Mental Health & Well-being of doctors

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Mental Health & Well-being of doctors

• Why do we need it?
• Have problems increased over the decades?
• Are we over-diagnosing and recognising?
• What has changed?
• It is global issue
Doctors’ health

• Goldberg (1978)
  30% doctors above threshold on GHQ compared to 18% workers outside health profession

• Caplan (1994)
  • 47% stress, 29% anxiety, 27% depression
Doctors’ health

• **Borrill (1997)** – 27% psychological morbidity

• **Ramirez (2000)** – Evidence of stress among consultants. 27% psychiatric morbidity on GHQ (management and communication)

• **Firth-Cozens (2000/3)** – 28% doctors show work-related stresses
Doctors’ health

• 50% of GPs at high risk of burnout, 14% at very high risk (Pulse 2015)
• 43% of GPs resigned or thought of resigning over work related stress (BMA News 2016)
• 58% report personal or family life suffered because they chose medicine as a career (Canadian study)
Doctors’ health

• Presenteeism - 65% of NHS staff reported that they had not taken time off work despite feeling ill enough to do so (Boorman 2009)

• BMA Counselling taking 3,000 calls per year and rising!

• Differences across specialities, gender, age etc
Doctors’ health

Doctors’ feedback

- Want greater understanding of what generated their problems
- Importance of being in charge of one’s own destiny
- Want more than protocol driven approach
- Value knowledge as a means to autonomy and self worth

Clinical

In the last month how many patients did you see for 30 minutes or more when they were booked for a 10-15 minute appointment:

- 0 times
- 0-5 times
- 5-10 times
- 10+ times

Responses:

[Bar chart showing distribution of responses]
Doctors’ health

• Dealing with physical and emotional distress
• Emotional giving all day (and night) - who gives to you?
• Lack of feedback (except complaints!)
• Working in isolation, poor support
• Long hours - poor family relationships, work-life balance
• Organisational factors, politics!
Why are doctors vulnerable?

- Professionalism
- High standards-perfectionism
- Increasing and changing expectations
- Empathy versus professional distance
- Lack of teams
- Lack of support and praise?
Physician personal factors

- Perfectionism
- Obsessional traits
- Life events e.g. bereavement, illness, marital problems etc
Doctors’ health

Compulsive personalities with very demanding super-egos

Gabbard (1985): doubt; guilt feelings; exaggerated sense of responsibility

Krakowski (1982): perfectionism; excessive devotion to work; doubt
- unable to take leisure time

Socially valuable traits but personally expensive
Stresses of doctoring

• Inherent Double Bind I

• To be a good doctor one needs to be able to relate to patients (capable of empathy and humanity)

• And Yet

• To survive emotionally one needs to be detached from their pain and suffering
Stresses of doctoring

• Double Bind II

• Higher levels of self criticism associated with high rates of depression

• And Yet

• Need doctors to be obsessional / self critical to avoid mishaps
Fear of inquiry drove GP to ‘horrifying’ suicide

A feeling that he had not done enough to save a patient’s life led a GP to take his own, an inquest has concluded...

Dr Mark Goodwell, a GP in Prestwich, Cheshire, committed suicide in May by throwing himself in front of a train.

His GP, Dr Sylvia Glass, told the inquest last week Dr Goodwell had taken a complaint about his care of an elderly patient as a ‘personal attack’.

Even though he had been cleared after an investigation by Eastern Cheshire PCT, he did not believe he had been fully vindicated and the thought of his family being dragged through a public inquiry was making him unwell.

In a written statement, Dr Glass said Dr Goodwell diagnosed himself with ‘full blown clinical depression’ for which he prescribed anti-depressants.

The deputy coroner for Cheshire, Dr Janet Nipper, recorded a verdict that Dr Goodwell took his own life while the balance of his mind was disturbed and gave his cause of death as multiple injuries.

She said: ‘In his own mind he hadn’t lived up to his very high standards to see himself and wouldn’t listen to anyone saying what he did was the right thing.

‘It is absolutely horrifying that this can happen to someone who has given their all so conscientiously for years and years.’

A suicide note addressed to his family hidden under plant pots in the greenhouse at their house lay undiscovered until a week after his death.

Dr Goodwell’s wife, Kathryn, a nurse, told the inquest her husband had ‘written that he had failed in his duty to his patient and therefore he had failed us and didn’t want to put us through an inquiry.’

Mrs Glasswell said her husband had been working 12-hour days, because of absences at the practice.

During that period he saw an elderly patient and arranged for her to be admitted into a nursing home, instead of hospital, as he couldn’t find anything ‘seriously wrong’ with her.

He visited the lady a few days later and sent her to hospital where she got better initially but died a few weeks later, Mrs Glasswell said. ‘He felt he hadn’t done the best he could.’

She added: ‘In the few weeks before he died he talked it through with a colleague and said he was feeling better.

‘We were making plans for the future.’
# IMPACT study

<table>
<thead>
<tr>
<th>Depression (PHQ-9)</th>
<th>No complaint n=1780 (22.5%)</th>
<th>Past complaint n=3889 (49.1%)</th>
<th>Recent/current complaint n=2257 (28.5%)</th>
<th>Total n=7926 (100%)</th>
<th>Relative risk for past complaint group/mean difference (95% CI)</th>
<th>Relative risk for recent complaint group/mean difference (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (SD) a</td>
<td>3.7 (4.3)</td>
<td>3.4 (4.2)</td>
<td>5.1 (5.6)</td>
<td>3.9 (4.7)</td>
<td>-0.3 (-0.6, -0.0)</td>
<td>1.4 (1.1, 1.7)</td>
</tr>
<tr>
<td>Moderate to severe depression n (%)</td>
<td>169 (9.5%)</td>
<td>303 (7.8%)</td>
<td>381 (16.9%)</td>
<td>852 (10.8%)</td>
<td>0.81 (0.65, 1.01)</td>
<td>1.77 (1.48, 2.13)</td>
</tr>
<tr>
<td>Thoughts of ‘self-harm’ n (%)</td>
<td>83 (4.7%)</td>
<td>221 (5.7%)</td>
<td>218 (9.7%)</td>
<td>522 (6.6%)</td>
<td>1.22 (0.93, 1.61)</td>
<td>2.08 (1.61, 2.68)</td>
</tr>
<tr>
<td>Anxiety (GAD-7)</td>
<td>Mean (SD) b</td>
<td></td>
<td></td>
<td></td>
<td>-0.1 (-0.4, 0.2)</td>
<td>1.4 (1.1, 1.7)</td>
</tr>
<tr>
<td>Moderate to severe anxiety n (%)</td>
<td>131 (7.3%)</td>
<td>234 (6.0%)</td>
<td>338 (15.0%)</td>
<td>703 (8.9%)</td>
<td>0.80 (0.57, 1.13)</td>
<td>2.08 (1.61, 2.68)</td>
</tr>
</tbody>
</table>
## IMPACT study

<table>
<thead>
<tr>
<th></th>
<th>Informal complaint n=362 (16.0%)</th>
<th>Formal Complaint n=1196 (53.0%)</th>
<th>SUI n=280 (12.4%)</th>
<th>GMC referral n=374 (16.6%)</th>
<th>No complaint n=1780 (22.5%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Depression (PHQ-9)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>4.2 (5.0)</td>
<td>4.8 (5.4)</td>
<td>5.1 (5.6)</td>
<td>6.6 (6.7)</td>
<td>3.7 (4.3)</td>
</tr>
<tr>
<td>Moderate to severe</td>
<td>45 (12.0%)</td>
<td>190 (15.6%)</td>
<td>46 (16.1%)</td>
<td>100 (26.3%)</td>
<td>169 (9.5%)</td>
</tr>
<tr>
<td>depression n (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Thoughts of ‘self-harm’</td>
<td>24 (6.4%)</td>
<td>110 (9.0%)</td>
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<td>58 (15.3%)</td>
<td>83 (4.7%)</td>
</tr>
<tr>
<td>n (%)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Anxiety (GAD-7)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>3.8 (4.3)</td>
<td>4.4 (4.7)</td>
<td>4.7 (5.1)</td>
<td>5.7 (5.7)</td>
<td>3.1 (3.8)</td>
</tr>
<tr>
<td>Moderate to severe</td>
<td>44 (12.0%)</td>
<td>165 (13.5%)</td>
<td>44 (15.3%)</td>
<td>85 (22.3%)</td>
<td>131 (7.3%)</td>
</tr>
<tr>
<td>anxiety n (%)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
"I have run an informal audit of my own practice and identified that my clinic appointment slots are 25% longer than they would have to be due to defensive documentation and explanation. I also use double the imaging and pathology tests compared to my colleagues all due to defensive medicine."
Findings from BMA survey

• More than 50% of doctors think their work has a moderate effect on their health, with 10% thinking it has an extreme effect, only 7% say it has no effect at all on their health

• Less than half taken sick leave (see Boorman report 2009 re presenteeism)

• Majority registered with a GP **BUT** only 1 in 3 would go to see GP when unwell

• More than 33% admit they self-prescribe to cope with work and ill health
Doctors’ health

Stress

• Over-engagement
• Emotions - overactive
• Urgency and hyperactivity

• Energy
• Anxiety disorder

Burnout

• Disengagement
• Blunted emotion
• Helplessness and hopelessness-trapped

• Motivation and hope
• Detachment and depression
Burnout consequences

• Medical errors \(^1\text{-}^3\)
• Impaired professionalism \(^5\text{-}^6\)
• Reduced patient satisfaction \(^7\)
• Staff turnover and reduced hours \(^8\)
• Depression and suicidal ideation \(^9\text{-}^{10}\)


After Shanafelt
Doctors’ health

• The ‘disappearing act’: not answering calls, unexplained absences during the day; lateness; frequent sick leave

• Low work rate: slowness in doing procedures, clerking patients, dictating letters, and making decisions; arriving early, leaving late and still not achieving a reasonable workload

• ‘Clinic Rage’: bursts of temper; shouting matches; reacting badly to real or imagined slights

• Stevens, R, Dr, Royal Medical Benevolent Fund, The Vital Signs in Primary Care, 2016
Doctors’ health

• Rigidity: poor tolerance of ambiguity; inability to compromise; difficulty prioritising; inappropriate ‘whistle blowing’
• ‘Bypass syndrome’: junior colleagues or nurses find ways to avoid seeking the doctor’s opinion or help
• Career problems: difficulty with exams; uncertainty about career choice; disillusionment with medicine
• Insight failure: rejection of constructive criticism; defensiveness; counter-challenge
• Stevens, R, Dr, Royal Medical Benevolent Fund, The Vital Signs in Primary Care, 2016
Professional Status

- PRHOs: 23%
- SHOs: 25%
- SpRs: 19%
- Consultants: 15%
- Staff grade: 3%
- Asso Specialist: 1%
- GP principle: 10%
- Unknown: 1%
Frequency of problems: not mutually exclusive

<table>
<thead>
<tr>
<th>Presenting Problems</th>
<th>N</th>
<th>With Problem</th>
<th>Problem Rated as Moderate or Severe</th>
<th>Problem arisen in past 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Depression</td>
<td>112</td>
<td>81.3</td>
<td>91</td>
<td>56</td>
</tr>
<tr>
<td>Anxiety</td>
<td>110</td>
<td>58.2</td>
<td>64</td>
<td>43</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>111</td>
<td>45.9</td>
<td>51</td>
<td>32</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>112</td>
<td>38.4</td>
<td>43</td>
<td>24</td>
</tr>
<tr>
<td>Work/Academic</td>
<td>111</td>
<td>32.4</td>
<td>36</td>
<td>21</td>
</tr>
<tr>
<td>Personality</td>
<td>111</td>
<td>24.3</td>
<td>27</td>
<td>10</td>
</tr>
<tr>
<td>Bereavement</td>
<td>111</td>
<td>15.3</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>Trauma</td>
<td>112</td>
<td>9.8</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Addictions</td>
<td>112</td>
<td>5.4</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Living/Welfare</td>
<td>112</td>
<td>3.6</td>
<td>4</td>
<td>4</td>
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<td>Psychosis</td>
<td>112</td>
<td>2.7</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Physical</td>
<td>112</td>
<td>2.7</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Other: Sexual</td>
<td>112</td>
<td>2.7</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Cognitive/Learning</td>
<td>112</td>
<td>0.9</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Eating Disorder</td>
<td>112</td>
<td>0.9</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Garelick/MedNet
## Frequency of work problems \((n = 108)\)

<table>
<thead>
<tr>
<th>Domain</th>
<th>With Problem</th>
<th>Moderate/Severe</th>
<th>Problem Appeared in last 12 months,</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>(%)</td>
<td>n</td>
</tr>
<tr>
<td>Workload</td>
<td>48</td>
<td>(44.4)</td>
<td>37</td>
</tr>
<tr>
<td>Work relationships</td>
<td>32</td>
<td>(29.6)</td>
<td>22</td>
</tr>
<tr>
<td>Career issues</td>
<td>29</td>
<td>(26.9)</td>
<td>16</td>
</tr>
<tr>
<td>Change of job</td>
<td>29</td>
<td>(26.9)</td>
<td>21</td>
</tr>
<tr>
<td>Work conditions</td>
<td>20</td>
<td>(18.5)</td>
<td>17</td>
</tr>
<tr>
<td>Bullying</td>
<td>12</td>
<td>(11.1)</td>
<td>6</td>
</tr>
<tr>
<td>Work related health</td>
<td>10</td>
<td>(9.3)</td>
<td>7</td>
</tr>
<tr>
<td>Formal proceedings</td>
<td>8</td>
<td>(7.4)</td>
<td>5</td>
</tr>
<tr>
<td>Organisational issues</td>
<td>8</td>
<td>(7.4)</td>
<td>6</td>
</tr>
<tr>
<td>Traumatic event</td>
<td>5</td>
<td>(4.6)</td>
<td>4</td>
</tr>
<tr>
<td>Violence</td>
<td>1</td>
<td>(0.9)</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>(14.8)</td>
<td>12</td>
</tr>
</tbody>
</table>
CORE-A, Presenting Problems Rated by Therapist

<table>
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<td>Self-Esteem</td>
<td>112</td>
<td>38.4</td>
<td>43</td>
<td>24</td>
</tr>
<tr>
<td>Risk Suicide</td>
<td>110</td>
<td>41.8</td>
<td>46</td>
<td>12</td>
</tr>
<tr>
<td>Risk Self Harm</td>
<td>110</td>
<td>22.7</td>
<td>25</td>
<td>8</td>
</tr>
</tbody>
</table>

Which doctors and with what problems contact a specialist service for doctors? A cross sectional investigation (2007)

http://www.biomedcentral.com/1741-7015/5/26
Suicidal Cohort

- Perfectionists – self punitive
- Emotional needs regarded by them as worthless/failure
- Presenteeism
- Importance of several consultations
**CORE-Outcome Measures**

<table>
<thead>
<tr>
<th>Sub-Scale</th>
<th>Pre-intervention (n=115)</th>
<th>Post- Intervention (n=89)</th>
<th>Paired Samples t-test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean  SD</td>
<td>Mean  SD</td>
<td>t         sig</td>
</tr>
<tr>
<td>Functioning</td>
<td>1.41  0.76</td>
<td>1.05  0.85</td>
<td>3.98      &lt;0.001</td>
</tr>
<tr>
<td>Problems</td>
<td>1.84  0.86</td>
<td>1.22  0.93</td>
<td>6.36      &lt;0.001</td>
</tr>
<tr>
<td>Well-being</td>
<td>2.02  0.97</td>
<td>1.28  1.09</td>
<td>6.44      &lt;0.001</td>
</tr>
<tr>
<td>Risk</td>
<td>0.32  0.48</td>
<td>0.27  0.50</td>
<td>0.418     0.677</td>
</tr>
<tr>
<td><strong>Total score</strong></td>
<td><strong>1.44  0.69</strong></td>
<td><strong>1.00  0.80</strong></td>
<td><strong>5.58</strong>  <strong>&lt;0.001</strong></td>
</tr>
</tbody>
</table>

*Clinical cut off norms: Male: >1.1  Female: >1.29*
### Maslach Burnout Inventory Outcomes

<table>
<thead>
<tr>
<th>Sub-Scale</th>
<th>Pre-intervention (n=114)</th>
<th>Post- Intervention (n=81)</th>
<th>Paired Samples t-test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Emotional exhaustion</td>
<td>31.97</td>
<td>11.87</td>
<td>26.14</td>
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<tr>
<td>Depersonalisation</td>
<td>9.08</td>
<td>6.73</td>
<td>8.55</td>
</tr>
<tr>
<td>Personal achievement</td>
<td>34.59</td>
<td>7.59</td>
<td>35.07</td>
</tr>
</tbody>
</table>
Work

• Are you in Full time work?
  Total number currently working full time in medicine 93/136

• Are you in Part time work?
  Total number currently working part time in medicine 31/136

• If you are not working, is this by choice?
  Total Number not by Choice 9/136

• Is this for health reasons?
  Total Number for Health Reasons 2/136
## Health

**How many days sick have you had over the past year?**

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response %</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-10 days</td>
<td>11/136</td>
</tr>
<tr>
<td>10-30 days</td>
<td>5/136</td>
</tr>
<tr>
<td>30 days and over</td>
<td>10/136</td>
</tr>
</tbody>
</table>
GMC survey 2018

• This year’s surveys were open from 20 March to 9 May 2018 and were completed by: 51,956 (95.69%) doctors in training and 19,193 (41.37%) trainers

• TRAINEES’ Response rate

• England: 43,005/45,175 (95.19%)
• Northern Ireland: 1,662/1664 (99.88%)
• Scotland: 5,082/5220 (97.36%)
• Wales: 2,207/2234 (98.79%)
• UK Total: 51,956/54,293 (95.69%)
GMC survey 2018 Trainers

• England: 15,614/38,525 (40.53%)
• Northern Ireland: 685/1155 (59.31%)
• Scotland: 1,626/4666 (34.85%)
• Wales: 1,268/2052 (61.79%)
• Total UK: 19,193/46,398 (41.37%)
GMC survey 2018

• Nearly a quarter of doctors in training and just over a fifth of trainers told us they’re burnt out because of their work.

• Almost a third of trainees said that they are often or always exhausted at the thought of another shift.

• And well over a half of trainees, and just under a half of trainers, reported that they often or always feel worn out at the end of their working day.
Quality of Teaching in this post (Poor+v Poor)

<table>
<thead>
<tr>
<th>Region</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLAND</td>
<td>9.5%</td>
<td>7.5%</td>
<td>9.4%</td>
</tr>
<tr>
<td>NORTHERN IRELAND</td>
<td>6.5%</td>
<td>5.9%</td>
<td>8.4%</td>
</tr>
<tr>
<td>SCOTLAND</td>
<td>8.6%</td>
<td>7.8%</td>
<td>9.9%</td>
</tr>
<tr>
<td>WALES</td>
<td>6.4%</td>
<td>6%</td>
<td>6.8%</td>
</tr>
<tr>
<td>UK</td>
<td>9.21%</td>
<td>7.4%</td>
<td>9.34%</td>
</tr>
</tbody>
</table>
GMC survey 2018

• A fifth of doctors in training and trainers told us they feel short of sleep when at work.

• Two in five trainees and two thirds of trainers rated the intensity of their work as very heavy or heavy;

• And nearly half of trainees reported that they work beyond their rostered hours on a daily or weekly basis.

• And around a third of doctors in training and trainers said that training opportunities are lost to rota gaps.
GMC survey 2018

• Just over one in five (21.23%) doctors in training across the UK report that their working pattern left them feeling short of sleep during work on a daily or weekly basis.

• 48.8% have worked beyond your rostered hours.

• Heavy or very heavy work load reported by 40.7%.

• Almost a third of trainees (31.53%) say they are often or always exhausted in the morning at the thought of another day at work. Trainers are much less likely to report this with just under one in five (19.10%) saying they always/often feel this way.
GMC survey 2018: Burnout

• **Burnout** to a high degree or very high degree reported by 24% trainees in England, 21% in Northern Ireland and Scotland and 23% in Wales with a total of 23.8% in the UK trainees.

• Among trainers figures are 21.3% in England, 20.4% in Northern Ireland, 18.5% in Scotland, 22.9% in Wales and overall in the UK 21.2%.

• Trainees are more likely than trainers to say they always/often feel worn out at the end of the working day, with well over half of trainees (56.68%) reporting this compared to 49.85% of trainers. More trainees in England and Wales than Scotland and Northern Ireland. For trainers, a higher proportion feels this way in England and Northern Ireland.
Preparing for transitions: It is important how we prepare individuals for the big changes to come in their lives.

Diverse needs: the difficulty of making life transitions can be exacerbated for many reasons including socio-economic background, cultural diversity or disability - these challenges need our particular attention.

Need for self-care: if a person is intolerant of their own distress, they may not be able to tolerate the distress of others. A learning and workplace culture needed which encourages compassion to oneself, where self-care is ‘normalised’.
• **Being human beings:** some clinicians may feel a need to adopt a ‘superhero complex’ to help deal with the pressure of their role, but we need to acknowledge in healthcare that being a human being and high performing are not mutually exclusive.

• **Caring for the carers:** personal and professional

• **Moral distress:** caring nature versus institutional constraints compromise perceptions of the level of care offered, staff can develop a sense of personal guilt.

• **Bereavement by exposure:** every clinician carries with them a lifetime experience of upset, trauma, death and dying; professionals working in healthcare have very different emotional and psychological needs to those working in other settings.
• Take a break: often staff can feel pressurised to work long shifts without breaks, come to work when ill (presenteeism) and even skip annual leave, particularly where staffing is under resourced.

• The simple things: staff lockers, showers, a quiet room, the availability of nutritious food, a good coffee, a psychologically safe space to get together with others to talk and debrief, or just a colleague taking the time to say ‘thank you’.

• Role of technology: technology has been put forward as both the likely cause and possible solution to some wellbeing issues - we need to consider more the role of tech gadgets and social media.
• **Bereavement by suicide:** has been shown an identifiable factor for self-harm, and suicide for those who have a close connection with the deceased. Often devastating effect of colleague suicide and the guilt many health professionals feel about colleagues’ death.

• **Looking after loved ones:** healthcare practitioners do not work in isolation in the world - we need to consider how their wellbeing at work is affected by and affects family and friends/colleagues.
What makes us ill

- Work Environmental Factors
- Societal Factors
- Clinical Factors
- Physician Personal Factors
Work environmental factors

Resources
- Workload
  - shift 2° to 1° care
  - ↓beds - ↑stress
- So called efficiency savings
  - ↓resources - ↑risk
  - consultation times 15mins -10 mins – 5mins
  - ↑increased paperwork

Teams
- Community care more complex to organise,
- multiple teams/mechanisation
- Team dynamics
- Practice dynamics
Average daily number of available hospital beds
Hospital beds

Between 2006/7 and 2015/6 the number of overnight beds decreased by over a fifth. There has also been a 44% decrease in the number of mental health beds since 2000/1 and a drop in maternity beds by 13% over the last 10 years.
Problems with team working

- Absence of an agreed aim
- Ambiguous roles and responsibilities
- Lack of agreement about what working together means
- Problematic power relationships
- Ideological differences
- Conflicting models of care
- Cynicism/loss of faith (detached/depersonalised working)
- Partners – Salaried Doctors
Doctors’ health

• GPs in group practices had significantly higher depersonalisation scores than single handed practices
• Competitive nature?
• Feeling that others are watching?
• Different pressures?
• What does it mean? For managing one’s own health or managing others?
Societal Factors

• Commodification of medicine
• Expectations for instant remedies without risk or error
• Insecurity of the market - will my practice/job still exist
• ↑Personal insecurity whilst needing to contain patient anxiety in a rapidly changing world
• ↑Litigation / Complaints
Doctors’ health

- Splits and fragmentation
- Clock in and out, salary differences
- Fragmented system of care - plethora of different agencies
- Decrease in continuity of care
- Increase in patient complaints
- Financial incentives only-absence of altruism
The National Health Service Litigation Authority (1)

Expenditure on Clinical Claims

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The NHS Litigation Authority (2)

New Claims Reported (All Trusts)

Clinical

Non-Clinical

Scapegoating

• The name scapegoat derives from a religious ceremony in biblical times, which was designed to transfer the guilt of the people onto an animal, in this case, a goat. The essence of the procedure was the transfer of guilt by means of a magic rite, which concluded in the sacrifice of the goat and the exorcism of blame.
Organisational Pressures

- Government
- NHS Executive
- Purchasers
- Management
- Consultants
- Trainees

Maximum pressure
- Coercion
- Targets

Minimum
Transfer of care

Delayed transfers of care out of hospital rose by 41% in the last 6 years, increasing pressures on hospital beds and preventing patients from returning home.
Waiting times

Number of patients waiting more than 4 hours to be admitted to hospital from A&E peaked at 14.8% in November 2016.
NHS funding

By 2020-21 the NHS in England will have a mismatch of nearly £30 bn a year between resources and patient needs. Hospital debts hit a record £2.45 bn at the end of 2015/16.
Workforce

The UK population has fewer doctors per person than other leading European economies.

Physicians per 1,000 people:

UK: 2.8    Italy: 4.2
Germany: 4.1    France: 3.3
OECD Average 3.3
A third of GP partners are unable to fill vacancies. 84% say their workload is affecting the level of patient care.
Addressing morale, stress and burnout

Need to focus on both the individual and the system

Huby et al. BMJ. 2002, 325 (7356):140
Maslow’s hierarchy of needs

This is represented as a pyramid with the more basic needs at the bottom.
Why Doctors don’t seek help?

• Fear – confidentiality, impact on career

• Stigma

• Reality – know how poor care can be

• Self-treat / inappropriate treatment from colleagues

• Difficult being a patient
Doctors’ health

• **Firth-Cozens 1999** - Problems frequently long-standing, untreated, and appear proportionately higher than in other occupational groups

• External - adverse effects on career

• Internal - shame, fear of failure

• Conflicts with still prevalent role model of the invulnerable clinician able to cope with any professional stress
Doctors’ health

• Better health inevitably will lead to
  • Increased Patient satisfaction
  • Better Quality of care
  • Better advocacy
Doctors’ health

• Poor health inevitably will lead to:
  • Increased clinical error rates
  • Malpractice risk
  • Higher staff turnover
Why is all this important?

• Your health and wellbeing is important!
• Healthy doctors make for healthy patients
• Awareness of these issues can help colleagues
• Culture change for the future
• Poor medical student/doctor health relevant to staff retention, presenteeism and finances of NHS
HEE Report Recommendations

• 33 Recommendations. NHS should establish an **NHS Workforce Wellbeing Guardian** in every NHS organisation (where appropriate such as primary care this may be at a locality level) and that the Wellbeing Guardian should be authorised to operate within the nine principles.

• There should be a NHS Workplace Wellbeing Leader reporting to the Guardian.

• Wellbeing training and check-in to be developed.

• When capital allocation to NHS bodies is being considered, there should be evidence that estate development plans will also enhance or create space for staff and those who are learning in the NHS.
HEE Report Recommendations

• 1. The mental health and wellbeing of NHS staff and those learning in the NHS should not be compromised by the work they do for the NHS.

• 2. The Wellbeing Guardian will ensure that where there is an individual or team exposure to a clinical event that is particularly distressing, time is made available to check the wellbeing impact on those NHS staff and learners.

• 3. The Wellbeing Guardian will ensure that wellbeing ‘check-in’ meetings will be provided to all new staff on appointment and to all learners on placement in the NHS.
HEE Report Recommendations

• 4. All NHS staff and those learning in the NHS will have ready access to a self-referral, proactive and confidential occupational health service that promotes and protects wellbeing.

• 5. The death by suicide of any member of staff or a learner working in an NHS organisation will be independently examined and the findings reported through the Wellbeing Guardian to the board.

• 6. The NHS will ensure that all staff and learners have an environment that is both safe and supportive of their mental wellbeing.
HEE Report Recommendations

• 7. The NHS will ensure that the cultural and spiritual needs of its staff and those learning in the NHS are protected and will ensure equitable and appropriate wellbeing support for overseas staff and learners who are working in the NHS.

• 8. The NHS will ensure the wellbeing and make the necessary adjustments for the nine groups protected under the Equality Act 2010.

• 9. The Wellbeing Guardian, working with system leaders and regulators, will ensure that wellbeing is given equal weight in organisational performance assessment.
What you can do - organisation

• Are support avenues publicized?

• If you are responsible are they confidential? Fit for purpose?

• Balint groups

• Schwarz rounds

• Recognize and prioritize issue of well-being among doctors
What you can do - personal

• Register with a GP before problems arise, then use them!

• Use support organizations and initiate memberships where appropriate

• **Boundaries**, make space for yourself and allow for colleagues

• Seek help early, where from?

• Share problems with family, friends, colleagues - admit vulnerability

**You are human just like your patients**
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• Available 24/7
Doctor Advisory Service

- Confidential peer support
- Provided by a team of doctors
- Ongoing support available
Accessing the services

• Call 0330 123 1245

• Free from any phone

• Go to bma.org.uk/bmacounselling
Doctor Support Service

• Commissioned by GMC to support doctors under investigation

• Telephone support, plus face to face support at a hearing

• Peer support, not clinical

• Dedicated telephone number – 020 7383 6707

• bma.org.uk/doctorsupportservice