HOSPITALS AND HEALTH SERVICES

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INTRODUCTION

Established in 1927, the Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand, and across the Indo-Pacific. The College is a not-for-profit organisation representing more than 7,000 Fellows, and 1,300 Trainees and International Medical Graduates (IMGs) on a pathway to Fellowship.

Medical colleges and hospital accreditors are increasingly recognising the importance of good workplace culture in the delivery of healthcare, and RACS welcomes the Inquiry into Workplace Fatigue and Bullying in South Australia Hospitals and Health Services.

As part of our commitment to standards and professionalism, RACS takes very seriously the subject of this inquiry and acknowledges that discrimination, bullying and sexual harassment (DBSH) occur in the surgical workplace and beyond. Over the past four years the College has dedicated considerable resources to ensuring a comprehensive response to this issue.

In 2015 RACS established an Expert Advisory Group (EAG) to provide advice on strategies to prevent DBSH within the practice of surgery.

The key issues and themes identified by the EAG in its report to RACS related to:

- Culture and leadership
- Surgical education
- Lack of transparency and independent external scrutiny
- Complaints handling
- Conflicts of interest; and
- Unhealthy work practices and training arrangements.

In response, RACS implemented a multi-year 'Building Respect Improving Patient Safety' initiative, designed to promote respect, counter DBSH, and improve patient safety across the health sector.

Early examples of progress include 33 agreements signed across Australia and New Zealand with key partners, including a co-signed Statement of Intent with SA Health promoting a shared commitment to providing high quality training, education and experience in surgery; and high completion rates of mandatory training. RACS is developing a comprehensive evaluation framework to assess the reach and impact of the Building Respect Improving Patient Safety initiative more broadly.

RACS acknowledges the importance of investigating the issues of bullying and fatigue and wherever possible ensuring that neither of these issues permeate the South Australian health system. In many cases there is an intrinsic link between bullying and fatigue, however, the two events are not mutually exclusive, and there are many circumstances where there is no link. For this reason, we have chosen to separate the two issues at various times throughout our response to the Terms of Reference.

KEY POINTS

- RACS has invested significant time and resources into mandatory training for its members to promote a healthy culture which provides a good template for SA Health.
- The final EAG report, and the Steven's Report commissioned by SA Health, both highlighted a lack of understanding and confidence in existing complaints management processes.
- RACS is currently reviewing its complaints management system with dedicated expertise and centralised recording. New specialised resources have been procured enabling the College to respond much more effectively.
- Too often the complex system of complaints management in many Australian hospitals means that appropriate information is not shared.
- To address this RACS and SA Health have recently signed a Statement of Intent aimed at achieving cultural change and agreeing to promote greater information sharing, and support for Fellows, Trainees and IMGs.

- The economic realities of providing round the clock cover mean that workplace fatigue will always be a challenge for the medical workforce. While there are strategies that can be taken to reduce fatigue it is important that these strategies are carefully considered to ensure that they do not inadvertently undermine patient safety and surgical training.
- RACS has established Standards for Safe Working Hours and Conditions for Fellows, Surgical Trainees and International Medical Graduates. These standards set out a series of recommendations which the common experience of surgeons suggests are most likely to minimise the chance of impairment of decision-making or performance in surgery.
- RACS believes in some circumstances a 55-65 hour working week (across a seven day period) is appropriate for Trainees to gain the knowledge and experience required by the training program, and this is supported by recommendations from US and European health systems. These recommendations are detailed in our position paper on Appropriate Working Hours for Surgical Training in Australia and New Zealand.

RESPONSE TO TERMS OF REFERENCE

The factors contributing to workplace fatigue and bullying in South Australian Hospitals and Health Services

Bullying

Before developing its final report on how to address DBSH, the EAG first had to develop an understanding of the extent of the problem. To ascertain this information, the EAG adopted a multi-pronged approach. The wide-ranging consultation and engagement campaign included:

- An **independent prevalence survey** of all RACS Fellows, Trainees and International IMGs. The survey was conducted by Best Practice Australia, and results from the survey were anonymously published.
- A series of **online forums where** RACS Fellows, Trainees and International IMGs were privately invited to participate in four independently facilitated sessions, to discuss ideas about how to prevent and address DBSH in the profession.
- Another independent provider was contracted to collect **personal stories** from people who had experienced DBSH but did not wish to make a formal complaint. The EAG sent an **organisational survey** to more than 300 hospitals and employers to learn about their approaches to preventing and addressing DBSH.

As well as this, the EAG called for all people who have been exposed to DBSH, but did not wish to make a formal complaint, to come forward and share their experience. Various information collection methods were used which informed the final EAG report and recommendations. Throughout the process RACS committed to ensuring full transparency, and that the results would be made publically available on the RACS website. For more detailed information, please see the links below:

- Independent Prevalence Survey
- Online facilitated discussions
- Personal accounts of bullying, discrimination and sexual harassment
- Organisational Culture and Solutions Survey

In its final report the EAG highlighted factors that had contributed, and in many cases continues to contribute towards DBSH. These factors include:

- the hierarchical structure of the workforce and the seniority of the perpetrator;
- lack of support for victims and/or whistle-blowers;
- individuals who have become so accustomed to bullying that they frame this behaviour as normal or acceptable, thus ensuring ongoing acceptance of, and conformity with, the discrimination, bullying and/or harassment;
- bullying and harassment in the workplace being under-reported;
- systemic barriers to reporting, for example not wanting to be seen as a troublemaker; fear of retaliation, belief that nothing would change, and/or that the situation might deteriorate further;
- the stressful healthcare environment, particularly the pressures to meet administrative deadlines and targets, and
- lack of leadership engagement in addressing issues.

In addition to these factors, the EAG found that issues of DBSH extended well beyond surgery and affected the entire health sector. The final EAG report provides further information on the contributing factors and is available on the RACS website.

Fatigue

The number of hours in a 24-hour period a surgeon works is highly variable, and the associated stresses and fatigue levels will depend on his/her daily workload. For example, the on-call load in a 24-hour period will differ greatly in a major metropolitan trauma centre compared to a regional centre,

where there are likely to be fewer surgeons participating in on-call rosters, but the amount of after-hours operating may be less. While there are strategies that can be taken to reduce fatigue wherever possible (outlined below), the continuous nature of health care delivery and the urgency of demand means that on-call and after-hours work will always be a reality for the surgical profession.

'In-hours activities' also vary among surgeons. Operating sessions are generally more physically demanding than consulting sessions, and this also depends on the operative caseload, the surgical specialty/subspecialty, the quality of the associated staff, and whether the surgeon is required to teach junior staff/students concurrently. It is also recognised that in particular sub-specialities, certain elective operations will routinely take many hours to complete. In these cases, the demands on the surgeon will be increased due to the prolonged procedure, the technical difficulties involved and the lack of breaks during this period.[1]

The impact of workplace fatigue and bullying on the health and wellbeing of health care professionals

Bullying

DBSH in healthcare affects the individuals involved, the organisations, and the patients. Therefore, three levels defined in socio-ecological theory are being used as a descriptive frame.

At the micro or individual level, a number of negative effects have been well documented; these include health issues, psychosomatic symptoms, loss of confidence or self-esteem, and post-traumatic stress disorder. Other outcomes such as leaving the health system, or deterring potential applicants to surgery, affect both the individual and the workforce. It is not only the targeted 'victim' who suffers these negative effects. Negative effects have also been found among those who have witnessed bullying but have not been personally targeted.

At the meso level, in the team, department or unit, aggressive behaviour can have a significant negative impact on staff relationships. This can include loss of morale, increased interpersonal aggression, and/or avoidance, all of which contribute to breakdowns in communication, task responsibility, and team collaboration.

At the macro level, within the hospital and healthcare system, besides the loss of staff and staff efficiency, there is substantial evidence that disruptive behaviour has a negative impact on patient safety. For example, recent research specifically focusing on the impact of surgeons' disruptive behaviour in the operating room found that the two most frequently mentioned outcomes were a shift of focus from the patient to the surgeon, and an increase in surgical errors.[2]

Fatigue

RACS has previously conducted a comprehensive systematic review of published literature into fatigue. The Review identified 16 studies of sufficient relevance and quality; two randomised controlled trials, five non-randomised comparative studies and nine case series. Of five studies that directly measured clinical performance, three reported no significant difference due to sleep deprivation, while two found increases in complications or errors. Of 11 studies that assessed psychomotor skill performance using a variety of simulation-based methods when a participant was rested and/or fatigued, two reported no significant differences while the remaining nine reported mixed results. Surgical residents with less training and experience appeared to be more affected than more senior residents. The full Review is available here.

While the Review found an absence of evidence, it is important to note that this does not necessarily conclude an absence of effect. The Review also states:

> *When healthy adults receive an average of less than five hours sleep per night, the homeostatic drive to sleep rises sharply, and cognitive performance begins to decline. Sustained wakefulness of 24 hours has been found to result in a decline in cognitive psychomotor performance equivalent to that found at a blood alcohol concentration of 0.10%.*

> *In the non-medical workforce, night work has shown to be associated with a greater relative risk of accidents and injuries from impaired alertness and performance caused by lack of sleep than either the morning or afternoon shift.*[3]

Examine and report on the existing workforce policies and complaints management practices to ensure their relevance and appropriateness in achieving satisfactory outcomes for all parties

RACS is currently conducting a major review of its complaints management system with dedicated expertise and centralised recording. New specialised resources have been procured enabling the College to respond more effectively. Ongoing review has been a feature of the complaints management system over the past two years, guided by external experts. View the Professional Standards Policies.

In the South Australian context, SA Health provides a range of resources and policy directives aimed at addressing workplace bullying and harassment, most notably the Respectful Behaviour Policy Directive. Unfortunately, the recent Steven's Report highlighted that this approach had been largely ineffective in dealing with bullying and disrespectful behaviours within adult community mental health.

The report concluded that there was little understanding of the Respectful Behaviour Policy, and that many of those who had engaged with the formal complaints process advised that they would not do so again. Complainants commonly reported that they had become frustrated by a lack of communication and transparency, the excessive time taken to address complaints, and the perceived inadequacy of the resolution. Consequently, many cases of bullying and harassment were identified to have never been reported due to a lack of confidence in the process.[4]

While the Steven's Report focused on adult mental health, there were distinct similarities between the final report and the report produced by the EAG, and it is clear that the issues identified in both reports are relevant and applicable across the entire health sector.

In relation to surgery, there is little doubt that there is a perception among Trainees and junior medical doctors that complaining can damage a career. Despite explicit professional values being taught, often these seem to be overlooked, and there is a perceived disconnect between organisations' stated values and their responses in individual cases of unacceptable behaviour.

Best practice complaints processes are fair, accessible, timely, and are clear and transparent so that people can have confidence in the system. Expectations should be managed by providing an understanding of what the complaints process can deliver. The Australian Government Department of Defence Workplace Behaviour's approach is one example of a good model for managing and reporting unacceptable behaviour and conflict in the workplace. It:

- outlines employee, employer and manager responsibilities;
- provides clear definitions of conflict scenarios and unacceptable behaviours;
- provides options for resolution including alternative dispute resolution;
- clearly outlines the process and what to expect, and
- provides a list of contact details for advice and support.[5]

The extent to which current work practices comply with relevant legislation, codes and industrial agreements

Complaints management

The oversight for health professions is often multi-layered and difficult to distinguish. Varying entities are involved including medical colleges, health departments, hospitals and regulators including the Medical Board of Australia, and the Australian Health Practitioners Regulatory Authority. There is a clear lack of coordination between these bodies and a strong requirement for better communication.

Too often the complex system of complaints management in many Australian hospitals means that appropriate information is not shared. Additionally, concerns regarding a practitioner's competence are not passed on to the regulator, due to a reluctance to breach an individual's right to practice. While RACS respects individual liberties, it is imperative that they are not prioritised ahead of the fundamental responsibility of protecting patient safety.

RACS obtained advice from Senior Counsel about whether sharing information about complaints between the College and hospitals would breach privacy legislation requirements. The advice indicated they would not be breached by simple changes to the policies, documents and agreements of RACS and hospitals/employers to help facilitate the sharing of information. RACS is currently developing model protocols for the sharing of information between hospitals and the College.

In 2017 RACS co-signed a Statement of Intent with SA Health based on a shared commitment to promote greater information sharing and to more effectively deal with DBSH within the surgical profession. Cultural change is a lengthy process and for it to be successful such commitments are vital.

Fatigue

While RACS is not responsible for the individual rostering of surgeons, the College does have established Standards for Safe Working Hours and Conditions for Fellows, Surgical Trainees and International Medical Graduates. These guidelines set out a series of recommendations which the common experience of surgeons suggests are most likely to minimise the chance of impairment of decision-making or performance in surgery. The aim of the guidelines is to assist surgeons to:

- better understand their own work practices and be willing to modify them if working excessive hours;
- be aware when excessive working hours are causing fatigue to Trainees and other staff;
- be aware of their rights and responsibilities in negotiating with employers, and
- assist and understand each other when drawing up and sharing rosters.

Measures to improve the management and monitoring of workplace fatigue and bullying

Bullying

As identified in the EAG report, significant cultural change is necessary to make perpetrators aware that their behaviour will no longer be tolerated. The leadership required includes the following:

- Understanding what constitutes DBSH;
- Taking responsibility for proactively improving workplace culture and eradicating DBSH;
- Providing training in appropriate behaviour, including resilience, performance under pressure and speaking up when DBSH occurs;
- Recognising the right of victims to be able to report abuse or complain without fear of retribution;
- Providing appropriate timely responses to allegations, that include various levels of sanction for perpetrators; and
- Providing confidential counselling and support for those who have been affected.

RACS has invested significant time and resources into mandatory training for all of its members to promote a healthy culture which provides a good template for SA Health. 98 percent of Fellows, Trainees and IMGs within SA have undertaken the Operating With Respect online module, and all SA Committee members have completed the Foundation Skills for Surgical Educators face-to-face course. RACS also requires all surgical supervisors, IMG Clinical Assessors, and Training Board/Education Committee representatives to have completed or enrolled in the Operating With Respect face-to-face course.

Fatigue- Fellows

In addition to the Safe Working Hours Standard, RACS has a number of position papers and guidelines on its website. Many of these documents are aimed at creating safer working environments, and an example of this is the College's position on Long Elective Operating Lists.

RACS also publishes a biennial annual Workforce Census. This allows RACS to build a picture of the challenges facing the surgical workforce, and to help identify those areas in which RACS needs to advocate and find solutions. The most recent Workforce Census report was published in 2016, and highlighted that Fellows work on average 51 hours per week, a reduction of two hours from the 2014 Census.[6] The College is currently preparing the 2018 Census which will be available on the RACS website when available.

Fatigue- Trainees

The economic realities of providing sufficient round the clock cover mean that workplace fatigue will always be a challenge for the medical workforce. While strategies can be implemented to reduce the likelihood of fatigue, at some point almost all doctors will need to deal with decision making while fatigued in their careers as surgical consultants. An example is emergency situations such as natural disasters or bushfires, where there is a sudden and unexpected increase in the clinical workload.

Surgical Trainees usually have a formalised working schedule set out by hospitals in relation to overtime shifts and daily working hours. The number of rostered working hours will depend on whether the work occurs mainly during the day or at night. Trainees are also required to fulfil the minimum training requirements of the RACS Surgical Education and Training program, and hospitals must recognise this requirement and facilitate completion of the training program. Flexible training hours (at least 50 per cent FTE) are available while recognising the complexities involved in meeting the needs of the surgical training program as well as the needs of the employing institution/surgical unit.

With a standard 38-hour working week in many hospitals, significant penalty rates are applied to hours worked above this. Hospitals are cutting back on the rostered hours of Trainees due to cost cutting measures, which then affects the experience the Trainee is able to gain to meet the requirements of the surgical education program.[7]

RACS and its specialty training boards can only approve training positions in centres that maintain high standards of care, adequate clinical exposure for training, and support for Trainees and trainers within the context of a structured program of education over a period of time. This includes all the tasks undertaken by physician Trainees such as diagnosis, treatment and outpatient assessment, as well as operative and proceduralist training. RACS believes a 55-65 hour working week, spread across a seven-day period with sufficient uninterrupted breaks during that time, is appropriate for Trainees to gain the knowledge and experience required by the training program. This is supported by recommendations from US and European health systems.[8]

Restricting surgical Trainees to clinical practice of 38 hours per week may mean:

- less exposure to operating lists which are the cornerstone of surgical training;
- reduced continuity of care, which may lead to more complications, longer hospital stays, more investigations and higher costs, and
- lower quality training, in particular less generalist training and a reliance on sub-specialty fellowships as 'de-facto extensions' for complete training.

RACS recognises that by endorsing a 55-65-hour working week, fatigue minimisation practices and safe rostering will need to be employed. For further background on RACS' position please see its position paper on Appropriate Working Hours for Surgical Training in Australia and New Zealand.

Any other relevant matters

The Inquiry into Workplace Fatigue and Bullying in South Australia Hospitals and Health Services coincides with a similar inquiry in the ACT, as well as an inquiry into workplace sexual harassment being led by the Australian Human Rights Commission.

RACS commends all governments for taking these matters seriously. Workplace culture can have a significant impact on employees and the service they are able to deliver. As was identified by the EAG the issues of DBSH are present across Australia and New Zealand and are not confined to any one health system. We encourage the Parliamentary Committee to remain abreast of any developments and recommendations that are made interstate and nationally, and to consider their relevance to this Inquiry.

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[1] Royal Australasian College of surgeons. Standards for Safe Working Hours and Conditions for Fellows, Surgical Trainees and International Medical Graduates, 2007.
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[2] Expert Advisory Group on discrimination, bullying and sexual harassment. Background briefing, 2015.
[3] Sturm L, et al. The Effect of Fatigue on Surgeon Performance and Surgical Outcomes. ASERNIP-S Report No. 68. Adelaide, South Australia: ASERNIP-S, August 2009.
[4] Stevens, G. Adult Community Mental Health – report from Greg Stevens. 2017. Available at https://www.sahealth.sa.gov.au/wps/wcm/connect/0fa5218041d6e8fab1b5f3fc48414beb/Community+Mental+Health+Summary+Report.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-0fa5218041d6e8fab1b5f3fc48414beb-mi9LZbO
[5] Department of Defence. Workplace Behaviour Version 3. Management of Workplace Conflicts and Disputes and Unacceptable Behaviour. 2017.
[6] Royal Australasian College of surgeons. Surgical Workforce 2016 Census Report, 2016.
[7] Royal Australasian College of surgeons. Appropriate Working Hours for Surgical Training in Australia and New Zealand, 2013.
[8] Ibid