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# NATIONAL STUDY OF WELLBEING OF HOSPITAL DOCTORS IN IRELAND



Report on the 2014 National Survey  
April 2017



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## FOREWORD

The life of a doctor can be immensely rewarding and we are very privileged to be able to improve people's health and lives. This important research shows that the majority of doctors surveyed had a strong desire to practise medicine. It is great to see that 70% described their current desire to practise medicine as strong or very strong.

Being a doctor can also be very challenging, particularly when the health services are increasingly overwhelmed as the number of people seeking our care exceeds capacity.

Every day, we face fresh challenges including poor resources, the frustration of not being able to restore every patient's health, while at the same time, trying to build and nurture our own personal and family lives. Sometimes, the fast pace of our lives and a focus on our patients' health means that we forget about our own physical and emotional wellbeing and this research confirms this worrying trend.

This research highlights how the stresses and strains placed on our current healthcare system are taking a toll on the frontline staff, which is a serious issue for each of them, but also can impact on the quality and safety of patient care.

It is deeply concerning that, according to this study, one-in-three doctors is suffering from burnout. This means that they are experiencing emotional exhaustion, de-personalisation or a feeling of detachment from their actions, and feelings of low achievement and decreased effectiveness.

Doctors working in emergency medicine, where crisis management has become the norm, are amongst those experiencing the highest levels of burnout while doctors training as specialists are suffering higher rates of burnout than their consultant colleagues. The rate of work stress is high with 80% of doctors reporting significant levels of stress. The majority of doctors also said they had a tendency to commit highly or over-commit to

their work while eight in 10 of those who responded said they often worked when they were ill or injured.

As doctors we have a responsibility to ourselves, our patients and the healthcare system to take good care of our health and wellbeing – both mental and physical.

While the majority of respondents rated general health and quality of life as good or better than good, for most, their lifestyles could be much healthier. Some 80% reported sub-optimal levels of physical activity, 10% said they drank excessively or binge drank and 10% were also smokers. Mental health issues, including severe levels of anxiety and depression were reported by up to 10% but could potentially be even higher as 66% said they wouldn't want others to know if they were experiencing these problems.

These findings demand that action is taken to support doctors' health and wellbeing, which will in turn, directly improve patient safety and outcomes. A healthy, energised, engaged, and resilient medical workforce is essential to improving the health of the nation, which is at the core of advocacy work undertaken by the Royal College of Physicians of Ireland.

The welfare of staff must be a priority for hospital management, policy makers and the health service. We will play our part to address educational and training deficits highlighted in this study to support our doctors-in-training and their consultant colleagues. Details of how doctors can access help and support are on our website, [www.rcpi.ie/physician-wellbeing](http://www.rcpi.ie/physician-wellbeing)

**Prof Frank Murray M.D**

President, Royal College of Physicians of Ireland

## EXECUTIVE SUMMARY

This survey was undertaken as part of the National Study of Wellbeing of Hospital Doctors in Ireland, and was completed by 1,749 hospital doctors. The study explored the topics of lifestyle behaviours, personal wellbeing and workplace wellbeing.

- Eight out of ten respondents rated their general health and quality of life as good or better than good. When it comes to lifestyle however, eight in ten had suboptimal levels of physical activity, one in ten drank excessively or binge drank, and one in ten smoked, but mostly occasionally rather than daily. (page 14 & 19)
- One in three doctors suffered burnout. (page 13)
- The majority of doctors (seven out of ten) had a strong desire to practise medicine. (page 11)
- Four out of five doctors reported significant work stress with the effort put into their work exceeding the rewards gained. Additionally, the majority had a tendency to commit highly or even overcommit to their work. (page 12-13)
- The average working week was 57 hours and only one in five reported having enough time for family or personal life due to work commitments. Furthermore, eight out of ten reported working at times when they were ill or injured. (page 10 & 12)
- Seven to eight out of ten had no symptoms of depression, anxiety or stress. However, severe or extremely severe levels of depression were

evident in 7%, severe or extremely severe levels of anxiety were evident in 6% and severe or extremely severe levels of stress were evident in 10% of doctors. (page 16-17)

- Two thirds of doctors reported that if they were experiencing mental health problems they would not want others to know (self-stigma). (page 18)

- Half of respondent doctors reported normal psychological wellbeing. (page 15-16)

- In general, personal wellbeing level was lower and work stress level was higher in trainees than in consultants. There was also considerable variance in wellbeing and work stress across different specialties.



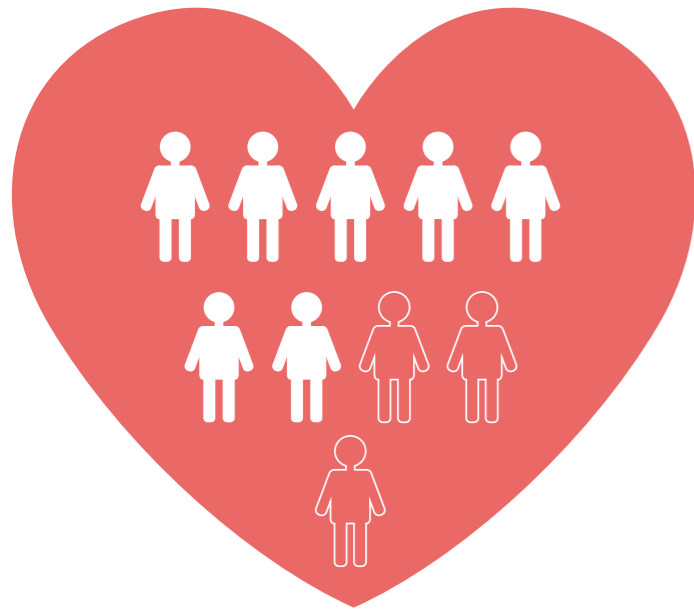
## KEY RECOMMENDATIONS

- Doctors must care for themselves and for each other.
- The welfare of staff must be a priority for hospital management, policy makers and the health service. This can be achieved through improved facilities, acknowledgement of a job well done, or other supports and rewards, in the knowledge that to do so will result in improved staff wellbeing as well as better care of patients.
- Hospital doctors must be embedded into a clear management structure to support and facilitate them in caring for themselves, for each other and for patients.
- Contractual changes for healthcare professionals (particularly nurses and consultants), which occurred in the late 2000s must be reviewed to help to address the current recruitment crisis.
- Hospital management must pay attention to the evidence on the links between psychosocial work stressors and psychological health and use it to plan for change.
- Hospital management need to use the evidence-based Management Standards<sup>1</sup> to inform and train managers, including medical managers, and to measure workplaces routinely and periodically against these standards to improve accountability in providing a safe place of work.
- In making changes to improve patient care, hospital management must also consider the impact on employees, including doctors, and furthermore, to commit to never 'robbing Peter to pay Paul' (i.e. the practice of making 'improvements' to patient care that are achieved partly by eroding staff supports).
- The medical training bodies, including the Royal College of Physicians of Ireland, need to begin to address the educational and training deficits highlighted in this study, particularly those relating to self-stigma and mental health.

<sup>1</sup>More information can be found at:

[www.hse.gov.uk/stress/standards/](http://www.hse.gov.uk/stress/standards/)

[www.hsa.ie/eng/Workplace\\_Health/Workplace\\_Stress/Overview/](http://www.hsa.ie/eng/Workplace_Health/Workplace_Stress/Overview/)

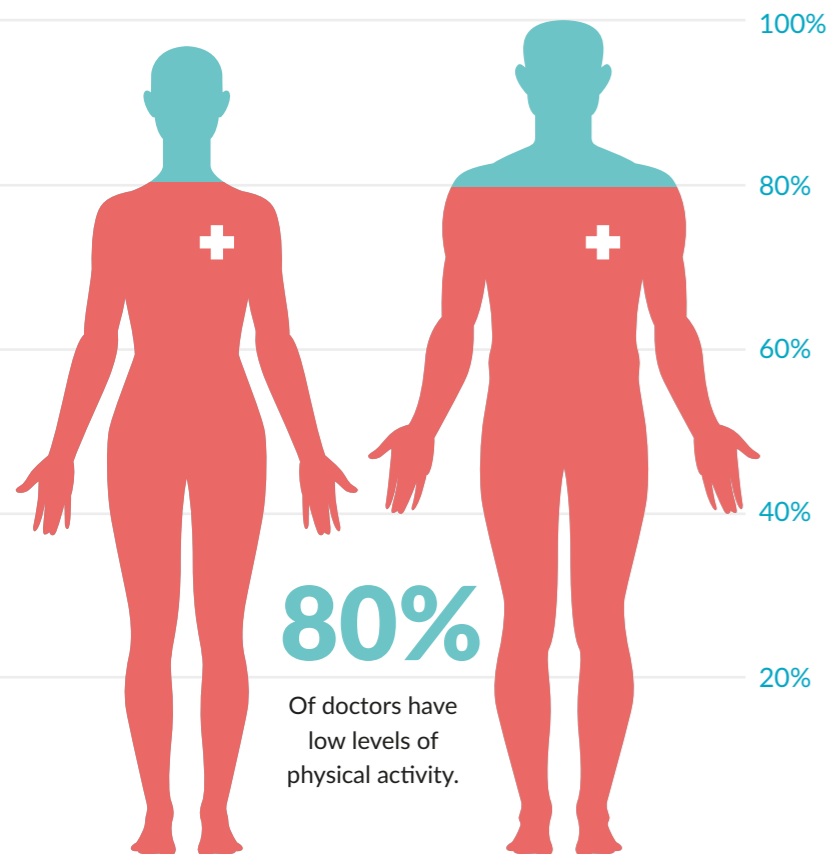
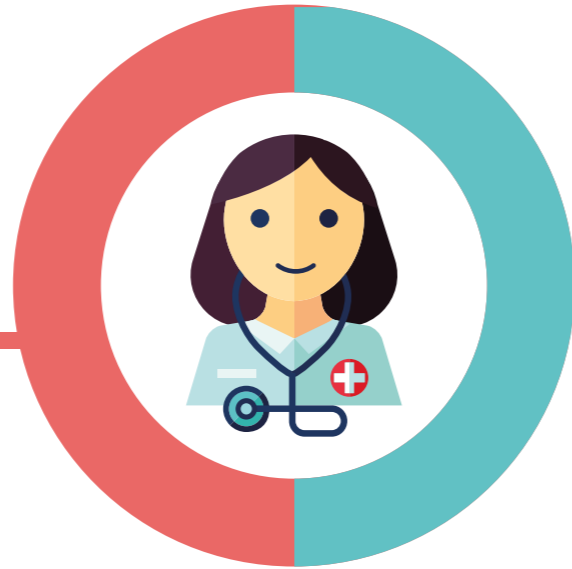


# 7/10

Seven out of ten doctors love what they do and have a strong desire to practise medicine.

# 1/2

Only half of all doctors report normal psychological wellbeing.



# 80%

Of doctors have low levels of physical activity.

# 4 in 5



Four in five doctors do not have enough time for family or personal life due to work commitments.

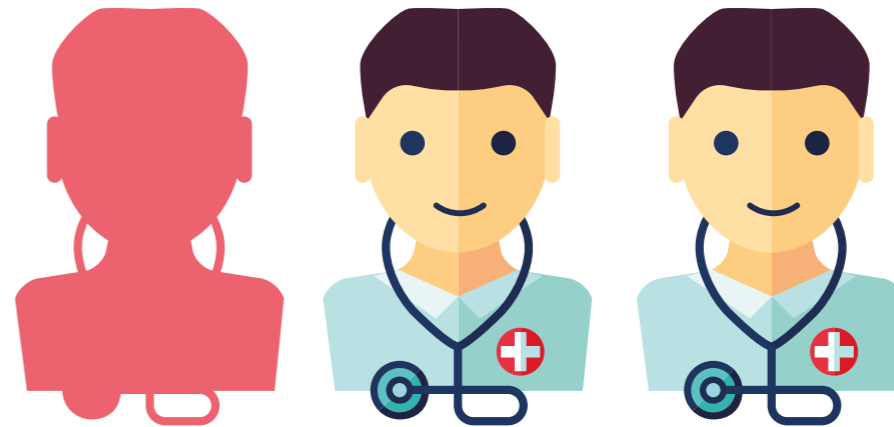
## WELLBEING OF HOSPITAL DOCTORS IN THE WORKPLACE

### Welfare of staff in the health services must be prioritised



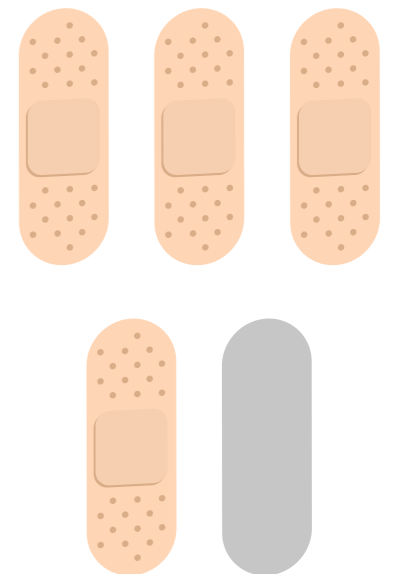
# 1 in 3

One in three doctors suffer burnout.



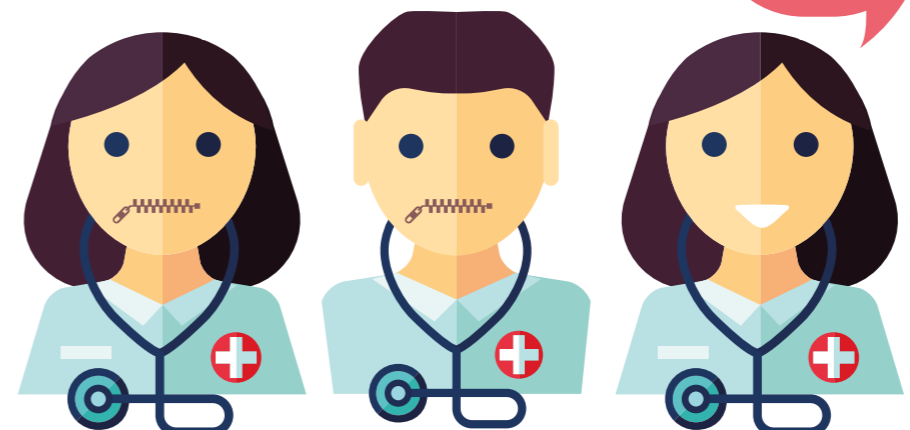
# 4 out of 5

Doctors reported working at a time when they were ill or injured.



# 2/3

Two thirds reported that if they were experiencing mental health problems they wouldn't want others to know (self-stigma)

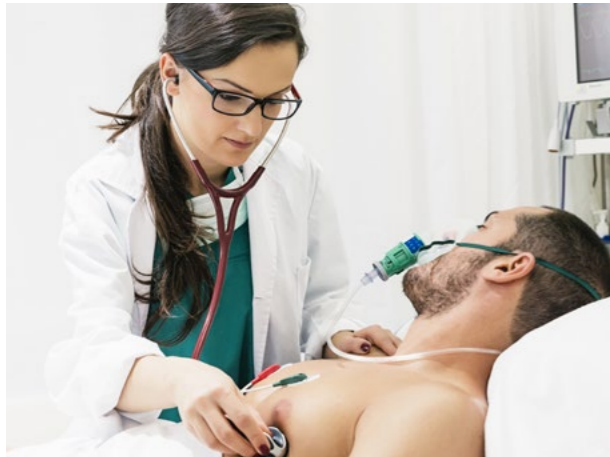


## INTRODUCTION

### Study background

The challenge of achieving more with less is a global phenomenon and is as evident in modern healthcare as it is in other fields of endeavour. The working environment for hospital doctors in Ireland has undergone radical change in recent years with hospital posts becoming unattractive to doctors in training and to consultants.

For young medical graduates, the tensions between training requirements and service demands have contributed to a 'brain drain' with over half leaving to work abroad after graduation. Many consultant posts are vacant or filled on a temporary basis, impacting on the quality of patient care.



The changes in structure of the national health service as well as new organisational structures have had an impact on how people work. The financial and personnel constraints imposed by the recession translated into greater work volume, tighter deadlines and patient dissatisfaction. These conditions along with the increased emphasis on quality and risk may well make the healthcare work environment more anxiety-provoking for workers.

Although the subject of doctors' wellbeing has been attracting a growing body of research and public interest in recent years, there has been a dearth of research into the health and wellbeing of doctors in Ireland. This study set out to fill a gap in the Irish literature by exploring the topic of personal and professional wellbeing in hospital doctors.

### Methods

This survey, performed as a part of the National Study of Wellbeing of Hospital Doctors in Ireland, used standardised questionnaires to determine levels of personal wellbeing, workplace wellbeing and lifestyle behaviours. (page 20 & 21)

### Sample

All training bodies whose members work almost exclusively in hospitals, public clinics or residential institutions were invited to participate in this study. Hospital doctors who met the inclusion criteria (fully registered and working in the Republic of Ireland as either consultants or trainees in anaesthesia, medicine, including emergency medicine (EM), obstetrics and gynaecology (O&G), ophthalmology, paediatrics, pathology, psychiatry and surgery) were stratified and subsequently randomised<sup>2</sup>.

The total study population was calculated as 3,164. A representative sample of basic specialist trainees (BSTs), higher specialist trainees (HSTs) and consultants was invited to participate by completing either a postal or an online questionnaire.

<sup>2</sup>Faculty of Radiologists opted out of the study



# WORK CONDITIONS, SATISFACTION AND WORKPLACE WELLBEING

## Workload

Workload for doctors in a full-time role as measured by weekly mean hours at work over a two week period was 57.9 (SD = 14.2) hours. The mean hours worked weekly for consultants were 55.7 (SD = 14.1), for HSTs 61.74 (SD = 14.8) and for BSTs 59.8 (SD = 12.7).

Doctors in anaesthesia (60.3), paediatrics (61) and surgery (69.4) reported working over 60 hours. (Figure 1)

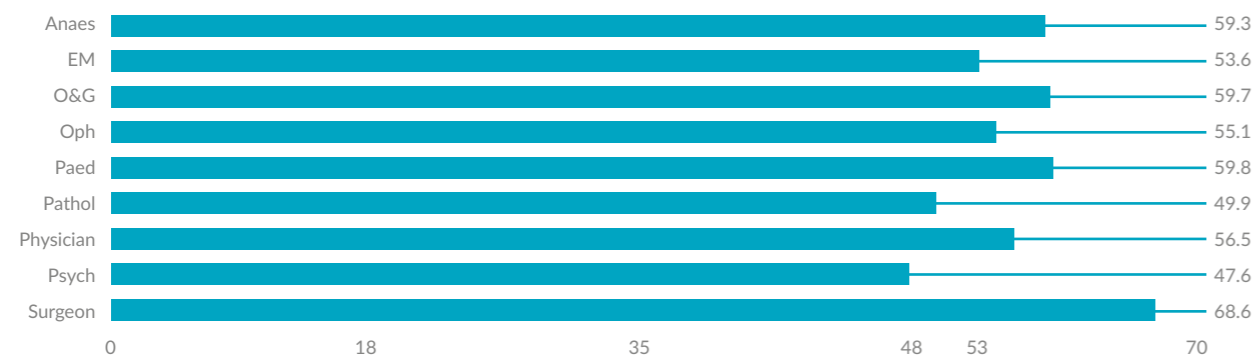


Figure 1. Mean hours worked over previous two weeks per specialty.

## Work-life balance

One in five doctors felt their work situation left them enough time for their family / personal life (22.2%) while three in five (59.7%) disagreed. This varied across grades, with 28.3% of consultants, 13.9% of HSTs and 16.5% of BSTs agreeing with the statement. (Table 1)

Table 1. Single-item workplace wellbeing scales.

		Consultants	HSTs	BSTs	Total
<b>Work-life balance</b> (Work leaves enough time for their family /personal life)	Agree/ Strongly Agree	28.3%	13.9%	16.6%	22.3%
	Neutral	18.8%	17.9%	18.7%	17.8%
	Disagree/ Strongly disagree	63%	71.2%	64.7%	59.99%
<b>Satisfaction with career choice</b> (Current desire to practise medicine)	Strong/ Very strong	73%	71.4%	63.4%	70.6%
	Lukewarm/ Weak	20.8%	21%	26.3%	22.1%
	Regret becoming a doctor	6.1%	7.6%	10.2%	7.4%
<b>Presenteeism</b> (There were occasions when I think I should have taken time off for illness but did not do so)	Disagree/ Strongly disagree	17%	13.5%	12.9%	15.3%
	Neutral	7.4%	5.7%	6.2%	6.7%
	Agree/ Strongly Agree	75.6%	80.8%	80.9%	78%

When compared according to specialty, those practising in ophthalmology (40%) and pathology (36%) had highest proportions of those that felt their work situation left them enough time for their family/ personal life, while the proportion was lowest in those in emergency medicine (14%) and paediatrics (15%). (Figure 2)

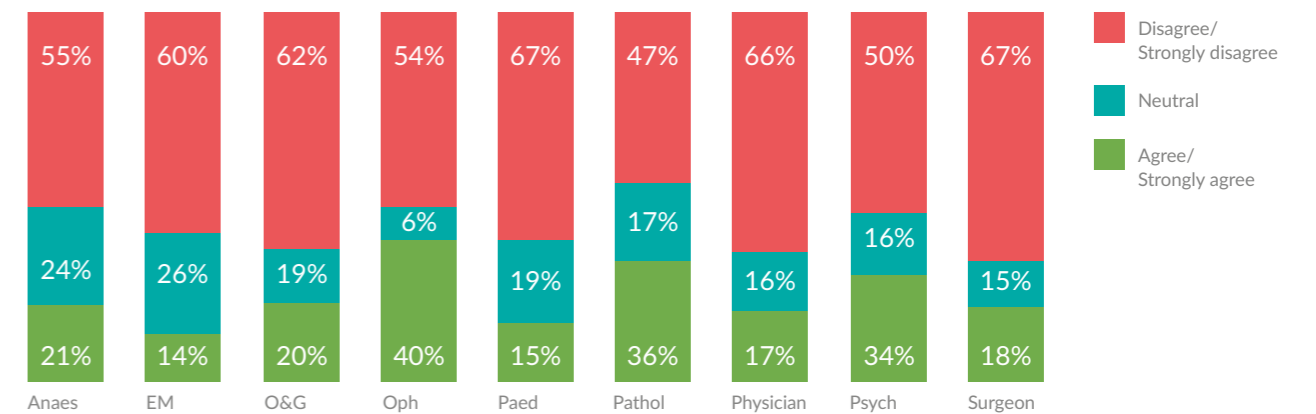


Figure 2. Reported work-life balance per specialty assessed by level of agreement with statement 'my work schedule leaves me enough time for my family/ personal life'

## Satisfaction with career choice

Over two thirds of doctors (70.6%) described their current desire to practise medicine as strong or very strong. Consultants were more likely to rate their desire to practise positively (73%) than both HSTs (71.4%) and BSTs (63.5%). (Table 1)

Those practising in O&G, ophthalmology and paediatrics had the highest rates of those reporting strong current desire to practise medicine at 80%, while those in psychiatry (58%) and emergency medicine (61%) were least likely to agree. (Figure 3)

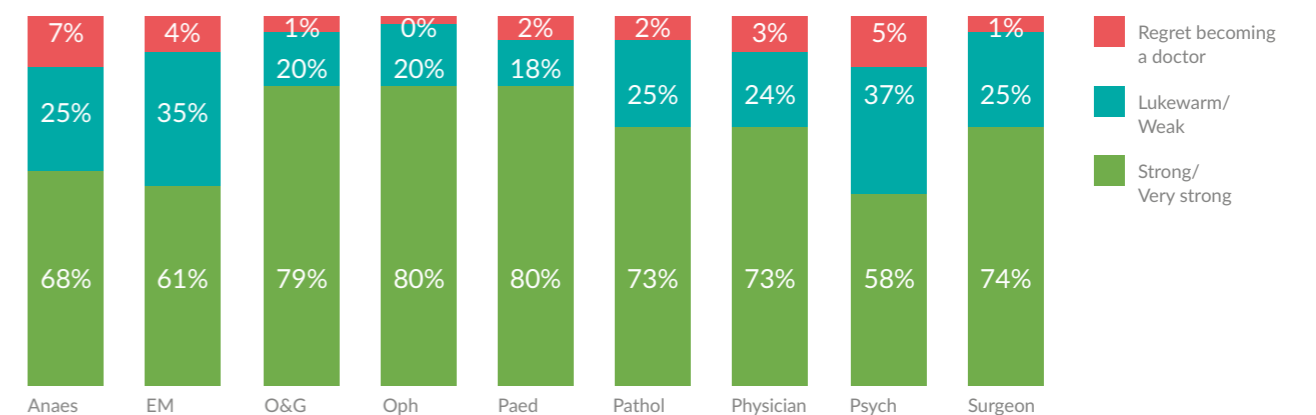


Figure 3. Current desire to practise medicine per specialty.

### Working through illness/Presenteeism

*"I was injured this year but was unable to fully rest due to pressure of medical commitments. No-one can step in and cover. Colleagues are supportive but the system leaves no space for illness/ disability."*

Overall, 78% of doctors reported coming to work despite being ill, with 75.6% of consultants, 80.8% of HSTs and 80.9% of BSTs reporting this. (Table 1)

Although high across all specialties, the rates were lowest in doctors practicing in anaesthesia (73%) while they were especially high in emergency medicine (82.2%) and psychiatry (83.9%). (Figure 4)

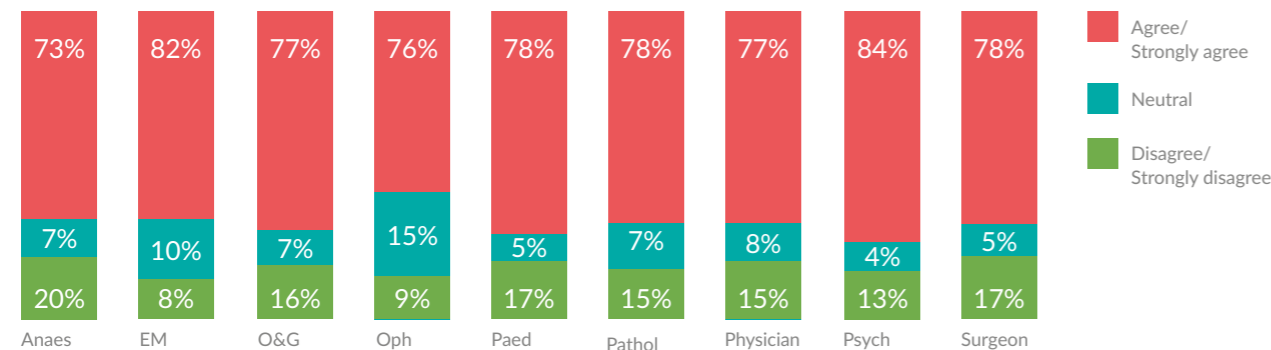


Figure 4. Reported presenteeism per specialty as assessed by level of agreement with statement 'there were occasions when I think I should have taken time off for illness but did not do so.'

### Work stress

In the Effort Reward Imbalance (ERI) questionnaire, an effort reward ratio close to zero is indicative of good working conditions, as the effort of work is outweighed by the rewards. In this group of doctors the effort reward ratio was 1.4 (SD=0.6), indicating significant work stress. This was evident in 79% of doctors, who reported higher effort than reward. (Table 2)

The mean score for effort for the whole group was 3.2 (SD=0.7), and the levels of effort were highest for consultants and lowest for BSTs.

The mean score for reward for the group was 2.4 (SD=0.6), and the levels of reward were highest for consultants and lowest for HSTs.

The mean score for over-commitment for the group as well as all grades was 2.6 (SD=0.6).

Table 2. Workplace wellbeing - Effort Reward Imbalance (ERI).

		Consultants		HSTs		BSTs		Total	
		mean	SD	mean	SD	mean	SD	mean	SD
Effort Reward Imbalance (ERI)	Effort reward ratio	1.4	0.5	1.5	0.6	1.4	0.5	1.4	0.6
	Effort*	3.4	0.7	3.3	0.6	3.1	0.6	3.2	0.7
	Reward*	2.6	0.5	2.3	0.6	2.4	0.5	2.4	0.6
	Over-commitment*	2.6	0.6	2.7	0.6	2.6	0.6	2.6	0.6

\*Range from 1 to 4, where higher number indicates higher level of effort/reward/over-commitment

The highest effort reward ratio imbalance was in doctors practicing in ophthalmology (1.7), emergency medicine (1.6) and medicine (1.5), while those in other specialties had average scores from 1.3-1.4. (Figure 5)

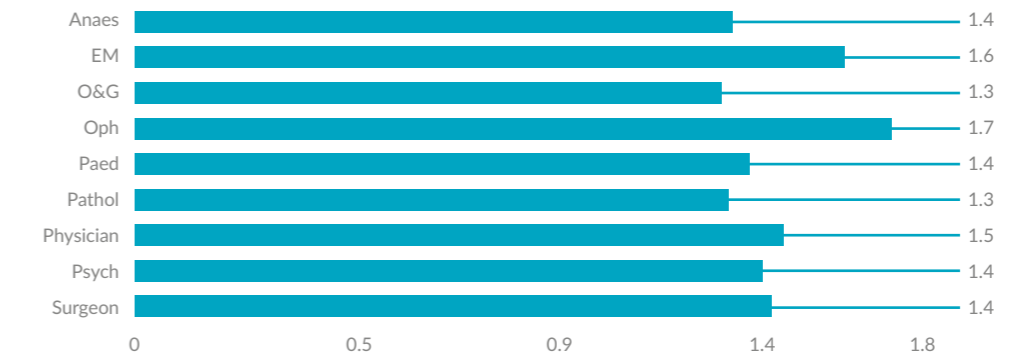


Figure 5. Effort-reward imbalance per specialty.

### Burnout

*"I spend a lot of time trying to figure out ways in which I can get out of medicine in Ireland as I feel there is no future for me here in the present circumstances . . . I do love medicine deep down and I love my specialty but the price of practising it is too high."*

In total 38.4% of BSTs, 38% of HSTs and 24% of consultants met the criterion for burnout, determined by high levels of emotional exhaustion along with either high levels of depersonalisation or low levels of personal accomplishment. (Table 3)

Table 3. Workplace wellbeing - Maslach Burnout Inventory (MBI)

	Consultants	HSTs	BSTs	Total
Burnout	24.4%	38%	38.4%	30.7%
Absence of burnout	75.6%	62%	61.6%	69.3%

Doctors practicing in emergency medicine (44%) and physicians (33%) were most likely to meet the criterion for burnout, while those in pathology (21%), ophthalmology (23%) and O&G (24%) were least likely to meet the criterion. (Figure 6)

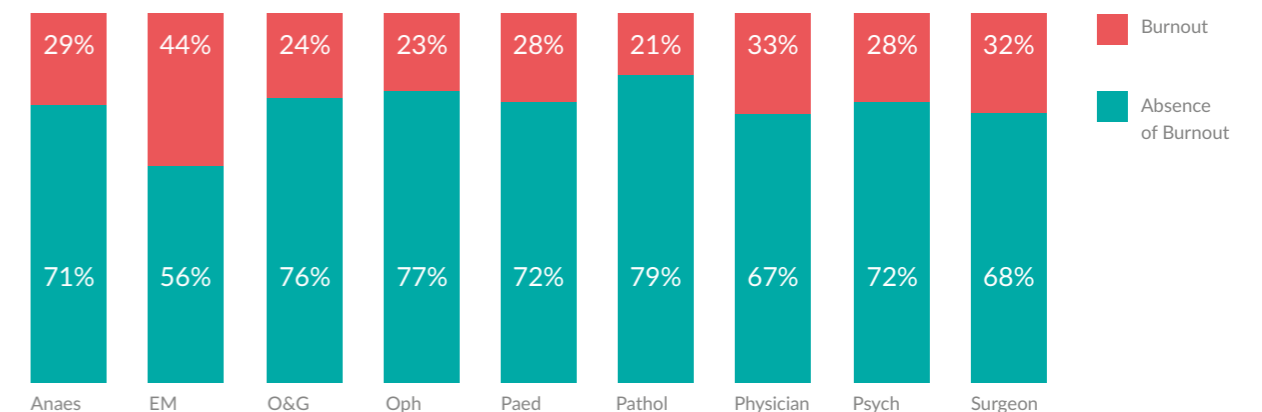


Figure 6. Presence of burnout across specialties.

*"Becoming numb to the sensation of being at my wit's end."*



# PERSONAL WELLBEING

*"Medicine is a demanding career at the best of times but is almost intolerable if you have any personal problems. We usually end up throwing ourselves into work and failing to deal with our own problems. There is a constant pressure to be there, even when you feel you're not up to it. We don't want to let people down and we know that by taking time off there will be nobody to cover and our colleagues will pick up the slack. For a so-called caring profession, we are shockingly bad at caring for ourselves."*

## Overall quality of life

Overall quality of life was reported as very good or excellent by 41.5% of respondents. Consultants reported higher quality of life (50.2%) than HSTs (30%) and BSTs (32.5%). (Table 5)

Doctors practising in anaesthesia (43%) and pathology (47%) were more likely to report very good or excellent overall quality of life, while the proportions were lower for those in emergency medicine (36%), ophthalmology (37%) and surgery (38%). (Figure 7)

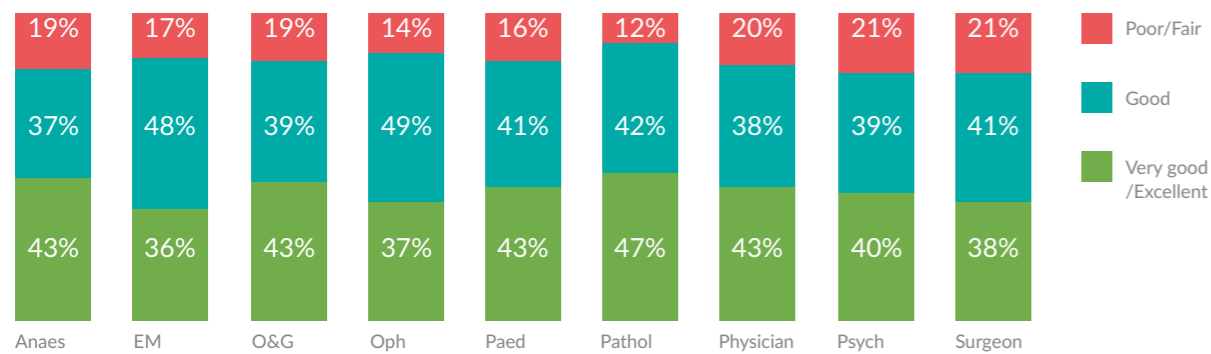


Figure 7. Overall quality of life across specialties.

## General self-rated health

General self-rated health was reported as very good or excellent by 52% of participants. A higher proportion of consultants reported their general health as very good or excellent (56.9%) than their HST (47.6%) and BST (44.7%) colleagues. (Table 5)

The general self-rated health was comparable across specialties. However less than 50% of those practising in ophthalmology (46%), pathology (47%) and psychiatry (44%) rated their health as excellent or very good. (Figure 8)

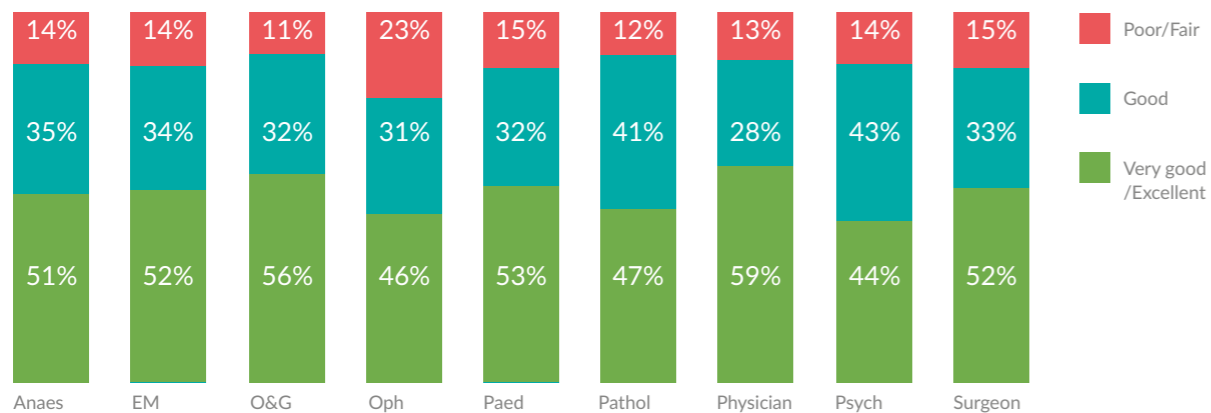


Figure 8. General self-rated health across specialties.

## Subjective wellbeing (WHO-5)

*"I always felt 'wellbeing' was a bit too 'woolly' and 'sappy' until I had none."*

When assessed by the World Health Organisation's Wellbeing index scale (WHO-5), half of the doctors (50.5%) were found to have normal wellbeing, 27.3% to have low mood and 22.2% to have likely depression (Table 4). For consultants, the prevalence of wellbeing determined as normal was 59.5%, for HSTs 40.1% and for BSTs 39.7%. (Table 4)

The majority of doctors in pathology (51%), psychiatry (54%) and surgery (55%) reported normal wellbeing, while approximately one quarter of doctors in emergency medicine (24%), O&G (25%) and paediatrics (24%) were found to be likely depressed. (Figure 9)

Table 4. Personal wellbeing scales.

		Consultants	HSTs	BSTs	Total
Subjective wellbeing (WHO-5)	Normal	59.5%	40.1%	39.7%	50.5%
	Low mood	22.7%	32.3%	33.1%	27.3%
	Likely depression	17.8%	27.6%	27.2%	22.2%
Depression (DASS-21)	Normal	80.5%	67.9%	68.3%	74.8%
	Mild/Moderate	14.9%	23.4%	19.6%	18%
	Severe/Extremely Severe	4.5%	8.7%	12.1%	7.1%
Anxiety (DASS-21)	Normal	89%	74.5%	67%	80.7%
	Mild/Moderate	7.9%	16.9%	21.9%	13.2%
	Severe/Extremely Severe	3%	8.7%	11.0%	6.1%
Stress (DASS-21)	Normal	75.9%	65.8%	60.8%	70.2%
	Mild/Moderate	16%	22.9%	28%	20.2%
	Severe/Extremely Severe	8%	11.4%	11.3%	9.5%

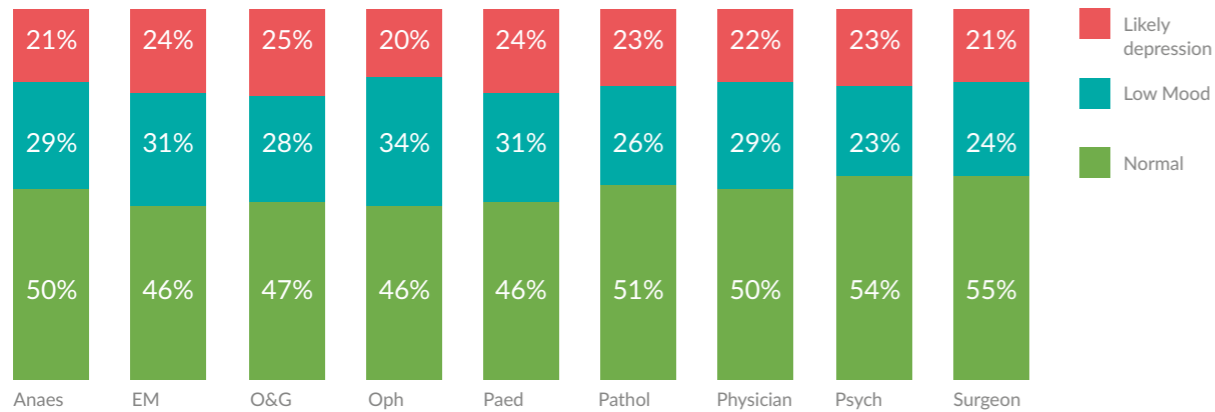


Figure 9. Subjective wellbeing (WHO-5) levels across specialties.

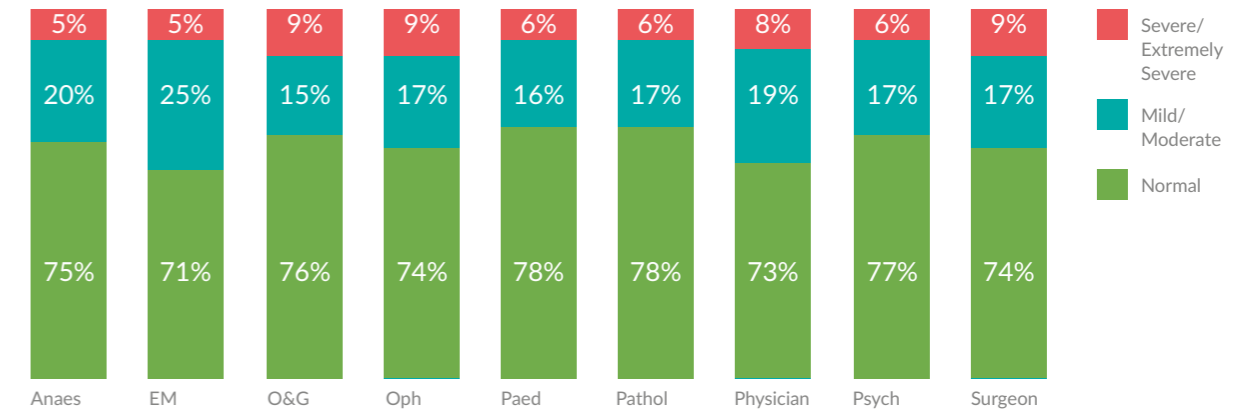


Figure 10. Levels of depression (DASS-21) across specialties.

### Depression, anxiety and stress (DASS-21)

In total, 7.1% of the doctors were classified as having severe or extremely severe levels of depression, 6.1% as having severe or extremely severe levels of anxiety, and 9.5% as having severe or extremely severe levels of stress. (Table 4)

Severe and extremely severe levels of depression were evident in 4.5% consultants, 8.7% HSTs and 12.1% BSTs. (Table 4)

Over three quarters of doctors in anaesthesia (75%), O&G (76%), paediatrics (78%), pathology (78%) and psychiatry (77%) were found to have no evidence of depressive symptoms. The highest percentage of doctors with severe or extremely severe depression were practicing in O&G (9%), ophthalmology (9%) and surgery (9%). (Figure 10)

Severe and extremely severe levels of anxiety were evident in 3% consultants, 8.7% HSTs and 11% BSTs. (Table 4)

O&G had the highest percentage of doctors with no anxiety (86%), while pathology (9%) and psychiatry (7%) had the highest percentage of doctors with severe/extremely severe anxiety. (Figure 11)

Severe and extremely severe levels of stress were evident in 8% consultants, 11.4% HSTs and 11.3% BSTs. (Table 4)

Doctors in O&G were the only specialty with stress symptoms absent in more than three quarters (77%) of the population. Severe/ extremely severe levels of stress were found in doctors practicing in emergency medicine (12%), paediatrics (10%), pathology (13%), psychiatry (10%) and surgery (10%). (Figure 12)

*“The emphasis on support is all on how the individual is coping with/managing stress with no onus on the employer or the cause of stress. In other words ‘you can’t cope, you’re the problem.’”*

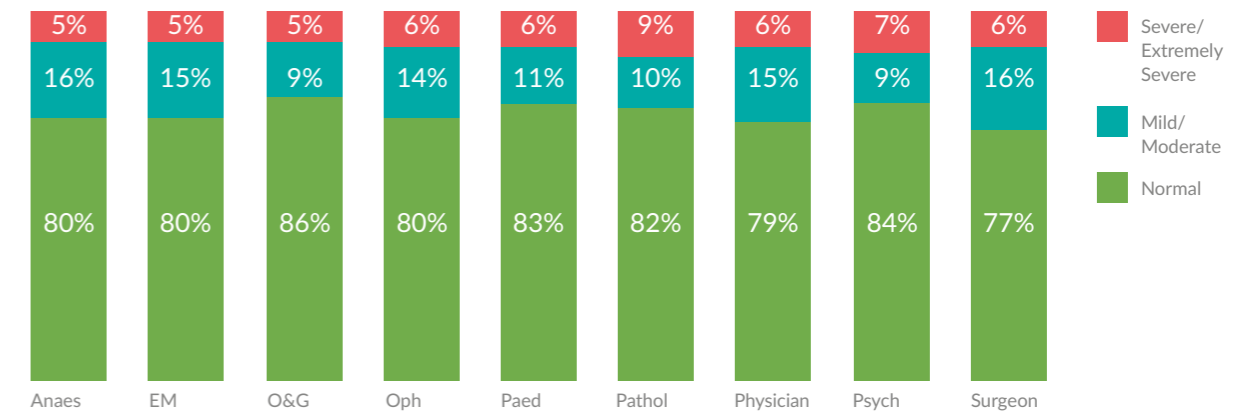


Figure 11. Levels of anxiety (DASS-21) across specialties.

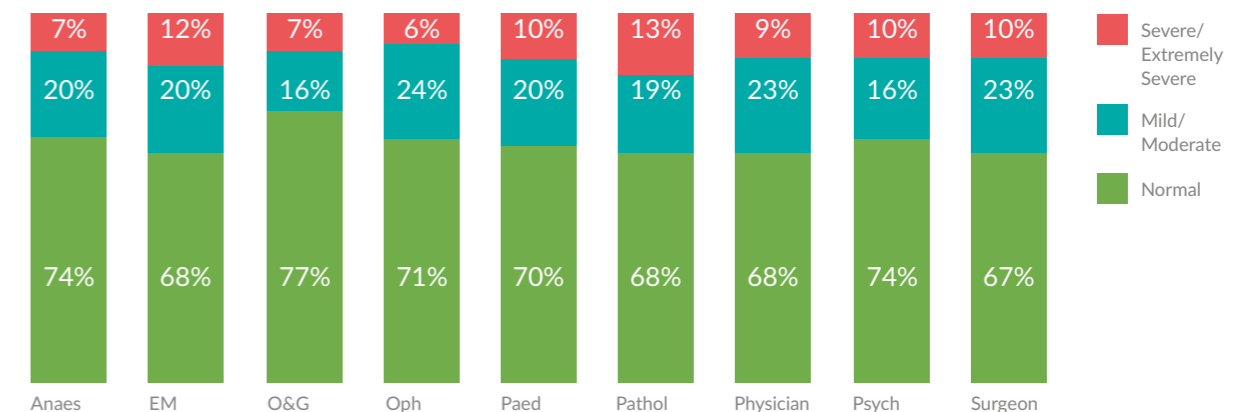


Figure 12. Levels of stress (DASS-21) across specialties.

### Perceived stigma/self – stigma

*“I feel it is seen as unacceptable/weak to admit to the effects of stress.”*

Two thirds of hospital doctors (68.3%) either agreed or strongly agreed with the statement that they wouldn't want people to know if they were mentally ill. This was more likely to be the case in HSTs (71%) and BSTs (71%) than consultants (66.2%). (Table 5)

Table 5. Personal wellbeing scales and perceived stigma.

		Consultants	HSTs	BSTs	Total
Overall quality of life	Very good/ Excellent	50.2%	30%	32.5%	41.5%
	Good	36.7%	46.1%	39.8%	39.7%
	Poor/ Fair	13.1%	23.9%	27.7%	18.8%
General health	Very good/ Excellent	56.9%	47.6%	44.7%	52%
	Good	32%	37.7%	36.1%	34.3%
	Poor/ Fair	11.1%	14.6%	19.3%	13.7%
Perceived stigma/ self –stigma	Disagree/ Strongly disagree	16.3%	14.6%	14.2%	15.4%
	Neutral	17.5%	14.4%	15%	16.2%
	Agree/ Strongly Agree	66.2%	71%	70.8%	68.3%

When compared according to specialty, the rates were lowest in doctors practising in psychiatry (62%) and highest in ophthalmology (77%). (Figure 13)

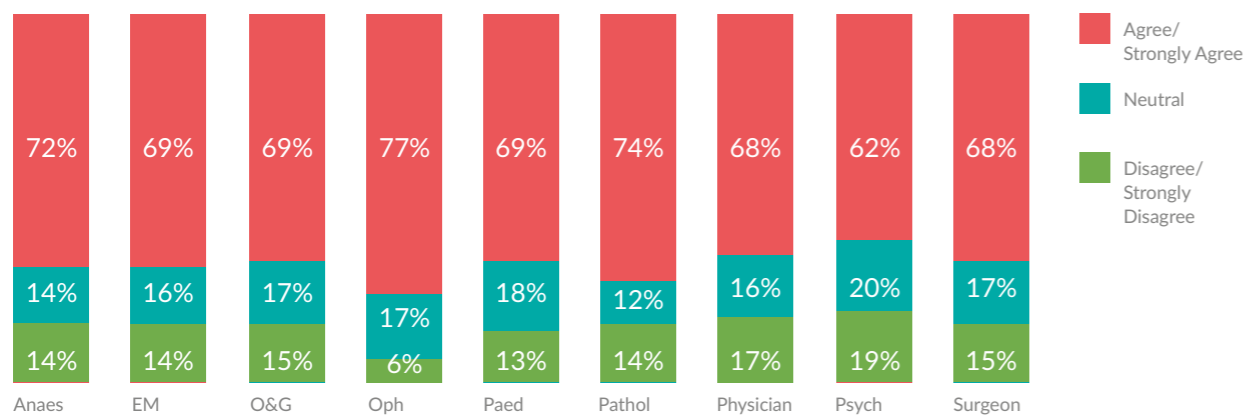


Figure 13. Perceived stigma/ self –stigma per specialty assessed by agreement with statement: ‘if I was experiencing mental health problems I wouldn't want people to know’.

## LIFESTYLE

*“Long hours at work, pressure to do research and further education in your spare time, understaffing and lack of cover opportunities are leading to the biggest drop in morale I have ever witnessed. People need time to exercise, see their families and enjoy life... Medicine is a vocation but it should not come at the expense of your own health.”*

### Physical activity

In this sample, hospital doctors overall had less than optimal levels of activity. Only one fifth (19.1%) exceed the minimum public health physical activity recommendations for a level of activity which is health enhancing, while a quarter were inactive (24.5%). The highest levels of inactivity were observed in senior trainees (HSTs) while consultants were most likely to engage in health enhancing physical activity.

(Table 6)

### Alcohol

The majority of the respondents drank alcohol (88.6%). However there were significant differences in alcohol consumption between the groups, with HSTs most likely to be non-drinkers and consultants most likely to be drinkers. Overall, approximately 1 in 10 (11.1%) engaged in binge drinking. For consultants, this figure was 6.1%, for HSTs 14.4% and for BSTs 19.5%. (Table 6)

When assessed by AUDIT-C, 29.5% of respondents were considered to have engaged in hazardous or very hazardous drinking patterns. There were significant differences in drinking patterns between employment categories with 27.8% consultants, 27.9% HSTs and 35.8% BSTs having engaged in hazardous or very hazardous drinking. (Table 6)

### Tobacco

The overall prevalence of smoking in this group of hospital doctors was 10.1%. Smoking was linked to age, and younger doctors had a prevalence of 13% (BST) and 10.6% (HST) while their senior consultant colleagues had a prevalence of 7.3%. Doctors who smoke were more likely to do so occasionally than as a daily habit, and this applied to all grades. (Table 6)

Table 6. Lifestyle variables (physical activity, alcohol & tobacco use).

		Consultants	HSTs	BSTs	Total
Physical activity	Inactive	21.4%	29.6%	26.2%	24.5%
	Minimally active	58.7%	53.4%	54.4%	56.4%
	HEPA (Health enhancing physical activity) active	19.9%	17.0%	19.3%	19.1%
Alcohol	Binge on typical day when drinking	6.1%	14.4%	19.5%	11.1%
	Non-drinker	6.7%	16.3%	17.7%	11.4%
	Moderate drinker	65.6%	55.8%	46.5%	59.1%
	Hazardous drinker	21.6%	22.2%	30.4%	23.6%
Tobacco	Very hazardous drinker	6.2%	5.7%	5.4%	5.9%
	Never smokes	92.7%	89.4%	86.9%	89.9%
	Smokes occasionally	4.8%	7.3%	11.5%	6.8%
	Smokes daily	2.5%	3.3%	1.6%	2.5%
	Considering quitting	58%	69%	67%	64%

## METHODS

The questionnaire had five sections:

### 1. Demographic details

Demographic information included questions on age, sex, marital status and nationality, and their current work role (BST, HST, consultant).

### 2. Lifestyle

Lifestyle factors are known to be important determinants of physical and mental health. The questions used in this study were modelled on those used in the 2007 national population survey, the Slán survey.<sup>3</sup>

- Physical activity was assessed with the International Physical Activity Questionnaire Short which measures physical activity undertaken across a comprehensive set of domains including leisure and work related activity over the previous seven days.
- Alcohol consumption was assessed with the AUDIT-C tool, an alcohol intake screening tool which can help to identify hazardous drinkers and those at risk of dependence.
- Smoking habits was assessed with questions on frequency and intentions to quit.

### 3. Wellbeing self-assessment

- Overall quality of life was assessed with a single item 'how would you rate your quality of life' on a 5-point Likert scale.
- General self-rated health was assessed with a single item from the Medical Outcomes Study Short Form questionnaire (SF-36) 'in general, would you say your health is' on a 5-point Likert scale.
- Perceived stigma/ self-stigma in relation to mental health was assessed using single statement 'if I was experiencing mental health problems I wouldn't want people to know' on a 5-level Likert scale.
- The World Health Organisation's Wellbeing index scale (WHO-5) was used to assess subjective wellbeing.
- The Depression, Anxiety and Stress Scale (DASS-21) was used to assess the prevalence of self-reported depression, anxiety and stress. DASS-21 provides cut-offs for conventional severity labels (normal, moderate, severe, extremely severe). However it is not intended to diagnose psychiatric disorder.

### 4. Work conditions, satisfaction and workplace wellbeing

- Current workload was measured by weekly mean hours at work over a two-week period.
- Overall work-life balance was assessed with a single item 'my work schedule leaves me enough time for my family/ personal life' on a 5-level Likert scale.
- Satisfaction with career choice was assessed by a single item 'please rate your current desire to practise medicine' on a 5-level Likert scale.
- Presenteeism (working through illness or injury) was assessed using a single statement 'there were occasions when I think I should have taken time off for illness but did not do so' on a 5-level Likert scale.
- The Effort Reward Imbalance (ERI) questionnaire (short version) assesses workplace stress by measuring the strain associated with high effort and low reward exacerbated by overcommitment.
- The Maslach Burnout Inventory (MBI) was used to assess the presence of burnout syndrome, defined by a high level of emotional exhaustion (the feeling of being emotionally exhausted and overwhelmed by work) combined with either a high level of depersonalisation (the loss of empathy and the emergence of cynicism in one's care for others) or a low level of personal accomplishment (feeling of competence in one's work with people).

### 5. Feedback/ free text commentary

- Feedback/ free text commentary on any aspect of doctors' wellbeing, stress, access to supports or any other issues perceived by the respondent to be relevant to the study. Selected quotes from the commentary are presented throughout this report.

<sup>3</sup>Barry, M.M., et al. (2009) SLÁN 2007: Survey of Lifestyle, Attitudes and Nutrition in Ireland. Mental Health and Social Well-being Report, Department of Health and Children. Dublin: The Stationery Office.



### Data protection and ethics

Data protection issues were addressed through strategies to ensure confidentiality with correct handling and storage of data and anonymity of participants. The study protocol was approved by the RCPI Research Ethics Committee in December 2013. An RCPI developed web-based support and information pack was made available for any participants experiencing difficulties. The research team also negotiated a dedicated counselling line with the HSE, which was in place while the survey was open from April to June 2014.

### Funding

The Health Services Executive (HSE), through its Human Resources National Directorate, provided substantial funding to cover the original budget estimate for items such as postage, licensing and academic costs, administrative overheads, data entry costs and dissemination.

# RESPONSE RATE AND DEMOGRAPHICS



# 55.3%

The overall response rate

# 1,749

Total respondents

# 65.1%

Female basic specialist trainees

# 86.7%

Irish national respondents

## Response rate

The overall response rate was 55.3% (N=1,749), with 59.9% among consultants (N= 950) and 50.6% for trainees (BSTs = 375; HSTs = 424). The response rates within specialties varied from 32.7% (ophthalmology) to 62.5% (emergency medicine). (Table 7)

## Demographics

Of the 1,749 respondents, 1,746 specified their sex, with 49.5% indicating female and 50.4% male sex. Consultants formed the largest group (54%) with higher specialist trainees (HSTs) and basic specialist trainees (BSTs) at 24% and 22% respectively (Table 1). Consultants were predominantly male (60.4%) while those in training grades were predominantly female, with BSTs more likely to be female (65.1%) than HSTs (57.8%).

Consultants were more likely to be married or co-habiting (86.7%) than HSTs (65.1%) who in turn were more likely to be married or co-habiting than BSTs (38.9%). (Table 7)

The majority of respondents held Irish nationality with this being most evident in the consultant group (94.1%), followed by the HSTs (81.3%) and the BSTs (73.8%). (Table 7)

Table 7. Sample demographics (age, sex, nationality, marital status, specialty).

		Consultants (N = 950; 54%)	HSTs (N = 424, 24%)	BSTs (N = 375, 22%)	Total (N = 1,749)
Age	30 or under	-	19.5%	71.6%	20.1%
	31-40	12.1%	75.4%	26.0%	30.4%
	41-50	46.7%	4.7%	2.4%	27%
	51-60	34.8%	.5%	-	19%
	60+	6.5%	.5%	-	3.5%
Sex	Male	60.4%	42%	34.7%	50.4%
	Female	39.5%	57.8%	65.1%	49.4%
	Prefer not to say	0.1%	0.2%	0.3%	0.2%
Nationality	Ireland	94.1%	81.3%	73.8%	86.7%
	Dual	2.1%	3.6%	2.4%	2.5%
	United Kingdom	1.8%	2.3%	1.9%	2%
	Europe	1.7%	2.3%	5.9%	2.8%
	Other	0.3%	10.5%	16%	6%
Marital Status	Co-habiting	86.7%	65.1%	38.9%	71.7%
	Single	13.3%	34.9%	61.1%	28.9%
Specialty	Anaesthesia	13.1%	18.9%	11.5%	14.1%
	Emergency Medicine	4.3%	5.9%	5.1%	4.9%
	Medicine	26.2%	21.2%	27.9%	25.4%
	Obstetrics & Gynaecology	5.9%	6.6%	6.4%	6.2%
	Ophthalmology	1.9%	1.4%	2.9%	2%
	Paediatrics	8.8%	9%	11.5%	9.5%
	Pathology	9.1%	10.4%	2.4%	8%
	Psychiatry	17.9%	10.6%	17.7%	16.1%
	Surgery	12.7%	16%	14.5%	13.9%



**NATIONAL STUDY  
OF WELLBEING OF  
HOSPITAL DOCTORS  
IN IRELAND**

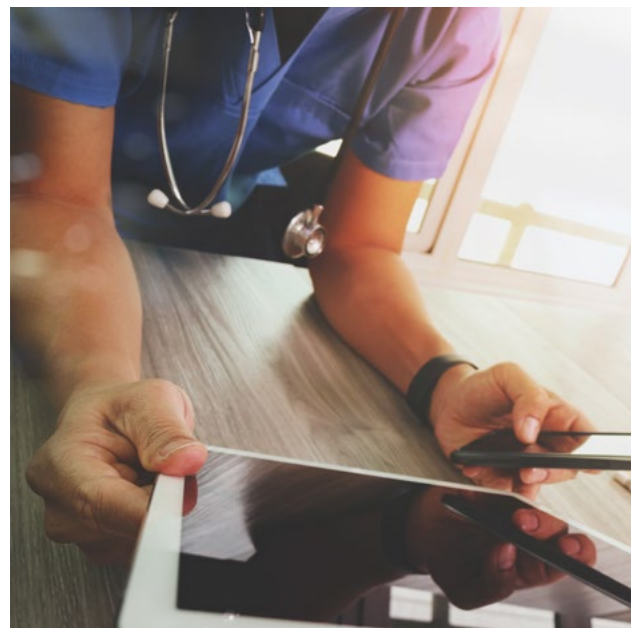
Report on the 2014 National Survey April 2017

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