



Breaking the Stigma!

Speaker 1:

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Rebecca Griffin - Host:

Dr. Shahina Braganza, welcome to HealthTech Talks.

Dr Shahina Braganza - Guest:

Thanks, Rebecca. It's really lovely to be here.

Rebecca Griffin - Host:

You're a senior emergency physician at Gold Coast Health, and over the years you've held a number of senior leadership positions. You're particularly passionate about the non-technical skills in medicine, and have a keen interest in wellbeing and resilience of healthcare professionals. In addition, you have various commitments with the Australasian College of Emergency Medicine, and the oneED wellness program, which we'll talk about today. It's really wonderful to see you, Shahina, and to have this opportunity to chat with you again. Let's start with emergency medicine Shahina, why did you choose that profession?

Dr Shahina Braganza - Guest:

That is an excellent first question, Rebecca. I think if you had told me even when I was a junior doctor that I would choose emergency medicine as a specialty, I would've thought that you don't know me at all, because I'm a person who loves order and predictability, and being methodical, and emergency medicine is pretty much the antithesis of all of that.

Probably the answer to the question is twofold, firstly when I did emergency medicine as an intern, there was almost an intangible sense that I had found my people and found my tribe. My colleagues in emergency, the doctors, the nurses, the allied health staff, et cetera, they just felt like people that formed a community that I wanted to be a part of, and in which I belonged, and I guess that was the first sense that maybe this is where I want to spend the rest of my career. And then as times has gone by I reflect on that perhaps my need for order and predictability is satisfied by entering an arena each shift where that does not exist, seemingly, and perhaps I find challenge in trying to convert the chaos into some kind of control.

Rebecca Griffin - Host:

And how long have you been an emergency physician, and also how long have you been with Gold Coast Health?

Dr Shahina Braganza - Guest:



Well I've been with Queensland Health for 25 years, quarter of a century now, and I've been at the Gold Coast for all except for the first four years of that, and I've been an emergency physician for about 17 years.

Rebecca Griffin - Host:

And what does a typical day in emergency look like? Although typical is probably not a good word.

Dr Shahina Braganza - Guest:

That is very insightful. I guess there are some features of the day that are typical, and then there's a whole heap of factors that are very variable. A typical day is a busy day, and it starts busy and it ends busy, but I guess what's in the middle can vary significantly. The variables are, depending on which of our campuses I'm working in, the actual physical environment, the team setup is quite different in each campus and within pods within a campus as well, and then of course the patients that walk through the door, or are wheeled through the door, are very different. It is almost invariably busy in terms of volume of patients to be seen, and I guess probably what's changed over my time here is that I think the way that we do our jobs has definitely become more complex, and I guess the challenge there is in being agile and adaptable and still delivering a great service, even though the demand has become greater.

Rebecca Griffin - Host:

And Shahina, would some shifts you be on resus and other shifts not?

Dr Shahina Braganza - Guest:

Yes, so at Gold Coast Uni Hospital we have five or six pods resus, which is where we see the most critically unwell, a children's pod, where we see everything in children. We have a less acute area of the ED, which is still very acute medicine, we have minor injuries, and we have shorts stay. And then at Robina we have equivalents of all of those, but slightly different setup.

Rebecca Griffin - Host:

And so some shifts you might be working in resus, and other shifts within the less acute but still acute area.

Dr Shahina Braganza - Guest:

Yeah, that's exactly right. And again, that's a significant evolution from when I started working in emergency medicine at the old Gold Coast Health Facility. We saw everything in a almost homogenous area, whereas now I guess our setup has become a lot more segmented.

Rebecca Griffin - Host:

Shahina, can you take us back to the time in your career when you recognized the symptoms of burnout in yourself?

Dr Shahina Braganza - Guest:



Yes, that is a very, very vivid recollection for me. And in fact, I didn't recognize the symptoms of burnout for a very long time. So it was the year 2002, it was my fourth year of being a doctor and my first year here at Gold Coast Health, my second year of being an emergency registrar. And I started at the old Gold Coast Hospital in January, and that sense of ED being the place where I belonged was really enhanced, because I'd come from a bigger hospital to what was then a smaller hospital, and there was a really keen sense of welcome and community, and I loved being there. It was busy, because at the time it was a major regional hospital, and so we had a wide catchment, and we pretty much saw all the emergency patients in this part of the state.

And I put my head down, I worked hard. I probably didn't take my breaks as regularly or as well as I could, because there was always another patient to see. I didn't finish work on time very regularly either, and predictably over time that had a cumulative impact upon me. Even now I'm amazed at how insidious the onset of burnout was for me. Like I said, I started in January, and then in October it felt like an almost overnight experience, that I fell in a heap. But of course it hadn't occurred just overnight, it had been building for weeks, if not months. And it was probably a combination of physical fatigue, which I did recognize, I recognize that I was physically tired, what I didn't recognize was just how emotionally spent I was. And I guess that happens to us because we are wired in a way almost such that at a certain phase of our lives we wear fatigue as a badge of honor, and there's also a sense that if you are struggling, then perhaps you're not cut out for this.

And so there were a lot of barriers, I think, to me recognizing in myself what was going on, and then in the end, in inverted commerce, it was almost overnight that I went from being a fully functional junior emergency registrar, to basically crying at the foot of the bed of a patient who'd been brought in by her husband. It wasn't about that patient, it wasn't about the clinical presentation, I think it was a completely internal process where I guess my emotional regulation perhaps had just broken down. And of course I continued seeing that patient, and referred them on and made sure they were safe and admitted, but then I went into the office of the person that was filling in for our director at the time and sat across the desk from him, and again, these tears without emotion, which was perplexing to me, and probably horrifying to him.

Rebecca Griffin - Host:

He had some good advice for you, though, at the time, didn't he?

Dr Shahina Braganza - Guest:

Yeah, absolutely. My director was actually away at that time, but I contacted him some days later and we arranged to meet. And this is David Green, to whom I will forever be grateful. But we met up, and among the things he told me was that he'd been here, and that this was not an abnormal experience or a sign of failure, and urged me to take some time off, and not just a weekend, but a number of weeks. And his parting words to me that first meeting were, "Shahina, I think one day you'll do something important with this." I like to think that 20 years later I have done something useful with this

Rebecca Griffin - Host:

And you have, and we'll talk about that in a moment. Why do you so openly talk about your experience?



Dr Shahina Braganza - Guest:

I openly talk about it because it's probably therapeutic for me, to be honest, Rebecca, at a very selfish level. At least that's probably how it started. I think when we have experiences like this in healthcare, or in other areas where high performance is valued, when we stumble, I think that we become overwhelmed with a significant sense of shame, and shame then makes us hide and become isolated. And becoming isolated is, I think, the most dangerous thing that can happen to someone who's struggling in any way, because isolation amplifies every negative emotion.

And I guess perhaps by grace I was able to share my experience with my boss in the first place, and that was probably a huge catalyst for me to feel safe talking about it. And then the more that I shared my story, the more other people shared their stories with me, and I learned the paradox that sharing vulnerability actually doesn't make you weaker, it actually makes you stronger. And I think it makes you stronger because you bring that thing that you could have felt shame about out into the light where it doesn't survive, you share those stories, and then the fact that other people share theirs with you, A, normalizes your own experiences. But B, I think empowers everyone, because these are our shared stories, it diminishes their power to make us feel less than, and I guess ideally everyone feels stronger.

Rebecca Griffin - Host:

Do you know what the prevalence of clinicians struggling with mental health may be, or burnout?

Dr Shahina Braganza - Guest:

Yeah, I can't give you specific numbers, Rebecca, but it'll come as no surprise that the prevalence is high, and it is increasing. So I think the prevalence of psychological distress in clinicians, and particularly in doctors, has been recognized to be high since a Beyond Blue study, probably a good 15 years ago now. But compared to the general population, we experience psychological distress, depression, and even suicidality at rates, back then, which were four times greater than the general population. I think what we know, particularly from our experience over the last two to three years with COVID, is that the prevalence of distress and burnout has significantly increased, to the point that people are actually leaving their jobs and leaving the profession. And so I think the loss that results from burnout is not just to the individual but to the community, ultimately.

Rebecca Griffin - Host:

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Shahina, you started oneED. Can you tell us about oneED and how it's evolved over the years?

Dr Shahina Braganza - Guest:

Yeah, I would love to. There were a couple of us who in 2016 became interested in probably two things in parallel, firstly what could we do within our workplace to do nothing more than just normalize these conversations in our ED, and then I think by providence, we became aware of mindfulness as a practice, and at that time it was really being promoted and better understood more broadly. And so we embarked on a two-day course and found out about mindfulness, and we were excited because the practices were



evidence-based. They were, I think, able to be applied within our workplace. They were accessible, they were non-intrusive, they could be brief, et cetera.

And so I think when we got back from that course we started to think about which mindfulness practices would we attempt to embed into our daily work practices? And that was back in 2016, and the program has evolved over the last six, seven years, over time I think wellness and self-care are now a more tangible thing in our ED than there might have been some years ago.

Rebecca Griffin - Host:

What does mindfulness in an ED look like? I have this vision of this busy ED, and then how do you fit mindfulness into that?

Dr Shahina Braganza - Guest:

I think the ED is a perfect place to practice mindfulness and to practice becoming good at it. I think mindfulness in the ED looks like different things for different people, and some people probably practice some techniques without necessarily putting the label of mindfulness on it. But I think every time we pause, or every time we reset, even if it's just momentary, for a couple of seconds, that can be useful as just a little bit of a rest and a re-energizing, I guess, for what is about to come.

Some examples that might be useful in terms of how I employ mindfulness in my shift, we've got some formal activities, and then I guess they hope to plant some seeds in people's heads about what techniques they might use. But once a week in our handover we conduct a four-minute pause, and we do various things in that time. We might do a guided meditation together, or we might watch a wellness related video, or probably the thing that I appreciate the most is when one of our senior doctors talks about something that they think might be helpful to the group. One of my colleagues has talked about her experience of depression and how gardening really helped her, another colleague talks about looking for rainbows in her shift. Another senior colleague has talked about looking for things to be grateful for each shift.

And I think the effect of that, when the senior doctors talk about their techniques, even if they might not overtly talk about the struggle, it sends a clear message that these techniques are important because they struggle, even though they're senior and very experienced, and I'd like to think that even the more junior people in the group then feel a greater sense of permission to have those experiences themselves. And often after these sharing at the pause, people will come up to whoever might have shared their story and express some connection with the story, or how it might have resonated with them, or how they might have had the same experience, which always warms my heart, when people might share a story they otherwise might not have.

But I guess other ways that mindfulness can be practiced in the ED, before the arrival of a resus patient, when I'm washing my hands, I will just take a few moments to pay attention to that act of washing my hands in terms of the fact that I'm standing there for a few moments, the feel of the water over my hands, my hands are rubbing the soap and then drying. And it probably lasts maybe 10 seconds, but it's a little bit of a reminder to me that something big is about to happen and I'm going to focus my attention, and we're going to take a step at a time. And the other thing I've done more during COVID is when I use the hand sanitizer after I've seen a patient, or before I see a patient, that's my moment for, again, resetting,



putting aside momentarily what I've just been doing, and really being present with the task and the person that I'm about to engage with next.

Rebecca Griffin - Host:

And Shahina, you mentioned COVID there. Has COVID been beneficial in highlighting the mental health of clinicians?

Dr Shahina Braganza - Guest:

In my mind, Rebecca, a big fat yes.

Rebecca Griffin - Host:

Yep.

Dr Shahina Braganza - Guest:

COVID was a dark thunder cloud over humanity, but the sliver of a silver lining is that the wellbeing of healthcare workers was really thrust into the spotlight. And not just their physical wellbeing, but their psychological wellbeing also. And I think it was one of the very few favors that COVID did for us, was to bring that into, I guess, our collective consciousness a bit more strongly.

Rebecca Griffin - Host:

Did you change the way oneED operated during COVID?

Dr Shahina Braganza - Guest:

We had to. For instance, with the Thursday morning pause, we were no longer in our handover room, we were doing our roll calls and handovers then on the ambulance ramp. And being in an outdoor, sometimes noisy environment, that's where the ambulances would arrive, didn't quite lend itself to a guided meditation, for instance. And so we modified what we did during that four minute pause. One example is one of my most beautiful colleagues, Krista Bell, she would love to do a four-minute stretch during that time.

All of these pause activities are totally optional, because we understand that some people might enjoy them, but some people might not. But for those who did participate, I think it was just a moment of pausing, but also then engaging in some nice, gentle stretches, and Krista would always end with a scapular stretch, which effectively looks like you're hugging yourself. And so she'd finish by saying, "To finish up we're going to all stretch our scapulas and give ourselves a hug, and it's going to be the only hug you're going to get today, so make the most of it."

Rebecca Griffin - Host:

Shahina, what would you like to see introduced to better support the mental health of clinicians?



Dr Shahina Braganza - Guest:

Rebecca, I think there's a few things that I would love to see, and probably to encapsulate it, I'd love to see a better understanding of the concept that the wellness of an individual clinician is dependent on probably three main factors in my mind in terms of a framework. There's the individual who takes ownership of doing what they can to optimize their own wellbeing at a physical and psychological level. I think there are activities that departments can engage in to help people to feel supported and that they're with peers who are like-minded and who are there basically to look after each other, as well as themselves. And then it takes huge organizational commitment as well, and we know that when organizations pay attention to operational issues like fatigue management, rostering, access to leave, and how errors are dealt with, we know that when that is done well, that that benefits individual clinicians.

Rebecca Griffin - Host:

You talked briefly about the stigma around mental health and our own wellbeing, is that still a barrier to some clinicians talking and seeking help?

Dr Shahina Braganza - Guest:

I think it is a barrier, and I think it's probably a bit heterogeneous. I'm going to hazard to say that probably some demographics of clinicians probably still struggle more. It's possible that older generations, of which I'm now a part, might struggle more than younger ones. And certainly anecdotally, when I speak now to the new interns coming in, they just seem to be so much more aware, so much more comfortable with talking about wellness and struggle than my generation would've been 20, 25 years ago. And that really fills me with hope and optimism, that if we don't see this sorted in my career span, we hopefully will see it significantly progressed, at least with the current young generation coming through.

Rebecca Griffin - Host:

And Shahina, we are doing the interview today from Lumina, which is on the lovely, sunny Gold Coast today. How can Lumina support innovations and new collaborations to keep advancing the support of our healthcare professionals?

Dr Shahina Braganza - Guest:

I guess from my personal perspective, as a busy clinician on the frontline who hasn't really had the time, or to be honest, the expertise to do much in the way of research, what we've built we've made up as we've gone along, and we've felt our way through based on what we thought would be helpful. But I would love to see more of that structured research and academic rigor applied to what we think we know by feel, but to just add some gravity and veracity to what we're doing.

Rebecca Griffin - Host:

Shahina, you've worked at Gold Coast Health for many years, as you told us. What keeps you on the Gold Coast and at Gold Coast Health?



Dr Shahina Braganza - Guest:

I guess what keeps me at the Gold Coast and Gold Coast Health is family, really. A really revered colleague of mine, Leo Maneros, one of his quotes was, "It doesn't matter what you do for work as much as it matters who you do it with." And I guess the people that I do this work with, what keeps me here, because as we talked about earlier, what comes through the door is variable, but what I know for sure is that I am part of a team who is capable, competent, and whom I trust, not just to deliver excellent care, but to also look after me, a team that has my back, and that really fosters that sense of me being happy about coming to work every day. And then of course the Gold Coast is a place that people pay lots of money to come and holiday at, and I get to call this place home, such a blessing.

Rebecca Griffin - Host:

And finally, Shahina, when you're not busy saving lives and caring for people in the emergency department, how do you like to wind down and look after your wellbeing?

Dr Shahina Braganza - Guest:

Probably the answer to that question has evolved a little bit over the last couple of years. I still love drinking coffee, I love reading non-intellectual novels. But probably the new thing that I've picked up in the last couple of years is playing netball in a team, and we have a relatively new work-based team of doctors and nurses, we play netball on a Monday night. I have discovered that I am far more competitive than I had recognized before, and I've also discovered that picking up netball for the first time in a long time in your late 40s is not the wisest thing to do for your body. But nonetheless, just the team spirit that is invoked, and just the fun and the hilarity of it, is something that really energizes me.

Rebecca Griffin - Host:

And what position do you play?

Dr Shahina Braganza - Guest:

I play goal defense. I'm a bit short for a goal defense, but apparently I have a reasonable leap.

Rebecca Griffin - Host:

Excellent. Shahina, it's been an absolute pleasure talking with you, thank you so much for your time.

Dr Shahina Braganza - Guest:

Oh, The pleasure's mine, Rebecca, and it's lovely to see you again.

Rebecca Griffin - Host:

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