The health and wellbeing of doctors

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Royal College of Physicians of Ireland
National study of wellbeing of hospital doctors in Ireland
Complaints against doctors rising

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

According to the Council’s latest annual report, its Preliminary Proceedings Committee looks into complaints, makes decisions in relation to 396 complaints and refers 56 to the Fitness to Practice Committee.

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

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.

Tragic doctor died after taking cocktail of hospital drugs

E docs
August 31, 2013 08:00

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 Bellaglen, visited the A&E Department of Tallaght Hospital the day before he took the drugs and died.

The 25-year-old, of Limecourt Court, Carnebrook Road, Blackrock, 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 alcohol in the last eight months of his life.

Cara Nolan, drug safety coordinator at Tallaght Hospital, said a review of the storage of medications 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 colleague friend Dr Osborne had been feeling unwell in the days leading up to his death.

His girlfriend, Dr Alan Reid, said she stayed in her apartment in Dublin on July 27.
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 been the culture rooted in ideals of suffering. Not so much for the patients – which is often an easy given – but for the doctors training: endurance. 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 longer, know more, and never fail. Weakness in medicine is failing and, if you admit to struggling, it is thought that you simply can’t hack it. In the cut-throat, brutal culture of medicine, many junior doctors struggle alone in the favor of daily, soul-destroying adversity. In those rare cases, their last resort gesture is desperately silent. The thought of years of knowledge and training being used for such purposes is not only chilling, it is heartbreakingly and

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

Colleagues compete with one another because it’s how we have been conditioned to behave; we will know one had mistakes or disagreement with an instructor’s superior is all it takes to end careers you’ve already devoted seven plus years of your life to, and you haven’t even really started yet.

To not “specialize” 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 worry not doctors if these people in their cohort had killed themselves in the past year, they looked horrified. There would be some kind of reticence, they said, some action. Some kind of putative analysis into their workplace that tried to find an answer for what had occurred. Doctors tend to receive an email from our management with a link to an unsatisfactory survey. 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 that investigation when a doctor dies?

I don’t want to label “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 that investigation when a doctor dies?

Junior doctors deserve better than what we are being given. It is time, Mr. [Title], for an investigation to look deep inside itself and fix the cancer that has been growing for far too long. If they don’t, the cancer is simply too high.

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
• ‘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**
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

- Surgeons: 49.20%
- COP: 57.30%
- RCPI Physicians: 47.80%
- RCPI Pathology: 48.40%
- RCPI Paediatrics: 54.60%
- COI: 32.70%
- O&G: 46.90%
- EM: 62.50%
- COA: 56.60%
Results
NEXT EXIT
Published April 2017

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)

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

Highly significant between grade differences (p < .001) across all measures.
What’s up doc? A national cross-sectional study of psychological wellbeing of hospital doctors in Ireland

Blainaid Hayes,1,2 Lucia Pihodova,3 Gillian Walsh,4 Frank Doyle,5 Sally Doherty2

ABSTRACT

Objective: To measure levels of psychological distress, psychological wellbeing and self-esteem in hospital doctors in Ireland.

Design: National cross-sectional study of randomly sampled sample of hospital doctors. Participants provided sociodemographic data (age, sex, marital status), work grade (consultant, higher/basic specialist trained), 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-esteem.

Setting: Publicly funded hospitals and residential institutions.

Participants: 1,109 doctors (response rate of 55%). All hospital specialists were represented except radiology.

Results: Half of participants were men (50.5%). Mean hours worked per week were 57 hours. Over half (62%) rated their health as very good/excellent, while 50.5% reported positive subjective well-being (HBM-5). Over a third (39%) experienced psychological distress (General Health Questionnaire 12). Self-reported severe symptoms of depression, anxiety and stress were evident in 7.2%, 4.1% and 9.9% of participants (Depression, Anxiety, Stress Scale 11). Symptoms of distress, depression, anxiety and stress were significantly higher and levels of wellbeing were significantly lower in trainees compared with consultants, and this was not accounted for by differences in sociodemographic variables. Self-esteem 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-esteem, which is related to the delivery of high-quality care,7 which is a growing challenge for doctors to provide in an environment where one’s autonomy is eroded by cost containment and increasing targets.8 While many of these changes are global phenomena, the situation in Ireland has been exacerbated by recent economic events.

http://bmjopen.bmj.com/content/bmjopen/7/10/e018023.full.pdf
Four in five doctors do not have enough time for family or personal life due to work commitments.
### Work life balance

Work leaves enough time for their family/personal life

<table>
<thead>
<tr>
<th></th>
<th>Consultants</th>
<th>HSTs</th>
<th>BSTs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree/ Strongly Agree</td>
<td>28.3%</td>
<td>13.9%</td>
<td>16.6%</td>
<td>22.3%</td>
</tr>
<tr>
<td>Neutral</td>
<td>18.8%</td>
<td>17.9%</td>
<td>18.7%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Disagree/ Strongly disagree</td>
<td>63%</td>
<td>71.2%</td>
<td>64.7%</td>
<td>59.99%</td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>Effort Reward Imbalance (ERI)</th>
<th>Consultants</th>
<th>HSTs</th>
<th>BSTs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effort reward ratio</td>
<td>1.4</td>
<td>1.5</td>
<td>1.4</td>
<td>1.4</td>
</tr>
<tr>
<td>Effort*</td>
<td>3.4</td>
<td>3.3</td>
<td>3.1</td>
<td>3.2</td>
</tr>
<tr>
<td>Reward*</td>
<td>2.6</td>
<td>2.3</td>
<td>2.4</td>
<td>2.4</td>
</tr>
<tr>
<td>Over-commitment*</td>
<td>2.6</td>
<td>2.7</td>
<td>2.6</td>
<td>2.6</td>
</tr>
</tbody>
</table>

*Range from 1 to 4, where higher number indicates higher level of effort/reward/over-commitment
Work stress (ERI) per specialty

Anaes: 1.4
EM: 1.6
O&G: 1.3
Oph: 1.7
Paed: 1.4
Pathol: 1.3
Physician: 1.5
Psych: 1.4
Surgeon: 1.4
1 in 3 doctors suffer burnout.
Burnout* (MBI)

<table>
<thead>
<tr>
<th></th>
<th>Consultants</th>
<th>HSTs</th>
<th>BSTs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnout</td>
<td>24.4%</td>
<td>38%</td>
<td>38.4%</td>
<td>30.7%</td>
</tr>
<tr>
<td>Absence of burnout</td>
<td>75.6%</td>
<td>62%</td>
<td>61.6%</td>
<td>69.3%</td>
</tr>
</tbody>
</table>

*As determined by the EE+1 rule
Burnout across specialties

- Anaes: 29% Burnout, 71% Absence of Burnout
- EM: 44% Burnout, 56% Absence of Burnout
- O&G: 24% Burnout, 76% Absence of Burnout
- Oph: 23% Burnout, 77% Absence of Burnout
- Paed: 28% Burnout, 72% Absence of Burnout
- Pathol: 21% Burnout, 79% Absence of Burnout
- Physician: 33% Burnout, 67% Absence of Burnout
- Psych: 28% Burnout, 72% Absence of Burnout
- Surgeon: 32% Burnout, 68% Absence of Burnout
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
Seven out of ten doctors love what they do and have a strong desire to practise medicine.
Two thirds reported that if they were experiencing mental health problems they wouldn't want others to know (self-stigma).
Perceived stigma / self-stigma

<table>
<thead>
<tr>
<th>Perceived stigma/self-stigma</th>
<th>Consultants</th>
<th>HSTs</th>
<th>BSTs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree/ Strongly disagree</td>
<td>16.3%</td>
<td>14.6%</td>
<td>14.2%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Neutral</td>
<td>17.5%</td>
<td>14.4%</td>
<td>15%</td>
<td>16.2%</td>
</tr>
<tr>
<td>Agree/ Strongly Agree</td>
<td>66.2%</td>
<td>71%</td>
<td>70.8%</td>
<td>68.3%</td>
</tr>
</tbody>
</table>

Figure in Irish population survey was 52% (2007)
Figure in SEG 1, 2 was 55%
Perceived stigma/ self-stigma

- Anaes: 72% Agree, 14% Neutral, 14% Disagree
- EM: 69% Agree, 16% Neutral, 14% Disagree
- O&G: 69% Agree, 17% Neutral, 15% Disagree
- Oph: 77% Agree, 17% Neutral, 6% Disagree
- Paed: 69% Agree, 18% Neutral, 13% Disagree
- Pathol: 74% Agree, 12% Neutral, 14% Disagree
- Physician: 68% Agree, 16% Neutral, 17% Disagree
- Psych: 62% Agree, 20% Neutral, 19% Disagree
- Surgeon: 68% Agree, 17% Neutral, 15% Disagree
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)

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
Acknowledgements

• HSE / RCPI / RCSI / COA
• Wellbeing Steering Group
• RCPI Research Team
  • Gillian Walsh
  • Lucia Prihodova
• Faculty of Occupational Medicine
  • Prof Ken Addley (research champion)
• Dr Eoin Kelliher (cartoonist)
RCPI Resources

• https://www.rcpi.ie/physician-wellbeing/
Thank you