

# Doctors in Distress Survey Analysis

For queries or questions please email [contact@doctors-in-distress.org.uk](mailto:contact@doctors-in-distress.org.uk)

Our thanks to Uma Deb and Dr. Sanjoy Deb, (University of Westminster)  
for conducting the analysis of the data.



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# Sample Characteristic

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

- The survey used an established online platform (SurveyMonkey) and was open from March 2019 to May 2019.
- A total of 721 responses were received, all responses were anonymous and no personal details collected.
- The subsequent analysis has only been conducted on doctors who currently worked in the NHS.

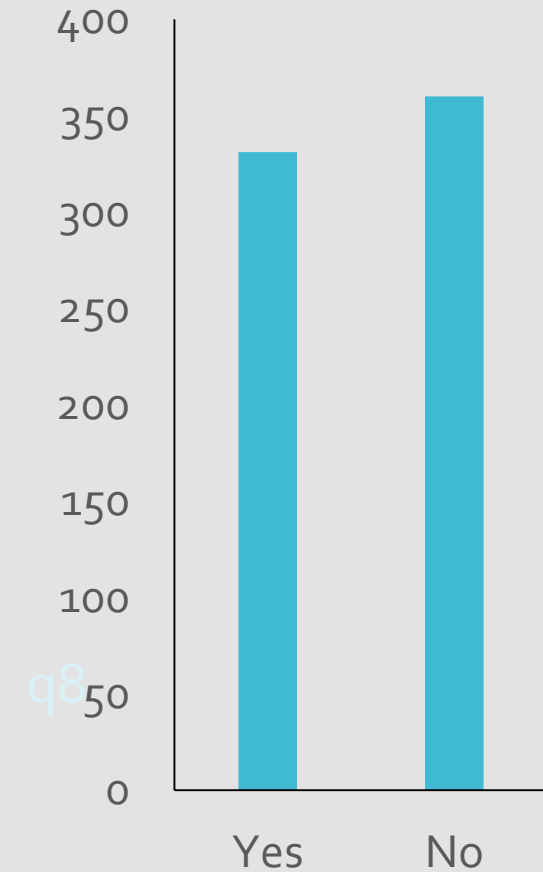


When asked if there mental health had been affected due to workplace stress, the doctors responded..

	No- Never	Yes- rarely	Yes- sometimes	Yes – regularly
Junior doctor	4% (11)	11% (31)	42% (113)	43% (116)
GP	1% (3)	10% (25)	44% (109)	45% (111)
Consultant	4% (6)	16% (24)	45% (65)	35% (52)
Total	3% (20)	12% (80)	43% (287)	42% (279)



When asked if they could raise concerns regarding their well-being and stress / workload in the work place, the respondents said..





When asked if they could raise concerns regarding their wellbeing and stress/workload in the work place, the respondents said..

Status of training	YES	NO
Junior Doctor	33% (80)	67% (165)
Consultant	34% (51)	66% (100)
GP	40% (102)	60% (150)



Those doctors  
who said they  
were able to  
raise their  
concerns also  
went on to say  
that...

These are the main themes in their answers (with examples below):

**A get on with it attitude remains**

- Everybody being in the same position
- Patient clinics can not stop
- “Suck it up”
- Doctors should look after themselves

**We look out for each other (i.e. Supportive)**

- Colleagues who care about each other
- Colleagues who notice behaviour change

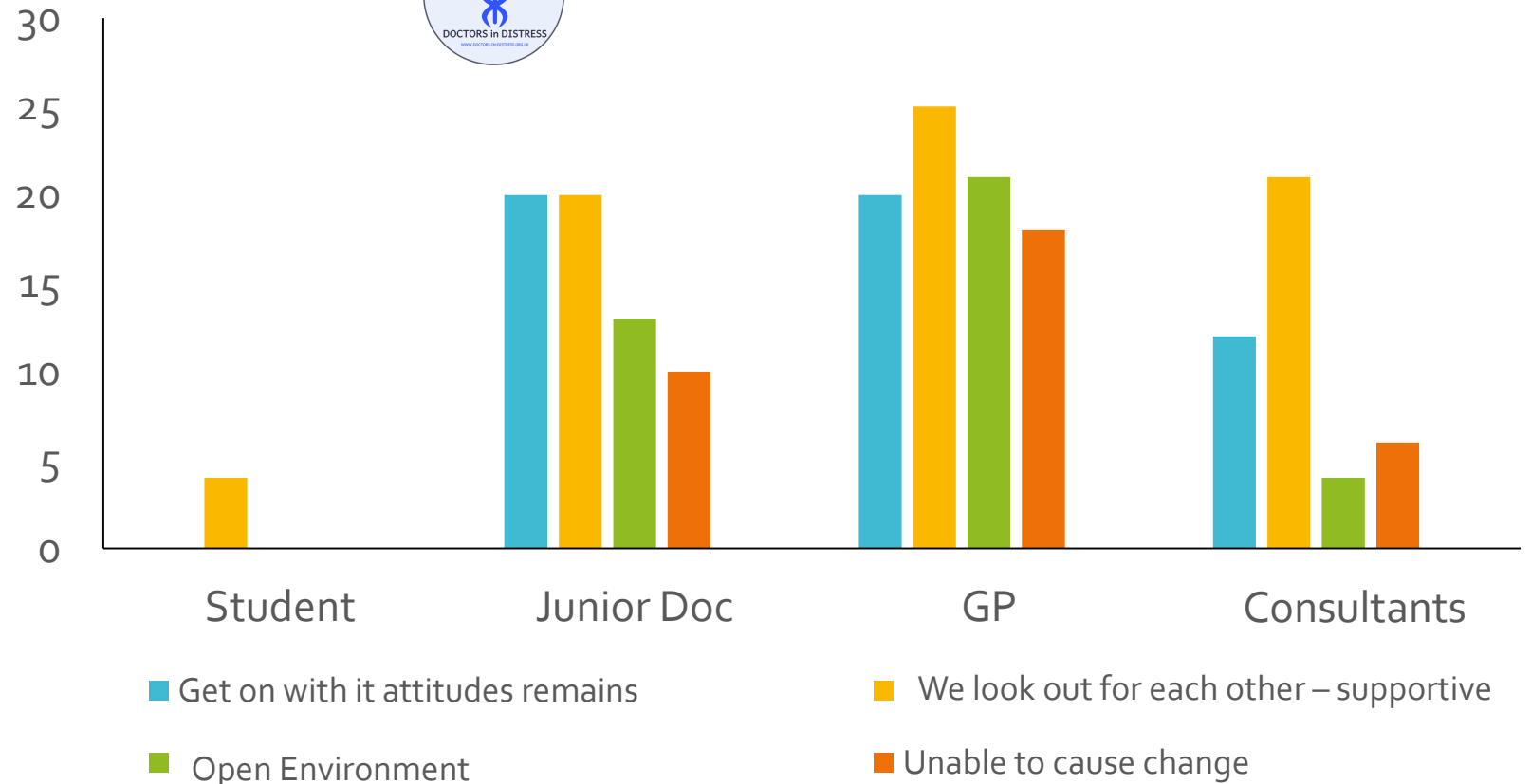
**There is an open Environment**

- Being able to freely talk about events and feelings

**But are unable to cause change**

- NHS has financial issues which increase stress and workload for doctors
- Increase of patient demand and decrease of staff
- The problems that occur due to rota scheduling

Those doctors who said they were able to raise their concerns split into level of training...

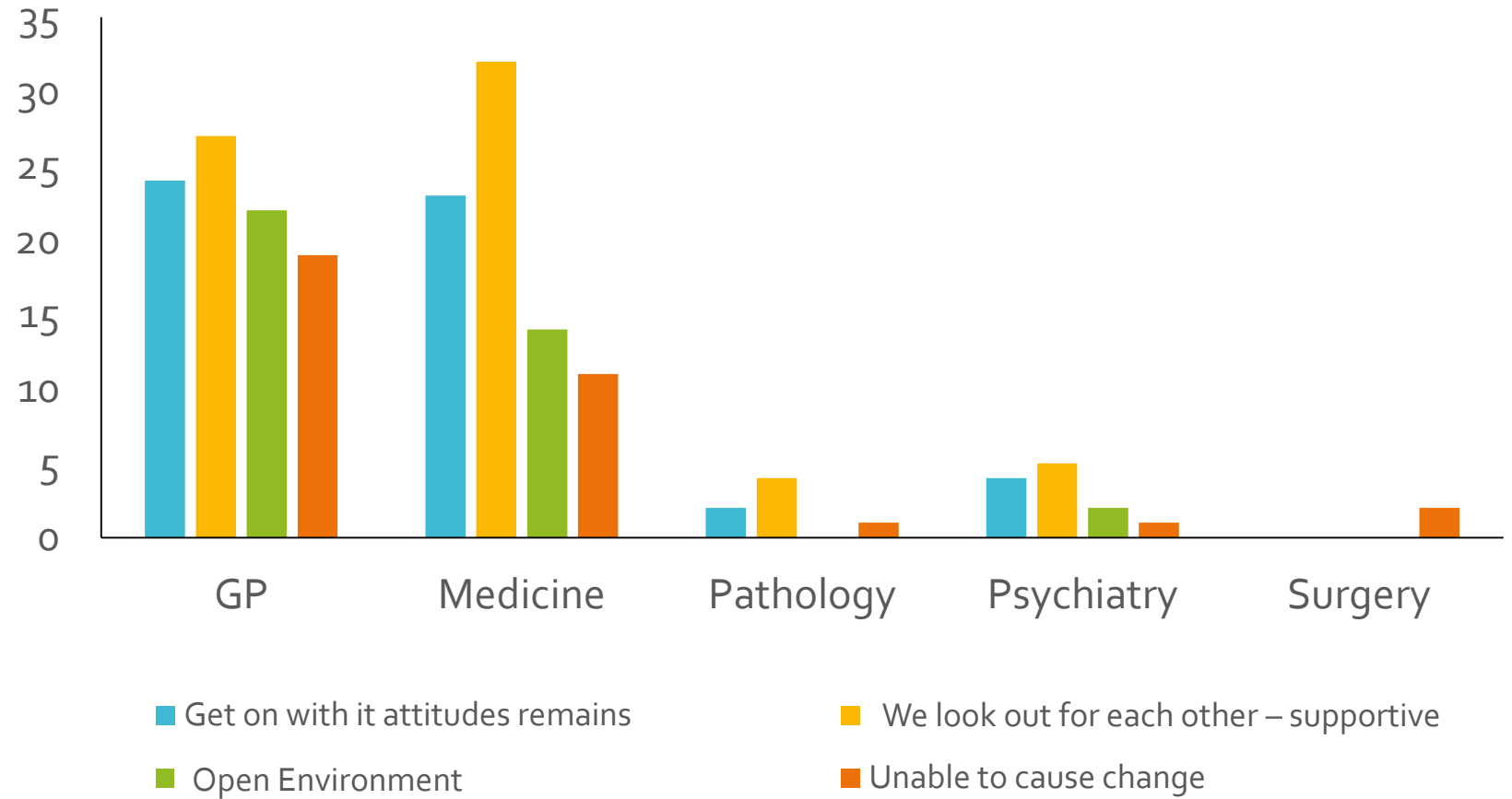


- The graph shows that the “we look out for each other” opinion had the highest consensus across all training levels.
- GPs are more likely to say that they feel able to raise concerns because of an open environment but are twice as likely to say that they are unable to cause change within the NHS than consultants.





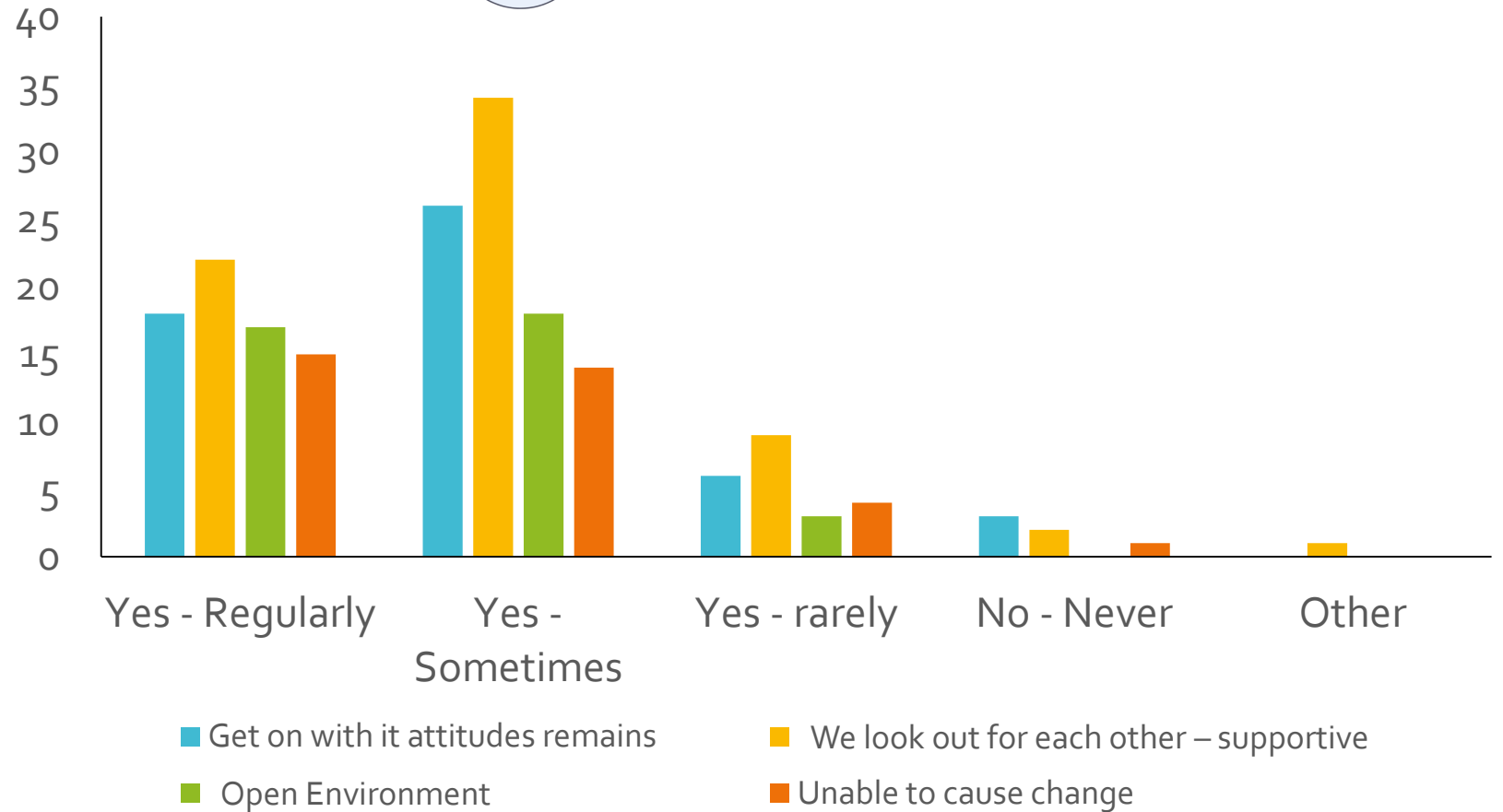
Those doctors who said they were able to raise their concerns split by discipline...



- Again GPs' are more likely to say that they are unable to cause change within the NHS than any other area of discipline.

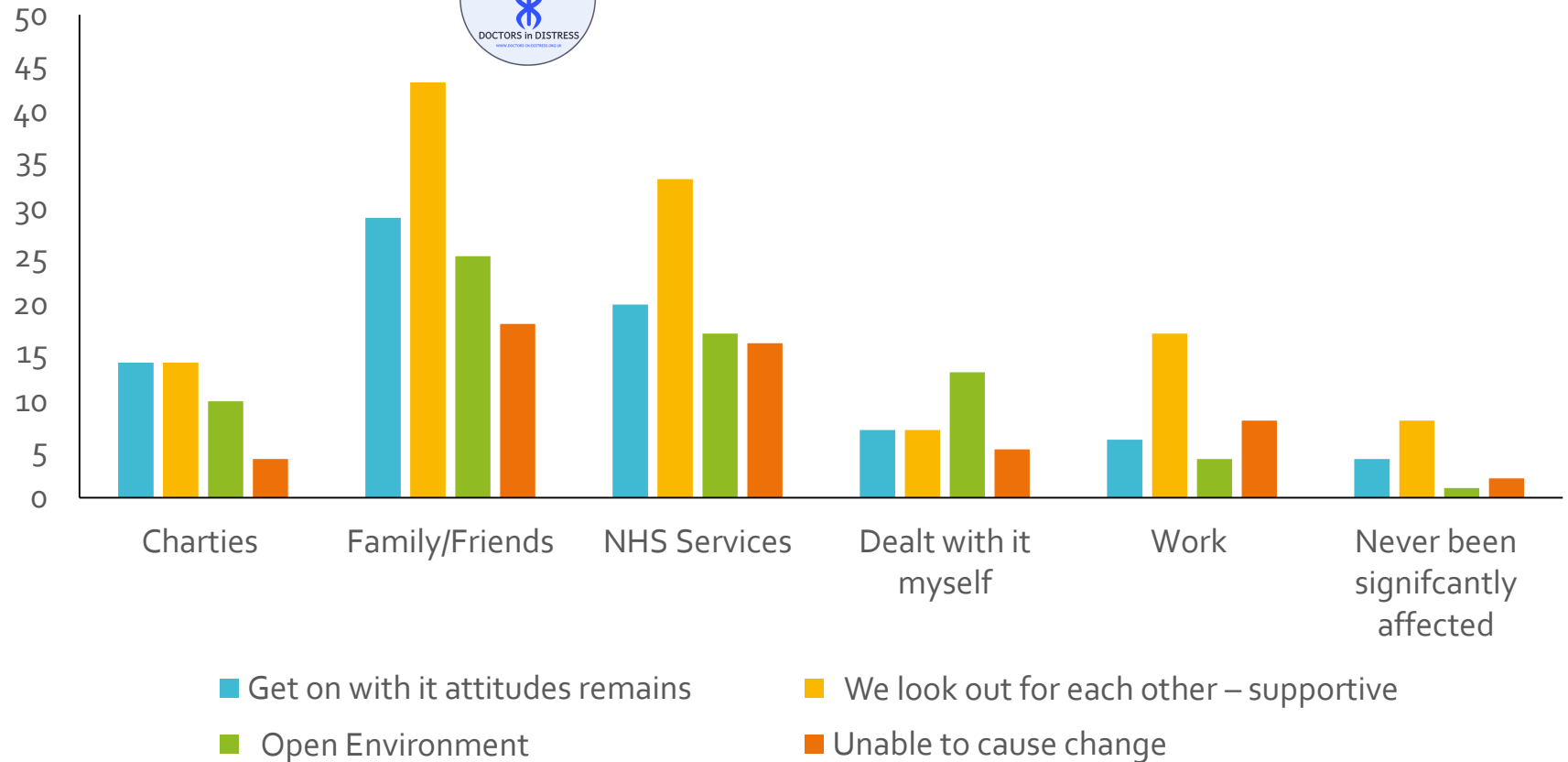


Doctors who were able to raise concerns grouped into their response when asked how often they experience mental health problems



- Interestingly, those that answered yes to feeling able to raise concerns also explained that the NHS is dominated by a “get on with it attitude” and feel as though they are “unable to cause change”.

Doctors who were able to raise concerns grouped into their response when asked what support system they used



- Those who said “we look out for each other” were still more likely to go to external support systems (family/friends and NHS services) than to work management.
- Those who said they are unable to make a change within the NHS were more likely to go to family/friends or an NHS service
- Those that went to work for support were 3x more likely to say “we look out for each other” than the “get on with it attitude remains”



Those doctors  
who said they  
were **NOT** able  
to raise their  
concerns also  
went on to say  
that...

These are the main themes in their answers (with examples below):

**There is a culture of bullying**

- Criticism/Scrutiny/ Retribution / Unsupportive / Creating guilt and embarrassment
- Afraid of job loss and job progression due to lack of confidentiality
- Everybody is seen as competition
- Do not want to look vulnerable
- Stigma attached to mental health problems;
  - Poor time management skills
  - In the wrong profession

**They do not care / are unhelpful (Management)**

- Not taken seriously
- Not understood or listened to
- Tick box level support
- Do not have best interest at heart

**They are unable to cause change**

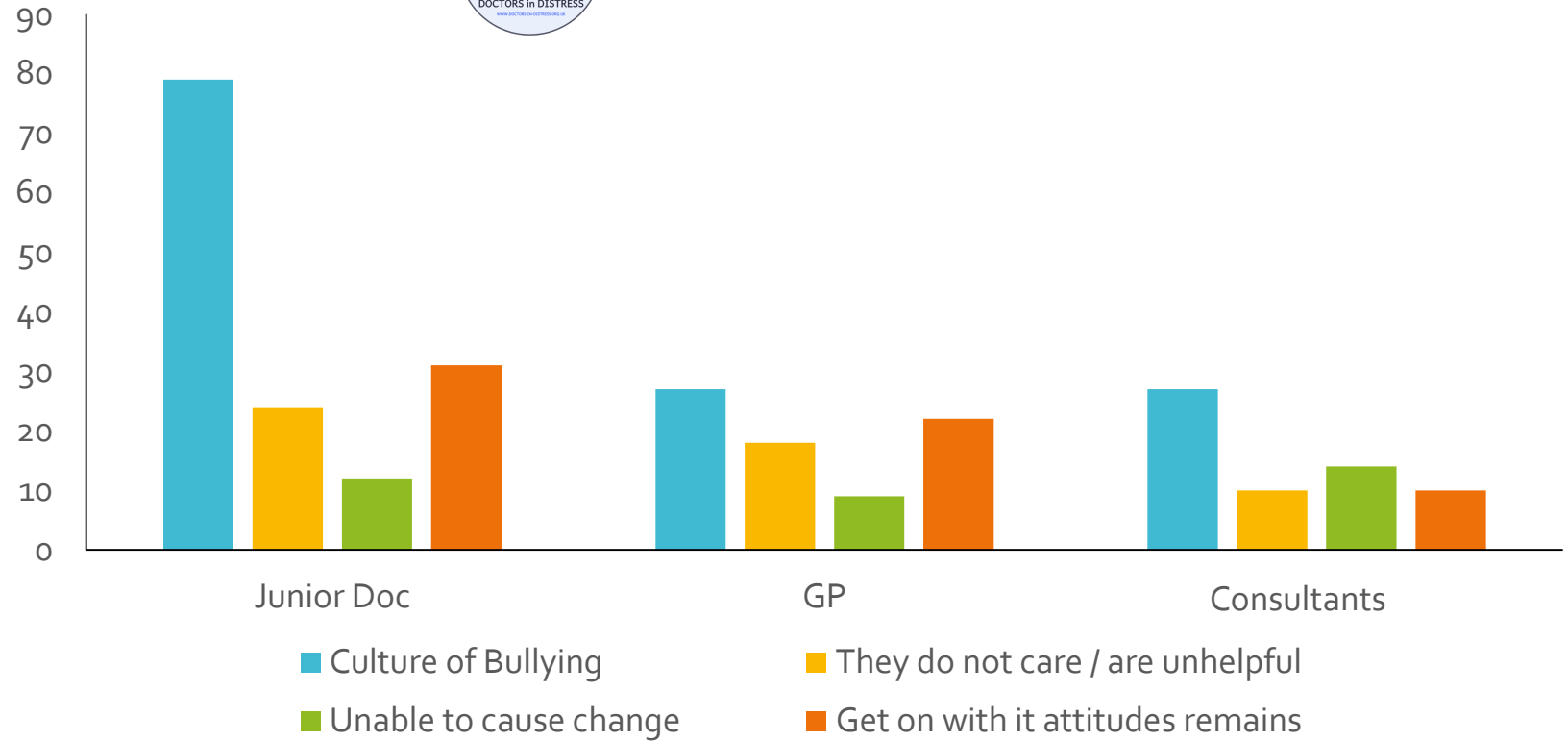
- NHS has financial issues which increase stress and workload for doctors
- Increase of patient demand and decrease of staff
- The problems that occur due to rota scheduling

**There is a get on with it attitude remains**

- Everybody being in the same position
- Patient clinics can not stop
- "Suck it up"
- Doctors should look after themselves



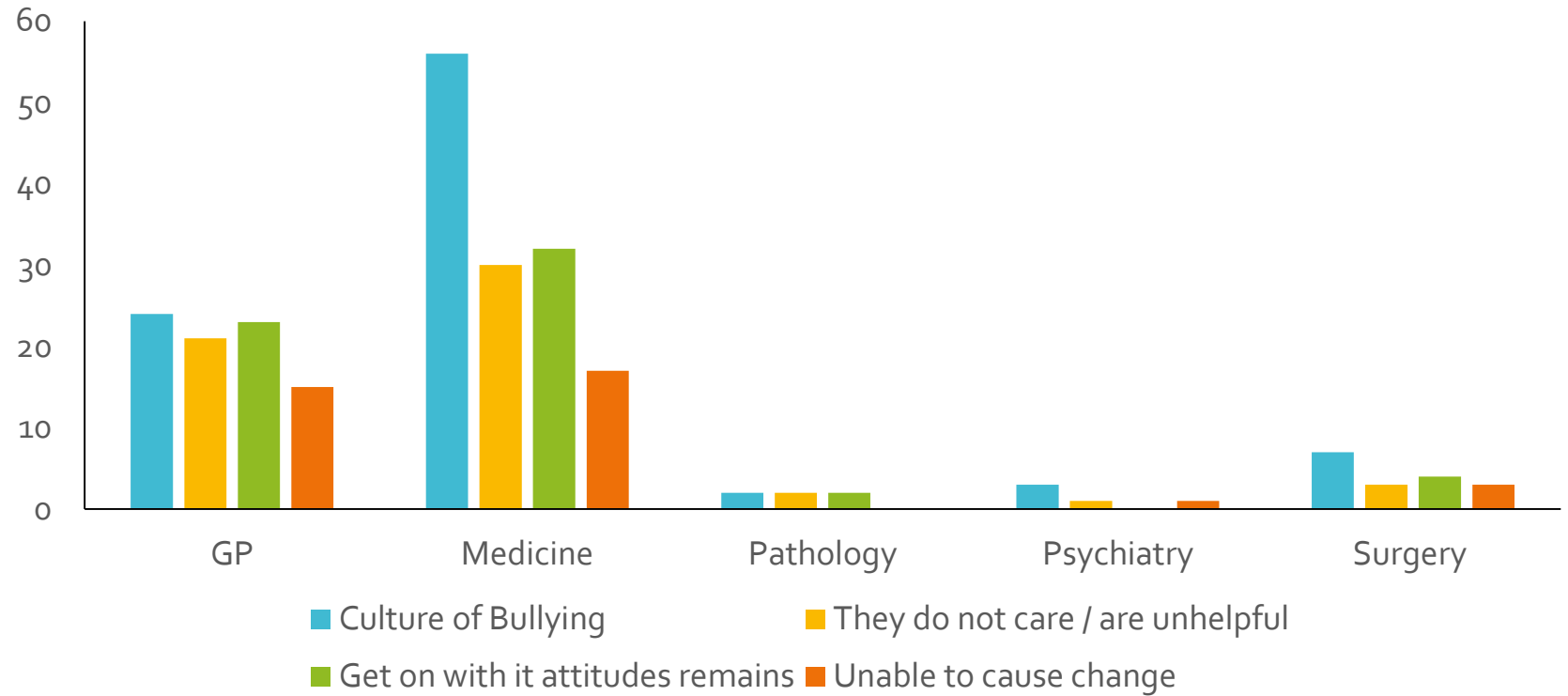
Those doctors who said they were **NOT** able to raise their concerns split into level of training...



- Junior doctors are 2.9x more likely to report a culture of bullying than GP's or consultants.
- All training levels equally reported that they felt unable to cause a change.
- Junior doctors more frequently stated that the "get on with it attitude" remains and that management lacks interest.



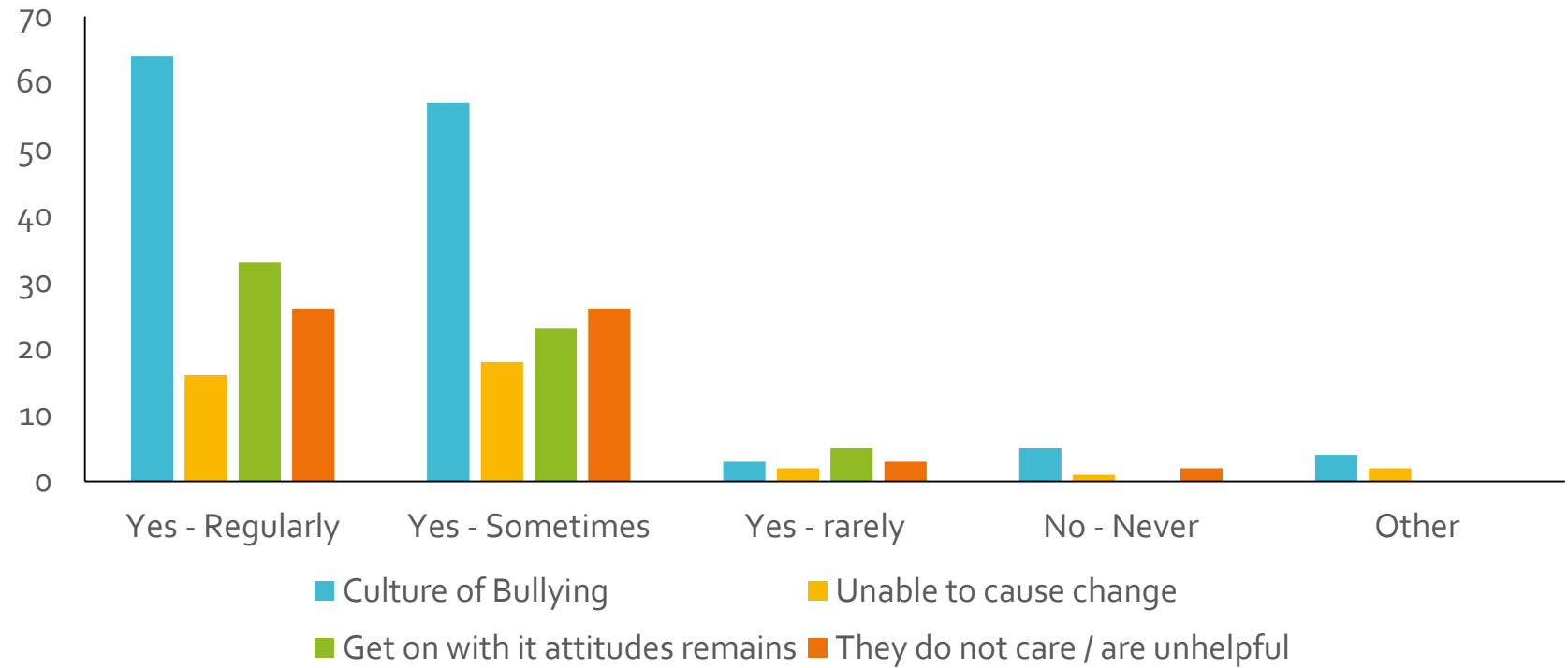
Those doctors who said they were **NOT** able to raise their concerns split by discipline...



- A culture of bullying, the management being unhelpful and the feeling of being unable to cause change was found amongst all disciplines.
- The “get on with it culture” was not mentioned in Psychiatry.



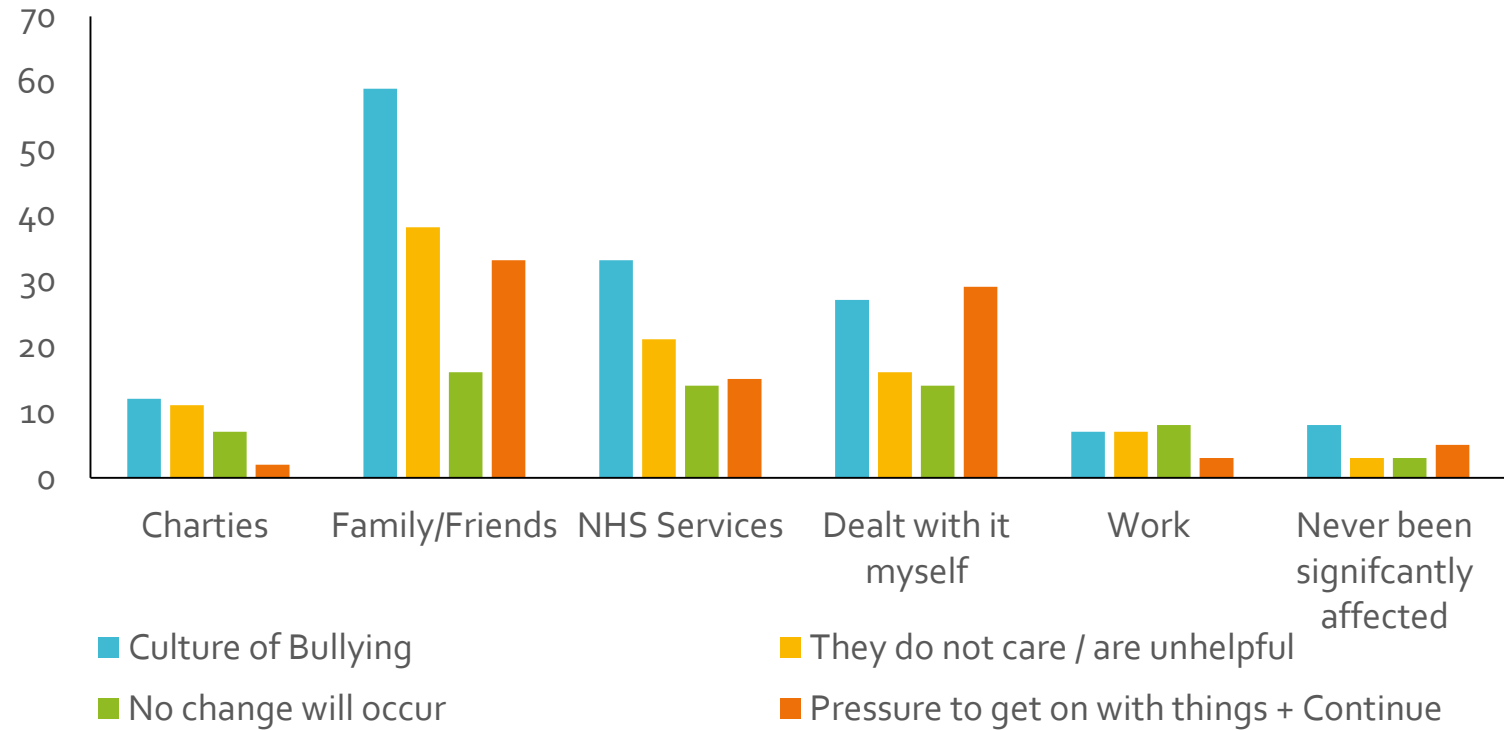
Doctors who were NOT able to raise concerns grouped into their response when asked how often they experience mental health problems



- Doctors that answered no to feeling able to raise concerns but yes (regular/sometimes) to experiencing mental health problems, also explained that the NHS is dominated by a “culture of bullying”.



Doctors who were NOT able to raise concerns grouped into their response when asked what support system they used

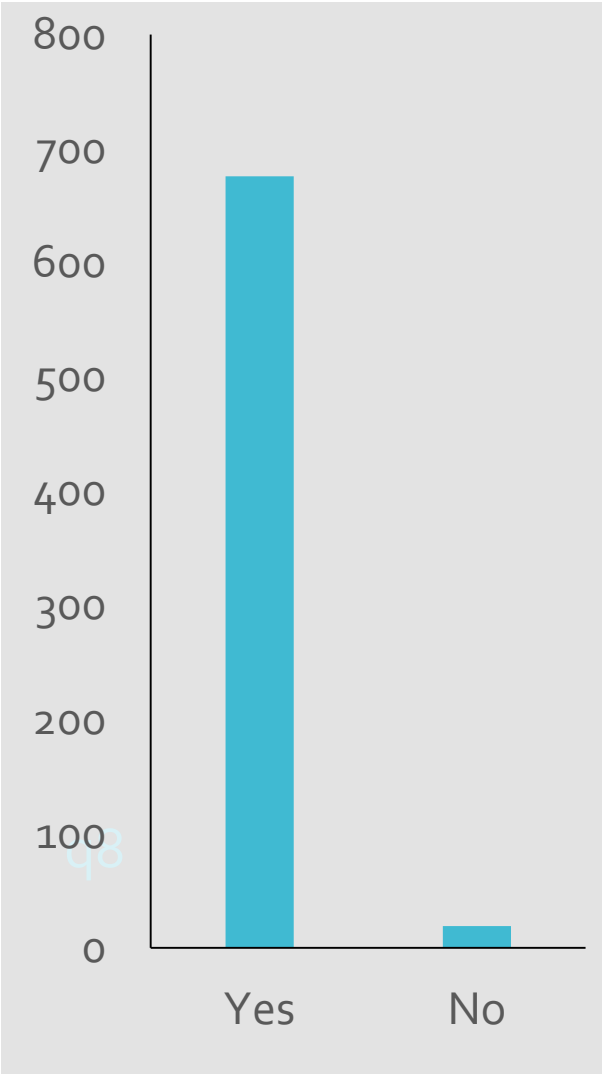


- Doctors who reported a culture of bullying were more likely to go to their friends/family for support but a proportion also reported that they either dealt with it themselves or used other NHS services.
- Charities are not widely used by doctors





When asked if they felt the NHS has a culture of viewing excessive stress/workload as the norm, the respondents said...





Doctors who said they do feel like the NHS has a culture of viewing excessive stress / workload as the norm went on to say that...

These are the main themes in their answers (with examples below):

**Management is unaware**

- Of the impacts caused by changes in contracts, rotation and work load increase
- Those in charge of shift schedules do not put enough importance of how much sleep that is needed

**There is no time or money to talk about mental health**

- Due to budget cuts, understaffing and poor resource planning WITH an increase of work load

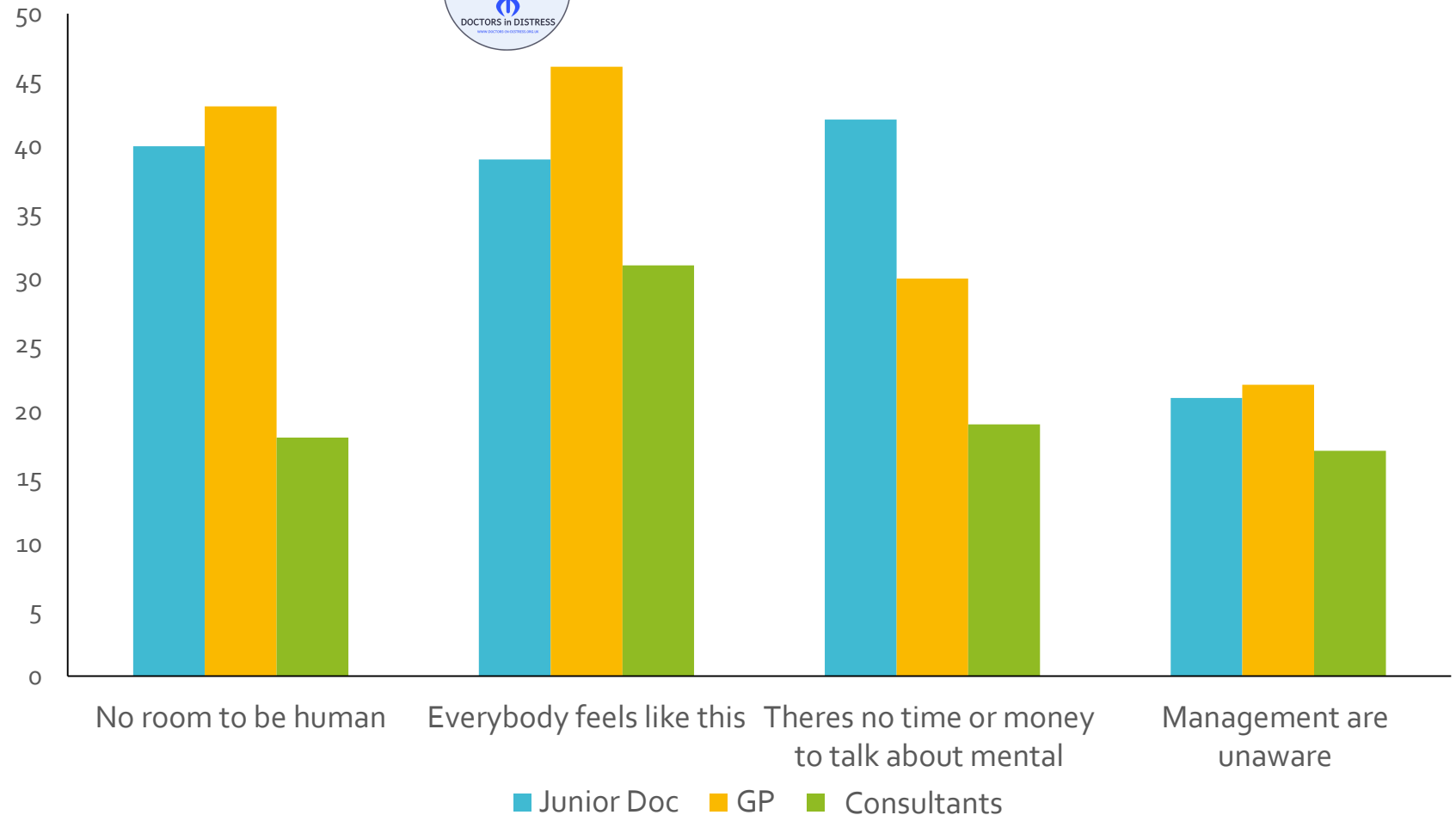
**Everybody feels like this**

- Belief that it has always been like this
- There is high expectations
- Doctors say "We cope until we break"
- Nobody stands up for themselves

**No room to be human**

- Taking care of yourself is seen as selfish
- It is easier for management to blame those that cannot cope
- Lack of empathy at work
- Told to be more resilient and if you cannot deal doctors are perceived to not be good at their job
- Doctors see other doctors that are suffering as weak

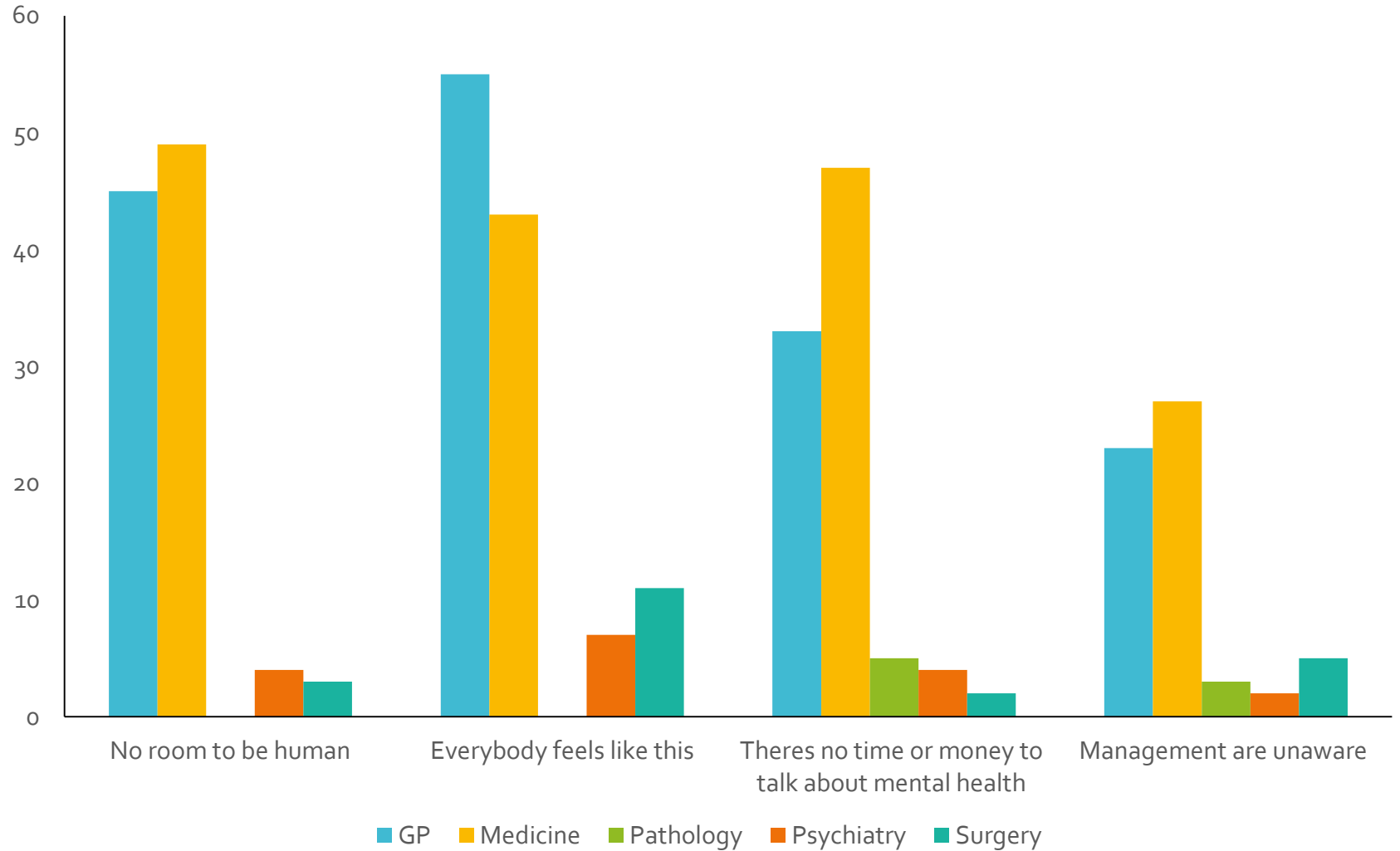
Doctors who said they do feel like the NHS has a culture of viewing excessive stress / workload as the norm grouped by training status



- The main response amongst all doctors was the 'everybody feels like this', suggesting many has resided to the situation where excessive stress/workloads is the norm.
- Junior doctors cited that there was 'no time or money to talk about mental health' because of the excessive work loads.

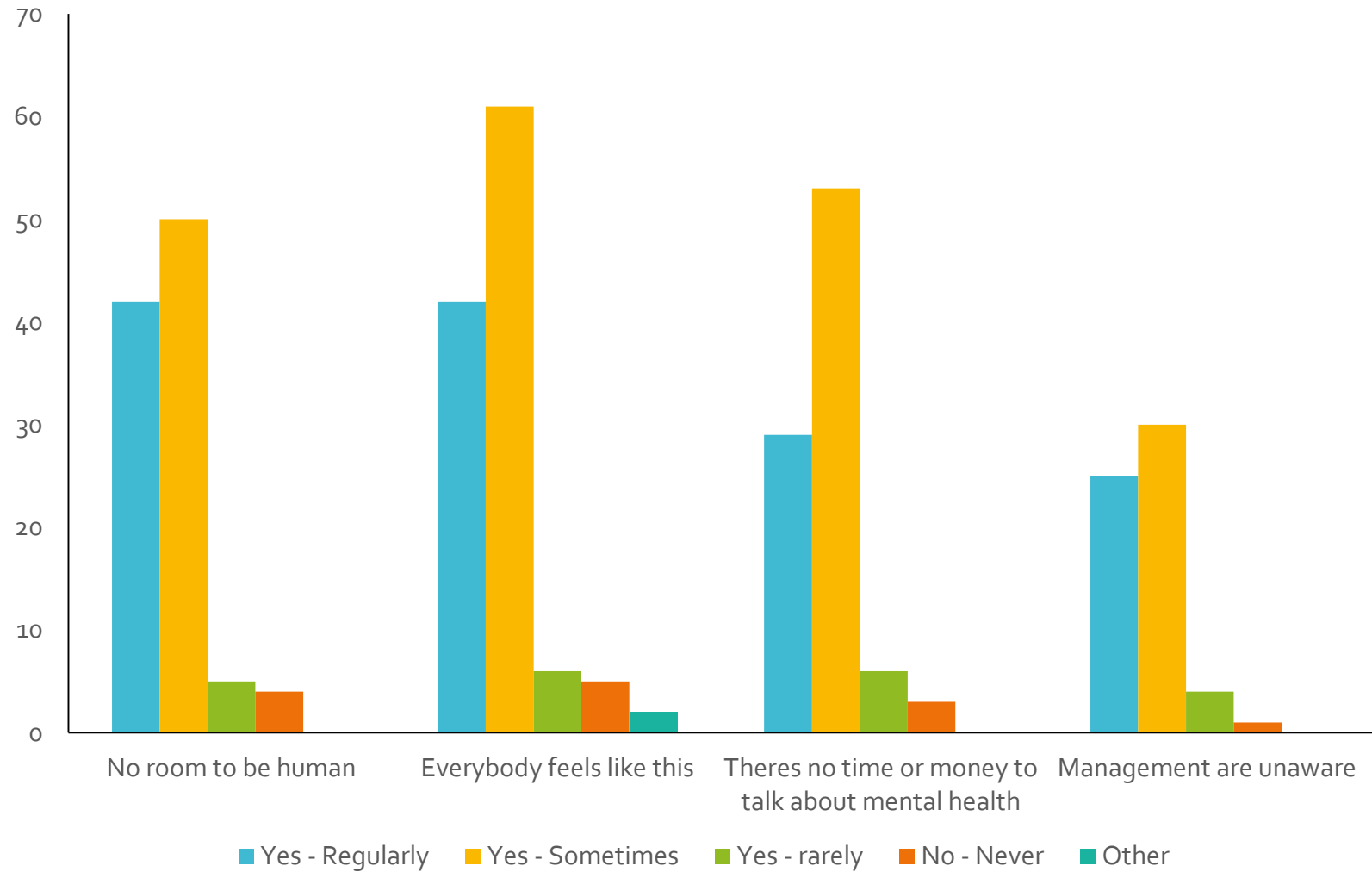


Doctors who said they do feel like the NHS has a culture of viewing excessive stress / workload as the norm grouped by discipline





Doctors who said they do feel like the NHS has a culture of viewing excessive stress / workload as the norm grouped by past experience of adverse mental health





Doctors who said they do NOT feel like the NHS has a culture of viewing excessive stress / workload as the norm said...

Three Doctors said "It is changing but not fast enough"

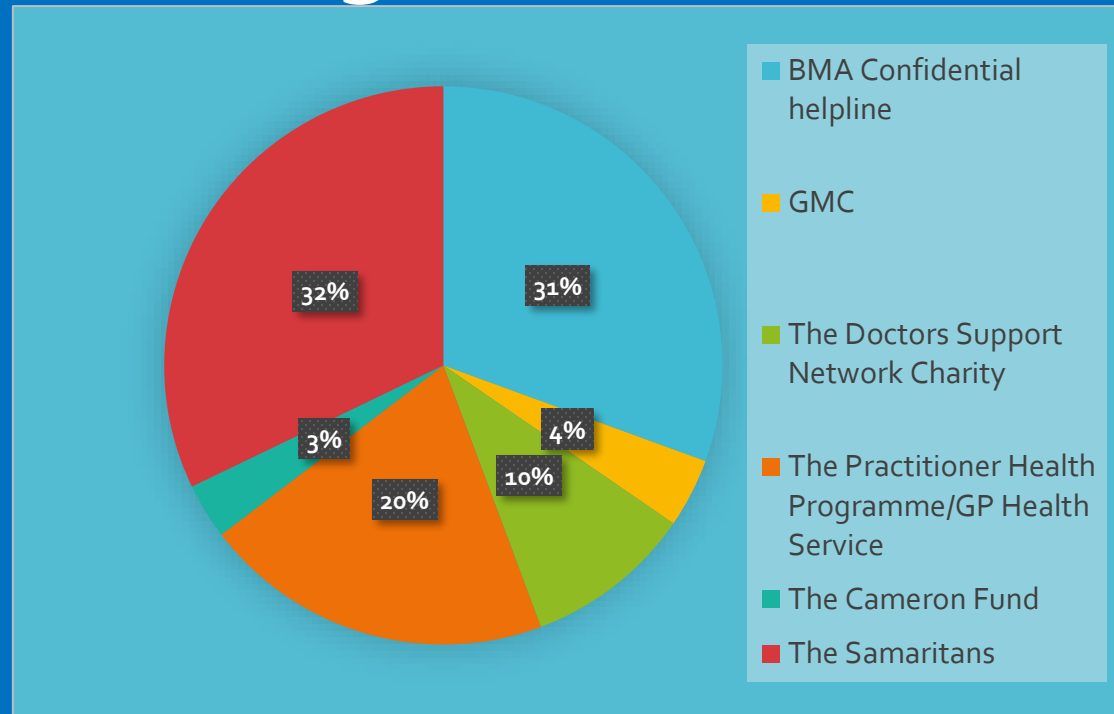
One Doctor said "You do not have to listen to the "get on with it " culture"

One Doctor said "The NHS benefits from not being a good place to work "

One Doctor said "The NHS is too big and busy to see individuals as individuals"



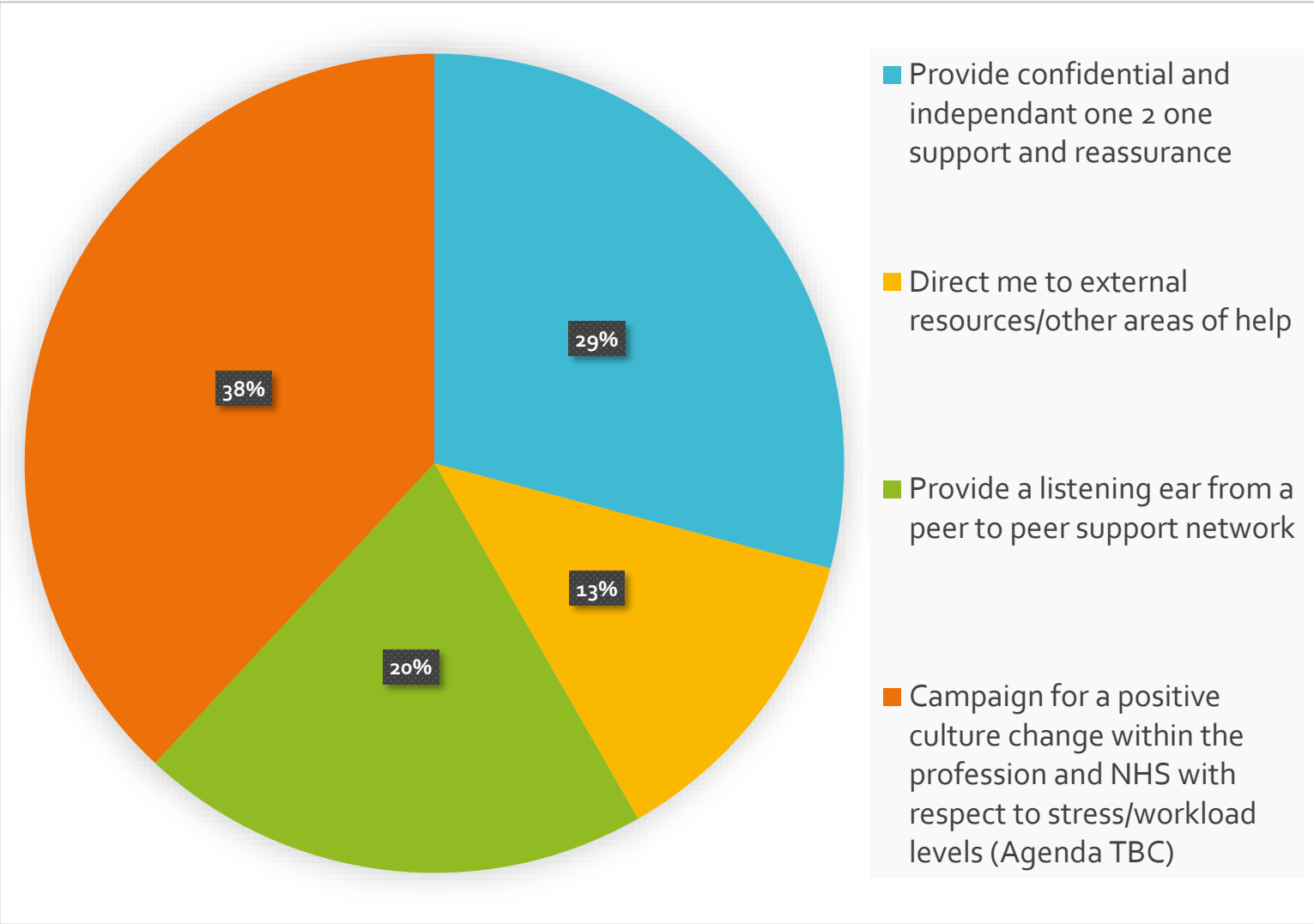
# Which of the below charities / helplines are you currently aware of as a resource to help doctors suffering from stress / anxiety?



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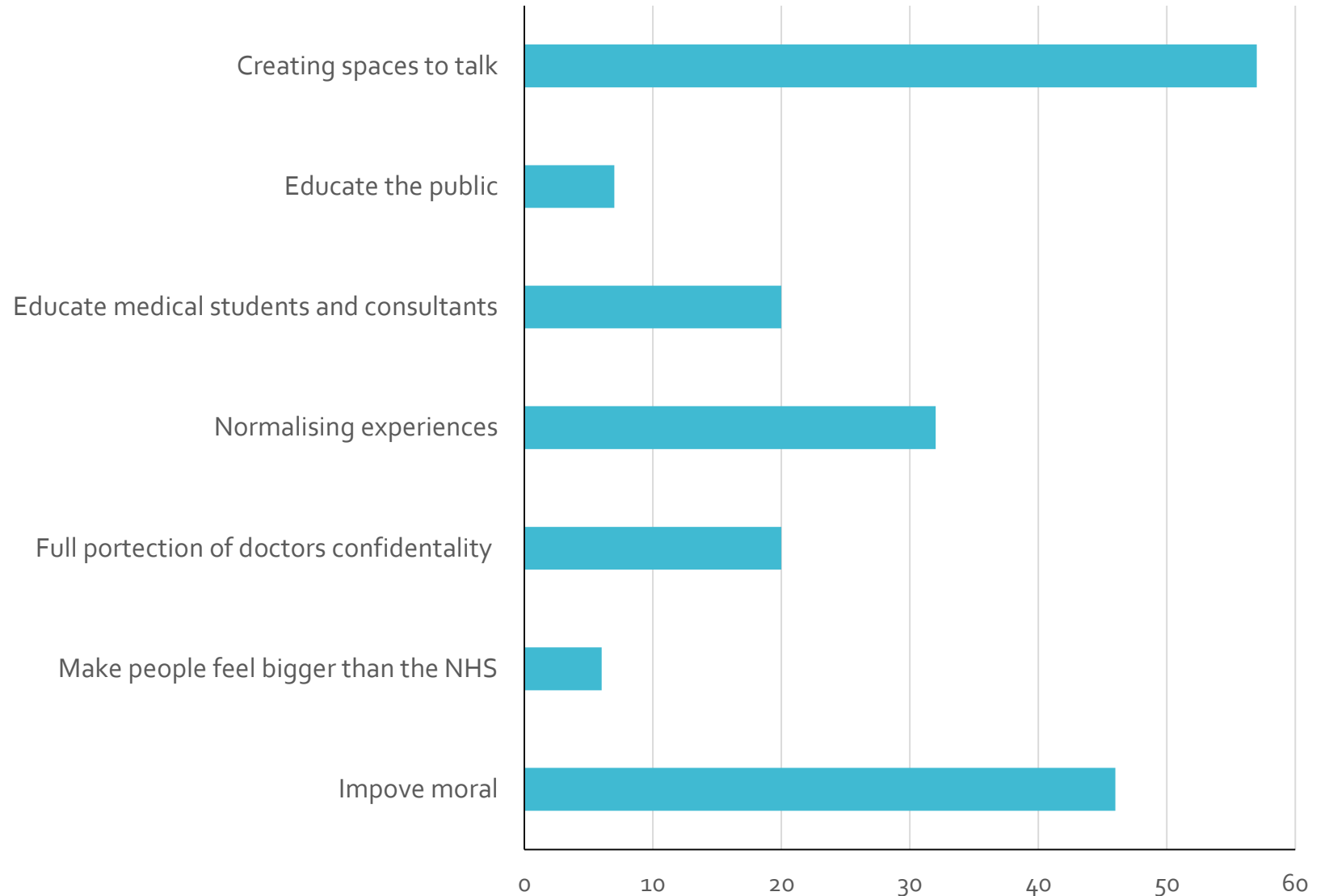
If a new charity was setup with the aim of helping doctors experiencing stress / excessive workload, what would encourage you to engage with it?







# Doctors suggestions ...





# Doctors suggestions ..... explained

## **What can be done within the workplace;**

1. Improve morale
2. Make doctors feel bigger than the NHS

## **What can be done between the NHS and doctors;**

1. Act as advocates between doctors and the NHS to promote culture change and prevent doctors returning to work too soon
2. Work with GMC to reduce investigation times
3. Have advocates that are able to speak on a doctors behalf – to remove the pressure from management

## **What can be done outside of the workplace;**

1. Creating spaces to talk
  - "What is going wrong in our department" drop in sessions
  - Burn out workshops
  - Counselling & / or Mindfulness sessions
  - Helping people to go back to work
2. Educating Medics (students – consultants)
  - Career advice
  - Feelings of competition
  - Stigmas attached to mental health
  - Talking openly / Debrief sessions
  - Financial career support
3. Educating the public



# Summary

- There appeared to be an equal split amongst respondents when asked if they felt that they could raise concerns about their mental health in the NHS.
- Despite this those who were felt they could raise concerns felt there was just a get on with attitude and they were unable to instil any change.
- Those who felt that they couldn't raise concerns also felt that this was because management didn't care and there was a culture of bullying in the NHS.
- Junior doctors, in particular, cited the culture of bullying a primary reason.
- Nevertheless, there were some positives were reported, with several doctors citing that they do look out for each other and they were able to talk freely about events and feelings.



# Summary

- It is clear that doctors who responded to this survey felt that excessive stress and the workload was a cultural norm in the NHS.
- The three top reasons individuals gave were that there is no room to be human, everyone just copes with this high demand and there is no time or money to talk about mental health.
- Even those individuals who felt this culture wasn't present, cited reasons which would suggest that it was.
- Again there was no noticeable difference when broken down into discipline or training status.
- The respondents provided some interesting suggestions for what they feel would help. Some of which can be championed by external bodies, such as charities.