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**The knowing-doing gap
in doctor wellbeing: a
call for psychiatric
leadership**

**SYSTEMIC INTERVENTIONS
FOR DOCTOR WELLBEING**



Wadda Mooli – Birri Gubba Language
The lands of the Bindal and Gurrumbilbarra Wulgurukaba people

Learning Outcomes

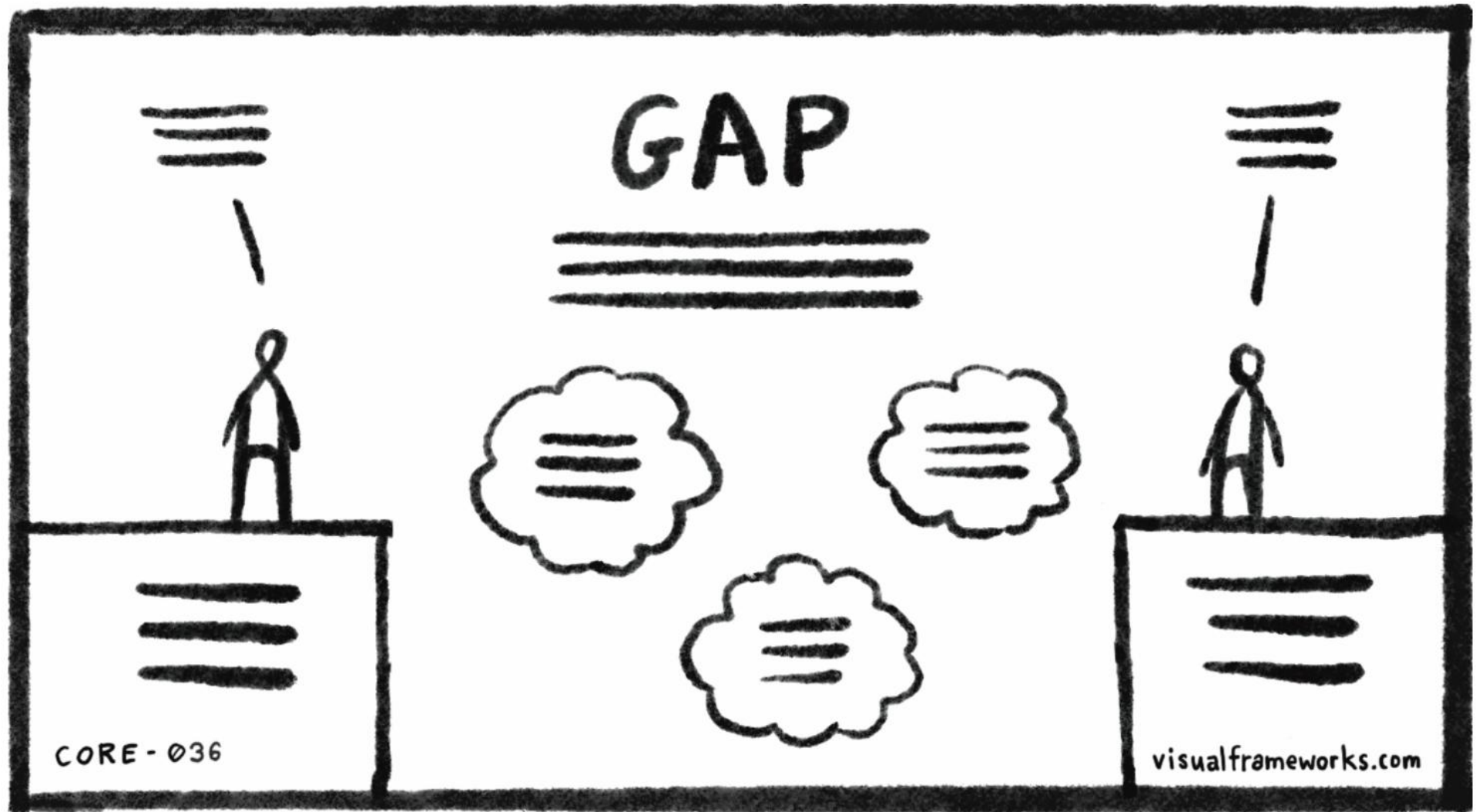
Understand the **systemic factors contributing to doctor distress**

Describe **why individual-focused wellbeing interventions alone** are insufficient.

Examine and critique the **evidence-practice gap between current knowledge and available systemic solutions**

Understand **challenges of implementing and evaluating** system-level interventions for doctor wellbeing.

Identify opportunities **for psychiatrists to lead structural, systems-level approaches** to clinician wellbeing





Almost **1 in 4 doctors in training** reported frequent or constant wellbeing impacts from workload



>7/10 Psychiatrists report experiencing symptoms of burnout in the past three years (73%)



9 in 10 Psychiatry trainees report experiencing symptoms of burnout (90%)



Broadly - doctors reported **substantially higher rates of attempted suicide**

Poor psychological outcomes among doctors are known

Beyond Blue (2013) National Mental Health Survey of Doctors and Medical Students; Medical Board of Australia and Ahpra (2025) 2025 Medical Training Survey; Royal Australian and New Zealand College of Psychiatrists (2024) Burnout and Moral Injury: Australian Psychiatry at Its Limits.



Occupational hazards are known

“Medical training cultures often reinforce endurance and productivity, encouraging clinicians to override physiological signals of distress.”

Olazagasti C, Nevarez D., 2026

The way we work



Workload/Work demands

Odds Ratio 2.84

(95% CI 2.26–3.59)



Burden of responsibility

Odds Ratio 2.35

(95% CI 1.58–3.50)



Poor work environment
(teamwork, collegiality,
supervision & support)

Odds Ratio 2.06

(95% CI 1.57–2.70)



Poor work-life balance

Odds Ratio 1.93

(95% CI 1.53–2.44)



**Career development
concern**

Odds Ratio 1.73

(95% CI 1.44–2.08)

The content of our work



Cumulative trauma exposure and vicarious trauma



Grief, loss, and unwitnessed mourning



Moral injury, guilt, and internalised responsibility



Embodied manifestations of unprocessed distress

Risks to medical
workforce
sustainability are
known



Shortfall of health workers

WHO forecasts a global
shortfall of **11.1 million**
health workers by 2030.

New Zealand Health Strategy 2023



Calendar Year	Supply (FTE)	Demand (FTE)	Unmet Demand (FTE)
2018	3,400		
2023	3,800	3,800	4,400
2028	4,400	4,800	5,500
2033	5,200	5,600	6,400
2038	5,900	6,200	7,200
2043	6,600	6,800	7,900
2048	7,100	7,400	8,600

MEDICAL TRAINING SURVEY

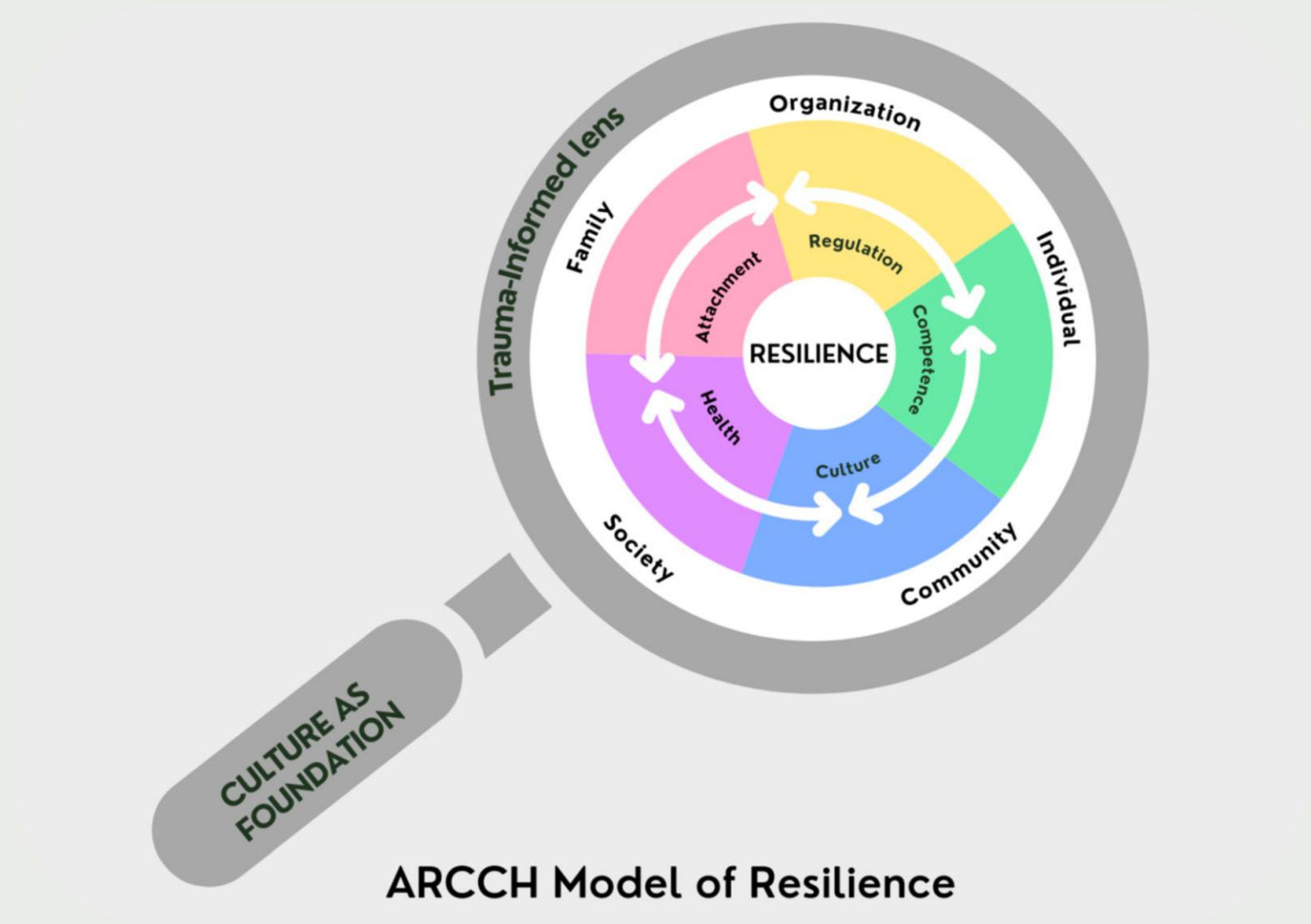




Resilience as an attribute of a system

“the capacity of a dynamic system to adapt... to challenges that threaten the function, survival, or development of the system”

(Masten AS, et al, 2021)



Wojciak AS, et al., 2022

Occupational
psychological
health and
safety

Healthcare
delivery
sustainability

Occupational
distress

Psychosocial
hazard
exposure

Alternative Language Candidates



What we
know
about
Systems
Solutions



Every Doctor, Every Setting (2020)

BMJ Open Workplace interventions to improve well-being and reduce burnout for nurses, physicians and allied healthcare professionals: a systematic review

Catherine Cohen ,¹ Silvia Pignata,² Eva Bezak,¹ Mark Tie,³ Jessie Childs¹



Job crafting strategies

Review service delivery model and workflows?



Reduce workload for physicians through deployment of medical assistants

Appropriately resource teams?



Peer support network for at-risk colleagues

Provide *indicated* workplace supports

The effects of different types of organisational workplace mental health interventions on mental health and wellbeing in healthcare workers: a systematic review

Birgit Aust¹ · Caleb Leduc² · Johanna Cresswell-Smith³ · Clíodhna O'Brien⁴ · Reiner Rugulies^{1,5} · Mallorie Leduc⁴ · Doireann Ni Dhalaigh⁴ · Arilda Dushaj⁶ · Naim Fanaj^{7,8} · Daniel Guinart^{9,10,11} · Margaret Maxwell¹² · Hanna Reich^{13,14} · Victoria Ross¹⁵ · Anvar Sadath⁴ · Katharina Schnitzspahn¹⁶ · Mónika Ditta Tóth¹⁷ · Chantal van Audenhove^{18,19} · Jaap van Weeghel²⁰ · Kristian Wahlbeck³ · Ella Arensman^{2,4,15} · Birgit A. Greiner² · MENTUPP consortium members

Received: 20 December 2023 / Accepted: 2 April 2024 / Published online: 2 May 2024
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International data → US, Europe, Australia (2 studies)

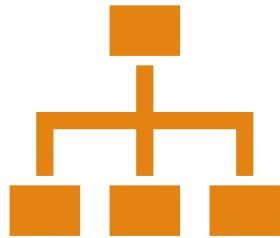
- Studies across health sector → Primary care, social care, hospitals,
- Variety of occupational backgrounds → Nursing, medical, allied health

Follow up duration → Mainly immediately post intervention

- Findings: Strongest evidence for improved wellbeing → **Job and task modifications**

Organisational- and group-level workplace interventions and their effect on multiple domains of worker well-being: A systematic review

Kimberly E. Fox ^{a,b}, Sydney T. Johnson^a, Lisa F. Berkman^{a,c}, Marjaana Sianoja^{d,e}, Yenee Soh^c, Laura D. Kubzansky^c and Erin L. Kelly^d



Organisational level interventions are effective



Healthcare context well represented in this study
(though not specifically medical)



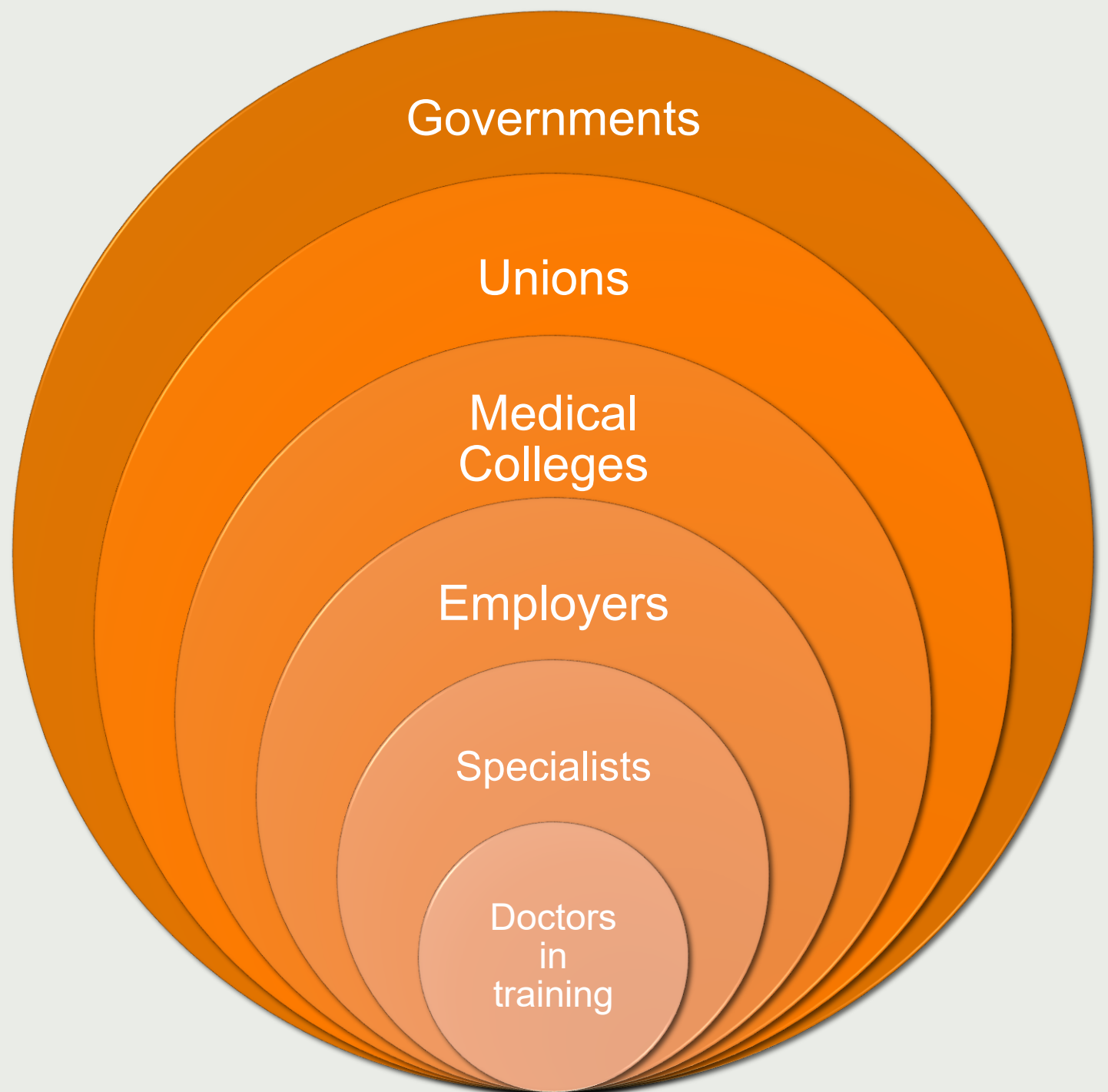
The most effective interventions impacted on workplace conditions and team culture

*Framing doctor distress
a deficit of individual
resilience misattributes
systemic causes*

TELLAS, *The Barrier* 2017, Townsville City



Stakeholders...
and the place for
Psychiatry





Individual Interventions

WHAT IS THEIR PLACE?

ROBERTO CIREDZ, *Ephemeral Volume 2017*, Townsville City

Types of interventions

Intervention Type	Frequency of Study	Effective?
Mindfulness/ Meditation	+++	YES
Gratitude Journalling	+	YES
Yoga	+	YES
Acupuncture	+	YES
Choir Singing	+	
Massage Chair	+	
Coaching		YES

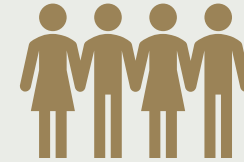
Individual interventions can be simple



Acknowledgment
of hard work



Saying “thank
you”



Respect as a
team member

“Feeling appreciated by faculty was positively associated with satisfaction and happiness.”

Group Interventions



JAMES GIDDY, *Collective*
2019, Townsville City

Schwartz Rounds are Effective



Reduced psychological distress

50% reduction in severe psychological distress compared to non-attendees



Scale and consistency across **large, replicated, longitudinal dataset**



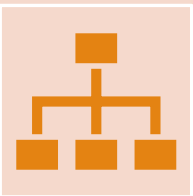
the schwartz center

FOR COMPASSIONATE HEALTHCARE



Dose-response relationship → More sessions correlate with greater impacts

across psychosocial care ($p < .01$); focus on patient/family experience ($p < .05$); and provision of compassionate care ($p < .05$)



Organisational-level outcomes, not just individual wellbeing

organisations perform better on staff and patient experience surveys

Accessibility?

Reticence

Resentment

Recrimination

Reach & Resourcing

Rostering

The Association of Psychotherapy With Burnout, Depression, and Measures of Well-Being in Residents and Fellows: A Pilot Study

Sidney Zisook, MD, Neal Doran, PhD, Nancy Downs, MD, Desiree Shapiro, MD, Angela Haddad, Daniel Lee, MD, Isabel Newton, MD, PhD, Julie Kawasaki, LCSW, Anastasiya Nestsiarovich, MD, PhD, and Judy Davidson, DPN, RN

The study intervention was Psychotherapy
BUT there was integration into working day
AND safeguards for confidentiality

**Accessibility to individual
targeted interventions
requires a systems response**



Interventions **appear reactively**
after catastrophic event



Tertiary prevention measures seen
as **necessary and urgent focus** of
attention



Interventions end up becoming *or*
perceived as **compensation for**
poor conditions

Perception as Gap Fillers



Primary Prevention

Every Doctor, Every Setting

A national commitment to coordinated action on the mental health of doctors and medical students

Initial launch October 2020

Multidimensional approach

Action plan for implementation
launched Feb 2025

No implementation studies so far

Pillars for coordinated action

/01

Improve training and work environments

/02

Recognise and respond to those needing support

/03

Improve response to doctors and medical students impacted

/04

Improve the culture of the medical profession to enable wellbeing

/05

Improve coordinated action and accountability

Attributing systems-level responsibility

	Governments and health ministers	Medical schools	Medical colleges and training providers	Regulatory agencies	Professional services and assoc.	Health services	Employers	Doctors' health services	Mental health organisations
Implement policy and practice to facilitate flexible work arrangements to allow those with family responsibilities, physical health conditions or mental health conditions to participate actively without placing their health at risk.		•	•			•	•		
Establish processes to regularly review workloads and consult with doctors and medical students through regular team meetings, surveys, formal consultative processes, and focus groups to identify and assess risks and develop solutions.		•	•			•	•		
Conduct workforce planning to meet rostering needs and reduce staff shortages.	•		•			•	•		

What's the challenge?



Resourcing required



Development of appropriate research and evaluation protocols



Funding competition



Publication disincentive →
Organisation exposure → Reputation risk → Reinforces problems

Naturalistic Studies

*“European legislation to curb junior doctors’ working hours is **still a contentious issue 10 years** on as debates about patient safety, training and work-life balance continue.”*

The European Working Time Directive: a decade on, The Lancet, **2014**

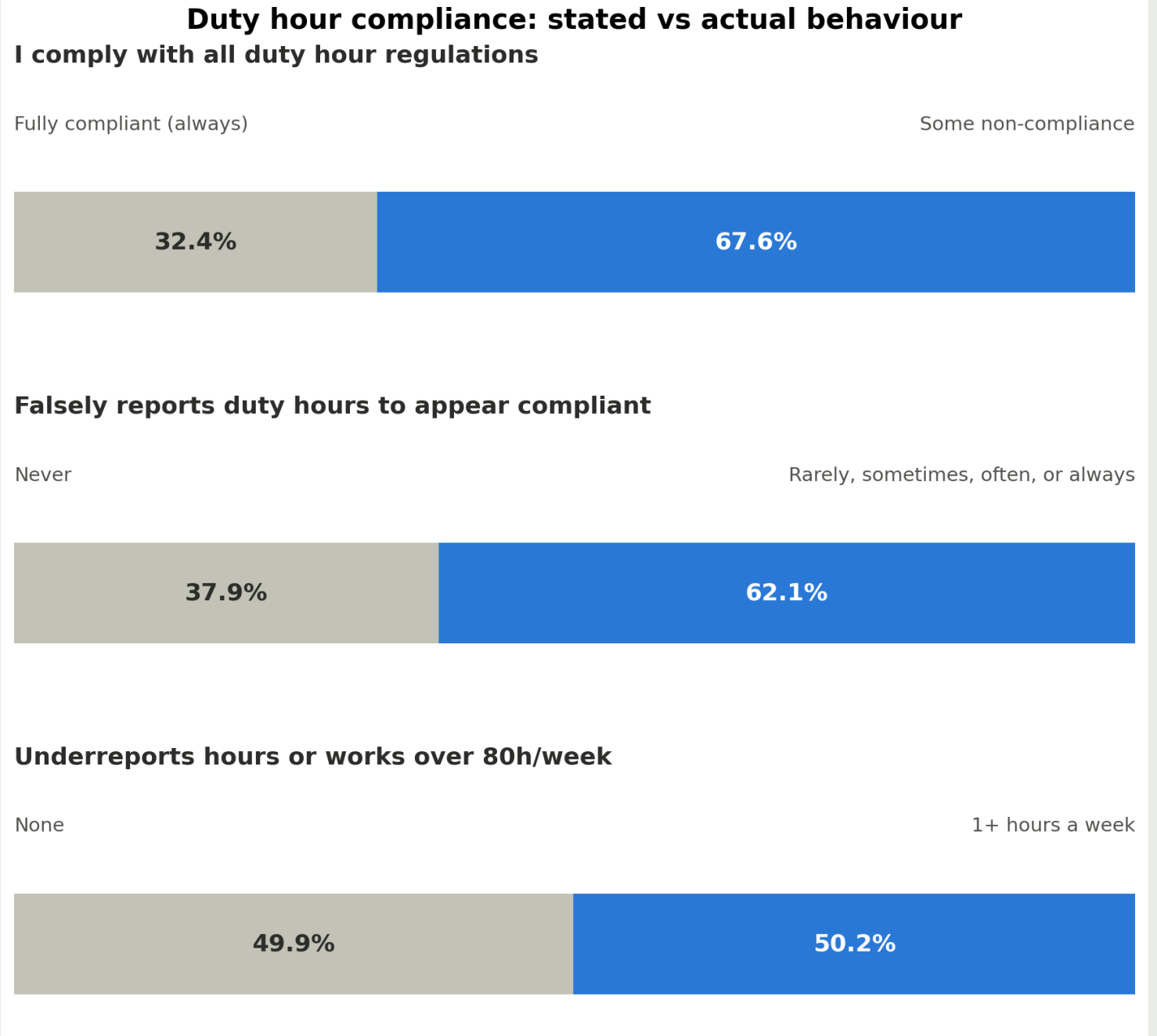


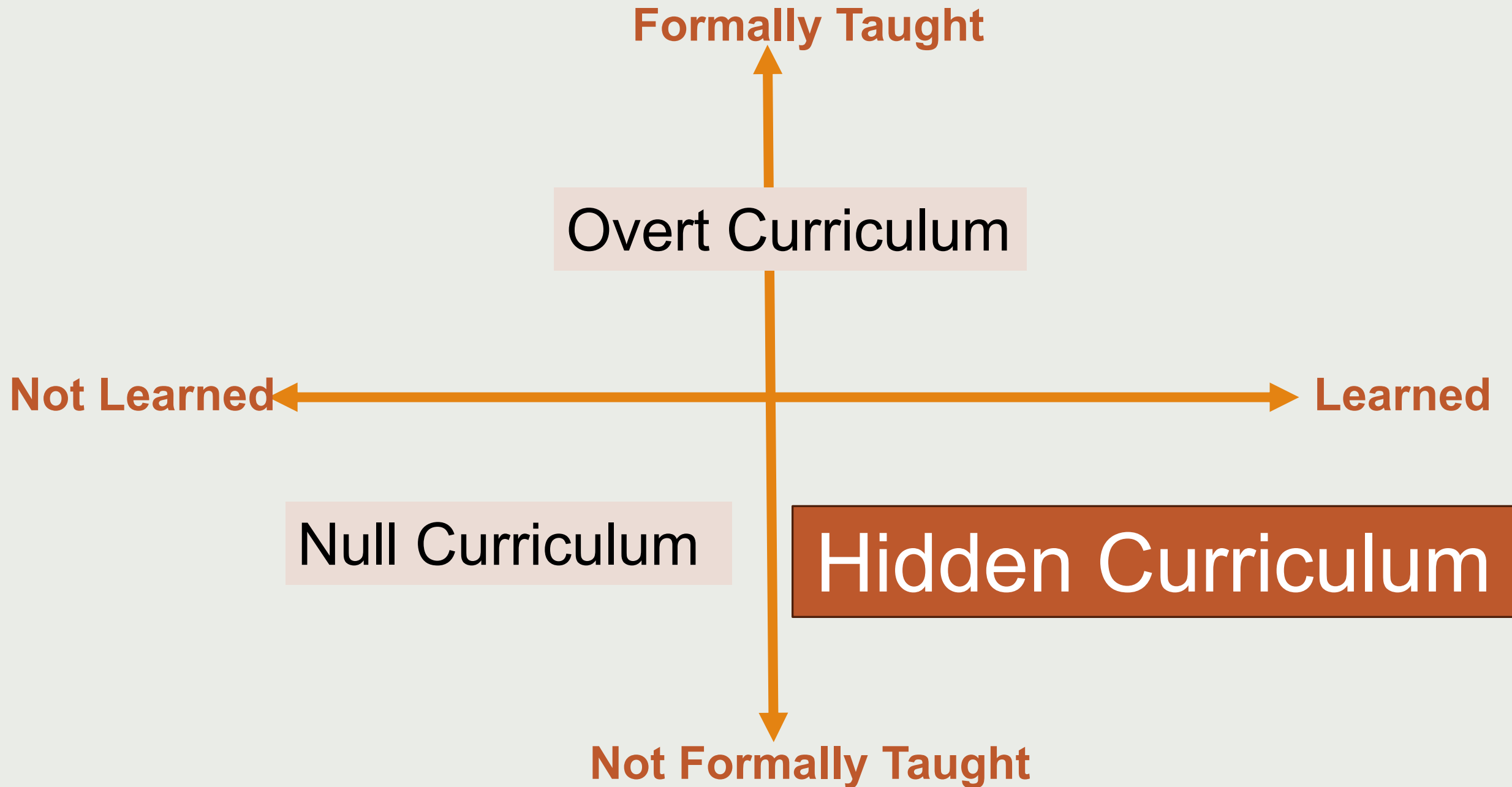
*“Despite the introduction and implementation of the EWTD over two decades ago, the **compliance rates across Europe remain low** and seem not to have altered in the last ten years.”*

The implementation of the European Working Time Directive in Europe and its impact on training in obstetrics and gynaecology: A ten year follow-up. *Eur J Obstet Gynecol Reprod Biol.* **2022**

Expectation vs Reality

Drolet BC, et al., 2013





The Hidden Curriculum

Heavy patient loads → How you learn

Long hours → A rite of passage

Skipping meals/breaks → Evidence of dedication

Stoicism as competence → Visible distress is unprofessional

Presenteeism → Working sick admired/
taking leave: letting the team down

Wellbeing vs competency? Debunking the false dichotomy in medical education

Victor Do, MD, MSc^{1,2}, Melanie Lewis, MD, MEd^{1,2}, Henry Li, MD^{1,2,3,*}

“the evidence is clear that enhanced learner wellbeing **promotes competency and patient safety**, rather than detracts from it”



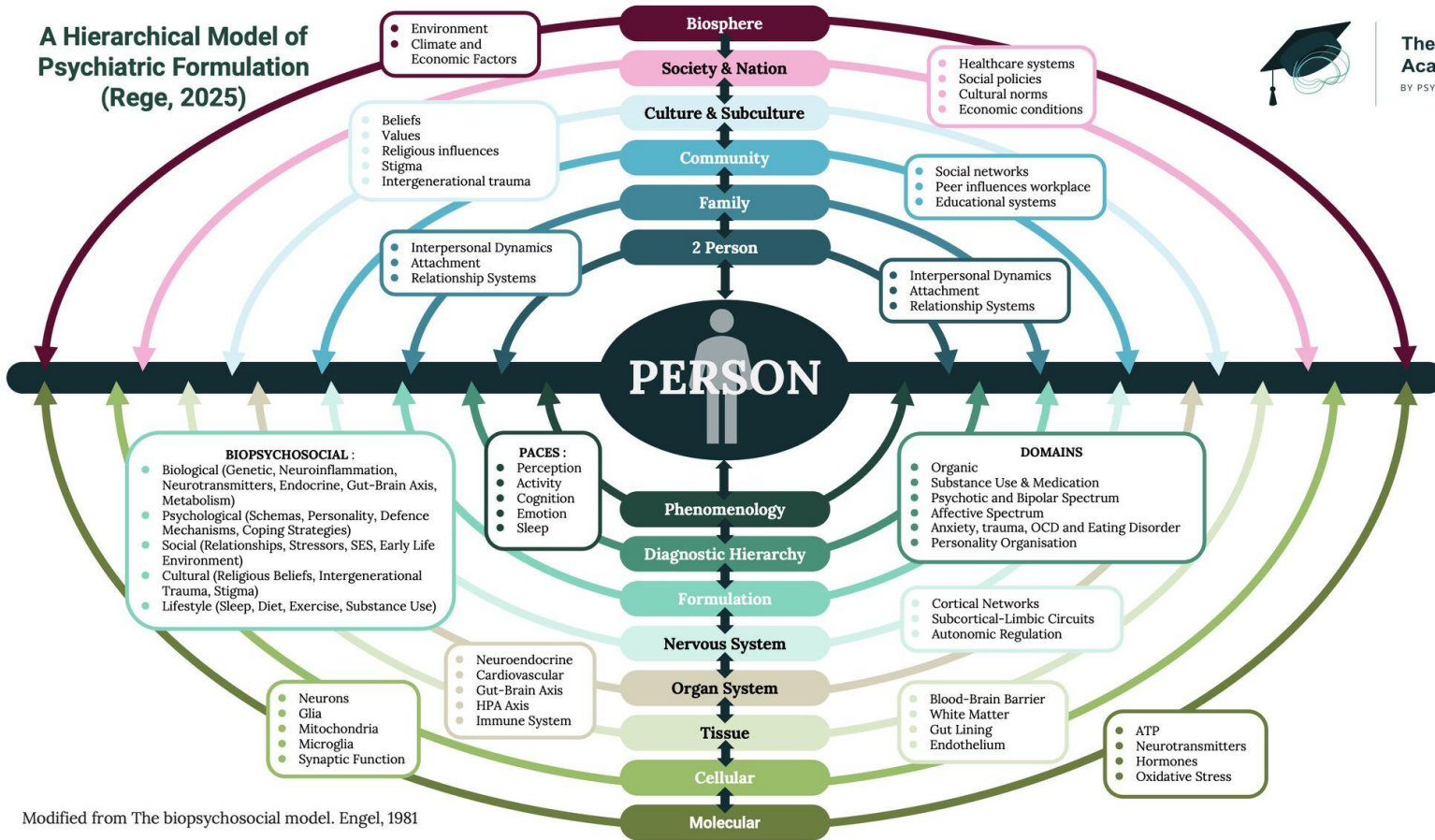
Psychiatry at the forefront

NICKY BIDJU PRYOR, *Brolga Song and Dance* 2018, Townsville City



Psychiatrists as experts
in Human Distress

A Hierarchical Model of Psychiatric Formulation (Rege, 2025)



The Academy
BY PSYCH SCENE

Psychiatrists as Systemic Formulators

Tolerance of Uncertainty

Complexity

Interacting factors

The individual within a system

Risk

Psychiatry embeds prevention within systems

Regulation	Curriculum	Clinical Practice
Peer Review Mandated for CPD → Upholds clinical and professional standards → Benefits to participants	RCPsych (UK) Mandatory participation in group case-based discussion → psychotherapy competency → evidenced base benefit to individuals	DBT Therapist consultation team is part of the treatment model → sustaining the clinician essential for an effective intervention

Seriously!

I wonder if any of them realise that they are a Doctor and that this is what happens.

Oh, that's right... I forgot.
Life style before career.

God help us in the future. We are going to have a workforce of clinical marshmallows!

Kind Regards

Australian hospital manager calls junior doctors 'a workforce of clinical marshmallows' in email stuff-up

Health officials rush to apologise as union calls misfired message from administrator 'tone-deaf' and 'unacceptable'

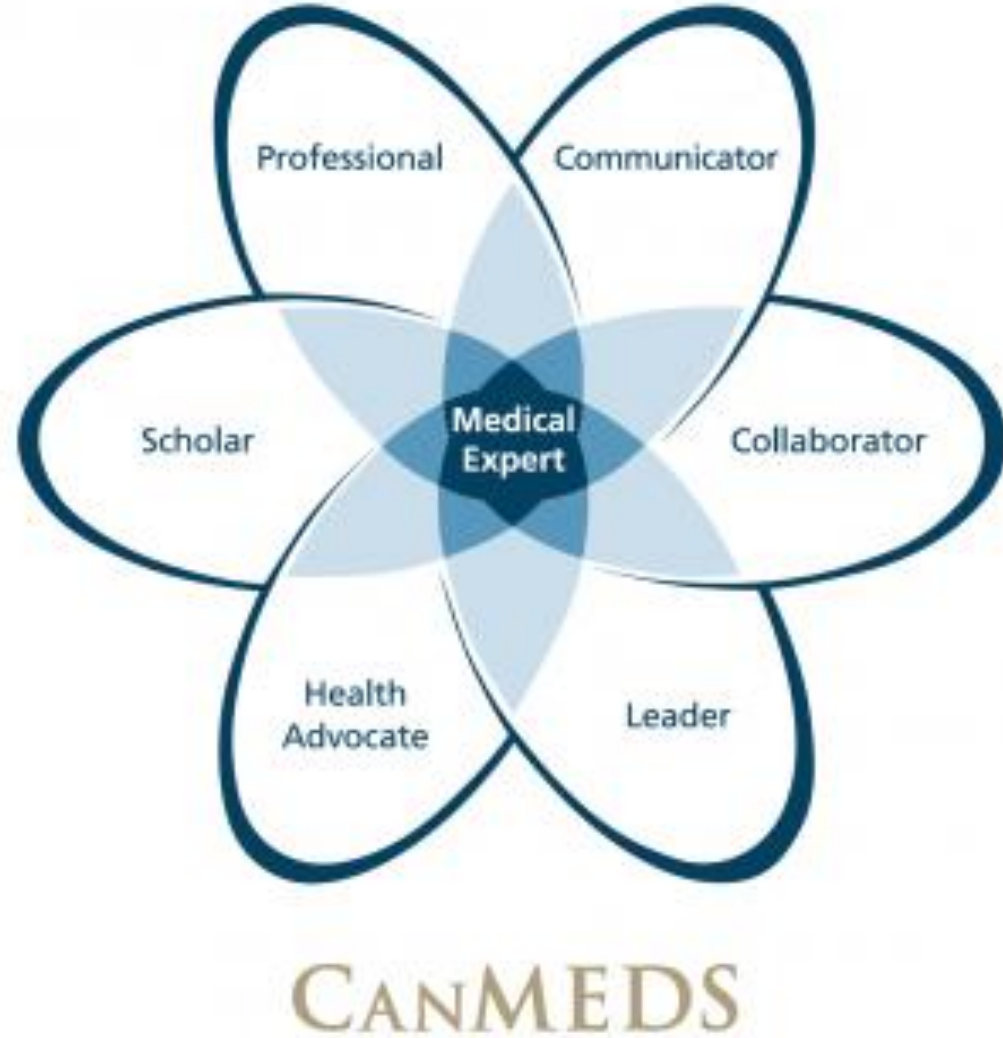
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While most of the time the sick calls are genuine, and the JMO is sincerely apologetic for letting the team down, there are times where its seen that someone may have called in sick who really could have worked

“Please come and make contact if you are struggling now, as it’s not a great indicator for longevity in the profession if you are already feeling the strain from rosters, which unfortunately are absolutely standard for health [sic].”

Psychiatrists can challenge the status quo



Psychiatrists are Advocates

Does advocacy go beyond our consumers?

In the case of occupational distress – do we have an *obligation* for advocacy within our profession?

Our trainees (might) speak up – but we need to listen



Labour Economics → workforce scarcity shifts bargaining power toward workers

Research Data → Highly competitive specialties provide challenging conditions for escalation of concerns

Gianakos AL, et al. (2022)

Guest Editorial

Reclaiming medical leadership: an imperative for psychiatry and psychiatrists

Subodh Dave

“For psychiatrists, often marginalised from the mainstream of medicine, this is the time to leverage their unique skills of relational care, biopsychosocial formulation expertise and systemic thinking to help deliver better health...”

New Fellowship Program Draft Prototype for Consultation

Developed by the New Fellowship Program Taskforce

New Fellowship Program Draft Prototype

Education reform is an opportunity

Wellbeing, Practicality and Feasibility

Designed to be practical, feasible, and sustainable for trainees and supervisors

Balancing high standards with manageable workload, protected educational time, and explicit support for wellbeing and safe learning environments

Re-design and Co-design

Care delivery models must include consumers

→ Risk of moral injury if services are poorly informed by needs of consumers

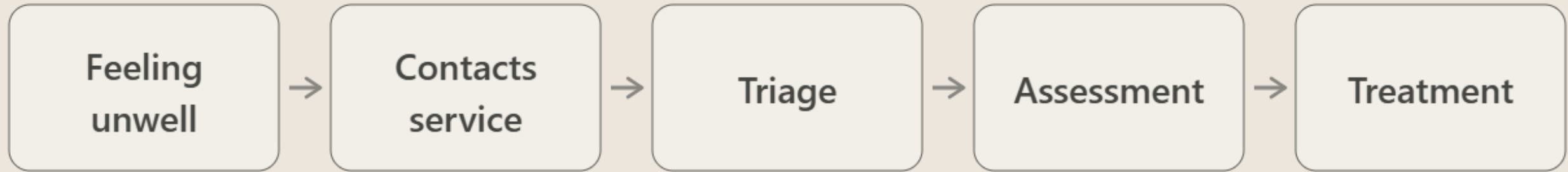
Wellbeing intervention design must include Subjects

→ avoid either unintended consequences or completely missing the mark...

Kajee and Archer, 2025

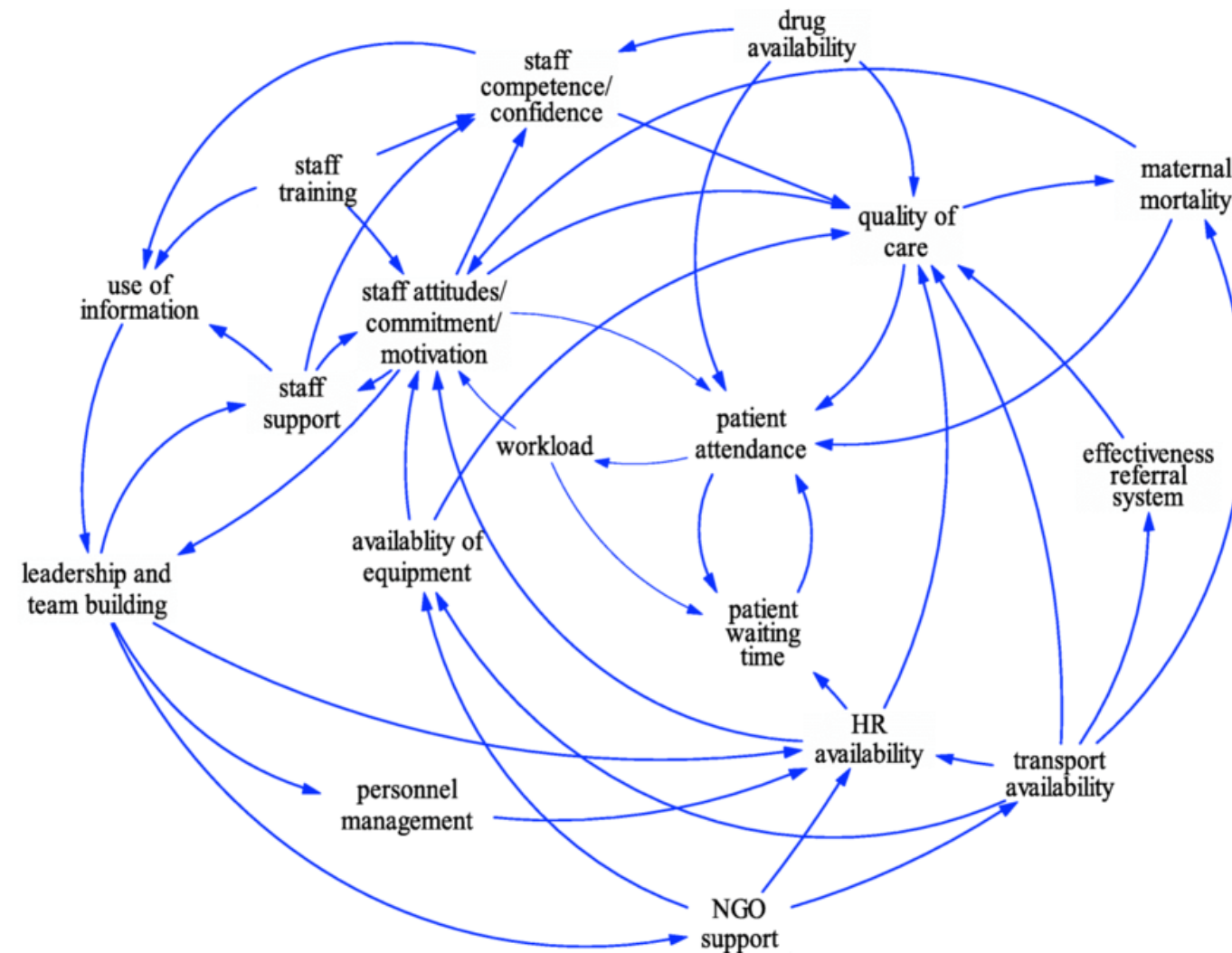


[The co-design team | Metro North Health](#)



Systems flow is not usually a linear path in healthcare...

Models of Service Delivery

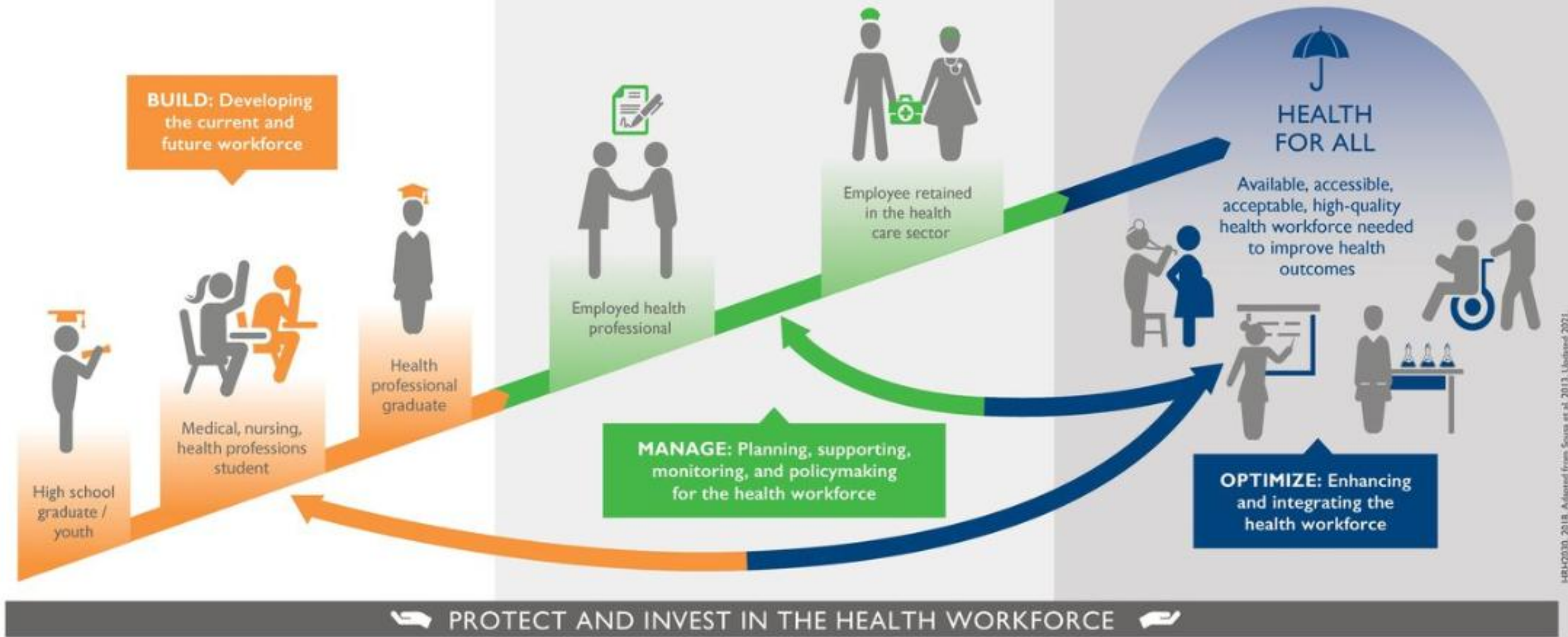


Practitioner
needs considered
as part of design
and evaluation

Supported and
equipped staff
equate to
sustained
services for
consumers



Street art is
associated
with a
reduction in
crime rates



Resource investments predict economic benefits



AI promise?

High ratio of administrative work contributes to burnout.

Promise that AI can meaningfully reduce clerical load

→ prospect of recovered capacity

How do we ensure we protect recovered time?

Conclusions

Aetiology for harm is well defined

→ systems level solutions are needed

Frameworks for reform are established

→ Limited examples of implementation

Systems reform is complex

→ Implementation and Evaluation challenges

A (qualified) call to action?

Claims in contrast

It is a wicked problem

Solutions are urgent and necessary

Solutions so far haven't been enough

We understand the causes

Psychiatrists are equipped to answer the call

Psychiatrists *should* answer the call?

The evidence for *how* remains limited



Values Alignment & Shared sense of purpose

→ all parts of the system seeking to work together

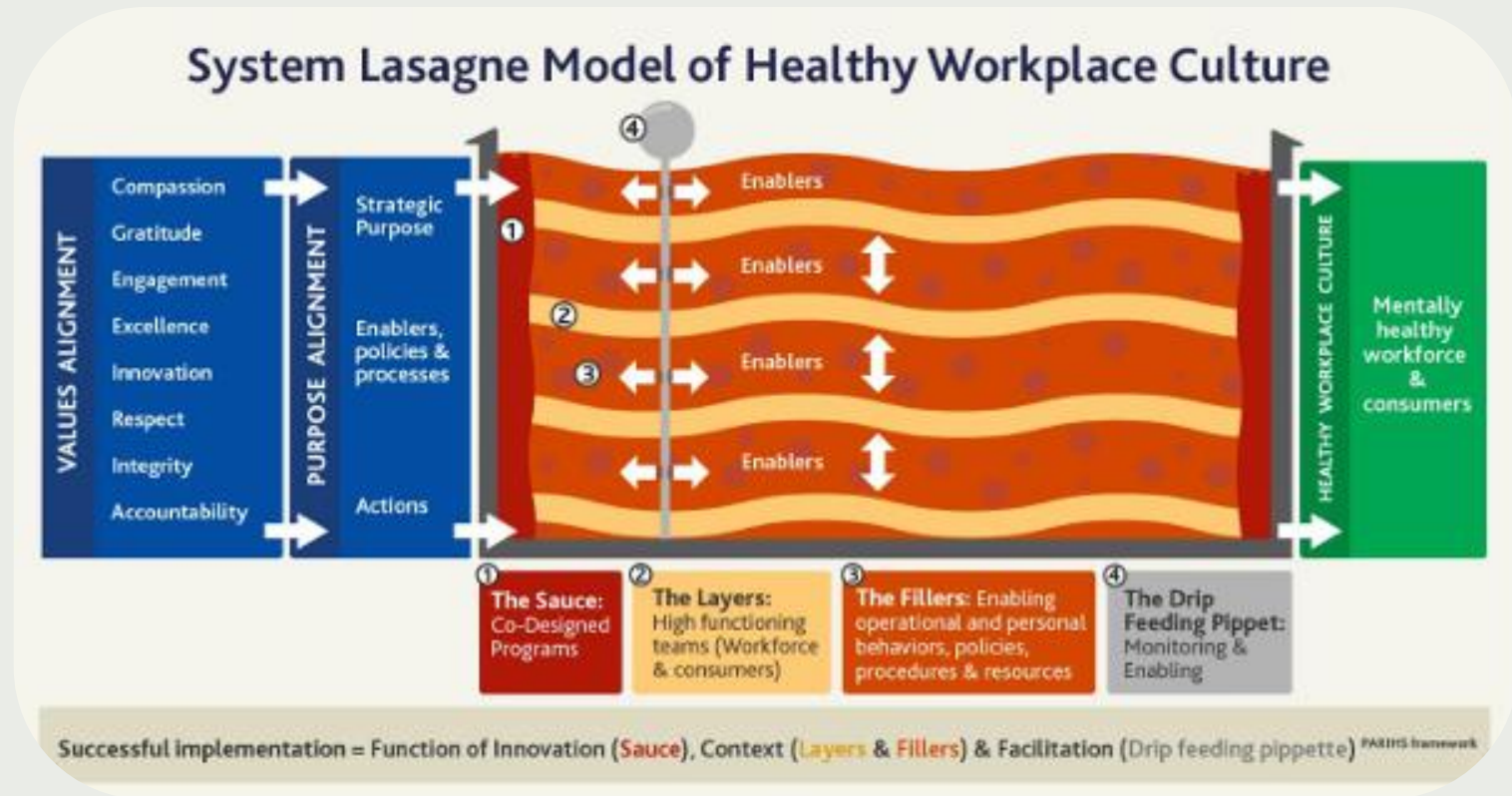
How we conceptualise and frame issues matters

→ Shared language

Empowered position

→ Believing we are all influential within the system allows the work to be done

Humans helping other humans



Complexity meets Implementation Science



“Even though this makes our ambitions to improve healthcare *infuriatingly more difficult*, we must grapple with the world we actually inhabit, not the one we wish we did.”

Systems approaches to Doctor Sustainability might look like...

Primary prevention prioritised as a risk prevention and sustainability strategy

Service review and design informed by teams and consumers

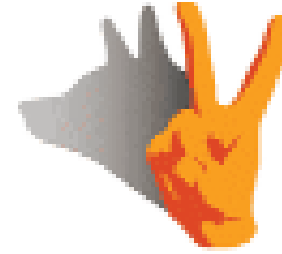
Specific (group and individual) interventions built in

Evaluation and dissemination integrated into design

Moving towards common values and goals

Sources of Support

DRS4DRS



**Black Dog
Institute**

Confidential Member Advice Line

1800 941 002 (Australia)

0800 220 728 (Aotearoa New Zealand)

support@ranzcp.org

8:30 – 5pm AEST Mon – Fri

Doctors' Health Services are free and available across Australia for doctors and medical students. Call the Doctors' Health Line 24/7 to talk to a doctor.

1800 006 888

RANZCP Member Support Program

Receive confidential counselling, support or coaching from qualified professionals, through an independent and external service funded by the RANZCP.

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Book online or use the live chat at convergeinternational.com.au

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If booking online, you will be prompted for an organisation code. The RANZCP organisation code is **THECDLK**



Thank you

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