

Burnout and Distress in Australian Physician Trainees: Evaluation of a Wellbeing Workshop

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INTRODUCTION

Australian medical practitioners experience elevated levels of psychological distress compared to the general population. Interventions to improve physician wellbeing and reduce burnout and stress have been undertaken with doctors' predominantly outside Australia. There is a paucity of well-designed research on interventions to improve doctors' wellbeing in Australia.

Physician training in Australia consists of three years of basic training and three years of advanced training undertaken with the Royal Australasian College of Physicians (RACP). Physician Trainees from both Adult Internal Medicine and Paediatrics and Child Health divisions must pass both a written and clinical examination to be eligible to progress from basic to advanced training.

AIMS

- To evaluate the effectiveness of a workshop intervention to promote wellbeing and stress management for Australian physician trainees using a randomised controlled design.
- To investigate if workshop participation results in a benefit to the intervention group compared to the control group as measured over a six-month period.
- Based on feedback from the workshop evaluations, to ascertain what improvements could be made to the workshop design to increase effectiveness and better target the needs of participants.

METHODS

Study participants, recruitment and measurements: A total of 67 physician trainees were recruited to the study, 59 completed the online baseline survey. Participants from RACP basic training were recruited during face to face study information sessions at various NSW hospitals or by email. RACP advanced trainees were excluded. Participants were randomly assigned to intervention and control groups.

The intervention group attended a half-day workshop. Demographic and work/life factors were also measured. Measurements were recorded at baseline, 3 and 6 months and the workshop was evaluated by participants. A total of 46 participants completed all study components, including all three measurements.

The workshop: incorporated case studies specifically developed for physician trainees, a holistic wellbeing framework and group work activities to encourage discussion about approach to work, life and self-care. Some topics in the workshop included stressors relating to work-life-balance, understanding wellbeing and resilience, mindfulness, barriers to looking after wellbeing, giving and receiving feedback and stress management strategies.

Outcome measures: alcohol use was measured by the Alcohol Use Disorders Identification Test (AUDIT) (Babor, Higgins-Biddle, Saunders & Monteiro 2001). Depression, anxiety and stress were measured using the Depression, Anxiety, Stress Scale (DASS 21) (Lovibond & Lovibond 1995). Burnout, secondary traumatic stress and compassion satisfaction were measured using Professional Quality of Life Scale (ProQOL) (Stamm 2010).

RESULTS

Workshop evaluation (n=23)	n (%)		
	Agree or Strongly Agree	Neutral	Disagree or Strongly Disagree
The training was relevant to my needs	22 (96)	1 (4)	0 (0)
Objectives of the training / workshop were clearly explained	22 (96)	1 (4)	0 (0)
Materials provided were helpful	20 (84)	3 (16)	0 (0)
Content was well organised	22 (96)	1 (4)	0 (0)
Instructions were clear and understandable	22 (96)	1 (4)	0 (0)
Questions were encouraged	23 (100)	0 (0)	0 (0)
The training met my expectations	21 (92)	2 (8)	0 (0)
The length of the training time was sufficient	21 (92)	1 (4)	1 (4)
The Facilitator and/or Presentation was effective	23 (100)	0 (0)	0 (0)
I would recommend attending this workshop to other medical colleagues	23 (100)	0 (0)	0 (0)

Most respondents (83%) were able to utilise some of the workshop strategies for 12-months post workshop.

12-months post workshop follow up survey (n = 18)	
Which Strategies have you utilised from the study workshop?	n (%)
Hobbies (outside of work)	7 (39)
'Saying No'	6 (33)
Sleep	6 (33)
Exercise	5 (28)
Prioritising your time	5 (28)
Humour	4 (22)
Healthy Diet	3 (17)
Rest	1 (5)

RESULTS

High rates of burnout (76%) and secondary traumatic stress (91%) were detected among study participants and around half met screening criteria for depression (52%), anxiety (46%) and stress (50%) at baseline. Almost a quarter (22%) of the cohort were in the risky category for alcohol use and just over one third (39%) scored in the low category for compassion satisfaction at baseline.

There was a small reduction in alcohol use, depression and burnout in the intervention group compared with the control group at 6 months, but these changes did not reach statistical significance.

DISCUSSION

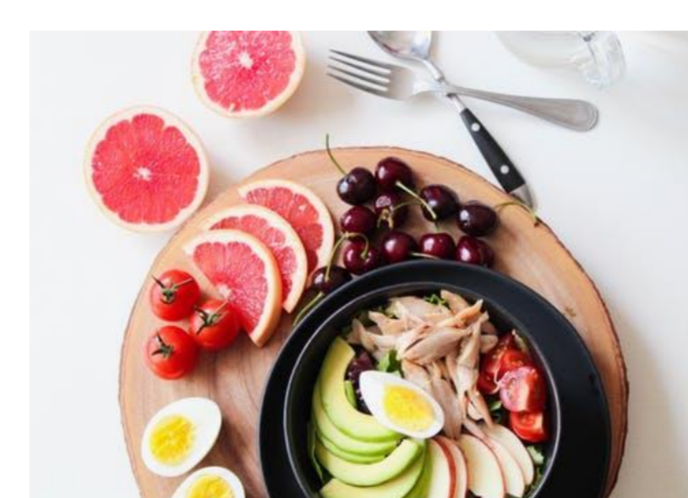
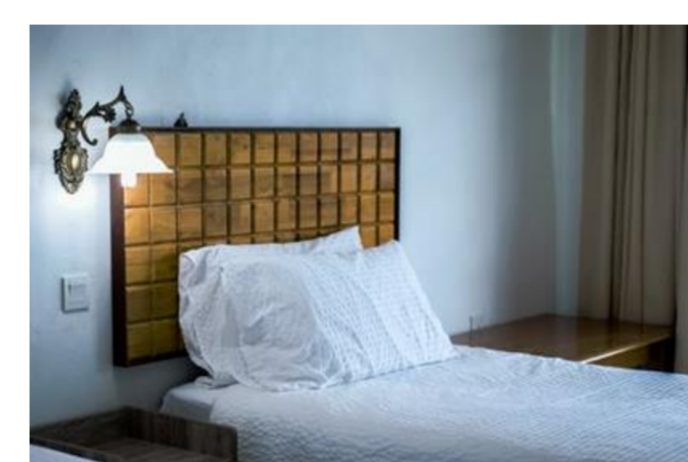
Although the randomised controlled trial did not reach statistical significance, the data from the workshop evaluations and 12-months follow up survey indicate a potential benefit to physician trainees. The workshop discussions enabled participants to share their experiences in a supported environment where they learned that other physician trainees also experienced stress and burnout and they were not alone in needing to acquire successful coping mechanisms and stress management strategies.

Participants in the study intervention group found it very difficult to attend a workshop due to lack of control over their work rosters and difficulty swapping shifts, others were on call or studying for the RACP exams. We recommend that future workshops occur as short separate sessions conducted over two-hours during physician trainee protected teaching time and the development of online learning modules to reinforce the learning gained during the workshops. Future scheduling of workshops will require a stronger level of support from senior hospital management.

RECOMMENDATIONS

Self care strategies

Good nutrition & hydration
Regular exercise
Adequate sleep
Regular GP visits



Stress management strategies

Reflect on practice
Keep a good attitude
Reframe your thinking
Use humour
Learn to let go
Engage in hobbies outside work

Assertiveness strategies

Manage time efficiently
Setting boundaries
Develop self awareness & insight

Workplace strategies

Regulating work hours
Supportive supervision and mentorship



Relaxation strategies

Regular holidays & leisure
Regular time with family/friends
Listening to music
Mindfulness



CONCLUSIONS

These findings demonstrate high levels of psychological morbidity among physician trainees and a need to improve their wellbeing. Workplace systems need to promote healthy work environments and support physician trainees through good supervision and mentorship. A change of culture in the medical community is critical to remove barriers for doctors seeking help for mental health problems and to provide healthier work places.

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