

RACGP Webinar Series

Stress, burnout and vicarious trauma: looking after yourself

FAQ

Thank you for participating in the RACGP webinar *Stress, burnout and vicarious trauma: looking after yourself*.

Please see below a summary of the questions raised during the session.

1) What is the difference between vicarious trauma and compassion fatigue?

Vicarious trauma and compassion fatigue should be seen on a spectrum. Compassion fatigue happens when we start feeling overwhelmed by the stories of trauma we are hearing, while vicarious trauma is when we have developed symptoms of PTSD due to the ongoing exposure to patient's trauma.

2) How does listening to traumatic stories influence the development of vicarious trauma?

We know that if we ourselves have experienced trauma, then that makes us more at risk of being affected by the trauma of others. It also can make us more empathic and we need to realise the importance of taking self-care very seriously.

3) Any advice on how to help a patient of abuse who do not want to be helped? Is there a risk of breaching confidentiality if you pursue this?

We have a responsibility to offer help and the patient can accept or reject that help. If a patient is saying no to help, then you can say that if at some time they would like help with this then please come back as you would be very happy to discuss it further. It would only be if the patient was at risk, i.e., an attacked with a gun or knife, that you would have a responsibility to report this.

Please read the chapter in the White Book [Violence and the Law](#)

4) **There's a lot of stigma around GPs seeking help for mental health issues (not being 'tough' enough' a doctor). How to engage mentors to discuss issues of stress without fearing for our employment/reputation?**

It is recommended that you seek clinical supervision to protect you from burnout and provide a high level of service to patients.

Clinical supervision is a formal structured process of professional support and learning where you reflect and review clinical situations. It aims to support you as a professional to develop knowledge, skills, competence and capability, and also manage your own wellbeing. This will enhance safe and effective person-centred care, and assist your personal and professional growth and development.

This [article](#) provides an examples of how GPs have sought external supervision.

5) **Where can I find support groups?**

- **Balint groups** – a Balint group is an experiential, small group educational activity in which health care professionals discuss cases from their practices with a focus on the clinician-patient relationship of health professional-client relationship. <http://www.balintaustralianewzealand.org/>
- **In-practice discussion groups:** you can set up in your own discussion group at your practice to discuss specific cases
- **In practice-discussion groups:** you and your colleagues can agree on a model of group supervision with a non-medical professional with experience in counselling and mental health, such as a psychologist, psychotherapist or mental health social worker, to attend and facilitate the group. You can find an example of a case of group supervision in general practice [here](#).

Most other health professionals who work with victims and perpetrators of family abuse and violence, such as psychologists and social workers, have some form of supervision to enable them to deal with difficult caseloads. Regardless of how long you have been practicing as a GP, supervision will help you manage challenging aspects of your role.

6) **How can we get our workplaces to talk more about burnout and compassion fatigue?**

You can talk to the other GPs in the practice, to the Practice Manager and to the Practice Nurses and see what interest there is to have a practice meeting to discuss the issue. You could also use the following resources to start discussion about the topic in your practice:

- [RACGP webinar recording](#): Stress, burnout and vicarious trauma – looking after yourself
- [RACGP White Book](#): Chapter 14 – The doctor and the importance of self-care
- [RACGP Curriculum](#): Doctor's health
- [Preventing the pain when working with family and sexual violence in primary care](#)

7) What does 'blended health-care' mean?

Blended health care is the care we give ourselves as well as having a GP to whom we go for ongoing health care, both physical and psychological.

8) How can I manage the different responsibilities I have throughout my day and keep healthy?

Stress is often described as a feeling of being overloaded, tense and worried. We all experience stress at times. Sometimes stress can help to motivate us to get a task finished, or perform well. However, if we become over-stressed it can interfere with our ability to get on with our normal life.

Learning to handle stress in healthy ways is very important. Some tips include:

- Identify early signs: getting headaches, becoming irritable and short-tempered
- Identify triggers: late nights, pressing deadlines, particular caseloads
- Establish routines: regular time for physical activity and relaxation, regular meal times, waking and bed times
- Spending time with people who care
- Looking after your health: avoiding using alcohol, tobacco or other drugs to cope; taking time to find activities you find uplifting (playing an instrument, dancing, walking)
- Noticing your self-talk: notice when you use unhelpful self-talk and try to tell yourself 'Calm down', 'Breathe easily'

At work being able to discuss cases in a confidential and supportive way can help with the load. It needs to be a dedicated time.

Other health workers like counsellors, psychologists, social workers and other mental health workers have regular supervision, but GPs have not always embraced this yet.

9) What about bullying and harassment by colleagues/bosses?

Workplace bullying is repeated systematic, interpersonal abusive behaviours that negatively affect the targeted individual and the organisation in which they work. It is illegal, unacceptable and bullied employees can take legal action against their employers for a breach of implied duty of trust and confidence.

Medicine is not immune from workplace bullying. A recent study examining bullying within a cross-section of the Australian medical workforce found that 1 in 4 doctors in the study had experienced persistent behaviours over the preceding 12 months that had undermined their professional confidence or self-esteem. It is estimated 21% of GPs feel they have been bullied¹.

¹ <http://www.racgp.org.au/afp/2013/april/workplace-bullying/>

Suggestions for managing bullying include:

- Document threats or actions taken by the bully
- Discuss concerns with a supervisor (or someone else if the supervisor is the bully)
- Consider a formal complaint under the employer's bullying and harassment policy
- Seek advice on options and rights from a peer network, colleagues, your RACGP State Faculty or the Australian Human Rights Commission.

10) Does seeking help cause any effect on registration and future employment?

Doctors should see themselves as people who practise medicine – that is, people first and foremost – with all the human needs and weaknesses that apply to the rest of the population.

Many general practitioners do not have their own independent GP. There are often barriers to accessing quality continuity of care, such as professional stigma, and thus many GPs self-diagnose and self-medicate, ignore signs and struggle to admit illness – which for many is seen as a sign of failure.

Your medical care should be confidential and you have the right to all the health care you need. AHPRA is set up to prevent doctors who are impaired from providing patient care. [Impairment](#) is the state of being diminished, weakened or damaged especially mentally, physically and cognitively.

It is imperative that you have the insight to recognise if and when your physical or mental health condition begins to impair your ability to provide care. This will allow you to access care for yourself in a timely manner to prevent you from being impaired.

11) Where can I find further support?

1800RESPECT can provide support and information as well as counselling for GPs and other primary health practitioners. It is also a service you can suggest to your patients.

1800RESPECT is available all over Australia 24 hours per day, 7 days a week. The staff are experienced and highly trained in dealing with family violence and sexual assault. You can just say you are a GP and not identify yourself. You can call them on 1800 737 732 or visit www.1800respect.org.au

The RACGP invites you to share this FAQ with your colleagues, including practice managers, practice nurses, allied health professionals and Aboriginal Health Workers/Practitioners in your area.