

JMO health and well-being still paramount

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It is difficult to ignore that 2019 has yet again brought junior doctor tragedies into the public mindset. From Dr. Kadota's exposé of her surgical training experience, through to the recent junior doctor suicides. So, with the year drawing to a close and another year around the corner, I thought it would be timely to reflect back on my own experience and research in JMO health and well-being. And to offer some advice for how we can take a proactive approach in 2020.

As a JMO I was really passionate about advocating for JMO health and well-being

I experienced first-hand how the junior years of working and training as a doctor could be gruelling. For some even detrimental to their mental health and [career trajectory](#). At one point in my training, I considered leaving the profession altogether. Fortunately, this also made me fearless with naught to lose. Those tough times gave me the fuel and drive to speak up on the matter. So, it became my extra-curricular activity. I engaged in clinical governance, medical writing and research on the matter. All in a quest to help change what I saw to be a 'toxic medical culture' to one more nurturing and supportive of its trainees (1).

As a JMO, I was one of the 'vulnerable.' I was [bullied during my training](#). I worked hard and too often unsupported. I worked unpaid overtime which fostered resentment and made me feel undervalued and exploited. I found the after-hours shifts, [rural](#) secondments and nights the most stressful. I dreaded them. I learnt quickly that the medical registrar job was not for me. So I chose a career with no nights, little after-hours and with a training program that I perceived as achievable. In addition to changing my context, I also built up my resilience practicing daily yoga and mindfulness. I was also learning adaptive psychological strategies to cope with stress. Speaking up on the matter also helped me stay in the profession. It gave me a sense of being part of positive change and fixing the problems.

As a new Fellow I now enjoy a significantly less stressful life

The pressures of training and all the constant hoops to jump through to prove my ability are gone.

The biggest change has been my newfound career autonomy. I am now in a position where I can choose where, when, how and with whom I work. I work in an environment and way that works for me. I focus my spare time on things that bring meaning, balance, and value to my life. Such as my family and home life. I feel more holistically satisfied. In my opinion, life as a new fellow is a hell of a lot easier than as a JMO.

With the passage of time I feel less resentful about my junior years

I've forgotten a lot of the distress and anger I felt. I've moved on from my experiences of teaching by humiliation and bullying supervisors. As a result, I have been less engaged in advocating on behalf of the JMOs on the matter than I once was. But the recent tragic suicides has reminded me that this problem is still very real. It has reminded me not to lose my voice. The health and well-being of JMOs is still paramount. Their lives matter as much as our patients.

So, where to from here? How can we optimise JMO health and well-being?

There is a dearth of quality evidence to suggest specific effective interventions to optimise JMO health and well-being. Most studies suggest a multipronged approach targeting both systemic and personal factors (2-5). Resilience tools only ever helped me cope with the challenges. They never removed or modified them. It is simply unacceptable to expect doctors and JMOs to accept and adjust their perception and reactions to unhealthy and unsustainable work and training practices and environments.

Yes, empowering health professionals with skills to reach their career & personal potential is wonderful. But, more importantly, we need to foster conditions that facilitate this personal change. Learning in a stressful environment doesn't work. Training [burnt-out doctors](#) with compassion fatigue and general 'system resentment' doesn't work. What is needed is an approach that targets all system factors. An approach that promotes a healthier, sustainable and supportive work and training culture.

My research findings: the value of site JMO wellness sessions

Site JMO wellness sessions have the potential to tackle both extrinsic and intrinsic issues that affect JMO health and well-being. They foster a supportive, nurturing workplace. Thus they can change training and workplace culture. Wellness sessions facilitate peer cohesion and the practice of wellness skills. Not to mention the sharing and expressing of challenging JMO experiences. If I had wellness sessions as a JMO maybe I would have felt more appreciated, valued and supported by the hospital. They may have helped me feel more comfortable and safer in my learning and work environment. They could have been an opportunity for me to share and troubleshoot system issues with others. Together we could have been involved in useful change. Such as improving practice and feeling positive about our future career and work culture.

Research I conducted at the John Hunter Hospital in Newcastle showed that JMO wellness sessions were perceived as relevant and useful (6). As echoed in the literature, our findings revealed the interactive and skills-focused nature of the sessions to be most important. This, in addition to being conducted during protected and paid work time (7). Topics most enjoyed were practice- and group-based. E.g. mindfulness, career planning, and interpersonal skills training.

As a result of my findings, I encourage all Directors of Training to implement wellness sessions. In the future I hope every training hospital offers interactive, time protected, skills-based wellness sessions. That would both promote JMO health and well-being, as well as a supportive nurturing workplace and learning culture.

What can you do?

A list of New Years' resolutions

It will require the input of all involved parties to change the training and work culture of JMOs to one that is more supportive. This includes government officials, hospital staff and college bodies. But especially senior staff and administrators responsible for the systems currently in place. Ultimately, we are all a part of the solution. While some things may be outside of our control, there is always something we can do to help ourselves and each other.

Here's a **list of ten ideas you could try to help foster a supportive and nurturing work and training culture:**

1. Start or join a workplace mindfulness group.
2. Start or join a workplace mentor program.
3. Embody self-care as a role model for others.
 - Exercise every day,
 - Aim for 8 hours sleep,
 - Eat a healthy diet,
 - Consider yoga or another self-reflective practice, e.g. journaling.
4. Get involved in advocacy groups and governance.
5. Consider medical writing or research on the matter.
6. Start workplace social activities that don't revolve around alcohol.
7. Don't walk past nor accept BDSH (bullying, discrimination and sexual harassment) behaviours. Speak up for others and yourself when experiencing 'below the line' behaviour.
8. Get professional help if needed. E.g. employee assistance programs in hospitals or mental health care plans through the GP.
9. Take sick leave when needed. (I am a big believer in mental health care days.)
10. Advocate for workplace wellness sessions in your hospital and incentives for attending these. (E.g. free lunch or prizes.)

Lastly, if you notice a colleague in difficulty reach out to them and share your story. Let them know they are not alone. Then you can help them to speak up and get involved in positive change.



References

1. Ward S, Outram S. Medicine: in need of a culture change. *Internal Medicine Journal* 2016 Jan; 46(1):112-116.
2. Dyrbye L, Shanafelt T. A narrative review on burnout experienced by medical students and residents, *Medical Education*, 2016;50:132-149.
3. Lefebvre D. Perspective: resident physician wellness: a new hope. *Academic Medicine* 2012;87(5):598-602.
4. Goldman M, Shah R, Bernstein C. Depression and suicide among physician trainees: recommendations for a national response. *JAMA psychiatry*. 2015;72(5):411-412.
5. Kent K, et al. Promoting healthy workplaces by building cultures of health and applying strategic communications. *American College of occupational and environmental medicine*. 2016;58(2):114-122.
6. Ward S, Outram S, Heslop B. Perceived utility and relevance of intern wellbeing sessions, *Internal Medicine Journal* 2018 Jun;48(6):645-650.
7. Jennings J. Resident wellness matters: optimising resident education and wellness through the learning environment. *Acad Med*. 2015;90(9):1246-1250.

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