

Young, over-worked and overwhelmed: Callers to an anonymous doctor peer support service

Authors: Claire Hutton¹, Dr Louise McLean², Dr Chris Barton³, Dr Penny Round², Professor Grant Russell³

¹ PhD candidate, Dept of General Practice, Monash University, ² Faculty of Education, Monash University, ³ Department of General Practice, Monash University

INTRODUCTION

- AMA(Vic) introduced its Peer Support Service (PSS) in 2008, a phone service for doctors experiencing difficulties in relation to work or personal issues. While set up for Vic and Tas, all calls from doctor and medical students are responded to. The PSS runs 8am-10pm, 7 days a week
- Callers remain anonymous, and fellow doctor volunteers, who receive training & ongoing supervision for the role, answer their calls. They provide emotional support, the opportunity to discuss the issue(s) and explore options, & if appropriate, suggest referrals

AIM

- To better understand how doctors use this kind of service, by examining characteristics of, and problems reported by, doctors & medical students contacting the Peer Support Service

METHOD

- Volunteers complete Call Records for all relevant calls to the service, based on info provided by the caller. Data from all valid calls (n=776) from 2008-2018 was used in the study.
- Given the nature of the service, no specific demographic questions are asked, so information (e.g. age, cultural background) in some cases based on educated guesses by the volunteer
- Descriptive and univariate analyses were conducted

Who calls and why

Gender

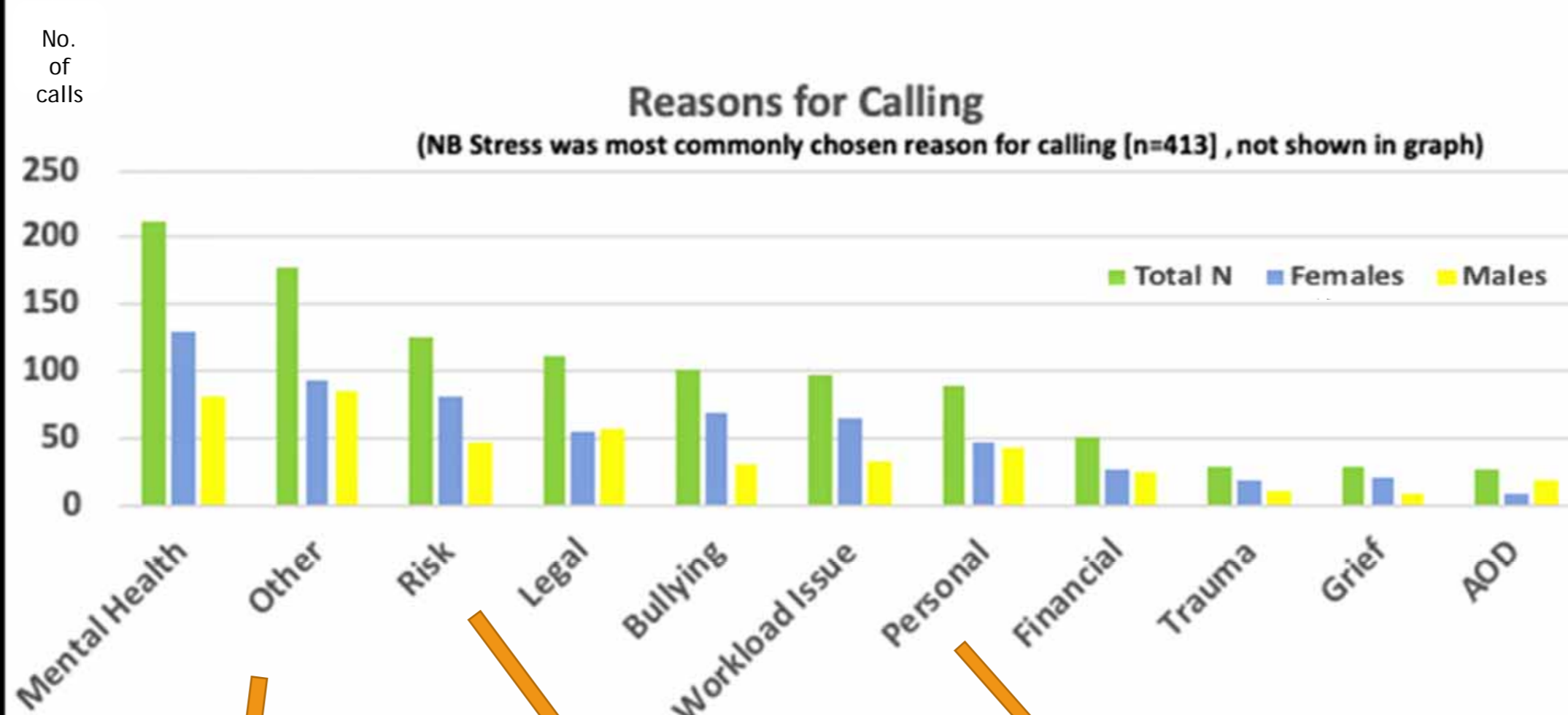
- Female 58.7%
- Male 41.3%
- *AHPRA medical practitioner stats (2014-midpoint of study data) Females: 40.5% Males: 59.5%*

Age

- ↓30: 30.2%
- 30-39: 28.2%
- 40-49: 18.3%
- 50-59: 9.4%
- 60+: 14.0%

Cultural background

- Australian: 81.2%
- Identified non-Aus: 17.8%
- Of these, largest % from India/Sri Lanka



Other

(no. of calls)

Career Qs: 37
(including ambivalence about medicine)
AHPRA notification: 33
Workplace disputes: 25
Seeking GP: 13
Ethical concerns: 11

Risk-related

(no. of calls)

Of concern/assessed: 60
Thoughts of suicide: 44
Plan: 8
At-risk, severity unclear: 7
Risk of harm to others: 5

Personal

(no. of calls)

Couple r'ship issues or breakdown: 39
Family relationships: 22
Own physical illness: 15
Isolation: 12

OTHER FINDINGS

- 74.8% callers from Victoria, 4.8% from Tasmania (20.4% other states)
- 8.2% of calls were from others concerned about a doctor (mainly partners & colleagues)
- Most common time to call was from 12-4pm (in contrast, over 70% of Lifeline calls are in the evening)
- Length of call:
 - 1-10 mins: 22.8%
 - 11-20 mins: 31.2%
 - 21-30 mins: 20.9%
 - 31-40 mins: 9.3%
 - 41+ mins: 10.4%
- No sig. diff in call length between males and females overall, but calls from females 60+ sig. longer than all other age groups
- Proportionally, females are more likely to call about bullying, grief, ethical concerns. Males are more likely to call about legal and financial worries, own physical illness and AHPRA notification

CONCLUSIONS

- While doctors called the service with a vast range of issues, the number of AHPRA-notification, relationship, mental & physical illness, & risk-related calls highlight the importance of this kind of anonymous peer support service
- Doctors may be more likely to seek help for these kinds of sensitive (and often very serious) issues when they know both that they will remain anonymous, and that they are speaking to a fellow doctor likely to have experiential knowledge and understanding of their situation