

# Managing Stress and Legal Risks in Healthcare

Reading time:

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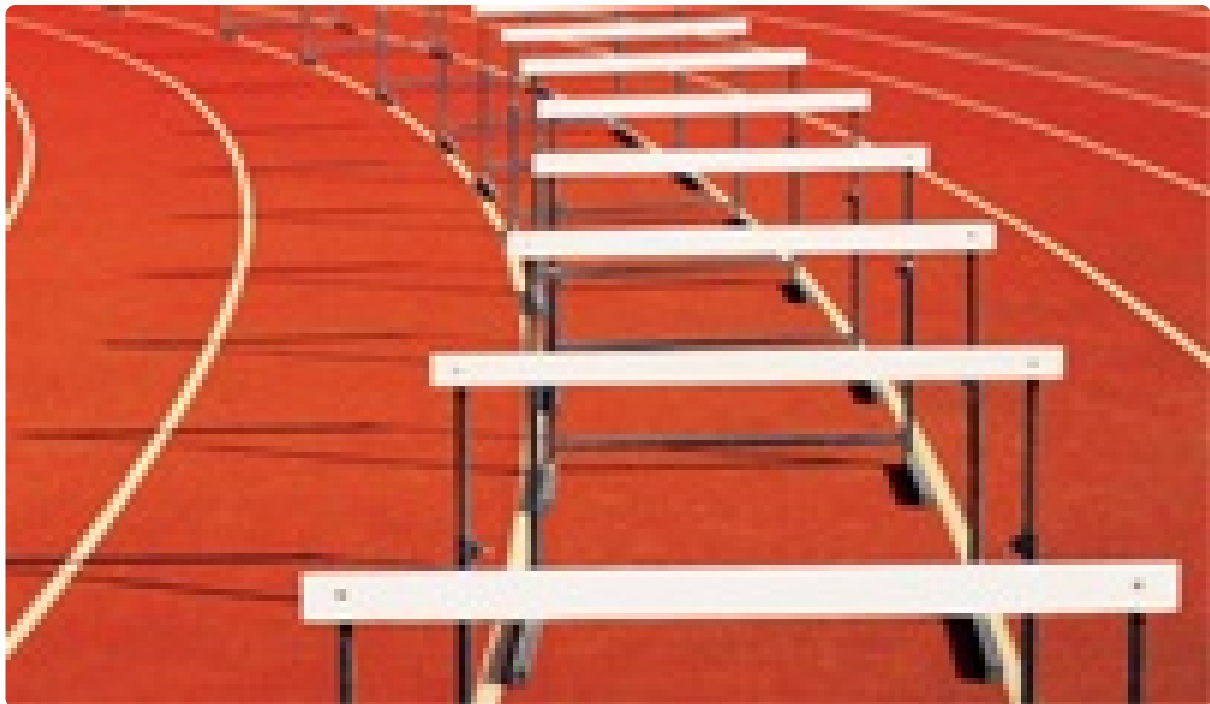
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Practicing in the public sector presents different stresses and challenges compared to private practice. For junior practitioners, the former can sometimes be seen as more stressful and they may feel more vulnerable perhaps reflecting less control over their work environment.

Challenges that all practitioners face in the workplace environment; whether it be on their own or part of group practice include, the hours worked and the type of practice and patients, collegiate support and available resources. Professional support through peer review, second opinions and interest groups all provide good sounding boards.

However, managing your personal and social life is also vital. This means balancing work and play, rest, exercise, relationships, family life and looking after your health by visiting your own GP regularly. More information is available on the AHPRA website [Section 11 Ensuring doctors' health](#).



It is important for all stakeholders to understand the context in which many young practitioners work. That is because they might be in a role for a short period of time, they may frequently move around (or be moved around) and have little or no time to develop professional relationships or identification with their current place of employment. As a consequence, they may be apprehensive when treating problem patients or dealing with difficult colleagues and challenging settings.

Dr Tiller, Professor of Psychiatry at the University of Melbourne, says that cognitive dissonance is a major mental stress for young practitioners when it comes to exams. For example, discomfort because of the conflict between training and instruction. On the one hand there is 'say what I do', and on the other hand, 'say what training says I should do.

The conflict comes from deciding whether in responding to questions they should be honest about the processes they use or alternatively simply repeat what they learned during training. It is imperative that supervising/training consultants recognise and manage such conflicts, identify risks and support trainees. If daily practice meets examination standards then this will likely narrow the dissonance from such conflicts.

Legal hazards create anxiety. Some matters can be anticipated, but many are unforeseen. Patient engagement, building trust, doing your best, informed consent and managing complaints professionally and promptly can mitigate consequences.

Practitioners need to be aware of mandatory reporting – of them or by them. The use of alcohol, or drugs while practising and sexual misconduct are all avoidable. The more difficult area to identify and manage is impairment. Prof Tiller's advice is to show insight and, "avoid the cognitive bias that you alone have unique patients needing unique interventions".

All practitioners are fallible and all practice has risks, some inherent, some not. If it can be demonstrated you have exercised reasonable care and skill according to your peers, there can be a successful defence when something goes wrong.

In conclusion, there are some strategies to help avoid complaints. These are not new, but worthwhile repeating:

- Keep well, fresh, fit and healthy
  - Avoid becoming exhausted, or harassed
  - Utilise better communication at the point of consultation
  - Provide informed consent/honesty – **don't raise false expectations**
  - Do not practice beyond your training, experience and skills – **Get help**
  - Remember the Codes of Conduct ([amc.org.au](http://amc.org.au))
  - Utilise open disclosure
  - Undertake prompt notification to MIPS of an adverse outcome, complaint, claim or investigation (a condition of membership and insurance)
  - Be totally candid with MIPS about what happened
  - Reflect and take MIPS' advice
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