

The GAT Welfare Survey

Stress is a loosely applied term but essentially represents an imbalance between what is asked of us and what we perceive we are able to achieve. Our ability to cope with increasing demands decreases as our stress levels increase and situations which were previously manageable, can suddenly become problematic. Recently Dr Nick Denny, Consultant Anaesthetist and former AAGBI council member described how he suddenly *'realised that I could not carry on and do the list'* - a task he had performed all his consultant career [2].

Yet, stress is part of everyday living and helps us to perform optimally. Certainly the adrenaline surge as you enter your FRCA viva helps to achieve peak performance, often to levels that surprise us. What is of concern however, is excessive, prolonged stress. This can lead to the development of a more serious problem, such as burnout, depression, an anxiety disorder, and drug or alcohol dependence [3].

"Feeling ignored, disempowered or not in control is one of the most negative experiences for a human being and a common experience in hospitals" - Dr Iain Wilson President AAGBI.

On a personnel level, when an individual experiences excessive stress, he or she can suffer from insomnia, altered eating habits, find themselves smoking or drinking too much or avoiding friends and family. Mentally, they may become more indecisive, find it hard to concentrate, have muddled thinking, loss of memory and feelings of inadequacy and low self-esteem.

An excessively stressed doctor may, clearly, not perform to the best of their ability. A case-control study found that the introduction of a stress management course to 22 hospitals created a reduction in the rate of malpractice claims when compared with the control [1].

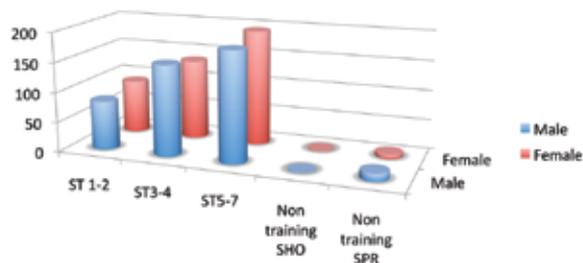
In 2008 the welfare committee asked a random sample of AAGBI members about stresses and strains they face at work. This demonstrated that 23% of the anaesthetists who responded felt 'burned out' (defined as emotional exhaustion, depersonalization, and decreased sense of personnel accomplishment owing to work stress) and 1 in 6 experienced significant problems with depression and sleeping.

Anaesthetists who took part in the survey talked about the difficulty of constantly changing shift patterns, poor management, lack of appreciation and heavy workloads. 25% of the respondents were trainees and the findings within this subgroup lead the GAT

committee to undertake its own "Your Welfare" survey looking at stress levels and stressful triggers amongst trainee anaesthetists.

We emailed all of our trainee members twice with an online anonymous questionnaire. We received 860 replies giving a 29% response rate.

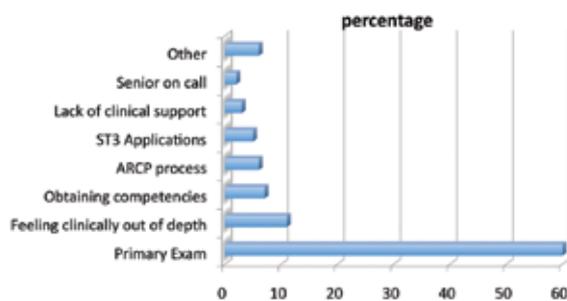
Grade and sex of respondents



Graph 1- Demographics. We had equal numbers of male and female respondents and more senior trainees replying which probably reflects the demographics of the AAGBI membership.

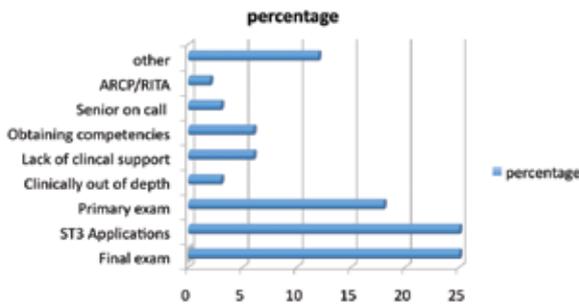
We asked 'To date, what do you find to be the most stressful part of training.' Throughout all grades the primary and final exams are the biggest trigger.

Most Stressful part of your training to date-CT1/2?



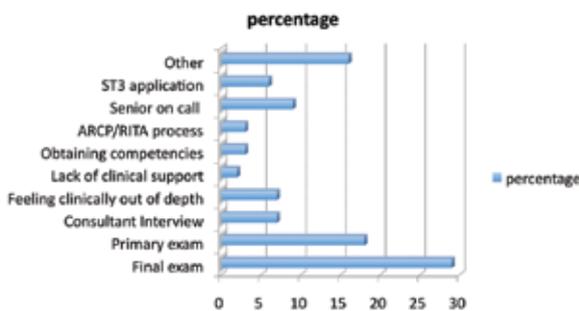
Graph 2- Stressful trigger in CT1/2

What is the most stressful part of your training to date –ST3/4?



Graph 3-Stressful trigger in ST3/4

What is the most stressful part of your training to date-ST5-7?

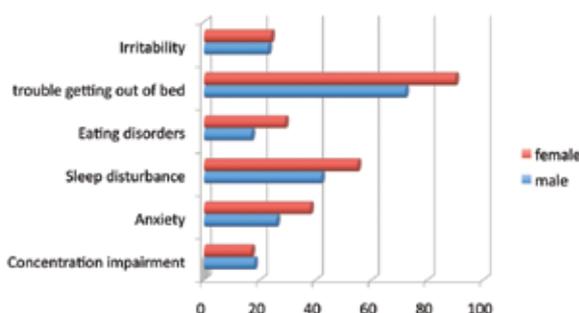


Graph 4- Stressful trigger in ST5-7

We identified daily habits that may indicate detrimental levels of stress and asked members whether they had suffered from these in the last 3 months on a daily, weekly or monthly basis. These habits included trouble getting out of bed, irritability, eating too much or too little, trouble concentrating, anxiety, sleep disturbance, feeling they had let people down, having little or no interest in previously enjoyable activities, feeling down depressed or useless, having feelings of self doubt and waking in the middle of the night.

The graph below illustrates the number of respondents suffering these symptoms on a daily basis. The number who reported these symptoms on a weekly basis more than doubled for some symptoms.

Have you suffered in the last 3 months with any of the following on a daily basis?



The comment below illustrates a common theme that was highlighted throughout the study and highlights how the multiple demands put upon us can appear excessive and stressful.

“No single factor on its own is that stressful. However when you are trying to revise for the Final, have a busy and antisocial rota, work with para-medical specialties who consistently undermine your knowledge and confidence, have to prepare journal club presentations repeatedly as no one else is available, whilst also running around trying to get certain quota of DOPS, mini-CEX, CBD and module reports despite being left solo on lists, for which you are chasing these competencies and at the same time buffing paperwork for an ARCP then it gets a little too much.”

The way ahead

Raising awareness and acceptance of our stressful work is one small step towards reducing stress. There are many things we can do to decrease our stress levels and these steps can be relatively small and simple ones. It is important to implement changes early and in this way you could see the following as primary prevention to avoid the ill affects of stress. Here are some suggestions from the GAT committee:

Regular trainee meetings (in the hospital or out). We recommend that trainees meet on a regular basis to improve communication about common problems and to boost morale. With the current shift patterns, it is becoming increasingly hard to meet fellow colleagues during a normal working day. In this way, for example the impact of a poorly designed rota could be highlighted as a common problem and then addressed.

Mentoring or buddy scheme. As we continue on our career paths we acquire a wealth of knowledge, professionalism and clinical experience that can be used to guide and support other trainees in a similar position. The simplest scheme would be to match a novice anaesthetist with a trainee in the same hospital who has obtained their FRCA.

Peer support. Any concerns or worries we have can be alleviated by discovering the problem is a shared one. This form of support is particularly useful for certain groups of trainees. For example having an email group whereby Less Than Full Time trainees can contact each other about issues relating to their training or exam support study groups.

Discussion sessions regarding difficult patients/cases/scenarios, which offer open and constructive discussion of the management of these situations, are to be encouraged. In the right environment they are an invaluable learning tool for those, directly and indirectly involved.

Work on your ‘work life balance’ and set aside some protected time for your personal enjoyment and hobbies. It is easy to unintentionally become consumed with our working lives and to let previously enjoyed hobbies pass us by.

Be realistic. By nature we are all highly competitive and we find it hard to say 'no'. Throughout the survey trainees talked about the difficulty not with one element of training, but with juggling all the demands made of us. Learn what your limits are, stick to them and learn how to politely decline.

These measures could help to alleviate the pressures of our training. To help us further there are other avenues that may be available. All trusts should offer counseling through their Occupational Health Department. Our survey found that 42/860 had sought help from their Occupational Health department for work related difficulties.

There are courses available in Management and Leadership, (GAT run a Management course), assertiveness training, conflict resolution, time management and life coaching. When we asked in our survey if any trainees had received any formal training in these key areas less than 10% responded 'yes'. As Dr Firth Cozens points out "Stress is here to stay and the sooner we accept that tackling it is a normal part of management, and an essential part of patient safety, the sooner lives of doctors and patients will improve." [5].

Finally, in this survey the last question we asked our members was "What should GAT be doing?". Whilst I am sure we can all relate to the trainee who wrote "Persuade the College that exams are not really necessary!" or to the one who wished "I didn't have to do night shifts" some 'evils' are necessary to ensure patient safety and the maintenance of high anaesthetic standards.

Whilst we do not have the ability to increase our pay or make the FRCA easier (where is that fairy godmother when you need her?) there are many issues and concerns raised that we can approach.

TRAINING TIME

"Get training extended - there just isn't enough time to do everything and also have a life!"

The implementation of the EWTD and its impact on training time has not gone unnoticed. Concerns regarding the ability to produce competent Consultants within an ever-decreasing time frame have been raised.

The recent Medical Education England report "Review of the Impact of the European Working Time Directive on the Quality of Training" to which GAT provided written evidence addresses exactly that. However, it does not call for an increase in training time or hours. It feels the 15,000 hours of training on offer during the seven year training programme are adequate if 'every training opportunity is utilised'. It goes on to state that in order to enhance training opportunities, consultants will have to be more directly involved with 24/7 care and work more flexibly [6].

"Shifts means fewer hours (which is good) but greater proportion of on-call, so less support and training plus more anti-social hours. Bad for family life and quality of training. I'm sure you'll hear this from everyone"

PAPERWORK

"Push for a reduction of the endless paper exercises and meaningless assessments in our training."

We all groan at an upcoming ARCP (RITA for those SpRs still out there) and the endless paperwork that goes with it. Yet, despite the burden on our assessors and us, the new curriculum requires more form filling.

The need to prove that we are competent begins during training and continues until retirement. As a consultant we will have yearly appraisals and five yearly revalidation. The threat to SPAs also means that we will have to be able to justify our allocated time and again diary keeping will be essential. Be pro-active and stay on top of the paperwork throughout the year as it can be overwhelming if all the paperwork has to be completed the week before your ARCP.

"The multiple layers of assessments, dops,

cx and cbds is confusing and distracts from the primary aim of developing safe competent practitioners. Additional paperwork just seems to add pressure to ever decreasing training time."

PEER SUPPORT

"look into schemes which could be organised locally for trainees to support trainees."

We believe that the best form of support during our training is right on our doorstep, your fellow colleagues. Often just speaking to your peers can alleviate any concerns or worries

WORKING MUMS

"Clearer guidance on on-call commitment whilst pregnant."

The GAT committee has a LTFT trainee representative who is available via email to answer any queries susanwilliams@doctors.net.uk. Our new website will have web pages dedicated to LTFT training and will hopefully address many of the existing uncertainties.

We have also published articles in Anaesthesia News informing our members of many of these issues. In January 2007 an article on LTFT training was published, followed in October 2008 by an article entitled 'The Pregnant Anaesthetist' and more recently an article addressing the issues of returning to work after maternity leave in February 2010. These are all available online via www.aagbi.org/publications/anaesthesianews.htm. The AAGBI will also be producing a glossy giving advice and guidance for those working mums within Anaesthesia.

"About to return after maternity leave - and there doesn't seem to be any guidance for those who have been out of practice for several months - is this right?"

SUPPORT

"Provide an anonymous helpline for advice and support?"

The welfare committee was established in

2005 and advertises in both the main AAGBI publications (Anaesthesia and Anaesthesia News) and at the two main annual meetings (Annual Congress and WSM London). In times of distress or difficulty you can call the BMA Counseling and Doctors for Doctors advisory service on 08459 200 169.

"Recognise that drug addiction is an ILLNESS and an occupational hazard affecting a significant number of anaesthetists. Promote the idea that people should be rehabilitated rather than punished if they are unfortunate enough to find themselves in this position. Raise awareness of the organisations that exist to help addicted doctors."

The Welfare Committee has co-opted Dr Ruth Mayall onto its committee. She works closely with the "Sick Doctors Trust" which aims to help addicted doctors and provides an invaluable contribution to the workings of the committee. They have a helpline 0370 444 5163 and they offer confidential advice and help.

The GAT committee works very hard at a national level to ensure that your views are taken forward and represented. Your responses to our surveys help us to ensure your voice is heard so please continue to keep us informed. If there are any concerns or issues you wish to make us aware of please get in touch gat@aagbi.org

Dr Susan Williams, GAT

References

1. Jones JW, Barge BN, Steffy BD, Fay LM, Kunz LK, Wuebker LJ. Stress and medical malpractice: organizational risk assessment and intervention. *J Appl Psychol* 1988;73:727-35
2. Dr Nick Denny. On the edge of a black hole. *Anaesthesia News* June 2010 p20-21
3. Ghodse H. Doctors and their health-who heals the healers? In: Ghodse H Mann S Johnson P, eds *Doctors and their health*. Sutton: Reed Healthcare 2000.
4. Iverson A, Bruno Rushforth, Forrest K. How to handle stress and look after your mental health. *BMJ* 2009;338:b1368
5. Jenny Firth-Cozens. Doctors, their well being, and their stress *BMJ* 2003 March 29; 326(7391): 670-671
6. Professor Sir John Temple. Time for Training. A review of the impact of the European Working Time Directive on the quality of training

Core Topics 2011

The core topics programme is now in its fifth successful year. Building on the success of 2010 we have expanded the number of meetings for 2011.

We have also changed the format slightly in some areas to enhance the educational value of the meetings, watch out for our weekend course in Manchester.

The aim as before is to offer high quality continuing medical education at a local venue. Where possible local experts and national luminaries will enable participants to be involved in an open forum.

Core topics offers an opportunity to stay up-to-date; to hear from a mixture of well-know national speakers and local experts; to promote emerging talent from your own region, all without ever having to travel far from home.

Prices have been frozen for the fifth year and are as follows:

AAGBI Ordinary Member	£150
AAGBI Trainee Member	£100
AAGBI Retired Member	£75
Non-Member	£200

Core Topics

Date

Dublin	11 February
Newcastle	17 March
Cambridge	29 March
Exeter	29 April
Sheffield	13 May
Birmingham	19 May
Oxford	03 June
Bournemouth	17 June
Manchester (Special Weekend)	09/10 July
Glasgow	28 October
Cardiff	10 November
Wessex	24 November
London	02 December

For bookings & further information:
www.aagbi.org/events/act.htm



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