



The IMO would like to thank the Chair and the Committee for the invitation to discuss issues relating to morale among staff employed in the HSE.

Morale matters. It impacts performance, trust, professional relationships, and the physical and mental wellbeing of healthcare workers. Ultimately, it also impacts patient care.

Our health services are delivered by highly skilled and deeply committed doctors who want to provide the highest quality care possible. Too often, however, they are prevented from doing so by systemic deficits in staffing, capacity, infrastructure and resources. These pressures directly affect patient outcomes and the ability of doctors to practise safely and effectively.

To provide the Committee with a clear evidence-based picture of morale among doctors, the IMO undertook a survey of Consultants, NCHDs, and Public and Community Health Doctors working across all HSE regions. We examined the factors driving low morale.

The findings are stark.

- 94% of doctors report low to moderate morale.
- Of these, 67% say morale has deteriorated over the past year.

These findings should serve as a wake-up call to both the HSE and policymakers. If results of this scale emerged in any other sector, there would be immediate action to understand the causes and address them. That urgency is too often absent within our health service and we consistently fail to understand or address the multi-factorial issues besetting our services, instead seeking to focus on narrow issues and cost containment measures.

When we examined the factors driving low morale, doctors identified the following key issues:

- 90% report increased demand without matching resources.
- 58% are working long and unsafe hours.
- 64% report unsafe staffing levels within their medical teams.
- 67% cited poor work/life balance
- 70% are concerned about an increasing focus on productivity and discharge targets over patient outcomes and quality of care.
- 65% are working with outdated IT systems.

These issues are not only damaging for doctors, they are directly harmful to patients and all commentary from our members point to the dangers for patient care and services.

Patients are facing long waits for care and they are too often being treated in overcrowded and inappropriate treatment environments. Consultants and medical teams face enormous challenges caused by inadequate bed capacity, diagnostics and clinical space. Hospitals are operating under sustained pressures, with elective care routinely cancelled or delayed. Doctors are trying to manage unsafe patient volumes without sufficient staffing or infrastructure to deliver timely and effective care.

Four out of every five doctors do not believe the physical work environment or available resources are adequate to deliver safe patient care.

None of these problems are new, but they are worsening — for both doctors and patients.

We all agree that value for money matters, that productivity matters, and that expanding our health services matters. However, these goals cannot be achieved without addressing the fundamental problems around safe staffing levels, adequate capacity, modern infrastructure, and a medical workforce that is supported to deliver high-quality medicine.

The HSE and policymakers must engage more proactively — and less confrontationally— with doctors. Government must move to multi annual budgeting for the health services and start with a realistic budget. Recent cost containment measures announced by the HSE have generated significant concern among doctors. Almost all respondents believe these measures will negatively affect patient services. They have also created considerable anxiety among NCHDs regarding career progression and job security. NCHDs are particularly vulnerable. Many are employed on short-term six-month contracts, and non-training stand-alone posts account for approximately 40% of all NCHD positions. We are already hearing reports of difficulties for NCHDs securing these posts this July.

This is the same group of doctors most exposed to unsafe staffing levels and excessive working hours. Many are still working shifts of up to 24 hours and routinely required to work additional shifts at short notice because hospitals have been unwilling to secure locum cover for sick leave, maternity leave or rota gaps.

This is not sustainable, and it is not acceptable.

We are now seeing up to 60% of NCHDs leave the Irish system after intern year to work abroad, with increasing numbers staying away for longer periods — or not returning at all. Yet the policy response too often fails to address the fundamental question: why are doctors leaving?

Doctors working across acute and community settings remain deeply committed to delivering for patients. However, almost 70% feel their work and efforts go unrecognised. Most feel unheard when raising concerns with management, and some have simply lost confidence that meaningful change will occur. For those doctors working in our public and community health departments there are significant concerns as to the lack of understanding by the employer as to the value of the work they undertake.

We know the problems. We know many of the solutions. What is lacking is the long-term vision, investment and workforce planning required to make our health service fit for purpose. The Department of Health recently produced a workforce paper but without a fully resourced implementation plan it is meaningless and lacks any credibility.

Debates about record budgets, overspending and productivity targets often fail to reflect the lived reality facing doctors and patients every day.

Numbers tell one part of the story. The lived experience tells the rest.

One doctor told us:

“Ever-increasing meaningless targets with no consideration for the reality of treating patients — no interest in outcomes, only throughput.”

Another said:

“I am constantly stressed. It feels like going into battle every day trying to deliver quality care and keep patients safe.”

Those voices should concern all of us, because they reflect a health service where staff are exhausted, patients are not receiving timely care, and goodwill is being stretched beyond its limits.

Without meaningful engagement on safe staffing, bed and diagnostic capacity, retention and working conditions, morale will continue to decline — and patient care will continue to suffer.