



Wellbeing and retention of doctors

63%

of doctors are satisfied with their day-to-day work but many are feeling the strain of persistent system pressure



High workloads remain a challenge for doctors: 32% have worked beyond their rostered hours every day in the past year and 28% have struggled to cope with their workload at least once a week



Workplace support appears to be related to a lower risk of burnout for doctors: 53% of those with a very low burnout risk reported that they've never felt unsupported by immediate colleagues. Only 6% of those with a low risk of burnout took a leave of absence due to stress in the past year

23%

of doctors with a high risk of burnout have taken a leave of absence due to stress in the past year

Doctors continue to work under sustained pressure in 2019

In the past three editions of this report, we’ve highlighted the pressures facing all UK health systems. In 2018, we reported on two vicious cycles that are affecting the capacity and sustainability of the medical profession.^{8,9}

In the *Adapting, Coping, Compromising*⁸ research in 2018, doctors reported how rising pressure caused by workforce shortages are leading some doctors to become stressed and unwell. This results in sickness absences, reduced hours, or doctors leaving the profession. Ultimately, this compounds the existing issue (figure 1).

Doctors also discussed how they sometimes adapt to a lack of time by prioritising short-term patient needs over long-term outcomes. This may

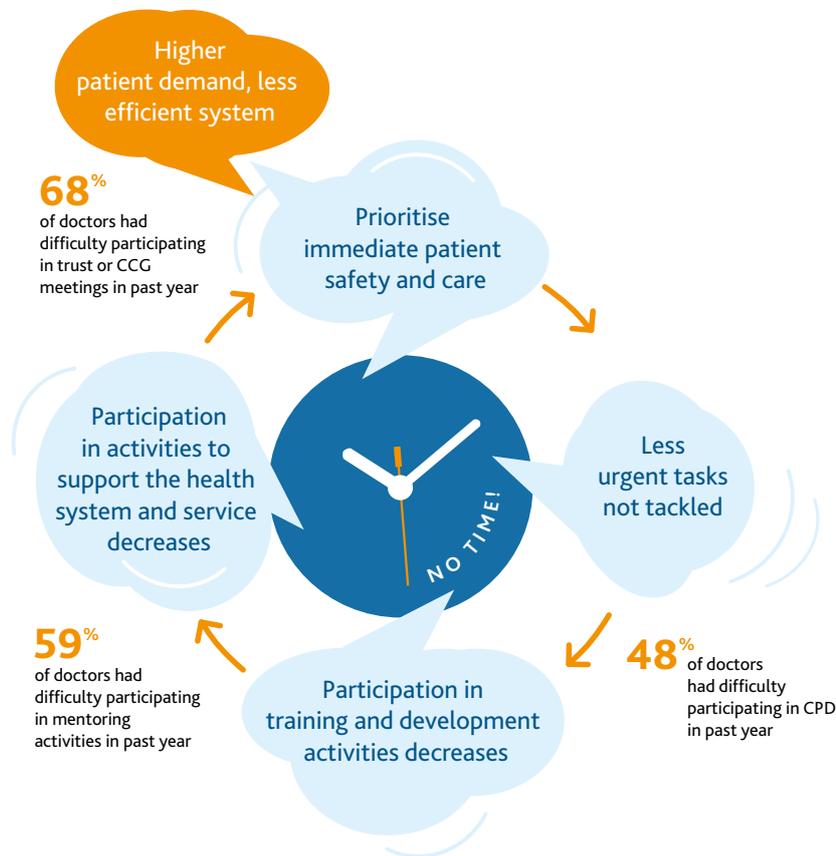
benefit patients with immediate health needs, but can mean patients with long-term health issues are overlooked. This also leaves less time for personal and team development, which potentially has an impact on the quality of the overall health workforce.⁸

Those in the health systems across the UK must work together to break these cycles, so doctors can provide quality care to all patients.

Figure 1: Vicious cycle of workforce shortages



Figure 2: Vicious cycle of pressure-induced short-termism



Adapting, Coping, Compromising (2018)
The 2019 barometer survey (2019)

n = 2,617 – 3,791 (varied by activity – all those who said the activity was relevant to them),
The 2019 barometer survey QC8_3/7/18, values do not add up to 100% as multiple questions presented.

In 2019, these pressures remain sharp in all four countries of the UK. They're particularly having an impact on doctors' wellbeing, staffing levels, quality of care, and patient safety. The recently published *Workforce report*³ underlined why protecting doctors' wellbeing is vital to retain the UK's medical workforce.

Chapter 5 explores patients' experience in a system under pressure.

The barometer survey painted a picture of:

- a workforce where the majority of doctors are satisfied in their day-to-day work, but where a significant minority (30%) are not
- sustained pressure manifesting as widespread long working hours, high workloads and prevalent symptoms of burnout
- pressures and wellbeing concerns having an impact on both patients and doctors.

* See research and data note on page 130 for more information.

Pressure is not felt in the same way by all doctors

Doctors' experiences of pressure will vary on an individual basis, but the barometer survey illustrated patterns across groups of doctors.

- 65% of GPs reported working beyond rostered hours every day, compared with 32% of doctors overall. In chapter 4, we explore GPs' experiences of working in primary care.
- 21% of SAS and LE doctors said they have carried out tasks usually completed by a doctor who has a more senior role, weekly or more often, compared with 11% of doctors overall.
- 18% of doctors in training reported having to take a leave of absence due to stress during the past year, compared with 12% of doctors overall.

- 43% of specialists said they have refused to carry out additional work as a result of pressure on their workload and capacity, compared with 33% of doctors overall.

Three-fifths (63%) of doctors reported feeling satisfied in their day-to-day work, but many said they were feeling the strain of persistent system pressure. This pressure can be mitigated by the protection of workplace cultures and leadership. This was expressed in the survey as positive relationships with, and support received from, colleagues.

This chapter will first look at the causes of pressure, before considering some of the symptoms and consequences for doctors, and for the system more widely.

Causes of pressure

High workload and demand on the health service mean many doctors regularly work beyond their rostered hours

Almost seven out of 10 (69%) doctors worked beyond their rostered hours at least once a week, and around half of these doctors – a third (32%) of doctors overall – did so daily.

This issue is most prevalent among GPs and specialists. Two-thirds (65%) of GPs reported working beyond their rostered hours every day. Nine out of 10 (90%) GPs and three-quarters (75%) of specialists did so every week. In comparison, doctors in training worked beyond their rostered hours less frequently – around 56% did so on a weekly basis.

Satisfied and dissatisfied doctors alike struggle with long hours and high workloads

Although most pronounced among GPs, a proportion of every group of doctors reported dissatisfaction in their day-to-day work:

- 45% of GPs
- 27% of specialists
- 26% of doctors in training
- 22% of SAS and LE doctors.

Working long hours is a key driver of dissatisfaction for many doctors. In the open responses,* two-fifths (42%) of dissatisfied doctors gave increasingly high workloads and long hours as their reasons for dissatisfaction. And around one out of eight (12%) satisfied doctors suggested that long hours and high workload were a challenge for them.

Dissatisfied doctors gave a range of reasons for dissatisfaction in their role, many of which are causes and/or consequences of system pressures. They included:

- care being compromised despite best efforts/working under unsafe conditions – 22%
- working under pressure/time constraints – 19%
- finding it increasingly difficult to deal with patient expectations and dissatisfaction – 19%
- diminishing/overstretched resources and services – 15%.

GPs were more likely to report finding it increasingly difficult to deal with patient expectations and dissatisfaction than other doctors. A third (36%) of GPs felt this way compared with one out of 10 specialists (11%), 12% of SAS and LE doctors and only 5% of doctors in training.

Over a quarter (29%) of dissatisfied doctors in training said being disillusioned with the profession or not feeling respected was a driver for dissatisfaction, compared with 16% of dissatisfied doctors overall. This is a worrying sign for the future workforce supply, with doctors feeling disillusioned early in their careers.

Similarly, 11% of dissatisfied SAS and LE doctors gave their reason for dissatisfaction as a lack or loss of autonomy, compared with 8% of dissatisfied doctors overall.

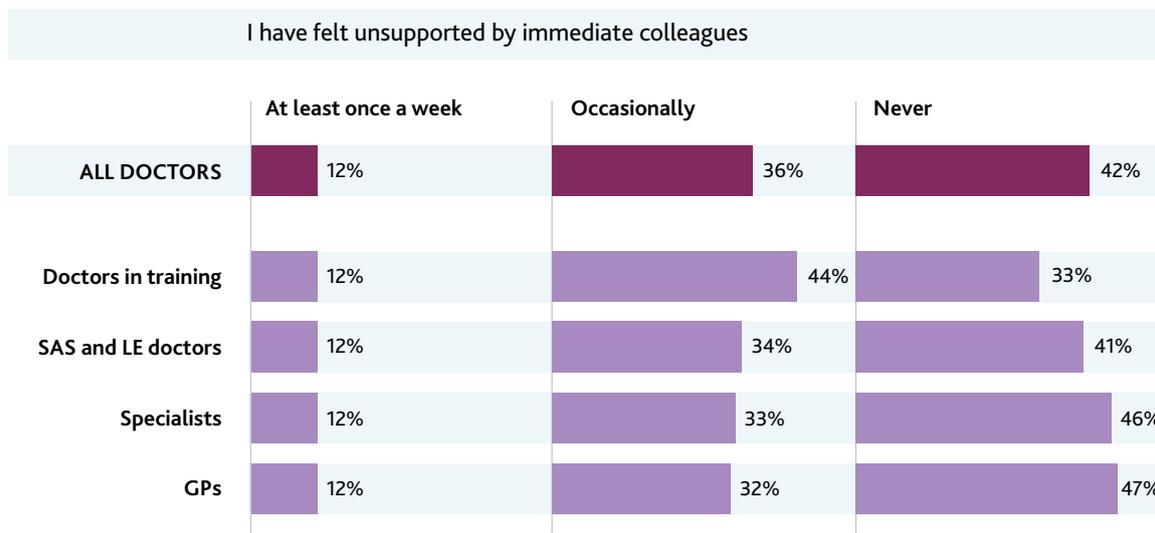
Support is important for doctors but often they are feeling unsupported by both their colleagues and senior medical staff

In the *Adapting, Coping, Compromising*⁸ and *What it means to be a doctor*⁹ research, doctors raised a lack of support as being both a cause and a consequence of pressure. In the barometer survey, doctors were asked how frequently they felt unsupported by a range of colleagues (figure 3).

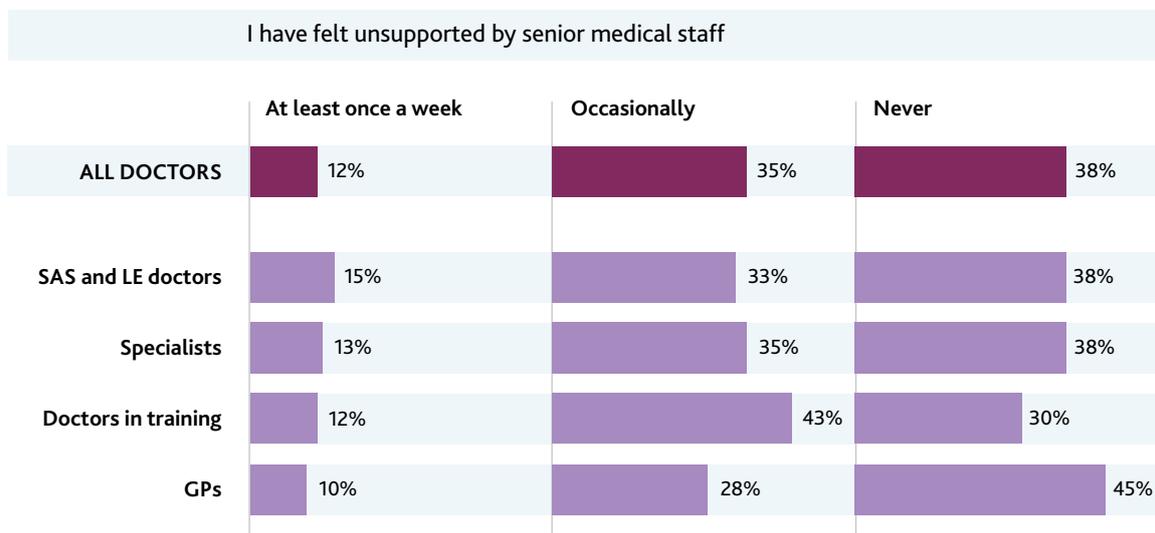
* For more information on the use of open responses in the barometer survey, please see research and data note on page 130.

Figure 3: Proportions of doctors who regularly, occasionally, or never feel unsupported by their immediate colleagues or senior medical staff

How frequently, if at all, over the last year have you experienced the following?



n = 3,876 (all doctors), the 2019 barometer survey QC1_5, values do not add up to 100% as not all response options are included.



n = 3,876 (all doctors), the 2019 barometer survey QC1_6, values do not add up to 100% as not all response options are included.

A frequent (at least once a week) feeling of a lack of support is relatively uncommon among all types of doctors. 12% of doctors felt unsupported by immediate colleagues or senior medical staff at least once a week. Considerably more GPs said they never felt unsupported by senior medical staff (45%), compared with other register types.

Two-fifths of doctors in training reported occasionally feeling unsupported by their immediate colleagues (44%) which is much higher than other register types, or by senior medical staff (43%). Doctors in training are the least likely to say they never felt unsupported by their immediate colleagues (33%) or by senior medical staff (30%).

Of the one out of 10 (12%) doctors in training who said they felt unsupported by senior medical staff at least once a week, almost a third (30%) fall into the high risk of burnout category, compared with only 11% with a very low burnout risk. For doctors in training, a lack of support from senior medical colleagues may be a driver of burnout.

SAS and LE doctors reported feeling unsupported by senior medical staff at least once a week – a slightly higher rate than other register types. They were also slightly less likely than GPs and specialists to have said they never felt unsupported by immediate colleagues – two-fifths of SAS and LE doctors (41%), compared with almost half of GPs (47%) and specialists (46%).

Almost half (46%) of specialists reported never feeling unsupported by their immediate colleagues. This is broadly similar to the experience of GPs. Over a third of specialists said they occasionally (35%) or never (38%) felt unsupported by senior medical staff.

Of all groups of doctors, specialists were the most likely to report feeling unsupported by non-clinical management. Nearly nine out of 10 (88%) specialists reported feeling this way in the past year, compared with around three-quarters of SAS and LE (72%) doctors and doctors in training (77%), and around seven out of 10 (68%) GPs.

Box 1: Indicators of burnout in the 2019 barometer survey

The barometer survey included questions from the Copenhagen Burnout Inventory¹¹ – an internationally-recognised and validated tool for assessing the physical and psychological fatigue associated with burnout.

Burnout is a state of emotional, mental and often physical exhaustion caused by prolonged or repeated work-related stress. Feeling depressed and lacking motivation are characteristics of burnout.

Participants were asked seven questions:

To what degree do you feel the following about your work?

- 1 Is your work emotionally exhausting?
- 2 Do you feel burnt out because of your work?
- 3 Does your work frustrate you?

How often, if at all, do you feel the following about your work?

- 4 Do you feel worn out at the end of the day?
- 5 Are you exhausted in the morning at the thought of another day at work?
- 6 Do you feel that every working hour is tiring for you?
- 7 Do you have enough energy for family and friends during leisure time?

When analysing the barometer survey, differing risk levels for burnout were suggested by the number of indicators to which participants gave a 'negative' score. A negative score was typically answering a question with:

- experienced to a 'high' or 'very high' degree
- experienced 'often' or 'always'
- 'seldom or never' were considered the negative responses to the question around having 'energy for family and friends'.

In this report, responses have been grouped into four categories.

Very low burnout risk	Participants who gave a negative burnout response on 0–1 of the seven indicators
Low burnout risk	Participants who gave a negative burnout response on 2–3 of the seven indicators
Moderate burnout risk	Participants who gave a negative burnout response on 4–5 of the seven indicators
High burnout risk	Participants who gave a negative burnout response on 6–7 of the seven indicators

These categorisations are indicative only, acknowledging the subjective nature of burnout.

Symptoms of pressure

The high workloads reported by doctors are leading some to feel unable to cope

More than three-quarters (79%) of doctors reported they've been unable to cope with their workload at least occasionally in the past year. While this might be expected to some degree, over a quarter (28%) of doctors felt this way every week.

GPs in particular are struggling to cope with their workloads, with a sixth (17%) reporting feeling this way every day. This is more than twice the

proportion of specialists (7%), more than four times SAS and LE doctors (4%), and more than five times doctors in training (3%).

Many doctors feel burnt out and emotionally exhausted

Burnout is a state of emotional, mental and often physical exhaustion caused by prolonged or repeated work-related stress. Feeling depressed and lacking motivation are characteristics of burnout. Figure 4 shows the overall indications of burnout risk for each registration type.

Figure 4: Risk of burnout by registration type

Summary of number of burnout indicators to which a negative burnout answer given



n = 3,876 (all doctors), the 2019 barometer survey QD1/D2, information on categorisations of burnout can be found in box 1 on page 28.

A sixth (15%) of doctors overall fall into the category of a high risk of burnout.*

Over half (54%) of SAS and LE doctors can be categorised as very low risk of burnout, more than all other register types. In turn, these doctors also indicated a high risk of burnout the least, at 9%.

GPs indicated the highest risk of burnout compared with other register types, with a quarter (25%) of GPs indicating high burnout risk.

The burnout indicators most frequently experienced by all doctors were:

- feeling worn out at the end of the day – over three-fifths (63%) of doctors felt this way often or always
- finding work emotionally exhausting – nearly half (49%) felt this to a high or very high degree.

As these indicators are experienced by a high proportion of doctors, including satisfied doctors, it seems likely that these factors are accepted by many as part of the reality of life as a doctor.

GPs are particularly likely to find their work emotionally exhausting – two-thirds (65%) of GPs felt their work was emotionally exhausting to a high degree, compared with 49% of doctors overall. This is explored further in chapter 4, including in relation to the specific challenges faced by some GPs working in deprived communities.

Around a third (34%) of doctors found their work frustrating and over a quarter (29%) felt burnt out to a high or very high degree because of their work. A third (33%) of doctors felt exhausted at the thought of another day at work on a regular basis. This is particularly high among doctors in training – two-fifths (42%) always or often felt exhausted in the morning at the thought of another day at work.

A quarter (26%) of doctors found every working hour tiring often or always. And, similarly, a quarter (26%) of doctors said they never or seldom have enough energy for family and friends.

Dissatisfied doctors are more likely to have a high risk of burnout than their satisfied colleagues

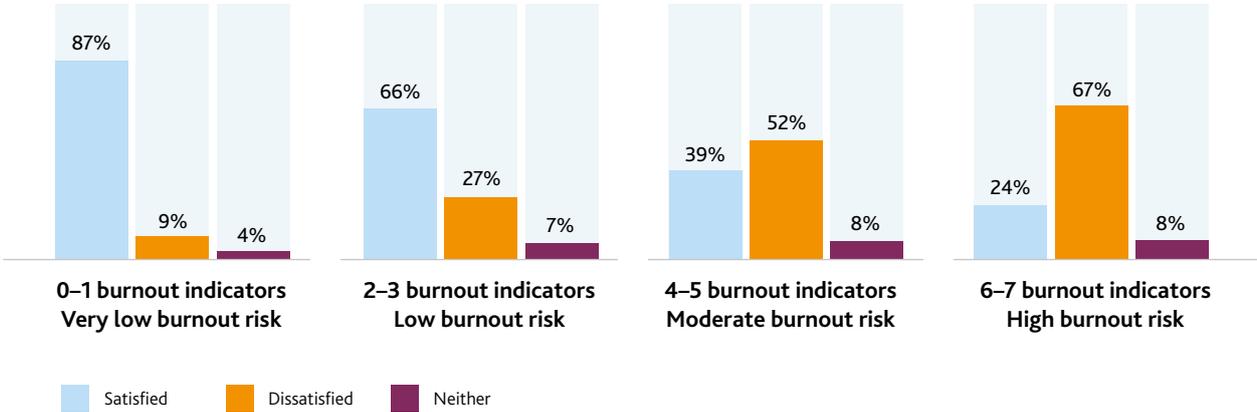
Risk of burnout is closely related to dissatisfaction. Two thirds (67%) of doctors in the highest risk of burnout group were also dissatisfied in their day-to-day work, compared with only one out of 10 (9%) of the doctors with very low burnout risk.

There's no individual measure of burnout that appears to be a particularly strong indicator of dissatisfaction, rather it's the compounding effect of multiple experiences that lead to dissatisfaction.

* Further information on categorisations of burnout can be found in box 1 on page 28.

Figure 5: Proportion of satisfied and dissatisfied doctors across the range of burnout measures

Summary of risk of burnout compared with doctors' reported level of satisfaction in their day-to-day work



n = 3,876 (all doctors), the 2019 barometer survey, QD1/D2 & QA1, information on categorisations of burnout can be found in box 1 on page 28.

In the *What it means to be a doctor* survey,⁹ 95% of doctors said their mental health and wellbeing was important to them, with over half (57%) saying it was extremely important. This suggests

that significant proportions of doctors would take action to reduce the pressures of their work if their personal wellbeing were at risk.

Box 2:
NTS data on burnout and facilities for rest and study

In the 2019 national training surveys, over 50,000 doctors chose to answer seven voluntary questions based on the Copenhagen Burnout Inventory.¹¹ The findings were almost identical to the 2018 results when we first added the questions to the survey.

- Over a fifth of doctors in training and trainers reported feeling burnt out to a high or very high degree.*

- Two-fifths of doctors in training and trainers found their work emotionally exhausting to a high or very high degree.
- Over half of doctors in training and trainers told us they always or often felt worn out at the end of the working day.

In 2019, following discussions with representatives of doctors in training, education bodies and our survey advisory

* This is in response to a specific question asking participants 'Do you feel burnt out because of your work?', rather than by grouping burnout indicators.

group, we asked doctors in training and trainers new questions on resources and facilities for rest and study. The responses to these new questions highlighted several issues and different experiences:

- One out of 10 doctors in training told us there was no common room or mess available to them in their post.
- Two out of 10 doctors in training described their common room or mess facilities as poor or very poor.
- A third of trainers (excluding GP trainers) told us a mess or common room wasn't available to them. 12.9% had access to these facilities but rated them as poor or very poor. This means around half of non-GP trainers only have access to a poor common room/mess or no access at all.

The results also identified that many doctors were concerned about the out-of-hours resources and facilities available to them:

- A quarter of doctors in training and a fifth of non-GP trainers disagreed that there was a mechanism for them to travel safely to and from work when working out-of-hours or after long shifts.
- A quarter of doctors in training and around a third of non-GP trainers told us that free of charge rest facilities were not available

to them when they were working on call, out of hours.

- Around one out of 10 doctors in training and non-GP trainers also told us that, while rest facilities were available, they had to pay to use them.

One important factor in recognising, managing and responding to health and wellbeing issues is being confident about who to talk to in your professional environment. In 2019, for the first time, we asked a question to that effect. It is encouraging that around two-thirds of doctors in training and four out of five trainers know who to contact in their trust/board (or equivalent) to discuss matters relating to occupational health and wellbeing. However, a third of doctors in training – over 18,000 doctors – either didn't know or weren't sure they knew who they should talk to.

We know that employers in all four countries of the UK are already looking at these issues. We'll continue to work with them to help address the causes of poor wellbeing for doctors across all career stages. And we hope that data from these new questions will help us further our work in this area, and bring about improvements to doctors' training and working environments.

Consequences of pressure

Doctors understand that their roles come with considerable responsibility, potentially antisocial working hours, and moments of high emotional stress.^{8,9} Given the risk of burnout and not coping with workload already reported in this chapter, there is a notable impact on doctors' wellbeing. This is affecting how doctors are practising and the quality of care they're able to offer to patients.

This chapter explores the impacts of pressure on doctors' wellbeing and their careers. Chapter 5 explores how patients are affected.

We are temporarily losing doctors from the workforce when they have to take time out due to stress

More than one out of 10 (12%) doctors said they've had to take a leave of absence due to stress in the past year. Of these doctors, 10% have taken such a leave of absence occasionally and the remaining 2% have taken one once a month or more frequently.

Satisfied doctors are much less likely to have taken a leave of absence than their dissatisfied colleagues – less than one out of 10 (9%), compared with almost a fifth (19%).

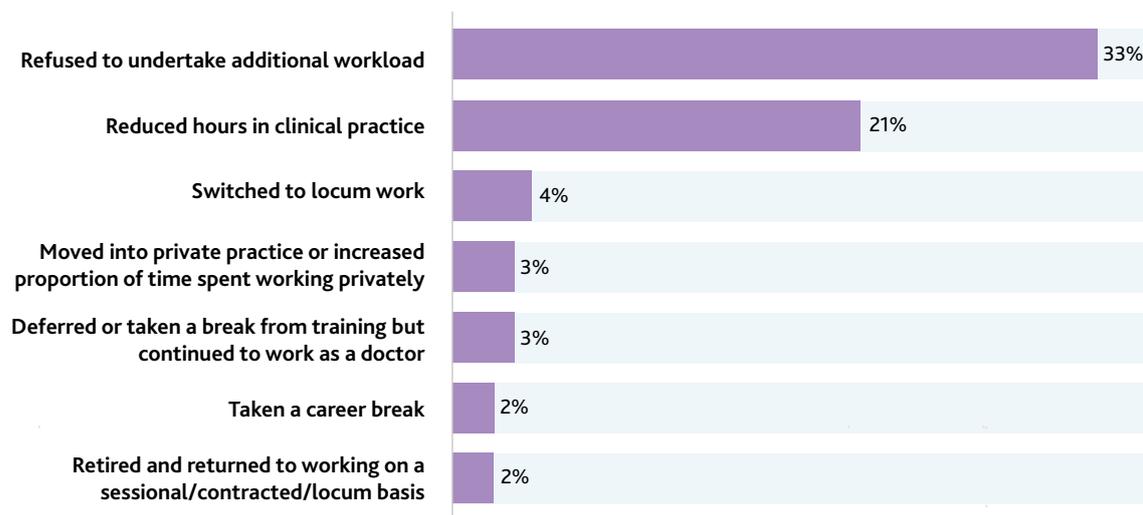
The higher the risk of burnout indicated, the greater the proportion of doctors who have had to take a leave of absence due to stress in the past year. For doctors with very low risk of burnout, 6% have had to take a leave of absence in the past year. This figure rose to 23% for doctors with high risk of burnout.

Doctors have refused to take on additional workload to cope with pressure

Half of doctors (52%) reported taking some action to adjust their work as a result of workload and capacity pressure. Most commonly, doctors have refused to carry out additional work – a third of doctors (33%) said they have done so. 43% of specialists said they have refused to carry out additional work, the highest proportion of the different registration types.

Figure 6: Adjustments doctors report making to working patterns as a result of workload pressures

In the last year, have you done any of the following to adjust your work as a result of pressure on workload and capacity?



n = 3,876 (all doctors), the 2019 barometer survey QC2, values do not add up to 100% as it was possible to select multiple responses and not all response options are included.

Reduced hours

In the short-term, supply of doctors could be affected as a fifth of doctors (21%) have reduced their hours in clinical practice in the past year (figure 6). At 36%, the proportion of GPs who said they have reduced their clinical hours in the past year was markedly higher than other registration types.

Reducing hours in clinical practice could mean a number of different things for individual doctors. For some, it could mean reducing hours spent in patient care to take on an additional leadership or management role – more information on doctors' experiences of these roles can be found in chapter 6 – and for others it could mean an overall reduction in working hours.

Reducing hours to less than full-time working can be beneficial for doctors

The barometer survey indicated wellbeing benefits for doctors working less than full-time, compared with those who work full-time.

- Specialists working less than full-time were more likely to be satisfied in their day-to-day work than those working full-time.
- SAS and LE doctors working less than full-time were less likely to be experiencing moderate to high burnout risk than their full-time colleagues.
- Doctors in training working less than full-time were less likely to feel they were unable to cope with their workload on a weekly basis, compared with their full-time colleagues.

For many doctors, working less than full-time is a positive choice that signals other life commitments and/or a desire for good work-life balance. It’s important that the system can accommodate those who wish to work in this way, while maintaining a supply of doctors that is able to match patient demand.

Many doctors find it difficult to participate in a range of professional activities, which help both to maintain their skills and to contribute to the system as a whole

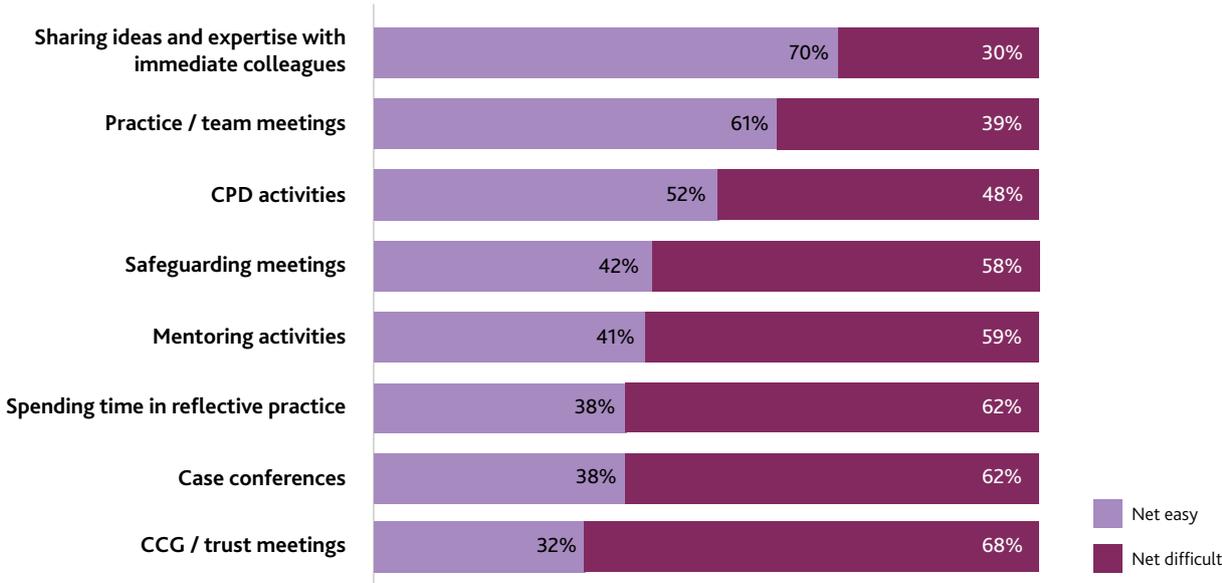
Some doctors respond to system pressures by prioritising immediate patient care over a range

of professional activities,⁸ such as continuing professional development, attending meetings at a range of levels, and mentoring other doctors. All of these activities help to maintain doctors’ own skills and the skills of others, as well as contributing to the health system as a whole.

In 2019, the barometer survey included questions about doctors’ ability to participate in a range of such professional activities over the past year. Figure 7 shows the proportions of doctors overall who found it easy or difficult to take part in these activities.

Figure 7: Proportions of doctors who found it easy or difficult to participate in non-patient facing professional activities

Over the past year, how easy or difficult has it been to participate in each of the following activities to the level needed to undertake your role effectively?



n = 2,989 – 3,856 (varied by activity – all doctors who reported that activities were relevant to them), the 2019 barometer survey Qc8, values do not add up to 100% as not all response options included.

Almost half of doctors find it hard to participate in continuing professional development

Continuing professional development (CPD) is any formal or informal learning outside of undergraduate education or postgraduate training that helps doctors maintain and improve their performance. It includes knowledge, skills, attitudes and behaviour. As well as being part of a doctor's duty to keep up to date, it's also important for a doctor's wellbeing and the quality of patient care.

We set the standards for CPD, although we do not stipulate how many hours a doctor should spend on it. Employers are expected to enable doctors to complete CPD in work time.

While half of doctors (52%) said they've found it easy to participate in CPD activities, almost as many (48%) said it was fairly or very difficult to do so.

Doctors who are burnt out or struggling to cope with workloads are more likely to find it difficult to participate in professional activities

Almost three-quarters (73%) of doctors with a high risk of burnout found it difficult to undertake CPD activities. This is compared with only a third (32%) of those with a very low risk of burnout.

Almost three-fifths (80%) of doctors who felt unable to cope with their workloads at least once a week have found it difficult to find the time to participate in trust or clinical commissioning group meetings. This fell to only two-fifths (63%) for those who struggled to cope with workload less than once a week.

Doctors' intentions as a result of pressure

Sustained pressures, risks to wellbeing, and the frustration of compromised patient care may be causing some doctors to want to reduce the time they spend in direct patient care. Doctors may move away from this highly pressurised environment to practise elsewhere in the world or consider leaving the medical profession entirely.

Most doctors are considering making a career change in the next year

We recently published *The workforce report*³ highlighting that seven out of 10 doctors (71%) said in the barometer survey that they were likely to make a career change in the next year.

In response to being asked how likely they were to make a range of career changes within the next year, around half (52%) of doctors said they were likely to make a change that would see them spending less time in clinical practice.

This was most common among GPs (66%) and specialists (59%). Only around two-fifths of SAS and LE (37%) doctors and doctors in training (39%) were considering reducing their hours in clinical practice.

Almost a fifth (19%) of doctors said they were considering leaving the UK medical profession entirely. Excluding those of retirement age who said they were considering retiring, 17% of doctors under retirement age were considering making a career change that would take them permanently out of the UK's medical workforce.

Almost two-fifths of doctors said they were most likely to make a career change that would see them spending less time in clinical practice or leaving the UK profession permanently

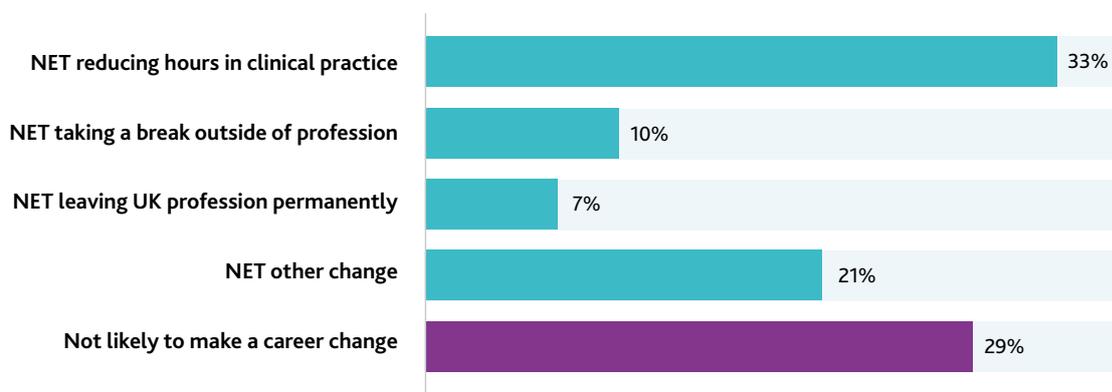
Figure 8 shows the career changes doctors were most likely to make.

A third (33%) of doctors said they were most likely to make a career change that would see them reduce their hours in clinical practice. This was most common among GPs – over two-fifths (45%) gave this as their most likely career change.

Alongside GPs, specialists were more likely than other register types to be considering reducing their hours in clinical practice, with two-fifths (40%) saying this was the change they were most likely to make within the next year. Unlike GPs, this does not appear to be linked to dissatisfaction or burnout; instead it's more likely related to concerns about pensions. Specialists were much more likely to mention pensions in a negative light in their open survey responses – a fifth (21%), compared with less than one out of 10 (8%) of doctors overall.

Figure 8: Career changes that doctors said they were most likely to make within the next year

Please select which career change you are most likely to make



n = 3,876 (all doctors), the 2019 barometer survey QB1a, information on the net values can be found in the data note on page 130.

A small proportion (7%) of doctors said they were most likely to leave the UK profession entirely. This includes those who reported that they were most likely to leave the profession permanently, to move to practise abroad on a permanent basis, or to retire. This overall 7% can be split into two groups:

- those considering leaving and approaching normal retirement age
- those who are under the standard retirement age but are considering leaving the UK profession permanently.

While the first of these groups may be considered standard retirees, just over one out of 20 (6%) doctors were under retirement age and considering leaving the UK profession permanently. This is linked to dissatisfaction: the proportion considering leaving permanently and before retirement age rises to one out of 10 among those doctors who were dissatisfied and who reported a high risk of burnout.

Doctors aged between 50 and 59 years were more likely to be in this second group of potential leavers (9%). This possibly reflects the early retirement option that is open to this group.

When doctors who said they were planning early retirement are considered as a group, there are indicators that their plans are associated with dissatisfaction, capacity pressures and other systemic issues. Doctors considering retiring

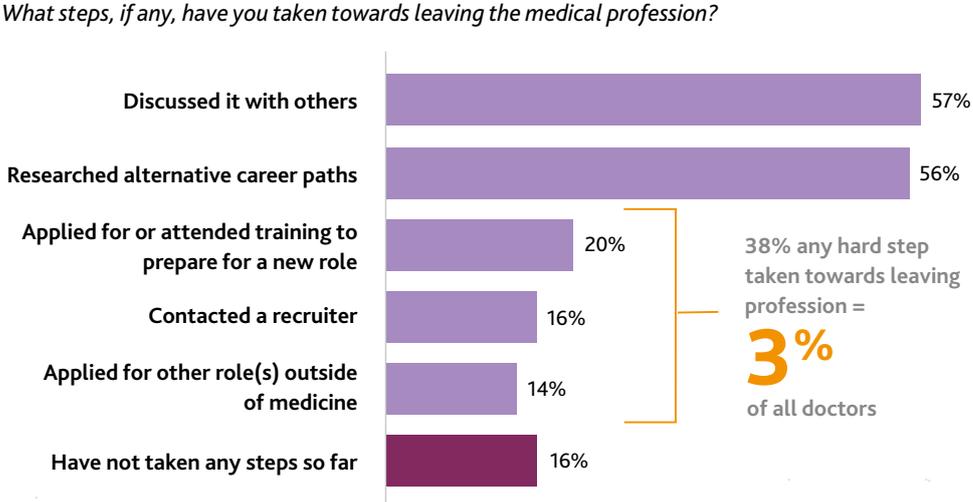
early are less likely than average to be satisfied and more likely to be GPs. They're also more likely than other register types to be working on a less than full-time basis, which suggests they have already taken partial steps towards retirement, and/or such steps have failed to alleviate the issues causing their dissatisfaction.

Doctors have taken a range of soft and hard steps towards leaving the profession, and those who have taken hard steps are most likely to be dissatisfied and/or burnt out

Doctors who reported that they were likely to leave the medical profession were asked what steps they have already taken (figure 9). It was common for those leaving for reasons other than retirement to have taken initial steps, such as discussing their thoughts with others or doing research.

However, a small proportion – 3% of the profession overall, but two-fifths of those who said they were most likely to leave for a reason other than retirement – said they have taken hard steps towards leaving the profession, such as contacting a recruiter or applying for a role outside medicine.

Figure 9: Proportions of doctors taking steps towards leaving the medical profession

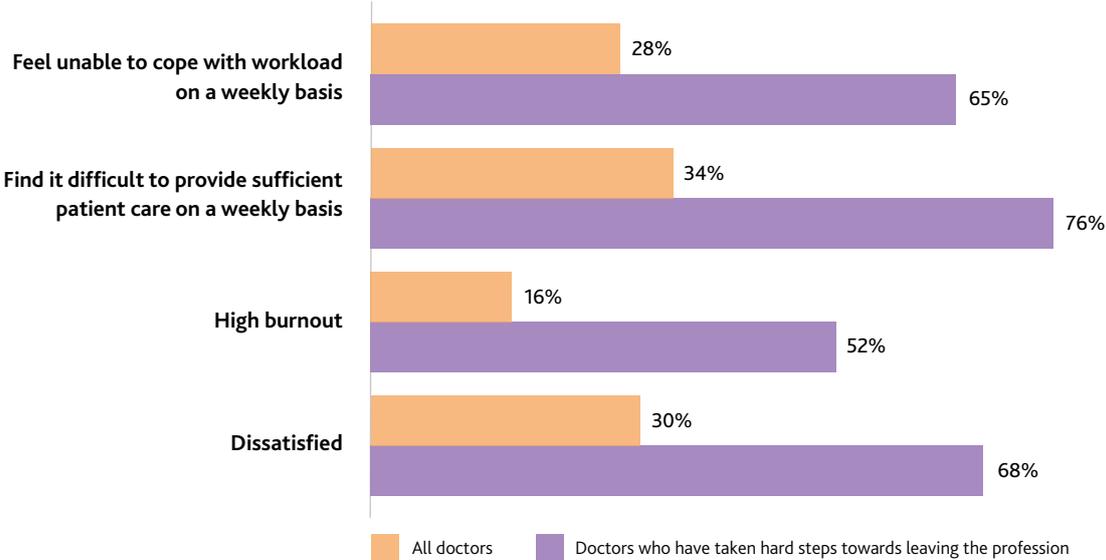


n = 313 (those fairly or very likely to leave the medical profession, excluding retirees), the 2019 barometer survey QB3, values do not add up to 100% as it was possible to select multiple responses.

Taking hard steps towards leaving the profession is strongly associated with dissatisfaction and burnout, as well as finding it difficult to provide a

sufficient level of patient care and being unable to cope with workload on a weekly basis (figure 10).

Figure 10: Characteristics of doctors who have taken hard steps towards leaving the profession compared with doctors overall



n = 119 (those fairly or very likely to leave the medical profession, and who say they have taken hard steps towards leaving), the 2019 barometer survey QB3, information on categorisations of burnout can be found in box 1 on page 28.

Doctors gave a wide range of reasons for their planned career changes

Doctors who said they were likely to make a career change were asked about their reasons for doing so.

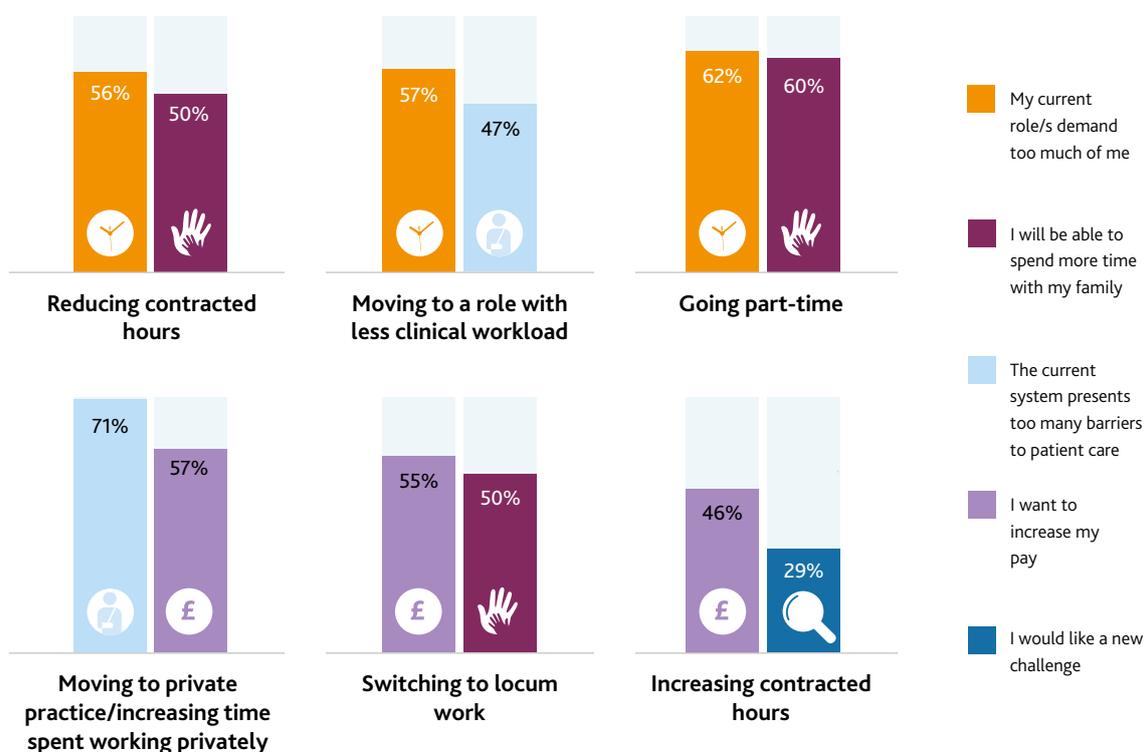
- Three-fifths (62%) of these doctors mentioned the excessive demands of their current role; or the current system was presenting too many barriers to patient care.
- Over half (54%) mentioned their desire to have more leisure time or time with their family.

- Two out of five (40%) mentioned both leisure/family time and demands/barriers.

Excessive demands of their current role emerged as a common reason for a range of potential career changes, including as the most prominent reason among doctors planning to reduce their contracted hours (56%), to move to a role with less clinical workload (57%), and to go part-time (62%).

Figure 11 shows the top two reasons given by doctors for making their most likely career change, across a range of different career changes.

Figure 11: Top two reasons selected by doctors for making their most likely career change



n = 124 – 925 (varied depending on number that selected each career change as the most likely), the 2019 barometer survey QB2, values do not add up to 100% as multiple option combinations presented.

Pressure and its implications

Workloads remain high for most doctors, with working extra hours an established part of medical practice for many.

Analysis of the relationship between working hours and ability to cope identified four distinct groups of doctors. Regularly working beyond rostered hours is defined as working beyond rostered hours weekly or more. Regularly coping with workload refers to those unable to cope with their workload less than weekly (figure 12).

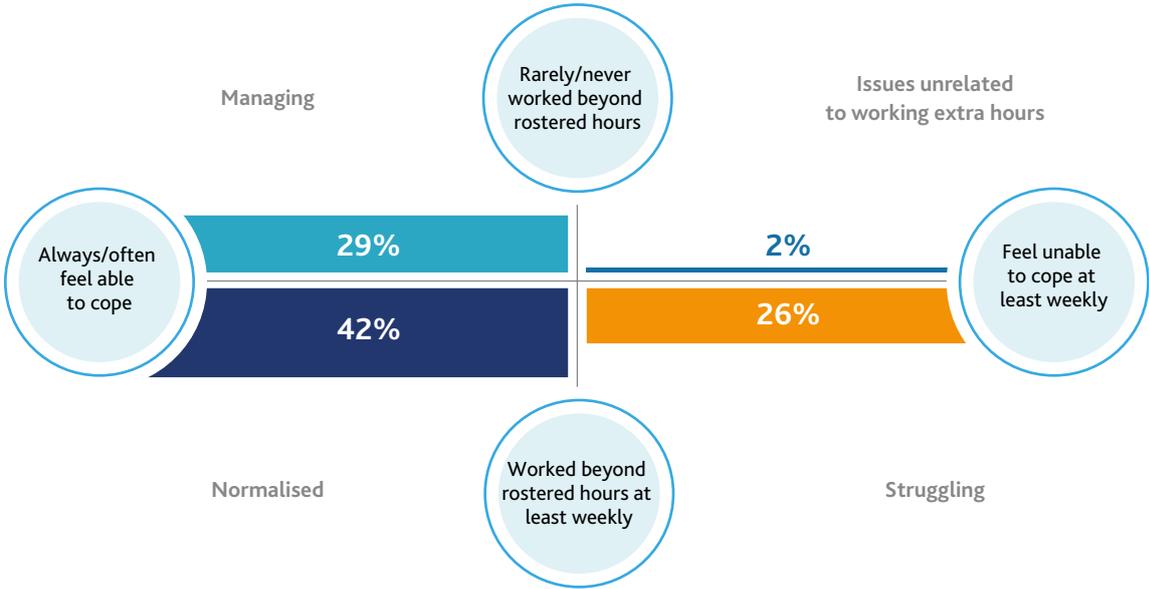
- **Managing** – not regularly working beyond rostered hours and coping with workload. Three out of 10 of the overall population of doctors fall into this category.
- **Normalised** – regularly working beyond rostered hours and coping with workload less often than this. This is the largest group,

with two out of five doctors falling into this category. This suggests that working beyond rostered hours is a normal part of a doctor’s life that many can cope with.

- **Issues unrelated to working extra hours** – not regularly working beyond rostered hours but not coping with workload. Only a very small minority of doctors fall into this group. It seems likely there are other factors outside of workload causing these doctors to feel unable to cope.
- **Struggling** – regularly working beyond rostered hours and not coping with workload. A quarter of doctors fit into this group, showing that a sizeable proportion of the profession have ongoing issues with high workload.

Figure 12: Quadrant analysis of doctors working beyond rostered hours on a weekly basis and doctors feeling unable to cope on a weekly basis

How frequently, if at all, over the year have you experienced the following?
Worked beyond rostered hours/felt unable to cope with workload



n = 3,876 (all doctors), the 2019 barometer survey QC1.

Protective factors for doctors' wellbeing

While persistent pressures pose risks both to doctors' wellbeing and to patient care, there are important protective factors that can mitigate them. *Caring for doctors Caring for patients*⁵ highlighted the importance of good workplace culture, shaped by compassionate leadership, for the wellbeing of doctors' and for patient safety.* Good team working, effective communication, and an appropriate level of support are fundamental to creating these cultures, in which all healthcare staff are satisfied in their work and are productive.

Workplace culture – team working

The *What it means to be a doctor*⁹ research showed that doctors value spending time sharing skills and expertise with colleagues (figure 13). This develops personal and team skills, as well as creating an open sharing culture. Liking and respecting colleagues and team members is an important element of day-to-day satisfaction.⁹ In response to the 2019 barometer survey, over two-thirds (70%) of doctors said they found it easy to share expertise and ideas with immediate colleagues.

Over half of doctors (58%) said it was easy to take part in practice or team meetings.

When looking at the professional activities that doctors felt they couldn't find the time to participate in, sharing ideas and expertise with immediate colleagues appeared to be less affected by wellbeing issues. Over half (54%) of doctors who felt unable to cope at least once a week still found it easy to share expertise and ideas with immediate colleagues.

Having support from colleagues is associated with a lower risk of burnout. Doctors who reported liking and respecting their colleagues as a reason for feeling satisfied were slightly less likely to indicate burnout. Almost a quarter (23%) of satisfied doctors with very low burnout risk said that liking and respecting their colleagues was a reason for job satisfaction, compared with a fifth (19%) of doctors overall.

A doctor's immediate colleagues have an influence on levels of burnout. And positive relationships can act as protection, for example by easing the pressure experienced by individuals and/or making them feel more able to cope with this pressure.

Workplace culture – support systems

Findings from our national training surveys also suggest that, where working environments are supportive, doctors in training and trainers are most positive about their experiences. This is discussed in detail in chapter 3.

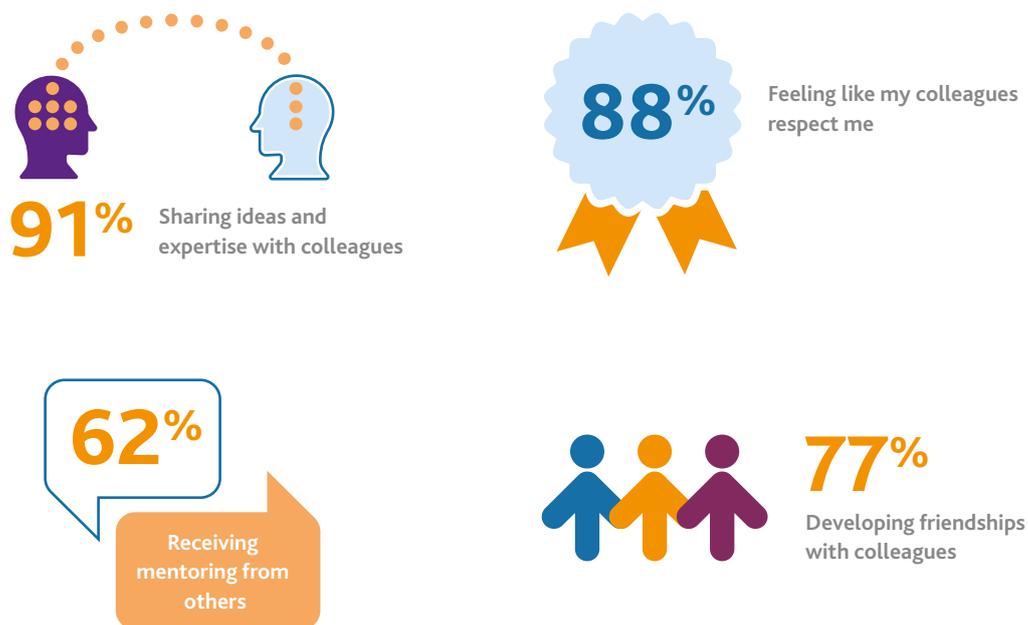
There are certain points in doctors' careers where they feel the least supported. Beginning a new rotation during training, starting a role in the NHS as a doctor trained outside of the UK, or moving to a consultant role for the first time are all transition points at which some doctors lack the necessary support. Making sure that quality induction is available to all doctors is a key priority for the health service.

We have recently published a guide for doctors returning to UK practice after time away as we know this is one of the stages of their career at

* Professor Michael West and Dame Denise Coia co-chaired this review until May 2019, when Dame Denise Coia stepped down from her role prior to the production of the report because of health problems. Professor West led on the review until its conclusion, but Dame Denise Coia's views up to that point are fully represented in the report.

Figure 13: Proportion of doctors who reported that elements of team working were related to their job satisfaction

How do each of the following activities relate to how much satisfaction you feel in your role when working with colleagues?



n = 2,249 (all practising doctors), what it means to be a doctor survey Q14, net values used, information on net values can be found in the data note on page 130.

which some doctors feel they would benefit from additional support (chapter 7).

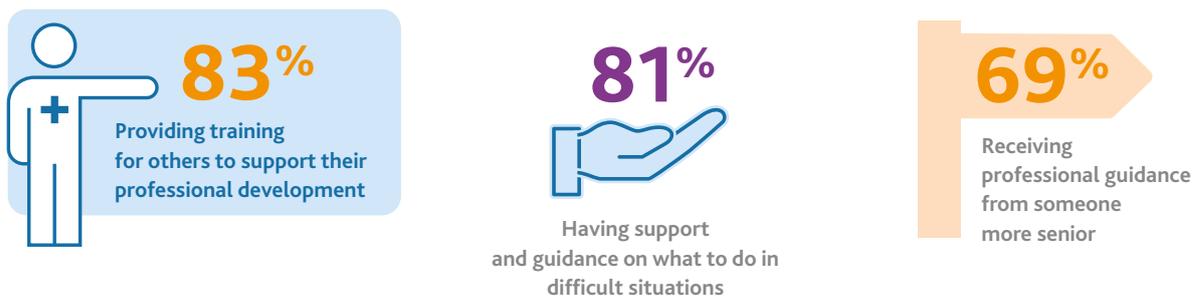
The *What it means to be a doctor*⁹ research found that the most optimistic and satisfied doctors highly valued having access to additional support systems inside and outside work. Half of doctors overall (54%) reported that having additional support systems available through employers was important to them. And a large majority (90%) of doctors said that having good support outside of work was important to them.

It's important that workplaces foster a culture that allows doctors to maintain a good work-life balance. For nearly nine out of 10 (87%) doctors maintaining a clear boundary between home and work life was important to their satisfaction.

Maximising flexibility in training programmes and practice arrangements could help to manage the workloads of doctors at all stages of their careers, help create the necessary capacity for doctors to engage with important professional activities, and support work-life balance (chapter 7).

Figure 14: Proportion of doctors who reported that elements of leadership were related to their job satisfaction

How do each of the following activities relate to how much satisfaction you feel in your role when working with colleagues?



n = 2,249 (all practising doctors) what it means to be a doctor survey Q14, net values used, information on net values can be found in the data note on page 130.

Leadership – supportive management and shaping positive cultures through effective leadership

Leadership shapes culture at every level of healthcare and it's important that all doctors feel enabled to be both effective leaders and empowered followers.

The *What it means to be a doctor*⁹ research found that elements of both informal and formal leadership are important to doctors' satisfaction in their roles (figure 14).

Doctors value both taking on leadership responsibilities (providing training) and being recipients of effective leadership (receiving support and guidance).

The barometer survey found that doctors who have a lower risk of burnout were more likely to say they've never felt unsupported by senior medical staff (49%) than their colleagues with a high risk of burnout (25%).

Doctors with a high risk of burnout were much more likely to say that they felt unsupported by senior medical staff every day (13%) than their colleagues with a very low risk of burnout (1%). This shows the disabling impact unresponsive leadership can have, and the potential enabling impact of more supportive leadership.

Effective leadership is especially important in a profession like medicine, where doctors regularly face difficult situations. Leaders must create open and inclusive workplace cultures, where all doctors feel confident to ask for guidance and learn from their mistakes. The importance of such cultures and the role that leaders can play in shaping them are explored further in chapter 6.

In 2020, we are committed to working with partners in the UK health systems to promote and enhance compassionate and inclusive clinical leadership (chapter 7).