

## Wellbeing podcast transcript – episode 3

### Belonging and wellbeing

**SOPHIE:** Hello and welcome to *Prescribing change*, a podcast from the General Medical Council. We've just published a UK wide review of medical students and doctors' wellbeing. This was independently co-chaired by Professor Michael West and Dame Denise Coia.

We asked Michael and Denise to identify factors that impact doctors' wellbeing. So that we can work with organisations across the UK to help tackle the causes. In this series, we talked to three of our clinical fellows about the findings and recommendations of the review. We also hear about their own experiences and stories about managing wellbeing on the frontline.

Visit our website to read the full report and if you want to share your story or give us feedback on the podcast, we'd love to hear from you, tweet us @gmcuk.

**TANITA:** Hi, I'm Tanita Cross and I'm the GMC's Digital Content Officer. I'm also the producer of this podcast, and I'll be conducting the interviews throughout the series.

So today, I'm talking to three of our new clinical fellows who are joining us from different parts of the UK, and different medical specialities. Thanks all for coming along today. Would you please start by introducing yourselves?

**CATHERINE:** Hi. So, my name's Catherine. I'm a psychiatry trainee from South Wales.

**ALICE:** Hi, I'm Alice. I'm an anaesthetics trainee based in Edinburgh.

**ADAM:** And I'm Adam, I'm a GP trainee based here in Manchester.

**TANITA:** Today I'm here talking to our three clinical fellows about the second core need that Michael West identified in his wellbeing report, and that was belonging. Obviously, belonging has a standard dictionary definition that most people would recognise. But what I'd like to start off with is what does belonging mean to you in the context of your clinical practice?

**ALICE:** To me belonging is about somewhere that you feel safe and comfortable to be yourself, where you feel valued. But also, where you develop those human connections with the other people around you, and I think a part of that is your work colleagues with the people who you come to work every day. But, for me, a big part of that is with

patients and developing those human connections and relationships with our patients as well.

**ADAM:** I agree, I think when it comes to working in secondary care, it is sometimes a bit more easy to identify the team that you're meant to feel belonged to. Speaking from a primary care point of view I think it is that making sure that or feeling you are still part of a team despite largely working quite alone. But it's not, but whereas it sometimes seems it's not easy to be part of a team if you're working alone with patients. You must identify ways that you are feeling part of a team by being able to talk to other people and feel valued as you said, Alice.

**CATHERINE:** When I was thinking about this question, some of the things I wrote down were things like being supported, being nurtured, being cared for, caring for others. And I'm a less than full-time trainee and I think one of the things that has been really important to me through my work has been the fact that I have been valued as a member of a team and valuing everybody within that team for everything that they bring. Whether that be a different background, whether that be being less than full time, whether that be a or primary medical qualification from elsewhere in the world. Whatever it might be that might be different is valuing diversity within the team and drawing upon everyone's experiences for the best of everybody.

**ALICE:** I think that's so important because you're less than full time because you're a mum [laughter].

**CATHERINE:** Yeah.

**ALICE:** And you've got kids at home. But we have such a diverse workforce and it is so important that when people come to be cared for they see themselves reflected in the people looking after them. So, you know the UK is such a diverse country, and if you just see one type of person looking after you then I think it can be quite isolating and for me, it's so important that the medical workforce reflects the people it's actually caring for.

**TANITA:** One of the aspects that Michael drew out on his report around this issue, is that if a team isn't working well and it doesn't have clear objectives and it doesn't meet regularly to review performance, that can be really detrimental to the mental health of you and your colleagues. But also, to the quality of care, patient satisfaction rate, the rates of errors and in an acute setting, quite shockingly, higher levels of patient mortality. So, I wondered, what you made of those findings and if you'd ever experienced the good or the bad of those sorts of themes in practice.

**ADAM:** When it comes to being a GP in primary care, you are often, you are an alone worker. You sit in a room and you can do it day upon day and patients come and see you. Obviously, you have conversations with patients and the main point you being there is to be able to talk to patients and to be able to treat them and to deliver care. But, if you're getting into your car at the end of the day having not spoken to anyone else, that can be a real burden to take away with you.

I've seen it work well and work really badly, I've seen practices that build in time in the day that the whole team gets together, whether it's for a couple of minutes or for slightly longer and just have a chat, it doesn't have to be about work, it can be about life in

general and you just feel then that you've actually seen someone else who you're not there to be their doctor. You're there as a co-worker, as a colleague. And, as Alice said when you do enter these places of work there has to be a feeling of belonging to a team and you have to be able to get to know the people you are working with. Because, you are relying on the nurses you work with, the pharmacists you work with, you're relying on all of the different health care professionals that you work within a multidisciplinary team environment. Which most health care settings are, but if you're not making the time to get to know these people and feeling that you belong to a community with them then you very much feel alone, and you don't get much time to be able to see where you fit in that team.

**CATHERINE:** I think that I'd pick up on that and something I said earlier about health professionals working in silos it just doesn't work like that now. I think coming from a specialty where we work a lot in the community in psychiatry. We work within multi-disciplinary teams all the time. I think the teams that work well are the teams that share values, that go over those values and talk them through on a regular basis. Whether that be through, a weekly team meeting, whether that be through a more formal once monthly kind of aims and objectives setting meeting, however it might be done, formally or informally. There is a sense of shared values, there is a sense of belonging to that team and an identity within that team.

The team itself, has to be able to be flexible, there has to be flexibility within its structure to incorporate new members to the team, to value those new members and the ideas that they may bring and the experiences that they may have. I think that's something that as people that rotate on a regular basis through specialties and through teams that's something that doctors and medical students as well, have to be able to experience and to be able to be included in teams on a regular basis.

**ALICE:** From my point of view, I come from a quite acute specialty, I'm an anaesthetics so things are slightly more hospital based. And you guys know that I've been doing my adult life support recertification last week and I think that brought home to me a certain type of team. A team that has to function very well in a very ultra-acute setting and the outcome is very much based on how well you can function together. And what that really brought home to me was how many great teams I've been a part of. And how I know that Michael's view of what a team is, is very much a fixed firm that meets regularly, looks at their objectives and comes back to review them on a regular basis. And I don't think I've worked in a team like that, but I have worked in a team where everybody knows what their role is, everybody's checking that everybody else is doing what they're supposed to be doing, that they're okay with doing it and that happening as it's supposed to and well.

And then I think what's coming in now what I really like is the idea of debrief. And, making sure at the end of a complex and stressful situation that everybody's okay, that everybody understands what's happened, that everyone knows what's gone on and what could have been done differently. But also, what's happened really well, and I think that can only be a positive for people's wellbeing. If we could take that kind of approach that of a well-functioning team that looks at objectives, that everyone knows their role is and at the end of the day or the end of the week. You say, this is what we could have done better, and this is what we've done well, we could definitely gain from that.

**ADAM:** Its communicative sheared learning isn't it and it's important that when people to build in time for debrief, that it's not just seen as something that you should go through the motions of. People need to wake up really to the value of properly debriefing. Of having that conversation and actually identifying that there were things that there were things that could have been done better but there were things that were done really well. Because what can really affect wellbeing is when you constantly feel that it is your shortcomings or your perceived failings that are the things that are constantly being identified. But I think people need to actually take the time to identify the positives, the good things that people are doing, the contributions that are valuable, the people are making to a team. Because then you leave that shift, or you leave the day feeling that you have done good. But also, in a better place to look at how you can improve.

**TANITA:** That's a really good point and I want to follow on from that and ask you about what effects being a doctor in today's health services have on you. And what I'm thinking about there is, we know not only as the GMC but also as users of our health services that the vast majority of doctors work to their best of their ability. And, you know, we talked about rota gaps in the last episode and the fact that where there are gaps the doctors who are in are trying their very best to still deliver the same level of care. But the problem that arises that we hear about, is that sometimes, how hard doctors work can be detrimental to their own wellbeing. So yeah, I just wanted to hear from you, how that makes you feel as a doctor today.

**ALICE:** The first thing I'd say is really proud, I think I'm really proud to be a doctor in the health service and it's something I've worked a long time for and it's something I love doing. And I see the meaning of and I see the impact of what I do and the change and impact I can have on people's lives, and that is really meaningful to me. And that is very much at the core of why I get out of bed in the morning. But the flip side of that is I know that my drive to help people and that the urge I have to do something meaningful and to help people is probably having a negative impact on me as well. Because as I know that I'm going above and beyond my hours, I know that I'm going above and beyond. I know that I've missed breaks, to be able to deliver good care because that's what I'm there for. And so, for me, a lot of questions that I've had from reading this review have been, am I prioritising my own wellbeing and is the extent to which I love being a doctor and proud to be a doctor having a negative impact on my wellbeing. Is that something that's being engrained, because I see everybody doing it. It's just such a normal thing, it's such a normal part of your day.

**ADAM:** It's part of the culture (interrupts)

**ALICE:** That's exactly it, it is the culture. And it's the culture I've been in since graduating and I don't know anything else.

**CATHERINE:** The idea of culture and people working longer hours than potentially their rota to do some, and the fact that that has come more acceptable within our lives is when that can lead to in extreme mental health problems within many doctors. And I think the difficulty in what research has shown is that doctors are particularly poor at picking up their own mental health problems and understanding when they are struggling with life in general. And, that doctors in themselves also don't want to admit to having a mental health problem. That in itself is a difficult one because then health seeking behaviours are

also reduced within the medical fraternity. I think that is important to note because there has to be a change in the way doctors think about their wellbeing, think about mental health problems, think about fatigue and burn out. We need to look to identify what those indicators are and start to be able to signpost people better towards getting support when they need it most.

**ADAM:** I totally agree with what you're saying Alice it's an extremely privileged position to be in. It is it is a massive privilege to go into work every day and you are, it may, it can sound cheesy but you're making a difference to people's lives. That's why we're there, that's what we're doing every day. But I think you are going to be making, you are going to be doing a lot more harm to a patient if you don't identify when you are close to burn out, when you are close to not being able to perform your job safely. Because you, therefore then won't be there to care for the patient. So, whilst it is a privilege, that is not enough to keep you healthy in your yourself, you've got to be, you've got to have insight. And we got to encourage our colleagues to have insight. That yes, we are there to do a job, a difficult job, but a very rewarding job. But we can only be there to do that job if we are fit and healthy physically and mentally ourselves.

**ALICE:** And I think what's really important about to me is, it's not the responsibility of the individual alone. Like yes, you should have insight, yes you should prioritise your own health and stop and think am I okay. But we need to work within cultures that support us in our drive to help people and in our drive to improves people's lives so having a culture that supports you, having leadership that talks to you, having compassion at work and just speaking to people around you and checking that people are okay. Would in some places be a change. And in this report a lot of discussion of compassionate cultures and in changing cultures to be places where people can go and help people and feel like they're doing that important work but, in a way, that doesn't have that negative impact on them. And I think that is something that would be great to see going into the future.

**CATHERINE:** The key about compassion cultures and about working towards a culture whereby people feel safe within their workplace and I think that what the report is trying to point out is that by fostering this almost attitudinal shift within medicine, potentially we are going to improve patient care overall.

**ALICE:** Well doctors who are burnt out or doctors that are you know on the brink of burnout, or heavily stressed are not going to deliver good care.

**CATHERINE:** They're not performing to the best of their ability.

**ALICE:** They physically can't.

**CATHERINE:** Yeah

**ALICE:** When you are at the end of your tether the last thing you can do is then give more of yourself to somebody else.

**CATHERINE:** Hmm

**ADAM:** But you also can't be made to feel bad that you've got to that point, it's a term that's used a lot. Beyond healthcare recently, you know it is okay not to be okay, and it is okay to realise when you're not performing to the best of your ability. But what's really

important is that we as a medical profession don't perpetuate the idea that it is a failing of or a weakness on your part. That you're unable to carry on delivering your job to the best of your ability.

**TANITA:** And that's where I think that brings it all back really nicely to belonging and the fact that if you don't feel like you belong in your team and in your place of work. And you haven't got to know the people you work with, who are you going to go to? If and when you do feel like something's not going quite right. And also, the other way around, you know if you work in a team where you've got a sense of belonging, you've got a team identity. You know, the chance is of something going wrong someone is going to notice and hopefully come and ask you about it and help you tackle it before it comes a huge issue. I think on that note we will wrap up with today's episode. Thank you again for sharing your experiences and your views on the issues that we've talked about today. So, In the next a final episode of this series, I'll be talking to Catherine, Adam and Alice about the third core need in the wellbeing report, which is competence. We'll touch on topics like workload, training and advice, seeking support. So, make sure you don't miss that one! Thank you very much for listening.

**CATHERINE:** We as clinical fellows really want to hear your thoughts and ideas around all the issues we've discussed so please tweet us at @gmcuk or check the website.

**SOPHIE:** *Prescribing change* is a podcast by the General Medical Council. Thank you to Dame Denise Coia and Professor Michael West for co-chairing this review. And thanks to our guests, doctors Alice Rutter, Adam Thomas and Catherine Walton.