



IRISH MEDICAL  
ORGANISATION  
Ceardchumann Dochtúirí na hÉireann

## **Report of the IMO Survey of Doctor Mental Health and Well-Being**

March 2021

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## **Report of the IMO Survey of Doctor Mental Health and Well-Being Executive Summary**

The IMO Survey of Doctor Mental Health and Well-being was open to IMO members from the 21<sup>st</sup> of December 2020 to the 18<sup>th</sup> January 2021, at the beginning of the third wave of the COVID-19 pandemic in Ireland. The results of this survey reveal worryingly high levels of stress and burnout among our doctors:

### **Key Findings**

- 90% of doctors reported having experienced some form of depression, anxiety, stress, emotional stress or other mental health condition related to or made worse by work;
- 79% of doctors reported that their mental health was made worse by the current COVID-19 pandemic;
- 7 out of 10 doctors are at high risk of burnout – NCHDs and Public Health Doctors are at the highest risk;
- 57% of doctors reported not being able to take their scheduled breaks to eat/drink during the working day;
- 36% of doctors reported not being able to take time off since the pandemic started;
- The main concerns arising for all doctors are:
  - Pre-existing staffing shortages, made worse by covid illness and requirements to self-isolate;
  - the growing backlog of waiting patients;
  - and the impact on personal health and well-being .
- 66% of doctors reported difficulty securing childcare during the pandemic;
- The majority of respondents believe there is a perceived stigma around mental health issues and few doctors seek help from support services but instead confide in family or friends or attempt to deal with issues alone;
- 64% of doctors do not feel adequately supported by the HSE;
- Over 80% of doctors still have a strong desire to practice medicine, however 39% of doctors stated that their career was not as expected or they were not fully satisfied with their career choice

While absenteeism, redeployment and new ways of working during the pandemic have no doubt compounded issues of stress and burnout in the workforce it is clear that long standing issues in relation to staff shortages, long working hours and excessive workload, difficulties getting locum cover, are the major factors contributing to poor mental health and well-being among the medical workforce.

If a survey of employees in a private corporation revealed such high levels of stress and burnout, questions would be asked and remedial action would be taken.

We urgently need to address the underlying manpower shortages and working conditions within the Irish Healthcare System which has put enormous pressure on our doctors. We also need to address stigma, encourage help seeking and foster self-care and good mental health among the Medical Profession.

## **IMO Recommendations**

### **Ensure adequate staffing levels:**

- **Address the underlying issues of chronic staff shortages and workload pressures that impact the wellbeing of doctors.**
- **Resilience Rosters are required to cover close contact exclusion and sick absent healthcare workers.**

### **Create a better working environment:**

- **Clear policies and procedures must be in place to ensure all healthcare professionals feel able to take breaks and to take time off when ill. Encouraging breaks and providing spaces to rest can help increase efficiency and productivity while also helping to avoid burnout.**
- **Reducing paperwork and the administrative workload can also help to reduce burnout and improve work-life balance. This can be achieved with on-going investment and development of eHealth including investment in electronic health records in acute hospital and community settings and the roll-out of eHealth initiatives as per the 2019 GP agreement.**
- **All healthcare workers should have access to appropriately resourced, Consultant led occupational health services including mental health supports;**

### **Address stigma and encourage the use of support services:**

- **Raise awareness of mental health issues and burnout among the medical profession to address the high levels of stigma and to encourage help-seeking and the use of support services.**
- **Encourage all doctors to have their own GP.**

### **Promote Self-care and Peer Support:**

- **Promoting selfcare to value and maintain one's mental health can cultivate well-being and resilience among doctors.**
- **Encourage peer support – communication among peers and recognising deteriorating mental health among colleagues and offering support. Also understanding the difficulties that colleagues may be facing.**

# Report of the IMO Survey of Doctor Mental Health and Well-Being

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## Introduction

The impact of COVID -19 on mental health is widely discussed and debated, however, there has been little discussion on the impact of the pandemic on mental health of health care workers and in particular of doctors.

This report provides a summary of the main findings from a survey carried out by the Irish Medical Organisation assessing the current mental health and well-being of doctors in Ireland. The survey was open to IMO members from the 21<sup>st</sup> of December 2020 to the 18<sup>th</sup> January 2021, at the beginning of the third wave of the COVID-19 pandemic.

The questions were designed to measure the current levels of stress, burnout and work-life balance among Irish Doctors and determine the driving factors influencing their wellbeing. In addition to the importance of good health and wellbeing to the individuals concerned, the wellbeing of healthcare staff is known to have a significant impact on quality of care and patient safety<sup>1</sup>. This survey also evaluates the impact of the current COVID-19 pandemic on doctor wellbeing and the issues of most concern to doctors during the pandemic.

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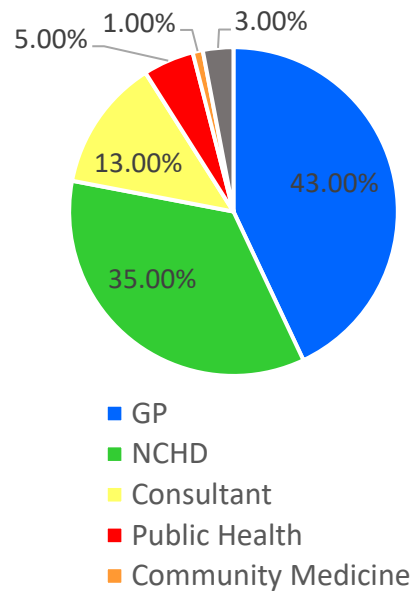
<sup>1</sup> Hall L H, Johnson J, Watt I, Tsipa A, O'Connor D B.- Healthcare Staff Wellbeing, Burnout and Patient Safety: A Systematic Review (2016) PLoS ONE 11(7): e0159015. doi:10.1371/journal.pone.0159015

## Response Rate and Demographics

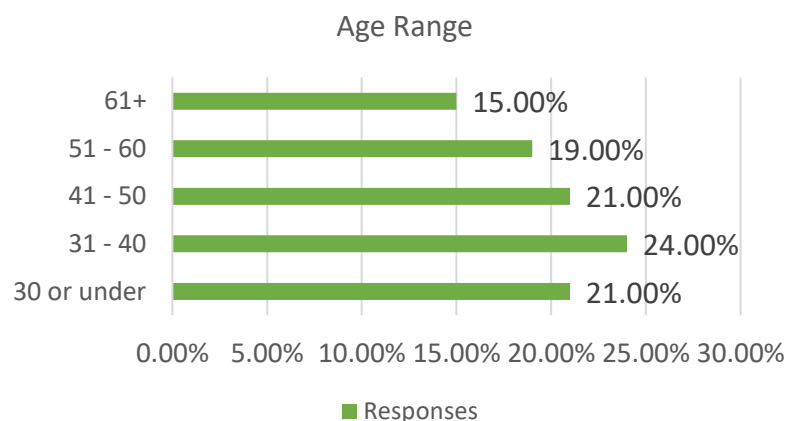
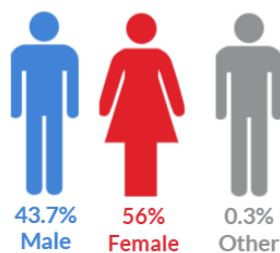
There were a total of 1,082 responses to the survey. 432 Doctors responded between the 21<sup>st</sup> – 31<sup>st</sup> of December and 650 Doctors responded after the 1<sup>st</sup> of January 2021. The largest response was from General Practitioners, 43% (n=461).

**1,082**  
IMO members  
responded to the  
survey.

Current Role	Responses
General Practice	461
NCHD	381
Consultant	140
Public Health	55
Community Medicine	12
Other	33



Of the 1,082 responses, 56% were female and 44% were male. The responses were evenly spread among all age ranges and most of respondents worked in a full-time capacity (87%).

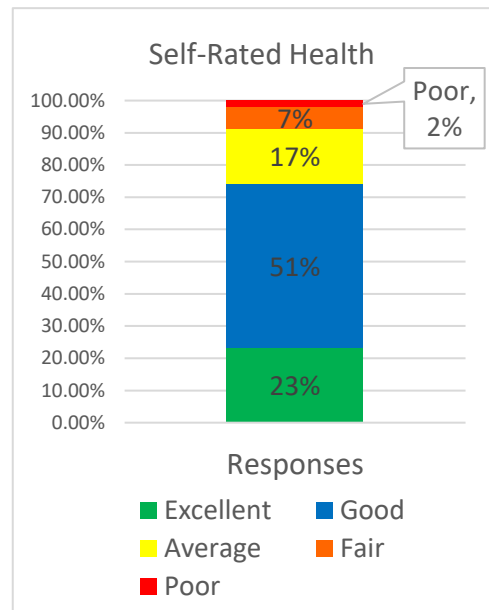


## Personal Wellbeing

### Overall Health

When asked about their overall health, most Doctors self-reported good overall health (74%), with just over a quarter reporting fair or poor health (26%).

24% of Doctors reported having a chronic medical condition, not related to mental health.



### Mental Wellbeing

While overall self-reported health was positive. Self-reported mental well-being, on the other hand, is of significant concern. Worryingly, 90% of doctors report having experienced some form of mental health condition related to or made worse by work while 79% report that their mental health has been made worse by the current COVID-19 pandemic.

**90%** of Doctors reported having experienced some form of depression, anxiety, stress, emotional stress or other mental health condition related to or made worse by work.

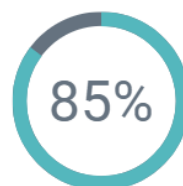
**79%** of Doctors reported having experienced some form of depression, anxiety, stress, emotional stress or other mental health condition related to or made worse by the current COVID-19 pandemic.

### Work-life balance

Three in five doctors were dissatisfied with their work-life balance. NCHDs and Public Health reported the highest levels of dissatisfaction, reporting 70% and 81%, respectively.



**3 in 5** Doctors are not satisfied with their work-life balance



85% of Doctors believe the pandemic has had a negative impact on their work-life balance.

85% of all doctors who responded believe that Covid 19 has had a significant impact on their work-life balance.

## Presenteeism

Presenteeism is defined as working despite being physically sick, mentally ill, injured or exhausted.

Over 80% of Doctors reported previously experiencing presenteeism. This was particularly high in NCHDs (88%).



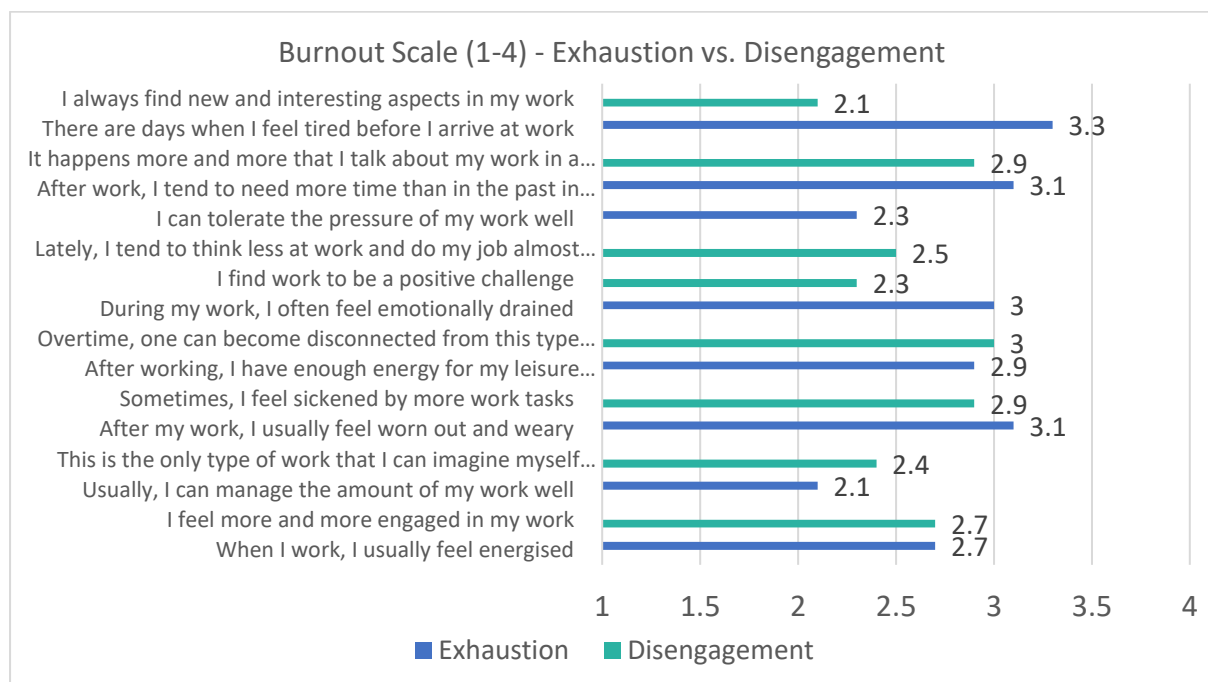
of Doctors report previously working despite being physically sick, mentally ill, injured or exhausted

## Burnout

Burnout is a psychological condition that emerges from a prolonged response to chronic stressors in the workplace. Burnout is characterised by overwhelming exhaustion and depersonalisation, and often results in reduced productivity or capability, low morale and inability to cope<sup>2</sup>.

Burnout was determined in this survey using the Oldenburg Burnout Inventory (OBI). The OBI measures risk of burnout using 16 statements that assess the two core dimensions of burnout, disengagement and exhaustion from work. Respondents are asked to indicate the extent of their agreement to each statement, which is scored on scale of 1-4, with 1 indicating a low level of burnout and 4 indicating a high level of burnout.

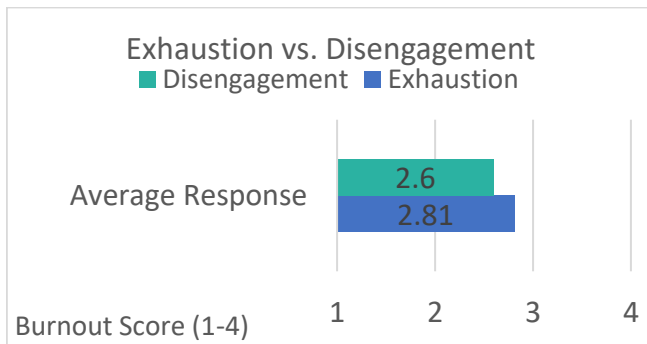
The highest scoring statement was 'There are days when I feel tired before I arrive at work' - (3.3) followed by 'After work, I tend to need more time than in the past in order to relax and feel better' - (3.1) and 'After my work I usually feel worn out and weary' - (3.1).



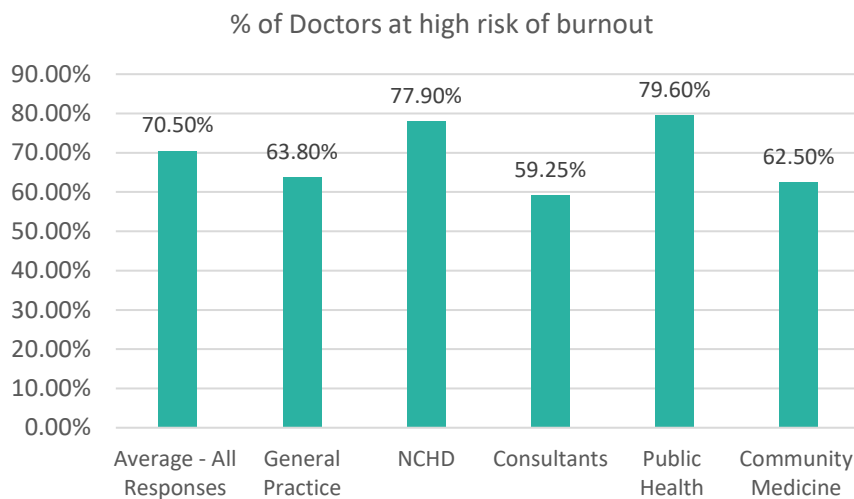
Oldenburg Burnout Inventory

<sup>2</sup> C. Maslach and M. Leiter (2016) "Understanding the burnout experience: recent research and its implications for psychiatry", *World Psychiatry*. 2016 Jun; 15(2): 103–111. doi: [10.1002/wps.20311](https://doi.org/10.1002/wps.20311)

The average score for burnout of all doctors who responded is 2.7 – (2.81 Exhaustion and 2.6 Disengagement). Using a cut-off point of 2.5,<sup>3</sup> this would indicate that 70.5% of all doctors who responded, are at a high risk of burnout.



The breakdown of responses revealed that NCHDs and Public Health Doctors are at highest risk of burnout, at 77.9% 79.6% respectively. This was followed by General Practice (63%), Community Health Doctors (62.5%) and Consultants (59.25%).



Such high indicators of burnout among the medical profession are of considerable concern and show a marked increase when compared with previous surveys. Although the methodology used to measure burnout differs, the RCPI survey of Well-Being in Hospital Doctors<sup>4</sup> in 2014 found that 38% of NCHDs and 24.4% of consultants met the criterion for burnout.

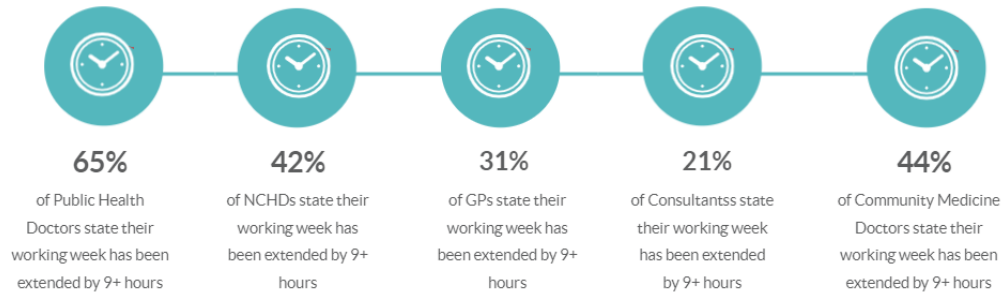
<sup>3</sup> While a number of studies use a cut-off point of 2.18 to indicate risk of burnout, it has been argued that this figure is too low and that 2.5 is a better indicator. See Chernoff P, Adedokun C, O’Sullivan I, McManus J & Payne A (2018) - Burnout in the Emergency Department hospital staff at Cork University Hospital, Irish Journal of Medical Science (1971 -) (2019) 188:667–674 <https://doi.org/10.1007/s11845-018-1871-5>

<sup>4</sup> Hayes B, Walsh G, Prihodova L. National Study of Wellbeing of Hospital Doctors in Ireland, RCPI 2017 <https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2017/05/Wellbeing-Report-web.pdf>



## Workload

Excessive workload is a significant contributor to burnout. Since the onset of the pandemic, doctors reported a significant increase in workload with 65% of Public Health Doctors and 42% of NCHDs stating that their working week had been extended by 9 hours or more. 57% of doctors reported that not being able to take scheduled breaks during the work day and 36% reported

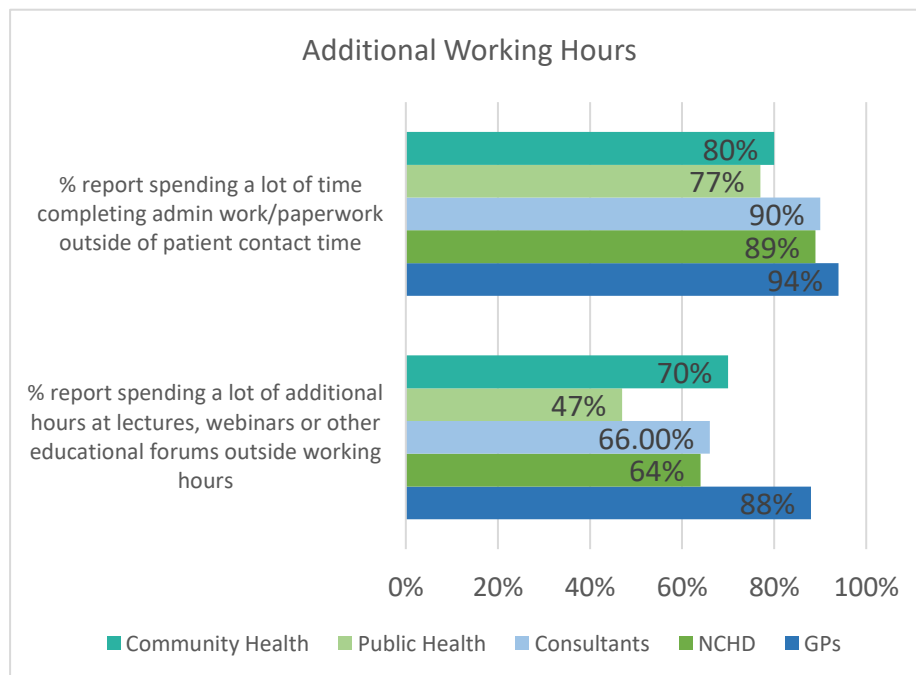


**57%** reported not being able to take their scheduled breaks to eat/drink during the working day



**36%** reported not being able to take time off since the pandemic started

In addition, all doctors report spending a lot of additional hours completing admin/paperwork highlighting the need to invest in better IT systems in order to allow for more patient contact time. Doctors also report spending more times attending webinars or other educational forums in their free time in order to stay up to date with the latest COVID 19 developments.

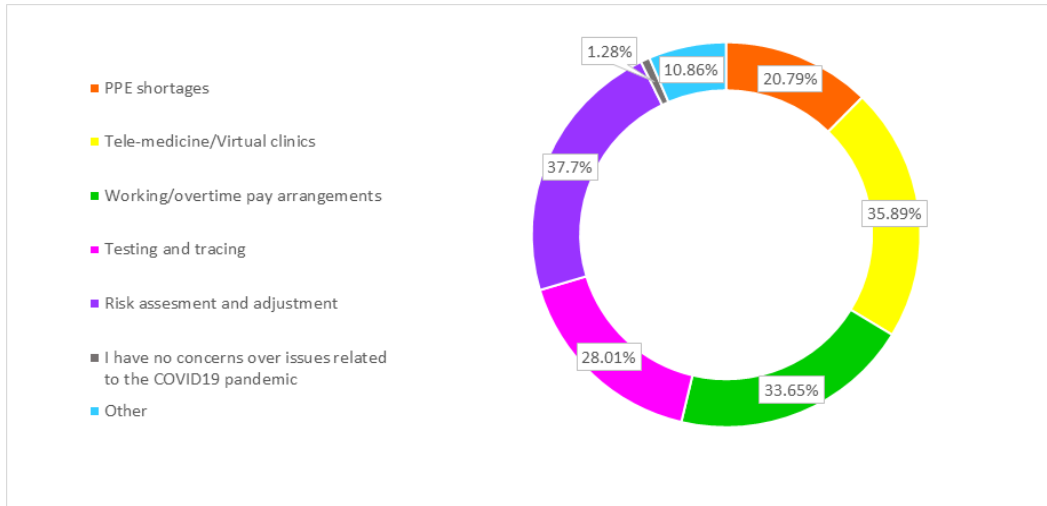


## Impact of COVID-19

There can be no doubt that the COVID-19 pandemic has had a tremendous impact on our already overstretched frontline staff. In our survey doctors were asked some specific questions to determine the scale of that impact. The principal concerns arising for all doctors are the pre-existing staffing shortages, made worse by covid illness and requirements to self-isolate, the growing backlog of patients and the impact on personal health and well-being . While concerns about staffing shortages and waiting lists existed long before COVID 19, health and well-being rarely featured as an issue until the pandemic brought this to the fore.

### Breakdown of Main Concerns by Role





Other concerns were also expressed in relation to risk assessments and adjustments, telemedicine, overtime pay arrangements, and PPE shortages. Just 1% of doctors had no concerns at all in relation to the pandemic.

### Caring and Childcare

38% reported having a carer role in addition to being a Doctor ( Carer role was specified as being a carer for young children, children with special needs and/or older or sick relatives). When asked specifically about childcare, 66% of Doctors that responded to the question have experienced difficulty securing childcare during the pandemic of which 60% were female.

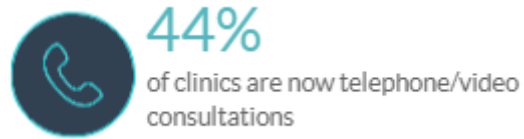


### Telemedicine

GPs



Consultants



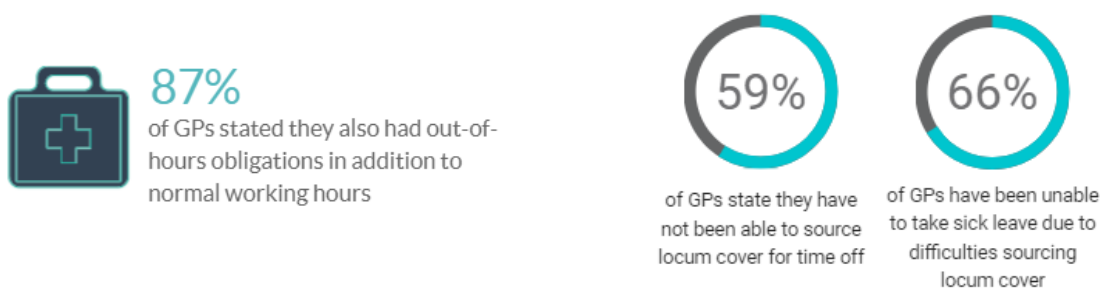
The Covid pandemic, has seen an increase in the use of telemedicine across our health services. GPs reported that during the third wave of the pandemic 52% of non-Covid consultations are now taking place by telephone or video, while 44% of consultant clinics are now telephone/video consultations. However, satisfaction with telemedicine is mixed amongst both GPs and consultants. While telemedicine had shown some advantages during the pandemic in helping to prevent the spread of infection it is not without its own pressures – often taking longer to glean the same level clinical information. It can be a useful tool in other limited circumstances such as emergencies, when distance is an issues or monitoring of chronic conditions but in general telemedicine is not an adequate replacement for face-to-face consultations. Clinicians are best-placed to decide if a teleconsultation is appropriate for their patient.

## Specialty Specific Concerns

### General Practice

During the last decade, FEMPI cuts to General Practice resulted in high levels of stress and poor morale.<sup>5</sup> The 2019 agreed by the IMO to reverse the FEMPI cuts brought hope of respite, but unfortunately that did not come before the Covid pandemic hit. General Practice has been shown to be flexible and adaptable during the pandemic. General Practice has stayed open and been the first point of contact for COVID 19 assessments and referrals. But GPs have ongoing concerns in relation to potential delayed presentations and delayed diagnosis of non-COVID patients as well as staffing shortages.

Sourcing locum cover is a growing issue for GPs, 59% of GPs stated that they were unable to take time off due to difficulties in sourcing locum cover while 66% said had been unable to take sick leave. This compares to an ICGP study in 2015 where 44% of GPs had expressed difficulties in recruiting a locum.<sup>6</sup>



### Consultants

Already short staffed and under pressure for many years, the talk amongst consultants is about how they can step up during this crisis and what they do to help their patients. However in quieter moments and when there is some time for reflection, underneath this stoic image, there is exhaustion and fatigue. Staff shortages, patient backlogs, increased use of telemedicine/video consultations contribute to the anxieties and concerns by Consultants for their own welfare, but also for patients and the clinical service.

86% of consultants stated that their team had been affected by redeployment or absence due to COVID 19 related illness or self-isolation. 55% of Consultants reported being required to cover for colleagues when the HSE had not secured appropriate locum cover.



<sup>5</sup> Collins C. & O'Riordain M. The Future of Irish General Practice:ICGP Member Survey 2015, ICGP: 2015 [https://www.icgp.ie/go/research/reports\\_statements/6E57DF46-F169-6861-F80D10841ABFAD72.html](https://www.icgp.ie/go/research/reports_statements/6E57DF46-F169-6861-F80D10841ABFAD72.html)

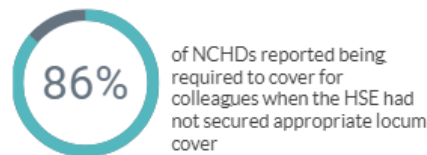
<sup>6</sup> Ibid.

When asked how the reconfiguration of services has affected their ability to deliver care, the main concerns reported by consultants included:

- Increase in patient waiting lists
- Staff shortages
- Reduction in quality of consultations
- Slower turnover
- Routine work stopped and replaced with COVID19 duties
- Increased workload
- Less elective work
- Theatre closures & cancellation of theatre lists

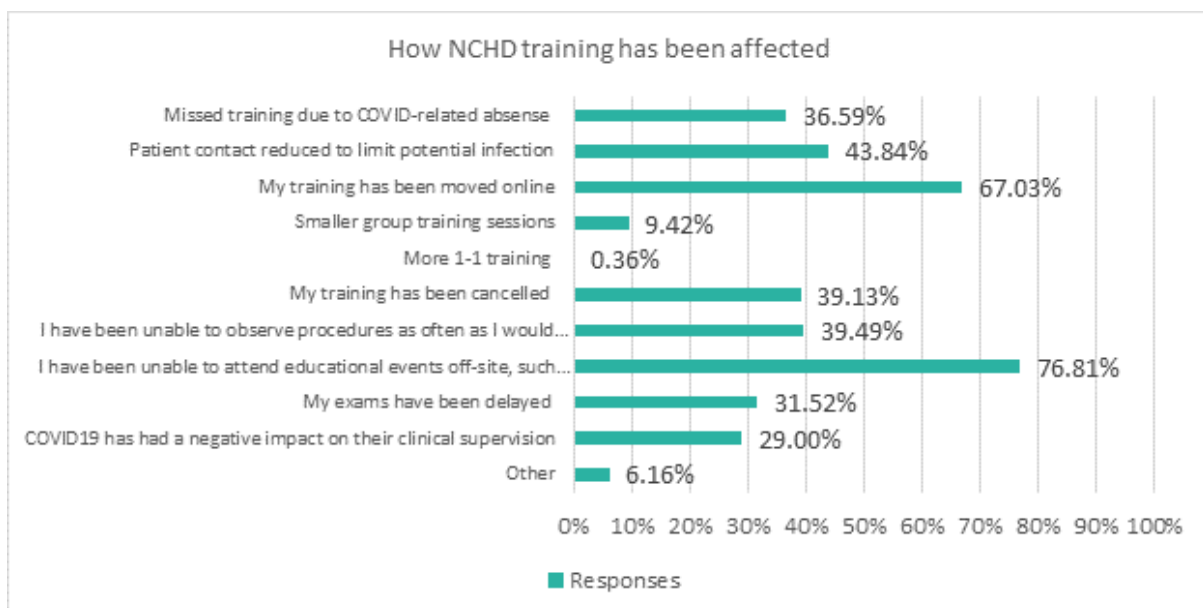
## NCHDs

Excessive working hours, long shifts and inability to take proper breaks have long been a feature of post graduate training in Ireland. With ongoing staff shortages, a growing backlog of patients and no resilience in the system to cover sick-leave, it is no wonder that the risk of burnout is also highest among NCHDs.



When asked how their training had been affected by Covid , most NCHDs reported being unable to attend educational events off-site (77%) or that their training being moved online (67%) while for some train was cancelled (39%) or exams were delayed (31.5%). Quality of training has suffered as a result of Covid with reduced patient contact and a negative impact on their clinical supervision.

On-line training has also reduced the opportunities for congeniality and the softer conversations with colleagues that support young doctors with their mental health and career decisions.



## Public Health Doctors

Unsurprisingly, Public Health Doctors show the highest rate of burnout. Public health doctors have been the first line of defence in the fight against COVID-19 and since the start of the pandemic they've worked extended hours as well as being on call. In addition they have faced significant professional challenges in carrying out their statutory duties in health protection due to the under-resourcing of public health medicine. While public health doctors feel appreciated by their colleagues on the frontline, their battle for a consultant contract has left them feeling significantly under-valued at a time when the scientific evidence and their public health expertise is most required.

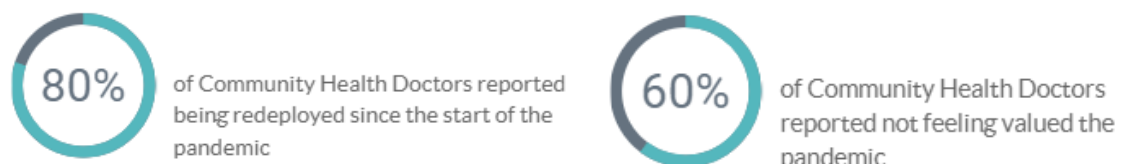


In addition 58% expressed dissatisfaction with new IT systems in place particularly as public health departments report that having no outbreak management system in place despite almost a year of COVID-19.

It is shocking that after a 20 year campaign, it has taken a pandemic for the value of Public Health Medicine to be finally recognised and for an agreement to put Irish Public Health Medicine on a par with the rest of the medical profession.

## Community Health Doctors

Community Medical Doctors' roles in Community Services have changed considerably in recent years with a number of schemes in which they had involvement either being transferred to other Government Departments or agencies or being discontinued altogether. Having worked hard to establish new immunisation programmes for the secondary school cohort, moves are now afoot to significantly reduce the role of Community Medical Doctors therein .



Since the beginning of the CoVid19 pandemic, Community Medical Doctors have been extremely flexible in redeployment to various other departments for CoVid19 related work, and many are now redeployed to the CoVid19 vaccination programme. Unfortunately, there is a real fear that once the pandemic is over, all the work done and flexibility and responsiveness by Community Medical Doctors will be forgotten.

## Mental Health Supports

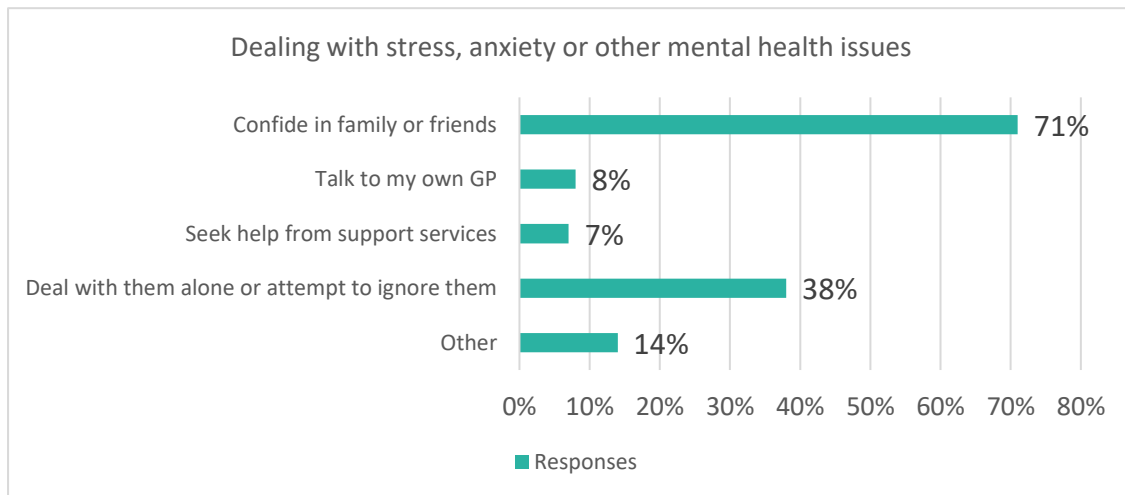
As expected, the majority of Doctors (96%) believe that Doctor wellbeing and mental health has an impact on patient care.

82% believe there is a perceived stigma or self-stigma around mental health in Doctors, while 36% do not think there is sufficient information, resources and supports available for the wellbeing of Doctors.



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When dealing with stress, anxiety or other mental health issues, 71% of Doctors confide in family or friends, while 38% deal with them alone or attempt to ignore them completely.



A small proportion of respondents (7%) seek help from support services and (8%) stated they talk to their GP when dealing with some form of mental health issue. Surprisingly, two in five Doctors reported not having their own GP.

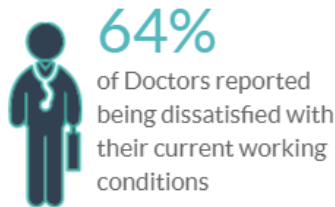
# 40%

of Doctors do not have their own GP.

64% of Doctors do not feel adequately supported by the HSE.

## Career Intentions

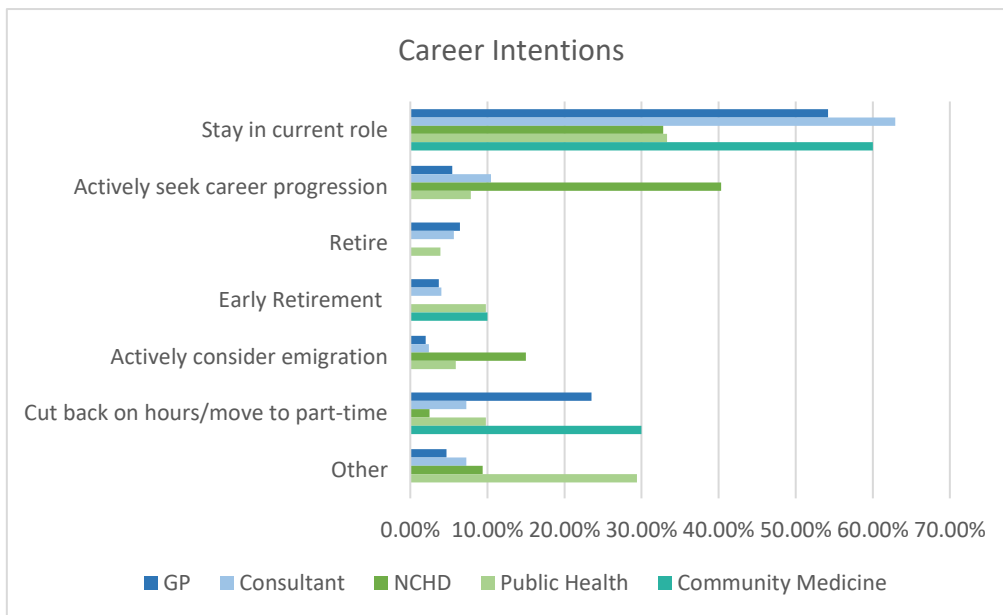
Despite negative responses and the high levels of burnout, over 80% of Doctors still have a strong desire to practice Medicine. While there was a strong desire to practice medicine, 39% of Doctors stated that their career was not as expected or they were not fully satisfied with their career choice. 38% of Doctors state that the current pandemic has impacted their career progression, with 34% stating their career intentions have changed as a result of the pandemic.



When asked about their career intentions for the next 12 months, most Doctors intended to stay in their current role. Naturally many NCHDs are actively seeking career progression, however 15% of NCHDs are also actively considering emigration. With few options to travel under current restrictions we expect the numbers considering emigration to rise when the pandemic is over.

Other responses included – Changing role/specialty, volunteer overseas, sabbatical, maternity leave and research. Many doctors expressed a wish to cut back to part-time hours reflecting the need for a more family-friendly work environment.

13 Doctors stated they planned to change career completely and leave medicine.



13

Doctors that responded stated they planned to change career completely and leave medicine



## Conclusion

The results of this survey reveal worryingly high levels of stress and burnout among doctors in Ireland. While absenteeism, redeployment and new ways of working pandemic have no doubt compounded issues of stress and burnout in the workforce it is clear that long standing issues in relation to staff shortages, long working hours and excessive workload, difficulties getting locum cover, are the major factors contributing to poor mental health and well-being among the medical workforce.

*“I think the impact of pandemic is profound across the health sector and communities. HSE and staff are responding to utmost capacity . I think we suffer considerably from years of chronic shortages and lack of funding for generalist GPs and consultants. It is imperative that the work force is resourced now within the pandemic and that those changes and resources are sustained on into the future.”*

*“Better adherence to the European working time directive would help mental health for doctors in all regards. Restoration of pay to consultants and consultant status for public health doctors are both important to allow staffing levels to increase to the point that we don't have to break the European working time directive just to stay afloat with our workload.”*

*“The current situation with regard to consultant contracts for public health doctors has left me feeling disheartened, undervalued, and pessimistic about my career in Ireland. After six years in college, two sets of membership exams, a masters, five years in training with another two to go I question my career choice almost daily. I will likely retrain in an alternative specialty where my skills will be valued and recognised as a consultant or leave Ireland to work in another country.”*

*“Many of the sources of stress in the last year have been related to existing issues in the medical workforce, simply exacerbated by the additional pressure.”*

*“I cannot blame COVID-19 alone for my burn-out”*

*“Low staffing levels, that existed before COVID-19, have prevented me from getting annual leave.”*

*“The vast majority of mental health/staffing/support problems suffered by NCHDs have not been created by the Covid-19 pandemic, they have just been made more prominent. For years we have been massively understaffed.”*

*“The HSE needs to support junior doctors in terms of working conditions, pay and career progression or there will be an unprecedented level of emigration post the pandemic.”*

*“Out-of-hours obligations in rural setting and its impact on my home life are strongly influencing my decision to leave rural medicine.”*

Our survey reveals that despite high levels of burnout the majority of doctors still have a strong desire to practice medicine, however, unless urgent measures are taken when the Covid pandemic is over we are likely to see wave of emigration particularly among our NCHDs and early retirement among our older specialists.

While actions are needed to address stigma, encourage help seeking and promote self-care, we urgently need to address the current man power crisis facing the Irish Healthcare System which has put enormous pressure on our Doctors and largely accounts for the high levels of burnout and stress seen in this survey.

## **IMO Recommendations**

### **Ensure adequate staffing levels:**

- **Address the underlying issues of chronic staff shortages and workload pressures that impact the wellbeing of doctors.**
- **Resilience Rosters are required to cover close contact exclusion and sick absent healthcare workers.**

### **Create a better working environment:**

- **Clear policies and procedures must be in place to ensure all healthcare professionals feel able to take breaks and to take time off when ill. Encouraging breaks and providing spaces to rest can help increase efficiency and productivity while also helping to avoid burnout;**
- **Reducing paperwork and the administrative workload can also help to reduce burnout and improve work-life balance. This can be achieved with on-going investment and development of eHealth including investment in electronic health records in acute hospital and community settings and the roll-out of eHealth initiatives as per the 2019 GP agreement;**
- **All healthcare workers should have access to appropriately resourced, Consultant led occupational health services including mental health supports;**

### **Address stigma and encourage the use of support services:**

- **Raise awareness of mental health issues and burnout among the medical profession to address the high levels of stigma and to encourage help-seeking and the use of support services;**
- **Encourage all Doctors to have their own GP.**

### **Promote Self-care and Peer Support:**

- **Promoting selfcare to value and maintain one's mental health can cultivate well-being and resilience among Doctors;**
- **Encourage peer support – communication among peers and recognising deteriorating mental health among colleagues and offering support. Also understanding the difficulties that colleagues may be facing.**

## Available Supports

**Practitioner Health Matters Programme** – A confidential service for any doctor, dentist or pharmacist in Ireland who has a concern about stress, burnout, mental health difficulties or who may have an alcohol or drug misuse problem. The Practitioner Health Matters Programme is an independent non-profit organisation that receives funding from professional bodies including the IMO and the Medical Council. <https://practitionerhealth.ie/>

**HSE Employee Assistance Programme** – confidential counselling service offered by HSE and most private hospitals. Usually provided by independent counsellors; employer not informed of identity of anyone who contacts service. <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/employee-assistance-and-counselling-service/>

**ICGP helpline/textline for GPs.** [https://www.icgp.ie/go/in\\_the\\_practice/doctors\\_health](https://www.icgp.ie/go/in_the_practice/doctors_health)

**Occupational health services** – this is a doctor who works for your employer and assesses your wellness to work. Your manager may refer you or you may self-refer to Occupational Health. While you are entitled to confidentiality in many matters, Occupational Health also have a duty to keep your employer informed about the state of your illness/readiness for work and must report back to employer on same. Occupational Health may be located in larger hospitals, or may be outsourced by smaller employers. <https://healthservice.hse.ie/filelibrary/staff/local-occupational-health-contact-details.pdf>