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## **EJD Statement on Junior Doctors' Wellbeing, Stress and Burnout**

Doctors face complex situations and high level of responsibility. This is something inherent to the profession. Doctors often confront emotionally challenging and traumatic situations including patients' suffering, injury and death. This can cause stress especially if doctors are not trained to face these complex environments and to deal with challenging situations like death. In fact, a high proportion of doctors suffer from stress and burn out, especially in training positions.

It is harder to deal with stressful situations if the system is rigid and not humanised. In "hierarchical systems" still used commonly found in medicine, doctors in training may feel powerless to ask for senior input or confront behaviours of harassment and belittling attitudes. Besides in some countries tutors do not have enough time to provide adequate supervision and feedback as they have too much other work. High levels of responsibility without supervision causes stress and can increase risk to patient safety. It has been shown that the rates of depression or suicidal ideation is higher in junior doctors due to high responsibility combined with insufficient supervision and excessive workload.

Difficulties maintaining a work life balance are known to increase stress and impacts on doctors' well-being. It is said that the medical profession often attracts highly driven individuals with a strong sense of duty. Physicians need to complete long and intense educational requirements and are subject to high expectations from patients and the public. But these expectations can contribute to prioritizing the care of others over care of self and feelings of guilt and selfishness for managing their own well-being if they become unwell. Physicians often delay seeking help, or deny illness because of their concern about confidentiality and feeling ill at ease in the patient role.

Many countries have groups responsible for training accreditation which set out best practice guidance for working in training environments. The American accreditation council for graduate medical education considers the clinical learning environment one that focuses on five main areas, promoting patient safety, quality during changes in care, appropriate supervision of care, managing fatigue of residents and increasing the professionalism of physicians. As we can see, half of these key areas of a "gold standard learning environment" are essential also to avoid stress and mental illnesses in trainees.

In 2015, WMA said:

*"The medical profession should do far more to prevent and deal with stress and illness among physicians." (World Medical Association 2015)*

**European Junior Doctors strongly recommend:**

- Ensure access to supervision and recognise the task of the tutor.
- Respect Junior Doctors resting periods, protecting physicians' health and quality of care.
- Change the common culture of hierarchical health systems where communication between supervisors and trainees can increase the feeling of being in a hostile environment.
- Specific programmes are needed to detect and address stress related problems and mental health issues in doctors at an early stage. Confidentiality must be assured so that individuals do not fear to seek help.
- Development of prevention strategies and early intervention on coping with stress and complex situations on junior Doctors. Mechanisms such as periodic evaluations with tutors or workshops on developing communication skills or coping with emotions, must be implemented.

In conclusion, emotional problems of junior doctors seem to be underestimated and overlooked but may have devastating outcomes, such as depression or even suicide. EJD strongly suggests that such problems cannot be dealt individually by each junior doctor but should be addressed systemically by providing a healthy work environment, support from colleagues, access to supervision, recognition of the difficult nature of our profession and help with developing coping strategies.