



SUMMARY OF CRAZYSOCKS4DOCS 2022

Adelaide Breakfast, Friday 3rd June, Adelaide Convention Centre

Special Guests:

Dr Tahnee Bridson, Founder [Hand-n-Hand Peer Support Inc.](#), Psychiatry Registrar, Royal Melb. Hosp.

Dr Geoff Toogood, Founder [CrazySocks4Docs Foundation](#), Cardiologist, Victoria

Special Panel Guests:

Ms Fiona Fitzgerald, Program Manager, [Health Roundtable](#)

Professor Michelle Tuckey, [Work and Organisation Psychology, UniSA](#)

Dr Andrew Lavender, Senior Anaesthetist, Royal Adelaide Hospital & Chair, [Doctors' Health SA](#)

Dr Sam Labroome, Advanced Trainee in Thoracic Medicine, CALHN

Mr Danny Haydon, Business Manager, [Clare Medical Centre](#), Clare Valley, SA

Dr Ashley Twigger, Trainee Medical Officer, NALHN

Dr Tahnee Bridson shared her background story and detailed how the support service was born from the COVID pandemic. *"We know that health professionals want to connect with their peers, they want to talk with someone they can relate to, and someone who knows the environment they are working in".* The service covers health professionals in Australia and New Zealand, and it is a way of providing emotional and wellbeing assistance. Tahnee said this is supported by research that peer support is an effective pre-clinical mental health intervention.

Dr Geoff Toogood thanked everyone for continuing to support the cause of CrazySocks4Docs. It has now gained momentum and reach around the globe. Geoff shared a very personal story about how his life pivoted by a friend reaching out to him and suggesting that he seek some support, his friend directed him to the Beyond Blue website, Geoff said this changed, and saved, his life. Beyond Blue's site [here](#).

The Panel Summary

MC Mr Paul Kitching - *"We all know how important good culture is in the workplace. For many it's that intangible asset that businesses strive to possess – an important asset for all. We all know when we are working in a place that has a good culture – don't we? – and how it affects our mental health."*

"We ALSO know when we are working somewhere that has a bad culture and how that can affect us and those we work with. Bringing it closer to home we know how crucially important culture is for workplaces in the medical professional space."

The panel discussed how organisations are striving to improve and structure workplaces and practices that support positive working environments. As well as provide an understanding of how toxic work environments are negatively impacting the wellbeing of doctors, health workers and more...

Following is a summary of answers from panel related to each question:

What are the drivers of a bad culture in a workplace from your perspective?

- **Health Roundtable** has focused on monitoring health workers' risk of distress and burnout. **Burnout is a result of working in a system that doesn't support its workers - not a failure of personal resilience.** Healthcare is a complex system and if the system doesn't adapt to the challenges, then teams continuing to work while experiencing burnout can exacerbate individual's experiences of the workplace and possibly lead to cultural problems. It is important we all recognise symptoms of burnout as this has an impact on culture.

"We see this disconnect with leaders in healthcare from time to time. I recall a meeting I participated in last year being horrified at the exhaustion and cynicism displayed by one of the doctors on a teams call with about 15 of their colleagues. The person was rude, abrupt, and not helpful over a 30-minute meeting. I hung up wondering if anyone was going to check in on this rude, abrupt, exhausted doctor, or ignore it. I called someone very senior who apologised for what I had witnessed and when I said I was calling to make sure someone had checked in because what we had witnessed was all the signs for burnout, they acknowledged it hadn't even been considered and they would follow up. This was a team supposedly working closely together but you must ask how productive, cohesive and effective are they?", **Fiona Fitzgerald**

- **Professor Tuckey - Organisational culture is a shared phenomenon.** It's more than any one or two or handful of individuals. Everyone in an organisation plays a role in the culture. Even so, senior management has a powerful influence on culture. Without senior managers who are committed to staff health and safety as well as patient care, it is very hard to build a healthy and supportive workplace culture.

Middle managers also play a vital role in transmitting the culture to the frontline. In particular, they have discretion about how people and tasks are managed. Sometimes that puts middle managers in a difficult position – they work at a pinch point in the organisational system that can lead to the trickledown of pressure from those managers onto staff through bad behaviour. That's because underneath it all structural factors also drive a poor culture, and these factors can be outside of the workplace itself – such as health funding mechanisms, or accreditation frameworks and so.

All of these things play an important role in shaping culture. There needs to be alignment in leadership, structural factors, and ways of working to realise a positive culture.

- **Dr Andrew Lavender - Bad culture fundamentally comes down to a lack of respect.** We mostly think about that in terms of interpersonal relationships and interactions but we also work within very complex systems and have responsibilities to our colleagues, employers, colleges, to registration bodies, hospitals and to the units where. Respect is always a two-way street and it is easy for us to get focus on an immediate demand but to neglect that we also have responsibilities within an organisation, and that that organisation has legitimate goals, whether it be the local health network, college, or your own department. Much of the current stress that doctors are under comes from competing organisational demands which seem mutually incompatible, or the feeling that these organisations don't respect us as individuals.

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Unfortunately organisations such as our hospitals, SA health, hospital departments, and colleges, are often not good at communicating what they want and why, and are rarely good at listening. The flip side is that doctors need to listen and engage. With complex systems it's vitally important that clear goals are set and communicated, that expectations are mutually understood, and that there are defined pathways where people can escalate their concerns and where those concerns can be addressed.

- **Dr Sam La Broome** – the *impact on junior doctors right now in the system is at a critical point*. They are working too longer hours and burning out. It is worrying and more support is needed.

Dr Ashley Twigger - From my perspective there are a few key factors which have forged negative culture in a workplace and these features are more pronounced from my experience within healthcare settings than alternative industries. **The first driver of bad culture is burn out and fatigue which is endemic within healthcare**. All healthcare staff, including and especially doctors, work long hours, often without protected breaks within stressful and high-pressure environments as I am sure many in the room have experienced or are aware of. We are typically over-stretched and over-worked, under-resourced and fatigued as a repercussion of current roster structures. Additionally, our work is intellectually demanding and physically and logistically challenging. Our communication day to day requires eloquent expression, compassion and empathy towards patients, carers and family members and additionally our colleagues. We face these conditions with aims to provide the best care we can for our patients and uphold the reputation and trust in our profession.

Further, the last few years have provided the most trying of conditions although I appreciate the commonality of some of these factors across industries. We have seen loss of members of our workforce and faced a global pandemic and risks to our own health in this setting. Our workplace system and culture has been further tested by limitations on available resources and infrastructure constraints leading to strained and burdened emergency departments, hospitals, clinics and ambulance services.

If staff are ill-equipped or unsupported in performing their jobs, staff function with impaired sense of agency and feel a sense of helplessness, a key predisposing factor to negative culture. We need to be equipped to provide timely, attentive, evidence based and quality care to our patients, and bad culture is fostered by disempowerment to provide what we know our consumers deserve.

- **Danny Haydon**, Clare Medical Centre - Bad culture evolves organically. **If you are not constantly working on building the preferred culture for your business, there is a great risk you will end up with a bad culture**. It's like the a garden that is not tendered to regularly. It's eventually overgrown by weeds.

I have the privilege to work with a lot of medical practices and when I see one with a bad culture, these are the drivers that stand out:

- * lack of direction and purpose - it's like ground hog day, every day
- * lack of shared values – creating friction and frustration
- * poor behaviours being modelled by leaders – often abusing of the power of their role/status
- * turning a blind eye and acceptance of bad behaviour
- * the inability to remove troublemakers – especially if they are a doctor

What are some of the reasons for bad culture & the solutions or best practice you have seen?

- **Fiona Fitzgerald - Great examples:**

- include one from NZ where a director of people and culture has employed 3 clinical staff with allocated FTE reporting to her and leading all wellbeing initiatives for their peers. This includes a senior doctor, nurse and allied healthcare lead. These people are trusted, they have the confidence of the people and have implemented several initiatives including coaching and Schwartz rounds as well as making sure the resources available to staff are relevant and current.
- In Tasmania there is a passionate multi-disciplinary group of healthcare leaders. They have been reviewing and studying the challenge of burnout and currently implementing several peers led initiatives. After launching the WBI last year they have used the data to drive a state-wide approach to address fatigue.
- Health Roundtable have made some short videos that you can find on their website that support leaders in understanding what burnout is, why it's important we address it and what some organisations are doing differently. We have made these to make sure that hospital leadership teams all have the same understanding of what burnout is and the first steps to address it.
- Dr Chris Turner a ED doctor in the UK has a great website Civility saves lives. His Ted talk really highlights the impact incivility has on colleagues and patients and well worth watching – (link to Dr Turner's TED Talk - <https://www.tedxexeter.com/speakers/chris-turner-2/>)

- **Professor Michelle Tuckey** - A neat way to think about this issue is in terms of enablers, motivators, and triggers. Bad behaviour flourishes when there is an incentive to behave badly, fertile soil for getting away with it, and an event or situation that sparks it off.

- **Enablers** are the fertile soil that makes a work environment conducive to bad behaviour. Power imbalance is a key enabler, together with low costs for the people who do behave badly. Stress in the system also makes it more likely that bad behaviour will occur – high workloads, work pressure, and high levels of demands all take time, energy, and other resources, and lower the threshold for aggression. These pressures can also spark off conflicts that turn into patterns of bad behaviour. Though enablers provide the foundation, they may not be sufficient to sustain ongoing patterns of bad behaviour that characterise a bad culture.
- There also needs to be **motivating factors** or circumstances that make it rewarding for people to behave badly at work. For example, bad behaviour might be a successful way to get resources, especially when resources are scarce. Bad behaviour can also be used to maximise opportunities for personal rewards or status, as a way of getting things done when bureaucratic constraints get in the way, or as a way of managing poor performance when it's seen as hard to get change in another way. These kinds of factors make it rewarding to use aggressive behaviour towards others.
- Finally, **the triggers** of bad behaviour are typically related to changes in the status quo, such as restructuring or downsizing or even the development of interpersonal conflicts. As well as setting of bad behaviour, these kinds of triggers can also increase the incentives to behave badly, or help to cultivate the fertile soil where bad behaviour can thrive.

What this means is that to reduce bad behaviour in organisations, the enablers, motivators, and triggers all need to be identified and neutralised.

My own work takes a risk management approach to workplace bullying – designing out bullying from workplaces by assessing and mitigating the underlying risk factors in the organisational system.

Our analysis of 342 real-life bullying complaints identified a set of 10 root cause risk factors that stem from how effectively people and tasks are coordinated and managed. Through a five-year program of research, we developed, tested, and refined a risk assessment tool and intervention process to identify and tackle these root causes. We have applied this intervention approach across Australia over the last five years in a range of sectors, including healthcare, to successfully reduce bullying risk but also to promote workplace respect, team cohesion, and employee well-being.

One of the most useful things I've learnt through this line of work is the importance of participatory action as a fundamental ingredient for culture change. Meaningful change can only be realised when leaders, managers, and staff collaborate together to identify shared problems and shared solutions. Participatory involvement is an end in itself – it gives people a voice, it builds individual capabilities such as autonomy and competence, and it grows team capabilities such as support and cohesion.

Best practice in cultivating a healthy workplace needs to provide opportunities for staff to get meaningfully involved in shaping the work environment and ways of working to better protect and promote their health.

- **Dr Andrew Lavender** - It's important to approach adverse events in a structured way and use them as learning opportunities. Most doctors live in fear of bad outcomes, but we are very introspective and always looking to improve, and a well structured review where both individual and the organisation can learn from a mistake can be a positive thing.
 - Within CALHN we have recently introduced the Vanderbilt professional accountability program from Vanderbilt university in the United States. This is a program specifically for doctors with the aim of supporting psychological safety and well-being in a workplace by raising awareness of what unprofessional behaviour is and providing the medical workforce with a pathway to address concerns regarding behaviour and professionalism. The ultimate intent is to discourage tolerance to inappropriate behaviours and reduce reports of bullying and harassment and increase patient safety. The principal idea is to encourage improvement through self reflection. This depends on peer, accountability, peer messaging and peer comparison with feedback early and often. Complaints or positive comments are logged electronically, handled quickly and then met with a tiered response, starting with an informal cup of coffee for a simple problem, and then a program of escalation when problems aren't addressed. Serious issues, such as complaints of sexual harassment will be escalated immediately, but the general principle is that bringing an issue to an individual's attention early will result in early self reflection and improved behaviours. This outcome is evidenced in the institutions where this program has been put in place with a significant improvement in both professional behaviours and patient outcomes. We see this program as a valuable step forward, and while it will take time to embed, it's an opportunity to really improve behaviours by changing the culture.

- **Danny Haydon** - Respect is one of the core values that is important to all people, so it makes sense that one of the key indicators is disrespectful communication. In medical practices that could be in the form of reception staff speaking rudely about a patients when out of earshot, or doctors berating their staff in front of patients.

Disrespectful communication happens when practice leaders have an over reliance on leveraging the authority and power of their position. That old school approach doesn't work anymore, especially for the younger generation entering the workforce.

Communicating in triangles is another form of disrespectful communication. We go around telling everyone else about our issues with a person, but don't have the courage to speak openly, honestly and respectfully to that person. A lack of integrity is another force that will dissolve the fabric of any culture. When people see that their leaders acting in way that is not honest, open or sincere, they lose faith and confidence very quickly. It opens up the door for staff to do the same and the fish slowly rots from the head.

For me, the single most insightful indicator is the lack of discretionary effort. Discretionary effort is the willing of your team members to step up, go the extra mile, help out a team mate or do the little jobs that no-ones sees. We see high levels of discretionary effort in positive workplace environments. Conversely in bad cultures, we see people working to the letter of their job description, not willing to offer any discretionary effort.

I'd like to highlight that most of us work in busy jobs and medical practices in particular are often hectic environments. As a consequence, **one of the biggest sins is not investing enough time to listen to our people.** Being 'time poor' is merely an excuse for not investing the important time needed to have respectful and open conversations with our teams.

The high performing businesses that I work with, including Clare Medical Centre;

- understand the importance of having a clear Strategy that is shared with and understood by the team;
- understand the importance of being Purpose driven and the entire team understanding the higher purpose of WHY the business exists.
- understand the importance of being Values driven with clearly articulated value statements that highlight the behaviours that exemplify those values.

Having a values statement is a nice thing to do, but for a business to build the culture needed to drive their performance it needs to bring those values to life.

How do they do this?

- By the leaders demonstrating the values in their behaviour.
- By referring constantly to the values when making key decisions
- By employing for a good fit to the values
- By acknowledging and rewarding behaviours that demonstrate those values
- By posting the values up on the wall where they'll be seen.
- By orientating staff to the values and performance management being based on the values

When the Partners at Clare Medical Centre took over the Health on Kensington practice one of their primary concerns was our strategy for embedding the Clare Medical Centre values to ensure that we build the desired culture within this new practice. We want to make sure that our doctors are well supported and have the same cultural vibe whether they are in our rural or city practice.

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- **Dr Ashley Twigger** - Doctor wellbeing is essential for fulfilment, purposeful practice, efficiency and quality of care provided to our patients, and is additionally supported by key workplace indicators such as productivity. As individuals, we thrive in an environment that instils a sense of value for the service we provide, prides itself on fairness and ensures safety and respect of its staff. These values equip staff with a sense of trust in their capabilities and empowers them to speak up with concerns to improve flaws or failings of our current system with best outcomes for all at the forefront.
 - In the study cohort as part of the SASMOA survey, 72% of doctor respondents identified absence from workforce planning and 76% referencing a lack of transparency in these processes. A lack of deep diversity amongst decision making and governance fosters bad culture. Diversity in levels of experience, practice and priorities, thinking styles, goals and values seek to enrich culture and healthcare frameworks. There is more to be done to innovate and address ingrained and historical cultural issues within healthcare.
 - I am pleased to say there have been some positive steps towards positive workplace culture. One such example includes recognition and acknowledgement of exceptional care provided by colleagues. This simple measure has fostered collegiality, is a positive talking point amongst colleagues and facilitates open and constructive communication; while highlighting the successes of individuals in their day to day work.
 - NALHN has sought to create multidisciplinary teams to address cultural issues within its hospitals and across sites. I am personally proud of the visibility and representation with Community of Practice and Constructive Learning Environment committees within NALHN in 2021.
 - I personally have observed some fantastic examples of leadership and am appreciative for the strong culture of mentorship and supervision fostered at NALHN. I have been recognised and valued for my role within teams, acknowledged for my social identity and personal needs as a staff member and provided guidance and support when required. One such an example has been encouragement to claim all my worked hours and reflect meal breaks accurately. I have had check-ins from senior consultants as to my wellbeing.
 - Whilst just two brief examples, the impact these simple actions have had cannot be underestimated and will be sentiments I will always remember as powerful examples of leadership and attempts to address current impairments in culture. These are simple actions which foster kind, cohesive teams within healthcare and are steps towards restoring positive culture.
 - Further, opportunities for my own education and career development have been encouraged within units with stronger emphasis on wellbeing. One further initiative has been protected time for trainee teaching and setting this as an expectation and requirement; to best facilitate professional growth, fulfilment and opportunity for career advancement.

Thank you to our special guests for making the 2022 CrazySocks4Docs event such a success!

If you are interested in joining the event in 2023, contact Kiara Cannizzaro, Program Manager, Doctors' Health SA, kiara.cannizzaro@doctorshealthsa.com.au