



CARING FOR OUR HEALTHCARE WORKERS

While the medical world exists to improve the health and well-being of its patients, Dr Remy Daroowala and Joëlle Davidson discuss how mindfulness could help the workers within the system

No group of people has suffered in the pandemic like the frontline healthcare workers. Here in our home country – where public and private hospitals have been pushed to their very limits as we wait to vaccinate our population – healthcare workers continue to be exhausted and stressed. They've been teetering on the edge of physical and mental distress as COVID-19 continues to take its toll on SA. But long before coronavirus entered our everyday vocabulary, healthcare workers were already at risk of experiencing emotional exhaustion, psychological distress, depression, anxiety and burnout.

In July 2016, concern was sparked after a car accident claimed the life of a junior doctor making her way home after completing a shift of at least 24 hours at Paarl Hospital in the Western Cape. Ilne Markwat had qualified in 2008 and at the time of the accident was working in the Paarl Hospital's obstetric unit, where interns from the previous year had complained to the Junior Doctors' Association of South Africa about overly long shifts. Dr Markwat was 25 when she veered into oncoming traffic at around 10 am, colliding with a bakkie. News reports at the time all speculated that it was fatigue after working long hours.

On recalling this particular incident to Dr Remy Daroowala, a UK-born clinical research fellow, he wasn't extremely surprised. He knows of at least four doctors who have had accidents after long shifts at the hospital. At that level of exhaustion, Dr Daroowala tells me, 'You are essentially drunk behind the wheel'. He recounts how he too has had a drive home that felt frighteningly unsafe as he battled the need to sleep after a long shift: 'I had my windows down, blasted the air conditioner on to my face, I had the music up loud and eventually toward the end of the journey I was just screaming to keep myself awake!'

After Dr Markwat's accident, Francois Wahl released *Doc-U-Mentally: Last Doctors Standing*, a documentary following five young

South African doctors during 30-hour shifts at Ngwelezane Hospital in KZN. *Doc-U-Mentally* showcased the intensity of a junior doctor's shift and the emotional strength the staff of a hospital need to endure the extraordinary events that every day brings. The inspiration for the documentary came from Francois's first-hand experience with how the long working hours affect the individuals and their relationships, as his wife, brother and father are all healthcare workers.

Upon the release of *Doc-U-Mentally*, Francois told EWN that 'the main focus was to show the race against time for these doctors and how working 30-hour shifts impacts their mood, performance, stress and anxiety levels and personal safety'. At the time, I worked for a media software company that had The Health Professions Council of South Africa

(HPCSA) as one of their clients. I clearly recall the news around Dr Markwat's accident and closely followed the aftermath of *Doc-U-Mentally*'s release. And there was an aftermath.

Social media was abuzz, there was even a feature on *Carte Blanche*. And then, I don't know what happened, perhaps I left the company before anything came of it, but I also struggle to find something online. That is, until COVID-19; and all of a sudden people became aware and we were clapping and playing music for our brave healthcare workers every night.

Dr Daroowala had worked across the public and private sector from London to the Transkei, Mkuze and Cape Town until earlier this year when he left clinical medicine. His decision was down to the personal tolls the hospital took on him, heightened by COVID-19. Of his exit, he



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writes on his blog *The Mindful Medic*: ‘Throughout my career I struggled with my mental health in silence. My university education had prepared me intellectually for the role but not for the transition to the working environment and with no instruction on the vital self-care skills required to build an immunity to the inevitable stresses and strains.’ After cycles of depression and burnout, unsure of where or whom to turn to, he needed to step away from the profession of caring for others and care for himself.

Recently, the Healthcare Workers Care Network has been created in response to how, ‘during COVID-19, there is an even greater chance of those in healthcare to experience emotional exhaustion, psychological distress, depression, anxiety, stress and burnout’. The Network is a six-week programme to help healthcare workers build resilience and self-care skills. It focuses on developing mindfulness, based on research by Dr Jon Kabat-Zinn, who established the Mindfulness-Based Stress Reduction Programme (MBSR), and notes that mindfulness (as a tool to develop an awareness to the present moment) ‘can mitigate emotional and psychological distress...[and] increase mental and physical stamina’. This is a similar approach taken by The Mindful



Healthcare Collective in the US, a free resource for healthcare workers to help create wellness in their own lives.

Dr Daroowala, however, does have concern over these types of movements. ‘While I definitely agree that mindfulness can be a useful tool, I think that without wholesale cultural changes, we aren’t going to see any real results,’ he says. If healthcare workers are working shifts of 24 hours and over, mindfulness is not going to make them any less sleep deprived; if they were not working shifts of 24 hours and over, perhaps they would have the time to fully process the trauma they encounter; if they were not working shifts of 24 hours and over, perhaps they wouldn’t be at such risk of ‘emotional exhaustion, psychological distress, depression, anxiety, stress and burnout’.

‘Why do we have to teach people to deal better with punishment?’ continues Dr Daroowala. It’s a pivotal question. Part of being a healthcare worker is being resilient and hard-working, but everyone has a limit and healthcare workers should

not be expected to break theirs because of an out-of-touch system. ‘Why do we place the onus on healthcare workers to improve themselves for a system that is broken and failing them? Why don’t we fix the system?’ says Dr Daroowala.

Perhaps though, teaching mindfulness is the first step toward fixing the system. ‘Within the medical community, attitudes toward mental health are truly backward at times, it’s quite shocking,’ Dr Daroowala tells me. It is a big part of why he left clinical medicine to write about intricate issues inside it. ‘We don’t necessarily share how that effects us on an emotional level, that’s not part of the culture. Part of the culture we get ingratiated into is: How to work hard, be professional in situations that are highly emotive, to be there for your patients and how to depersonalise.’

To change this does require mindfulness in some way. Consciously bringing attention to the sensations, thoughts and emotions of the present moment, without judgement, is integral to the practise of mindfulness and so

could be a great vehicle in the first steps of changing the culture. If healthcare workers can access real awareness to their inner world, really understanding their emotions, they may be able to develop greater self-worth and self-value to stand up for their well-being. They may be better at recognising where the system is broken so as to fix it correctly, and more equipped to talk to each other and lend a hand.

'The medical world is a very hard place to be. It's a hard place to work in, and we

naturally harden up. Being around hard people makes it worse,' Dr Daroowala says. Mindfulness certainly offers a way for healthcare workers to soften, to care more for themselves in an emotional way and care more for those who they work with. It can bring positive change. But there also needs to be deep changes on a base level to the healthcare system. Rather than asking more of its healthcare workers, the healthcare system needs to show that they are valued, that they are cared for too.

WHAT IS MINDFULNESS?

The Healthcare Workers Care Network describes mindfulness as an integrated mind-body approach to develop awareness. In being aware and highly present in each moment, mindfulness offers a brief pause to consider habitual 'knee-jerk' reactions to our inner and outer experiences. We are given the choice to change our behaviour with a pathway to reacting in a wiser and more considered way.

DR DAROOWALA'S COMMON MISCONCEPTIONS ABOUT MINDFULNESS:

1 Mindfulness is about self-improvement. Mindfulness is not about being better, nor is it about doing x or y better, but coming to accept ourselves as we are. That, above all, is what makes it a much-needed extension of self-care.

2 It's got to be done sitting down. Mindfulness is typically associated with the legs crossed, eyes closed yogi meditation pose, but it is so much more. For beginners, it can indeed be easier to develop mindfulness by sitting and counting or observing their breath. Rather than a technique or activity though, mindfulness is a quality that can be applied to almost anything: running, eating, sex, listening.

3 Mindfulness is about clearing your head of thoughts. Quite the opposite! Mindfulness is about allowing those thoughts to be there with a non-judgemental attitude. Just like your stomach gurgles and digests, your mind generates thoughts. As you don't judge your tummy for rumbling, neither should

you judge your mind for doing its job of thinking. Putting effort into not thinking is impossible!

4 It takes years to learn how to meditate properly. While there are clear benefits from sustained practise over many years, there is no secret that master meditators have. The secret is that there is no secret. The paradox of mindfulness is that there is no technique – and beyond finding the time in a day, no effort is required. Effort is a concerted attempt to change things from how they are to how you think they should be. Mindfulness needs no effort aside from seeing the present as it is, without trying to change it.

5 Mindfulness is spiritual mumbo-jumbo. There is a growing body of robust scientific research about mindfulness and meditation. The potential benefits do not stop in the mind. Studies on mindfulness in high blood pressure, chronic pain, inflammation and even cell ageing give weight to the idea that our physical health is far more influenced by the functioning of our minds than previously realised. The body of evidence is growing still.

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