

Professional Wellbeing

Introduction

Increasingly, professional associations and professional workplaces have turned their attention to the wellbeing of their members and staff. This development is in keeping with a wider social move towards better understanding and supporting good mental health. Professions have typically been slow to respond here. Some commentators argue that the poor mental health of professionals is tantamount to a crisis, one that can no longer be ignored.

There is agreement that professionals are especially prone to psychological problems including anxiety and depression.

The reasons to take professional wellbeing seriously are many and connected. They include the duty to look after those who perform important, professional work and the risks posed to clients. Likewise, it is essential for the healthy functioning of professional institutions.

Professionals with impaired wellbeing are more likely to suffer other sicknesses or suicide. Poor mental health tends to be associated with substance abuse, family strain, work absenteeism, poor productivity, ethical failing and human error. The last two matters are especially problematic in professional work, where the consequences of mistakes can be very serious.

This title will consider:

- Psychological Models of Wellbeing;
- Risk Factors for Mental Disorder;
- Best Practices among Professional Associations and Workplaces; and
- Concerns about the Wellbeing Movement.

Psychological Models of Wellbeing

There is an immense literature on the nature of wellbeing. Two comprehensive models are discussed below.

Seligman's PERMA Model

As part of a larger positive psychology program, Dr Martin Seligman, Director of the Positive Psychology Centre at the University of Pennsylvania, has devised the PERMA model. The acronym represents one of five key factors of wellbeing that need consistent support in a professional workplace: positive emotion, engagement, positive relationships, meaning and achievement.¹

¹ Positive Psychology Program, *The PERMA Model: Your Scientific Theory of Happiness* <<https://positivepsychologyprogram.com/perma-model/>> (accessed 5 March 2018).

Ryan and Deci's SDT

Dr Richard Ryan and Dr Edward Deci, two American clinical psychologists based at the University of Rochester, have developed Self-Determination Theory ('SDT').² SDT explains human flourishing using two dimensions.

First, motivation varies along a continuum from intrinsic motivation (doing something because it is enjoyable, optimally challenging or aesthetically pleasing), to extrinsic motivation (doing something because it leads to or avoids a separate outcome, such as a reward or punishment) and amotivation (the state of lacking an intention to act).³

Second, SDT posits that when the environment promotes individual autonomy (a sense of control and authenticity), competence (feelings of mastery over tasks and activities) and relatedness (feeling included or affiliated with others), the individual is more likely to be intrinsically motivated.⁴ Intrinsic motivation correlates with mental wellness and commitment to the task or role.

As now discussed, there are many ways in which professional work can threaten or suppress these elements of wellbeing.

Risk Factors for Mental Disorder among Professionals

Self-Selection and University Education

A professional's vulnerability to psychological distress is, to some extent, self-selecting. It may then become exacerbated by their tertiary studies, a period in life anyway in which psychological problems tend to arise. The situation for and experiences of university students are, of course, varied. Law students, for instance, have been singled out here. Law students are more likely than other university students to start their degree for extrinsic reasons – for instance, parental approval, status, and money – than for intrinsic ones – such as enjoyment, personal satisfaction and social justice or caring commitments.⁵ The psychological frameworks above reflect the many studies that have shown how external motivations are less supportive of wellbeing than internal ones.

Nonetheless, all professional degrees contain elements of learning that cultivate this external focus, by being intensely competitive and achievement-oriented. Again, by example, legal education – and then legal practice – cultivates tendencies towards independence, over-analysis, risk-aversion, perfectionism and pessimism.

² Self-Determination Theory, *Definition and Resources* <<http://selfdeterminationtheory.org/>> (accessed 5 March 2018).

³ As summed up and applied by Kuan-Chung Chen and SvH-Jong Jang, 'Motivation in Online Learning: Testing a Model of Self-Determination Theory' (2010) 26 *Computers in Human Behavior* 741.

⁴ Chen and Jang, above n 3.

⁵ Massimiliano Tani and Prue Vines, 'Law students' Attitudes to Education: Pointers to Depression in the Legal Academy and the Profession?' (2009) 19 *Legal Education Review* 3.

As Healy, a psychologist, posits, these traits are protective and productive in the professional sphere, but they tend to lead to 'excessive rumination, cognitive distortions and other stress-inducing practices' for the professional themselves.⁶ Many of these qualities could easily be transferred to medicine and other fields. Professional education has been shown to quash intrinsic motivations over time, and in many contexts, reduce moral sensitivities or position them as secondary to other analytical frames. Some of these effects are necessary for the functioning of wider professional institutions, but the process can disconnect professionals from their personal values, social communities and relationships that are essential to health.

Selection and Socialisation

Another source of hardship is that after a long period of intense education, getting a training position and/or job in professions is difficult. Trainee doctors compete for internship (or registrar) positions, with some 6 per cent of doctors trained in Australian medical schools unable to complete their qualifications due to a shortfall in placements. It is predicted that this situation will worsen.⁷ This combination of increased qualifications expected and the scarce numbers of positions, can cause intense anxiety. The prospect of starting with a modest salary compared to peers might involve feelings of powerlessness and unfairness.

While the work environments of professionals are rapidly changing, they have been built on, and still often operate through, strong internal hierarchies. Several writers have documented the 'rites of passage' that comprises traditional professional socialisation. Here, ritual ordeal centred in the mentor-trainee relationship is the primary mechanism by which 'neophytes' are ground down to internalise the group's rules and values.⁸ In the past, some of these processes involved bullying or at least behaviour that intentionally dramatised the trainee's lowly status. Professional socialisation has changed immensely over the past couple of decades. It is generally more formalised, technical, and less centred on a relationship with a mentor. Nonetheless, there is no doubt that social interaction remains uneasy during professional socialisation, in which a strong sense that 'knowing one's place' remains important.

Type of Expertise and its Nature

Professional expertise involves several risk factors for mental wellbeing. First, it is expertise related to high stakes for clients and patients. This means decisions must be made with huge, potentially life-threatening consequences in often pressurised environments with the potential for being sued or subjected to disciplinary or other sanction.

At the same time, being a professional means being on show to one's own peers. In professions, reputation is more personal than in many other industries. There are strong, often rigid rules of being a professional.

⁶ Bernadette Healy, 'Towards a Relational Perspective – A Practical and Practice-Based Discussion on Health and Wellbeing amongst a Sample of Barristers' (2014) 14 *Queensland University of Technology Law Review* 94.

⁷ Australian Medical Association (NSW), *NSW Welcomes New Interns* <<https://www.amansw.com.au/nsw-welcomes-new-interns/>> (accessed 5 March 2018).

⁸ For a summary of the literature and as an illustration, see: Justine Rogers, 'Feeling Bad and Being Elite: A Comparative Analysis of the Anxieties and Uncertainties of Aspiring Barristers' (2014) 13 *Comparative Sociology* 30 (special edition on 'anxiety at the top').

These include how you look and speak, the ideas about how that profession should operate and what counts as expertise. This visibility and control can be experienced when in front of the judge and opponents or operating on a patient with other doctors. Again, this has several positive, necessary functions, such as ensuring standards and efficiency. However, it can come at the cost in certain areas of diversity and innovation. It also creates a sense of self-consciousness and lack of autonomy that can cause distress.

Professional expertise requires constant updating. Having a sense of mastery and competence is vital to wellness. Yet, both can be difficult to achieve, and even harder to internalise. This is especially pertinent for junior professionals since there is always more to learn. Professions have been associated with 'imposter syndrome', in which a person's belief in their accomplishments are never internalised; instead, they believe themselves to be a fraud about to be found out.

Emotional Labour

Professionals are expected to perform 'emotional labour', which is the management of feelings and expression of feelings for the role. Some of this labour is 'strategic' or 'surface acting'. This is emotion put on for the benefit of the client or patient who has come to the professional in a state of moderate to high anxiety and expects the professional to display emotional intensity. A lawyer's client, for instance, may expect the lawyer to display personal acrimony to their opponents or the judge. Some of this labour can be in fact felt and can lead to compassion fatigue.

However, it is not solely about emotional display. Professionals may have to suppress genuine emotions to perform the role. They may suffer vicarious trauma from dealing with, witnessing or hearing about the client's own trauma (death, disease, divorce, abuse, powerlessness etc.). This situation can lead to burnout or worse.

Collegial Relationships

The intensity of collegial judgment and the importance of reputation has already been noted. However, in some professional situations, relationships among colleagues can be themselves a source of discomfort, disadvantage and/or distress. Several writers have documented the high levels of bullying, discrimination and harassment within certain professional workplaces and contexts. They have shown the harmful impact of bullying, harassment and discrimination on its victims. Some of these harms involve poor mental health and suicide. They also correlate to sick leave, reduction in hours, low work satisfaction and plans to leave the profession altogether. A recent study showed that 25 per cent of Australian doctors experienced persistent bullying behaviour over a 12-month period.⁹ Research has further shown that others may be harmed by abusive behaviour, that is, by-standers who fear they might be next and even the perpetrators themselves. As raised above, there are also negative effects on clients or patients and the work organisations.

⁹ Deborah Askew et al, 'Bullying in the Australian Medical Workforce: Cross-Sectional Data from an Australian e-Cohort Study' (2012) 36 *Australian Health Review* 197.

Some of this behaviour may be labelled as ‘incivility’. For example, a lawyer may experience outbursts or barbs from the judge or one-off attacks from the opponent. In this legal context, Dal Pont advises students as future professionals to aim for a tone of ‘dignified restraint’ and highlights how adversarialism is vitally supported by courtesy and fairness.¹⁰ However, exercising this restraint, as applied to any professional context, can be difficult. While the study of Australian doctors, above, showed that there were no differences across the many different demographic variables, others have shown how harms, such as discrimination are more likely to be experienced by non-traditional entrants.

Non-Traditional Status

Despite the introduction of laws and conduct rules against discrimination, professions continue to be exclusive in many specialty areas and at senior levels. Women, for example, are more likely to be primary carers of their children than their male colleagues. In the professional context, women tend to work in areas of high client interaction, which poses greater risks of secondary trauma and burnout. These are also practice areas in which there tends to be more bullying and harassment.

Work Conditions

Professionals today find themselves in a highly pressurised political and practice environment. Whether self-employed or working in large organisations, the work conditions for professionals are more competitive and less secure. The path to leadership positions in corporate-client sectors is longer and uncertain, and the publicly-funded areas are less remunerative. The possibilities of new technologies, while exciting and in some areas leading to less drudgery, are at the same time an additional source of competition and uncertainty.

Powerful Clients, Cynical Public and Watchful Regulators

Practitioners today encounter more watchful and impactful regulators and a more cynical, questioning public and clientele. Boosted by technological changes, which have led to a state in which ‘we are all experts now’, the autonomy and expertise of professionals are continually challenged. Patients, for instance, will compare medical advice with that found online. Clients are also increasingly sophisticated and demand the right service at the right price or they will shop around. They are more likely to threaten terminating the contract during the engagement or pursue legal or disciplinary recourse.

¹⁰ Gina Dal Pont, *Lawyers’ Professional Responsibility* (Thomson Reuters Professional Australia, 2017).

'Best Practices' among Professional Bodies

Many professional associations and workplaces have responded to the problem of professional wellbeing (or lack of wellbeing). For example:

1. The Bar Council of England and Wales has developed a 'Wellbeing at the Bar' portal with practical resources to support individual mental wellbeing.¹¹ The portal also includes resources for chambers and other organisations to implement effective infrastructures and cultures that support wellbeing.
2. The Australian Medical Association devotes part of its website to doctor health, including mental wellbeing.¹² It includes vignettes outlining typical stressors for junior doctors and advice on how to handle them.
3. The Law Society of NSW supports lawyer wellbeing by providing several hotlines and support services, including for psychological, ethical and practice management difficulties.¹³

Criticisms of the Wellbeing Movement

It is worth noting the criticisms of the wellbeing movement, or at least certain aspects of it. Besides debate about the methodology used to evaluate the nature and extent of poor mental health among professionals, the real concern seems to be with how the wellness movement and related languages, like that of 'resilience', can have the effect of individualising the problem of mental distress and therefore its solutions. Though they are important, the solutions to poor professional wellbeing are more than personal relaxation and mindfulness techniques. The causes and solutions of mental wellbeing is largely structural. They are found in the type of education professionals receive, the possibilities to enter and participate in the profession, the context for positive and effective engagement with colleagues and clients, the culture and performance expectations of the organisation and the support structures in place.

¹¹ The Bar Council, *Mental Health and Wellbeing at the Bar* <<https://www.wellbeingatthebar.org.uk/>> (accessed 5 March 2018).

¹² Australian Medical Association, *Doctors' Health and Wellbeing* <<https://ama.com.au/resources/doctors-health>> (accessed 5 March 2018).

¹³ The Law Society of New South Wales, *Mental Health and Wellbeing* <<https://www.lawsociety.com.au/ForSolicitors/professionalsupport/supportingyou/mentalhealthwellbeing/index.htm>> (accessed 5 March 2018).

Summary

The professional role poses several risk factors for poor mental health. Mental distress and disorder is associated with many adverse outcomes for professionals, their clients or patients and the wider professional institutions. Many professional associations have developed initiatives and resources to support professional wellbeing. A common finding is that social support at each level of practice is vital for positive professional development, resilience and enduring commitment to the role.

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This subject overview has been written with the support of the following partners:



Australian Government
Australian Research Council



UNSW
SYDNEY

CLMR
Centre for Law, Markets and Regulation



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