

Caring for our young doctors is good medicine

By [Dr Brenda Kubheka](#)

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A recently published [open letter](#) by a paediatrician from a Johannesburg-based hospital, citing concerns about system challenges in his workplace, has been much talked about.



Source: [Pexels](#)

The letter highlights the challenges health professionals face in the workplace, and his courage in raising his voice and advocating for health workers, patients, and society is admirable.

The letter echoes a [call](#) for a compassionate and healthy health system and workplace.

There is a need to be intentional about scaling mental wellbeing support like [The Health Worker Care Network](#) established by volunteers during the pandemic offering free support, pro-bono therapy, resources, training, and psychoeducation to all healthcare workers across the public and private sectors.

We need to move beyond having conversations about how the workplace affects workers' mental health and elevate the establishment of programmes focusing on "caring for carers".

We hardly talk about the practise of medicine being hazardous to one's health. The contributing factors range from internalising the sometimes-unfair tragedies patients face to not having time to deal with the unexpected loss of a patient

because there is no capacity for a “breathing space” due to work demands, to name a few.

Sometimes health workers bear the brunt of the problems beyond their control just because they are on the frontline.

Various studies conducted in the Free State, Western Cape, and Gauteng reveal that many junior doctors and registrars are experiencing burnout. A 2019 [study](#) in the Western Cape demonstrated that 40.7% of medical interns experienced depressive symptoms.

A 2020 [study](#) confirmed burnout, anxiety, and depressive symptoms in doctors, especially those working in resource-constrained KZN public-training hospitals.

The same survey cited 59% of participants screened positive for burnout, as indicated by high emotional exhaustion or depersonalisation scores.



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It's critical to note that these surveys were conducted before the pandemic, which has exacerbated the mental-health burden.

A [paper](#) published in 2021 found high burnout, depression, and anxiety rates in rural doctors in northern KZN, all of which were associated with the intention to leave the public sector in the next two years. Junior doctors, registrars, and females had a higher impaired mental wellbeing incidence.

[Studies](#) show that doctors seem to suffer from depression more than the general population and other professional groups. They suffered physically, emotionally, socially, and financially during the pandemic.

Doctors working on the frontline were emotionally overwhelmed as they cared for their colleagues in ICU, buried loved ones, isolated themselves from their loved ones, and contracted Covid-19 from the workplace.

Studies have cited the negative effect of healthcare adverse events and unexpected clinical outcomes.

The impact of these events on professionals ranges from self-doubt, depression, and burnout, to name a few.

Some professionals protect themselves from bad feelings for failing patients and from their disappointment in the health system by dehumanising patients – through de-individualised care, impaired patient agency, empathy reduction, and moral disengagement.

There is a clear link between burnout, dehumanised care, and patient safety, making mental wellbeing a critical matter for policymakers, leaders, health workers, and other stakeholders.

In simple terms, dehumanised care is unsafe, and factors enabling it should be addressed.

Health workers showed up for the society during the pandemic. Various industries, individuals and organisations rose to support “health heroes” mental wellbeing.

This is a cardinal sign of acknowledgement of the uniqueness of the health sector. Indeed, there is a need to focus on mental wellbeing, de-stigmatisation of mental illnesses, and the need to institutionalise support programmes for health workers.

Other professionals are putting back the pieces after suffering economic losses because of the pandemic, contrary to the belief that the pandemic created a lucrative business environment for doctors and other health professionals in private practice.



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Many had to scale down their patient-facing business and endure the pain of letting go of and letting down the people who risked everything for the community and the organisation during the height of the pandemic.

We do not know the extent of the pandemic's effect on the health professionals' wellbeing, both directly and indirectly.

Covid-19 highlighted that "not all heroes wear capes", and our health heroes are not superhumans.

Policies are required to enable resource allocation and institutionalisation of wellbeing programmes for health workers that are inclusive and context responsive without subordinating the role of health leaders in the workplace.

The call for kindness towards health professionals goes beyond the workplace, as I'm reminded of a colleague who was refused life cover by an insurer for disclosing their medical history of major depression and another who faced a similar fate because of a past medical history of TB.

The common denominator between the two cases is the role played by their workplaces in their insurance conundrum. These discriminatory and unjust practices also need to be challenged and addressed.

Safeguarding the mental wellbeing of young doctors is good for everyone's health.

Caring for carers is good medicine.

Health leaders and policy makers have a moral obligation to create a resilient and healthy workplace. Such leaders ought to ensure that psychological support structures are put in place and are accessible. Again, teaching self-care and mindfulness to medical students should not be elective but mandatory during medical training.

ABOUT THE AUTHOR

Dr Brenda Kubheka is a health professional, and a managing director at Health IQ Consulting, providing strategic clinical-risk and health-ethics advisory services.

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