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# How healthcare professionals can change the systems damaging our climate

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For many of us working in health systems across the world, what connects us is the motivation to help—to care for and improve the health of individuals, communities, and wider society. Because a healthy environment and climate is a building block of health, acting to tackle climate disruption is a core feature of responsible and helpful healthcare systems.

But many of us face substantial barriers to contributing to action against climate disruption in our roles. For some, the conditions of work offer us little time or energy to engage. Others who do have time to research and advocate for necessary policy shifts might find that the systems that hold climate damaging conditions in place are not changed by the evidence base.

Where does this leave health professionals with a commitment to help? Often frustrated and fatalistic. But we do have the means to drive systemic change. Understanding how systems come to be constructed, and what holds them in place, shines a light on how people working in health can change the systems damaging our climate.

## How are systems constructed and deconstructed?

All human systems are created by decisions people have made. These decisions flow, not from logic as we would like to believe, but from the invisible assumptions that cultures are built on and the cognitive and physical processes that have evolved to protect these assumptions. These assumptions—variously called cultural mindsets, mental models, cognitive schemas—provide all of us with unconscious explanations about how the world works.<sup>1,2</sup> All information we receive is interpreted through these models to help us “think fast and decide fast,” as Daniel Kahneman aptly puts it. These models are “physically realised in neural circuits in the brain.”<sup>3</sup> Neural circuits that tell us what our roles are in the world, how we should relate to each other and the world, how problems should be solved, what should even be considered a problem.

I worked on research about shifting modes of transport and climate, for example. My co-authors and I identified a powerful shared mindset that we coined “transport is cars.”<sup>4</sup> When asked in broad terms about transport in New Zealand (Aotearoa), members of the public would frequently mention their role as a car driver and relate to transport matters through driving, such as car parking problems, congestion on the roads, the price of fuel, and road deaths. The need for more and better roads was the most frequent problem identified with transport. People thought about active modes of transport infrequently. They also did not consider

pedestrians, those who didn’t or couldn’t drive, or the idea that roads could serve a purpose other than to move vehicles. Transport was almost never thought of in relation to climate or health issues. These mindsets are set and enforced by key people and organisations in our information environment—the car industry, for example, has a large role in framing that “transport is cars.”

These models are also embedded in our institutions. Institutions set the framework for policy makers to determine policy goals and tools and consider the evidence and the nature of a problem.<sup>5</sup> Air pollution is a major cause of excess mortality in New Zealand. Vehicle emissions are a major contributor to air pollution, as well as climate change. The evidence is clear about the benefits to human and environmental health that a stronger policy approach would bring. Yet many people working on policy making fail to see air pollution as a problem in need of solving. Shallow assumptions about private vehicle use (transport is cars) and air quality (invisible both literally and metaphorically) set the framework for policy making more than the evidence—facts simply do not penetrate the unconscious model and the mental shortcuts our minds use to protect what is “known.”<sup>6</sup>

To shift and maintain policies, practice, relationships, funding, and behaviours that comprise a system, we must shift the invisible cultural assumptions that inform them. One powerful tool we can use is our communication—more specifically how we frame discussion about climate disruption to change how people see the problem and solutions.

## What is framing and how does it affect climate action?

All our communication activates some cultural mindsets, while deactivating others. We are always framing information in certain ways. Every day, health professionals make choices about how to present a topic to patients. These choices—the framing that is used—affect how people think and reason and the decisions they make about their health. The language, metaphors, words, images, and stories we choose are how we frame information and how the neural circuits associated with particular models are activated.

In research that I worked on with colleagues, we observed one very frequent way of framing information used in relation to climate change—the consumer frame.<sup>7</sup> By this I mean that climate problems and solutions are most often framed through people’s roles as consumers in a market. We found people in local government, for example, frequently present climate change matters to

communities through their role as “tax payers” or “property owners.” They are asked to help tackle climate change by taking individual consumer behaviour, such as buying an e-car, choosing to ride a bike, or maintaining their property. When the neural pathways relating to the consumer frame are switched on, what is switched off are our roles as citizens, parents, leaders, care givers, and community members.<sup>7</sup> It makes it harder for people to see the relevance of actions that don’t involve exchanges of money or goods. Some of the activities that local governments want people to engage in—such as local level planning for flooding effects—are obscured by the consumer frame and are much more likely to be treated as irrelevant.

The more a cultural mindset is framed, the more “normal” the ideas seem. Meanwhile, alternative cultural mindsets—those that allow people to consider effective climate policies and practices—become less normal.

### What framing tools can we use?

The first and best action we can take is to be aware of how we frame information with the people we care for and in the health systems we work in. We need to become more aware of the language, metaphor, and framing choices we make. Those of us motivated to shift systems can inadvertently use frame information in ways that undermine our own goals—for example, talking about people as consumers. A switch away from the consumer frame to the community or citizen frame is one powerful action we can take.

As people working in healthcare, we are trained to listen to the people we care for. By doing this, we can listen for people’s values and their core motivations. Framing our communications through people’s prosocial values, such as responsibility, helpfulness, and care for others and the places we love, connects people to climate matters through their deepest motivations. These motivations are located in cultural mindsets that allow for people to consider climate change solutions.

For many health professionals, especially those working in primary care, patients’ health matters like physical activity and nutrition overlap with climate considerations. We can frame climate as a way for patients to improve their health, for example by talking to a patient about active transport as a way to care for themselves and the climate.

Finally, people who work in health are also citizens who can engage with the government, parents and care givers who support children, employees who contribute to workplaces, leaders who talk with others who lead. Our work as healthcare professionals means we have unique insights to offer about health and the climate. Using effective framing about climate change and health in all our roles provides an opportunity to contribute to climate action across all the communities we are part of.

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