

RACP Member Wellbeing Framework

Introduction

Previous work undertaken by the RACP into the [Health of Doctors](#) identified that doctors are not good at taking care of their own health. One reason for this is that by virtue of our chosen profession, we have a natural tendency to put others before our own good. The risk is for this to impact negatively on our own health, with detrimental effects on patient care and our families.

Not only do we and our families have a vested interest in our own health and wellbeing, but with the recent inclusion of this as being a professional responsibility for doctors within the Declaration of Geneva of the World Medical Association (the modern Hippocratic Oath), it has also become an increasing focus of our regulatory medical boards and councils.

As doctors, and particularly as physicians or trainee physicians, the focus of our work to impact the health of our patients is very much on specific areas of physical health. Until recent years, the training of doctors has been implicitly based on the concept of health as the absence of disease. Modern training of medical students takes a more holistic view of health. These concepts also align far better with Indigenous views of health from around the world, not least in Australasia.

Modern definitions view health as a dynamic and adaptive process, responding to changes throughout the course of life. Wellbeing definitions are varied, but incorporate concepts identified from the discipline of positive psychology, including the optimisation of human potential and experience of life. For this reason, definitions of wellbeing are often narrative in nature.

One such definition¹ is as follows:

*The combination of **feeling good** and **functioning well**;*

*The experience of **positive emotions** such as happiness and contentment as well as the development of one's **potential**, having some **control** over one's life, having a **sense of purpose**, and experiencing positive **relationships**.*

1. Huppert, F.A. (2009) *Psychological well-being: Evidence regarding its causes and consequences*. *Applied Psychology in Health and Well-Being*, 1(2):137–64
2. Csikszentmihalyi M., Seligman, M. (2000). *Positive Psychology, an Introduction*
3. Seligman, M. (2012). *Flourish*
4. Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2009). New measures of well-being: Flourishing and positive and negative feelings. *Social Indicators Research*, 39, 247-266.

These concepts are captured in such models as the one put forward by Prof Martin Seligman, one of the co-founders of the concept², in his PERMA-V model for flourishing³:

P – Positive emotions. Having the balance of emotions such as happiness, joy, contentment, fulfilment being more positive than negative.

E – Engagement in tasks that challenge and stimulate us, that bring us the experience of flow.
R – Relationships that are positive and add value mutually to us and other people.

M – Meaningful activities that provide us with a sense of purpose, often because of the impact that they have on the lives of others.

A – Accomplishment and the feeling of achievement; that we are performing tasks that are worthwhile.

V – Vitality. Having the energy and zest for life that provides the stimulus for getting us out of bed with a spring in our step.

RACP Member Wellbeing Framework

The RACP Member Health and Wellbeing Committee's vision is for members to flourish and achieve their full potential in all aspects of life. It would be unrealistically idealistic for all physicians and trainee physicians (or anyone) to be constantly in a state of flourishing as described by the PERMA-V model. It does, however, describe a state that might be thought to be desirable and a concept worthy of individual exploration and contemplation.

Our College would like to support us in that endeavour and accordingly, the RACP Member Health and Wellbeing Committee has developed the Member Wellbeing Framework for all members; at any stage of their career, and in any life circumstances.

In keeping with the whole person approach, the RACP Member Wellbeing Framework draws on Indigenous understandings of wellbeing, in particular *Te Whare Tapa Whā*, a Māori model of health and wellbeing developed by Sir Mason Durie. While recognising that our model is not *Te Whare Tapa Whā*, we acknowledge Sir Mason Durie's pioneering work.

The RACP Member Wellbeing Framework uses a four-domain model of health framework that resonates with these principles and includes the integration of the domains of physical, psychological, social & emotional and cultural & spiritual health, all within the context of our environment and our relationship with nature and the land on which we live.

We recognise that wellbeing is a journey that incorporates highs and lows, and that clarity of direction and access to the right tools can support members in navigating their own paths.

1. Huppert, F.A. (2009) *Psychological well-being: Evidence regarding its causes and consequences*. *Applied Psychology in Health and Well-Being*, 1(2):137–64
2. Csikszentmihalyi M., Seligman, M. (2000). *Positive Psychology, an Introduction*
3. Seligman, M. (2012). *Flourish*
4. Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2009). New measures of well-being: Flourishing and positive and negative feelings. *Social Indicators Research*, 39, 247-266.



These four domains are considered in the context of our environment and our relationship with nature as well as the land on which we live.



The first domain is our **physical health**, which refers to the state of an individual's physical body and how well it operates.



The second domain is our **psychological health**, which includes cognitive, emotional and behavioural components that interact and influence each other.

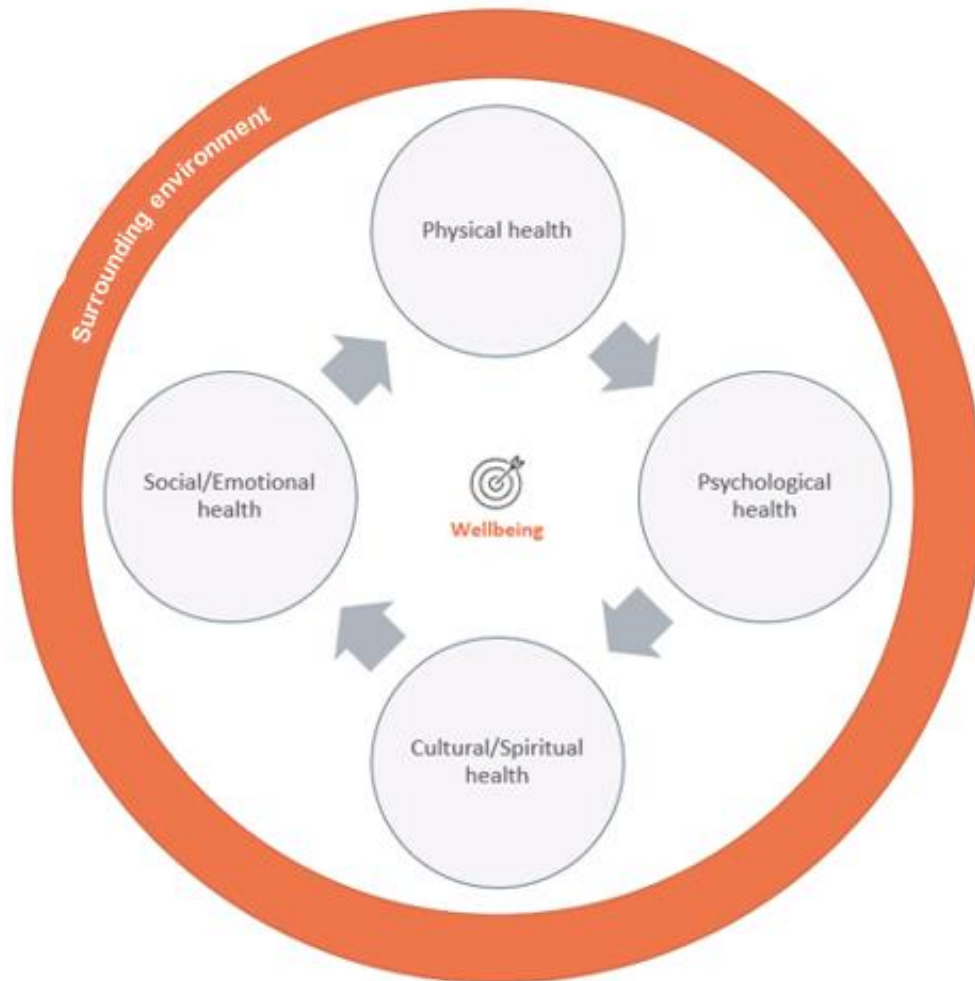


The third domain is our **social and emotional health**, which incorporates one's capacity to form secure relationships, and to experience and regulate their emotions.



The fourth domain is that of **cultural and spiritual health**, which encompasses how we view our individual purpose within the world, as well as our connections with our true self, others as well as potentially something greater than ourselves.

1. Huppert, F.A. (2009) *Psychological well-being: Evidence regarding its causes and consequences. Applied Psychology in Health and Well-Being*, 1(2):137–64
2. Csikszentmihalyi M., Seligman, M. (2000). *Positive Psychology, an Introduction*
3. Seligman, M. (2012). *Flourish*
4. Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2009). New measures of well-being: Flourishing and positive and negative feelings. *Social Indicators Research*, 39, 247-266.



RACP Member Wellbeing Framework

1. Huppert, F.A. (2009) *Psychological well-being: Evidence regarding its causes and consequences*. *Applied Psychology in Health and Well-Being*, 1(2):137–64
2. Csikszentmihalyi M., Seligman, M. (2000). *Positive Psychology, an Introduction*
3. Seligman, M. (2012). *Flourish*
4. Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2009). New measures of well-being: Flourishing and positive and negative feelings. *Social Indicators Research*, 39, 247-266.