

The impact of work-related travel on trainee doctors

Travel is an essential requirement for many jobs within the NHS, whether it is covering services across multiple trust sites, attending mandatory training at other hospitals, or providing home visits in the community. Particularly in suburban NHS trusts, sites can be spread across the breadth of an entire county and the resulting travel burden on staff can be high.

A recent unpublished survey undertaken by the authors included three cohorts of psychiatry trainee doctors ($n=32$) in one such suburban NHS trust. This found that travel to commonly-used teaching hospitals took trainees an average of 45–60 minutes by car, while the same journey by public transport was almost double than this at 106 minutes each way. The NHS defines a journey by public transport as ‘unreasonable’ if it takes ‘over 1 hour or requires 3 changes or more’ (The NHS Staff Council, 2018). This means that, for the trainees surveyed, not having a car meant staff would have no choice but to face regular, unreasonable journeys for work.

The junior doctors’ NHS contract does address this problem by stating that trusts should consider, ‘where the use of a vehicle is essential to the job’, providing schemes such as lease cars, pool cars or taxis (The NHS Staff Council, 2018). Although none of these schemes is without drawbacks, they work to provide vehicles to staff who are currently most inconvenienced by the demands of work-related travel. These schemes often

have collateral benefits for the employer as they reduce on-site parking demands, save money in terms of reimbursing fuel costs, and reap wider societal benefits by reducing the environmental impact of employees using separate vehicles to reach the same destination. The popularity of these schemes among the trainees surveyed was mixed, with 53%, 56% and 43% thinking lease cars, pool cars and taxis would be helpful respectively. This probably reflects that most trainees (78%) already owned their own vehicles so there would be little to gain from schemes that provided additional vehicles.

The impact of commuting

It is worth noting, however, that it was not solely those facing unreasonable journeys by public transport who felt a negative impact from work-related travel requirements. Trainees without cars made up just 12.5% of those surveyed and yet 60% of trainees felt that travel requirements would prevent them from recommending similar placements to others. This suggests that existing NHS schemes to promote access to cars are failing to address the concerns many staff have regarding lengthy commutes.

Studies have shown that longer commutes are linked to stress, depression, anxiety and social isolation (Pohanka and Fitzgerald, 2004; Besser et al, 2008; Knott et al, 2018), which might explain part of this dissatisfaction. Equally, while travel expenses are reimbursed, there is no scheme to pay back the time staff spend travelling. With the trainees in this survey spending between 2 and 4 hours in a single day travelling to other sites, perhaps the dissatisfaction in commuting reflects a wider cultural shift in the importance of having a work–life balance.

Finally, there are the physical effects of promoting reliance on sedentary forms of transport such as cars, with longer commutes often resulting in the neglect of physical health, poorer sleep and an increased risk of road traffic accidents (Pohanka and Fitzgerald, 2004; Christian, 2012; Urhonen

et al, 2016). Perhaps rather than working to make commutes more convenient for staff, trusts should be working to eliminate the need for commuting altogether.

Using technology to remove the need to travel

Advances such as videoconferencing and e-learning might be one way forward, as allowing staff to attend meetings or training remotely abolishes the need to commute at all. For employers, there would be no need to reimburse travel expenses, suggesting that while setting up these services might be expensive, they may be cost-effective in the long term.

However, despite the NHS’s long-term plan promoting digital consultations in primary care and outpatient departments, technology cannot yet replace the need for staff to be physically present on different sites, e.g. running clinics in different hospitals or on-call shifts covering multiple locations. Even as a way of delivering teaching, having staff attend remotely limits the amount of group discussion or engagement that could otherwise take place, meaning that any implementation of new technology needs to be done thoughtfully to ensure it does not impact the quality of teaching being delivered.

While technological advancements might provide some ways of reducing travel requirements in the future, the current state of work-related travel is a problem for many working within the NHS today, perhaps particularly for those working outside major cities or in certain specialties that require community-based services like primary care or psychiatry. Given travel by public transport can double commute times, NHS schemes to improve access to vehicles are important to target those most inconvenienced by work-related travel, but this comes with the caveat that having a workforce reliant on sedentary transport will likely worsen their health and productivity (Page and Nilsson, 2017). Such considerations might be particularly important in health care as

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poor staff wellbeing has been associated with an increased risk of medical errors and has a negative impact on patient safety (Hall et al, 2016). Where work-related travel is simply unavoidable, trusts may want to consider how best to support staff who have a high travel burden and think about how they can help to counteract the negative physical and mental consequences of long, sedentary commutes.

Impact on recruitment

Perhaps the most relevant finding of this survey was 60% of trainees saying that they would not recommend their placements to others because of the excessive travel requirements. With the rise of 4-day work weeks and flexible hours, the demand to provide employees with a favourable work-life balance has never been higher, and the NHS's difficulties in providing a favourable work-life balance have been linked to national shortages in recruitment and growing burnout among staff (Rimmer, 2018).

While long commutes might seem like a common inconvenience across all professions, or simply outside the scope of employers, it is important to be aware of the impact that all aspects of a job have on the perception of the job itself. For specialties

and suburban trusts that struggle with recruitment, proactively addressing concerns over long commutes might be particularly valuable – contemplating an extra hour or so behind the wheel might be what is driving many potential staff away. **BJHM**

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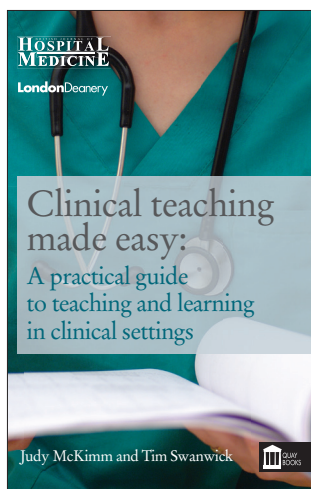
KEY POINTS

- For many jobs within the NHS, travel is an essential requirement and the travel burden on staff can be particularly high in suburban settings or specialities that work within the community.
- Sedentary forms of transport have been shown to negatively impact employees' physical and mental health.
- Some trainees report that they would not recommend placements to colleagues because of the work-related travel requirements and this may be worth addressing proactively in recruitment.
- While technology may offer one way to eliminate commutes in the future, trusts may need to think about how else they can maximize the wellbeing of staff where the demand for travel is unavoidable.

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