



AMA(SA)

2019

HOSPITAL

HEALTH CHECK

THE AMA(SA) HOSPITAL HEALTH CHECK SURVEY

In 2019, the AMA (SA) Doctors in Training Committee surveyed resident medical officers - including those at intern, registrar and resident medical officer (RMO) levels - to gather their views about their experiences as junior doctors in South Australia. A total of 239 doctors in training across 10 hospitals and health services responded to the survey.

The survey has been conducted in other Australian states since 2015 but has not previously been conducted in South Australia.

This is a summary of the key findings of the survey.

Bullying and harassment

Between 53.8% and 61.0% of survey participants in the three major teaching hospitals reported experiencing personal bullying or harassment from consultants, registrars or nurses. Patients and family members were identified as responsible for bullying or harassment by between 13.3% and 22.6% of participants.

Wellbeing and workplace culture

Between 43.8% and 69% of doctors indicated concerns about making clinical errors due to fatigue. At one hospital, 70.2% of respondents reported being concerned about their personal safety due to fatigue - for example, due to experiencing 'micro sleeps' driving home from work. Between 18.8% and 38.9% of survey participants said they were unable to take mandated shift breaks.

Access to leave

Between 15.2% and 23.9% of participants in the different hospitals and health services had annual leave applications denied. When leave was approved, a lengthy approval process was experienced by as many as 40% of doctors. Between 37.5% and 56.9% of doctors reported rarely or never taking sick leave when they should.

Professional and career development leave

Between 12.5% and 30.3% of staff were told that professional development (PD) leave was denied because there was no staff to backfill their roles. For those who had leave approved for PD, between 6.1% and 19.4% had to take annual leave.

Pay and overtime

Between 5.6% and 29.8% of doctors at the teaching hospitals said they worked more than 15 hours a fortnight of unrostered overtime.

DISCLAIMER

Caution should be taken when comparing results between hospitals and training levels. As junior doctors were not randomly allocated to hospitals, differences in attitudes and expectations of respondents could have introduced biases that could not be controlled. All differences among hospitals and training levels should be interpreted as specific only to the survey respondents at the time of the survey and should not be interpreted as representative of the experiences of all junior doctors in South Australia over time.

FURTHER INFORMATION

If you would like to discuss any aspect of the *2019 AMA(SA) Hospital Health Check* survey, please email admin@amasa.org.au and a member of the team will get back to you.

Not a member of AMA(SA)? You can join at sa.ama.com.au/join-ama-sa to receive support and guidance on employment matters, in addition to a range of professional development programs, services and benefits to support your journey in medicine.

HHC Survey questions - Responses by Hospital and training level comparison		Flinders Medical Centre	Lyell McEwin Hospital	Other	Royal Adelaide Hospital	The Queen Elizabeth Hospital	Intern	Registrar	Registrar (Non Training role)	RMO
Hours of work and overtime										
Work more than 15 hours rostered overtime per fortnight	18.1	5.6	12.5	29.8	6.2	23.8	14.8	20.0	21.6	
Work more than 15 hours unrostered overtime per fortnight	15.3	8.3	12.5	11.9	0.0	23.8	8.0	6.7	12.4	
Work roster does not match reality	27.8	33.3	25.0	40.5	12.5	38.1	22.7	40.0	36.1	
Paid less than half of the unrostered overtime claimed	8.3	30.6	18.8	20.2	6.2	4.8	12.5	46.7	19.6	
Advised not to claim overtime	12.5	33.3	12.5	39.3	25.0	9.5	15.9	40.0	39.2	
Workplace culture										
Concerned about making clinical error due to fatigue	61.1	52.8	43.8	69.0	43.8	38.1	60.2	66.7	64.9	
Concerned about (personal)safety due to fatigue	63.9	58.3	43.8	70.2	37.5	38.1	58.0	46.7	74.2	
Do not take the mandated break between shifts	38.9	36.1	31.2	27.4	18.8	19.0	33.0	40.0	34.0	
You would rate the hospital culture as poor/very poor	10.4	9.1	13.3	39.0	26.7	0.0	28.7	33.3	21.3	
You would rate the hospitals support for wellbeing as poor/very poor	19.7	15.6	25.0	45.1	13.3	5.0	31.2	35.7	30.9	
Annual leave and sick leave										
Have had annual leave applications denied	23.9	15.2	18.8	19.5	20.0	0.0	13.6	26.7	29.8	
Preferred period of leave was unavailable	32.8	27.3	25.0	36.6	20.0	0.0	32.1	33.3	39.4	
Were asked to find a replacement for my own leave	6.0	9.1	12.5	18.3	26.7	0.0	12.3	20.0	16.0	
Lengthy delay in approval process for leave	29.9	12.1	18.8	26.8	40.0	0.0	22.2	6.7	36.2	
You rarely or never take sick leave when you should	56.9	48.4	37.5	58.5	40.0	45.0	48.7	64.3	57.4	
Professional development leave										
Have had PDL denied	22.4	9.1	6.2	25.6	6.7	0.0	19.8	13.3	24.5	
Have had to use personal -annual leave for PDL purposes	19.4	6.1	0.0	18.3	6.7	0.0	14.8	20.0	17.0	
Told that PDL was denied because of no staff to backfill	23.9	30.3	12.5	26.8	26.7	10.0	19.8	26.7	33.0	
Bullying and harassment										
Do not know how to report bullying and harassment	33.8	45.2	56.2	47.6	6.7	55.0	33.3	35.7	44.7	
Concerned that reporting may lead to negative workplace consequences	20.0	29.0	25.0	29.3	46.7	25.0	32.1	28.6	23.4	
Have personally experienced bullying or harassment	53.8	58.1	18.8	61.0	26.7	40.0	51.3	50.0	57.4	
For those who experienced bullying or harassment:										
The source of the bullying or harassment was a consultant	30.8	32.3	12.5	42.7	13.3	15.0	38.5	42.9	30.9	
The source of the bullying or harassment was a registrar	27.7	29.0	6.2	28.0	6.7	20.0	26.9	14.3	26.6	
The source of the bullying or harassment was a nurse	24.6	32.3	6.2	22.0	6.7	15.0	21.8	14.3	25.5	
The source of the bullying or harassment was a patient or their family	20.0	22.6	18.8	20.7	13.3	15.0	16.7	7.1	26.6	

Other* included a total of 16 responses from the Women's and Children's Hospital, Modbury Hospital, Mount Gambier Hospital, Noarlunga Hospital, Glenside Hospital and Whyalla Hospital.

PARTICIPANT COMMENTS AMA(SA) HOSPITAL HEALTH CHECK SURVEY

Unrostered overtime

- Did not feel had adequate reason to claim overtime, difficult to get approval, fear of rejection
- (The Unit) strongly disapproved despite each junior staff member doing 20- 40 hours extra unpaid overtime fortnightly in addition to the 110 hour fortnight. Also discussed this with the TMO department who were unable to help significantly.
- I strongly believe in claiming overtime where required, as it allows the department to see if more staff are required and if the workload has changed.
- Was told we cannot claim them
- Claimed it all! Why is this not an option...?

Professional development/ study leave

- HR ignored my emails for 3 weeks, had to get SASMOA involved for exam leave.
- Delays with admin staff, by the time approval granted, course sold out
- Unable to attend due to lack of relievers
- Still had to work all clinical shifts IN ADDITION to PD leave

Issues when applying for leave

- Advised no staff available and only one doctor allowed on leave at any given time, no weeks available
- Very difficult process to apply for annual leave. Was told in April that the hospital had no more annual leave for the rest of the entire year. Too bad.
- Advanced trainees required to make leave arrangements between ourselves, and cover each other and our duties for the period of leave. Small unit with only 2 registrars, thus the burden on increased work is significant, e.g. on call 1/3 to 1/2.
- For general trainees at the X the approval for any form of leave (annual leave/ PD leave) is absolutely terrible. The wait for approval is at least months and then you're informed no relievers are available.

Other comments, questions, or concerns?

- There's a culture in my current rotation that you are simply expected to work excessive unrostered overtime hours (up to 150 hours per fortnight) but that this is okay because they pay the overtime. This is not okay. It's unsafe and it's causing burnout and stress among the junior staff. Speaking up feels futile because it's 'just the way things are done'.
- High levels of rostered overtime leads to exhaustion and concerns about poor clinical decision making particularly when working in excess 13 hours in one shift
- The number of patients and workload needs more doctors to do the job. At nights at home I can not sleep as I am overwhelmed and overstressed about patients for the next day. It is dreadful cycle. All the time expectations are too high

Sick leave

- Sick leave is difficult as there is often no one to fill your place, so it places you in a position of incredible guilt if you stay home sick.
- Can be difficult to get leave, often not enough relievers.
- Concerned about taking sick leave and whether this has a negative impact on future employment.

Training

- The hospital is good for certain doctors in training (fantastic for BPTs) but non-existent for GP trainees and no further education is provided for PGY2+ MOs who are not in a dedicated training program.