

The 2nd International Conference
on Mining OSH and Energy
in conjunction with
The 13th Indonesian
Occupational Medicine Updates



Occupational Safety and Health Harmonization in the Asia Pacific Opportunities for Collaboration

8th October 2019, Bali, Indonesia



DECLARATION

Associate Professor Peter Connaughton
Secretary of IOMSC

I have no conflicts of interest to declare



WHO WE ARE

- IOMSC is a medical and scientific organization that provides an assembly for representatives of OEM societies. It aims to:
 - ✓ Collaborate on issues of concern and opportunities in OEM
 - ✓ Advance the specialty of OEM
 - ✓ Promote the provision of evidence-based OEM
- *Mission:* To improve workers' health and workplace safety on a global scale



A GROWING ORGANIZATION



**ESTABLISHED AND
SUPPORTED BY ACOEM
AND SOM IN 2013**



**GROWN FROM 18 TO 47
SOCIETIES IN 42
COUNTRIES**



**CONSTITUTION/BYLAWS
ADOPTED IN 2016**

PARTICIPATING COUNTRIES

Argentina	Greece	Peru
Australia	Guatemala	Philippines
Brazil	Honduras	Portugal
Canada	India	Qatar
Chile	Indonesia	Russia
China	Ireland	Singapore
Colombia	Italy	Slovakia
Costa Rica	Ivory Coast	South Africa
Croatia	Japan	South Korea
Denmark	Malaysia	Switzerland
Egypt	Netherlands	United Arab Emirates
Estonia	New Zealand	United Kingdom
France	Nigeria	United States
Germany	Norway	Venezuela

2018 ACCOMPLISHMENTS



Established Business Plan and received financial contributions from 8 member societies:

-United Kingdom, United States, Greece, Netherlands, Brazil, Australia



Developed *Advocacy Toolkit*

-Basic approaches, techniques and activities for your organization's advocacy efforts



Created Toolkit for Development of an Occupational Health and Medicine Professional Association

-Assist with an organization's development

2018 ACCOMPLISHMENTS



Developed a *Declaration of Occupational Health and Medicine*



Pro-actively engaged in discussions with policy makers (e.g., World Health Organization (WHO), International Labour Organization)



Submitted feedback to WHO on incorporating worker health to WHO's *Global Programme of Work*



Provided a response to WHO on how occupational health can help address non-communicable diseases among workers through workplace health initiatives



Attended (Dr. Heron) the *WHO Global Expert Meeting: Health and Work* – WHO's action on the sustainable development goals in April 2018

HEALTH CARE
PROFESSIONAL
STRESS/BURNOUT
SURVEY:
A GLOBAL
PERSPECTIVE



WHAT IS 'BURNOUT'?

A term used to describe:

- A progressive loss of idealism and commitment to work
- Reduced energy and purpose
- Increased role dissatisfaction
- Development of negative attitudes to patients, colleagues and oneself

THE EFFECTS OF BURNOUT

In a healthcare provider include:

- Reduced work performance and efficiency
- Loss of interest and job satisfaction
- Negative attitudes to patients
- Cynicism and decreased empathy
- Alcohol and other drug use
- Relationship difficulties at work and at home
- Increased absenteeism

WHY IS SURVEY IMPORTANT?

- Identifies comparative strengths and opportunities for improvement
- Sharing solutions on a global scale
- Burnout in health care professionals has an adverse impact on health and safety of patients
- As IOMSC, we can address challenges from a number of perspectives:
 - Policies and advocacy activities of member societies
 - Education provided by member societies
 - Encourage changes at a systems level

BACKGROUND



**SURVEY SENT TO 47
MEMBER SOCIETIES IN
FEBRUARY 2019**



**n=30 RESPONSES
(64% RESPONSE RATE)**

PARTICIPATING COUNTRIES in Survey

- Norway
- Greece
- South Africa
- Portugal
- France
- Australia (n=2)
- Estonia
- Slovakia
- South Korea
- Chile
- Brazil (n=2)
- Canada
- Venezuela
- Italy
- Peru (n=2)
- Guatemala
- United Kingdom (n=2)
- Indonesia
- Croatia
- Netherlands
- Japan
- United States
- Switzerland
- Denmark
- Costa Rica
- New Zealand

HEALTH CARE PROFESSIONAL STRESS/BURNOUT SURVEY:

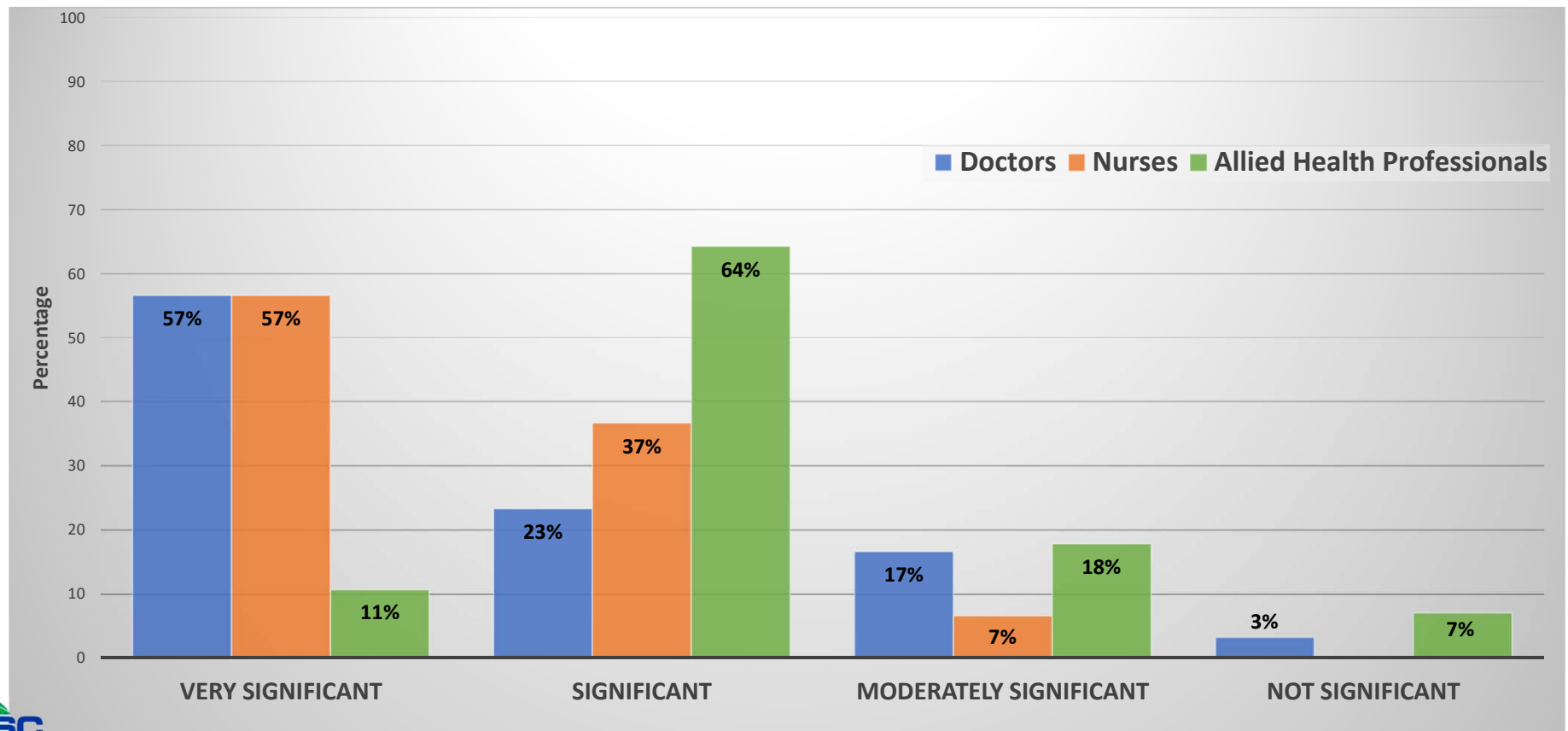
KEY FINDINGS



SURVEY STATISTICS ON BURNOUT

- **Australia:** 32% doctors with high levels of emotional exhaustion
- **Canada:** ~30% physicians suffering burnout
- **Indonesia:** 4.3% of hospital nurses burnout, mental emotional disorders 23.5%
- **Ireland:** Burnout in 29.7% doctors
- **Japan:** 17.2% doctors in state of burnout
- **Netherlands:** 17.9% burnout in health care workers
- **Portugal:** 21.6% health professionals w/moderate burnout, 47.8% high burnout
- **United Kingdom:** 22% doctors burned out
- **U.S.A.:** 54.4% of physicians reported at least 1 symptom of burnout

HOW SIGNIFICANT IS BURNOUT IN YOUR COUNTRY?



REASONS BURNOUT ON INCREASE

Increasing work load/over-demanding shifts

Higher patient expectations

High patients with chronic diseases

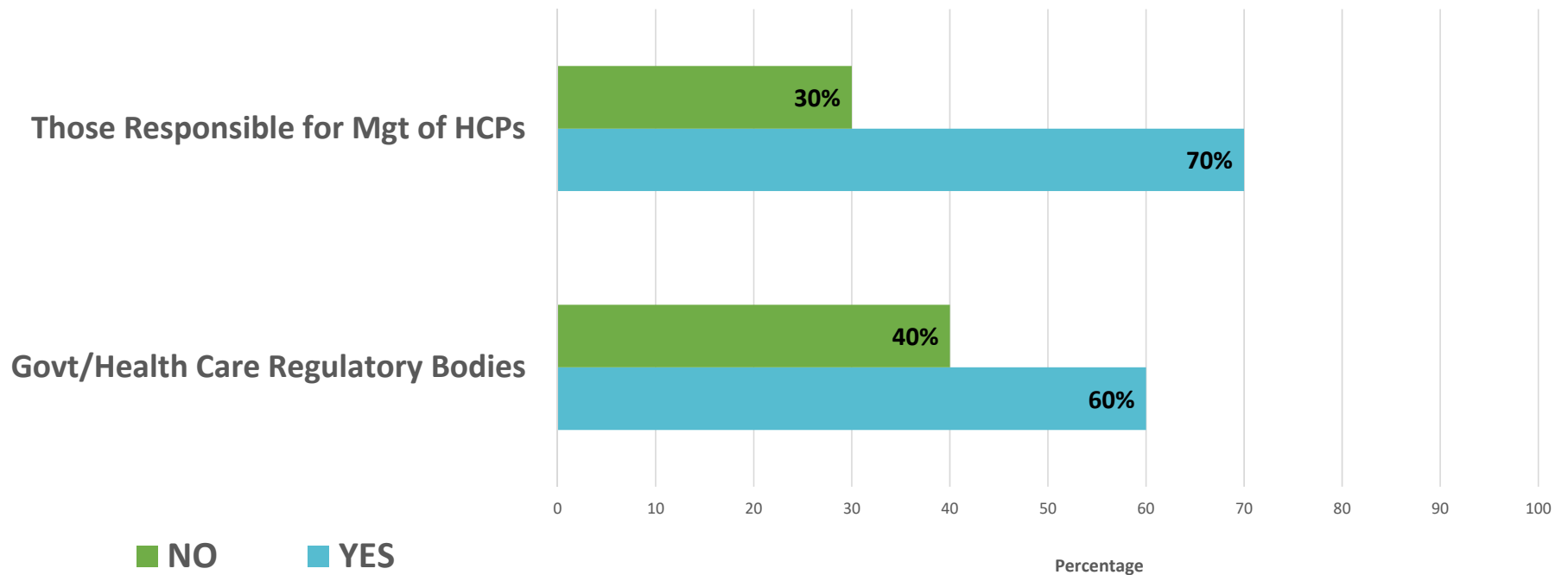
Administrative tasks/electronic record demands

Decrease in medical staff

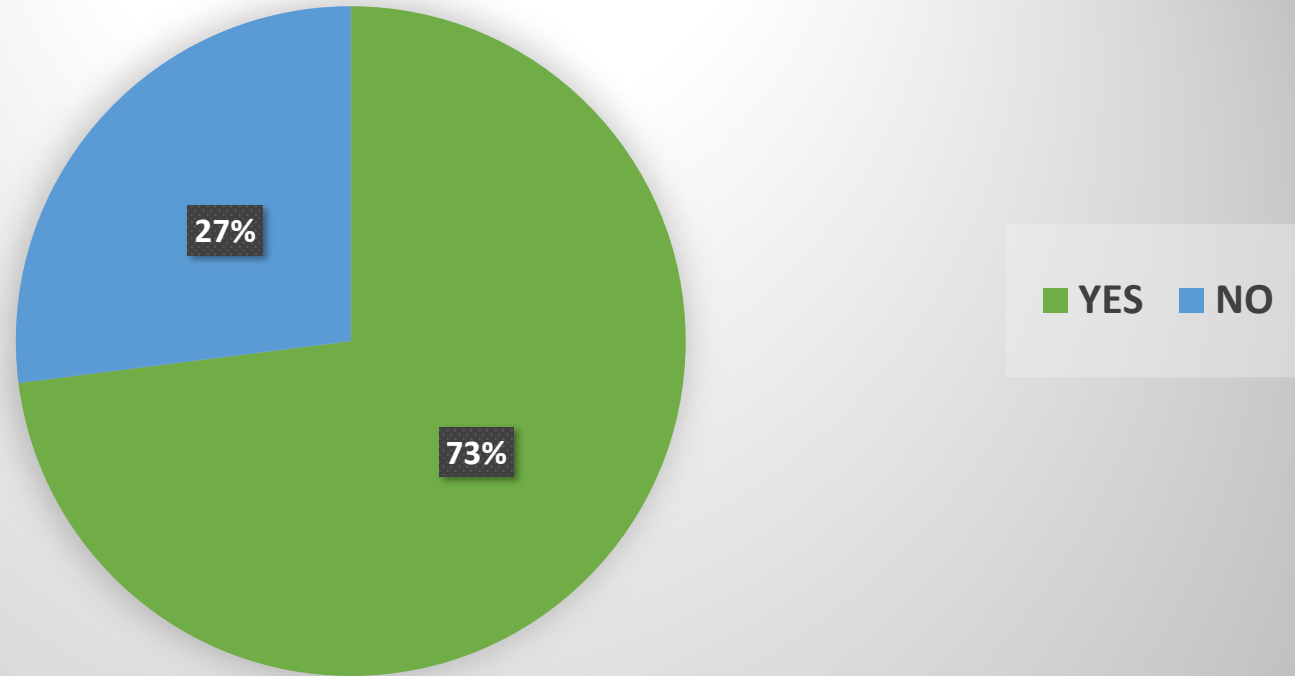
Violence

Bullying

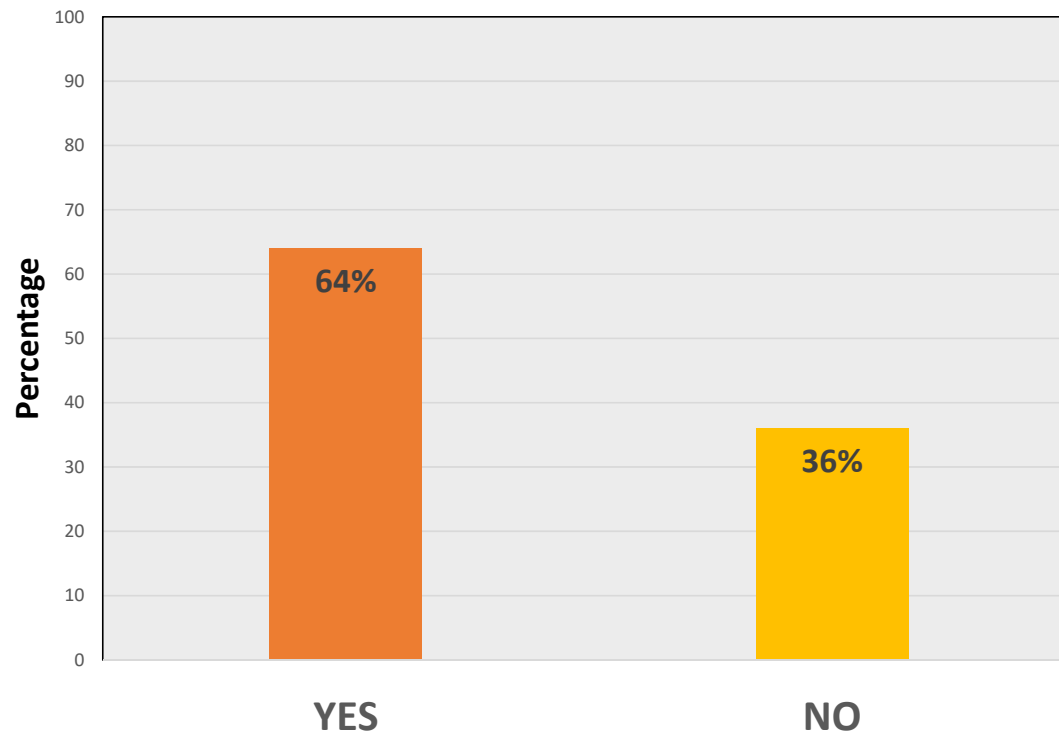
RECOGNITION OF HEALTH CARE PROFESSIONAL BURNOUT



ARE THERE SUPPORT/SPECIALIST SERVICES FOR HEALTH CARE PROFESSIONALS SUFFERING BURNOUT?



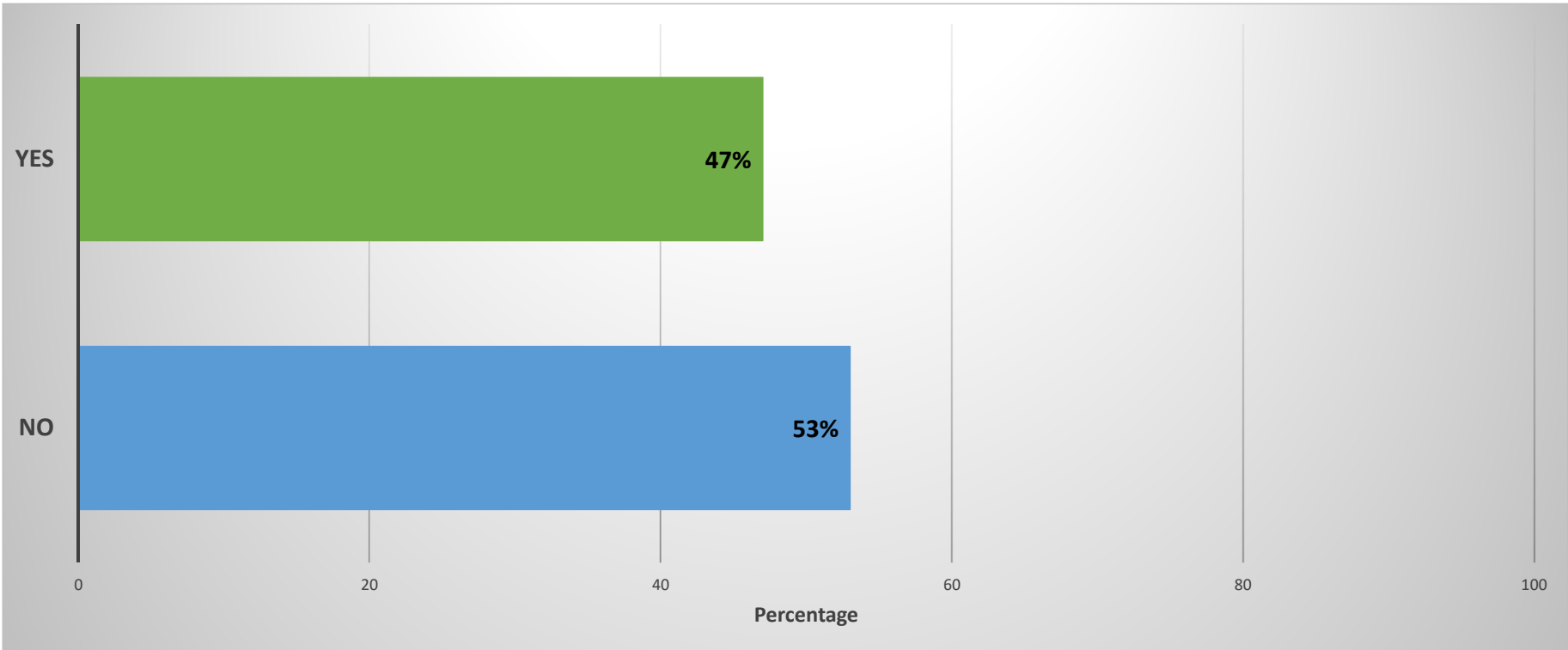
IF SUPPORT SERVICES AVAILABLE, DO THEY INCLUDE OCCUPATIONAL HEALTH?



OCCUPATIONAL HEALTH/ OTHER SUPPORT AVAILABLE

- Occupational Health Service – internal or external
- OHS may include an Occupational Physician, Occupational Health Nurse and a Clinical Psychologist
- Employee Assessment Program/Employee Assistance Program
- General Practitioner
- Psychiatrist
- Professional Societies
- State Medical Societies

DO YOU FEEL HEALTH CARE PROFESSIONALS HAVE A UNIQUE STIGMA IN SEEKING CARE?



PRIMARY INTERVENTIONS SUCCESSFUL IN REDUCING BURNOUT

A wide variety of responses was received, including:

- Reducing and/or changing tasks
- Improvement of work schedules and working conditions
- Early diagnosis and a team-based approach to care
- Psychosocial Risk Factor Prevention Programs – including evaluations, interventions and monitoring of both Individuals and Organizations
- Systematic re-evaluation for monitoring and prevention
- Awareness and training programs for individuals and leaders

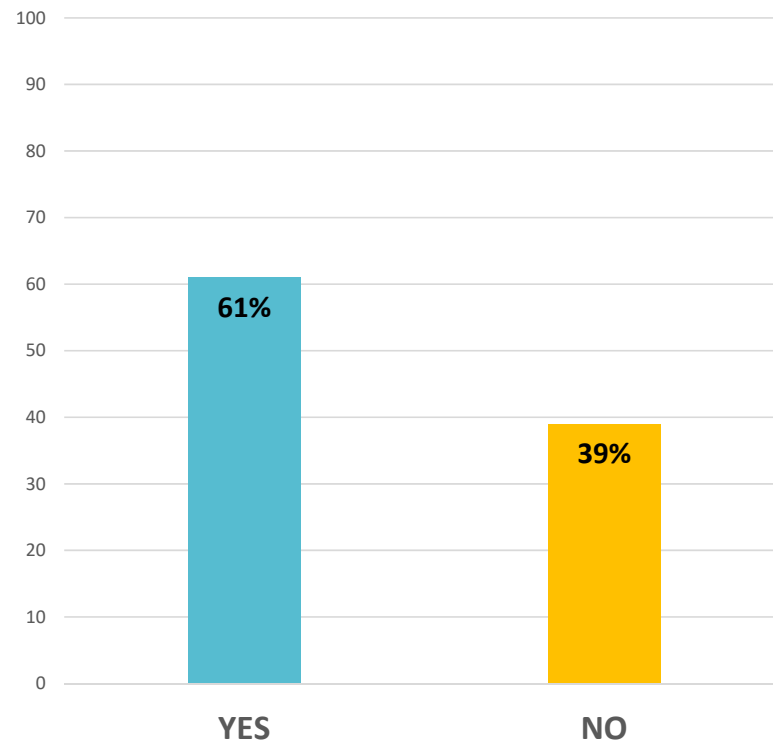
PRIMARY INTERVENTIONS SUCCESSFUL IN REDUCING BURNOUT (CONT'D)

- Incorporating doctor's health into curricula, continuing professional development programs and professional standards
- Including health and wellbeing requirements into accreditation standards for specialist training positions
- Reorganization of work practices
- Peer support programs
- Policy and advocacy initiatives – for example recognizing burnout as an occupational illness by law.

DO YOU SEE DIFFERENCE IN BURNOUT FOR DIFFERENT MEDICAL SPECIALTIES?

Which Specialties?

- Surgery
- Intensive Care
- Cancer Care
- Emergency Care
- Psychiatry
- Family Medicine
- Geriatrics
- Palliative Care
- Orthopedics
- Radiology



WHY SHOULD WE TAKE ACTION?

Creating an environment that supports and promotes wellbeing, and is physically and mentally safe and healthy:

- Is ethically responsible
- Ensures organisational compliance with legal obligations
- Improves patient and worker experiences
- Improves performance, productivity and quality
- Improves patient safety outcomes
- On average, results in a positive return on investment
- Assists in attracting and keeping the best workers

EXAMPLES OF AVAILABLE RESOURCES

ACOEM POSITION STATEMENT

Interaction of Health Care Worker Health and Safety and Patient Health and Safety in the US Health Care System: Recommendations From the 2016 Summit

Ronald Loeppke, MD, MPH, Jodie Boldrighini, RN, MBA, John Bowe, Barbara Braun, PhD, Erik Eggins, Barry S. Eisenberg, Paul Grundy, MD, MPH, Todd Hohn, CSP, T. Warner Hudson, MD, John Kannas Jr., MSPH, E. Andrew Kapp, PhD, CSP, CHMM, Doris Konicki, MHS, Paul Larson, MS, Stephanie McCutcheon, Robert K. McLellan, MD, MPH, Julie Ording, MPH, Charlotte Perkins, Mark Russi, MD, Cindy Stutts, MS, RN, and Mary Yarbrough, MD, MPH

Open access

Research

BMJ Open Doctors don't Do-little: a national cross-sectional study of workplace well-being of hospital doctors in Ireland

Blánaid Hayes,^{1,2} Lucia Prihodova,² Gillian Walsh,² Frank Doyle,³ Sally Doherty³



Developing a workplace mental health strategy
A how-to guide for health services

Heads up | beyondblue
Better mental health in the workplace



IOMSC: Declaration on Health Care Professionals' Health and Well-being Statement of Principles and Values

The IOMSC advocates for the health and well-being of all health care professionals. We seek to improve health care systems in order to create better health and safety outcomes for patients. Members of the IOMSC can contribute effective solutions to the identification, reduction and/or elimination of hazards associated with the provision of health care. We acknowledge the adverse impacts of workplace risks on the physical and mental health and well-being of health care professionals and the secondary adverse effects on their patients, families, colleagues and the community.



DECLARATION ON HEALTH CARE PROFESSIONALS' HEALTH AND WELL-BEING STATEMENT OF PRINCIPLES AND VALUES

- to **protect and enhance the health and well-being** of all HCP's leading to **better health and safety outcomes for patients**
- health care systems **can create risks** to the health of HCPs
- HCPs, leaders, hospitals, educators & governments **have responsibilities** to the health of patients **and HCP's**
- HCP's should be **encouraged and enabled to maintain their health** and well-being, and to access health care.

DECLARATION ON HEALTH CARE PROFESSIONALS' HEALTH AND WELL-BEING STATEMENT OF PRINCIPLES AND VALUES

- Occupational physicians should **apply their knowledge** to the anticipation, identification, reduction and/or elimination of **risks in health care systems**.
- Advocates for **improved models of health care** delivery which incorporate the principles and health benefits of a safe and healthy workforce in this industry.
- **Advocates** for a **broad range of strategies to improve workplace well-being** improvements in leadership, funding, governance, education and research.

OPPORTUNITIES FOR COLLABORATION

Next IOMSC Survey
“The Occupational Medicine Pipeline”



OPPORTUNITIES FOR COLLABORATION

Appointment of Special Projects Task Force

- **Regional:** for scalability, engagement and financial sustainability and advocacy across a region of countries
- **Local:** for scalability of engagement strategies and financial sustainability at a local country level
- **Advocacy:** development of a case study on engaging government, employers and financial communities to support the health and productivity management

OPPORTUNITIES FOR COLLABORATION

IOMSC meeting
Presidents of member societies

Washington, DC, USA
Saturday 2nd May 2020





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