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COLLEGE OF DIETITIANS OF ONTARIO

when stress leads to incapacity

What can I do?

Negative coping strategies for excessive and prolonged stress can lead to incapacity. Looking at the link between job stress and incapacity, this article explains what the College does in cases of incapacity and offers advice about what you may do to help yourself or your colleagues.

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COLLEGE OF DIETITIANS OF ONTARIO - RÉSUMÉ - WINTER 2006

HIGHLIGHTS

5. PROFESSIONAL PRACTICE QUIZ
WHERE HAVE ALL THE RECORDS GONE
7. HEALTH HUMAN RESOURCES PLANNING
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9. DIETITIAN, A PROTECTED TITLE
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9. ELECTIONS FOR DISTRICTS 5 & 6:
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**Member Input Needed
for Dysphagia Policy Paper
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BACK COVER: CERTIFICATES OF REGISTRATION

RÉSUMÉ

RD
REGISTERED
DIETITIAN

When stress leads to incapacity

Ignoring early warnings of burnout can lead to incapacity, a risk associated with:

- Unmanaged stress & burnout;
- Unchecked substance abuse;
- Untreated depression and other illnesses like eating disorders.

Little is known about the impact of health professionals' stress on clients or how stress affects performance, quality of care, patient safety or professional practice. However, there is ample evidence showing that health professionals as a group experience occupational and personal stress that can lead to burnout, mental health disorders, and relationship problems. The American Society of Addiction Medicine has predicted that one in seven health care professionals may experience an incapacity problem such as substance dependence or mental illness during their career.¹ Men and women in health care are experiencing burnout. Yet they often fail to seek services for themselves during times of need.

Unchecked, excessive or prolonged stress can lead to burnout. Burnout is a state of physical, emotional and mental exhaustion that develops slowly, accompanied by a change in attitude that may affect the way we care for our clients. Ignoring early warnings of burnout can lead to incapacity, a risk associated with;

- Unmanaged stress & burnout;
- Unchecked substance abuse;
- Untreated depression and other illnesses like eating disorders.

Health regulatory colleges experiencing many cases of incapacity among their members note that mostly they are dealing with chemical dependency (alcohol or drugs) or mental health disorders. The incapacity cases at the *College of Physicians and Surgeons of Ontario* also include members unable to practise safely due to deterioration because of aging and "characterologic difficulties", e.g. inability to verbalize feelings.¹

The prevalence of incapacity among RDs is not well known. If dietetics can be compared to nursing, statistics imply that three dietitians should be experiencing notable incapacity about every 5 years.² In 12 years, the

College has dealt with two cases of incapacity. There is, however, a suggestion that stress and burnout are factors affecting the behaviors of Registered Dietitians that are reported to the Registrar each year.

The *College of Dietitians of Ontario* has a mandate to ensure that the public receives quality, safe and competent care. The *Regulated Health Professions Act (RHPA), Procedural Code 1991, ss 57-69*, gives specific instruction about how complaints or reports about incapacity should be handled.

The College's obligation is to make sure that incapacitated RDs are assisted so that they can continue to either provide safe, competent dietetic care or are removed from practice until they are fit to practise and can return to work.

Incapacity is not Incompetence

Incapacity provisions in the *RHPA* focus on whether a health professional is incapacitated and not on whether he or she is incompetent or has committed an act of professional misconduct. Although mental illness and physical disability do not necessarily lead to incapacity, the *RHPA* stipulates that should these conditions seriously affect the quality of care given by a Registered Dietitian, the RD's practice should be stopped or restricted in the interest of public protection:

"incapacitated means, in relation to a member, that the member is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the member no longer be permitted to practise or that the member's practice be restricted;" *RHPA, Procedural Code 1991 (s.1)*

The incapacity process stipulated by the *RHPA* is neither punitive nor public (unless requested by the member). It is a confidential process intended to help RDs who may be conducting themselves inappropriately as a result of illness and incapacity while ensuring that the public is protected from unsafe practice.

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The Incapacity Process at the College

The College becomes aware that a member may be suffering from incapacity in two ways:

1. through reports of suspected incapacity; and
2. incapacity is uncovered through College investigations of a complaint or report. At times, the investigation of a complaint or report about an RD's behaviour, judgement or competence suggests an incapacity issue rather than one of incompetence or misconduct.

If the Registrar believes that a member may be incapacitated, she makes initial inquiries and reports the results to the Executive Committee. The Complaints Committee may also refer concerns about incapacity to the Executive Committee.

The Executive Committee can make one of three decisions:

1. appoint a board of inquiry which will make further inquiries and may order the RD to have a mental or physical examination;
2. refer the matter to a fitness to practise hearing;
3. make an interim order to suspend or impose terms, conditions or limitations on a member's certificate of registration. The purpose of moving quickly to impose terms, conditions or limitations is to protect the public while the matter of incapacity is more fully resolved through a hearing. Imposition of terms, conditions and limitations would permit an RD to continue to practise.

Following a hearing conducted by a Fitness to Practise Panel, the Panel may revoke or suspend a certificate of registration or direct the Registrar to impose specified terms, conditions and limitations on the member's certificate of registration for specified or indefinite period of time. The Panel may also specify the criteria to be satisfied for the removal of a

suspension or removal of terms, conditions and limitations. The criteria would support rehabilitation/recovery and return to work in a way that ensures public protection.

What is my responsibility?

As a member of a regulated profession, RDs have a responsibility towards their clients, the clients of their colleagues and the public in general. They must ensure that everyone gets the safe and competent care they seek. Each RD has the responsibility to be watchful that stress does not negatively affect their health, their work performance and client care.

Am I Feeling Burnt-out ³

- ☞ Withdrawal from friends and family
- ☞ Loss of interest in activities previously enjoyed
- ☞ Feeling blue, irritable, hopeless and helpless
- ☞ Changes in appetite and/or weight
- ☞ Changes in sleep patterns
- ☞ Getting sick more often
- ☞ Feeling of wanting to hurt yourself or others
- ☞ Feeling exhausted
- ☞ Irritability

RDs also have a responsibility towards their colleagues. They have a duty to work with employers (or employees) to create work environments that help manage stressors, and to seek help when needed.

Detecting Incapacity in a Colleague

- A change in the person's performance
- Irritability and mood swings
- Loss of reliability
- Absenteeism
- Anger, outbursts
- Memory loss or decreased organizational skills
- Outright intoxication

Approaching a colleague who is suffering from burnout or is impaired in any way may be a difficult, but the right thing to do to help and protect clients. By intervening when you suspect your colleague is incapacitated, you are enabling them to obtain the treatment that will help them to return to a healthy life. When incapacity is recognized in its early stages, the path to healing is much easier (see Table 1, page 4).

The RHPA and the regulations of the College require that you report the suspected incapacity of a dietitian. Any member who believes that a fellow RD's mental or physical state is impairing his or her ability to practise dietetics safely must report this concern to the Registrar of the College. According to the College's *Professional Misconduct Regulation*, failing to report incidents of unsafe practice or unethical conduct of a dietitian is considered an act of professional misconduct.

Employers or individuals who dissolve an association or partnership with a member must submit a written report to the College within 30 days if they are terminating a dietitian for reasons of incapacity, misconduct or incompetence. This remains true even when a member resigns or voluntarily relinquishes practice privileges before any action was taken.

How Can the College Support You?

Request for Information

When you want to ask questions or if you have concerns about a member's competence, you don't have to give your name. You may contact:

- Mary Lou Gignac, Registrar;
- Sue Behari RD, QA Manager; or
- Barbara Cantwell RD, Practice Advisor.

Making a Report

If you wish to make a report of incapacity about a member to the College, please contact the Registrar.

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Practice Advice

Supporting RD practice is the focus of the CDO Practice service. It educates members and the public about the expectations of practice and RDs' legal and ethical responsibilities. Members can be assured that all information is confidential. Questions that you bring to the practice advisory are not used to identify gaps in practice or to inform the discipline or complaints processes. Recurring questions on specific topics serve to inform the planning for résumé and future work of the College.

College Resources at www.cdo.on.ca

Information on the Incapacity Process for Members and the Public, résumé, Spring 2002.

Stress in the Workplace, résumé, Fall 2005.

Practice Questions: Framework and Resources, CDO slide presentation 2003; ethical decision making tool.

References

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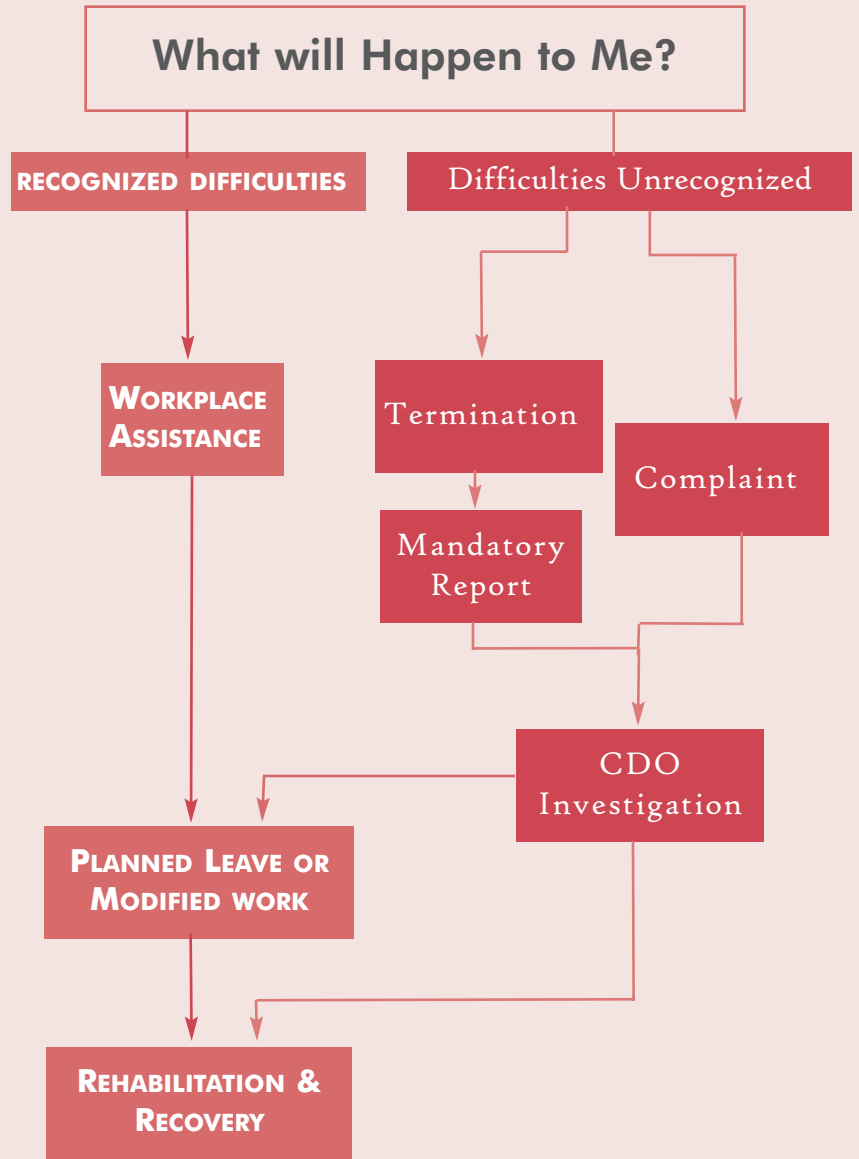
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3. **Cleveland Clinic Health System (2004).** Caregiving: Recognizing burnout.

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Table 1
When Incapacity is recognized in its early stages, the path to healing is much easier



**Excellent dietetic practice
in the interest
of Ontarians.**