HEALING the HEALERS

21

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Point 1
by Havas Lynx Group
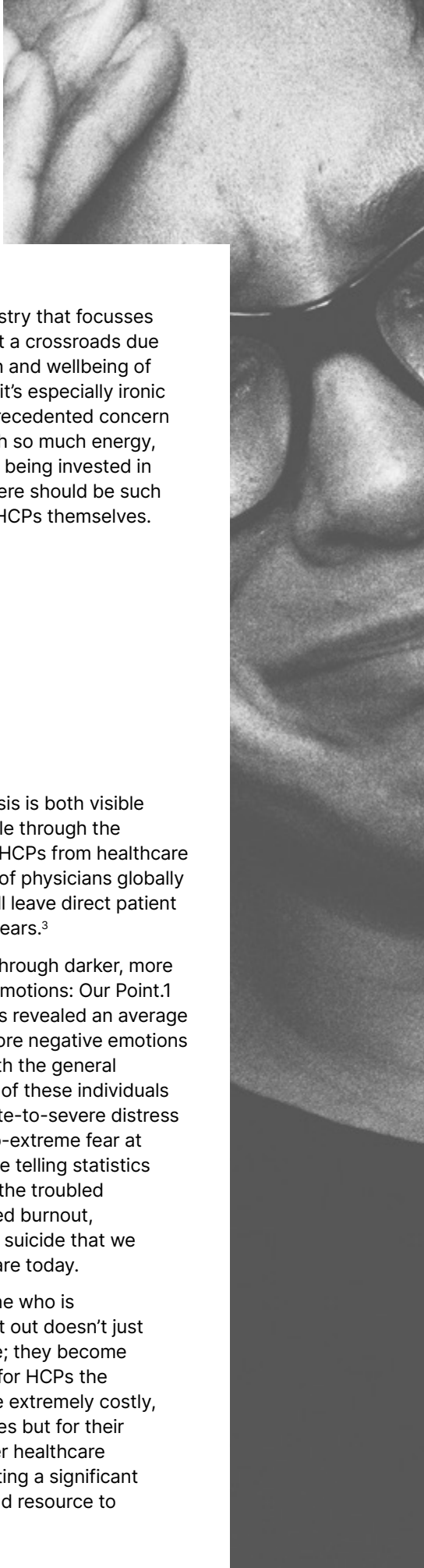
Mental health
MATTERS

Today we are witnessing the fastest deterioration of wellbeing in human history. And HCPs are far from immune to this trend. In fact, self-reported studies suggest a greater increase in mental illness amongst doctors when compared with the wider population.[1]

"Health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity."[2]
—
World Health Organisation. 2023.

It's ironic that an industry that focusses entirely on health is at a crossroads due to the impaired health and wellbeing of its own workers. And it's especially ironic that, at a time of unprecedented concern for mental health, with so much energy, money, and creativity being invested in wellbeing support, there should be such a lack of support for HCPs themselves.

Ever-increasing levels of burnout, depression, and even suicide, across almost every type of HCP speciality

The impact of this crisis is both visible and invisible. It's visible through the increasing exodus of HCPs from healthcare worldwide, with 24% of physicians globally agreeing that they will leave direct patient care in the next five years.[3]

But it is invisible too through darker, more hidden feelings and emotions: Our Point.1 sample of 2,536 HCPs revealed an average of nearly a quarter more negative emotions at work compared with the general population, with 43% of these individuals experiencing moderate-to-severe distress and 31% moderate-to-extreme fear at work.[3] These really are telling statistics that begin to expose the troubled landscape of increased burnout, depression, and even suicide that we are seeing in healthcare today.

And, of course, anyone who is overworked and burnt out doesn't just become unproductive; they become anti-productive. And for HCPs the consequences can be extremely costly, not only for themselves but for their patients and the wider healthcare landscape, necessitating a significant investment of time and resource to address the issue.

24%

more negative emotions at work compared with the general population

43%

experiencing moderate to severe distress

31%

experiencing moderate to extreme fear at work

"Supporting HCPs in their mental health is a prerequisite for a working healthcare system, advancements in medicine, and optimal patient care. It is incumbent upon all of us to acknowledge the problem, minimise the causes and consequences, remove the barriers to identifying solutions, and ultimately champion the change and support essential for our HCPs."

—
Claire Knapp, CEO, Havas Lynx Group.

# HCP burnout might not be new, but it is now

CRITI

Burnout was first identified amongst healthcare workers by psychologist Herbert Freudenberger in 1974, based upon the loss of motivation and the growing sense of emotional depletion and cynicism he observed in volunteers working at a free clinic in New York City.[4] These formerly idealistic mental health workers had become exhausted, resenting patients and the clinic, questioning their own competence and diluting their ambitions, idealism, and sense of worth.[4]

"Burnout in the UK's healthcare industry has reached its highest level since 2018 when the General Medical Council began tracking it. No discipline is immune, but emergency medicine, surgery, obstetrics, gynaecology, and general practice are particularly severely affected. Nurses and pharmacists are also affected. This rapidly growing tumour threatens the very foundations of healthcare."

—
Tapas Mukherjee, Medical Director, Havas Lynx Group.
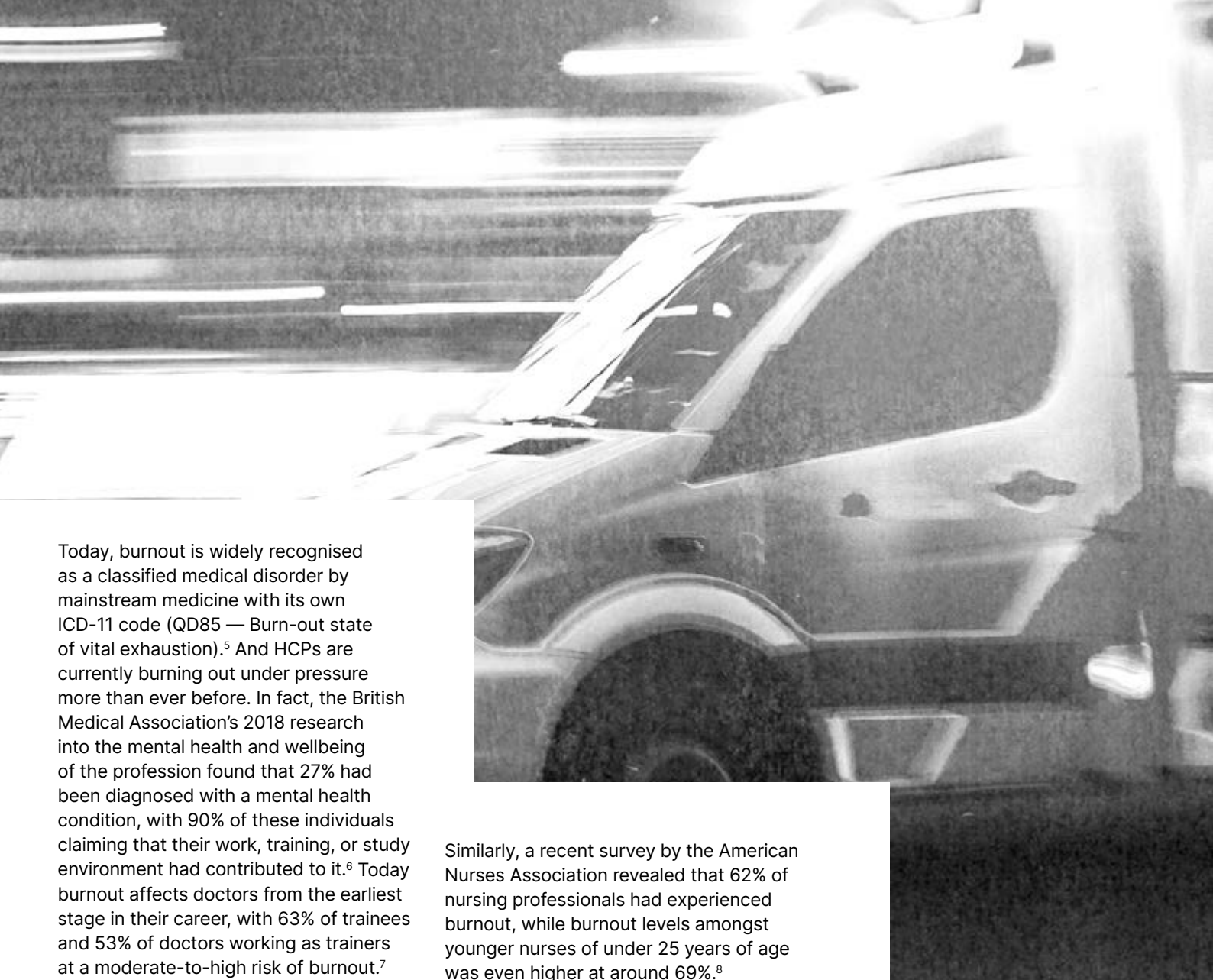
Today, burnout is widely recognised as a classified medical disorder by mainstream medicine with its own ICD-11 code (QD85 — Burn-out state of vital exhaustion).[5] And HCPs are currently burning out under pressure more than ever before. In fact, the British Medical Association's 2018 research into the mental health and wellbeing of the profession found that 27% had been diagnosed with a mental health condition, with 90% of these individuals claiming that their work, training, or study environment had contributed to it.[6] Today burnout affects doctors from the earliest stage in their career, with 63% of trainees and 53% of doctors working as trainers at a moderate-to-high risk of burnout.[7] Millennial HCPs and juniors are also significantly more likely to feel unable to manage the stress their job entails and feel under too much pressure at work when compared with Generation X and Boomer HCPs.[3]

Similarly, a recent survey by the American Nurses Association revealed that 62% of nursing professionals had experienced burnout, while burnout levels amongst younger nurses of under 25 years of age was even higher at around 69%.[8]

"Burnout is chronic workplace stress that has not been successfully managed. Symptoms include feelings of energy depletion or exhaustion, increased mental distance from one's job, or feelings of negativism or cynicism related to one's job and reduced professional efficacy."
—
ICD-11.

27%

of the medical profession had been diagnosed with a mental health condition in 2018

90%

of these individuals claimed their work, training, or study environment had contributed to it

HCP burnout across specialities

Percentage of respondents reporting being burned out

70

65

60

55

50

45

40

35

30

25

2018　　　2019　　　2020　　　2021

Legend:
- Opthamology
- Anesthesiology
- Surgery, general
- Diabetes & Endocrinology
- Gastroenterology
- Radiology
- Psychiatry
- Oncology
- Emergency medicine
- Rheumatology
- Infectious diseases
- Internal medicine
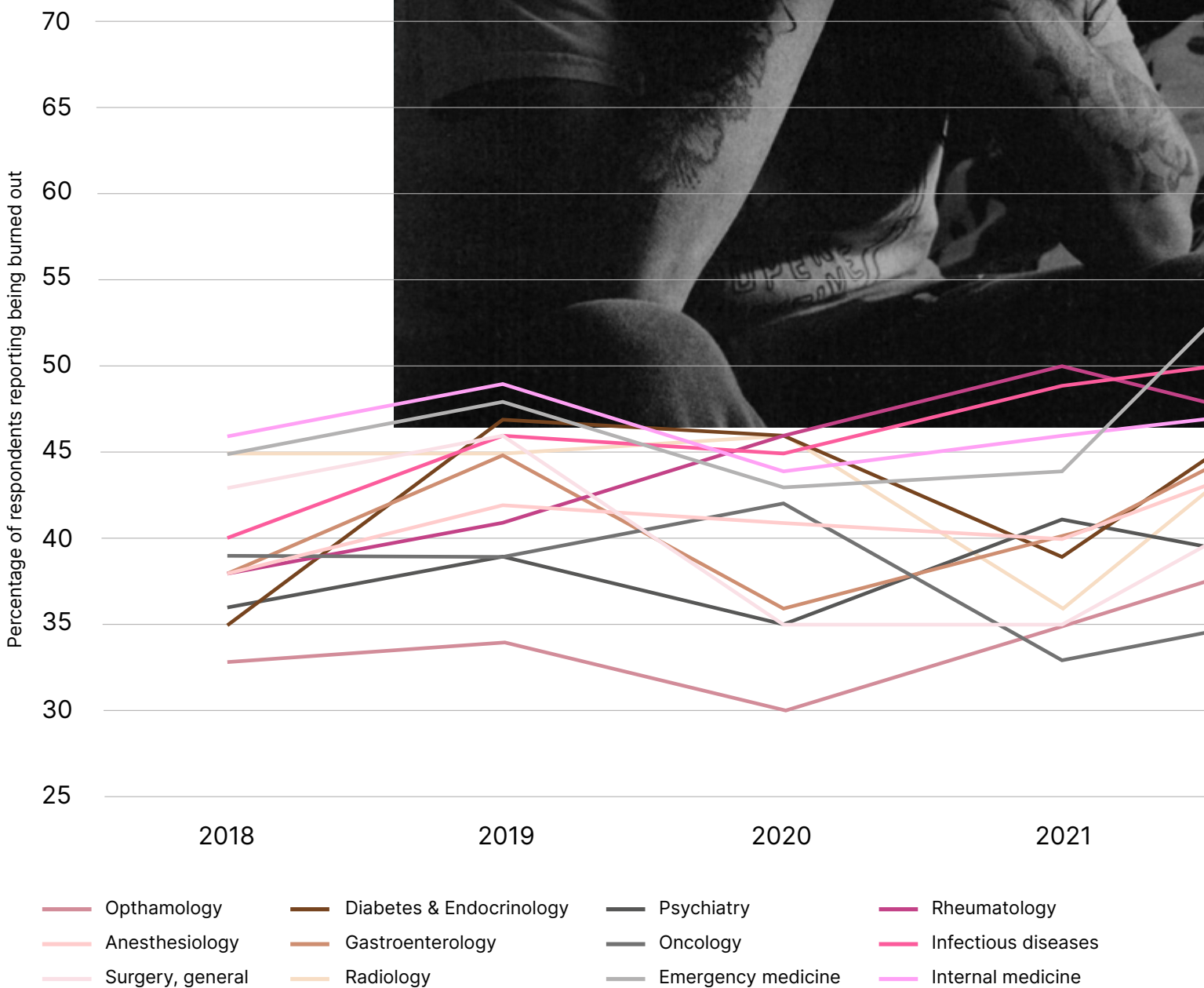
Adapted from Medscape National Physician Burnout & Depression Report 2018 - 2023

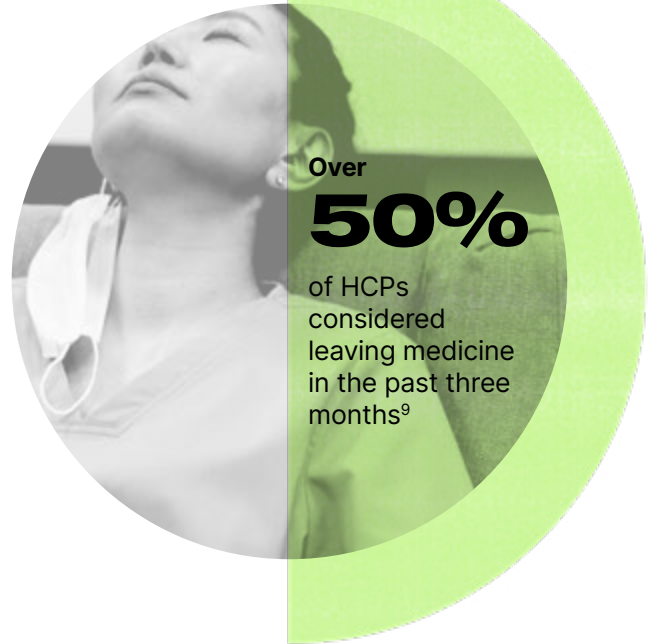Equally concerning is that this is a global issue. Burnout is a borderless challenge that needs to be tackled in a borderless way by supporting individuals and organisations at a global level.
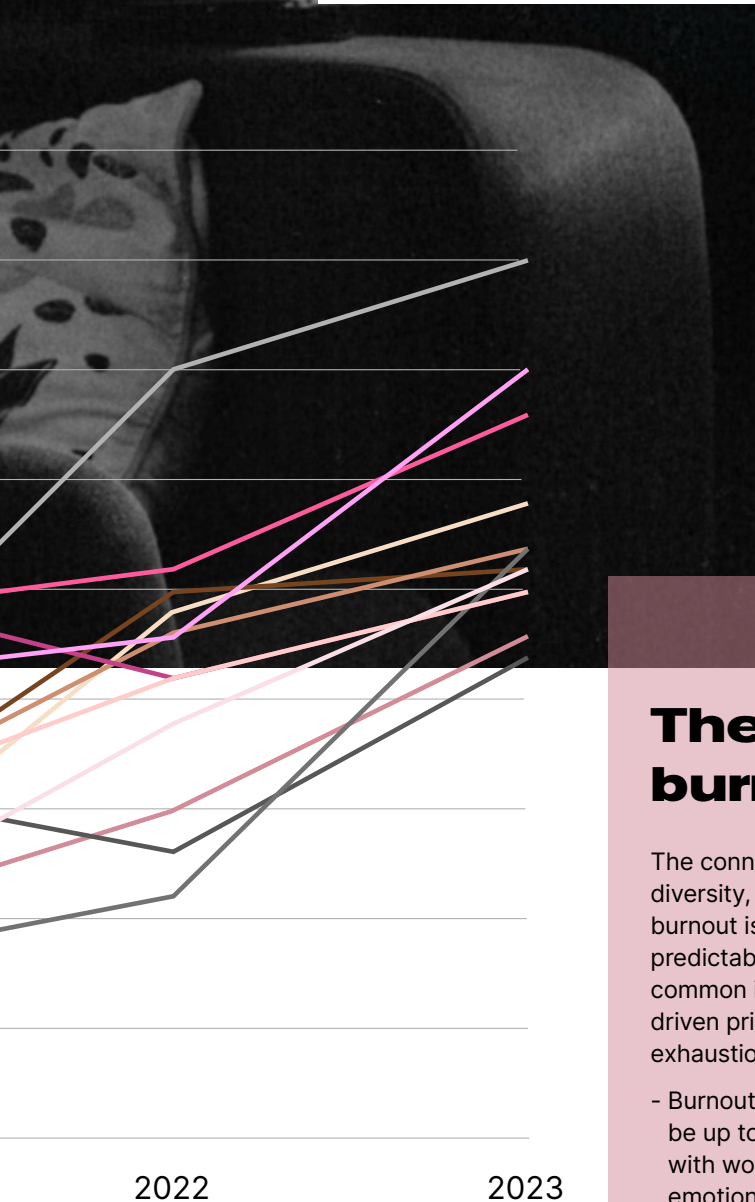
Over

50%

of HCPs considered leaving medicine in the past three months[9]

75%

of HCPs in the USA, UK, and EU4 nations felt stressed, with Spain experiencing the highest levels of stress and anxiety[9]

59%

of Japanese physicians will have experienced moderate-to-extreme feelings of distress in the last week at work, 49% in Brazil, and 33% in China[3]

2022   2023

The connection to burnout and ED&I

The connection between equity, diversity, and inclusivity (ED&I) and burnout is also notable. Sadly, yet predictably, burnout is especially common in minority populations, driven primarily by emotional exhaustion:

- Burnout in female physicians may be up to 60% greater than in males, with women scoring higher for emotional exhaustion[10]

- The King's Fund has highlighted discrimination against Black, Asian, and minority ethnic staff in the NHS as a contributory factor to burnout[11]

- A cross-sectional study conducted in 2022 found that gay, lesbian, and bisexual medical students are more likely to be in the top quartile for burnout[12]

To find out more about the systemic and historical biases that seemingly exacerbate burnout, see our 2021 thought leadership piece Health For All: nooneleftbehind.co.uk

The drivers of burnout are

MULTIPLY
MULTIPLY
MULTIPLY
MULTIPLY

Burnout happens when the demands of a job outstrip an individual's ability to cope with the stress. And the trend of burnout in HCPs can certainly be attributed in part to impossible deadlines, workload, long shifts, and changing shift patterns along with the emotional toll of caregiving.

One common misconception is that burnout is caused by simply working too long or too hard.

But other factors, individual and systemic, can be equally responsible. And, ultimately, burnout occurs when deadlines, demands, working hours, and other pressures outweigh the rewards, recognition, and leisure time.

"The incremental onset of burnout is the accumulation of hundreds or thousands of tiny disappointments, each one hardly noticeable on its own."[13]

–
Richard Gunderman,
Professor of Radiology and Philosophy,
Indiana University, writing in The Atlantic.

PHYSICAL WELLBEING
EMOTIONAL WELLBEING
SOCIAL WELLBEING

65% indicated having insufficient time to do justice to the job causes high levels of stress[3]

71% say increasing workloads put them under high levels of pressure

31% US HCPs believed lack of control / autonomy contributed to burnout the most[20]

68% cite paperwork as causes to high levels of stress[3]

57% say unrealistic expectations from co-workers put them under extreme stress[3]

22% feel unable to balance their home and work lives[3]

60% increase in burnout for female vs male physicians[10]

65% of oncologists and **60%** of dermatologists believe improving diversity will lead to better patient care[3]

37% agreed that they sometimes feel lonely at work[3]

5% spontaneously mentioned workplace bullying as biggest challenge[20]

Poor internal communication[20]

38% US HCPs believed lack of respect from co-workers contributed to burnout[21]

33% UK HCPs believed greater respect from co-workers would help reduce burnout[16]

42% say adverse media publicity adds to extreme pressure at work this rises to **57%** in China and **45%** in Brazil[3]

133% increase in clinical claims made against the NHS since 2006/7[19]

50% worry about patient complaints and litigation[3]

74% agree increasing patient demands add to extreme pressure[3]

has increased in the majority of specialities from 2021 to 2022[7]

Increased acuity and complexity of patients[14]

21% dissatisfied with working conditions[3]
31% dissatisfied with working condition in Japan[3]

54% say insufficient resources within puts them under stress at wo
Lack of resources in p

11% spontaneou

44% dis
of le

Intensity of workload

Increasing intensity of work

Physical working conditions

Logistics

Poor rota planning

Long working hours

Autonomy & bureaucracy

Unrealistic expectations

Personal relationships

Institutional bias

Peer-to-peer

Adverse media

Patient-doctor

Lack of support & time

Reward & recognition

Moral injury & distress

Ability to cope

Personal growth

Cognitive burden

Death or grief

50% said time was a barrier to accessing mental health support[18]

37% do not believe p reflect performance and co
this rises to **52%** in Spain
Almost **1/5** globally do not feel their hard work is recognised[3]

31
31% o
12% spo

* Global data, unless stated otherwise.

DEATH BY A THOUSAND CUTS

HCPs are being affected across every aspect of health and wellbeing:

Our research revealed physicians feeling ever greater levels of stress based upon burden of bureaucracy and backlog of patients from the pandemic, as well as the consequences of inadequate workforce planning, and increased throughput of patients in physical clinics and telemedicine.

The perennial challenge of working with outdated IT systems was often cited as a daily frustration, along with the inability to prescribe the latest drugs or work with new innovations due to budgetary and implementation issues.

Emotional wellbeing
There is a great deal of emotion surrounding the subject of health, and physicians are at the sharp end when it comes to emotion, with data suggesting that they experience significantly more positive, but also more negative, emotions than the general population. As we've seen previously, this is true for a significant number of categories. And, alarmingly, there are also indications that the increased momentum within healthcare will only add to the emotional pressures:

"The number of journal articles, the number of products, and the sheer volume of data has exploded. From a physician perspective, this must be incredibly overwhelming. How could you possibly follow what is going on?"
Claire Clibborn, Pfizer.

Social wellbeing
Our research shows a multitude of factors that cause significant distress in a social context. These include unrealistic expectations from others (patients, media, and colleagues) in terms of what can reasonably be achieved in a post-pandemic healthcare system. This is causing strained relationships at work, leading to a lack of trust and support amongst colleagues, exacerbating an already strained working environment.

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their practice

personnel or funding[15]

usly mentioned poor management as biggest challenge[3]

ssatisfied with the choice

ngth of shifts they work[3]

5% spontaneously mentioned death of a patient as biggest challenge[3]

7% spontaneously mentioned lack of treatment options for areas of high unmet need as biggest challenge[3]

42% neurologists feel overwhelmed[3]
46% oncologists feel overwhelmed[3]
34% dermatologists feel overwhelmed[3]

83% of global HCPs' time is spent in direct patient care[3]

53% felt under extreme pressure with professional development[3]

30% of UK HCPs believed feeling like a small cog in a wheel contributed to burnout[16]

HCPs experience more highs and lows than the general population

38% more negative emotions experienced within the last week at work vs. general population[17]

% of oncologists have experienced feelings of ethical unease[3]

f neurologists have experienced feelings of ethical unease[3]

ntaneously mentioned inability to deliver quality care as biggest stressor[3]

ay & benefits

tribution

The cost of BURNOUT

First and foremost, the impact on the individual HCP can be devastating, with a shockingly high proportion of doctors, and their families, paying the ultimate price. The significantly higher rates of suicide amongst HCPs compared to the overall population sees more than one doctor a day losing their life to suicide in the USA alone.[22]

A Danish national register-based study revealed that physicians had a higher risk of suicide than 55 other occupations, with risk estimates further increased after other sociodemographic factors were taken into account.[23]

It's now estimated that the rate of suicide in HCPs is between five and seven times higher than that of the general public.[27]

According to the Laura Hyde Foundation (a charity set up in memory of nurse Laura Hyde), in the UK, on average, two healthcare workers die by suicide every week, while a doctor takes their own life once every three weeks.[24] Furthermore, they report that more than 220 UK nurses attempted to end their lives during the first year of COVID in 2020. The charity also reports having seen a 550% rise in demand for clinical mental health support from medical staff in 2020.[24]

"It's worth again drawing attention to the additional burnout seen within minority groups, which are already dealing with systemic and historical bias within the healthcare system. This is just yet another challenge these HCPs are forced to deal with."

–
Tapas Mukherjee, Medical Director, Havas Lynx Group.

Despite statistics such as these, the pain and stress HCPs experience are often obscured. They learn early in their training to steel themselves and hold the line.[25] They may worry about losing credibility with their colleagues, or even losing their job.[26] This means that physician suicide remains under discussed and excluded from public debate. It was only relatively recently, for example, that the first UK national memorial for health worker suicide, the Shruti Tree, was unveiled by author and former junior doctor Adam Kay.[24]

Worryingly, beyond the heart-breaking cost of burnout itself, the consequences extend to every corner of the healthcare system, with some terrifying hidden costs becoming increasingly apparent.

Burnout has an intrinsic impact on how the brain functions, affecting an HCP's cognitive capacity in memory and decision-making, with a dramatic impact on patient outcomes. In fact, studies have found that the increased emotional exhaustion of physicians in intensive care leads to higher standardised patient mortality rates.[28]

What's more, it's wholly understandable, in a profession whose raison d'etre is to care for patients, that the impact on those patients exacerbates an HCP's mental challenges. Indeed, as many as four out of five doctors can relate to the moral distress this causes.[29]

It's an unrelenting and vicious cycle which perhaps helps to explain the mass exodus of HCPs currently being seen all around the world. The US Bureau of Labor Statistics estimates that the healthcare sector lost nearly half a million workers between early 2020 and 2021.[30] Morning Consult, a survey research company, says that 18% of healthcare workers quit in the same period, and found that 31% of the remaining healthcare workers had considered leaving their employer, while the American Association of Critical-Care Nurses found that 66% of acute and critical-care nurses have thought about quitting nursing entirely.[30] All of this will adversely contribute to the WHO's projected shortfall of 10 million healthcare workers by 2030, which will exert even more extreme pressure upon systems that are almost at breaking point.[31]

THE HIDDEN COST OF BURNOUT

HCP burnout stressors

Workload and working conditions
Reward / recognition
Cognitive burden
Bureaucracy
Loneliness and relationships
Death / grief
Adverse media attention
Systemic bias
Culture and bullying

Cost to the individual

Depression
Suicide
Moral distress
Physical health
Addictive behaviours

Cost to the patient

Patient mortality and outcomes
Decision-making
Depersonalisation
Risk avoidance

Cost to the healthcare system

Retention turnover
Productivity
Time off work
Waiting times
Cost implications

The cost to the individual

The effects of burnout extend from anxiety, depression, and substance abuse to a marked increase in serious medical errors. In fact, a meta-analysis found that between 20.9% and 43.2% of doctors were depressed.[32]

In France, a post-COVID study of 10,325 HCPs revealed that 30.2% met the likely diagnostic criteria for clinical depression, with the biggest single contributory factor being burnout.[33]

YOU ARE LITERALLY PUTTING YOUR LIFE ON

Not only that, but the HCP's physical health can also be affected, with a major study identifying burnout as a significant risk factor in the incidence of coronary heart disease and heart attacks.[34] A broader meta-analysis that took into account some 993 studies on burnout also identified it as a significant predictor of hypercholesterolaemia, type 2 diabetes, coronary heart disease, hospitalisation due to cardiovascular disorder, musculoskeletal pain, changes in pain experiences, prolonged fatigue, headaches, insomnia, gastrointestinal issues, respiratory problems, severe injuries, and mortality for the under 45s.[35]

N THE LINE... EVERY TIME YOU GO TO WORK

"I know of two doctors I worked with who died on the drive home after a sequence of nights. One of them had a pregnant wife at the time. He left behind a child he never got to meet. It sounds crazy but I can't imagine anyone ever saying: 'I'm too tired to come to work'. You'd never be able to say that. But the alternative means you are literally putting your life on the line for your job every time you go to work."
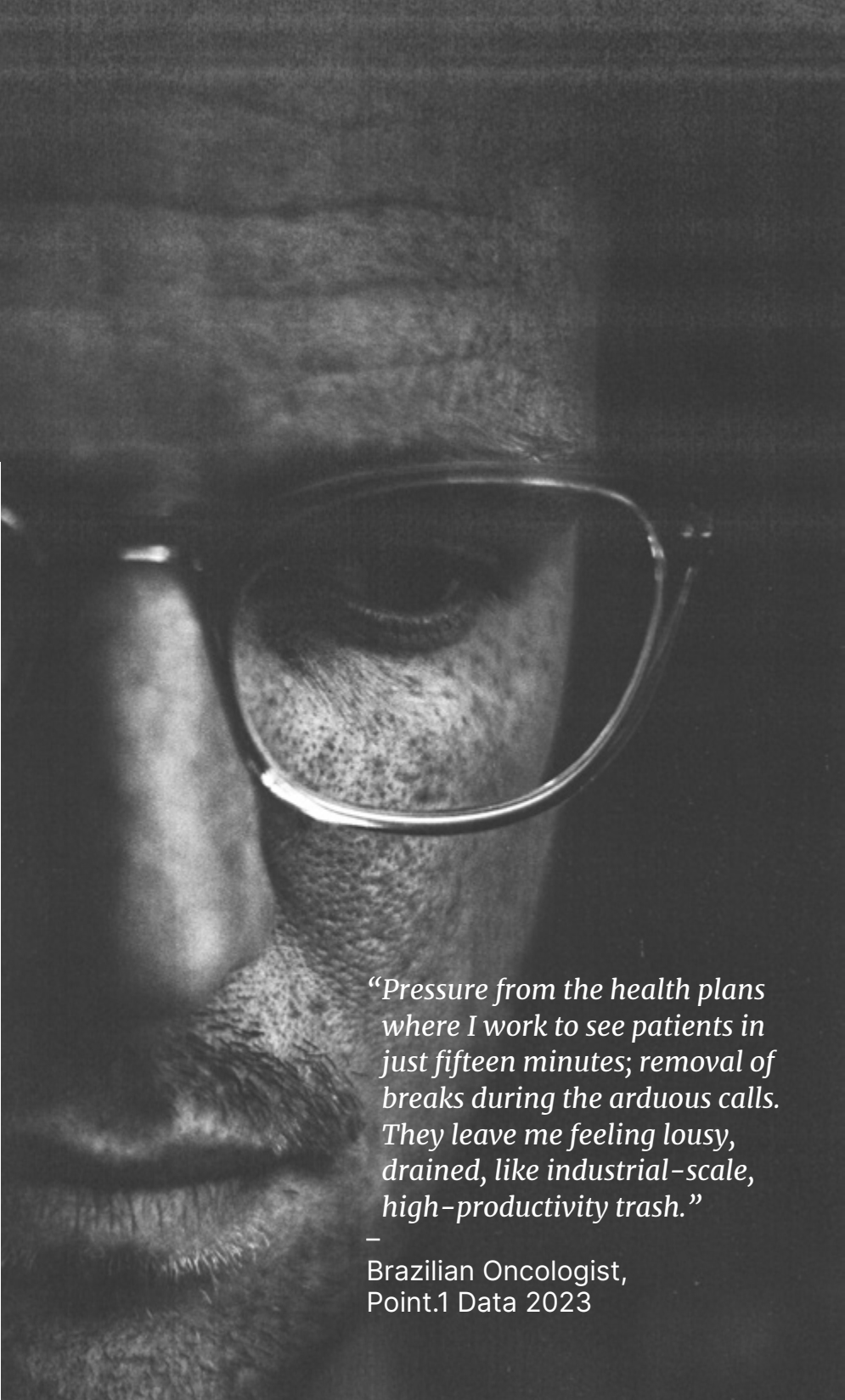
—
Junior Doctor, Spain.

The litany of conditions predicated upon burnout is a shocking reminder that it cannot, and must not, be underestimated.

Of equal concern is the fact that alcohol and substance abuse are rife amongst HCPs, with just over a fifth reporting alcohol use as a coping mechanism and as many as a third turning to junk food.[21] A pan-European analysis revealed that burnout was directly linked to higher levels of alcohol and fast-food consumption, less frequent exercise, and wider use of painkillers.[36]

And, of course, it's a vicious cycle with the impact on the patient affecting the HCP through 'moral distress' and 'moral injury', as confirmed by a recent self-reported Italian study in which 45.2% of 397 HCPs reported their level of moral distress to be 'uncomfortable' or even worse.[37]

"Pressure from the health plans where I work to see patients in just fifteen minutes; removal of breaks during the arduous calls. They leave me feeling lousy, drained, like industrial–scale, high–productivity trash."
—
Brazilian Oncologist, Point.1 Data 2023

Moral distress

Moral distress is defined as the psychological unease experienced by professionals who identify a morally appropriate course of action but are constrained by their ability to take it.[29]

31% of oncologists and neurologists have experienced feelings of unease because of being unable to take ethically correct action in the last 12 months.[3]

Moral injury

Moral injury can be inflicted when sustained moral distress impairs function or causes longer-term psychological harm. Moral injury can instil a profound sense of guilt and shame and in some cases a sense of betrayal, anger, and 'moral disorientation'. It has also been linked to severe mental health issues.[29]

21% of physicians will have experienced moderate-to-extreme feelings of guilt in the past seven days at work. 17% will have experienced moderate-to-extreme feelings of shame.[3]

81%

of UK oncologists will have experienced feelings of distress within the last week[3]

42%

commonly describing these feelings as somewhere between 'moderate' and 'extreme'[3]
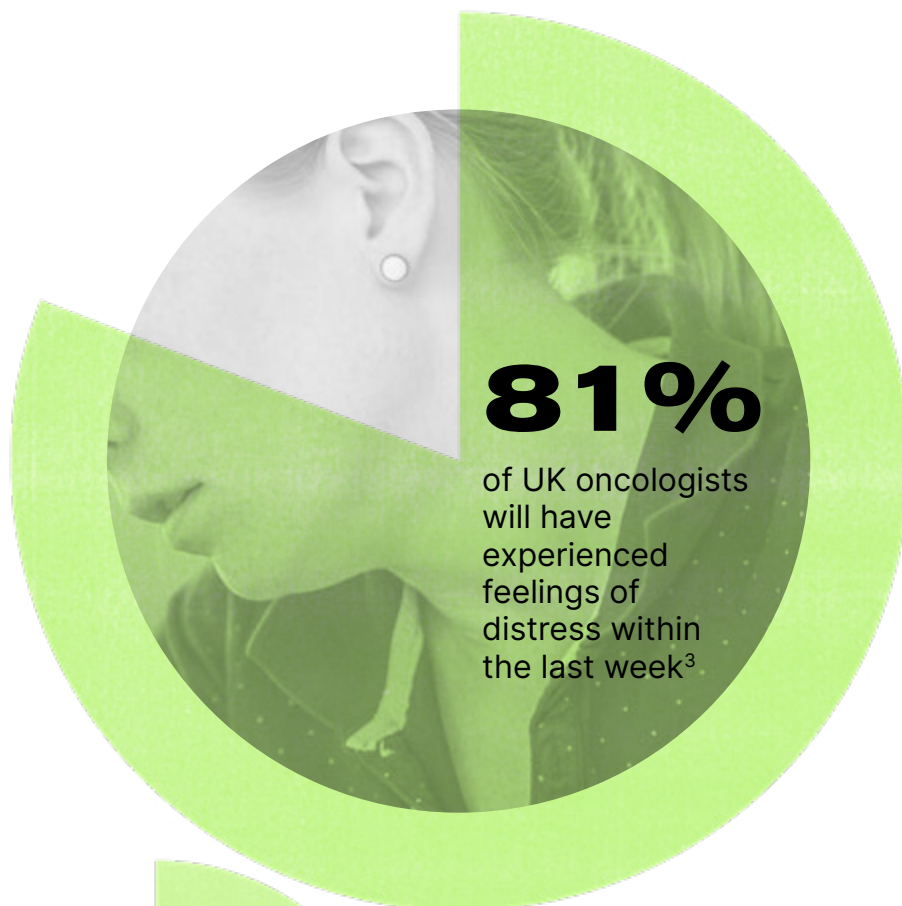
"If all we did was look at the impact of burnout on the individual HCP, the consequences are so heart-wrenchingly tragic that it becomes a moral duty to do something about it."

—
Dr Freddie Lewis, Senior Medical Advisor, Havas Lynx Group.

The cost to the patient

Before we consider the impact of HCP burnout on patient outcomes, it's worth looking at what happens when burnout occurs.

The brain of an individual suffering from burnout doesn't just function differently. Its very structure might well change.[38] Specifically, the uncontrollable stress of burnout and poor mental wellbeing will weaken the pre-frontal cortex, the area responsible for reasoning, memory, judgement, empathy, and high-order decision-making, and strengthen the more primitive circuits that drive habitual and emotional responses.[39]

Scientists are already beginning to understand how burnout can affect cognitive function, inhibiting creativity, problem-solving, and memory,[40] while burnout also makes us more likely to avoid decision-making entirely, having mentally checked out due to emotional exhaustion.[39,40]

For HCPs, where prerequisites of the job are decision-making, cognitive processing, and daily interactions with peers and patients, the effects of burnout can have a huge impact on their ability to function, which can affect patient outcomes and even mortality rates.[39]

Alert
Strong PFC
Reasoned complex decision-making
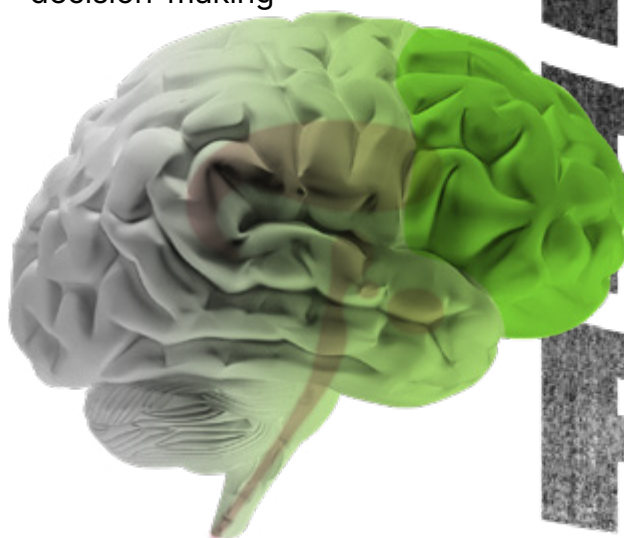
Fatigue/stress
Weak PFC
Poorly regulated fight, flight, and freeze response
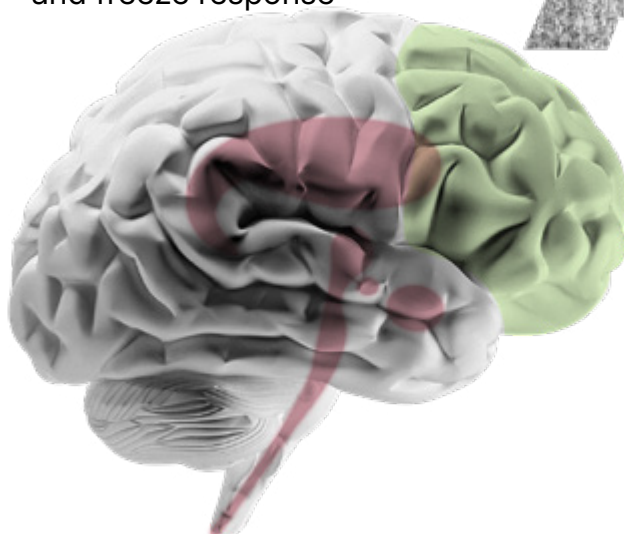
Adapted from Arnsten A & Shanafelt T, 2021.

"I JUST FELT SO PANICKED REALLY REALLY ANX

"*I'd be okay if it was a senior ward round. I could just go and do the jobs. But if I had to have any autonomous thinking, I just couldn't. My thoughts weren't very coherent because I just felt so panicked. I just felt so overwhelmed and really, really anxious.*"

—
Doctor in training, speaking to British Medical Association researchers about burnout and mental health in 2019

Burnout and decision-making

Tea or coffee? Holiday at home or abroad? Prescribe or don't prescribe? Ask for help or not? Whatever the topic, we tend to make choices quickly and automatically, relying on mental shortcuts we've developed over the years to suggest the best course of action.

So what might seem at first sight like a laborious decision-making process involving a number of steps can in reality take a mere seven seconds*.

This is your intuitive, 'gut' reaction. The rest of the process involves justifying the decision to yourself.

Humans are cognitive misers. Since our brain is responsible for as much as 20% of the body's energy consumption, we try to save energy by not thinking too hard. And, given all the decisions we have to make each day, and the increasing speed and volume of the information we need to process, it's hardly surprising that we tend to rely on our intuitive 'System 1' thinking to make quick decisions. This means that we can devote our energy to more important matters that require more arduous processing and 'System 2' thinking.[41]

7SEC

1 UNDERSTAND THE SITUATION

2 DEFINE THE PROBLEM

3 DEFINE OBJECTIVES

4 DIAGNOSE THE PROBLEM

5 DEVELOP ALTERNATIVES

6 EVALUATE ALTERNATIVES

7 CHOOSE BEST ALTERNATIVES

8 IMPLEMENT ALTERNATIVES
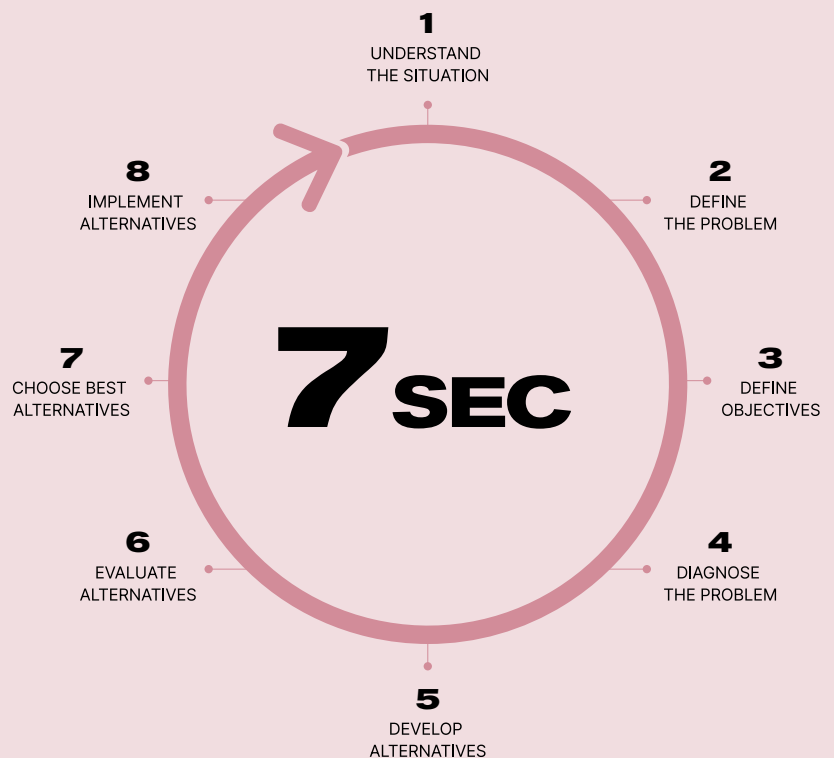
*This can be between 2 and 30 seconds depending upon circumstances.

"Thinking is to humans as swimming is to cats. They can do it, but they'd prefer not to."
—
Daniel Kahneman,
Nobel laureate and psychologist.

The terms System 1 and System 2 were popularised by Daniel Kahneman's best selling book, Thinking Fast and Slow. They are used to describe the 'automatic' thought processes that may occur rapidly with little conscious effort (System 1) as opposed to 'conscious' thinking, which is far more logical but also labour intensive and slower (System 2). The two systems are believed to co-exist and complement each other in a well-functioning brain.[41]

But, when our emotions are out of sync, for example due to stress, burnout, and poor mental wellbeing, our decision-making is seriously impaired. Antonio Damasio, professor of neuroscience at the University of Southern California, believes emotion to be a vital component in almost all decision-making.[42] And, in studying those for whom the connection between the 'thinking' and 'emotional' sides of the brain had been damaged, he found that they were unable to make decisions because they lacked any sense of how they felt about the available options. Ultimately, they simply couldn't decide where to live, what to eat, and what products to buy and use.[42]

Perhaps, then, it's not surprising that depression and burnout have long been linked to a whole host of psychological conditions, including neuroticism, self-consciousness, and risk-aversion.[43] And HCPs with burnout will tend to suffer from memory loss, shorter attention span, and poor decision-making, through defaulting to 'System 1' thinking, which can lead to a plethora of consequences for the patient. This was the conclusion of a German study which identified the ways in which burnout affects all aspects of psychosocial care, diminishing care quality and leading to diagnostic and therapeutic errors.[44]

"Doctors don't just "give a treatment" to patients; they have the power to create the mental conditions for the best possible results. Being able to talk about their mental health with their dermatologist is correlated with higher levels of overall wellbeing and better adherence to treatment in psoriasis patients. When doctors' mental and emotional energy is depleted, patients have harder times reaching optimal health. "

–
Catalina Cernica, Director,
The Health and Happiness Lab

Psychological consequences of burnout for HCPs

RISK

Area of patient care	Why this matters	Potential clinical impact
Psychosocial care, as defined by patient management and communication	Reduced attention span preventing holistic view of patient and caregiver system, missing out on vital quality of life (QoL) and history information. Less focus on patient communication with profound impact on disease and treatment understanding.	- Avoiding discussions of treatment options more suited to patient lifestyle and goals - Reduced adherence to treatments due to lack of patient education
Diagnostic management	Default system thinking could lead to preference for 'stereotypical' patient populations, for example only offering lung cancer testing to smokers, or HIV testing to homosexual men.	- Missed patient populations - Unconscious bias in patient diagnostic choices - Delays in diagnosis
Therapeutic choice and escalation	Memory loss, reduced attention span, and impaired decision-making affecting when and what to prescribe. Reliance on default system thinking could lead to 'status quo' treatment options, missing out on treatment innovation.	- Suboptimal treatment initiation - Default to psychologically safe prescribing patterns - Less open to innovation / new product trials - Delays to treatment escalation
Quality assurance, as defined by clinical management and personal development	Cognitive burden could restrict an HCP's time and inclination for personal development, disease education, and keeping abreast of treatment advancement. Potential inefficiencies in clinical care could impact patient throughput, creating bottlenecks in care times and patient access.	- Suboptimal patient volume processing - Missing out on advancements in disease states - Reduced attention and less receptive to medical education - Less time spent with Medical Science Liaisons (MSLs) (and reps) - Missing out on treatment advancement

LOSS
SHORT ATTENTION SPAN
POOR DECISION-MAKING
AVERSION
N E U R O T I C I S M
SELF-CONSCIOUSNESS

"Doctors and their healthcare colleagues are running on empty. Our members have come through a period of immense pressure caused by the pandemic, and it is affecting all aspects of their life... Fatigue can increase the risk of medical error and affect doctors' health and wellbeing. In our survey,* doctors reported poor concentration, mood swings, and mental health problems."

–
Dr Matthew Lee, Chief Executive, Medical Defence Union.

HCPs are feeling depersonalised

One of the most destructive effects of burnout upon HCPs is depersonalisation, with as many as 42% self-reporting feeling depersonalised in a UK study.[46] This can lead to a combination of chronic demotivation, lack of energy and impaired cognitive function, and have a negative effect upon interactions with patients, compromising patient safety.[47]

It goes without saying that good communication with patients is key to effective medicine and the inability of HCPs to communicate effectively can have a significant impact on care. A meta-analysis in the USA of some 47 studies, covering over 40,000 HCPs, meanwhile, demonstrated that HCP burnout doubled the risk of 'low professionalism', with depersonalisation tripling this risk.[50] Several studies have also shown a significant connection between HCP burnout and patient satisfaction and adherence to medical advice, all contributory factors to poorer patient outcomes.[51]

Not only that but depersonalisation can damage an HCP's relationship with colleagues, with Medscape reporting the second biggest contributor to burnout as 'lack of respect from a co-worker'.[52] The fact is, depersonalised HCPs may feel less empathy and less engaged in their day-to-day decision-making. This is particularly important given the strong peer-to-peer influence that has historically been the bedrock of the profession, and the emphasis on multi-disciplinary team working to help tackle the increasing complexity of health systems and disease.

Depersonalisation refers to impersonal, negative, and uncaring responses towards the recipients of one's service, care, treatment, or instruction. It occurs in response to only ... emotional exhaustion.[48, 49]
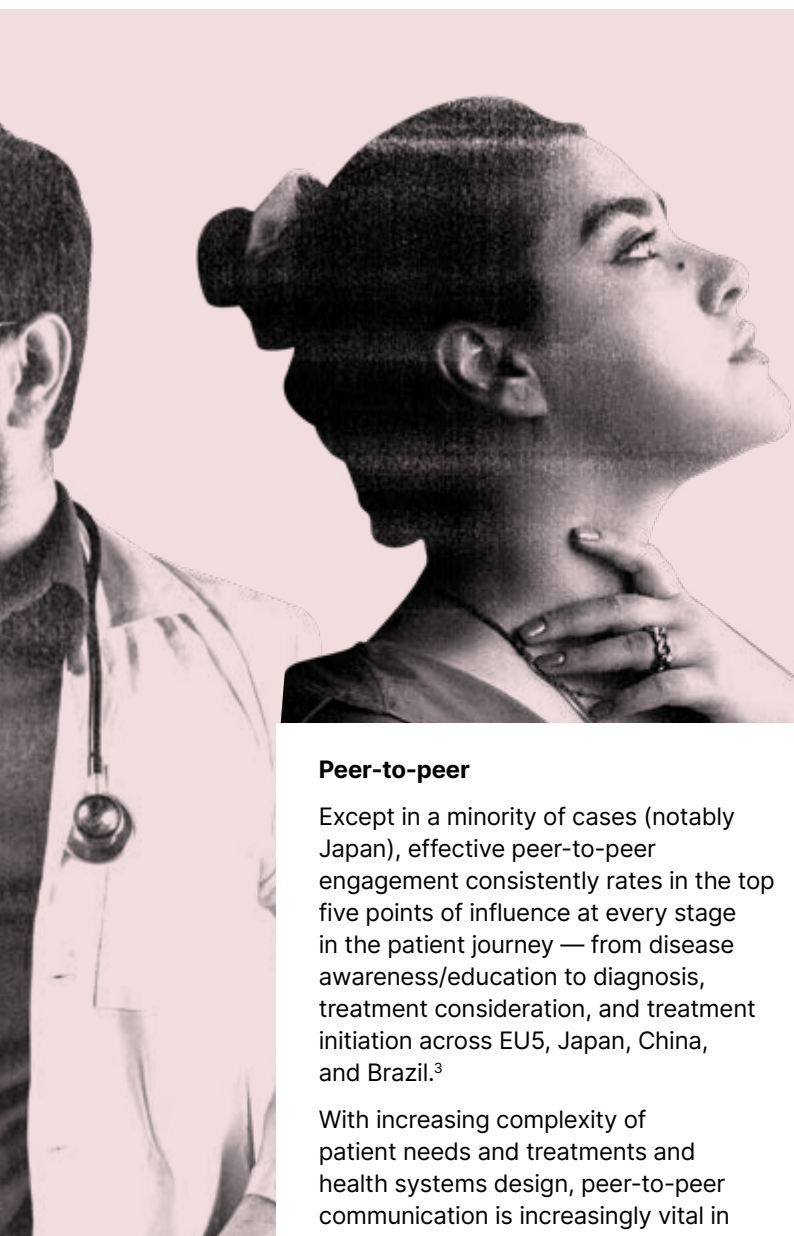
"I realised it was becoming harder every day to be patient and understanding with peers, nursing colleagues, and even my patients. I found I was blaming them for issues that were completely out of their control. Ultimately, I did not like the irritable and cynical person I had become, so my only choice was to leave the profession."

—
UK doctor, speaking to Havas Lynx Group about burnout and mental health in 2023.

Peer-to-peer

Except in a minority of cases (notably Japan), effective peer-to-peer engagement consistently rates in the top five points of influence at every stage in the patient journey — from disease awareness/education to diagnosis, treatment consideration, and treatment initiation across EU5, Japan, China, and Brazil.[3]

With increasing complexity of patient needs and treatments and health systems design, peer-to-peer communication is increasingly vital in delivering high quality, multi-disciplinary approaches to patient care.

Depersonalisation due to burnout jeopardises this relationship and a critical pillar of support for HCPs, with potentially devastating consequences for education, treatment decision-making, and patient management.

HCP-to-patient

An HCP's holistic and empathetic connection to a patient is critical to understanding the history and context (including QoL) of the patient's life to achieve a genuine understanding of patient goals and treatment needs.

Depersonalisation due to burnout impairs communication, risks mis/late diagnosis, causes missed opportunities for optimal treatment reviews or failure to take lifestyle/QoL into consideration for treatment as well as having a detrimental effect on recovery times, treatment adherence, and therapy duration.

Adapted from Point.1 data[3]
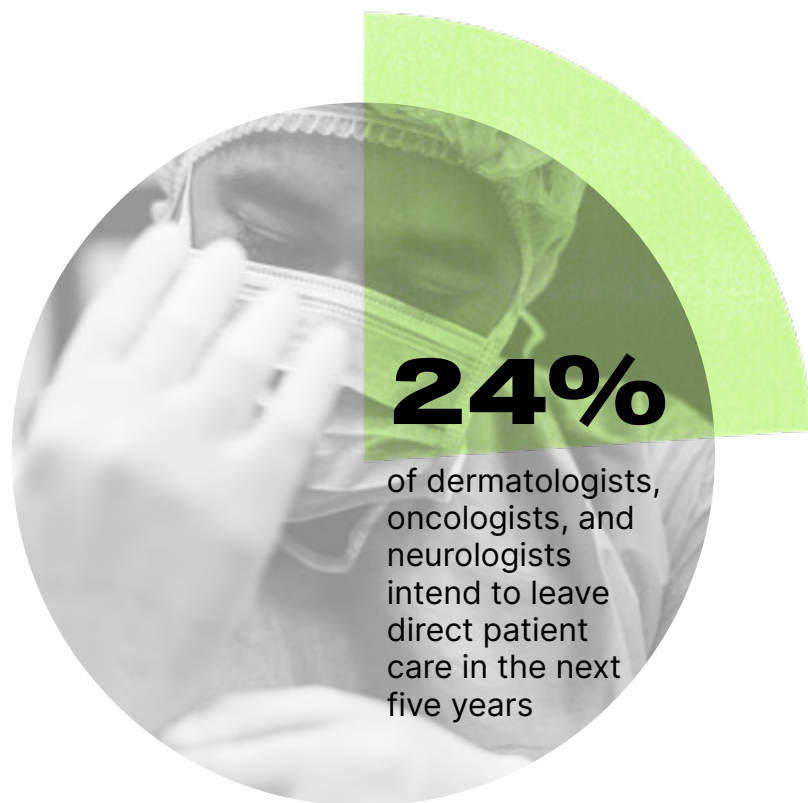
Patient outcomes and mortality

The ultimate cost of all this is the impact on patient outcomes. In a US meta-analysis of 47 studies, burnout was shown to double the possibility of a patient safety incident,[53] while several other studies have found that the increased emotional exhaustion of physicians in intensive care leads to higher standardised patient mortality rates.[28]

Burnt-out HCPs are twice as likely to be involved in a medical error, according to the longitudinal Internal Medicine Resident Well-Being (IMWELL) Study. And such medical errors were the third leading cause of death in the USA in 2018.[54]

An increased sense of depersonalisation also leads to longer recovery times for hospitalised patients who have been discharged.[55] And patient safety absolutely depends upon mentally ill doctors receiving immediate and effective medical care.[56]

In the final analysis, for a profession founded upon a mission of 'do no harm', the impact on patients may be the most difficult effect of burnout for an HCP, which explains why the rates of moral distress and injury have increased incrementally with the proliferation of burnout.

24%

of dermatologists, oncologists, and neurologists intend to leave direct patient care in the next five years

Cost to the system

The profound consequences of burnout for both the individual and the patient will have a significant impact on the resilience of the entire system. This can be seen in recruitment, retention, and cost.

When HCPs are burnt out, they are three times more likely to regret their career choice and consider leaving their job.[57] And more HCPs than ever are now leaving the profession mid-career with an average of 24% of dermatologists, oncologists, and neurologists intending to leave direct patient care in the next five years. This ranges from 18% in Japan to 31% in the UK. Data from the most recent Employment Survey Report by the Royal College of Nursing in the UK found that 57% of respondents intend to leave their current post, with the main reasons being 'feeling undervalued' and 'being under too much pressure'.[58]

From a systemic perspective, burnout has been shown to affect productivity. In a systematic literature review, for example, every study analysed reported a significant correlation between burnout and productivity, taking into account both sick days and ability to work.[59] Indeed, mental health conditions accounted for 7.9% of absences in health and social care in the UK in 2022. And this reduction in productivity inevitably has a profound effect upon patient access and throughput, leading to longer waiting times. This was confirmed in a report on HCP wellbeing in an emergency department, which categorically linked the burnout of emergency physicians to longer waiting times for patients.[60]

It's no exaggeration to say, that we are in the midst of a public health crisis. In fact, in 2022, an analysis by IPPO, the University of East Anglia, and RAND Europe estimated that the cost of poor mental health and wellbeing to the UK NHS might amount to £12.1 billion a year, with some models suggesting that tackling these issues and reducing the number of HCPs leaving voluntarily could save the NHS up to £1 billion.[61] Put that statistic on a global scale and the cost of burnout to healthcare systems worldwide is truly staggering. This means that investing in and promoting mental health in the workplace can not only improve matters for individuals but also increase economic productivity.[62]

Barriers to better
HEALTH

Barriers to better mental health are multifaceted but, shockingly, many can be attributed to organisational, psychological, and socio-cultural factors. It's hardly surprising, then, that when asked what they had done to address burnout, over a quarter of respondents said 'nothing'.[52]

"There were about five trainees off sick around the time that I was with mental health problems. And there was so much public chat amongst the consultants about how these days trainees just can't cope with the stress and as soon as they go off sick we should halve their pay.... that would stop them."

—
Doctor in training, speaking to British Medical Association researchers about their mental health in 2019.

"You'd be forgiven for thinking that, given the obvious and growing consequences of burnout, HCP wellbeing would be a priority strategy for public health, healthcare systems, and the pharmaceutical industry and yet, amazingly, the barriers to better HCP health have suffocated efforts to date."

—
Claire Knapp, CEO,
Havas Lynx Group.

Organisational barriers

Perhaps driven by a lack of funding and resource in healthcare systems, organisational support for HCPs has been in short supply. In fact, around 75% of physicians around the world say their organisations do not offer any wellness resources or programmes to HCP employees.[9] And, where there is support, HCPs see it as reactive or inadequate for their needs, or else difficult to access at a time that suits them. Today, this dearth of comprehensive occupational support for HCPs is perhaps the biggest challenge of all.

What's more, the structure and framework of HCP employment contracts can impede better mental health. For example, some 29% of HCPs take no breaks at all during their working day. For GPs, this figure rises to 40%, while 21% don't have anywhere to take a break.[45]

One group that is working to change all this is the UK-based charity, Doctors in Distress (DiD). In January 2022, DiD launched its 'One Hour a Month' campaign in the UK parliamentary magazine, The House, calling for all healthcare workers to be contractually provided with at least one hour a month to emotionally process their work.[63] For a profession that prides itself on the benefits of reflection, this new approach to supporting wellbeing seems a significant step in the right direction.

40%
of primary care doctors take no breaks during their working day
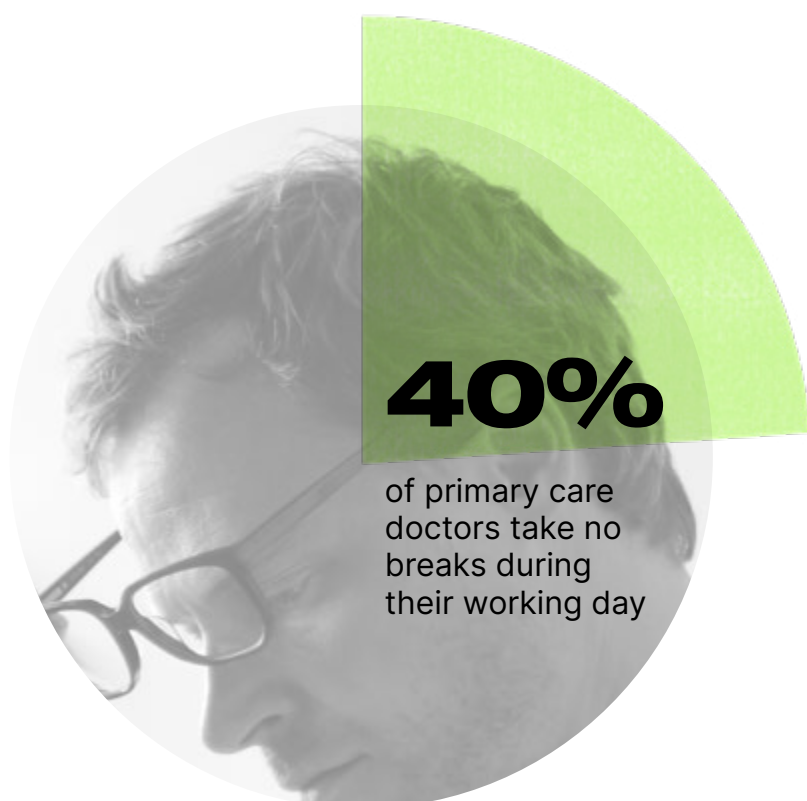
Case study

Doctors in Distress
doctors-in-distress.org.uk

Doctors in Distress

Doctors are human beings after all. Which means that they suffer from the same illnesses as the patients they treat. But sometimes they feel they can't ask for help themselves. When Dr Jagdip Sidhu sadly passed away in 2018 after working himself to the point of burnout, his brother, Amandip Sidhu, founded DiD based upon a commitment to change the culture and stigma around mental health within the NHS.

To achieve this, DiD host webinars, workshops, and programmes specifically aimed at medical students and those in leadership roles. By targeting these groups, DiD seeks to ensure that health workers can access the help they need, when they need it.

From the outset, DiD has been launching support groups for doctors suffering from long COVID. Recently, Chair Dame Clare Gerada published her book 'Beneath the White Coat: Doctors, Their Minds and Mental Health'. And the 'Blue Monday' broadcast and social media campaign has proved hugely successful.

Psychological and socio-cultural barriers

As well as the logistical barriers to support, an unhealthy culture has grown up in the sector, erecting psychological barriers that inhibit HCPs in seeking, receiving, and benefiting from support.

And a culture like this can reduce productivity thanks to presenteeism, anxiety, or fear of stigma. For example, The European Working Conditions Survey found that 40% of respondents, totalling some 40,000 HCPs in 34 countries, had worked while they were sick on at least one occasion in the previous 12 months.[64] Furthermore, a recent large meta-analysis comprising 28 studies across 14 countries estimated the prevalence of presenteeism amongst nurses to be 49.2%.[65]

Presenteeism

Presenteeism is the term used to describe a situation in which people go to work when in poor physical or mental health. This phenomenon often has negative consequences in terms of productivity, the incidence of accidents at work, and the health of workers.[64]

To make matters worse, HCPs are even more reluctant to take sick leave out of loyalty to colleagues who would need to pick up their workload.
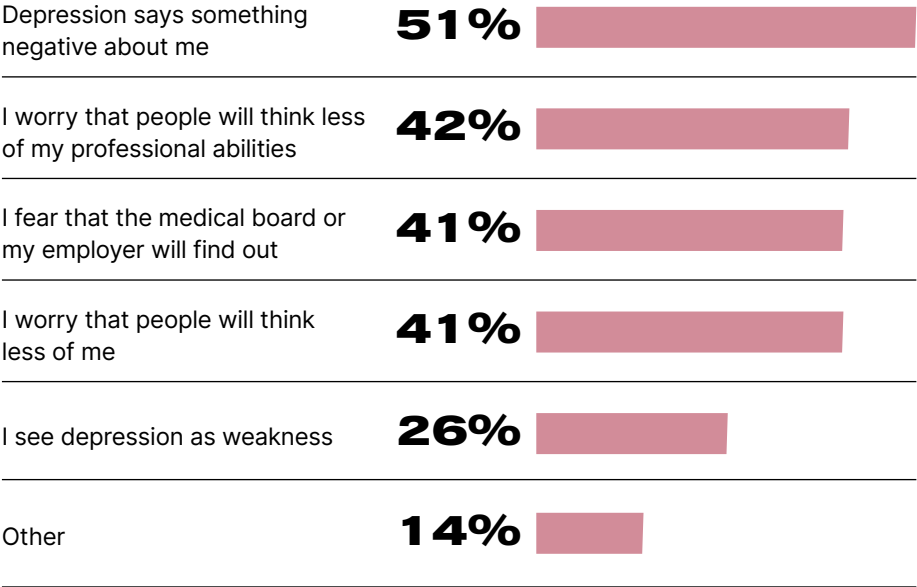
"I was signed off for two weeks, but I still had two more on-calls to do the following day, so I still went and did those. Probably not the most sensible thing to do but I thought, well, we won't get anyone."

—
HCP in training, speaking to British Medical Association researchers about their mental health in 2019.

When asked why they hadn't sought help for burnout or depression, over half of respondents were concerned that it would 'say something negative about them', while 41% were afraid that the medical board or their employer would find out.[21] The problem is that there is a pernicious culture within healthcare that continues to regard robust mental health as an indicator of competence.
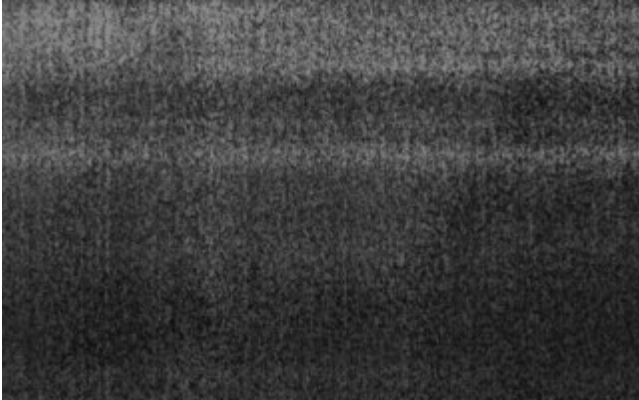
Why have you not sought help for burnout or depression?

Depression says something negative about me	**51%**
I worry that people will think less of my professional abilities	**42%**
I fear that the medical board or my employer will find out	**41%**
I worry that people will think less of me	**41%**
I see depression as weakness	**26%**
Other	**14%**

And the stigma associated with burnout is a significant barrier obstructing efforts to reverse this devastating trend. In 2001, Link reviewed the mechanisms of stigmatisation and how they relate to HCP burnout.[66] The first, direct discrimination, is concerned with attitudes and behaviour towards the individual. The second, structural discrimination, consists of organisational inequalities and ineffectiveness perpetuating discrimination. The third, social psychological processes, involves self-stigmatisation and eventual self-devaluation,[67] with all three putting up an almost insurmountable barrier to stop or significantly delay HCPs in seeking help.

For minority groups, there are additional challenges. For example, mental illness stigma and discrimination are often more prevalent amongst ethnic and racial minorities, largely attributable to socio-cultural factors.[68,69] By exposing specific barriers within these groups, we can help to address the problem of burnout and provide appropriate mental health support for all HCPs, irrespective of their background, gender, or sexuality.[68 - 71]

A surprising example of this is the work done by Maltesers, who leveraged the challenges faced by women in motherhood to create a campaign that both raised awareness and provided support to women, while also growing the brand.[72]

Case study

Maltesers:
Making the tough stuff a little lighter for mums | WARC[72]

The 'Look on the Light Side' campaign by confectionery brand Maltesers is designed to help women become more resilient by making the tough stuff they face a little lighter. Maltesers sales had begun to decline in a growing market, which is why the brand turned to its 'heartland' female audience. It discovered that '81% of women will have children but 20% will suffer from maternal mental health issues and 70% will hide or underplay what they are experiencing'.

In response to this research, the brand decided to do two things:

1. Share the realities of motherhood in an open conversation

2. Share the responsibility as mums need more support.

This, in turn, led to #TheMassiveOvershare, a campaign which instigated an open dialogue about the realities of motherhood through 1. Igniting the conversation 2. Exploring a new norm, and 3. Providing a helping hand.

The campaign saw levels of esteem for mothers grow by 70%, women's by 23%, and the broader population by 45%. It also succeeded in getting sales back on track, achieving the highest sales figures in three years. In the final analysis, this case study emphasised the value of open conversation and changing the narrative, principles which can also be applied to the world of healthcare.

The time is

NOV

It is no longer acceptable to stand idly by while the tsunami of burnout destroys the healthcare system from the inside. All healthcare stakeholders, including the public, healthcare organisations, policymakers, governments, and pharmaceutical and biotech companies, have the duty, the capability, and the vested interest to act upon this crisis. And, if we work together, we have a fighting chance to reverse the trend.

Our reputation is very much on the line too since HCPs hold pharma and biotech brands to a particularly high standard, with 73% saying that these companies should add value to society as a whole.[73]

"The era of devastating consequences from the unrelenting trend towards burnout in HCPs is here. And it's time for collaborative, progressive thinking that can help tackle the challenge. We're only successful if we can reverse this trend."

–
Claire Knapp, CEO, Havas Lynx Group.

As we've seen, burnout has a direct impact on psychosocial care, peer-to-peer communication, diagnostic management, therapeutic choices, and medical education, making this a direct and pressing concern for the industry. And the incentive for tackling this challenge is great too. Because, over and above the functional characteristics of a medication, such as efficacy and safety, brand reputation is the key factor influencing an HCP's decision to prescribe or recommend a therapy.[73]

"TURN THE MIRROR BACK ON THE PHYSICIAN

AND CHECK IN WITH THEM "

"*Physicians give so much of themselves to their patients that there has to come a point where we turn the mirror back on the physician and check in with them.*"

—
Claire Clibborn, Pfizer.

Time for
CHANGE

HCP burnout and poor mental wellbeing is a complicated, multifaceted issue and it will take time before we see a genuine improvement.

"Change takes courage, effort, and determination. But it starts with the first step. Small steps in the right direction will soon provide a demonstrable benefit to physicians, patients, and the whole healthcare system. Let's start by admitting there is a problem."

–
Tapas Mukherjee, Medical Director, Havas Lynx Group.
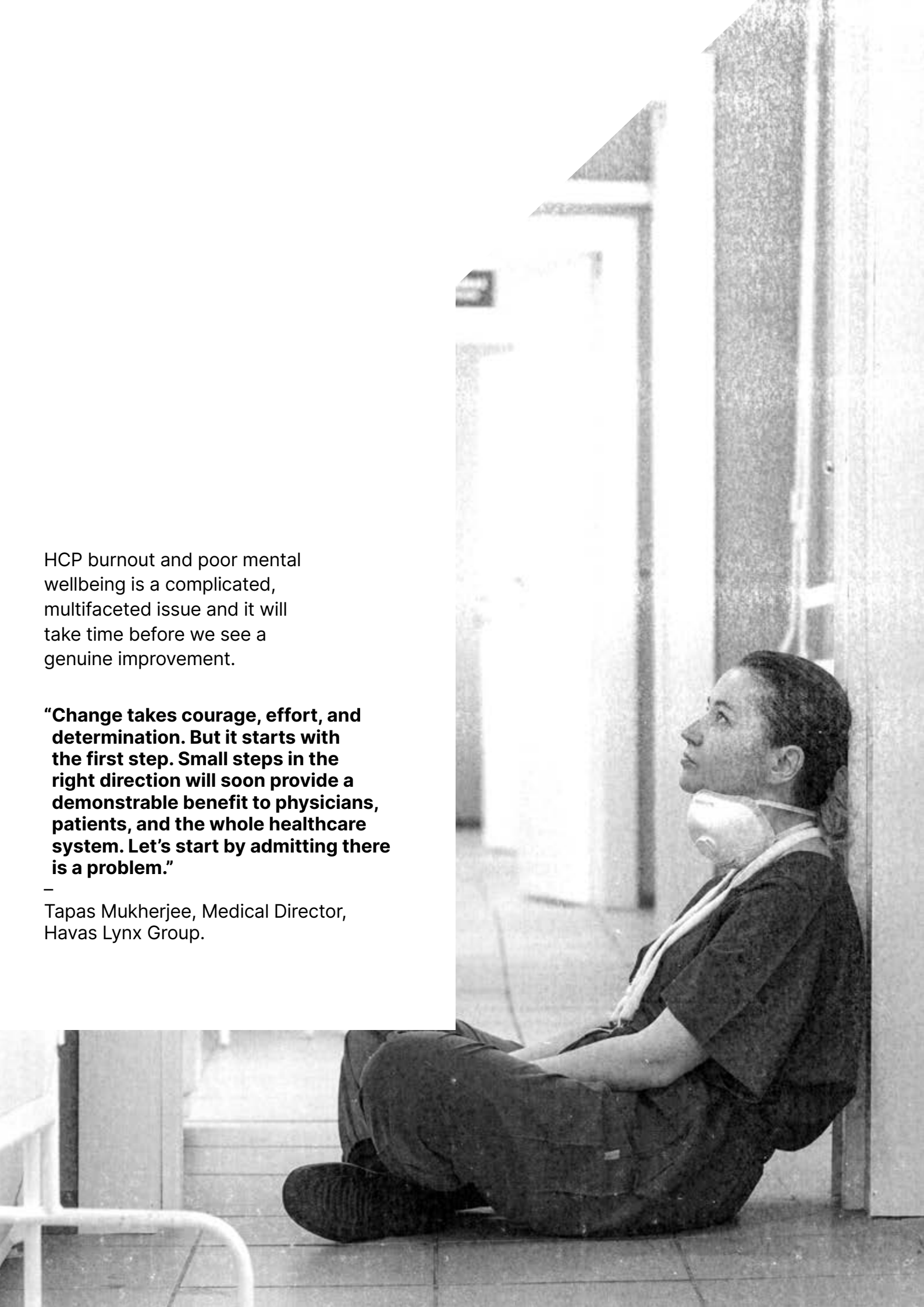
When we think about how to approach such a mammoth task, perhaps it's easier to consider what can be done to tackle each of the layers of the problem itself:

HCP burnout stressors

Workload and working conditions
Reward / recognition
Cognitive burden
Bureaucracy
Loneliness and relationships
Death / grief
Adverse media attention
Systemic bias
Culture and bullying

Cost to the individual

Depression
Suicide
Moral distress
Physical health
Addictive behaviours
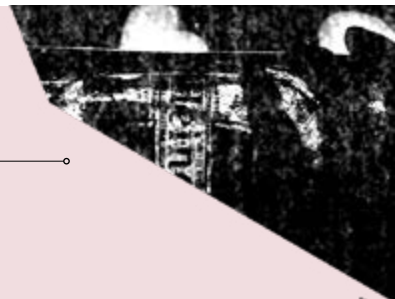
Cost to the patient

Patient mortality and outcomes
Decision-making
Depersonalisation
Risk avoidance

Cost to the healthcare system

Retention turnover
Productivity
Time off work
Waiting times
Cost implications

Barriers to better health

Organisational
Psychological
Socio-cultural

Time for change, one layer at a time

Acknowledge the problem / relieve the stress

Minimise the consequences

Champion change
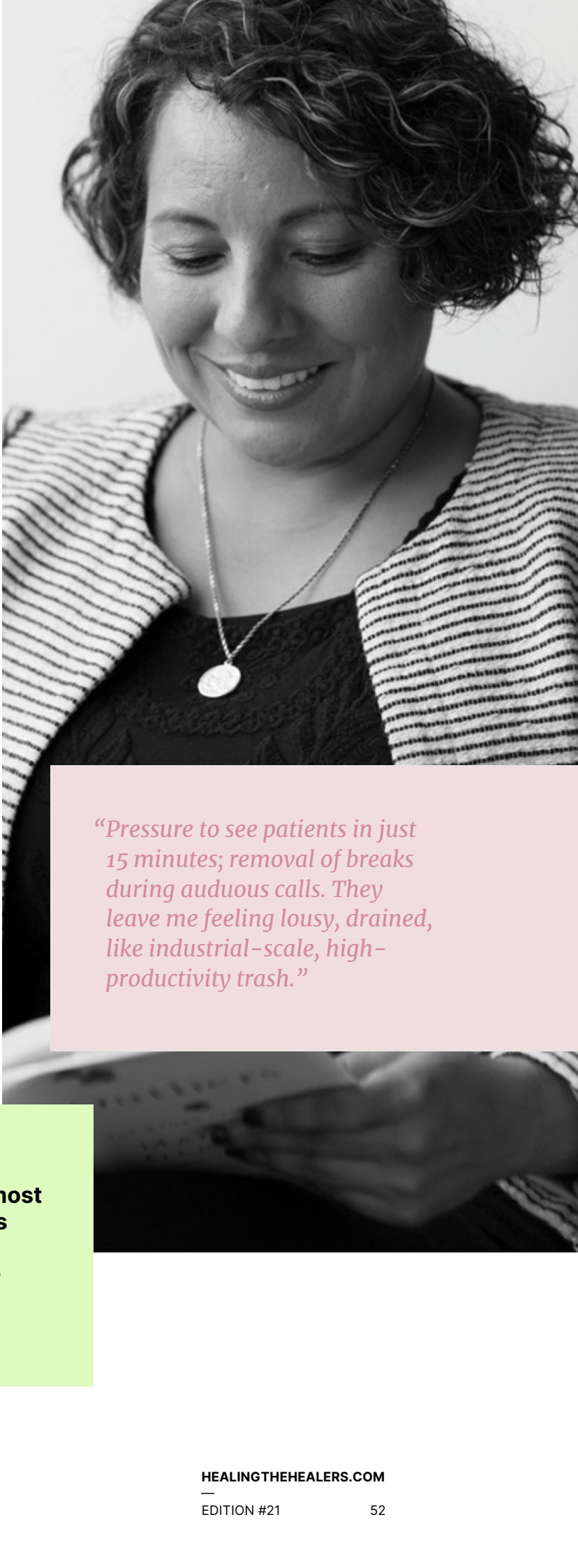
Break down the barriers

Acknowledge the problem

The first thing we need to do is to acknowledge the problem, the impact on the individual, and on patient care. It is only through accepting this that we can kickstart the conversation and embark upon that journey towards change.

Personas are often used to help us understand a physician's makeup but have thus far focussed on communication, not on authentically capturing the HCP's psychology. So, what if we built better personas, which not only consider demographics and prescribing behaviour but also acknowledge work-based stress factors and modes of communication best avoided? This might help us communicate with HCPs in a way that's not only scientifically accurate but also ethically and psychologically more sensitive to their needs.

Additionally, this is particularly true for minority groups whom experience systemic bias and discrimination on top of other burnout stressors.

"Pressure to see patients in just 15 minutes; removal of breaks during auduous calls. They leave me feeling lousy, drained, like industrial–scale, high–productivity trash."

We must remember HCPs are first and foremost humans. Although intended positively, HCPs are often referred to as 'super humans' or 'heroes'. This language may only exacerbate the pressures felt by HCPs.

Persona

High non-small-cell lung cancer (NSCLC) caseload oncologist

Gabrielle

47, Black hispanic
Consultant
Urban / university hospital
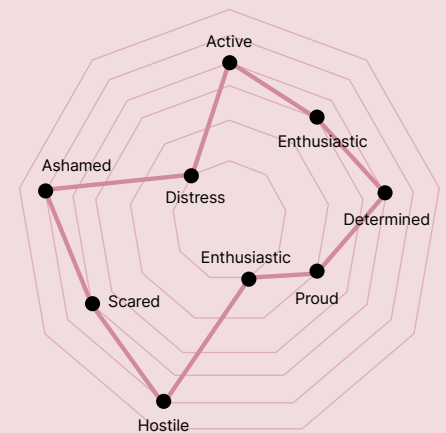83% time spent in direct patient care
14.2 years in practice

Drivers of satisfaction

Driver	Score
I am satisfied with the amount of variety in my job	8.4
I get enough opportunities to develop my career and learn	7.7
I am satisfied with the level of responsibility I am given	7.3
I am satisfied with my physical working conditions	6.7
I feel my hard work is recognised and appreciated	6.2
My moral values are aligned to the organisation	6.2

Job stressers

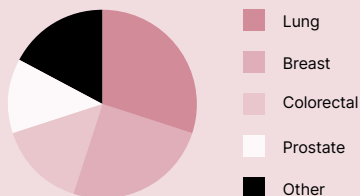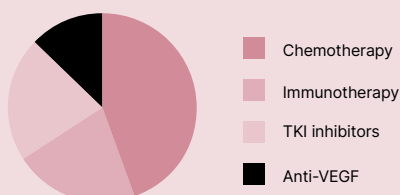| Stresser	Score
Increasing workloads	19.9
Unrealistically high expectations of role from others	18.8
Increased demands of patients	8.8
Long working hours	6.0
Long-term impact/disruption of COVID19 pandemic	3.7

Emotions at work in the last week

Active, Enthusiastic, Determined, Proud, Enthusiastic, Distress, Hostile, Scared, Ashamed

Clinical practise

178 patients per month

Caseload by disease

- Lung
- Breast
- Colorectal
- Prostate
- Other

Caseload by treatment

- Chemotherapy
- Immunotherapy
- TKI inhibitors
- Anti-VEGF

HIGH Influence

% of segment oncologists within last 6 months

Provide clinical advice to other oncologists	52
Publish research	42
Produce medical content for social media	34
Publish research	29

HIGH Media consumption

% of segment engaging with last 7 days

Conversations with colleagues and other category experts	61
Online medical journals	59
Sales reps from pharmaceutical companies	53
Print medical journals	44
Opinions/articles by medical association/societies	37

AUDIENCE SIZE: 32%

Point 1

58%

of Brazilian oncologists will have engaged with a pharma rep in the last week

55%

of Chinese oncologists will have engaged with a pharma rep in the last week

By truly acknowledging, understanding, and benchmarking the levels of burnout in HCPs, we can determine what we can do and where and how we can support them in minimising the causes of burnout. And we will first need to consider where and how we can best use the resources at our disposal. For example, 58% and 55% of Brazilian and Chinese oncologists respectively will have engaged with a pharma rep in the last week.[3] Such interactions will normally be relatively one dimensional but perhaps there is a more profound and valuable role these vital stakeholders could be playing.

"It starts by consciously checking in with HCPs. Not in a cursory way but really deliberately asking how the physician is doing."

—

Claire Clibborn, Pfizer.

For example, what if all reps and MSLs were trained as Mental Health First Aiders? They could be someone to turn to for support as a first step towards healing our healers. During the switch to remote working in the early days of the pandemic, we at Havas Lynx Group asked ourselves this same question and began to train our own team leads to become Mental Health First Aiders. Two years on and we have equipped a generation of leaders to recognise, become comfortable with, and be aware of, the mental health issues that can affect any team member at any time.

With this type of training, we can start to make change happen. According to Zippia, there were over 156,000 pharmaceutical sales reps in the USA in 2021.[74] Just think. If each and every one of them asked one HCP a day: "But how are you really doing?", it would take just over 6 days to cover off all of the approximately one million doctors in the USA.

The fact is, for an HCP, close contact with just one individual can make a huge difference. This is something Aviva acknowledged with the launch of its Mental Health Toolkit for line managers in 2021.[75] The objective was to help line managers spot changes in employees, increase the number of early interventions, and give them the confidence to embark upon those difficult conversations that can lead to a positive wellbeing environment.[75] Both the Mental Health Toolkit, incorporating seven bite-sized video training modules, and Aviva's Wellbeing Library now provide a wealth of resources on the Aviva DigiCare+ app.[75] But the benefits don't end there. Because this type of toolkit could be easily adapted for any organisation or industry, supporting and reinforcing a positive and open management approach at every level within a healthcare setting too.

And, of course, support such as this is born out of not just moral necessity but the need to remain relevant, given the impact of corporate reputation upon HCPs.

Relieve the stress

HCPs operate in a constantly changing environment, with the volume of work and the information they need to process it increasing all the time. So, to gain attention in their busy lives, we must not make yet more noise but be seen to be adding real value. And, when we come to review the causes of burnout, there are several stress factors that could so easily be minimised, if not eradicated entirely.

"We cannot misinterpret that the many hours physicians already spend in front of a computer means we always need to produce something digital and add to those hours. It's not about more digital, but instead relevant content that's of value to them."

–
Dr Karen Pinachyan,
CSL Behring.

The time for medical knowledge to double was 50 years in 1950 but was estimated to be 73 days in 2021.[76]

An obvious area to focus on is cognitive burden. The trend in data doubling isn't going to change but what we can control is the relevance, style, and timeliness of our data, education, and communications.

We saw previously that we really can delve into the learning preferences of HCPs. For example, using our owned data Point.1, we can break down the nuances in information consumption by speciality:

Dermatology	Neurology	Oncology
More visually driven than other specialities	More receptive to solitary learning than other specialities	- More receptive to social learning environments than other specialities
- UK dermatologists more receptive to physical kinaesthetic learning formats	- Chinese neurologists more likely to be visual learners than those in other markets	- Chinese oncologists more auditory / musical learners
- Japanese, French, and German dermatologists more likely to prefer solitary learning.	- Boomer neurologists significantly less likely to be visual learners than Gen X and millennial neurologists.	- French and German more likely to be solitary learners
		- Italian and Brazilian significantly more likely to be social learners.

Adapted from Point.1 data 2023.[3]

Simply by matching content to needs and preferences, we can help to alleviate HCPs' cognitive burden.

Today we are at a tipping point in technology as we take a perhaps irreversible step to integrate artificial intelligence (AI) into our everyday lives. So, it's unsurprising that our data shows a significant number of physicians are genuinely excited about the potential of AI, over and above new treatment options. And what's especially noteworthy is that requests for this kind of support are frequently linked to standardising or simplifying decision-making at the point of diagnosis, treatment initiation, or patient management, a very clear and unequivocal connection to the decision-making and risk aversion aspects of burnout.

Time pressures at work are also a significant factor in burnout amongst HCPs and can be attributed to excessive workload, system inefficiencies, and administrative burdens.[21] To relieve time constraints in the workplace, we need to provide HCPs with the tools and organisational structure they need to work smarter, enabling them to provide better care for both their patients and themselves. The AMA has already taken proactive steps to help make this a reality and alleviate some of the time pressures.

"I am most excited about the use of artificial intelligence for the detection of lesions at risk. "
—
UK Primary Care Physician speaking to Havas Lynx Group. 2023.

Case study

AMA STEPS Forward™ Saving Time Playbook and burnout tip-of-the-week service:
The American Medical Association[77]

Physician burnout has reached epidemic levels in the USA, with time spent on non-patient-facing tasks exacerbating the problem. But it's not helpful to simply tell physicians to save time by being more efficient. Instead, time-saving initiatives need to come from the top of an organisation, from those with the capability to effect change on a larger scale. To this end, the AMA's 'Saving Time Playbook', featuring highlights from nine AMA STEPS Forward™ toolkits, provides strategies and advice that can significantly improve efficiency.

To further bolster their recovery plan for America's physicians, the AMA has also created an email subscription service to send HCPs, and those working with them, burnout management 'tips of the week': quickfire reads with expert insights and user-friendly advice to streamline workflow, along with access to further resources.

Minimise the consequences

Given the impact of depersonalisation, on both patient and peer communication, minimising the consequences of burnout is another obvious area for us to focus on.

"Facilitating and optimising better peer-to-peer communication not only creates an opportunity to reconnect HCPs and rebuild an essential pillar of medicine but also, if done correctly, alleviate the underlying challenges of cognitive burden, recognition, reward, and loneliness."

–
Dr Freddie Lewis, Senior Medical Advisor, Havas Lynx Group.

An example of where this has been successful is 'The Significance of HER2' campaign developed by AstraZeneca, Daiichi Sankyo, and Havas Lynx Group. By embedding peer collaboration in a supportive and engaging way, this scientific advancement, that may otherwise have only added to their cognitive burden, was able to rapidly increase awareness of HER2-Low.

"There's an important job to be done here in reconnecting peer-to-peer. It's such an influential relationship and the negative impact on this from burnout is so important to tackle. There's an opportunity to bring back the quiet validation and subtle confidence boost from peer-to-peer engagement."

–
Claire Clibborn, Pfizer.

HCP-to-patient communication is also critically affected by depersonalisation.[47] A potential area for exploration, however, might well be the HCP-patient/public communication that takes place socially. For example, as many as 75% of UK oncologists are digital content creators, producing and distributing medical content through social media, with 25% doing so on a regular basis at least once every three months.[3]

Case study

The Significance of HER2
Daiichi Sankyo, AstraZeneca,
and Havas Lynx Group
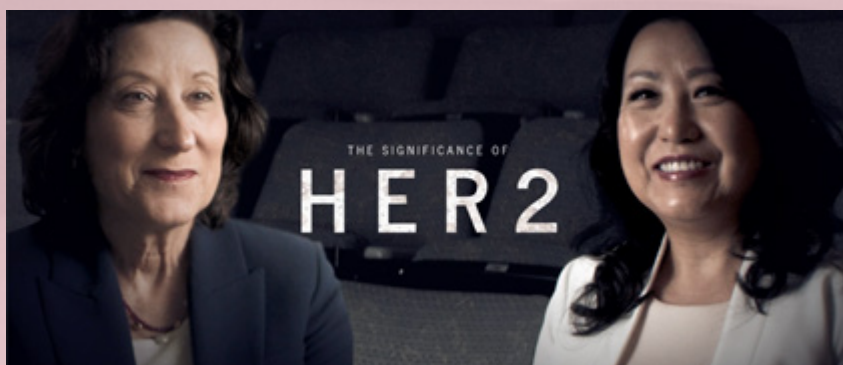
For over 20 years, the binary classification of HER2 (positive or negative) in breast cancer has meant that only 15% of patients with metastatic breast cancer could receive HER2-targeted treatment. However, up to 60% of patients with HER2-negative metastatic breast cancer have low levels of HER2 expression. Which means we had to change the mindset of pathologists to look beyond the binary 'positive' and 'negative' towards a broader spectrum of expression.

To this end, we developed a unique, peer-led education campaign that supports pathologists in upskilling on the significance of discrete scoring. This comprised a short documentary, 'The Significance of HER2', and a peer-led educational portal. The film sees leading oncologist, Dr Hope Rugo, and leading pathologist, Dr Marilyn Bui, focussing on the discovery and evolution of HER2 from their personal experience and involvement.

Together, they talk through the key milestones in scientific breakthroughs, the role of HER2 in contemporary personalised treatment, and the importance of peer-to-peer collaboration in the ever-evolving breast cancer landscape. By interweaving cutting-edge medical education content with empathetic, personal perspectives from the various clinicians and their working relationships, the film emphasises the importance of all this for patients.

Break down the barriers

Perhaps one of the biggest challenges in bringing about change lies in breaking down the barriers to seeking support, in terms of organisational constraints, stigma, and socio-cultural factors.

A range of support services and partnerships are beginning to appear out of necessity. One such example, led by NHS Consultant Psychiatrist Dr Patrick Davey and HCPs at MOAI Health, provides an assessment of the mental health and wellbeing of an organisation at both a team and an individual level.[78] Beyond simply highlighting areas of risk, the project tailors services and support to the organisation and the individual, providing training, counselling, online courses, and even personalised apps to raise the standard of collective mental health for the team, organisation, or even the entire hospital trust. The service also offers clinician-led ISO 45003 Certification, helping to ensure the very best psychological health and safety in the workplace.
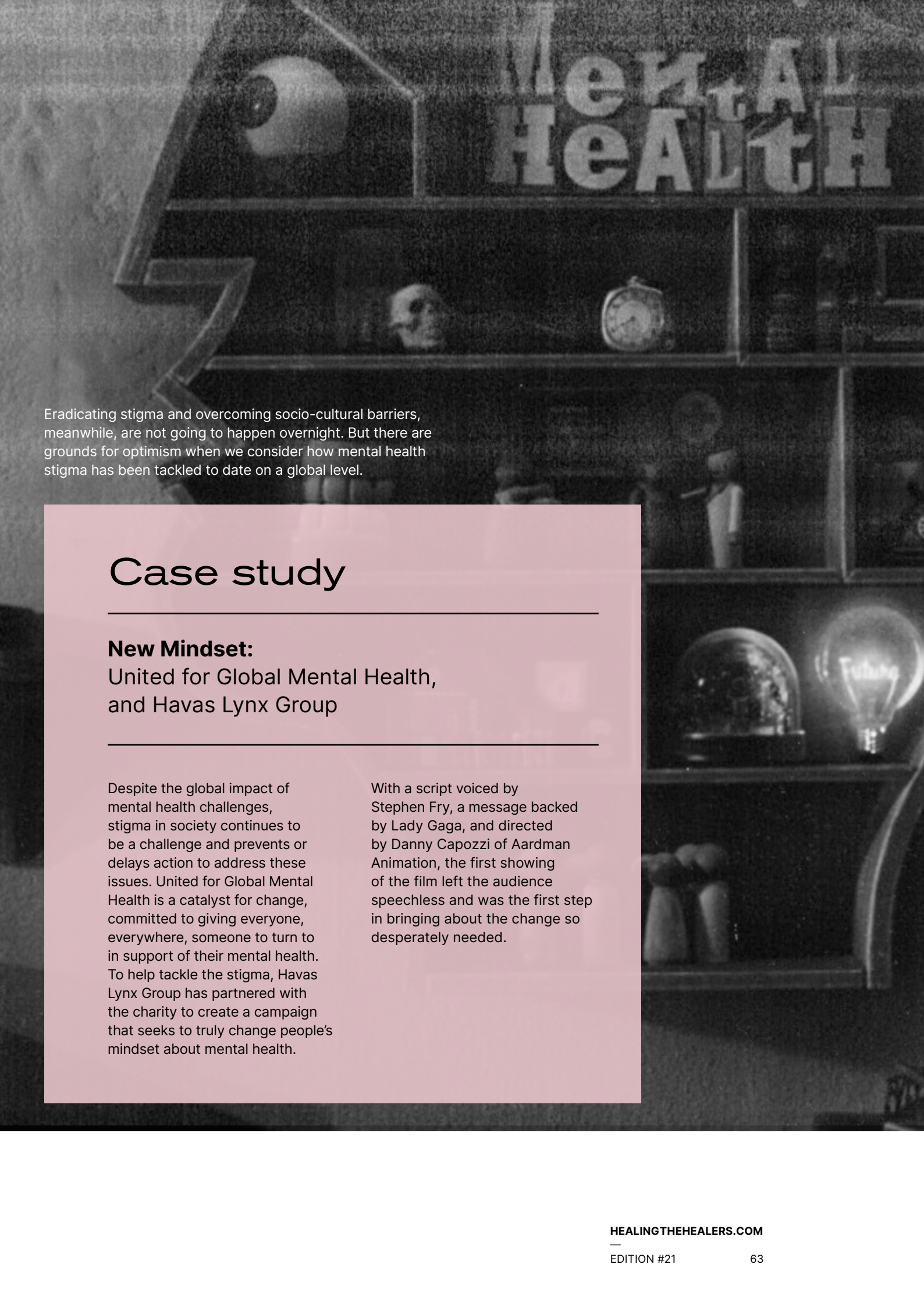
Case study

MOAI
moaihealth.com

AI is changing the way we think about and tackle problems. Now imagine if we could use AI to tackle burnout, one of the biggest problems facing HCPs today. MOAI's AI tool empowers leaders of organisations to understand, improve, and manage the mental health and wellbeing of their employees.

MOAI was founded in 2018/19 by former NHS Consultant Psychiatrist Dr Patrick Davey BSc, BM, PGDip (Oxon), MRCPsych, when he was part of the NHS Clinical Entrepreneur programme, where he was first introduced to Havas Lynx Group as a mentee.

MOAI seeks to transform workplace wellbeing using its AI-driven platform, with expertly curated mental health training, psychological growth courses, and compliance consultancy as the only clinician-led organisation offering ISO 45003 certification.

Eradicating stigma and overcoming socio-cultural barriers, meanwhile, are not going to happen overnight. But there are grounds for optimism when we consider how mental health stigma has been tackled to date on a global level.
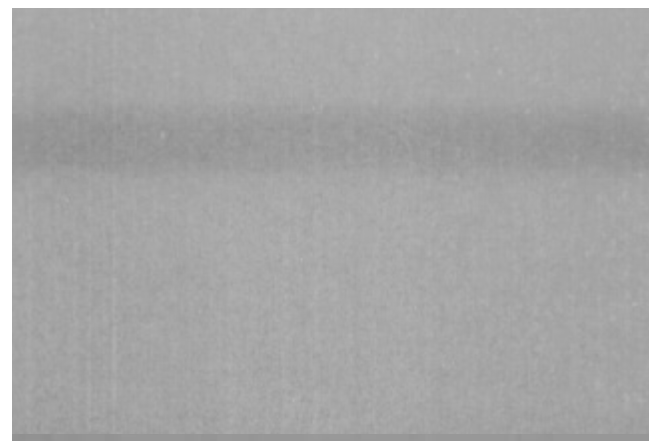
Case study

New Mindset:
United for Global Mental Health,
and Havas Lynx Group

Despite the global impact of mental health challenges, stigma in society continues to be a challenge and prevents or delays action to address these issues. United for Global Mental Health is a catalyst for change, committed to giving everyone, everywhere, someone to turn to in support of their mental health. To help tackle the stigma, Havas Lynx Group has partnered with the charity to create a campaign that seeks to truly change people's mindset about mental health.

With a script voiced by Stephen Fry, a message backed by Lady Gaga, and directed by Danny Capozzi of Aardman Animation, the first showing of the film left the audience speechless and was the first step in bringing about the change so desperately needed.

Certainly, support groups and mentoring programmes can be an effective tool in breaking down these barriers. One such group is You Okay, Doc?, a UK-based charity supporting HCPs' mental health and promoting wellbeing.[79] One of its services is 'The Huddle', a free six-week programme designed for doctors and medical students, providing a safe space to chat informally and confidentially with other doctors and a therapist about life as a medic. With sessions conducted via Zoom, attendees have the option of joining anonymously to talk about their challenges and the effect of the profession on their general wellbeing and share advice. As well as its mental health remit, You Okay, Doc? also supports the physical health of doctors through its 'The Team' initiative, providing access to free exercise classes to help relieve stress and boost endorphins.[79]

Case study

You Okay, Doc?
youokaydoc.org.uk
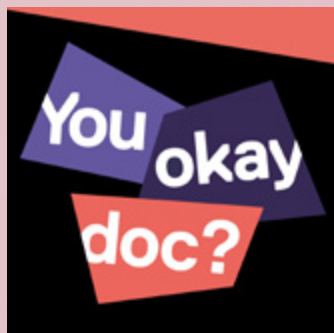
Founded by doctors, You Okay, Doc? provides a safe space for doctors to talk about mental health, providing a community in which they can meet, identify the right tools to manage the inevitable occupational pressures, and be heard as individuals. Its vision is to eradicate the stigma associated with mental health in the healthcare community, reframe the conversation, and reduce the incidence of mental illness. The charity's initiatives include its 'Micro Steps Toolkit', working in partnership with #FirstRespondersFirst in the USA. Bringing together HCPs, mental health experts, athletes, and wellness gurus, The Toolkit Webinar Series explores small, actionable, science-backed steps that HCPs can take to make immediate and positive changes to their lifestyle and working day.

Champion change

Improving the mental health of HCPs isn't optional. It's essential for the sustainability and success of our healthcare system. We need to look at the system from within, carry the flag, and champion the change we want to see across all of its stakeholders. It's a subject we've already touched upon with DiD and its 'One Hour a Month' campaign.[63]

And Pharma is already beginning to create the resources and platforms needed to drive the necessary change and minimise the stigma of burnout amongst HCPs, whilst also helping to bridge the gap between HCPs and the support they need. Roche's 'Reach' app is just one example of the work that Pharma is doing in this space.[80]

"In our research, we have consistently shown associations between staff reports of stressful and unsupportive work environments and poorer patient satisfaction, quality of patient care and financial performance, and (in the acute sector) increased patient mortality. Better staff wellbeing is linked to positive patient outcomes within NHS organisations."

—

Professor Michael West CBE, Professor of Organisational Psychology, Lancaster University Management School, and Senior Visiting Fellow at The King's Fund

Case study

Roche: Reach app[80]

Frontline healthcare workers are among the most susceptible to mental health problems, especially in the wake of COVID-19. Roche Diagnostics India responded to the challenge by launching REACH, a 'wellness platform developed to support the emotional wellbeing of HCPs'. REACH operates as a 'trustworthy companion' for frontline HCPs, providing multilingual counselling support and a safe haven for sharing their concerns in absolute confidence. REACH also provides access to self-help content in the form of informative videos, articles, habit hacks, and guided meditation videos along with self-assessment tools dealing with work-related challenges, parenting and relationship issues, wellness, and self-development.[80]

REACH's remit is ultimately to offer tailored care to all healthcare workers, but it has only been launched in selected hospitals so far. As Dr Rajendra Badwe, Director at Mumbai's Tata Memorial, puts it: "It's time to be employee-centric as well as patient-centric in today's scenario."[80]

It's no surprise that the topic has also gained traction with a number of organisations, from institutions like the American Society of Clinical Oncology (ASCO) to HCP bodies such as the British Medical Association (BMA). This topic is beginning to bubble through into congress and conferences, including ASCO's panel discussion entitled 'Addressing grief, burnout and wellbeing in the practice of oncology', chaired by Dr Hlubocky of the University of Chicago Medicine.[81] And it's championing and driving such conversations with a commitment to change that will help us make progress on our journey towards healing.
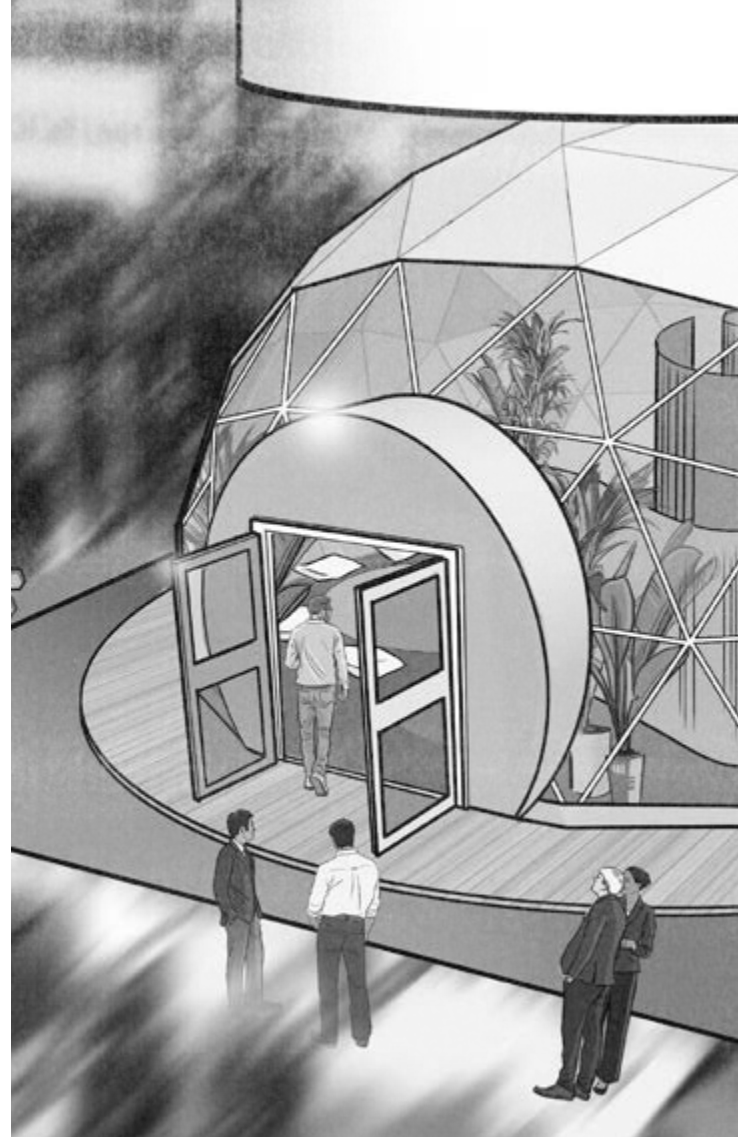
Congress, meanwhile, can provide a unique opportunity to build peer-to-peer support, tackle stigma, and champion change on a grander scale. If only, at ASCO next year, brands would devote their exhibition space to creating wellness hubs instead of adding to the oncologist's cognitive burden.

Currently, congress is largely employed to feed HCPs with yet more information which may actually contribute to physician burnout and do more harm than good. But by using congress as a platform for these 'healing' spaces, Pharma can champion a change in the industry's perspective on, and approach to, mental wellbeing. And, in so doing, we can demonstrate to HCPs that their welfare is also being considered in an industry where their mental health is often overlooked in favour of patient care.

And, of course, while many doctors are all too conscious of the mental, as well as the physical, toll of their non-stop lifestyle, their own welfare can often be neglected due to time pressures as well as other factors. This is where these fast-healing hubs can play their part. Built on the ethos of wellness interior design, these spaces offer oases of peace and calm in convenient time slots.
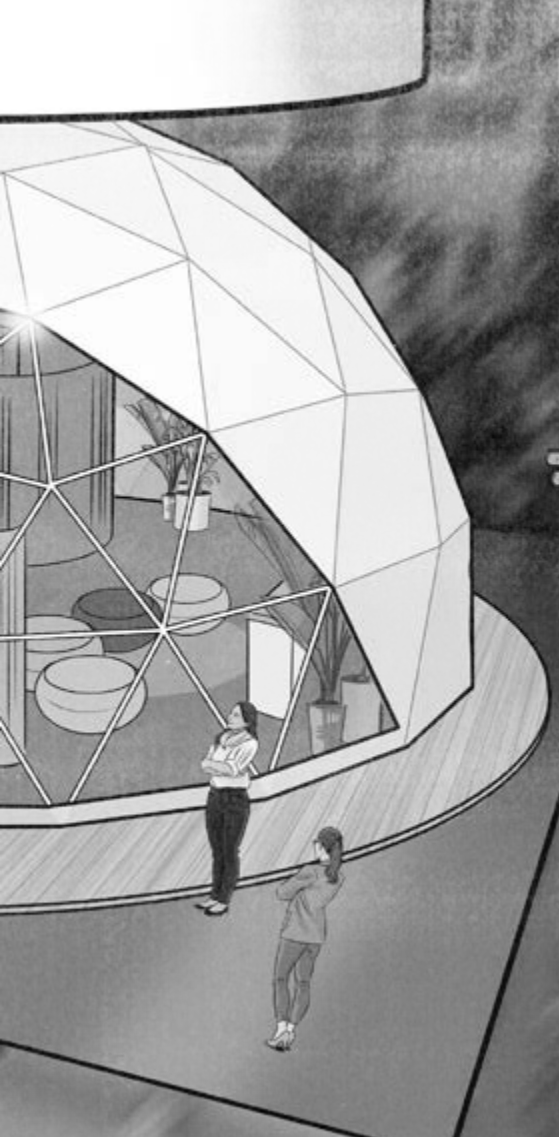
Case study

## Inhere meditation pods
inherestudio.com

Imagine a place you can step into where it's just you and your thoughts, with space to stop, catch your breath, relax, and find stillness. Created by a team of meditation experts and interior designers, Inhere meditation pods are designed to help users relax, unwind, and escape the hustle and bustle of the outside world. Available to rent or buy, they are aimed at busy places such as offices and hotels, schools and hospitals, and designed to instil a sense of calm and quiet, using natural materials, ambient sounds, guided meditation, or just the sheer serenity of silence.

https://inherestudio.com/meditation-pod-meditation-pods-for-sale-relaxation-pods-for-sale
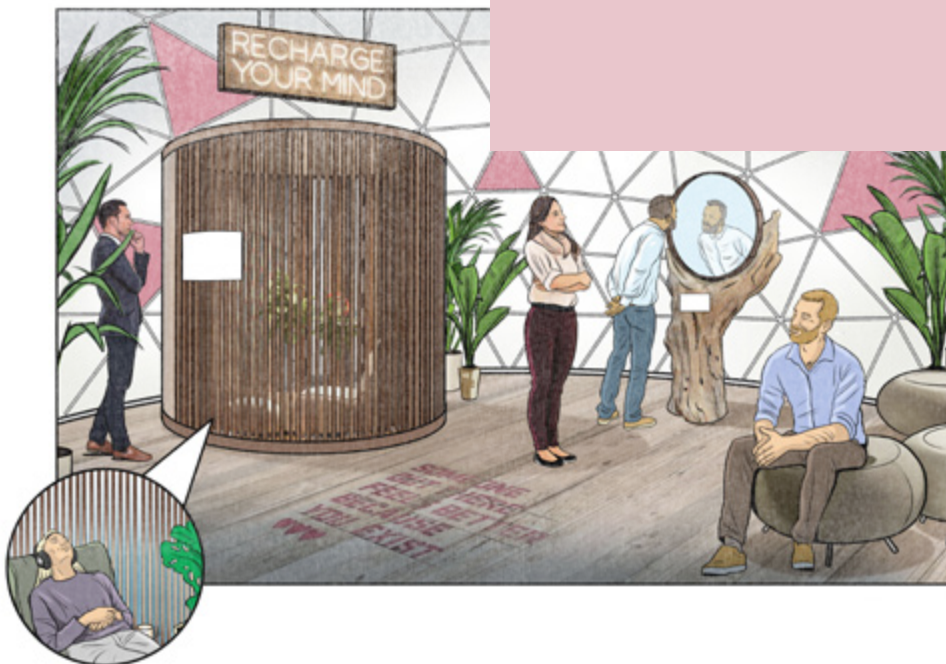
Together for CHANGE

One thing is for sure. A challenge of such monumental proportions demands an equally monumental effort in response. And bringing together all healthcare stakeholders to invest in a course of action with a measurable impact could ultimately reverse the trend of burnout, building a platform for the kind of transformative change that has never before been seen in global healthcare.
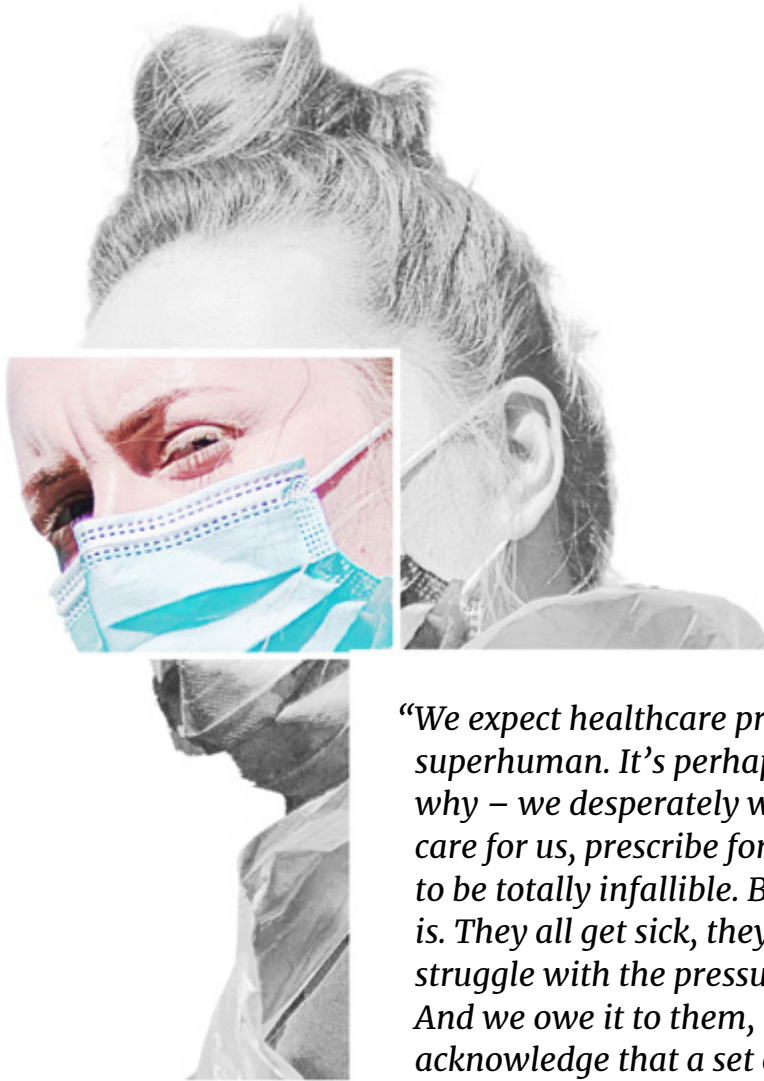
"*We expect healthcare professionals to be superhuman. It's perhaps easy to understand why – we desperately want the people who care for us, prescribe for us, or operate on us to be totally infallible. But of course no one is. They all get sick, they all get sad, they all struggle with the pressures of work and home. And we owe it to them, more than ever, to acknowledge that a set of scrubs doesn't give a person special powers. We need to help them and to find better ways to support them – so they can continue doing the jobs they love. Before it's too late, we need to do more to care for the carers.*"

–

Adam Kay, BAFTA-winning TV writer, author, comedian, and former doctor.

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Notes