



Veterinary Wellness

Superfriend

RESEARCH FINDINGS WEBINAR 26 OCTOBER Q & A

QUESTIONS	RESPONSES
<p>I am a vet who works in a large referral hospital within the Emergency and Critical Department. Emergency vets routinely work 12-13hr rostered shifts (that often turn into 14-16hr shifts), often changing start/finish times over a 24hr period, loss of weekend and public holiday work. This is the nature of the role.</p> <p>These hours (length, night shift, changing start times) pose a lot of concerns, as well as the fact these shifts are primarily dealing with a lot of trauma, hysterical owners, and extremely ill or hurt animals.</p> <p>I would love to hear some actual real word solutions to both mental and physical health risks associated with ER shift work.</p>	<p>Fatigue management forms a huge part of managing the mental and physical health risks associated with shift work. Appropriate rostering and rest to work ratios are also critical in managing the risk of burnout and overwhelm. This includes adequate breaks between shifts, considering length of shift for particularly exhausting, traumatic or emotionally taxing work, as well as managing consecutive shifts and appropriate management of overtime, in particular unpaid. Consistency of shift cycles is also important in order to build routines and align with body clocks etc. Thoroughly assessing and understanding the specific work pressures and workplace environment factors that could contribute to stress in that specific workplace and addressing those where possible will help to counteract some of the risks that cannot be changed (such as presence of shift work and traumatic cases). Some other industries to draw on include police & emergency services, human medicine and even aviation in some helpful strategies as these similarly have elements that are 'just the nature of the job'.</p> <p><i>Carly Webster</i></p>
<p>Is Permah Carly's preferred assessment tool in measuring wellbeing or does she prefer another method?</p>	<p>I don't have 1 preferred model or assessment for measuring wellbeing, however permah is a great model to measure and benchmark individual wellbeing, the 5 ways to wellbeing developed by the new economics foundation in the UK is also a great tool to consider holistic individual wellbeing. The SPECIES model which include spiritual, physical, emotional, career, intellectual, environmental and social health also has merit. <i>Carly Webster</i></p>
<p>What have been the most "easy" to implement and effective strategies that improved resilience in mental health for teams?</p>	<p>This is a tricky one, because individual resilience and team resilience are two very different and distinct things and need to be addressed quite differently. One thing I will say is that resilience training is not the silver bullet and can sometimes have the reverse effect with participants often feeling they are being told to just 'be better, or be stronger'. Team needs to have a level of confidence that they can succeed as a team and meet their goals as a team (not as individuals), they must share the same values or importance when it comes to team work and be on the same page when it comes to workload, responsibilities and how they interact with each other during times of stress. When it comes to adversity or challenging times resilience teams must know how to adapt and improvise and be able to adjust to changing circumstances in real time. The more teams actually know and understand the other</p>



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	<p>members of their team they are able to draw on individual strengths at the right times to deal with situations as they arise. Last and possibly most important resilient teams feel safe and trust each other. They can be themselves at work, take risks, have ideas and know they will not be judged or criticized and that their opinions, input and contribution is valued. <i>Carly Webster</i></p>
<p>Affect if Age -What the significant of the age related differences as clearly highlighted in the results and identified in the presentations? Why is it so? Can we get better understanding of the nature and reason for such difference? Greater understanding of this aspect may well help direct us to how to prevent the issues in the first place.</p>	<p>Most of the age-related findings are consistent with national data that suggests that mental health conditions and illness decrease with age. 18-24 year old age group is the highest prevalence in the community and this aligns quite closely to students who reported poorer outcomes. It's important to keep in mind that work and non-work related factors will contribute to overall mental health rating and presence of a mental health condition, so age may not just be workplace related also (as is consistent with national data). What you can however do with this data is recognise at risk groups and design initiatives and actions specifically tailored to those groups and consider additional support irrespective of just workplace factors that may be contributing. <i>Carly Webster</i></p>
<p>Business structure, diversity and work requirements; It is very obvious (indeed the reason of the involvement of the AVA in this issue) that "work requirements" and "work environment" are a major contributory factor! I would have liked to have more specific and detailed information regarding the breakdown between and within the different employment "types" / "structures" / "arrangements" and their effects or influences in these regards. This is an issue that was not explored at the presentation and was raised by way of one comment /questions at the Q & A but was not really addressed in detail other than for a passing comments on differences of capacities at different structures. We do need to unpack this a lot more and need to "drill it down" in an effort to get more information and better understanding.</p>	<p>Different workplace factors were explored in the snapshots at the back of the report. There were not significant differences in findings between part-time, full time, casual nor in terms of workplace location that were worth calling out as they were not significant enough to warrant specific comment. The differences between private practice and corporates however were compared and were attached. <i>Carly Webster</i></p>
<p>Is the pattern between these groups with lower mental health, the fact that they have less control over their working/uni experience?</p>	<p>The biggest reason that was called out in this age group was feeling pressure to perform or succeed and having a large amount of financial burden and pressure (more so than the other groups). <i>Carly Webster</i></p>
<p>Given work is the largest negative impact on MH, and confidential counselling is the highest need, do we need to train a team of vet specific counsellors? (a bit like vetlife in the UK).</p>	<p>I think this idea has merit, certainly in the verbatim comments respondents were calling out the need to be heard by someone that understands the work that they do. <i>Carly Webster</i></p>
<p>Was there an age split on who thought Positive Interactions with Owners as a protective factor?</p>	<p>No, this was a protective factor rated in the top 3 across every single age group. <i>Carly Webster</i></p>



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<p>Can you please elaborate on the role of the respondent's ie vets vs nurses vs owners that responded in the survey.</p>	<p>This is broken down in the respondent's demographic data in the report. <i>Carly Webster</i></p>
<p>The representation of female vs male reporting poorer mental health - is that reflective of society, where males are less likely to share/discuss poor mental health, yet over-represented in suicide statistics?</p>	<p>Yes, females in society and the community at large report higher levels of mental distress and have a higher prevalence of mental illness. Men however are more likely to die by suicide. The reasons for suicide for males are also less likely to be linked to mental illness and more related to financial insecurity, relationship breakdown, addiction and work security issues. Men are also less likely to seek support for their mental health. It is therefore important that a poor mental health rating or presence of a mental health condition are not isolated as the only or most important risks when it comes to suicide risk in the community or in the veterinary profession as not all suicide situations have a mental health link. <i>Carly Webster</i></p>
<p>How do profession risk factors compare to other professions?</p>	<p>Workload being the highest for the veterinary profession is very common amongst most other industries as is long hours. The risks that stood out for me was the emotionally draining nature of the work, the presence of client abuse and the low reward and recognition (or basic workplace standards even). The value those working in the profession place on their team and relationships with those in their team was also really high, and potentially had a greater importance than some other industries I have personally worked with. <i>Carly Webster</i></p>
<p>Was there a difference in reported mental health issues between part-time and full-time employees?</p>	<p>Not significant enough to report on. There were some verbatim comments however where people working part-time commented that their mental health had improved since changing from full time to part time. <i>Carly Webster</i></p>
<p>Can Carly comment about the wellness programs that some employers (particularly the corporates) have in place to help boost mental health (eg. spa or massage vouchers, days off, treats in the workplace, etc) & whether they are effective?</p>	<p>My first comment would be that workplace wellness program are pointless unless the basic standards on employment are upheld and in a good state. For example, reasonable workload, hours, pay, fair treatment, absence of abuse and bullying, good leadership and being safe at work. If these standards are not met, then yoga or a fruit basket are not going to make you feel any better or safeguard your mental health. Until these basic standards are held to a high quality I would say skip the fancy added extras and get this stuff right first. Some of the things I have seen be effective however include good reward and recognition programs, access to quality learning and development opportunities, mental health leave or days and proper and well executed workplace flexibility policies and practices. <i>Carly Webster</i></p>



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<p>Does anyone have any data on vet suicide if it has a relationship with recent vet board complaints? I would think it does but not sure if anyone has looked at this?</p>	<p>I'm not sure if this data exists, but I think this would be a worthwhile exercise to undertake given the overwhelmingly negative feedback that came through surrounding veterinary board processes. <i>Carly Webster</i></p>
<p>What resources are available for vets being bullied by clients ie false or exaggerated claims on social media?</p>	<p>Please see the attached GUILD resource – also article below. Social media risks riskhq (guildinsurance.com.au) <i>Monika Cole</i></p>
<p>If a client asks for state of the art treatment from a vet for their pet, we should be able to say, yes we can deliver it. To stay abreast of the state of the art takes time, undoubtedly. Does this contribute to pressure?</p>	<p>Communication with clients is definitely challenging when having the conversation about money and is most likely a stressor for both the team delivering the news and the client hearing it. This is one of the main reasons we advocate clients having pet insurance. This also came through in the survey results. Our aim is to continue to promote responsible pet ownership and increase the percentage of Australian pets protected by insurance – we continue to work with our endorsed insurance partner, Guild to make this possible through the Vets Choice product. <i>Monika Cole</i></p>
<p>Can you tell us a bit about how the AVA is working with Professionals Australia to review the award and afterhours remuneration?</p>	<p>Whilst the award needs addressing and is not reflective of competency of highly trained and regulated veterinary professionals, review of the award needs a holistic and informed approach to be sensitive to the current fragility of the veterinary industry. As to the approach, the AVA is evidence gathering to inform our action in advocacy, including remuneration. Once this has occurred seeking subject matter expertise and skill in industrial relations will be required. <i>Dr Cristy Secombe</i></p>
<p>Do any of the current Aus vet programs teach students anything about dealing with clients with mental health problems? I find those client interactions are always the most difficult.</p>	<p>All veterinary schools teach communication techniques, to meet the day one competencies, the advanced aspects learnings around difficult conversations, delivering bad news and talking about money. Communication with clients with mental health issues is challenging and likely an advanced skill that develops through ones career. Utilising social workers to assist in this space is likely to be beneficial to the profession and the community, and the increasing interest in veterinary social work is a positive move for the profession. <i>Dr Cristy Secombe</i></p>
<p>Can emotional intelligence be a part of veterinary undergraduate learning? In my observation Emotional Intelligence alone can teach students to respect other people's differences and be objective in their approach Emotional intelligence can be taught practiced and learnt. This alone can save this profession in the future.</p>	<p>All veterinary schools dedicate a significant part of their curriculum to the development of non-technical skills. Understanding and developing emotional Intelligence is likely to make up part of this non-technical curriculum as it's such an important component to the holistic approach to career. <i>Dr Cristy Secombe</i></p>