

UNDERSTANDING OURSELVES

**Issues confronting registrars and
how they cope**

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OUTLINE

- Background
- Literature Review
- Aims of the study
- Methodology
- Results of analysis
- Discussion
- Conclusion

BACKGROUND

“The attitude of the medical profession to the health of its members has always been one of disinterest which is transiently discarded when disaster overtakes one of its members.”

MJA, 2004

BACKGROUND

- Registrar years critical in the professional development of a doctor
- Many reports indicate that doctors generally have poor/inadequate coping skills
- Few studies involve registrars specifically
- Even fewer look at coping strategies and their effectiveness

LITERATURE REVIEW

- 658 articles cited
- In last decade in Australia, 2 extensive literature reviews in area of doctors' health
 - 1997: NSW Doctors' Mental Health Implementation Committee
 - 2004: RACGP 'The Conspiracy of Silence' – International literature review.

LITERATURE REVIEW

- Despite generally favourable health profiles doctors have much higher rates of:
 - job dissatisfaction
 - burnout
 - relationship difficulties
 - psychiatric disturbance
 - substance abuse
 - Suicide - 2x in male; 6x in female doctors

AIMS OF THE STUDY

- To explore and identify work-related experiences that were perceived to affect health and well-being in a sample of hospital registrars.
- 5 key areas explored

STUDY DESIGN

- 3 separate focus groups
- Facilitated by a professional, external qualitative researcher
- 8 registrars per group sought. Final numbers:
 - Anaesthetics: 5
 - Psychiatry: 4
 - Medicine/other: 3

Recruitment

- Email to all registrars employed by the hospital at the time of undertaking the study.
- Presentations of the research project and its aims at registrar tutorials and departmental meetings.
- One-on-one explanation of research project and distribution of participant information sheet and consent form.

Data Collection

- Interviews recorded electronically and by audiotape.
- Sketch notes taken and developed into typed impressions at conclusion of each session by the group facilitator
- Narrative data transcribed

Data Analysis

- Systematic discovery-focused thematic analysis
- Complex process involving several steps
 - All data analysed myself by hand
 - Aimed to authentically represent the narrative data
 - Utilised understanding of the context of the participants experiences to analyse the data

RESULTS

- **Themes divided into 2 major groups:**
 - Ongoing, environmental, low morale factors
 - Acute, situational, stress factors
- **Ongoing issues:**
 - Systemic factors
 - Personal factors
- **Acute/situational**
 - Physical assault
 - Self-blame
 - Uncertainty in decision-making
 - Negative consultant interaction

Results – Ongoing stressors

■ Systemic Factors

- Rostering
- Insufficient staffing levels/excessive demands
- Unpaid overtime
- Inadequate resources/poor organisational structure

■ Personal Factors

- Relationship with senior staff
- Feeling undervalued
- Lack of autonomy/control over work-life balance
- Identification with patients/emotionally charged clinical situations

THEME	GROUP 1 (Anaesthetics)	GROUP 2 (Other)	GROUP 3 (Psychiatry)
ONGOING (Low morale Factors)			
Systemic Factors (Lack sense of control)	√	√	√
1. Rostering	√	√	√
2. Insufficient staffing levels/excessive demands	√	√	√
3. Unpaid overtime	√	√	
4. Inadequate resources poor organisational structure		√	√

Personal Factors	Group 1 (Anaesthetics)	Group 2 (Other)	Group 3 (Psychiatry)
1. Relationship with senior staff	√	√	
2. Feeling undervalued	√	√	
3. Lack of autonomy/control over work-life balance	√	√	√
4. Identification with patients/emotionally charged interactions		√	√

Summary

- Personal factors were most powerfully identified as ‘worst experiences’.
 - *“The experiences with the personal component (are the worst)...experiences without a personal level I don’t remember being as bad.”*
- Relationship with senior staff:
 - The importance of senior support, both practical and emotional was a key theme
 - *“It’s important to feel supported, in whatever you’re undertaking.”*
 - *“I think if you don’t have the support of the bosses you get stressed.”*

Summary

- Some major differences between groups
 - Psychiatry registrars: key themes involved systemic factors and emotional intensity of the work involved
 - Consultant interactions were positive and senior staff a great source of support

“Have a very empathic senior boss.”

“Group of senior staff nice, approachable, and caring in terms of our welfare.”

“Feel it’s ok to voice problems, because that’s what you do.”

Results – Acute stressors

- Physical Assault
- Self-blame
- Uncertainty in decision-making
- Negative consultant interaction
 - Bullying/belittling
 - Lack of support – practical
 - Lack of support – emotional
 - Difficult situation

THEME	GROUP 1 (Anaesthetics)	GROUP 2 (Other)	GROUP 3 (Psychiatry)
SITUATIONAL			
Physical Assault			√
Self-Blame	√	√	√
Negative Consultant Interaction	√	√	
1. Bullying/belittling	√	√	
2. Difficult situation	√	√	
3. Lack of support – practical	√	√	
4. Lack of support – emotional	√	√	
Uncertainty in decision- making		√	√

Summary

- Negative consultant interaction absent from psychiatry dialogue but prominent in the other groups.
- *“In some ways psychiatry is ahead of the general hospital in that we have a tradition (in fact a training requirement) of one-on-one supervision throughout the training years; and in this supervision it is routine and legitimate for emotionally stressful aspects of clinical and team work to be discussed.”*
- Concerns over training demands also prominent amongst psychiatry registrars

Summary

- Consultant bullying a frequent situational stressor:
 - *“I felt bullied...he really ripped into me.”*
 - *“Yelled at in front of all my colleagues...I felt sick, like bursting into tears...and I felt awful.”*
 - *“Modify how we work and how we practise to avoid over the top confrontations and outbursts of anger.”*

Summary

- Importance of emotional support
 - *“Feel a lot better about the situation (when support given)”*
 - *“If the consultant just said: You are doing a good job, even though there was a bad outcome.”*
 - *“I think there’s not as much of that as there should be, people acknowledging a crisis. It’s not often voiced or discussed.”*

STRATEGY	GROUP 1 (Anaesthetics)	GROUP 2 (Other)	GROUP 3 (Psychiatry)
Peers	√	√	√
Partner	√	√	
Senior Staff	√	√	√
Friends	√	√	√
Family		√	
Exercise	√	√	
Non-work related activities	√		

Coping Strategies

- Unanimous: Informal peer support and debriefing most important and effective.
 - *“We actually derive a lot just from talking to each other, particularly people of the same level. This happened to me, I have to tell you about it. What do you think?”*
 - *“The value of talking to people who completely understand the job.”*
 - *“There’s a lot of healthy bitching and moaning.’*
- Psychiatry registrars: weekly formalized meeting together.
 - *“I think it promotes a sense of cohesion, togetherness and support amongst the registrars.”*

Coping Strategies

■ Senior Staff

- Psychiatry: Unique in prominence of effective use of senior staff for support.
 - *“Have a good open environment and the mandatory hour of supervision.”*
- Other groups: Fear of being judged prevented seeking senior staff for support
 - *“Fear of being judged: that happened because you didn’t do something right.”*
 - *“You need support but you are vulnerable.”*
 - *And you feel like you could be judged for being weak or...it’s your problem, if you were stronger, if you were more confident, you wouldn’t have this problem.”*

Coping Strategies

- Senior staff:
 - Felt better if able to ‘defuse’ the problem to a higher level.
 - *“We tend to feel worse if we can’t ‘defuse’ it to a higher level. If we feel it has been filtered to the top, something might be done. If we can’t filter to a higher level then we feel we can’t resolve the problem...that tends to be the one that we remember as the worst experience.”*

SERVICE	GROUP 1 (Anaesthetics)	GROUP 2 (Other)	GROUP 3 (Psychiatry)
Supervisor of Training	√		
Director of Department	√		
Consultant on call	√		
Victorian Doctors Health Program	√	√	√
STAR	√	√	√
Access			√
Staff Health Service (GP)			√

Knowledge of formalised support structures available

- All seven avenues were not perceived to be sources of support.
 - *'I've heard of it. I couldn't imagine using it though.'*
 - *'The value of having someone who completely understands the job. I'm not sure that counselling by someone with a non-medical background on its own would be enough.'*
 - *'It's harder to talk to a stranger. Harder to appreciate your emotions and the stressors.'*

Improvements

- Relationships with senior medical staff are crucial to perceptions of well-being:
 - *'Just an acknowledgement sometimes could be all that you need. That was hard, you did well.'*
 - *'It is important to get some little encouragement to say, yes you are doing a good job.'*
 - *'Not feeling appreciated. It's bad for morale.'*
 - *'It's the little things like a bit more understanding, compassion, treating people like you would like to be treated, just little things that are not that hard to do.'*
 - *'Thanks is the cream.'*

Opinions on formalized support

- Psychiatry have formalized system of supervision and weekly registrar meetings that work well.
- Other groups felt a formalized system would be difficult to organise and could be too 'artificial'.
 - *"Might be easier if it's spontaneous."*
 - *"Trying to organize everyone, to find a specific day and a specific time is invariably very difficult."*
 - *"It would have to be timetabled and accepted as routine hospital life."*
 - *"Those who need it the most aren't going to turn up or won't articulate their problems."*

Discussion

- Data based on registrars from a single hospital although experiences drawn from many hospitals.
- Small sample of individuals, not representative of all registrar roles in hospital.
- No attempt to generalise the results
- Qualitative exploration of key issues which allow for further investigation to quantify themes defined by this research project.

Conclusion

- Results will be used to assist in:
 - Future research:
 - Quantify key themes identified by this project
 - Improved understanding of this cohort of doctors
 - Development of targeted support and education initiatives
 - Relevant to the issues confronting registrars
 - To be implemented and evaluated
 - Value of exploring the role of supervision:
 - Is the psychiatry experience able to be modified and extrapolated to the rest of the hospital?

