Pre- Launch Survey

Results & Summary

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By Amandip Sidhu

E: contact@doctors-in-distress.org.uk

Table of Contents

1. Introduction

Doctors in Distress was first conceived following the tragic death of a brilliant cardiologist in November 2018. The tragic loss of this selfless medic was due to overwork, stress and resulting burnout whilst working in the NHS. He worked tirelessly and solely for the good of his patient's wellbeing and sadly, his own welfare suffered and he died by suicide.

Doctors & physicians in the UK (and indeed elsewhere) are under enormous pressure and workload. In the UK the NHS is widely perceived as a system that is under stress and "creaking". This individual felt he had nowhere to turn to and the culture within the profession seems to put all doctors on a pedestal with the expectation of being infallible, coping with unreasonable workloads and long hours as "that's the way it's always been". He perceived that being signed off sick from work for stress and anxiety would mean the end of his career and that ultimately, he had failed as a doctor.

This charitable organisation will exist to try to help those in similar situations and understand that their wellbeing comes first with the aim of avoiding a tragic outcome. When doctors speak up and request help it is a sign of strength and done with the patients' best interest at heart and is not a sign of weakness. This is one of a few remaining taboos in the NHS that must be eradicated as doctors cannot look after patients unless they look after themselves. The carers must be cared for first.

This document is an interim report from the results of a pre-launch survey intended to inform the founders of the charity of the current opinions relating to doctor burnout and wellbeing. It will help shape the meaningful objectives of the charitable venture.

2. Disclaimer

This survey report is not intended to be scientific in anyway, nor the basis of any direct research or for publication as a referenced document. It may however be used to inform interested parties and stakeholders accordingly with feedback and insight.

Although the information contained herein has been produced and processed from sources believed to be reliable, no warranty expressed or implied is made regarding accuracy, adequacy, completeness, legality, reliability or usefulness of any of the information. (Any free comments and 'Others' which are from respondents are taken as verbatim).

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3. Acknowledgment

The findings and work detailed below would not be possible without the help and goodwill of many individuals and groups who raised awareness of the survey and took time to complete it. The majority of responses came from readers of a blog (https://www.dauk.org/blog/2019/4/20/dauk-guest-blog-by-amandip-sidhu-april-2019). The article & survey link was publicised on various social media platforms (including Website, Facebook, Twitter and Instagram). It is not possible to determine clearly how many views in total the survey achieved but Doctors in Distress wishes to thank the Doctors' Association for their assistance and in addition the Doctors' Support Network for their help.

4. Objectives of Survey

This initial research is to help shape the charity objectives with the aim of understanding the current opinions of doctors, and clarify if events like that described at the beginning of this document are "one-off" or part of a wider trend within the profession. The survey also seeks to understand what current support is available to doctors and whether there are barriers to uptake.

An initial outreach to doctors included a set of questions to ascertain answers to the following key questions:
   a) Has your wellbeing been affected by work and to what degree?
   b) What resources are you currently aware of and did/would you access these?
   c) Is there a cultural issue within the NHS relating to asking for help with mental wellbeing?
   d) If something new was created what would you want it to do?

The responses will contribute to the strategic steer to develop the objectives of Doctors in Distress and confirm where in the current and future landscape a new charity can add measurable value.

A follow up poster or other type formal academic write-up with a more detailed analysis will be published in due course.

5. Scope of Survey

The survey used an established online platform (SurveyMonkey) and was published on the 06 March 2019. It was subsequently closed on 03 May 2019. All responses were anonymous and no personal details collected. A total of 721 responses were received over this period and Appendix 1 has the full list of questions and answer options for reference. All responses were anonymous and no personal details collected and the questions asked were:

   1) What is your area of discipline? (users selected from a pre populated list or free text)

2) What sector do you work in (NHS/Private/Other)

3) If you work in the NHS - what is your role/grade? (users selected from a pre-populated list or free text)

4) In your career have you ever been stressed to the point that you felt your mental wellbeing was affected? (graded responses and/or free text)

5) Which of the below charities/helplines are you currently aware of as a resource to help doctors suffering from stress/anxiety? (Users elected from a list of selected few major organisations and free text those that were not listed)

6) If your mental wellbeing WAS ever affected, from where did you seek help & support? (users selected from a pre-populated list or free text)

7) If your wellbeing WERE to be affected, from whom would you seek help & support (tick all that apply)? (users selected from a pre-populated list or free text)

8) Do you feel able to raise concerns within your organisation regarding your wellbeing and stress/workload? (Yes/No/Other)

9) Do you feel the NHS has a culture of viewing excessive stress/workload as the norm? (Yes/No/Expand)

10) If a new charity/campaign group/advocacy group was setup with the aim of helping doctors at all levels under stress/excessive workload, what would you want it to provide that would encourage you to engage with it? (Pre populated list and "other" field)

6. Survey Results

The following findings will contain a tabular summary of the responses and initial interpretations made from these. Some answers will be supplemented with sample comments from free text answers.

6.1   What is your area of discipline?

(Answers with >1% prevalence are listed below)

Answer Choices	Responses	
General practice (GP)	41.44%	293
Emergency medicine	5.37%	38
Medicine – Cardiology	5.23%	37
Paediatrics	4.95%	35
Anaesthesia	4.81%	34
Other (please specify)	4.53%	32
Psychiatry - General psychiatry	3.11%	22
Surgery - General surgery	2.69%	19
Medicine - Acute internal medicine	2.26%	16
Medicine - Geriatric medicine	1.98%	14
Obstetrics and gynaecology	1.84%	13
Intensive care medicine	1.70%	12
Surgery - Trauma and orthopaedic surgery	1.70%	12
Medicine – Gastroenterology	1.27%	9
Medicine - General internal medicine	1.27%	9
Medicine - Palliative medicine	1.27%	9
Medicine - Respiratory medicine	1.27%	9

- The majority of respondents were GPs (just over 40%), with the other respondents spread across the range of disciplines.

6.2   What sector do you primarily work in?

Answer Choices	Responses	
NHS	94.02%	676
Private	1.39%	10
Other (please specify)	4.59%	33

- Others included pharma, retired, abroad, academics, students, military, charity and non-medics.

6.3   If you work in the NHS - what is your role/grade?

Answer Choices	Responses	
GP	35.85%	252
Consultant	22.05%	155
ST – specialty trainee in a hospital specialty	12.52%	88
SpR – specialty registrar in a hospital specialty	8.11%	57
Other (please specify)	6.83%	48
GPST – specialty registrar in general practice	5.12%	36
SAS	3.41%	24
FY1 – foundation year one junior doctor	2.99%	21
FY2 – foundation year two junior doctor	2.56%	18
Academic	0.57%	4

- Almost 60% of the respondents were GPs or senior doctors. Some of the 'others' included nurses, dentists, retired professionals, trainees/students, physiotherapists and medical legal experts.
- The depth of data suggests further analysis (by grade) to ascertain views amongst sectors of the profession can be conducted as a further piece of work.

6.4   In your career have you ever been stressed to the point that you felt your mental wellbeing was affected?

Answer Choices	Responses	
Yes – Regularly	40.47%	291
Yes – Sometimes	43.25%	311
Yes – rarely	12.24%	88
No – Never	2.78%	20
Other (please specify)	1.25%	9

- Over 80% of respondents regularly or sometimes felt stressed at work to the extent that their mental wellbeing was impacted. 'Other' comments included themes of "Yes" but not a specific frequency.

6.5 Which of the below charities/helplines are you currently aware of as a resource to help doctors suffering from stress/anxiety?

Answer Choices	Responses	
The Samaritans	66.41%	437
BMA Confidential helpline	62.92%	414
The Practitioner Health Programme/GP Health Service	41.79%	275
The Doctors' Support Network Charity	20.06%	132
Others not on this list (please specify)	14.13%	93
GMC	8.81%	58
The Cameron Fund	6.53%	43

- Respondents were most aware of The Samaritans and the BMA helpline as a source of help.
- The Practitioner Health Programme (PHP) was referenced. Although the service is currently London based (as of May 2019) further analysis would be needed to ascertain if the awareness was UK wide from the data collected.
- Despite the GMC being seen as a regulator, a minority of respondents saw it as a resource for help.
- 'Other' resources cited included:
  - DocHealth
  - The Royal Medical Benevolent Fund
  - Louise Tebboth Foundation
  - Tea and Empathy Facebook Group
  - Local Medical Education Managers
  - Sick Doctors Trust
  - Royal Colleges
  - Private Counselling/Health Insurance
  - Other localised GP support Services

6.6 If your mental wellbeing was ever affected, from where did you seek help & support?

Answer Choices	Responses	
Family/friends	57.12%	409
Own GP	31.28%	224
Nowhere - I dealt with it myself	28.07%	201
Other (please specify)	14.25%	102
Occupational Health	13.69%	98
PLEASE TICK IF YOUR WELLBEING HAS NEVER BEEN SIGNIFICANTLY AFFECTED	12.15%	87
Line Management	10.61%	76
BMA	7.54%	54
The Practitioner Health Programme/GP Health Service	7.12%	51
The Doctors' Support Network Charity	2.51%	18

GMC		0.42%	3
The Cameron Fund		0.42%	3

- The most popular method of dealing with previous stress/wellbeing issues was to seek support from family/friends' networks followed by GP help.
- Interestingly, the resources cited as being most known as per the previous question, were not the most accessed.
- The more formalised resources (e.g Internal Occupational Health, line manager, BMA, PHP) were less used than respondents dealing with their stress themselves or "Others".
- "Others" included:
  - o Tea & Empathy Facebook Group (most mentioned)
  - o Doc Health
  - o Breathing space Hospital Counsellor
  - o Doctors' Support Group
  - o MIND
  - o Private Providers
- The responses to the survey suggest that many doctors preferred to seek help from outside of their own organisation than the BMA. Comments suggest that this may be due to stigma and/or concerns about the lack of confidentiality and independent status.

6.7 If your wellbeing were to be affected, from whom would you seek help & support (tick all that apply)?

Answer Choices	Responses	
Family/friends	75.71%	530
own GP	57.00%	399
Occupational Health	20.29%	142
The Practitioner Health Programme/GP Health Service	19.86%	139
Nowhere - I will deal with it myself	18.43%	129
Line Management	14.86%	104
BMA	9.57%	67
Other (please specify)	8.43%	59
The Doctors' Support Network Charity	8.29%	58
GMC	0.71%	5
The Cameron Fund	0.57%	4

- Again, the majority of respondents would turn to family or friends or their GP to manage future wellbeing issues.
- Although many would choose to seek help from their own GP, the results indicate that GPs themselves are under pressure. Some have cited their ability to deal with fellow medics undergoing burnout as being inadequate as well as the core skill of treating fellow medics as patients.
- It is striking that only a minority of respondents would turn to occupational health, their line manager or even the BMA helpline, despite relative high levels of awareness of the latter (see 6.5).

    o   On this point, a number of respondents commented that the BMA's support provision was not seen as fully independent or confidential, and a fear of comeback was a barrier to access.

6.8 Do you feel able to raise concerns within your organisation regarding your wellbeing and stress/workload?

Answer Choices	Responses	
Yes	47.48%	339
No	52.52%	375
Please expand/describe		433

- Respondents were divided on whether they could raise concerns about wellbeing or stress in the workplace.   However, when linking this to the actual comments made in the "expand" section it was clear that there were restrictions or caveats to their answer.
- Many respondents indicated they were able to raise concerns but felt nothing would be done, or they could do so but without revealing the true extent of the pressures they were under fear of personal reproach or intimidation.
- Of those respondents who felt that they could not raise issues, certain common themes reported were:
  - Concerns around being seen as weak, vulnerable
  - Pressure to "get on with it"
  - Not enough resources and personnel, massively understaffed
  - Unsupportive colleagues
  - A perception of a bullying and intimidating culture
- A large number of negative statements were seen such as:
  - *"Get on with it"*
  - *"Not being seen to be able to cope"*
  - *"The BMA are useless and the RCGP even worse"*
  - *"Don't want to let colleagues down"*
  - *"High Workloads"*
  - *"Affect Career Progression"*
  - *"Everyone is in the same boat, everyone is stretched"*
  - *"No capacity to improve and support"*
  - *Overall system attitude of it being "the way things are", "it's hard for everyone" and "getting on with it/being resilient".*
- Conversely, some positive statements include:
  - *"Good relationship with colleagues - feel I could be candid if was struggling."*
  - *"I am fortunate enough to work in a supportive practice"*
  - *"We have already setup a Doctors well-being committee and have carried out internal surveys and now slowly taking other steps including teaching mindfulness to Doctors, Human factor training, requesting Doctors to reduce their too much PA's and building mentor ship."*

- Other comments of note:
  - *"As a GP you are self employed and in a partnership. You are letting down your partners if you are not well enough to work and in General Practice we are not able to cancel clinics or operating lists if someone is off sick, there are still the same number of patients coming through the door so if you don't go to work then a colleague has to do your work."*
  - *"Culture of get on with it. I've had verbally abusive interactions with my departmental director so have therefore nobody to speak to"*
  - *"Given how you're cut off at the knees for raising potential concerns about patient safety, I'd really feel reluctant to raise these ones. There is a culture of bullying from the top. "*
  - *"Have raised issues previously and my CD was great and tried to change my job plan but overall there just isn't enough of us. The public demand is greater and greater and the Trust aren't interested in anything that doesn't save or make money. The finance directors are in charge of the NHS for the last 5 years and it's beginning to affect every frontline member of staff and our patient care."*
  - *"We are told we need to put the patient first but what is forgotten is that we also need to consider ourselves and our own wellbeing. Yet, somehow you end up in this cycle where your job is getting 100% and you have nothing left to give to yourself, never mind anybody else, so you just get on with work but don't have the energy to fight your corner anymore."*
  - *"I feel I can raise concerns, however things might not change regardless"*
  - *"I work in a well-supported and relatively pleasant environment, and It is not them. The bureaucracy and crap like revalidation, appraisal, cqc, and NHS england and ombudsman and legal threat are not their fault"*
  - *"In paediatrics as a London trainee I have felt reasonably well supported - unlike as a foundation doctor which was shocking"*
  - *"One of my consultant colleagues killed himself in our office (4 of us shared it). It led to a huge change in the perception of stress / support in our department. We are actively changing the culture within our department."*
  - *"You will be considered a failure and lose respect from your colleagues. You will be looked down and people and the system will make you feel you are good for nothing."*
  - *"But only after I reached the burnout phase and I was at breaking point."*
  - *"But only to certain people - my colleagues that I am friendly with. Never management."*

6.9 Do you feel the NHS has a culture of viewing excessive stress/workload as the norm?

Answer Choices	Responses	
Yes	97.20%	695
No	2.80%	20
Please expand - why do you think this is the case?		390

- Nearly all respondents felt that excessive work and stress was considered normal in the NHS.
- Some of the comments offered to expand on this view included:

- *Expectation of "resilience" rather than change in environment*
- *"it's the norm feel free to cope"*
- *"Chronic under resourced high workload"*
- *"It's always been like this" and "In my day"*
- *"Commitment is expected but exploited"*

6.10 If a new charity/campaign group/advocacy group was setup with the aim of helping doctors at all levels under stress/excessive workload, what would you want it to provide that would encourage you to engage with it?

Answer Choices *(Users could select multiple options)*	Responses	
Campaign for a positive culture change within the profession and NHS with respect to stress/workload levels (Agenda TBC)	88.89%	632
Provide confidential and independent one 2 one support and reassurance	68.92%	490
Provide a listening ear from a peer to peer support network	47.82%	340
Direct me to external resources/other areas of help	29.96%	213
Please also list what else you think a new charity or support group can do for you/your colleagues that are under stress and have nowhere else to turn to.		212

- The table summarises respondents' views on where the focus of a new charity should be in this space, with the majority indicating that campaigning for a change in NHS culture should be at the heart of any efforts.
- There is also clear interest in the charity providing confidential and independent support, as well as peer support.

7. Summary and Charity Objectives

This interim report presents many interesting insights into the topic of doctor wellbeing and burnout. Responses to this survey have suggested the following:

- Nearly all respondents have suffered from some level of mental stress/burnout/adverse wellbeing at some point in their career.
- Nearly all respondents felt that an excessive workload was considered normal in the NHS.
- There is awareness of charities or resources that provide support, particularly the Samaritans, PHP, and the BMA helpline.
- Strikingly, the majority of respondents have tried to deal with work stress issues through non-formal or non-work-related sources. These are predominately family or friends' networks or their own GP.
- Similarly, the majority of respondents would turn to these sources if facing future work stress problems, while the numbers of respondents who have or would turn to their line manager, occupational health or the BMA are noticeably low in comparison.
- There were mixed views on whether concerns about wellbeing and stress could be raised in the workplace.
    - That nearly half of respondents felt that they could raise issues might be viewed as puzzling given that only a minority of respondents said that they would turn to their line manager for support (6.6 – 6.7).
    - This might be explained through the further comments provided, which suggested that some respondents felt that their colleagues were supportive.
- These findings taken with the many further comments provided, strongly suggest a view that culturally, the NHS as an employer is not perceived to be supportive enough in helping doctors manage work stress/ workload issues and address the root causes.
- There seems to be a long-standing stigma associated with doctors being able to raise concerns about their mental wellbeing and immediate pressures of stress/anxiety and burnout:
    - Respondents raised issues around reputation damage, a feeling of letting colleagues down, fear of regulatory involvement on ability to practice, a lack of an open & transparent working environment and peer pressures.
    - Confidentiality and fear of repercussion were barriers to raising issues or seeking help within the NHS.
    - Themes of bullying and intimidation were also cited.
- Resources to help already exist and are provided by the healthcare systems, but many doctors are reluctant to use them for the reasons cited above but also due to a lack of awareness of the existence of these.
    - The fact that a large proportion of respondents prefer using family/friends support networks suggests that environments seen as "independent" are preferred.
- Respondents commented that morale is low, peer support is minimal, and the system as a whole does not yet embrace the concept of non-judgmental, non-repercussive attitudes to doctor wellbeing.

Going forward, the primary desire from respondents is for a charity to help campaign for culture change and to offer independent help & support where needed. Further detailed analysis is needed, but this survey clearly shows that doctor burnout and resulting effects on wellbeing is an issue facing the profession at all grades.

Clearly, there is no benefit in replicate existing tools and support resources. An opportunity exists however, for an independent, non-affiliated entity to drive change to improve take up of these tools by working with others to address real and perceived barriers, and signpost doctors to resources. Existing resources are confidential, independent and offer a "peer to peer" service but it is clear there is a lack of awareness of these features amongst doctors. It is also entirely feasible that these facts have not been communicated effectively to doctors to provide a secure level of reassurance and drive uptake.

The story behind Doctors in Distress can help other charities & organisations in providing a real-life example and a case study of negative outcomes, in essence a tool in their repository of an evidence base.

The report also indicates that doctors desire a truly independent & non-affiliated representation of some sort and as a result of these themes and insights, the proposed aims for the charity will be:

Objective 1
Positively campaign for culture change within the medical profession and NHS to remove the stigma associated with doctor burnout resulting from them having heavy workloads and operating in a high pressure and stressful environment.

Objective 2
Encourage a wider organisational responsibility for the working environments of Doctors that include the value of their mental wellbeing for the positive benefit of the NHS, its workforce and the patients they serve.

Objective 3
Independently and without prejudice, direct doctors to approved and secure confidential resources so that they can get help when dealing with wellbeing/burnout/stress issues.

Objective 4
Raise awareness of these issues in the public domain to encourage society to have an improved consideration and understanding of the medical profession that cares for them.

Appendix 1 Survey Questions

Question	Answer Selection
What is your area of discipline?	Anaesthesia Clinical Oncology Clinical Radiology Community sexual and reproductive health Emergency medicine General practice (GP) Intensive care medicine Medicine - Acute internal medicine Medicine - Allergy Medicine - Audiovestibular medicine Medicine - Cardiology Medicine - Clinical Genetics Medicine - Clinical neurophysiology Medicine - Clinical pharmacology and therapeutics Medicine - Dermatology Medicine - Endocrinology and diabetes Medicine - Gastroenterology Medicine - General internal medicine Medicine - Genitourinary medicine Medicine - Geriatric medicine Medicine - Immunology Medicine - Infectious diseases Medicine - Medical oncology Medicine - Medical ophthalmology Medicine - Neurology Medicine - Nuclear Medicine Medicine - Palliative medicine Medicine - Rehabilitation medicine Medicine - Renal medicine Medicine - Respiratory medicine Medicine - Rheumatology Medicine - Sport and exercise medicine Medicine - Stroke medicine Medicine - Tropical medicine Obstetrics and gynaecology Occupational medicine Ophthalmology Paediatrics Pathology - Chemical pathology Pathology - Haematology Pathology - Histopathology Pathology - Medical microbiology and virology Psychiatry - Child and adolescent psychiatry Psychiatry - Forensic psychiatry Psychiatry - General psychiatry Psychiatry - Liaison psychiatry Psychiatry - Medical psychotherapy Psychiatry - Old age psychiatry

Question	Answer Selection
	Psychiatry - Psychiatry of intellectual disability Public Health Surgery - Cardiothoracic surgery Surgery - General surgery Surgery - Neurosurgery Surgery - Oral and maxillofacial surgery Surgery - Otorhinolaryngology (ear, nose and throat surgery) Surgery - Paediatric surgery Surgery - Plastic surgery Surgery - Trauma and orthopaedic surgery Surgery - Urology Surgery - Vascular surgery Other (please specify)
What sector do you primarily work in?)	NHS Private Other (please specify)
If you work in the NHS - what is your role/grade?	FY1 – foundation year one junior doctor FY2 – foundation year two junior doctor ST – specialty trainee in a hospital specialty SpR – specialty registrar in a hospital specialty GPST – specialty registrar in general practice SAS GP Consultant Academic Other (please specify)
In your career have you ever been stressed to the point that you felt your mental wellbeing was affected?	Yes - Regularly Yes - Sometimes Yes - rarely No - Never Other (please specify)
Which of the below charities/helplines are you currently aware of as a resource to help Doctors suffering from stress/anxiety? (please select all that apply)	BMA Confidential helpline GMC The Doctors' Support Network Charity The Practitioner Health Programme/GP Health Service The Cameron Fund The Samaritans Others not on this list (please specify)
If your mental wellbeing WAS ever affected, from where did you seek help & support? (please select all that apply)	PLEASE TICK IF YOUR WELLBEING HAS NEVER BEEN SIGNIFICANTLY AFFECTED Line Management Occupational Health own GP Family/friends BMA GMC

Question	Answer Selection
	The Doctors' Support Network Charity The Practitioner Health Programme/GP Health Service The Cameron Fund Nowhere - I dealt with it myself Other (please specify)
If your wellbeing WERE to be affected, from whom would you seek help & support (tick all that apply)?	Line Management Occupational Health own GP Family/friends BMA GMC The Doctors' Support Network Charity The Practitioner Health Programme/GP Health Service The Cameron Fund Nowhere - I will deal with it myself Other (please specify)
Do you feel able to raise concerns within your organisation regarding your wellbeing and stress/workload?	Yes No Please expand/describe
Do you feel the NHS has a culture of viewing excessive stress/workload as the norm?	Yes No Please expand - why do you think this is the case?
If a new charity / campaign group/ advocacy group was setup with the aim of helping Doctors at all levels under stress/excessive workload, what would you want it to provide that would encourage you to engage with it? (please select all that apply)	Provide confidential and independent one 2 one support and reassurance Direct me to external resources/other areas of help Provide a listening ear from a peer to peer support network Campaign for a positive culture change within the profession and NHS with respect to stress/workload levels (Agenda TBC) Please also list what else you think a new charity or support group can do for you/your colleagues that are under stress and have nowhere else to turn to.