

# Morale and welfare in hospital doctors

The junior doctors' contractual dispute in England in 2016 unmasked deeper problems than pay. It brought to the fore and exacerbated wider existing issues felt by doctors in training relating to morale and welfare. If action is not taken to address these issues, not just for doctors in training but also for all those working in the wider health-care sector, then this threatens the recruitment and retention of a whole generation of health-care professionals. There is a moral imperative to safeguard the health and wellbeing of the UK workforce and this needs a system-wide approach.

This editorial looks at evidence from the Royal College of Anaesthetists that quantifies the morale among doctors in training in their specialty. It reflects upon how the issues highlighted are more widely applicable to colleagues in different specialities and indeed all health-care professionals. This editorial discusses some likely causes and, most importantly, looks at some potential solutions.

## Morale and welfare experiences: the need to listen

The Royal College of Anaesthetists published a report in December 2017 into the experiences of anaesthetists in training. It used data from a survey, in which 2312 responses were received (58%), that was designed to understand the experiences of life on the frontline of UK hospital care. It also used results from a separate survey, with a similar response rate, focusing on

the impact of fatigue on the same group (McClelland et al, 2017). Alongside these surveys the Royal College of Anaesthetists held a series of listening events with anaesthetists in training across the UK during 2017 to hear their experiences first hand.

Anaesthesia is the UK's single largest hospital specialty and makes up 16% of all hospital consultants. Anaesthetists play a key role in the care of two thirds of all hospital patients. They are a window to the wider NHS. The results reported by the Royal College of Anaesthetists are echoed by similar reports conducted by other specialities, including work by the Royal College of Surgeons of Edinburgh (2017) and the Royal College of Physicians (2016).

## Key findings

The key findings of the Royal College of Anaesthetists (2017) report showed that, of the anaesthetists in training who responded to the survey:

- 85% had a higher risk of burnout than people in different occupations
- 64% indicated that their physical health had suffered as a direct result of their job
- 61% indicated that their mental health had suffered as a direct result of their job
- 62% had worked a full shift without having a meal
- 75% had worked a full shift without adequate hydration
- 95% had stayed on after their shift in the preceding month
- 19% are regularly managing self-reported excessive levels of stress associated with their role.

Respondents also reported being asked to fill rota gaps in their employing hospital an average of six times per month. These findings echo the results from the latest British Medical Association (2017) quarterly survey on workload and wellbeing. When asked about morale, 41% of respondents described their morale as being 'low' or 'very low' compared to only 20% who described it as 'high' or 'very high.'

The problems are not unique to anaesthesia. In obstetrics and gynaecology, as an example, a recent survey investigating the high attrition rate from training (30% nationally) demonstrated that 89% of trainees had felt low in mood, depressed or anxious since starting training (Royal College of Obstetricians and Gynaecologists, 2017). Repeated General Medical Council trainee surveys have recognized high levels of undermining and bullying as problems for trainees in obstetrics and gynaecology.

## Causes

The health-care sector has been hit hard by the austerity agenda, which has been reducing public spending. The relentless drive for savings and to spend less and less to achieve more and more has led to widespread service reconfigurations and caused a manpower shortage. In turn, this has created a highly pressurized environment for an already overstretched and stressed workforce. For doctors in training, coupled with the fact that administration of training is also inadequately resourced, this has resulted in poor organization and last-minute communication of rotational training information. This often makes doctors in training feel that their individual educational and personal needs are less important than service delivery. It is hardly surprising that their morale suffers in this system.

No single factor is to blame for low morale. Overworked doctors, demoralised staff and under-resourced hospitals were cited in the Francis report (2013) following the Mid Staffordshire NHS Foundation Trust Public Inquiry. It is worrying that these themes are increasingly apparent 5 years later.

## Potential solutions

The Royal College of Anaesthetists (2017) report provides several recommendations and good practice examples aimed at a range of stakeholders and decision makers. One recommendation is overarching and should be heeded by all: 'listen'.

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The authors acknowledge that the problems are multi-factorial. They may reflect the rapidly changing landscape and exhausting pace of 21st century medicine. Comments that glorify past models of medicine and training are unhelpful and likely to contribute to the low morale experienced by today's workforce.

The Royal College of Obstetricians and Gynaecologists recognized the need to support their workforce and has started to take steps to plan for the future of their specialty with a 'workforce task group', with specific subgroups focusing on the 'welfare of the workforce' and 'trainee focus groups' to tackle the high attrition rate and low morale. They are currently in the process of launching an e-learning resource on resilience, and providing wellbeing and resilience training across regions for the specialty trainee teaching sessions. This recognizes that individuals should reflect on how well they look after themselves and how they support each other.

At a departmental level, work schedules should allow doctors in training to develop personally and professionally. Employing organizations should provide adequate rest and catering facilities for all clinicians during and after on-call periods. Medical Royal colleges should monitor the morale and welfare of their workforce. The Royal College of Anaesthetists (2017) report includes several good practice examples

including 'culture of care' workshops, which give doctors a protected space to talk and listen, as well as 'learning from excellence' initiatives.

Health Education England and the devolved nations' health authorities need to ensure that they plan, recruit and retain their medical workforce. They need to ensure that trainers have time to provide training for future generations. The Royal College of Anaesthetists is working in collaboration with Health Education England on events in those regions with lower levels of ST3 recruitment.

These fundamental issues need to be addressed for all professionals if the workforce is to be fit, able and motivated to meet the huge challenges of delivering health care in today's overstretched NHS. **BJHM**

British Medical Association. 2017. Quarterly Survey: Current views from across the medical profession; Quarter 4: 2017. London: British Medical Association

Francis R. 2013. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: executive summary. London: Stationery Office

McClelland L, Holland J, Lomas JB, Redfern N, Plunkett E. 2017. A national survey of the effects of fatigue on trainees in anaesthesia in the UK. *Anaesthesia*. 72(9):1069-1077. <https://doi.org/10.1111/anae.13965>

Royal College of Anaesthetists. 2017. A report on the welfare, morale and experiences of anaesthetists in training: the need to listen. London: Royal College of Anaesthetists

Royal College of Obstetricians and Gynaecologists. 2017. O&G Workforce report 2017. London: Royal College of Obstetricians and Gynaecologists

## KEY POINTS

- The junior doctors' dispute has brought to the forefront the issue of morale and welfare of doctors in training.
- A recent report from the Royal College of Anaesthetists describes morale and welfare among anaesthetists in training. Anaesthetists had an 85% higher risk of burnout than those in other occupations, and 64% indicated their physical health and 61% indicated their mental health had suffered as a direct result of their job.
- These findings are echoed by similar reports in other specialities as well as the latest quarterly report on workload and wellbeing by the British Medical Association.
- No single factor is to blame for low morale among this group of professionals but factors may include overworked doctors, demoralised staff and under-resourced hospitals.
- There are multiple recommendations in the report but the overarching message that should be heeded by all is 'listen'. Solutions can not be identified without first listening to the problems and challenges that hospital doctors face.

Royal College of Physicians. 2016. Mission Health. London: Royal College of Physicians  
 Royal College of Surgeons of Edinburgh. 2017. Improving the working environment for safe surgical care. Edinburgh: Royal College of Surgeons of Edinburgh

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