



AMA SURVEY REPORT

ON JUNIOR DOCTOR HEALTH AND WELLBEING

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FOREWORD

This is the first national AMA survey on the health and wellbeing of junior doctors.

More than 10 million Australians turn to the public hospital system when they are sick or injured. Junior doctors are the engine room of this system, providing front-line clinical and diagnostic care 24 hours a day, seven days a week, every day of the year. They deliver high-quality patient-centred care in a system that has many pressures placed upon it.

The survey reveals much about how those pressures affect, and are endured by, these dedicated professionals. It shows they are concerned about the impact of excessive workloads on their patients. It shows that they are concerned about their own health and the health of their colleagues.

It is encouraging that the survey also demonstrates junior doctors' ongoing commitment, with 98% of respondents indicating their intention to continue in the profession. These young doctors are doctors for a lifetime, delivering care and service to the community.

Unfortunately this dedication and commitment has not been matched by support from governments.

Insufficient investment by governments has led to gruelling schedules, disaffection and reduced staff morale in the public hospital system. The shortfall in beds to cater for necessary admissions has resulted in access block and pressure on emergency departments. The inadequate investment in staffing and training positions must be rectified.

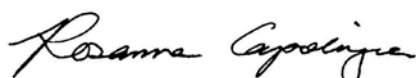
The conditions in public hospitals have led doctors to feel compromised as they endeavour to meet patient needs. The survey indicates that this pressure has had an effect.

The survey also shows that doctors must get better at caring for themselves. Too often doctors rely on self-treatment rather than consulting their GP. There is an unambiguous case for ensuring that junior doctors have much better emotional and physical health support structures in place.

The findings of this survey, an initiative of the AMA Council of Doctors-in-Training, are an important contribution to our knowledge of the health of junior doctors. It will help the profession target areas of need, as well as fuelling the urgent demand for real and ongoing support of public hospitals – particularly for more beds and training positions.

The AMA is indebted to Dr Daniel Heredia, Dr Suzanne English and Ms Sheree Keech of the Postgraduate Medical Council of Western Australia for allowing the AMA to adapt the 2007 Junior Medical Officers' Welfare Study for this survey.

Special thanks must go to the AMA Council of Doctors-in-Training for its leadership and energy as well as to those respondents from across Australia and New Zealand for their valuable time and candour.



Dr Rosanna Capolingua
AMA President



Dr Alex Markwell
Chair, AMA Council of Doctors-in-Training

REPORT SUMMARY

WHAT THIS REPORT IS ABOUT

This report presents the findings of the Australian Medical Association's survey of the health and wellbeing of 914 junior doctors at the postgraduate year 2 level and above across Australia and New Zealand. Junior doctors undertaking their intern year of supervised clinical training (postgraduate year 1) were not surveyed. The postgraduate medical education councils in each State are rolling out similar surveys of interns via their junior medical officer committees.

The aim of the survey was to obtain a snapshot of the health and wellbeing of junior doctors and assess how well they are coping with the pressures of balancing work, study and, in many cases, family commitments at the start of their professional careers. The survey also establishes a national baseline from which the AMA will monitor trends in the health and wellbeing of junior doctors. The report does not attempt to provide a detailed analysis and explanation of health problems among junior doctors or address the medico-legal issues associated with impaired doctors.

METHOD

The AMA junior doctors' health survey was a confidential online self-reporting questionnaire comprising 96 items. The survey was conducted by the AMA Council of Doctors-in-Training (AMACDT) between 6 February and 20 April 2008. It was an adaptation of the 2007 Junior Medical Officers' Welfare Study that was funded by the Postgraduate Medical Council of Western Australia and developed by Dr Daniel Heredia, Dr Suzanne English and Ms Sheree Keech.

The survey was hosted on the website of the AMA Federal Secretariat. The link was distributed by the AMA to members and non-members. The New Zealand Medical Association Doctors-in-Training Committee used a similar method for participation by junior doctors in New Zealand.

KEY FINDINGS

Overall, the survey revealed that junior doctors have a rewarding and satisfying career. Most of the junior doctors surveyed are enjoying their medical career and nearly all indicated that they are committed to continuing in the profession.

The survey confirmed that the early stages of a medical career are demanding and that the health and wellbeing of junior doctors should be a priority of individual junior doctors and the medical profession.

Self-care

- Two-thirds of junior doctors had their own GP for independent medical advice and 58% had visited their GP in the previous year.
- Female doctors were more likely to have their own GP and more likely to have consulted their GP. More than half of male junior doctors did not have their own GP.
- Some junior doctors were not undertaking usual preventative healthcare measures. Nearly half of the respondents were overdue with their screening tests.
- Difficulty in accessing independent medical care is resulting in some junior doctors self-treating. More than one-third of the respondents had self-prescribed or self-medicated.

Stress and burnout

- The survey provided a glimpse of the stresses on junior doctors in the workplace. More than two-thirds of the junior doctors surveyed reported that they had experienced high levels of stress at work. The results of psychometric testing incorporated in the survey showed that 54% of respondents were at risk of secondary trauma or compassion fatigue and 69% were at risk of job burn-out.
- Junior doctors used the support of family and friends to cope with work-related stress. The survey showed that informal peer support and debriefing were also important coping strategies.

Work-life balance

- Junior doctors are finding it difficult to manage a balanced lifestyle and maintain appropriate lifestyle behaviours. More than half of the respondents reported working an average of 50 hours or more per week during the previous year. Nearly a quarter had taken only one week or less annual leave over the same period.
- Nearly half of the respondents were getting insufficient sleep, 46% reporting that they had slept six hours or less per night in the month preceding the survey and 15% reporting having had no exercise during the same period.
- Workplace safety issues continue to be a concern for the medical profession and were potentially placing patients at risk. More than half of the respondents reported that their workload had been excessive and 41% believed that their workload compromised patient safety.
- Nearly one-third believed that they regularly worked unsafe hours.

Morale and job satisfaction

- More than three-quarters (77%) reported that they had enjoyed working as a doctor over the previous year and 73% were looking forward to working as a doctor in the coming year.
- Of concern were the 17% of respondents who, given their time again, would not have chosen a career in medicine.
- Nearly two-thirds of respondents (62%) ranked job satisfaction as the most important issue for them. Working conditions were ranked second by nearly one-third (32%). Career advancement, leave and salary were the least important.

INTRODUCTION

It is generally recognised that doctors have an above-average health status similar to others in advantaged socio-economic groups. The literature suggests that doctors are less likely to suffer lifestyle-related illnesses such as heart disease and smoking-related illnesses than the general population.¹ At the same time, research indicates that doctors are at greater risk of mental illness and stress-related problems and are more likely than the average person to suffer from the “3 Ds” of drugs, drink and depression (including suicide).²

Some sub-groups of the medical profession may be at greater risk of poorer health and wellbeing because of their particular circumstances. Junior doctors, for example, face additional pressures as they establish their careers, cope with the demands of each new clinical placement and endeavour to succeed in their ongoing medical studies and career progression. Most of the junior doctors surveyed by the AMA were working in public hospitals, an environment that tests the emotional and physical resilience of most.

The literature suggests that junior doctors give their own health care a low priority and feel pressured not to miss shifts due to ill-health.³ Junior doctors can be unwilling to admit illness or accept that they are not coping with the demands of their medical career. This can lead to a reluctance to act on the early warning signs of problems. Fortunately, the AMA’s recent work on the attitudes of junior doctors to work-life balance suggests that today’s junior doctors are less willing to accept the personal costs that have been traditionally accepted by those who have come before them. There have also been initiatives in recent years to improve the support given to junior doctors. Some medical colleges are providing wellbeing programs for its Fellows and trainees and there are medical schools that include self-care programs in their curricula.

The AMA Council of Doctors-in-Training (AMACDT) represents the interests of junior doctors in Australia, from interns to senior registrars. The health and wellbeing of junior doctors are a vital concern for the council because the years following graduation from medical school are critical in the professional development of doctors. It is the period when they are expected to learn functional coping skills, develop appropriate self-care habits and enjoy a healthy lifestyle.

Supporting our junior doctors during this challenging phase of their careers is critical to ensuring a healthy and sustainable medical workforce. The health system cannot afford to lose junior doctors because of the prevailing culture of poor self-care in medicine. Most importantly, healthy doctors mean healthy patients.

While there have been a number of small-scale surveys on junior doctor health and wellbeing in Australia, national data are relatively scarce. The AMACDT hopes that its survey will help fill in some of the gaps in knowledge on this important issue. The survey report presents the responses of the junior doctors surveyed to a series of questions about their approach to self-care, their help-seeking behaviours, their strategies to cope with work-related stress and their perceptions of their morale, job satisfaction and working environment.* The survey used the Professional Quality of Life Compassion Satisfaction, Burnout and Compassion Fatigue/Secondary Trauma Scale to measure the extent of the risk of compassion fatigue of the respondents.

PROFILE OF RESPONDENTS

There were 914 surveys completed by junior doctors (postgraduate year 2 and above) working in hospitals and other health settings across Australia and New Zealand. The majority of respondents were in the 26-35 year age range (table 1) and almost half were Resident Medical Officers. Most of the respondents (93%) were working in public hospitals (table 3). Nearly all indicated that they would continue to practise medicine. The respondents were asked to nominate the predominant area of clinical specialty that they were working in. This included junior doctors who were yet to start a formal training program (table 4).

Gender

- Male 44%
- Female 56%

Classification

- Resident Medical Officer 48%
- Non-training Registrar 10%
- Senior Registrar 14%
- Registrar 28%

Age profile

TABLE 1

AGE OF RESPONDENTS	
21 – 25	14.9%
26 – 30	49.0%
31 – 35	22.4%
36 – 40	6.1%
41 – 45	3.9%
46 – 50	2.3%
51 – 55	0.8%
56 – 60	0.5%
61 – 70	0.1%

Location of primary employment during 2007

TABLE 2

LOCATION OF RESPONDENTS	
Australian Capital Territory	2%
New South Wales	24%
Northern Territory	3%
Queensland	21%
South Australia	7%
Tasmania	1%
Victoria	27%
Western Australia	8%
New Zealand	7%

Place of work

TABLE 3

RESPONDENTS' PLACE OF WORK DURING 2007	
Public hospital	93%
Community health facility	1%
Private hospital	–
Private practice/private industry	1%
Rural, regional or remote setting	2%
Overseas	1%
Other	2%

+ Numbers in some tables may not total because of rounding.

Specialty

TABLE 4

RESPONDENTS BY MAIN CLINICAL SPECIALTY AND LOCATION

	ACT %	NSW %	NT %	NZ %	Qld %	SA %	Tas %	VIC %	WA %	All %
Anaesthetics	14.3	5.1	2.8	2.6	5.4	10.8	20.0	6.7	2.4	5.8
Dermatology	-	-	-	-	0.5	-	-	0.3	-	0.2
Emergency	9.5	9.0	33.3	7.9	13.1	2.7	-	12.1	11.8	11.1
General Practice	4.8	3.9	2.8	11.8	3.6	9.5	10.0	2.7	14.1	5.3
Medicine	52.4	49.8	16.7	39.5	41.0	46.0	20.0	40.6	28.2	41.4
Obstetrics & Gynaecology	-	2.4	8.3	11.8	2.3	2.7	20.0	4.7	5.9	4.3
Ophthalmology	-	0.4	-	-	0.5	1.4	-	0.7	-	0.5
Pathology	-	-	2.8	2.6	0.5	-	-	0.3	-	0.5
Psychiatry	-	2.7	2.8	-	2.3	2.7	10.0	6.4	5.9	3.7
Public Health	9.5	7.1	13.9	1.3	6.8	8.1	-	4.4	3.5	5.8
Radiology	-	1.2	-	2.6	0.9	1.4	-	1.3	1.2	1.2
Surgery	4.8	14.9	13.9	14.5	18.0	9.5	20.0	18.1	23.5	16.5
Other	4.8	3.5	2.8	5.3	5.4	5.4	-	1.7	3.5	3.6

Intentions for practising medicine

- Will continue in the following year 98%
- Will not continue in the following year 2%

JUNIOR DOCTORS AND SELF-CARE

‘The physician who doctors himself has a fool for a patient’ (Sir William Osler, 1849-1919)

Like everyone, doctors are susceptible to health concerns and can experience illness. Nearly three-quarters (71%) of the junior doctors surveyed by the AMA reported that they had been concerned about their physical or mental health during the previous year and 63% had been concerned about the health of a colleague.

Unfortunately, many doctors do not behave like good patients. They may not follow the advice they would give to their own patients and often do not seek appropriate medical care. This paradox is often attributed to the culture of the medical profession, which is very competitive and has high expectations of dedication to work and unlimited resilience under stress. The stigma of ill-health that prevails among doctors discourages the open admission to colleagues of medical problems

or personal difficulties.⁴ The complexities of doctors treating doctors in a professional relationship form another barrier that can hinder proper treatment.

This culture can result in self-care by doctors, a poor cousin to the medical care that they offer their patients. It includes inadequate preventative care and inappropriate practices such as self-diagnosis, self-treatment and delayed presentation to other practitioners. Doctors are often reluctant to have a general practitioner (GP) for independent medical advice. Similarly, they may not adhere to routine preventative health measures such as screening tests and vaccinations that they expect their patients to follow.

Junior doctors are consequently starting their careers in an environment where there is an expectation that their medical work takes priority over everything else. Most are undertaking demanding education and training activities that are critical to their career aspirations. Studies done on junior doctors suggest that they are especially reluctant to admit illness and seek the help of a treating doctor during clinical placements because they feel inhibited about complaining and taking time off work.⁵

This attitude is explained largely by a fear of being seen by supervisors and colleagues as incompetent or weak and unable to meet the challenges placed on them. There are often feelings of guilt associated with taking time off for illness or treatment because of concerns that their absence has put pressure on their colleagues or they have let their team and their patients

down. Many junior doctors have concerns about the consequences of admitting to illness or not coping well on training opportunities and career progression.

This attitude to health care means that it is even more difficult for junior doctors to seek help for a stress-related illness, a mental health issue or for substance misuse, as these are not seen as “real” illnesses.⁶ Many will try to work through their problems or illness.

There are also practical issues which act as barriers to proper self-care. These include insufficient numbers of GPs willing and able to treat junior doctors and inadequate staff health services in hospitals, particularly in rural areas. Junior doctors may also have difficulty in finding time to leave work for check-ups or treatment.

The junior doctors surveyed by the AMA were asked a number of questions about their self-care practices, including if they had an established relationship with their own GP, if they had visited their GP in the previous year and if they were up-to-date with their screening tests such as pap smears and cholesterol checks.

ACCESS TO GENERAL PRACTITIONERS

- Two-thirds (66%) of respondents had their own GP for independent medical advice.
- Exactly three-quarters of the female respondents had their own GP. More than half (56%) of the male respondents did not have their own GP.
- The specialities where junior doctors were more likely to have their own GP were psychiatry (82%), obstetrics and gynaecology (79%) and anaesthetics (73%). Nearly 70% of respondents working in general practice had their own GP. Those less likely to have a GP were in public health and emergency medicine.
- 58% of respondents who reported having their own GP had consulted their doctor during the previous year. This compares with 80% for the general population.⁷
- Nearly three-quarters (71%) of female respondents had seen their GP in the previous year. Fewer than half (43%) of male respondents had visited their GP.
- The specialities where junior doctors were more likely to have consulted their GP during the previous year were psychiatry (82%), general practice (72%), radiology (69%) and obstetrics and gynaecology (67%). Those less likely to have consulted their GP were in surgery and medicine.

SCREENING TESTS

- Nearly half (45%) of the junior doctors surveyed were not up-to-date with their screening tests. Two-thirds (66%) of female respondents were up-to-date compared to 44% of males.
- Respondents working in general practice (81%), obstetrics and gynaecology (67%) and anaesthetics (67%) were more likely to be up-to-date with screening tests. Those working in surgery, medicine and public health were less likely to be up-to-date with screening tests.

DOCTORS' HEALTH ADVISORY SERVICES

- The medical profession in Australia is fortunate to have in most States confidential health advisory services for doctors in need of assistance. A similar service is available in New Zealand. Anecdotal evidence suggests that these services have experienced an increase in the number of contacts from junior doctors in recent years.
- Five per cent of the junior doctors surveyed reported using a doctors' health advisory or similar service in the previous year. Of these, 60% were female.

SELF-MEDICATION AND SELF-PRESCRIPTION

The reluctance of doctors to consult a GP about their medical problems can lead to self-treating. This includes doctors diagnosing and treating their own illness and self-prescribing medication. Self-treatment can also include informal ‘corridor’ or ‘kerbside’ consultations and self-referring to a specialist. The literature suggests that the practice of self-treatment and self-prescription is common among junior doctors.

The junior doctors surveyed were asked if they had self-medicated or self-prescribed during the previous year. Those who responded in the affirmative were requested to indicate if they had used antibiotics, oral contraceptives, non-opioid analgesics (anti-inflammatory drugs), opioid analgesics (narcotics), benzodiazepines (tranquillisers and sleeping pills) or proton pump inhibitors (medications for reducing the production of stomach acid).

- More than one-third (38%) of respondents reported that they had self-prescribed or self-medicated during the previous year.
- Female doctors (40%) had a slightly higher incidence of self-prescription or medication compared to males (35%).
- Antibiotics (30%) were the most commonly self-medicated or self-prescribed medication followed by the oral contraceptive pill (25%) and non-opioid analgesics (21%) [fig 1].
- The most commonly self-prescribed or self-medicated drugs for female doctors were the oral contraceptive pill (41%) and antibiotics (25%). For males they were antibiotics (38%) and non-opioid analgesics (28%).
- The specialities which had junior doctors with the highest rates of self-prescription and self-medication were radiology (45%), emergency medicine (45%) and surgery (40%) [table 5].
- A total of 102 respondents provided a free-text response to "other" medications that they had self-prescribed or self-medicated. Of concern was the high number who reported self-prescribing anxiolytics and sleeping tablets (19%) and anti-depressants (10%). There were also high reported rates of self-prescription of "routine" medication including anti-emetics (18%), asthma medication (14%) and blood pressure and cholesterol medication (11%).

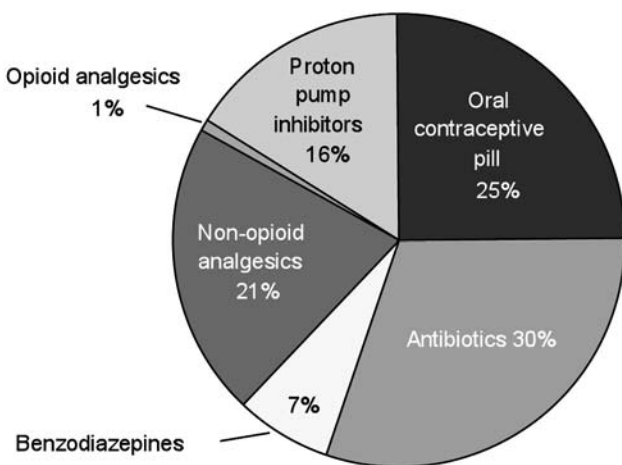


FIGURE 1 SELF-MEDICATION AND SELF-PRESRIPTION

TABLE 5

REPORTED SELF-MEDICATION AND SELF-PRESRIPTION WITHIN SPECIALTIES	
	%
Anaesthetics	35.7
Emergency medicine	44.5
General Practice	32.6
Medicine	37.4
Obstetrics and Gynaecology	39.5
Psychiatry	21.6
Public Health	39.7
Radiology	46.2
Surgery	40.4

STRESS AND BURNOUT

There are many external and internal stressors in medicine. It is suggested that the stress and associated vulnerability to depression in doctors is a product of the interaction between the demanding nature of their work and their obsessive, conscientious and committed personalities.⁸

Internal stressors may come from the very nature of the individual that chooses to practise medicine. These qualities include dedication, commitment, a sense of responsibility, competitiveness and altruism. These attributes can become a source of pressure in a doctor's working or study life and increase the risk of anxiety and depression.⁹

There are also a large number of external factors that are considerable causes of stress for junior doctors at the start of their careers. The culture of the medical profession has traditionally expected junior doctors to deal with these challenges. Compared to most professionals of similar age, junior doctors are expected to work long hours coupled with heavy responsibilities. This is compounded by the insufficient staffing levels and inadequate resources in over-stretched health care environments.

Junior doctors can find it difficult to balance their training and educational commitments with their heavy workload. Unpredictable schedules caused by the poor design of work rosters prevent junior doctors from committing to regular social activities or meeting family commitments. A perceived lack of control over work-life balance has the potential to lead to exhaustion and job burnout.

Junior doctors can experience emotional strain from working in an acute or critical-care environment. This can result from the difficulties inherent in diagnosing

and treating patients, as well as the emotional trauma from dealing with suffering and death in emotionally charged clinical situations. Verbal abuse and even physical assault are relatively common in acute-care situations. There is also a strong expectation from patients for doctors to be constantly available.

A consistent finding from forums and studies is the widespread feeling of professional, social and geographical isolation that junior doctors experience. Isolation can place junior doctors at risk of stress and its related problems. It is a particular problem for those from non-English speaking backgrounds. Clinical placements are often undertaken in different locations. This can make it difficult for junior doctors to establish and maintain a network of peers (colleagues, clinical teachers and consultants) for debriefing, mentoring and social and emotional support.

Other stressors on junior doctors include potentially difficult relationships with consultants and supervisors, unsympathetic hospital management, unacceptable workplace issues such as bullying and harassment and the demands of meeting training program requirements and passing assessment. As with the general population, junior doctors experience pressures from outside the workplace such as relationship and financial problems.

COMPASSION FATIGUE

Compassion or empathy fatigue has been defined as “the natural consequent behaviors resulting from knowledge about a traumatising event experienced by a significant other. It is the stress resulting from wanting to help a traumatised or suffering person.”¹⁰ Prolonged compassion fatigue can interfere with the ability of a doctor to provide safe and effective care. It can cause physical, emotional and psychological exhaustion and lead to a lack of enjoyment of work and ultimately burnout.

The AMA survey incorporated the Professional Quality of Life (ProQOL) Compassion Satisfaction, Burnout and Compassion Fatigue/Secondary Trauma Scale developed by Stamm (1997-2005) to measure the extent of the risk of compassion fatigue of the respondents. ProQOL is an open-source tool which measures the positive and negative aspects of care-giving for those, junior doctors in this case, who are providing the care. It comprises three 10-item scales: compassion satisfaction, burnout and secondary trauma/compassion fatigue. Items are scored on a five-point Likert scale ranging from never to often.¹¹ ProQOL is not a predictive measure of

compassion fatigue but a measure of prevalence.

The compassion satisfaction questions used in the scale are designed to determine the satisfaction or pleasure the doctors may gain from their work. The burnout scale measures doctors’ feelings associated with hopelessness and difficulty in performing their job effectively. The compassion fatigue scale measures the doctors’ risks for emotional fatigue. Based on the ProQOL cut-off points:

- Fifty-four per cent of the respondents were at risk of secondary trauma or compassion fatigue (59% of females and 48% of males).
- Sixty-nine per cent of the respondents were at risk of burn-out (73% of females and 65% of males).
- Seventy-one per cent of the respondents had lower than average levels of job satisfaction (75% of females and 65% of males).

By way of a comparison, the 2007 Western Australian Junior Medical Officers’ Welfare Study which surveyed 51 hospital interns (postgraduate year 1) showed that 23% of respondents were at risk of secondary trauma or compassion fatigue, 65% were susceptible to burnout and 67% had low levels of job satisfaction.¹²

COPING STRATEGIES FOR WORK-RELATED STRESS

Individuals will use different coping strategies, positive and negative, to deal with work-related stress. The junior doctors surveyed were asked about the strategies they had used in the preceding year to cope with work-related stress. Respondents were also requested to indicate the main and secondary coping strategies that they used.

- The majority of respondents (59%) used spending time with family or friends as their main coping strategy, followed by exercise (17%) [fig 2].
- Exercise was a more popular coping strategy for male respondents while spending time with friends was more popular for females (fig 2).
- Nearly one-quarter (21%) of respondents used their main coping strategy on a daily basis and 44% used it 2-3 times per week (table 7).
- Three per cent of respondents reported using alcohol as their main strategy to cope with stress and fewer than 1% used drugs, including nicotine (fig 2).

- Alcohol was used by 8.6% of respondents as their second strategy for coping with work-related stress. Ten per cent reported that they used it daily (tables 6 & 7).
- Alternative coping strategies that respondents reported using included informal debriefing, sleep, meditation or prayer, hobbies, crying, psychiatric therapy and counselling (table 8).
- Some respondents indicated that they did not need coping strategies while others chose to 'just plough on'. A small number of respondents reported that they had left their job. (table 8).

FIGURE 2 MAIN COPING STRATEGIES – BY GENDER

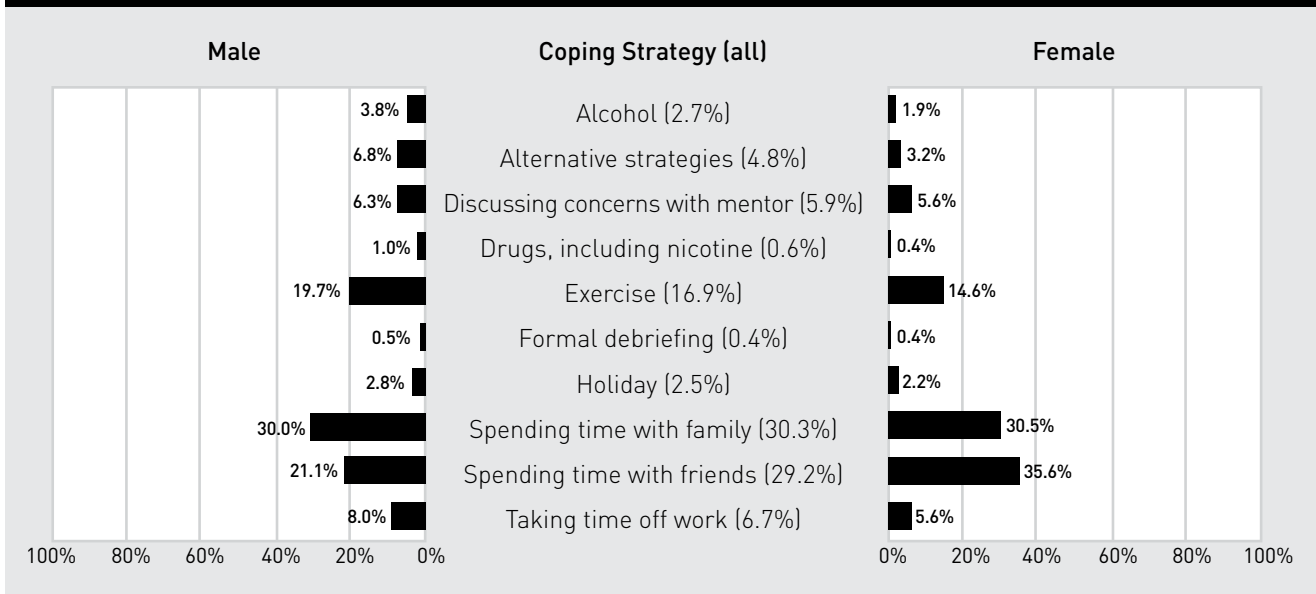


TABLE 6

SECOND AND THIRD COPING STRATEGIES – BY GENDER

	Second strategy			Third strategy		
	Male %	Female %	All %	Male %	Female %	All %
Alcohol	8.9	8.3	8.6	9.6	13.8	12.0
Alternative strategies	6.9	6.3	6.6	7.2	10.2	8.9
Discussing concerns with a mentor	6.0	8.0	7.1	10.9	9.4	10.0
Drugs (including nicotine)	0.7	0.8	0.7	1.3	1.0	1.1
Exercise	17.9	16.9	17.3	13.1	18.4	16.1
Formal debriefing	1.2	0.2	0.6	2.1	1.4	1.7
Holiday	5.0	6.3	5.7	12.3	14.0	13.2
Spending time with family	21.3	20.3	20.7	11.7	8.6	9.9
Spending time with friends	26.1	28.0	27.2	19.2	13.6	16.0
Taking time off work	6.0	5.1	5.5	12.5	9.8	11.0

TABLE 7

FREQUENCIES OF COPING STRATEGIES			
	Main %	Second %	Third %
Daily	21	10	3
2-3 times per week	44	35	20
Monthly	23	35	35
Yearly	10	18	36
Never	2	2	6

TABLE 8

ALTERNATIVE COPING STRATEGIES	
Strategy	Frequency
Informal debriefing (with family, friends or colleagues)	•••••
Hobbies	•••••
Sleep	••••
Prayer or meditation	•••
Formal counselling or therapy (counsellor, psychologist or psychiatrist)	••
Crying	•
Change of employment	•

CONCERNS FOR THE HEALTH AND WELL-BEING OF COLLEAGUES

Peer support is a key support mechanism for junior doctors. The respondents were asked if they had been concerned about the health of a colleague in the previous year and were invited to record what action they had taken.

- Nearly two-thirds of respondents (63%) were concerned about the health of a colleague in the previous year.

- A majority of respondents reported that they had tried to help their colleague, in particular by offering personal and emotional support such as a chat or counselling. A “chat over coffee” was a popular approach (table 9).
- Other personal support provided by the respondents included encouraging their colleague to adopt a healthier lifestyle, help with identifying stressors and appropriate coping mechanisms, providing social outlets, encouraging them to see a GP and help with adopting a better work-life balance.

TABLE 9

CONCERNS FOR THE HEALTH AND WELLBEING OF COLLEAGUES	
Action to assist colleague	Frequency
Personal and emotional support	•••••
Advised supervisor, support staff or clinical training staff	••
Discussed with other colleagues and/or colleague’s friends	••
No action	••
Covered for colleague on shifts or rosters	•
Referred colleague to GP or specialist	•

GENERAL EXPERIENCE AS A JUNIOR DOCTOR

Work-related stress and job satisfaction are intrinsically linked. The literature suggests that high workloads and inadequate resources lead to a loss of job satisfaction. Another factor is the mismatch between responsibility and power. Junior doctors often have enormous responsibility but limited power to influence or change situations.

The junior doctors surveyed were asked a series of questions that examined their perceptions of their morale and well-being, job satisfaction, workload and working environment. The questions were scored on a five-point Likert scale ranging from strongly disagree to strongly agree (table 10). Some of the key findings are listed below.

- Thirty-eight per cent of respondents believed that medical school had not prepared them for life as a doctor.
- Fewer than half of the respondents (45%) felt that working as a doctor was what they had expected it to be.
- More than three-quarters (77%) of respondents had enjoyed working as a doctor.
- More than half (54%) reported that their workload had been excessive and 53% believed that an adverse event could occur because of their high workload.
- Forty-one per cent believed that their workload compromised patient safety.
- More than two-thirds (70%) reported that they had experienced high levels of stress at work. More than half of respondents (56%) had been concerned about the welfare of their colleagues because of the working conditions.
- Nearly one-third of respondents (31%) believed that they regularly worked unsafe hours.
- More than half (61%) of respondents reported that they could not attend education sessions due to their workload.
- Fifty-eight per cent believed that they had been well supervised when completing procedures.
- Nearly half of respondents (46%) believed that their hospital administration had not been supportive in the past year.
- About three-quarters (74%) had found their supervising consultants to be helpful and supportive.
- Nearly three-quarters (73%) were looking forward to working as a doctor this year.
- One in six (17%), given his or her time again, would not have studied medicine.

TABLE 10

GENERAL EXPERIENCE AS A DOCTOR					
Item	Strongly disagree %	Disagree %	Neutral %	Agree %	Strongly Agree %
Medical school prepared me well for life as a doctor	9	29	34	26	3
Working as a doctor was what I expected it to be	5	23	26	40	5
I have enjoyed working as a doctor	2	5	16	52	25
I have learnt much over the course of the year	1	3	8	45	43
My employer devoted adequate time to my education	14	25	25	31	5
I have had enough time to engage in self-education	13	36	27	20	4
I am able to spend enough time with my patients	10	32	27	29	2
The workload has been excessive	2	13	31	38	16
The workload has compromised patient safety	5	24	30	27	14
I believe an adverse event may occur because of the high workload	4	18	24	33	20
I have experienced high levels of stress at work	2	10	18	46	24
I worry about the welfare of my colleagues because of working conditions	2	15	26	41	15
I work unsafe hours on a regular basis	10	33	26	20	11
I often cannot attend educational sessions due to my workload	4	17	18	38	23
I have been well supervised on the wards	5	19	36	36	5
I have been well supervised when completing procedures	3	12	27	50	8
Supervision was easily accessed if I needed it or asked for it	3	10	22	50	15
I often consented patients for procedures I had never seen	21	26	14	25	14
I often consented patients for procedures I did not know well	18	23	16	28	15
I have found my consultants to be helpful/supportive	1	6	19	55	19
I have found nursing staff to be helpful/supportive	5	13	26	49	7
I have found my hospital administration to be helpful/supportive	23	23	26	24	5
As a doctor I was a valued member of the team	4	10	21	53	12
My role as a doctor was important in patient care	1	4	13	58	24
I regret my choice of employment for 2007	40	35	15	7	3
I am looking forward to working as a doctor next year	3	6	19	46	27
Given my time again I would not study medicine	36	28	18	9	8

The respondents were also asked to rank the most important issues working as a doctor (table 11).

- Nearly two-thirds of respondents (62%) ranked job satisfaction as the most important issue for them.

The issue of working conditions was the second most important for nearly one-third (32%).

- Career advancement, leave and salary were the least important issues.

TABLE 11

MOST IMPORTANT ISSUES WORKING AS A DOCTOR							
	Leave %	Safe working hours %	Continuing medical education %	Salary %	Working Conditions %	Job Satisfaction %	Career Advancement %
First	1	11	3	3	12	62	8
Second	3	16	15	9	32	14	11
Third	8	19	16	16	19	10	12
Fourth	16	18	19	16	15	6	11
Fifth	21	15	15	18	10	3	17
Sixth	28	13	19	17	5	2	16
Seventh	24	9	14	20	6	2	25

WORK-LIFE BALANCE

The early years of a medical career are physically and emotionally demanding. Junior doctors can find it difficult to maintain a balanced lifestyle and reduce their risk of work-related stress and possible burnout. As with the general population, it is important for junior doctors to exercise regularly, get sufficient sleep and strike a balance between their working hours, the demands of their job and their study commitments.

The junior doctors surveyed were asked a series of questions about their working hours, the amount of leave they had taken and some of their key lifestyle behaviours.

WORKING HOURS

The respondents were asked to report on their average working hours per week during the previous year.

- Almost all (97%) of respondents indicated that they were working on a full-time basis. Of the 3% who indicated that they were working on a part-time basis, 65% were female.
- The majority of respondents (76%) had worked between 41 and 60 hours per week (table 12).
- Half of the respondents had worked an average of 50 or more hours per week during the previous year (table 12).

- A little more than half of male doctors (53%) were working more than an average of 50 hours per week compared to 49% for females (table 12).
- The specialities where junior doctors were more likely to be working 50 or more hours per week were surgery (80.3%) and obstetrics and gynaecology (74%).

TABLE 12

AVERAGE HOURS WORKED PER WEEK – BY GENDER							
Hours	Male %	Female %	All %	Hours	Male %	Female %	All %
0 – 5	–	0.5	0.3	56 – 60	13.3	14.4	13.9
6 – 10	–	–	–	61 – 65	7.2	4.8	5.9
11 – 15	–	–	–	66 – 70	4.3	2.4	3.3
16 – 20	–	0.3	0.2	71 – 75	2.8	1.6	2.1
21 – 25	0.2	0.7	0.5	75 – 80	2.4	1.6	1.9
26 – 30	0.2	0.9	0.6	81 – 85	1.1	0.7	0.9
31 – 35	0.4	1.2	0.9	86 – 90	0.4	1.2	0.9
36 – 40	5.0	4.7	4.8	91 – 95	0.9	0.2	0.5
41 – 45	14.8	17.0	16.0	95 – 100	–	0.7	0.4
46 – 50	26.7	26.1	26.4	100 +	0.9	0.3	0.6
51 – 55	19.3	20.8	20.1				

ANNUAL LEAVE

The respondents were asked to indicate the amount of annual leave they had taken in the year prior to completing the survey.

- Nearly a quarter of respondents (23%) had taken one week or less annual leave in the previous year (table 13).
- Sixty-seven per cent of respondents had taken fewer than five weeks annual leave (table 13).
- Lack of available cover was the reason 20% of respondents had taken fewer than five weeks annual leave. Twenty per cent of respondents indicated that they had not sought additional leave. Other reasons for not taking more than five weeks leave included insufficient leave accrued or a change in employment.
- The specialities where junior doctors were more likely to have taken less than one week of annual leave were psychiatry (34%), anaesthetics (31%), surgery (23%) and emergency medicine (23%).

TABLE 13

AMOUNT OF ANNUAL LEAVE TAKEN – BY GENDER			
Weeks	Male %	Female %	All %
0-1 week	24.6	20.9	22.5
2 weeks	10.8	9.7	10.2
3 weeks	12.8	12.6	12.7
4 weeks	20.4	22.7	21.5
5 weeks	23.2	23.4	23.3
5 weeks +	8.2	10.6	9.5

PERSONAL LEAVE

The junior doctors surveyed were asked about the amount of personal leave that they had taken for caring purposes and for other unplanned special circumstances in the year prior to the survey.

- More than three-quarters (77%) of respondents had taken less than one week of personal leave and 17% of males had taken periods of personal leave greater than two weeks compared to 10% of females (table 14).

TABLE 14

AMOUNT OF PERSONAL LEAVE TAKEN – BY GENDER			
Days	Male %	Female %	All %
0 – 7	74.2	79.1	76.9
8 – 14	9.4	11.0	10.3
15 – 21	7.0	3.9	5.2
22 – 28	3.6	1.7	2.5
29 – 35	3.4	1.8	2.5
36 +	2.5	2.6	2.5

The respondents were asked to report separately on the amount of leave taken for their own health and to care for others such as children and other dependants.

- Respondents were more likely to take leave for their own health (84%) than to care for others (35%) (table 15).
- Sixteen per cent of respondents had not taken any leave for ill-health. Nearly a quarter of male respondents (22%) had not taken leave for their own health compared to female respondents (10%) (table 15).

TABLE 15

	Own Health			Others' Health		
	Male %	Female %	All %	Male %	Female %	All %
0 days	22.3	10.2	15.4	61.8	67.7	64.6
1 day	18.3	13.4	15.5	8.9	5.7	7.4
2 days	17.7	19.0	18.4	8.1	7.0	7.6
3 days	11.0	15.3	13.4	4.1	5.7	4.8
4 days	5.2	9.0	7.4	3.7	3.5	3.6
5 days	5.2	6.9	6.2	2.4	4.4	3.4
6 days	0.6	3.0	2.0	1.2	–	0.6
7 days	6.7	9.5	8.3	3.7	1.7	2.7
8 days	1.2	1.6	1.4	–	0.4	0.2
9 days	0.6	0.5	0.5	–	0.4	0.2
10 days	2.4	1.9	2.1	2.0	–	1.1
11 days+	8.6	9.7	9.2	4.1	3.5	3.8

LIFESTYLE BEHAVIOURS

The respondents were asked questions about their sleeping, exercise and study habits during the month prior to participating in the survey.

- Nearly half (45%) of respondents reported that they had slept fewer than six hours per night (table 16). While normal sleep requirements vary between individuals, adults require between 7-9 hours of quality sleep throughout a 24-hour time period.¹³
- More than one-quarter (27%) of respondents had exercised at least four hours per week in the preceding month (table 17). The Australian national physical activity guidelines recommend that adults do 30 minutes of moderate-intensity physical activity on most days.¹⁴
- Fifteen per cent of respondents reported no exercise over the period. Seventeen per cent of men and 13% of women had not exercised (table 17).
- About one-third of respondents had studied six hours or more per week over the period. Twenty per cent reported studying more than ten hours per week (table 18).

TABLE 16

AVERAGE AMOUNT OF SLEEP PER NIGHT IN THE PREVIOUS MONTH – BY GENDER			
	Male %	Female %	All %
4 hours	2.7	1.1	1.9
5 hours	8.8	9.4	9.1
6 hours	35.3	34.1	34.7
7 hours	40.5	37.9	39.0
8 hours	12.1	15.4	13.9
9 hours	0.5	2.1	1.3

TABLE 17

AVERAGE TIME SPENT EXERCISING PER WEEK OVER PREVIOUS MONTH – BY GENDER			
	Male %	Female %	All %
0 hours	17.4	13.6	15.4
1 hour	19.2	25.1	22.1
2 hours	18.1	21.3	19.6
3 hours	16.9	13.8	15.4
4 hours	9.2	11.9	10.5
5 hours	7.7	6.0	6.9
6 hours	5.4	2.5	3.9
7 hours	1.9	2.8	2.4
8 hours	1.9	0.8	1.5
9 + hours	2.3	2.3	2.0

TABLE 18

AVERAGE STUDY TIME PER WEEK OVER PREVIOUS MONTH – BY GENDER			
	Male %	Female %	All %
0 hours	12.8	12.5	12.7
1 hour	10.7	15.9	13.6
2 hours	13.1	15.5	14.4
3 hours	7.5	11.4	9.7
4 hours	9.3	10.5	10.0
5 hours	5.1	6.7	6.0
6 hours	7.2	3.7	5.3
7 hours	1.9	1.9	1.9
8 hours	6.3	4.7	5.4
9 hours	1.4	0.6	0.9
10 hours	5.6	2.6	3.9
11+ hours	19.1	13.9	16.2

SUMMARY

The AMA junior doctors' health and wellbeing survey was designed to give a picture of the health and wellbeing of junior doctors and an indication of how well they are coping with balancing their personal and professional lives. The results indicate that most junior doctors have a rewarding and satisfying career in medicine but there is a cost to their physical and emotional health. Junior doctors face issues including burnout, inappropriate self-treatment and self-diagnosis. The survey has also shown that the culture of self-reliance in the medical profession persists and inappropriate self-care practices appear to be developing early in doctors' careers.

There are actions and strategies that individual junior doctors can use to maintain their health and be better patients. Junior doctors are encouraged to:

- take responsibility for their own physical and psychological health,
- establish a continuing relationship with a GP whom they trust,
- take responsibility for preventative health measures,
- establish a network of peers for debriefing, support and mentorship, and seek out information and support from medical colleges and other groups that have resources on doctors' health,
- identify any internal and/or external stress factors and learn to recognise the warning signs and behaviour patterns in their professional lives – and seek early and expert assistance from professional services and providers,
- recognise there are dangers to others associated with a reluctance to admit illness or failing competence, and continued or regular self-medication and prescribing,
- incorporate regular leave, good nutrition, exercise, leisure and family time into a healthy and balanced lifestyle, and
- incorporate self-help techniques such as stress management and time management into their continuing medical education.¹⁵

The medical profession and the organisations that influence it — medical schools, medical colleges, medical boards, hospitals, health departments and governments — have a duty-of-care to ensure the health and wellbeing of junior doctors.

- Junior doctors must have access to confidential medical and other health services so that they are confident that seeking help will not damage their training opportunities and career progression.
- GPs should be encouraged to develop their skills for treating colleagues and be willing to assist and treat medical students and junior doctors. Hospitals must provide high quality health services for their staff.
- There should be clear referral pathways for junior doctors in need of assistance. The profession must adopt a 'no blame' culture that supports those in difficulty, without judgment.
- It is important that a doctor's or colleague's health, conduct or performance does not put patients at risk. If a doctor has concerns about a colleague's health, then there is a responsibility to take action for patient care and the doctor's health. Such action should be seen as an ethical responsibility and an act of caring for both doctors and their patients.
- Teaching hospitals, medical colleges and medical boards and governments should endeavour to promote good health for junior doctors, emphasising the preventive aspects of health and wellbeing. These bodies should be encouraged to play a key role in encouraging junior doctors to understand and adopt a healthy lifestyle throughout their medical training and professional career.¹⁶
- Public hospitals should implement safe rostering practices consistent with the AMA's *National Code of Practice – Hours of Work, Shiftwork and Rostering for Hospital Doctors*.
- Public hospitals should ensure that they have adequate staffing levels and that their recruitment and retention efforts focus on delivering a sustainable workforce.

For resources on doctors' health visit www.ama.com.au

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