DISRUPTION FOR HEALTHY FUTURES

The health and wellbeing of doctors

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National study of wellbeing of hospital doctors in Ireland

THE IRISH TIMES FORUM BY AND FOR IRISH CITIZENS ABROAD

Loss of our young people, medical brain drain and more

Round up of articles relating to emigration from The Irish Times this week

News

ıior doctor who took own life orked immoral hours, mum tells ınquest

PUBLISHED
19/11/2013 | 02:00

News Courts

Tragic doctor died after taking cocktail of hospital drugs

Eimear Cotter
August 21 2013 5:00 AM

A YOUNG doctor took his own life with a cocktail of medications he took from a Dublin hospital where he had been working, an inquest has heard.

Dr Adam Osborne, who was originally from Belfast, visited the A&E Department of Tallaght Hospital the day before he took the drugs and died.

The 29-year-old, of Limewood Court, Curraheen Road, Bishopstown, Co Cork, had just started a job in Cork University Hospital and was in Dublin for the weekend to see his girlfriend.

Dublin Coroner's Court heard Dr Osborne had suffered from depression and had previously made an attempt on his life.

He also had issues with codeine in the last eight months of his life.

Ciara Kirke, drug safety coordinator at Tallaght Hospital, said a review of the storage of medication was completed following the death of Dr Osborne, and a number of recommendations have been implemented.

Dublin Coroner Dr Brian Farrell recorded a verdict of death by suicide.

Both his girlfriend and a college friend said Dr Osborne had been feeling unwell in the days leading up to his death.

His girlfriend, Dr Mairead Byrne, said he stayed in her apartment in Dublin on July 13

Complaints against doctors rising

[Posted: Thu 30/05/2013 by **Niall Hunter**, Editor www.irishhealth.com]

The number of complaints about doctors to the Medical Council increased by 12% last 423.

According to the Council's latest annual report, its Preliminary Proceedings Committee looks into complaints, made decisions in relation to 396 complaints and referred 56 to t Fitness to Practise Committee.

HOME » BREAKING NEWS » LIFESTYLE » FEATURES

Sick of being a doctor: Over-worked hospital medics pushed towards the brink

f SHARE 104 TWEET Google+ SHARE Irish Examiner

Friday, April 13, 2018 - 03:00 PM

IN the last six years, Donal*, a hospital doctor in his early 30s, has worked in nine different hospitals, in Ireland and abroad.

Since 2012, he has also lived in a different county each year, as part of his specialist training.

His position seems enviable — as a highly paid specialist registrar, he has just a few years to go before becoming a consultant, the pinnacle of his profession.

FRIDAY, FEBRUARY 10, 2017 THE SYDNEY MORNING HERALD 17

smh.com.au/comment

Medicine's dark, rotten secret

A junior doctor in Sydney writes about the overwhelming pressure placed on doctors during their training.

In the year it has taken for me to complete my training as a junior doctor, three of my colleagues have killed themselves. These are just the ones I've heard about.

I've read articles that refer to suicide among doctors as "the profession's grubby little secret" but I'd rather call it exactly how it is: the profession's shameful and disgusting open secret.

Medical training has long had its culture rooted in ideals of suffering. Not so much for the patients – which is often sadly a given – but for the doctors training inside it. Every generation always looks down on the generation training after it: no one ever had it as hard as them, and thus you deserve to suffer just as much, if not more.

This dubious school of thought has long been acknowledged as standard practice. To be a good doctor you must work harder, stay later, know more, and never falter. Weakness in medicine is a failing and, if you admit to struggling, it's thought that you simply can't hack it. In the cut-throat, brutal culture of medicine, many junior doctors stay stoically mute in the face of daily, soul-destroying adversity. In these worst cases, their loudest gesture is deafeningly silent. The thought of years of knowledge and training being used for such purposes is not only sickening, it is heartbreakingly sad.

Extremely long hours, little financial remuneration (particularly while training), discouragement to claim overtime, and extreme shortage of training places leave many doctors of my generation feeling as if we don't have many options.

Colleagues compete with one another because it's how we have been conditioned to behave; we all know one bad mistake or disagreement with an important superior is all it takes to end a career you've already devoted seven-plus years of your life to, and you haven't even really started yet.

To not "specialise" is seen as a cop-out. Anyone who openly admits to wanting a more lifestyle-friendly medical career path is more often than not looked down upon. You're left feeling much of the time that, whatever you do, it's simply never going to be quite good enough.

When I asked my friends who were not doctors if three people in their cohort had killed themselves in the past year, they looked horrified. There would be some kind of inquiry, they said, some action. Some kind of introspective analysis into their workplace that tried to findan answer for what had occurred. Doctors tend to receive an email from our management with a link to a counselling service, then we go to work and pretend nothing has happened.

No doctor I know, particularly juniors trying to pass exams and get into training programs, will ever voluntarily seek help, because they are afraid of being labelled as weak or not coping.

Junior doctors are called the backbone of the medical profession but, at the same time, it feels all too often as if we are its collective punching bag. We are expected to work well beyond our rostered hours. We are told we must pay thousands of dollars for courses and exams and further our knowledge, but we are all too often humiliated by our seniors in high-stress environments because, for all the things we know, we can never know enough.

When I think about all the things I have learnt, one stands out very clearly. There is something rotten inside themedical profession that has been festering for a long time. There is no realistic cure. The statistics on doctor suicide and mental health have been clear for years and yet our responses and solutions feel perfunctory at best and shameful at worst.

I don't want to get "doctor suicide fatigue", where another death is not a tragedy but rather an unpleasant expectation. When a patient dies unexpectedly there is an investigation and a debrief and someone writes a report and steps are put in place to ensure this doesn't happen again. Where is this investigation when a doctor dies?

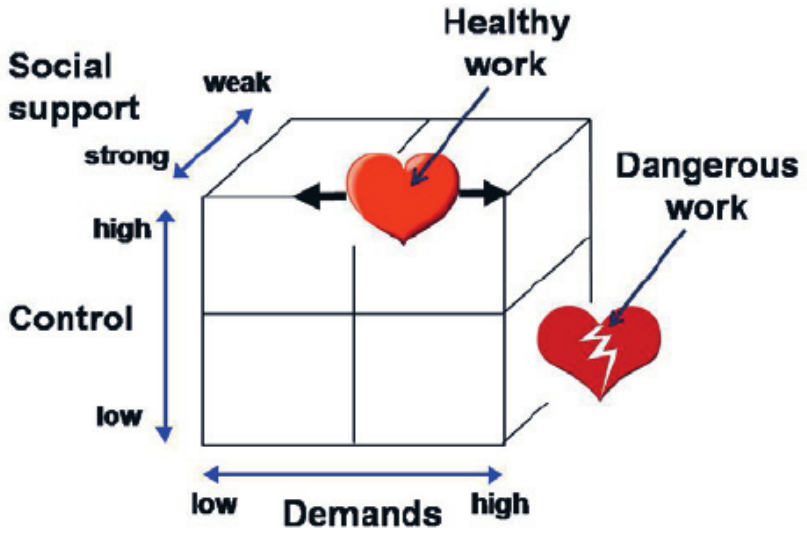
Junior doctors deserve better than what we are being given. It is time for the medical profession to look deep inside itself and fix the cancer that has been growing for far too long. If they don't, the cost is simply too high.

Lifeline 131 114; MensLine 1300 789 978; beyondblue 1300 224 636

- The Sydney Morning Herald
- February 10th 2017
- Published in the wake of death by suicide of 3 of the author's colleagues
- *'the profession's grubby little secret'*
  - versus
- *'the professions shameful and disgusting open secret'*

Work and health

- Links between work and health are well documented
- Work with excessive demand coupled with low support and control has a negative impact
- A negative psychosocial environment in work is associated with depression and other CMDs



The King's Fund Ideas that change health care

- *'What we know is that stress kills people. It causes heart disease, it causes relationships to break up, it causes poor immune functioning - it is a really clear killer in society.'*
- *'The paradox at the heart of the health service is that we are damaging and killing the very people who are committing their working lives to caring for the health and wellbeing of other people. We are actually creating more customers for our system. It's a deeply disturbing paradox.'*

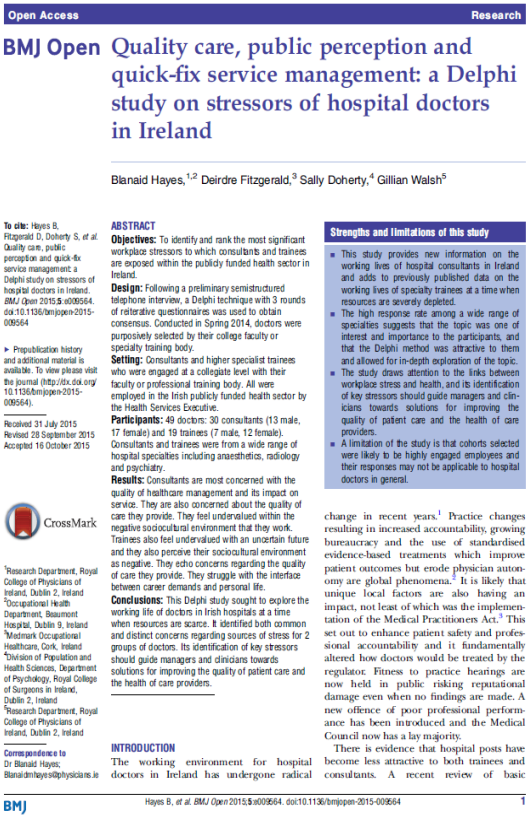
Michael West, Head of Thought Leadership at the King's Fund, January 14th 2016
http://careers.bmj.com/careers/advice/Stress_of_working_for_NHS_is_killing_staff,_King%E2%80%99s_Fund_says

Workplace Stress in Hospital Doctors:

ID sources

Measure wellbeing indices

Inform solutions



Open Access Research

BMJ Open

Quality care, public perception and quick-fix service management: a Delphi study on stressors of hospital doctors in Ireland

Blanaid Hayes,[1,2] Deirdre Fitzgerald,[3] Sally Doherty,[4] Gillian Walsh[5]

To cite: Hayes B, Fitzgerald D, Doherty S, *et al*. Quality care, public perception and quick-fix service management: a Delphi study on stressors of hospital doctors in Ireland. *BMJ Open* 2015;**5**:e009564. doi:10.1136/bmjopen-2015-009564

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ABSTRACT

Objectives: To identify and rank the most significant workplace stressors to which consultants and trainees are exposed within the publicly funded health sector in Ireland.

Design: Following a preliminary semistructured telephone interview, a Delphi technique with 3 rounds of reiterative questionnaires was used to obtain consensus. Conducted in Spring 2014, doctors were purposively selected by their college faculty or specialty training body.

Setting: Consultants and higher specialist trainees who were engaged at a collegiate level with their faculty or professional training body. All were employed in the Irish publicly funded health sector by the Health Services Executive.

Participants: 49 doctors: 30 consultants (13 male, 17 female) and 19 trainees (7 male, 12 female). Consultants and trainees were from a wide range of hospital specialties including anaesthetics, radiology and psychiatry.

Results: Consultants are most concerned with the quality of healthcare management and its impact on service. They are also concerned about the quality of care they provide. They feel undervalued within the negative sociocultural environment that they work. Trainees also feel undervalued with an uncertain future and they also perceive their sociocultural environment as negative. They echo concerns regarding the quality of care they provide. They struggle with the interface between career demands and personal life.

Conclusions: This Delphi study sought to explore the working life of doctors in Irish hospitals at a time when resources are scarce. It identified both common and distinct concerns regarding sources of stress for 2 groups of doctors. Its identification of key stressors should guide managers and clinicians towards solutions for improving the quality of patient care and the health of care providers.

Strengths and limitations of this study

- This study provides new information on the working lives of hospital consultants in Ireland and adds to previously published data on the working lives of specialty trainees at a time when resources are severely depleted.
- The high response rate among a wide range of specialties suggests that the topic was one of interest and importance to the participants, and that the Delphi method was attractive to them and allowed for in-depth exploration of the topic.
- The study draws attention to the links between workplace stress and health, and its identification of key stressors should guide managers and clinicians towards solutions for improving the quality of patient care and the health of care providers.
- A limitation of the study is that cohorts selected were likely to be highly engaged employees and their responses may not be applicable to hospital doctors in general.

INTRODUCTION

The working environment for hospital doctors in Ireland has undergone radical change in recent years.[1] Practice changes resulting in increased accountability, growing bureaucracy and the use of standardised evidence-based treatments which improve patient outcomes but erode physician autonomy are global phenomena.[2] It is likely that unique local factors are also having an impact, not least of which was the implementation of the Medical Practitioners Act.[3] This set out to enhance patient safety and professional accountability and it fundamentally altered how doctors would be treated by the regulator. Fitness to practice hearings are now held in public risking reputational damage even when no findings are made. A new offence of poor professional performance has been introduced and the Medical Council now has a lay majority.

There is evidence that hospital posts have become less attractive to both trainees and consultants. A recent review of basic

BMJ Open 2015;**5**:e009564 doi:10.1136/bmjopen-2015-009564

- Planning and decision making
- Undervalued
- Quality of patient care
- Impact of work on personal life

National Cross Sectional Survey

- *Aim: to assess psychological wellbeing in Irish hospital doctors with a view to informing future interventions*
- Funded largely by HSE
- Engagement of training bodies
- Branding and incentives
- Questionnaire design:
  - Standard instruments

National Survey (data collected 2014)

Captures and explores:

- Demographic Details
- Career Satisfaction
- Lifestyle
- Wellbeing
- Workplace Wellbeing

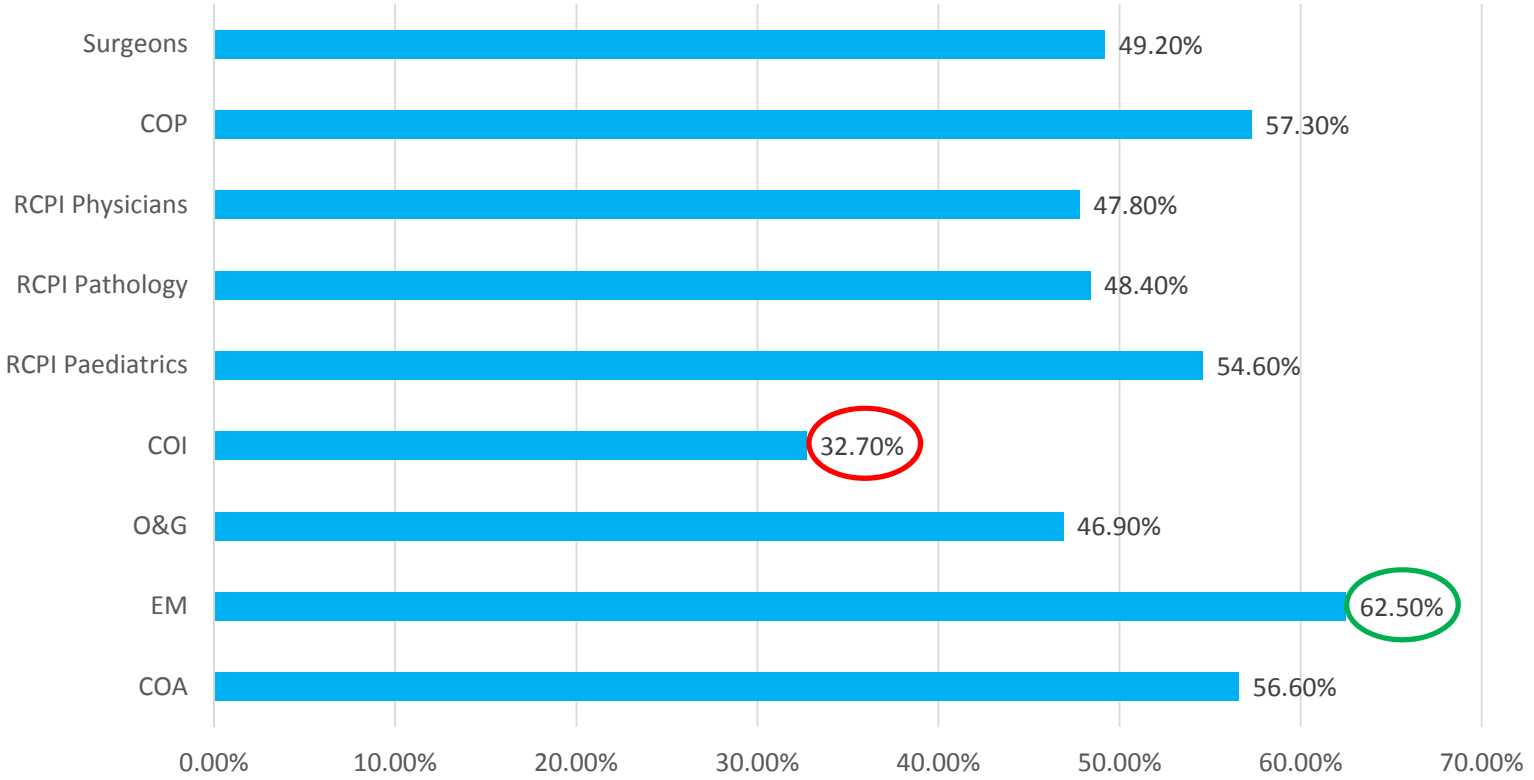
Sample

- Randomised sample
- 1863 completed
- 1749 met inclusion criteria (response rate 55%: consultants 60%, trainees 51%)

Analysis

- M= 50.5% F= 49.5%
- Consultants ~ trainees
- 85% Irish nationality

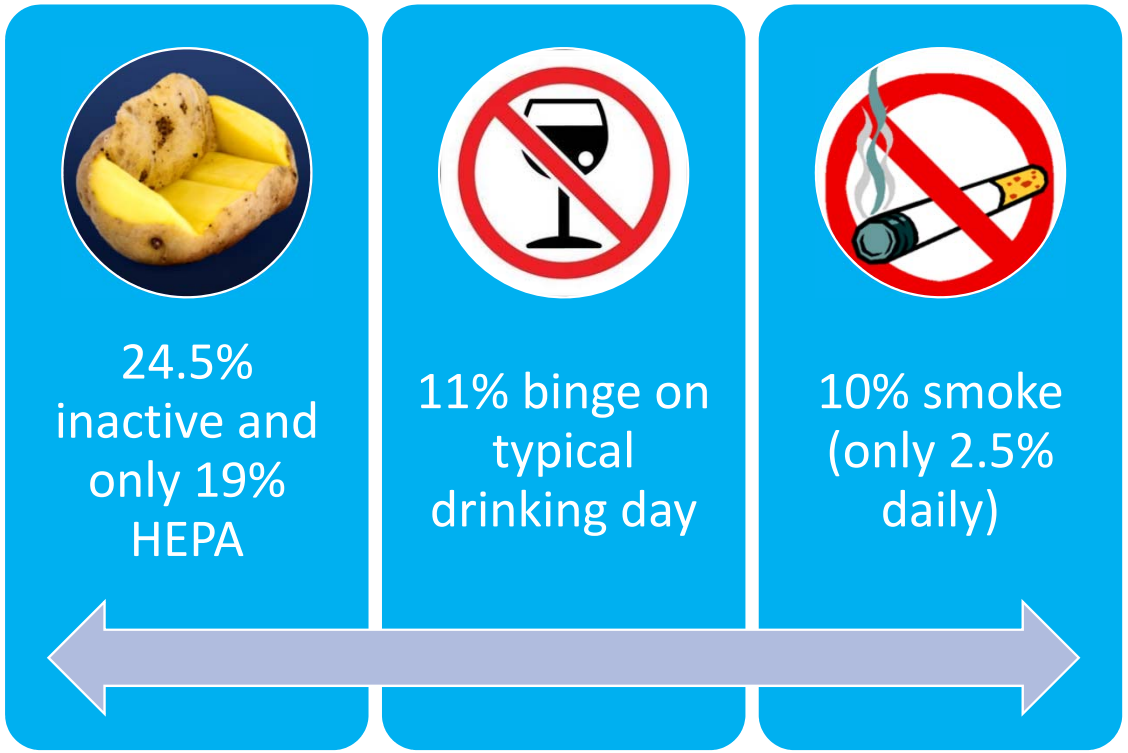
Response rates by specialty




Results
NEXT EXIT

Published April 2017

https://www.rcpi.ie/news/publication/national-study-of-wellbeing-of-hospital-doctors-in-ireland/


24.5% inactive and only 19% HEPA
11% binge on typical drinking day
10% smoke (only 2.5% daily)

Doctors don't Dolittle.....

Workload

Workload for doctors in a full-time role as measured by weekly mean hours at work over a two week period was 57.9 (SD = 14.2) hours. The mean hours worked weekly for consultants were 55.7 (SD = 14.1), for HSTs 61.74 (SD = 14.8) and for BSTs 59.8 (SD = 12.7).

Doctors in anaesthesia (60.3), paediatrics (61) and surgery (69.4) reported working over 60 hours. (Figure 1)

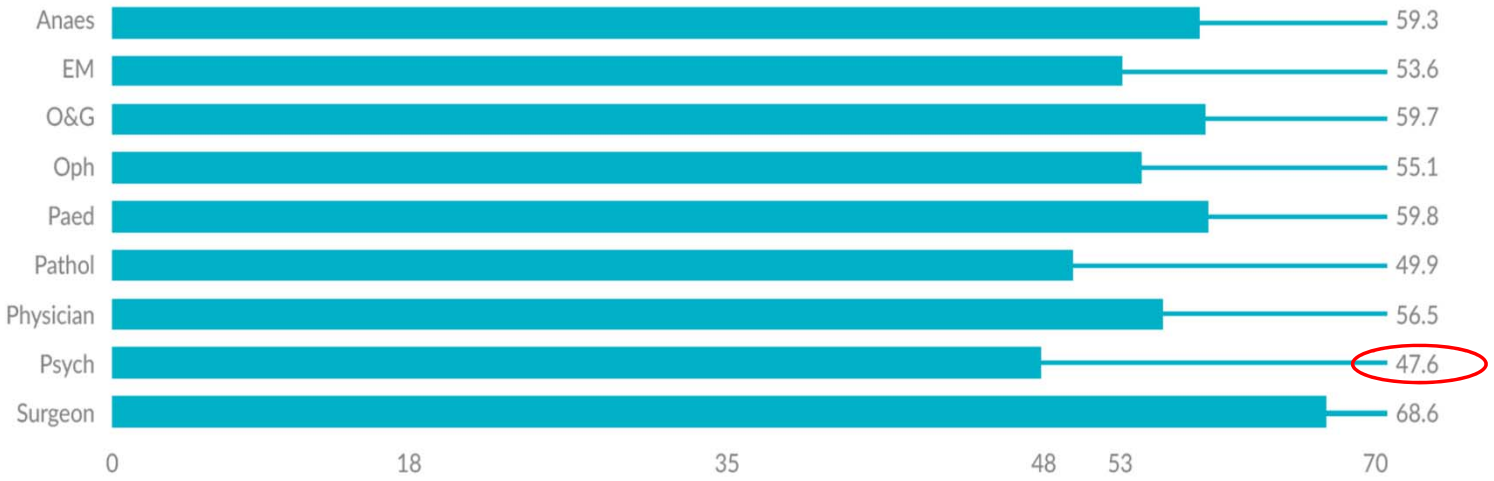
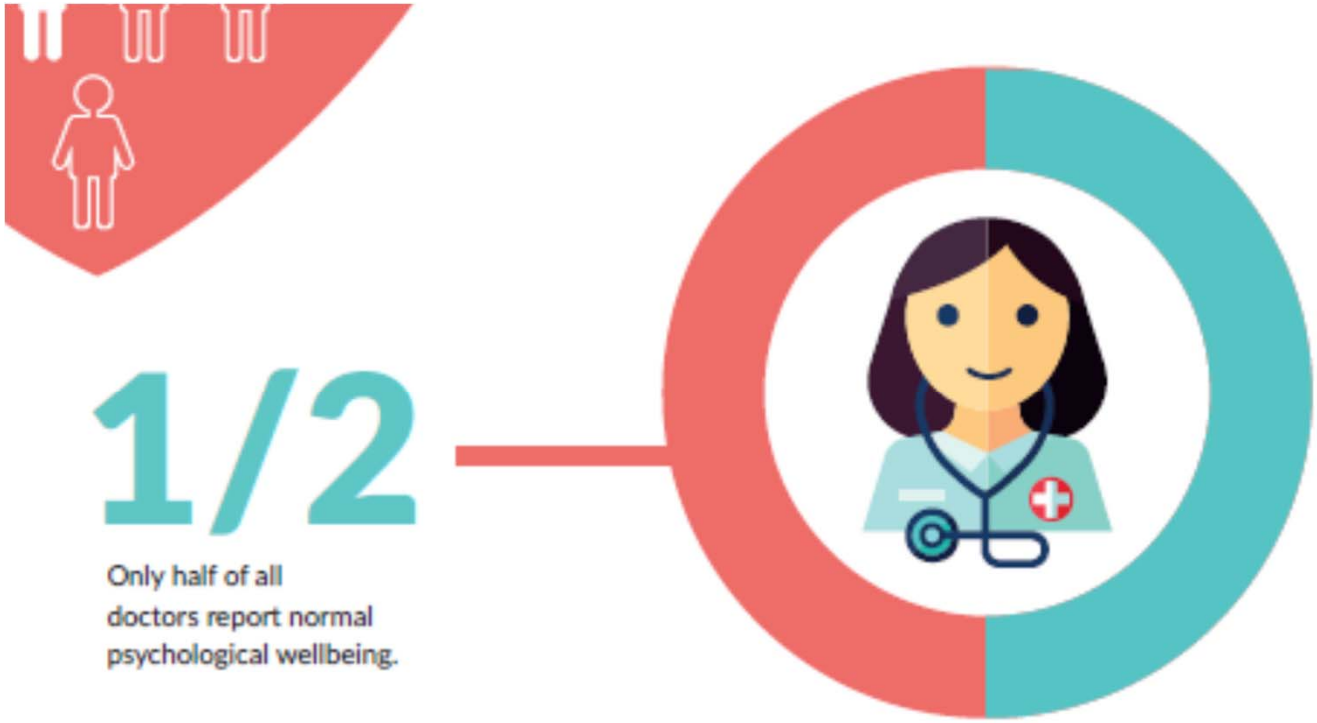


Figure 1. Mean hours worked over previous two weeks per specialty.



1/2

Only half of all doctors report normal psychological wellbeing.

Personal wellbeing (WHO-5 & DASS 21)

		Consultants	HSTs	BSTs	Total
Subjective wellbeing (WHO-5)	Normal	59.5%	40.1%	39.7%	50.5%
	Low mood	22.7%	32.3%	33.1%	27.3%
	Likely depression	17.8%	27.6%	27.2%	22.2%
Depression (DASS-21)	Normal	80.5%	67.9%	68.3%	74.8%
	Mild/Moderate	14.9%	23.4%	19.6%	18%
	Severe/Extremely Severe	4.5%	8.7%	12.1%	7.1%
Anxiety (DASS-21)	Normal	89%	74.5%	67%	80.7%
	Mild/Moderate	7.9%	16.9%	21.9%	13.2%
	Severe/Extremely Severe	3%	8.7%	11.0%	6.1%
Stress (DASS-21)	Normal	75.9%	65.8%	60.8%	70.2%
	Mild/Moderate	16%	22.9%	28%	20.2%
	Severe/Extremely Severe	8%	11.4%	11.3%	9.5%

Highly significant between grade differences (p <.001) across all measures

BMJ Open

What's up doc? A national cross-sectional study of psychological wellbeing of hospital doctors in Ireland

Blánaid Hayes,[1,2] Lucia Prihodova,[2] Gillian Walsh,[2] Frank Doyle,[3] Sally Doherty[3]

To cite: Hayes B, Prihodova L, Walsh G, *et al*. What's up doc? A national cross-sectional study of psychological wellbeing of hospital doctors in Ireland. *BMJ Open* 2017;7:e018023. doi:10.1136/bmjopen-2017-018023

► Prepublication history and additional material for this paper are available online. To view these files, please visit the journal online (http://dx.doi.org/10.1136/bmjopen-2017-018023).

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ABSTRACT

Objectives To measure levels of psychological distress, psychological wellbeing and self-stigma in hospital doctors in Ireland.

Design National cross-sectional study of randomised sample of hospital doctors. Participants provided sociodemographic data (age, sex, marital status), work grade (consultant, higher/basic specialist trainee), specialty and work hours and completed well-being questionnaires (the Depression Anxiety Stress Scale, WHO Well-being Index, General Health Questionnaire) and single-item scales on self-rated health and self-stigma.

Setting Irish publicly funded hospitals and residential institutions.

Participants 1749 doctors (response rate of 55%). All hospital specialties were represented except radiology.

Results Half of participants were men (50.5%). Mean hours worked per week were 57 hours. Over half (52%) rated their health as very good/excellent, while 50.5% reported positive subjective well-being (WHO-5). Over a third (35%) experienced psychological distress (General Health Questionnaire 12). Severe/extremely severe symptoms of depression, anxiety and stress were evident in 7.2%, 6.1% and 9.5% of participants (Depression, Anxiety, Stress Scale 21). Symptoms of distress, depression, anxiety and stress were significantly higher and levels of well-being were significantly lower in trainees compared with consultants, and this was not accounted for by differences in sociodemographic variables. Self-stigma was present in 68.4%.

Conclusions The work hours of doctors working in Irish hospitals were in excess of European Working Time Directive's requirements. Just over half of hospital doctors in Ireland had positive well-being. Compared with international evidence, they had higher levels of psychological distress but slightly lower symptoms of depression and anxiety. Two-thirds of respondents reported self-stigma, which is likely to be a barrier to

Strengths and limitations of this study

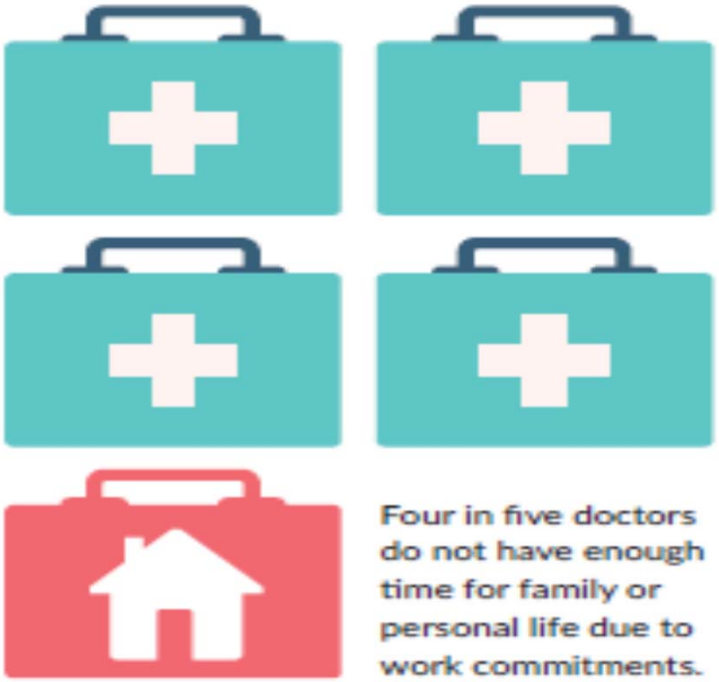
- This study provides new information on levels of well-being in a national cohort of hospital doctors in Ireland in the aftermath of the country's economic crises, which resulted in substantial cut backs in health expenditure and workforce depletion.
- The utilisation of widely used standard instruments allows for comparison with previous studies of the profession and the national population.
- The good response rate and the range of specialties represented validates the results as being representative.
- The population surveyed did not include doctors who may well be experiencing even greater distress including the most junior grade (interns) and those occupying service posts who are not registered with a postgraduate training body.
- The study is limited by the fact that it is cross-sectional in design and one cannot determine whether the associations observed are causally related or the potential direction of any effects.

developments contribute to ever spiralling costs, which governments seek to control while striving to improve the quality of patient care. Indeed, the utilisation of huge resources does not always translate into the delivery of high-quality care,[3] which is a growing challenge for doctors to provide in an environment where one's autonomy is eroded by cost containment and increasing targets.[4] While many of these changes are global phenomena, the situation in Ireland has been compounded by recent drastic cuts

[1]Occupational Health

http://bmjopen.bmj.com/content/bmjopen/7/10/e018023.full.pdf

4 in 5



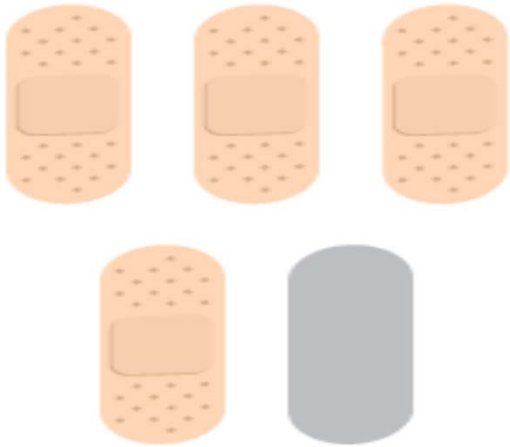
Four in five doctors do not have enough time for family or personal life due to work commitments.

Work life balance

		Consultants	HSTs	BSTs	Total
Work-life balance (Work leaves enough time for their family /personal life)	Agree/ Strongly Agree	28.3%	13.9%	16.6%	22.3%
	Neutral	18.8%	17.9%	18.7%	17.8%
	Disagree/ Strongly disagree	63%	71.2%	64.7%	59.99%

4 out of 5

Doctors reported working at a time when they were ill or injured.



Work ability score (WAS)

'how would you rate your current work ability compared with your lifetime best?'

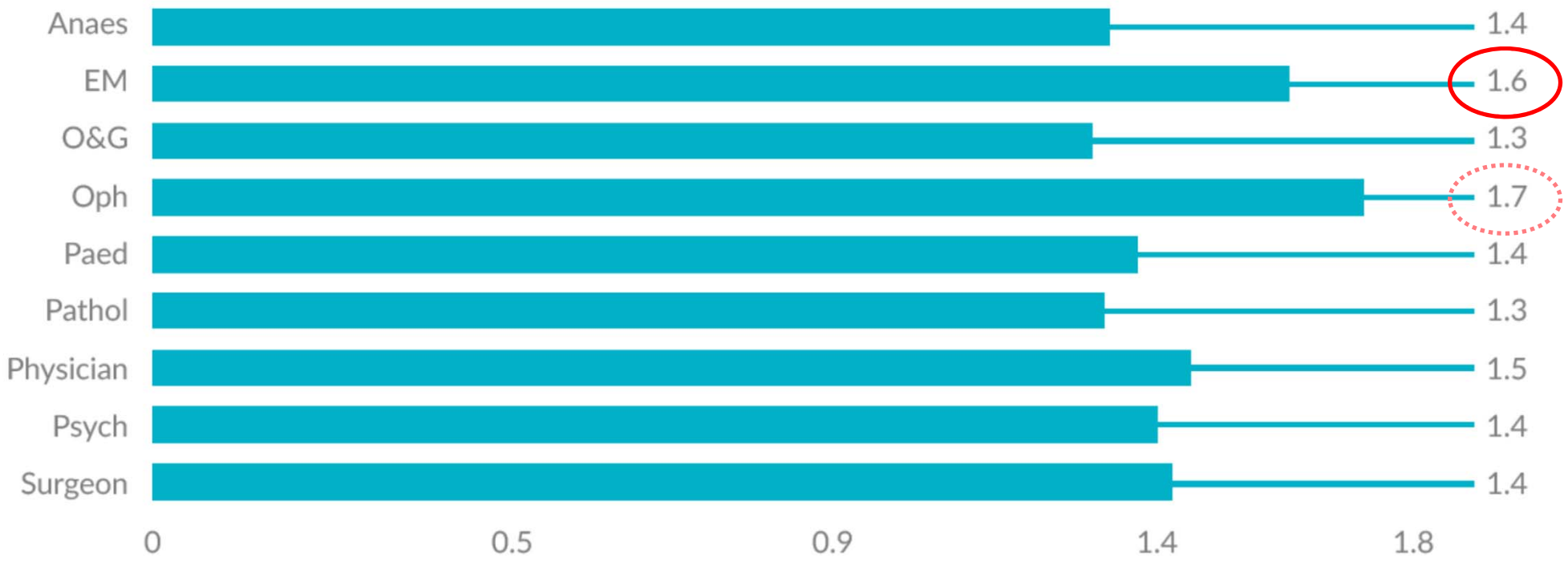
- Options 0-10
- Score < 6 indicates insufficient work ability
- Mean level of WAS= 6.5 (SD=2.0)
- 29.2% respondents had insufficient workability

Work stress (ERI)

		Consultants		HSTs		BSTs		Total	
		mean	SD	mean	SD	mean	SD	mean	SD
Effort Reward Imbalance (ERI)	Effort reward ratio	1.4	0.5	1.5	0.6	1.4	0.5	1.4	0.6
	Effort*	3.4	0.7	3.3	0.6	3.1	0.6	3.2	0.7
	Reward*	2.6	0.5	2.3	0.6	2.4	0.5	2.4	0.6
	Over-commitment*	2.6	0.6	2.7	0.6	2.6	0.6	2.6	0.6

*Range from 1 to 4, where higher number indicates higher level of effort/reward/over-commitment

Work stress (ERI) per specialty



1 in 3

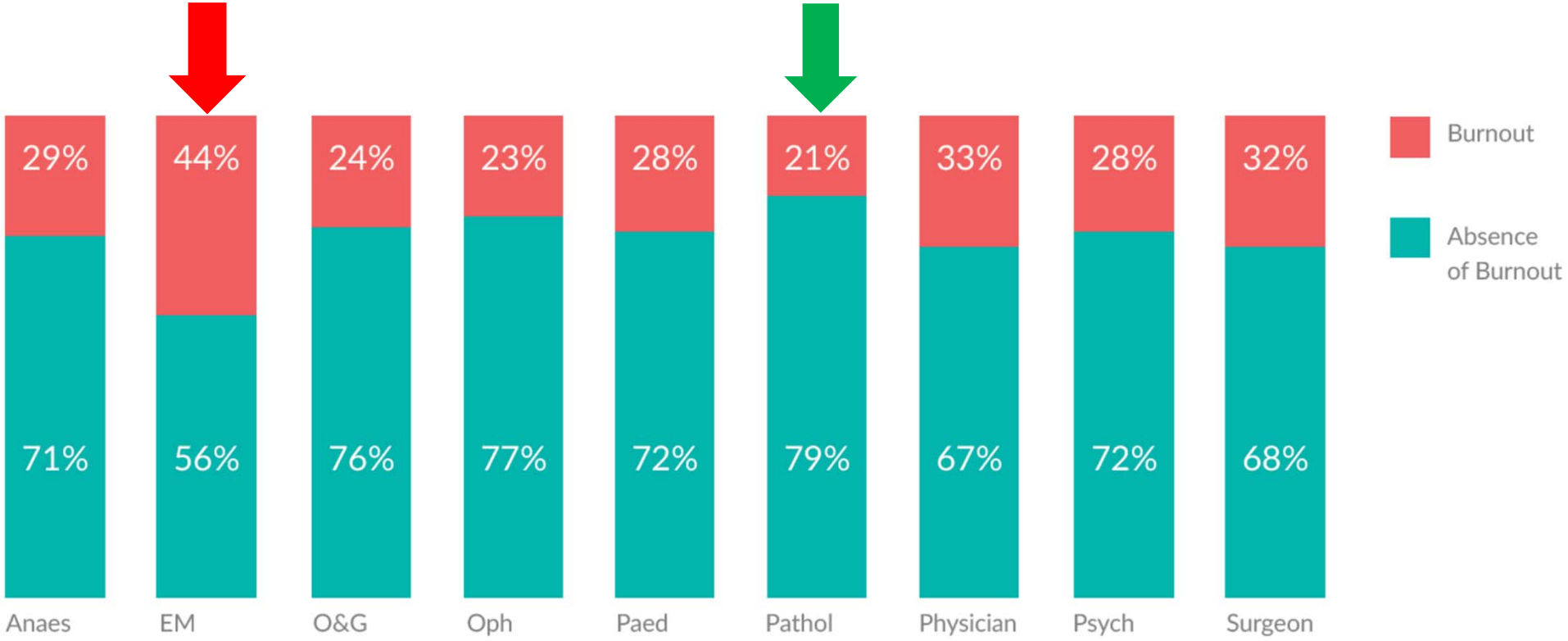
One in three doctors suffer burnout.

Burnout* (MBI)

	Consultants	HSTs	BSTs	Total
Burnout	24.4%	38%	38.4%	30.7%
Absence of burnout	75.6%	62%	61.6%	69.3%

*As determined by the EE+1 rule

Burnout across specialties



Burnout in hospital doctors in Ireland

Workplace factors

- Lower satisfaction with career choice (OR 1.18 [CI: 1.02-1.35])*
- Lower workability (OR 0.89 [CI: 0.89-1.04])***
- Presenteeism (OR 0.85 [CI: 0.85-0.96])*
- Work stress (OR 1.57 [OR:1-2.04])***
- Overcommitment (OR 1.19 [CI: 1.14-1.24])***
- Practising in emergency medicine than in any other hospital specialty (OR 0.16-0.36 for other specialties)

Personal

- Younger age ***
- Male sex (OR 1.9 [CI: 1.46-2.49])***
- Higher symptoms of depression (OR .98 [CI:0.96-1])*
- Higher symptoms of stress (OR 0.92 [CI: 0.9-0.94])***

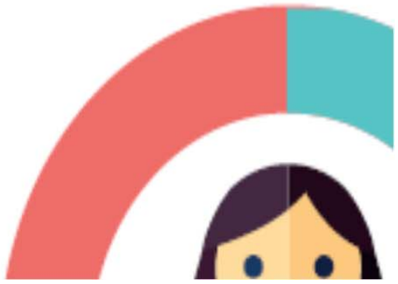
No effect

Work hours or years of practice

* p <0.5 ** p< 0.01 *** p< 0.001

7/10

Seven out of ten doctors love what they do and have a strong desire to practise medicine.



2/3

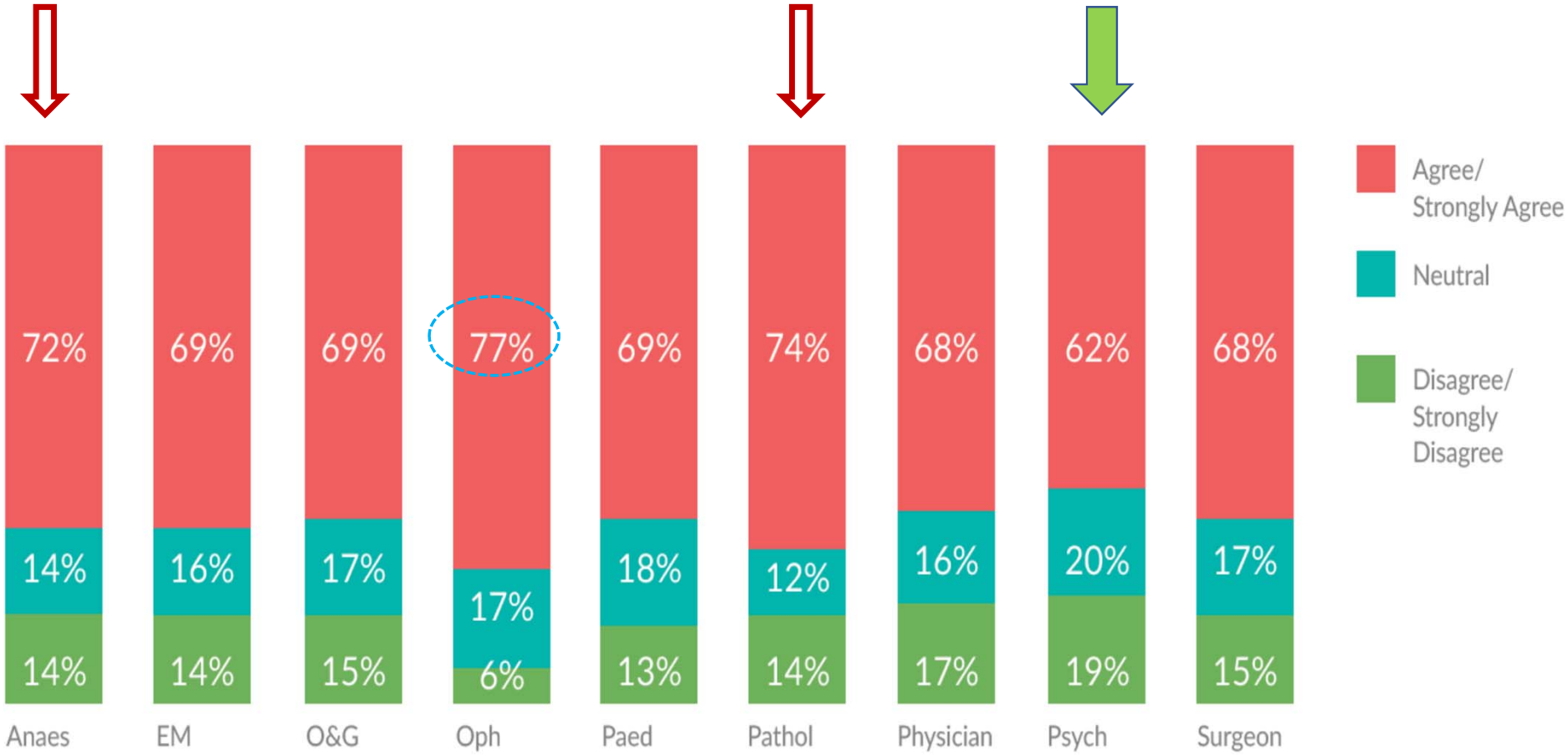
Two thirds reported that if they were experiencing mental health problems they wouldn't want others to know (self-stigma)

Perceived stigma / self-stigma

		Consultants	HSTs	BSTs	Total
Perceived stigma/ self –stigma	Disagree/ Strongly disagree	16.3%	14.6%	14.2%	15.4%
	Neutral	17.5%	14.4%	15%	16.2%
	Agree/ Strongly Agree	66.2%	71%	70.8%	68.3%

Figure in Irish population survey was 52% (2007)
Figure in SEG 1, 2 was 55%

Perceived stigma/ self-stigma



Free-text Responses (N=884)

'I feel professionally abused by the Irish health system. I am critically burnt out and have become of limited use to the health system. I think I need to retire early to protect my existing sanity' (Pathology, 270)

'Becoming numb to the sensation of being at my wits end . . . being one person but being expected to do the work of 3' (Medicine, 44)

'I am fearful that I cannot keep this pace of work . . . for remaining 15 years until retirement' (Paediatrics, 91)

From: Humphries, N, Hayes, B, Walsh, G and Prihodova, L *'Your system is broken. Please fix it' Qualitative insights into health system strain in Ireland'*. Manuscript in development. 2018.

Further analysis

- Cluster analysis performed;
- 3 clusters of consultants:
  - PEW
  - IEW
  - NEW
- 3 clusters of trainees
  - ditto

Hospital Doctor Retention and Motivation Project

- Dr Niamh Humphries, Reader in Health System Research, RCPI
- HRB Emerging Investigator Award (2018-22) for project focussed on hospital doctor retention
- Phase 1: Case study of Irish-trained doctors in Australia
- Will be in Australia to interview Irish-trained doctors in July/August 2018. Spread the word!
- More information https://www.rcpi.ie/hdrm/
- niamhhumphries@rcpi.ie
- @humphries_niamh

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- Faculty of Occupational Medicine
  - Prof Ken Addley (research champion)
- Dr Eoin Kelliher (cartoonist)

RCPI Resources

- https://www.rcpi.ie/physician-wellbeing/
- https://www.rcpi.ie/news/publication/caring-for-the-caregivers-physician-wellbeing-position-paper/
- https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2018/02/Physician-wellbeing-and-health-booklet-full.pdf
- https://www.rcpi.ie/news/releases/rcpi-to-establish-health-and-wellbeing-office-to-promote-physician-wellbeing/


Thank you