



Kelowna General Hospital Medical Staff Wellness Strategy

Acknowledgement

We thank all KGH medical staff for sharing their experiences and contributing to this report. Thank you to our partners - your collaboration is fundamental to our success. A special thanks to the Richmond Hospital Medical Staff for sharing their Wellness Strategy.

“We have more possibilities available in each moment than we realize.”
— Thich Nhat Hanh

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Executive Summary

Moral injury and medical staff burnout have numerous deleterious effects including decreased efficiency, adverse patient care outcomes, and diminished physician satisfaction and retention. As the risks increase and the outcomes worsen, there is an urgent need for organizations and individuals to address this pressing issue. The Kelowna General Hospital (KGH) Wellness Committee has been listening to our peers, gathering data, reviewing literature, and creating policies and strategies to respond to the growing burden of physician burnout.

This journey has been dynamic, including personal interactions, group discussions at department meetings, and anonymous responses to our surveys. The predominant issues affecting our medical staff are described below, and highlight some historical, structural, and operational issues in healthcare. The benefits in addressing these issues and investing resources into positive change are multifold including increased patient safety, conscientious resource allocation, financial savings, and increased work satisfaction and retention.

We envision medical staff from all departments, managers, administration, operational and executive staff joining forces to create and sustain an innovative, healthy workplace. As such, the KGH Wellness Committee recommends a joint relationship between KGH and Interior Health Authority (IHA) administration to implement a sustainable wellness strategy. Our priorities are compassion, equity, and provision of quality medical care in a safe, supported, appropriately resourced community. We recognize our priorities align with IHAs Charter Agreement. By promoting these values, we aim to promote an environment that contributes to the physical and emotional wellbeing of all staff and ensures compassionate leadership techniques are taught and encouraged. Our goals are for medical staff to feel respected, heard, and supported. It is only from this place that our vision can be achieved: for medical staff to have the wellbeing and resilience that empower them to provide quality care in a workplace that supports opportunities for learning and growth.





Definitions

1. **Bullying:** Repeated incidents or a pattern of behaviour that is intended to intimidate, offend, degrade or humiliate (1).
2. **Burnout:** A spectrum of emotions, including feelings of ineffectiveness, emotional exhaustion, loss of meaning at work, depersonalization, loss of motivation, self-doubt, helplessness, and reduced personal accomplishment (2).
3. **Discrimination:** The adverse differential treatment of an individual or group, whether intended or not. Racism and discrimination are a form of violence that affect a person's psychological wellbeing (3).
4. **Disruptive behaviour:** Personal conduct (words, actions or inaction) beyond that normally accepted as respectful interpersonal behaviour which disturbs the work environment and/or potentially poses a risk to delivery of safe and quality healthcare (4).
5. **Gender inequality:** The social process by which people are treated differently and disadvantageously, under similar circumstances, based on gender (5).
6. **Harassment:** Disrespectful behaviour targeting an individual that results in the recipient feeling intimidated, demeaned, humiliated or embarrassed (4).
7. **Impostor syndrome:** High-achieving individuals who, despite their objective successes, fail to internalize their accomplishments and have persistent self-doubt and fear of being exposed as a fraud or impostor (6).
8. **Incivility:** Rude, discourteous, or disrespectful actions that may or may not have a negative intent behind them (7).
9. **Microaggressions:** Everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon bias toward historically marginalized groups (8).
10. **Moral Injury:** The psychological distress that results from events that go against one's values and moral beliefs. In the context of health care, when physicians feel unable to uphold the oath they took to deliver the best care and put the needs of their patients first, they can experience moral injury (9).
11. **Racism:** The belief that a group of people are inferior based on the colour of their skin or due to the inferiority of their culture or spirituality (8).
12. **Wellness:** Physician wellness (wellbeing) is defined by quality of life, which includes the absence of ill-being, and the presence of positive physical, mental, social, and integrated well-being experienced in connection with activities and environments that allow physicians to develop their full potentials across personal and work-life domains (10).



Practical Ways to Define Wellness

- Work-life balance
- Physical activity
- Healthy eating/nutrition
- Rest/relaxation
- Having an active social life/Social connectedness
- Meditation/Mindfulness
- Journaling/Reflection
- Having a voice that is heard and responded to
- Having a support network
- Meaning in work
- Control and flexibility



Ways to Describe Wellness Specific to KGH

- Feeling like part of a team
- Being recognized for the work performed
- A compassionate relationship with colleagues
- Gender equity
- Vacation equity
- Manageable workload
- Respectful conversations and consults over the phone
- A clean and safe environment
- Access to nutrition
- Feeling safe





Why is a Medical Staff Wellness Strategy Needed?



Why is a Medical Staff Wellness Strategy Needed?



In 2022, the KGH medical staff acknowledged a need for improved physician wellness. Results captured by the Doctors of British Columbia Engagement Survey showed clear issues with physical/psychological safety with the minority of respondents feeling the hospital takes effective action to promote a healthy, safe workplace. In response to medical staff concerns, a Wellness Committee was formed with funding provided in part by Medical Staff Association dues. Alongside, in Fall 2023, a Wellbeing Survey for medical staff was conducted at KGH. The role of this qualitative survey was to determine medical staff concerns with wellness, what wellness meant for staff, and how it could be improved. Findings showed a major issue amongst staff was psychological unsafe work environments, notably bullying and harassment, and burnout. This survey has informed the priorities for the Wellness Committee. In order to effectively respond to these overwhelming concerns, a medical staff Wellness Strategy is urgently needed.

➔ Recent Data:

1. Results from 2024 Anti Bullying & Harassment Survey

Table 1. Frequency of Medical Staff Experiencing Specific Types of Bullying and Harassment.

Have you ever experienced the following?	Frequency % (N of respondents)				
	Never	Now and Then	Monthly	Weekly	Daily
Being shouted at or being the target of spontaneous anger.	36% (8)	59% (13)	0%	5% (1)	0%
Intimidating behaviours such as finger-pointing, invasion of personal space, shoving, blocking your way.	62% (13)	38% (8)	0%	0%	0%
Spreading of gossip and rumours about you.	39% (9)	35% (8)	13% (3)	9% (2)	4% (1)
Having insulting or offensive remarks made about your person, attitudes or your private life.	50% (11)	27% (6)	18% (4)	5% (1)	0%
Repeated reminders of your errors or mistakes.	35% (8)	30% (7)	22% (5)	4% (1)	9% (2)
Having your opinions ignored.	27% (6)	23% (5)	27% (6)	14% (3)	9% (2)
Being exposed to an unmanageable workload.	24% (5)	19% (4)	5% (1)	24% (5)	29% (6)
Being ignored or excluded.	32% (7)	45% (10)	14% (3)	0%	4% (1)

Why is a Medical Staff Wellness Strategy Needed?



2. Results from the 2023 Doctors of BC Health Authority Engagement Survey

Table 2. Physician Health and Safety Results for Interior Health

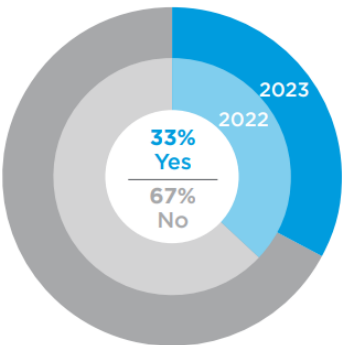
Interior Health Physician Health and Safety	2023	2022 Difference
I have been involved in, or impacted by a physical safety or psychological safety issue or incident at my current hospital/facility/practice.	46%	-4%
This hospital/facility takes effective action to prevent violence in the workplace.	48%	-3%
This hospital/facility takes effective action to promote a healthy and safe workplace.	48%	-2%
This hospital/facility deals effectively with situations that may threaten or harm employees (e.g., harassment, discrimination, violence).	39%	-1%
People from all backgrounds are treated fairly in our workplace.	65%	-2%
People treat each other with respect and consideration in our workplace.	72%	-5%
I am able to reasonably balance the demands of work and personal life.	49%	+3%
Physicians and medical leaders trust one another in my health authority.	35%	-1%

➔ Other notable findings of this survey include: only 34% of respondents felt they have meaningful input into changes affecting their practice environment, 11% felt IHA Senior leaders' decision-making is transparent to physicians, and only 23% felt that IHA values physicians' contributions (11).

Figure 1. Proportion of Physicians who Experienced a Physical and Psychological Safety Incident

Interior Health Authority Averages

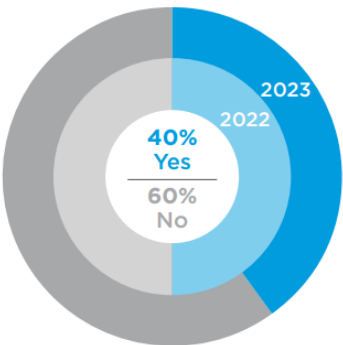
Experienced a **physical** safety incident over the last 12 months



Of those who experienced an incident(s):

- 117 experienced 1-5 incidents
- 16 experienced 6-10 incidents
- 22 experienced 11-50 incidents
- 2 experienced 51+ incidents

Experienced a **psychological** safety incident over the last 12 months



Of those who experienced an incident(s):

- 109 experienced 1-5 incidents
- 33 experienced 6-10 incidents
- 40 experienced 11-50 incidents
- 9 experienced 51+ incidents

Why is a Medical Staff Wellness Strategy Needed?



➔ Personal and Professional Consequences of Burnout

The Canadian Medical Association (CMA) states that physician burnout is “one of the most significant challenges facing the healthcare system. It threatens the well-being of clinicians, residents and medical students, which can affect the quality of care given to patients (12).” This is supported by the literature which shows burnout has numerous personal and professional repercussions and is associated with increased rates of depression, suicide and suicidal ideation, and occupational injury (13). Individual and organizational consequences include reduced job performance which can have “profound effects on quality of care (14)” including major medical errors and other adverse patient event.

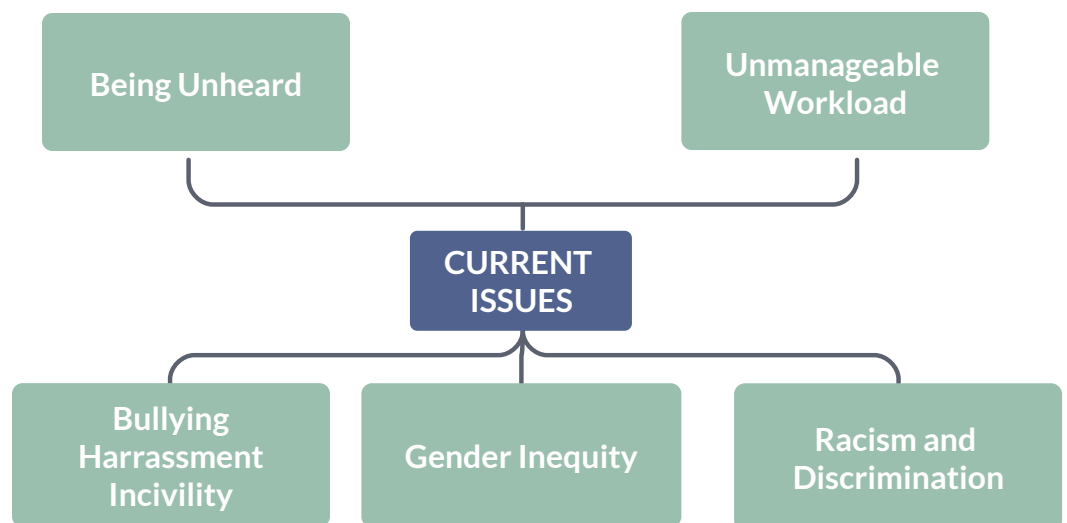
Historically, medical staff wellness has not been prioritized in the healthcare system. Compounding this is the culture where many physicians do not seek help for mental health conditions and are uncomfortable doing so due to stigma and fear of reprisal (15).

➔ Financial Costs of Burnout

The economic cost of physician burnout is multifaceted and supports investing into physician well being beyond the moral and ethical imperative. As summarized by Shanafelt *et al.*, financial costs include:

- Costs associated with turnover.
- Lost revenue associated with decreased productivity.
- Financial risk and threats to the organization’s long-term viability due to the relationship between burnout and lower quality of care.
- Decreased patient satisfaction.
- Problems with patient safety (16).

Current Issues Affecting Burnout, Moral Injury and Wellness at KGH





Current Issues Affecting Burnout, Moral Injury and Wellness at KGH

➔ 1. Bullying, Harassment and Incivility

Bullying, harassment, and incivility are recurrent themes amongst medical staff at KGH and are a priority for the Wellness committee. We share this priority with IHA as outlined in the charter agreement, whereby cooperation, integrity and safety are mutual values.

- Our data shows the population is split between individuals who experience these disruptive behaviours and individuals who are unaware of this occurring.
- Major feedback on this topic included placing consultations. There are differing opinions and practices on the etiquette involved in consultation. Some physicians are welcoming of a phone call as well as the written order, some physicians do not welcome consult phone calls after hours, when the consult is not required urgently. In the same token, when a physician receives an order for a consult placed after hours, they may feel undervalued that no verbal communication was made. Furthermore, there are differing perceptions on which patients “deserve” a consult. Some specialists make disrespectful comments towards referring physicians and question the consulting physician’s knowledge base and competence; these can be perceived as “personal attacks.”
- Peer interactions are impacted through micro-aggressions such as pace of work of individuals, comments on physicians not “pulling their weight” or rushing and making “careless mistakes” or being less efficient. Uncivil behaviour was noted in cases when radiologic exams are cancelled without staff-to-staff communication. Upon closer investigation, radiologists are facing a resource scarcity and have been increasingly screening orders for what they perceive to be duplicate or inappropriate exam requests to improve their access and flow.
- Other issues include power struggles within departments based on seniority, nurse practitioner’s feeling targeted and isolated by medical doctors, and a feeling of colleagues working in silos.
- Overall, a physician noted that incivility, bullying and harassment added personal stress and impacted their decision making and patient care. KGH was quoted by a physician to be the “least friendly hospital they had ever worked in.”



Current Issues Affecting Burnout, Moral Injury and Wellness at KGH

➔ 2. Gender Inequity

The wellness committee recognizes IHAs shared values as outlined in their charter agreement in terms of gender inequity. We aim to promote gender diversity, safety, and equitable treatment.

- Medical staff brought up numerous concerns regarding gender inequity at KGH including female consultants being treated differently than male counterparts, being repeatedly mis-identified as nurses based on gender, and feelings that advocacy around gender inequity is dismissed with being labeled as “aggressive feminism.”
- A respondent noted a lack of perception of gender inequity. They gave an example of a male colleague stating, “there is no gender discrimination in this department” in contrast to the concerns from other physicians that experience gender bias on a near daily basis.
- Medical staff are concerned about the prevalence of imposter syndrome, which is known to affect a disproportionate number of women and result in fewer females applying for or seeking/considering leadership roles. On a practice basis, imposter syndrome increases the likelihood of a female physician ordering confirmatory tests that may not be medically necessary, to validate her medical decision making.
- Female medical staff also brought up pay disparity for females in a fee for service environment, as there is both suspected referral bias and increased non-medical tasks requested from female medical staff. Complex cases were perceived to be more often referred to female physicians who are known to be more “thorough” and take more time to address perplexing cases thoroughly. Also, due to the perception of being more compassionate, female medical staff feel more often asked to help with personal hygiene and supportive tasks that patients do not feel comfortable asking male colleagues for. Although these requests are a sign of compassion and integrity, they do require time, which takes away from access and flow.



Current Issues Affecting Burnout, Moral Injury and Wellness at KGH

➔ 3. Racism and Discrimination

We recognize that racism and discrimination against First Nations, Métis and Inuit peoples persists in our healthcare system. Global conflicts may seem remote however there are local impacts on medical staff as well. Our committee is committed to strengthening relationships with people of all backgrounds.

- Survey results revealed concerns with perceived racism with interactions, based on country of origin and occupation including associate physicians.
- Another example included feeling certain tests were cancelled based on distrust of foreign medical graduates training.
- There was a notable absence of comments on racism and discrimination on the survey, however when specifically asked medical staff feel embarrassed to discuss this issue because they are scared to offend.



Current Issues Affecting Burnout, Moral Injury and Wellness at KGH

➔4. Being unheard

Having a voice and dialogue with senior leadership is critical to physician wellbeing.

- Physicians disclosed feelings of not being welcomed to approach department heads, senior and executive leadership with professional and personal concerns related to burnout and performance expectations.
- There were specific concerns regarding being labelled as a “disruptive physician” thereby preventing further conversations regarding unreasonable schedules.
- In situations where physicians were labeled as disruptive, they also commented they were not given any training or support regarding their communication style or efficiency to decrease disruptions while continuing to advocate for themselves.
- Overall, the lack of involvement in decision making processes was mentioned as a major impact to wellness across numerous departments.



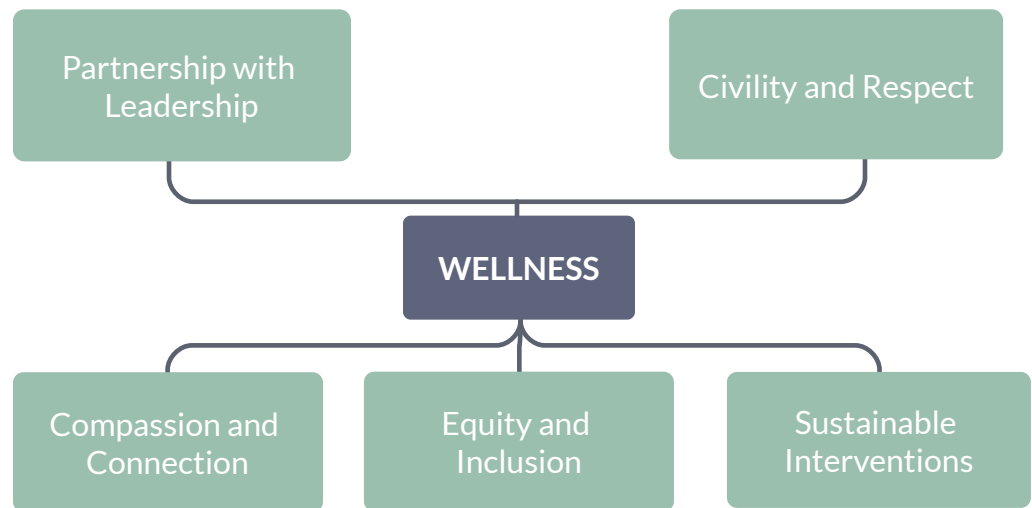
Current Issues Affecting Burnout, Moral Injury and Wellness at KGH

➔ 5. Burn Out and Unmanageable Workload

The increasing system pressures have resulted in overwhelming workload for clinicians compounded with insufficient resources and supports and a lack of job control. The negative impacts on work-life balance and impact to our professional and personal value alignment all contribute to burnout (13). Medical staff at KGH report feeling increasing dissatisfaction, fear and futility while working within our over-capacity system.

- Recurring themes included the professional and personal difficulties with unmanageable patient load, unmanageable call schedules, and increasingly complex and challenging patients. Specific examples include over-scheduled operating rooms resulting in prolonged work hours. One respondent commented, "I feel pressured to perform by IHA... it feels hostile"
- Consultants and specialists often feel "dumped" with workload that can be co-managed by another specialist. For example, pediatricians comment they are responsible for managing psychiatric and addictions medicine comorbidities of their patients, without support from these also over capacity departments. This creates a sense of isolation and discomfort about managing patient care within one's scope.
- Moral injury is occurring due to time constraints limiting the ability to appropriately work-up patients, thereby leading to over testing/resource utilization. It also occurs due to wait times resulting in prolonged delays in seeing patients, leading to delayed diagnoses and treatment, as well as pressure to discharge patients who are not deemed medically fit by their provider.
- There is recognition and fear that medical staff suffering moral injury and burn out are not identified, supported or given resources or education.
- The overarching feeling is that individuals must make up for failures at the organizational level and are criticized for not completing an unmanageable workload. Physicians commented they feel "underappreciated" by IHA.

Our Wellness Strategy



Our Wellness Strategy

1. Partnership with Leadership



Success of our Wellness Program requires an integrated approach and strong partnerships between medical staff and leadership. The CMA recommends this multi-pronged approach in the development, implementation and ongoing support for a wellness program. In fact, efforts that are unsupported by organizational commitment increase the risk for worsening burnout(17). This partnership is key in changing organizational culture which “is manifested in its actions (e.g., decisions, resource allocation) and relayed through organizational structure, focus, mission and value alignment, and leadership behaviors (13).”

1.1 Create a partnership with Senior Facility Medical Administrators, Executive Medical Directors, as well as Senior Executive Medical Administrators and the IHA to create innovative plans for advancing medical staff wellness.

1.2 Create a partnership with the Local Medical Advisory Council (LMAC) and the Health Authority Medical Advisory Council (HAMAC) to ensure we are collectively creating a culture where medical staff wellness is a priority. Our future goal is to establish a priority of medical staff wellness at a provincial level.

1.3 Access additional funding through IHA.

- Ongoing financial support is required for the Wellness Program. Currently, the Wellness program is funded through:
 - Facility Engagement via regular project application to the Physician Society Working Group
 - MSA Dues
 - Physician Health Program
 - Health Systems Redesign (specific to the Civility Regional Tour)
- Securing annual funding for the Wellness Committee with encouragement and support from our partners.
- IHA’s support for this Wellness Program through base funding approved by HAMAC will help create a culture where medical staff feel appreciated, allow for maintenance of our existing programs, and build capacity to create and implement sustainable long term wellness strategies.



Our Wellness Strategy



1. Partnership with Leadership (cont.)

1.4 Improving communication channels between medical staff, department heads and senior administration.

- Establish safe methods of dialogue between physicians and leadership that allow for involvement in decision making in a safe, non-punitive way.
- Create customized communication pathways and support strategies for all parties involved in claims of discrimination or harassment. Continue to address these concerns until a meaningful solution has been reached.
- Address fears of reprisal that arise in situations where the AU100 is enacted and transition to a more supportive, open dialogue.

1.5 Collaborate in setting key performance indicators to measure wellness.

1.6 Create policies that build upon current IHA policies relating to psychological safety and discrimination.

- Encourage and help departments design and transition towards a more sustainable and equitable system.

1.7 Evaluate and improve organization culture by considering wellness in all operational decisions.



Our Wellness Strategy

2. Civility and Respect



➔ KGH Wide

Our strategy aims to provide solutions towards incivility and disrespect through both KGH wide and department specific interventions.

2.1 Promote awareness that incivility exists within KGH and that this negatively impacts personal lives, patient care, and department morale,

- Through outreach and medical staff wide and department specific meetings.
- Through documentation and reports made available to all medical staff.

2.2 Implement civility training (refer to Appendix 1 for more information on Regional Civility Tour and session objectives).

- Creating, planning and hosting Civility Saves Lives Regional Tour to promote awareness and education on incivility and its detrimental impact as well as provide solutions.
- Ensure availability for medical staff to attend.
- Promote interest and support, a willingness to learn how to improve personal interactions and professional relationships and support colleagues through self-development.
- Develop and provide ongoing/future training including:
 - Workshops on effective interpersonal communication, in particular building trust with phone etiquette and composure.
 - Workshops on warm assertiveness, finding a balance between being assertive and well liked while treating colleagues warmly.

2.3 Establish routes of reporting disruptive behaviours. Address initial complaints of disruptive behaviour with open dialogue.

- Support individuals who experience bullying “the bullied” and those that perpetrate bullying “the bully” to engage in follow-up.
- Create a supportive, non-punitive system to help decompress, understand and prevent these issues from re-occurring.

2.4 Measure effectiveness. The aim of our first survey was determining the extent and specifics of bullying and harassment. With our interventions we will periodically reassess the impact of these interventions including ongoing gaps and concerns. ▲

Our Wellness Strategy

2. Civility and Respect (cont.)



➔ Department Specific

We recognize burnout and moral injury are not exclusive to the KGH medical community, but we hope to foster and provide KGH specific solutions. Every department has unique problems that must be recognized. Certain departments have struggled with staff retention, and increased inter-and intradepartmental bullying, and resultant burnout.

2.5 Recognition of department specific problems through outreach and discussions.

- De-escalating some departments/staff that have hostile behaviour as a result of systemic issues and burnout.
- Distribute courteous communication with medical staff in times of crisis workload and unavailability within a department.
- Provide leadership training to department and division heads on how to identify, support and redirect medical staff with disruptive behaviour using high impact communication.

2.6 Establish avenues for interventions and Connecting departments to external support.

- The Physician Health Program has been instrumental in supporting our Wellness Program. They have connected us to the Well Doc Canada Pilot Project, a team that can evaluate, collaborate and assist with department specific challenges.



Our Wellness Strategy

3. Compassion and Connection



In order to create a compassionate, connected and joyful workplace, medical staff require access to appropriate resources and confidential support.

3.1 Providing Peer Support and Physician Health Program resources to medical staff.

- Expansion of the Peer support program.
- Improve accessibility and ability to respond in times of crisis.
- Connect staff to appropriate resources in a timely and respectful manner.
- Encourage a culture shift where compassion and wellness are a priority.

3.2 Establish and implement Schwartz Rounds for Compassionate Healthcare for regular and routine debriefing after difficult cases and events.

- Supporting providers and improving quality of care.
- Allowing medical staff to openly acknowledge the impact an illness can have on a patient and family, addressing anxieties and frustrations.
- Strengthen the caregiver-patient relationship, improving teamwork and interdisciplinary communication.
- Increase appreciation for the roles and contributions of colleagues from different disciplines.
- Foster compassionate leaders within our medical staff to become ambassadors of respect and provide support to our own hospital

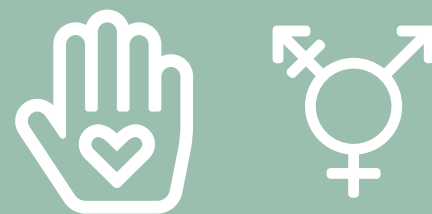
3.3 Support and utilize existing compassion programs including:

- "Brewing Compassion" (created by the KGH foundation)
- Resources made available on the Medical Staff Hub.



Our Wellness Strategy

4. Equity and Inclusion



Wellness is dependent on fostering inclusivity and working to establish gender equity. Our goal is to Increase a sense of being valued amongst all medical staff. Interventions to empower individuals include:

4.1 Increase awareness of individual and systemic barriers that reinforce inequality and exclusion.

4.2 Increase a sense of being valued amongst medical staff through

- Staff appreciation and kudos.
- Wellness events.
- Recognition of medical staff related International Days that celebrate peace, dignity and equality (e.g., Pink Shirt/anti-bullying day).

4.3 Follow the LEADS framework to implement equitable practices: leading oneself, engaging others, achieve results, develop coalitions, resulting in systems transformations.

4.4 Learn and teach emotional intelligence skills focused on decreasing discomfort as it pertains to discussing racism and discrimination in an open dialogue.

4.5 Encourage, support and facilitate ways to unlearn racism against Indigenous peoples.

4.6 Create a supportive culture for women and people that are discriminated against, to encourage empowerment and overcome obstacles.

4.7 Empower through interventions.

- Work with engagement partners and medical staff to create and promote gender equity at KGH.
- Establish a subcommittee for focused work on gender equity.
- Seek support from Canadian Women in Medicine (CWIM) advocacy group.

4.8 Host events focused at overcoming inner obstacles to success to help medical staff gain an understanding of how inner dialogue is produced and how to navigate imposter syndrome when it presents.



Our Wellness Strategy

5. Evidence Informed and Sustainable Interventions

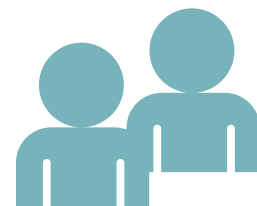


The success of our strategy relies upon review and selection of evidence-informed interventions. Sustainable change is a key marker of success of our Wellness Program. We will work towards this goal through piloting and evaluating programs. This requires ongoing support and resources.

We hope to leverage existing projects such as quality improvement projects, funded coaching and the LEADS framework (above) to implement our interventions.



Our Wellness Partners



Doctors of BC:

Engagement Partner – TBD

Patti King – Engagement Manager of the Interior

Brent Weiss – Regional Advocate

Atsuko Tanahara – Specialist Service Committee/Shared Care

Specialist Well Being Program (SWELL)

Physician Health Program:

Tom Rapanakis – Vice President and Executive Director

Navjot Gill – Physician Health Outreach

Interior Health:

Dr. Devin Harris, –Executive Medical Director, Quality, Engagement and Research

Dr. Andrew Sellars – Medical Director, Engagement

Dr. Cara Wall – KGH Chief of Staff , RMAC chair

Rob Mitchell, Lead, Medical Staff Safety and Wellness

Dr. Mark Masterson, Clinical Operations IHA South

KGH Physician Society

KGH Foundation

Melina Moran – Director of Strategic Partnerships and Grants

Canadian Women in Medicine



Our Wellness Action Plan: Past, Present, and Future



Our Wellness Action Plan: Past, Present and Future

What we are have done



1. Wellness Committee Launch

- We launched our Wellness Committee in January 2023. With support of Doctors of BC, we brought medical staff together to share their views on wellness, what they wanted from our committee and partook in a silent meditation. Rob Mitchel from Medical Staff Safety and Wellness was introduced.
- We have an ongoing feedback box in the medical staff lounge and on our website so medical staff can share ways we can improve their wellness. We encourage open communication in person, via email or phone.

2. Development of Wellness Committee Website

- Our website, medicalstaffmatter.ca has created and continues to be updated with key information on our committee, events, and resources including Peer Support.

3. Development of the Anti-Bullying and Harassment Policy

- We acknowledge bullying and harassment exists, affirm a zero-tolerance approach to bullying and outline our goal in targeting bullying and harassment through awareness and recognition, education, intervention and measuring effectiveness.

4. Anti-Bullying and Harassment Launch

- We launched our Anti-Bullying and Harassment Policy and survey in June 2023. Dr. Cara Wall opened our launch with support for our Committee and Policy. Keynote speaker, Tom Rapanakis Vice President and Executive Director of the Physician Health Program shared key support.

5. Anti-Bullying and Harassment Survey

- We developed a survey in order to better understand the extent and type of bullying and harassment in the workplace. Our results have helped inform our Wellness Program.

6. Wellness Event

- With the support of Doctors of BC, we launched a successful family friendly wellness event at the Myra Canyon Adventure Park with over 90 participants.

7. Implementation of Kudos

- To recognize the most valuable resource we have, each other, we started a Kudos program for medical staff to recognize each other for achievements and contributions to the KGH community; each nominee receives a coffee card. Kudo's are posted on our website. Medical staff can nominate a colleague for a Kudos in our medical staff lounge and on our website.

Our Wellness Action Plan: Past, Present and Future

What we are doing



1. Department Meetings

- We have been actively approaching every department at KGH to introduce our Wellness Committee and gather information on issues facing individual departments. This has been a powerful and eye-opening experience. Feedback has been invaluable and is incorporated within this report.

2. Review of Medical Staff Rules

- The Wellness Committee is reviewing recently drafted Medical Staff Rules to ensure medical staff wellness is a priority in discussions regarding procedures, responsibilities, quality and safety of care as well as organization of medical staff.

3. Female Physician Advocacy

- In response to the gender inequity issues, female physicians attend monthly lunches off site to create a sense of community and connection.
- We are planning educational events on topics including female physician fitness and body positivity, awareness of the glass ceiling and imposter syndrome, addressing negative internal dialogue and creating confidence through “dress for success.”

4. Civility Saves Lives –Regional Tour

- Dr. Chris Turner, co-founder of Civility Saves Lives in the UK is scheduled to come to Interior Health for site specific sessions in addition to a regional conference. The Wellness Program is an active partner in the planning and support for this initiative.

5. Monthly Meetings

- We Address current wellness needs of KGH Medical Staff, review updates and plans with our partner relationships, and create action items for upcoming engagement events.

Our Wellness Action Plan: Past, Present and Future

Our future plans



1. Participation at the Continuing Medical Education half day

- The Wellness Committee in conjunction with Dr. Yann Brierley, a Vernon based physician who has launched a civility project through NAVIG8, will be presenting. Our goal is to introduce the work by Dr. Brierley, communicate our Wellness Program and progress, and promote the Civility Saves Lives regional tour.
- We plan to make this recording available online after the event, so all medical staff have access

2. Participating in and updating medical staff on research and developments in physician wellness at future and ongoing CME events.

- Creating a regional alliance with medical staff members involved in planning Civility Saves Lives, to create an IHA wide Civility Matters council which will function to promote medical staff wellness across Interior Health with shared resources.

3. Enrollment into The Schwartz Rounds Program

- Schwartz rounds is a program with international membership with the aim of supporting providers through education, tools, strategies and support to create compassionate cultures. All Wellness Committee members will undergo training to become Schwartz Rounds facilitators.

4. Expansion of the Peer Support program

- The Peer Support program has been established in KGH however there is a need for more Peer Supporters. This program enables trusted colleagues that are trained through this program to provide support to physicians. All Wellness Committee members will undergo training to become Peer Supporters.

5. Form a partnership with Well Doc Canada

- Well Doc Canada uses a collaborative, co-operative approach to educate and provide resources and guide interventions in support of physician wellness. We are planning a long-term relationship with Well Doc, whereby individual departments have the opportunity to participate (two at a time), and once their feedback is available, the next department can undergo the process. This is in alliance with the Physician Health Program. Our pilot starts in November, and we anticipate a multiyear sustainable relationship.

6. Wellness Events

- Our first Wellness Event was warmly received with requests for more events. We are planning biannual events for the summer and late fall/winter aimed at being inclusive, family friendly events organized around an activity.

Our Wellness Action Plan: Past, Present and Future

Our future plans



7. Promote flow research and implementation of peak performance in healthcare measures

- Flow is a state of optimal consciousness where individuals are fully immersed in an activity, experiencing heightened focus, creativity and efficiency. Flow training offers a transformative solution to elevate the capabilities of medical staff, enabling them to operate at their best, even under the most demanding conditions.

8. Promote increased safety medical staff bike lockers

9. Advocate for a dedicated wellness and education facility for medical staff

- Promote medical staff wellness by enhancing physical health and resilience. Improve mental wellbeing and reduce burnout by offering a sanctuary to decompress, meditate or simply take a moment of quiet between shifts.

10. Form a dyadic relationship with IHA such that the KGH wellness committee trained leaders can help contribute to safe, objective and fair performance management processes.

- We strive to be a resource for medical staff during the Early Resolution stage of IHAs Staged Approach, whereby we can provide a supportive and listening ear for medical staff, and assist in provision of case specific assessment, resource provision and follow up.

11. Distribute wellness resources to medical staff during preparation for, during and following Morbidity and Mortality case presentations.

12. Revise and Revisit our Strategic plan every 2 years or as deemed necessary.

13. Create a regional alliance with medical staff members IHA wide to promote medical staff wellness across Interior Health sites with shared ideas, resources and goals.

Conclusion

The Wellness Committee's aspiration is to create a culture that welcomes both learning about medical staff wellness and supporting innovation and action addressing physician burnout. We recognize the importance of strong collaborative relationships and productive dialogue to effect change. We reflect upon the vision of IHAs in "working together to improve quality of life for individuals and communities, inspired by innovation and partnership." Addressing medical staff wellness is imperative to realize this vision. Through our strategies and efforts, we will foster an environment where all medical staff feel proud to come to work, respected, and equipped to provide high quality patient care alongside a team that they trust.



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APPENDIX 1

Civility Saves Lives Executive Summary

How it Began....

Dr. Yann Brierley, Pathologist and Chief of Staff at the Vernon Jubilee Hospital (VJH) was first introduced to the impact that incivility has in the healthcare setting after viewing a TEDtalk video, When Rudeness in Teams Turns Deadly, presented by Dr. Chris Turner, co-founder of Civility Saves Lives in the UK. In it, he speaks to the profound downstream impact that rudeness or uncivil behaviour has, often at the unintended cost of patient care. Dr. Turner is also affiliated with civilitysaveslives.com, a website that shares compelling data on the effects of incivility and informs the basis for the civility initiative first launched at VJH in 2021.

The need to address incivility became apparent to Dr. Brierley when he learned of the frequency and level of disrespect experienced by front-line laboratory staff at the hands of fellow healthcare staff. In subsequent discussions with other support staff departments at the hospital, it became clear that laboratory staff were not the sole recipients of mistreatment and disrespectful behavior and that messaging about the importance of civility in the workplace was required hospital-wide. This was the genesis of the Civility Matters Project and through discussion had over the years with healthcare workers at other sites, it is clear that the VJH hospital site is not unique in this regard.

The most recent 2023 Doctors of BC survey reported that roughly 40% of medical staff throughout Interior Health suffered a psychological safety event in their workplace in the last 12 months. Of the 121 survey respondents for the KGH medical staff wellness committee survey, 40% also reported being involved in or witnessing bullying, harassment, discrimination or uncivil behaviour at least once this year.

Through in-roads made with the Civility Matters Project, VJH is benefiting from improved team dynamics and performance that comes with attention paid to the importance of civility in the workplace.



Civility Saves Lives Executive Summary (cont.)

Motivated to improve their work environment, staff at VJH have requested the project and the initiative has spread from department to department. Such work has enthusiastic local support from both the senior medical staff and hospital operations partners and has served as important common ground for the strengthening of dyad relationships at the site. The Civility Matters initiative represents a shift in work culture at VJH and one that other physician societies/medical staff associations at other hospitals in Interior Health are keen to replicate. The Regional Tour Event with Dr. Chris Turner will serve to pique burgeoning interest in workplace wellness at other IH facilities and will spotlight IH as a leader in workplace culture work in the province. As a further resource, a Civility Matters project website (www.4civility.ca) will be available to make implementation at the local level as low barrier as possible to engender a multisite culture shift towards civility.

Why Civility Matters in work environments

Incivility in healthcare settings can lead to severe consequences, including increased staff errors, absenteeism, and disability claims, all of which exacerbate workforce shortages and negatively impact patient care.

Research from the Civility Saves Lives website highlights that exposure to incivility can:

- Decrease cognitive capacity by 60%
- Reduce creativity by 30%
- Impair mental processing for up to eight hours
- Distract individuals with worry about the event

Witnesses to incivility also experience:

- A 20% reduction in cognitive capacity
- A 50% reduction in pro-social behaviour, such as helpfulness and resource sharing

Conversely, a civil workplace fosters:

- A 30% increase in team productivity and performance
- A 60% increase in engagement and psychological safety
- A 90% increase in job satisfaction and enjoyment

A civility mindset aids in developing a workforce where people want to come to work, feel valued and respected at work, and are able to provide the best possible care to patients and families in the communities served. This results in improved employee attraction and retention, reduced sick time, long-term and short-term disability, WorkSafeBC claims, and preventable medical errors.



Civility Saves Lives Executive Summary (cont.)

Spreading Civility

The desire to address burnout, bullying, uncivil behaviour, and harassment is resounding and gaining momentum, especially in the face of the compelling data that is coming forward on the importance of civility in the workplace. The planned Regional Tour Event, featuring Dr. Chris Turner, feels timely and enjoys significant multisite medical and operational staff support and represents a tremendous opportunity for increasing engagement throughout Interior Health.

By acknowledging shared concerns and uniting towards solutions, our goal is to spread civility as the new mindset where all healthcare staff can experience significance, belonging and respect on their work team, as a compelling way to improving psychological safety, satisfaction at work and ensuring optimal patient care. This goal aligns with Interior Health's strategic plan for cultivating an engaged workforce and delivering high-quality care.

Regional Tour Event and Objectives

Dr. Turner will facilitate two site-specific sessions for interested physicians and hospital employees at Vernon Jubilee Hospital (VJH), Kelowna General Hospital (KGH), Penticton Regional Hospital (PRH), and Royal Inland Hospital (RIH). The aim is to welcome medical staff and leadership to these talks, both as a team and on an individual level. Virtual attendance will be made available.

A separate Regional Conference for physicians and hospital administration will be held on November 16 at the Four Points Sheraton in Kelowna, with virtual participation available. This conference will feature three sessions on various civility topics led by Dr. Turner, with ample opportunities for questions and discussion. All three sessions will be recorded to allow for later viewing by IH staff. We plan to have these sessions CME accredited for physicians, with future train-the-trainer opportunities to empower local leaders to take ownership of their respective civility initiatives with support from not only the Civility Matters Project but also from members to organizing committee for this regional event.



Civility Saves Lives Executive Summary (cont.)

Session Topics:

- Why civility matters in a complex world
- What's your theme tune – understanding misunderstandings
- Calling it out with compassion – towards a culture of safety, excellence and learning

The event will culminate in a mixer, enabling physicians to network and share ideas socially. This will be followed by dinner with Chris to find further solutions to the challenges we face within IH.

Additionally, access to materials and resources found on the 4Civility website will be made available at these events.

The promise of a team approach to civility in the workplace

Current data and new metrics will be implemented to assess the impact of the Regional Tour. Available information from the 2023 Doctors of BC Physician Engagement survey, IH metrics around reported psychological safety events to date and data from physician led quality improvement work on physician wellness will inform and provide the baseline information. A new survey specifically designed for the event, deployed before and after the event, will be available in order to glean the value derived by participants from the event. Pre and post regional tour event survey response metrics will be analyzed, summarized and shared with Interior Health Directors in the spirit of continued partnership and collaboration in this longitudinal work.

The planning committee will engage in a post-event debrief analysis with particular emphasis on maintaining and strengthening pathways of communication to provide support for one other at our respective sites. The aim is to support one another in this work, to form strategies and develop tactics to help address systemic issues which are identified as contributing to incivility in the workplace. Based on user needs and feedback, available resources found at the 4Civility website will be modified or augmented. As event follow up, Dr. Turner is amenable to “open-mic” follow-up virtual sessions to help groups problem solve any persistent obstacles encountered in their civility journey.



Civility Saves Lives Executive Summary (cont.)

Final Comments:

This executive summary outlines the critical importance of a civil workplace, the significance of Dr. Chris Turner's tour for healthcare staff, and the expected outcomes for Interior Health. We aim to enhance staff morale, improve patient care, and create a more engaged and supportive workplace culture by fostering a more civil environment

Session objectives below were provided by Dr. Turner and are placed here verbatim.

Session 1: Why Civility Matters in a Complex World

Healthcare has evolved from being based solely around the individual pursuit of excellence to a practice that involves multiple healthcare professionals working together to achieve the best outcomes for patients. In order to do this we have to create environments where individuals can perform at their best and then work together as teams.

Session goals

- Understand the evolution of the importance of teamwork in today's healthcare world
- Be able to describe the differences between simple puzzles, hard puzzles, complicated and complex situations.
- Understand why equality and diversity matter at a group decision level, but that just having diversity does not mean we have inclusivity- and what we can do about that.
- Understand the impact of incivility at a recipient, bystander and perpetrator level.
- Understand the impact of incivility at a departmental/organisational level



Civility Saves Lives Executive Summary (cont.)

Session 2: What's your theme tune?

This session shows the evidence for how easily we misunderstand each other, how we fall prey to negativity bias and how, despite our beliefs, we are each misunderstood on a frequent basis. We shall look at the components of what contribute to our understanding of a situation and begin to think about how we can influence this, both as someone observing others and as the one being observed.

Session goals

- Understand how easy it is to be misunderstood.
- Have a framework to understand how various factors contribute to how we are comprehended by others.
- Know some of the statistical evidence around the disparity between how much we think we understand and how much we do (on average) understand and how different communication modalities affect this.
- Have mechanisms to bring to play if we want to be interpreted in the positive.

Session 3: Calling it out with compassion

For many people, having difficult workplace conversations is one of the most important, unpleasant and avoided areas of leadership. In this session we shall look the essential nature of these interactions, why we need to have them and at the evidence base for how to have these effectively. We shall learn a structure designed to minimise distress both for the recipient and also the person initiating the conversation, leading to the best chances that they can hear the message and have the opportunity to change their behaviours.

Session goals

- Understand the importance of the conversation around the perception of conduct.
- Learn to differentiate between retributive and restorative conversations and why this is important.
- Have a clear structure for who should be having the conversations.
- Learn a stepwise approach to having the conversation.
- Recognise the potential pitfalls of these conversations.
- Discuss and rehearse how to put this into practice.

