

What is Professional Wellbeing?

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Welcome to this session on Professional Wellbeing, part of the first conference coordinated and arranged by Professionalism in Healthcare. My name is Andy Gillies and I work as the lead for spiritual care, staff care and person centred care in NHS Ayrshire and Arran and enjoy being an honorary lecturer at Glasgow University in the Advanced Healthcare Practice of Spiritual Care.

When I think of the headline of this session 3 things spring to mind:

1. Defining terms. The words 'professionalism' and 'wellbeing' are both in flux, in the last year I must have heard around 55 different definitions of the term wellbeing and through Professionalism in Healthcare there is a real desire to name what we mean when we talk about our professional identities. However knowing what it is in work that supports your wellbeing and what undermines it matters. It's where most people spend the highest volume of their conscious social hours, in work. And so my hope around defining terms is that we can unearth a centred but flexible comprehension of what professional wellbeing means to you
2. The next thing that springs to mind is tension, can you have professional wellbeing without personal wellbeing? Is wellbeing a professional competence & end point which can be measured or assessed with wellbeing certificates issued to the successful ones who pass or attend. Or is it a living state of our humanness when we are OK enough. And whose responsibility is it anyway? Ours or our organisations? Am I fully responsible for my wellbeing or does where I work have a part to play in it too. My intention is that we become ok with the tension of competence vs state of being, because this is how we are held up. And so by taking off the binary lens of either or, and seeing the value in the tension we might, like a tightrope be able to inhabit a place where our responsibilities and our needs both matter,
3. The third thing that comes to mind is that fact that we are all 'copers'. Every healthcare professional is a coper until they can't cope anymore. How many people do you know that have made an identity out phrases like: "my needs don't matter, I'm here for other people". And that's ok, it is actually sustainable for some people but it's an unexamined life. And the unreflected life is a life not worth living, if you agree with Socrates. For many people it's taken the pandemic to admit they need help, to acknowledge they are finite or to cry in front of a colleague. Speaking as someone who has been burnt out, it wasn't that I didn't think I had needs, it was just that I perpetually put them low down the to-do list.

And finally what comes to mind is that this is a 10 minute talk. It's not a definitive end, but rather the beginning of a conversation. A conversation between us as a healthcare community, between us and our patients and those on the receiving end of our care and perhaps most importantly it is a conversation that speaks to the innermost part ourselves.

I see wellbeing going off the menu in organisations, in leaders, in colleagues and in myself many ways.

1. It goes off the menu by being ignored, avoided and delayed. How many of you have gone home and thought: right that's it, I'm cracking open the Gin on Friday, Saturday, Monday, Tuesday? How many of you have trivialised painful experiences by saying "I shouldn't be affected by this, and I'll certainly not be telling anyone about it?" How many of you have put up an emotional barrier that has "thou shall not pass" written on it. Ignoring, avoiding and delaying are all ways of coping of course. But they are costly, and they don't pay off in the long run.
2. I see wellbeing going off the menu by lashing out. I'd be fine if it wasn't for those damn unnamed clinicians on the other team, or that useless service, or those unrealistic expectations. It's them against us, it's good vs bad, it's in vs out. And it's nothing to do with me...and I'm screaming at my partner or my dog when I get home and it's that traffic warden's fault. Otherwise my wellbeing would be fine thanks. Lashing out gets it out, but fails to own what it needs to own.
3. I see professional attention to wellbeing going off the menu when healthcare colleagues exert zero boundaries. Ok I'll do it. No, never mind my holidays I'll come in those days and get it done. Ah we'll take that patient as well. Are you ok? Yeah I'm fine. It's not an inability to say no; it's an inability to say "yes" to the right things and it's the submissive self that is afraid of letting anyone down. Anyone apart from themselves. Having no boundaries looks kind, but in reality it's weak.

And some of you might recognise these as representing flight, fight and freeze. Some of you may recognise yourself among these. In different circumstances, or on certain days I can recognise myself in all of these. Can you? My contention is that there is another way. One that allows a healthy response to your own needs while paying heed to that deep desire to care for others.

And as we move towards this alternative approach let me read this short poem I have written for the occasion:

She stood waiting for it to arrive
Around the corner, an open top classic
The door will creak and sweep
And she will hop in
Only it's raining and now her wet hair clamps fast to her head

And they didn't come last time
How dare they
And she clenches her fist
And her fury inward turns
It's my fault
I'll walk home
It's ok.

An alternative

If it's true that avoiding, submitting and projecting are less evolved coping mechanisms, more childlike, then what's the evolved or adult alternative? Perhaps it involves becoming more aware of our challenges and our responses to them, both in professional and personal lives. Perhaps it involves being a bit kinder to the bits of us that can feel broken if we weren't to sweep them away or throw them at someone else. And perhaps it requires some form of creativity that isn't necessarily the signature of healthcare professionals in the UK. I know that we have many international guests attending this conference and I wonder how highly valued creativity is in the healthcare systems in which you work?

Creativity means not following an old formula, or unthinkingly accepting my wellbeing tool, or "just meditate" but instead means taking the professional approach of reflecting on your own unique disposition and experience and tailoring what you do to who you are. So I propose a professional process to approach to wellbeing in 3 stages. It's called RAC and it was developed by myself and Tim Bennison, a spiritual care colleague who brought a huge smile and gentle wisdom everywhere he went, and who sadly died last year.

1. Responsibility and recognising. We begin by recognising what it is that undermines our wellbeing, by writing it down and laying it out. There is a Polynesian saying which is if you are worried about something whatever you do don't write it down, because you will only forget it. We follow this writing down by formally accepting responsibility for ourselves and for what of these challenges listed we have within our gift to change, and also writing down the places where we cannot.
2. Awareness and accepting. We then move on to deepen and clarify our awareness of these challenges by writing down what they do to us. One of the things that undermines my wellbeing is disrespectful behaviour from colleagues. So I would write down it unsettles me, makes me feel anxious and distracted often I'll withdraw from being around them. And that's often to the detriment of other people in the team or to the service broadly. The second part of this is often hardest for capable clinicians, it's to accept that these things you have recognised affect you in the way you've described, and to not judge that that's the case. It's different to saying "oh well, nothing I can do about it". It's more like, "when that happens, I find it sore and I don't like it."
3. Creatively take control. This final section of RAC, the C is around being creative about what you can do, list all the ideas about what you can do with the things that affect your wellbeing and map out multiple ideas about how

to attend to them, let it be pictures and sounds and “what would Gandy say to me” and if I could turn this into a prayer what would it be, journaling, mindfulness. And here it’s important to also make a note of all the things that support and encourage your wellbeing and creatively draw or write out how you would inflame and encourage them! And in so doing you open your mind to opportunities beyond the normal standing in the rain getting your hair soaked as you wait, and turn your experience into energy and ideas and you can do it all on a single piece of A4 paper. And for the things that require other people, services or systems to change its an opportunity to have an adult open conversation. “You’re squashing us with all your demands” becomes: “I’ve recognised what’s happened recently and its impacted on this this and this, and I wonder how we’re going to work together to stop this happening?”

And these are some ideas amid all the great content that this conference offers. As you go into the day ahead I hope you find a deepened sense of your professional identity, an increased professional community and an ear to compassionately listen to the gift that your humanness brings to professionalism in healthcare.