Residents’ health in Catalonia

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Ms. ANNA MITJANS. Programmes Manager. Galatea Foundation

EAPH conference
Oslo, 20th and 21st May 2019

The Doctor, The Patient and The Workplace
Interactions between Quality of Care, Professional Satisfaction and Organisations
• Longitudinal study about health, lifestyles and working conditions of resident doctors in Catalonia (2013-2017)
• Preventative and health promotion activities for resident doctors
• The Barcelona-PAIMM.
• Discussion.
Who we are


2. Devoted to enhancing the health and the wellbeing of doctors and other health professionals.

3. Doctors, nurses, veterinarians, pharmacists, psychologists, dentists, social workers and physiotherapists.

4. Caring programmes for health professionals
   - Galatea Clinic
   - Servei de Suport Emocional als Professionals de la Salut (SEPS).

5. Prevention and health promotion programmes:
   Research and training activities
   **Resident doctors’ health**
Longitudinal study about health, lifestyles and working conditions of resident doctors in Catalonia 2013-2017

Anna Mitjans, Lucía Baranda, Manel Salamero, Gustavo Tolchinsky

In collaboration with the Catalan Society of Occupational Health
With the support of Fundación para la Protección Social de la OMC
Health, lifestyles and working conditions of healthcare professionals

Physiotherapists
**Methodology**

<table>
<thead>
<tr>
<th>Universe: 831 resident doctors affiliated in Catalonia in 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final sample: 216 ; 103 linked</td>
</tr>
<tr>
<td>Response rate: 26%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Baseline survey</th>
<th>1st year survey</th>
<th>Final survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>May-June 2013</td>
<td>May-June 2014</td>
<td>March-April 2017</td>
</tr>
<tr>
<td>Self-administered (paper)</td>
<td>Self-administered (on line)</td>
<td>Emailing Phone tracking</td>
</tr>
<tr>
<td>Occupational Health Services</td>
<td>Emailing Phone tracking</td>
<td>Emailing Phone tracking</td>
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<tr>
<td>478</td>
<td>290</td>
<td>216</td>
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<tr>
<td>57,5</td>
<td>34,9</td>
<td>26,0</td>
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<td></td>
<td></td>
<td>103</td>
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<td></td>
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<td>21,5</td>
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</tbody>
</table>
1 male / 2 female resident doctors
Male doctors are one year older than women in average
Nearly one third were born abroad
Sociodemographics II

Evolution of the situation of living => creation of your own family
What is residents’ health like?
Self-reported health status

Negative evolution of self-reported health status in 3 years

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>69,7</td>
<td>72,1</td>
<td>71,4</td>
<td>64,4</td>
<td>56,2</td>
<td>57,3</td>
<td>55,0</td>
<td>52,2</td>
<td>53,2</td>
</tr>
<tr>
<td>1st year</td>
<td>42,6</td>
<td>36,2</td>
<td>38,3</td>
<td>10,0</td>
<td>10,3</td>
<td>10,2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4th year</td>
<td>55,0</td>
<td>52,2</td>
<td>53,2</td>
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</tbody>
</table>

Legend: Green = Very good, Excellent | Yellow = Good | Pink = Regular, bad
Health status: depressive disorders and anxiety

While constant among men along residency, **negative evolution among female residents.**

Residents having affective and/or anxiety disorder compared to other healthcare professionals

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Men</th>
<th>Women</th>
<th>Men</th>
<th>Women</th>
<th>Men</th>
<th>Women</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline</strong></td>
<td>7.0</td>
<td>7.8</td>
<td>7.4</td>
<td>11.7</td>
<td>7.5</td>
<td>16.2</td>
<td>10.4</td>
<td>18.1</td>
<td>12.6</td>
<td>15.8</td>
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<tr>
<td><strong>1st year</strong></td>
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<td><strong>4th year</strong></td>
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<tr>
<td><strong>Doctors 30-55</strong></td>
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<td></td>
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</tr>
<tr>
<td><strong>Paediatricians</strong></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Dentists</strong></td>
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<td></td>
<td></td>
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<tr>
<td><strong>Nurses</strong></td>
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</tbody>
</table>
Health status: psycho drugs consumption (hypnotics, tranquillizers and/or antidepressants)

- Female residents increase consumption of psycho drugs along residency period, following the pattern of anxiety disorders.
- Female residents consumption is also higher than other healthcare female professionals consumption.

![Bar chart showing consumption of psycho drugs by gender and profession over different years.](chart.png)
Health status: risk of poor mental health

- Increase of risk of poor mental health along the residency period.
- Higher than among doctors and other healthcare professionals.

### Risk of poor mental health (GHQ-12)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Baseline</td>
<td>8.9</td>
<td>18.2</td>
</tr>
<tr>
<td>1st year</td>
<td>24.5</td>
<td>30.6</td>
</tr>
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<td>4th year</td>
<td>35.0</td>
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<tr>
<td>Paediatricians</td>
<td>16.1</td>
<td>22.8</td>
</tr>
<tr>
<td>Dentists</td>
<td>20.6</td>
<td>22.9</td>
</tr>
<tr>
<td>Nurses</td>
<td>38.2</td>
<td>35.4</td>
</tr>
<tr>
<td>General population 25-64</td>
<td>7.8</td>
<td>13.1</td>
</tr>
</tbody>
</table>
What are residents’ lifestyles like?
Lifestyles: alcohol consumption at risk

- Alcohol consumption at risk in men is high but decreasing along residency.
- As time goes by more similar to doctors and other healthcare professionals.
- Student model vs. Professional model
- Binge drinking pattern

![Bar chart showing alcohol consumption rates for different groups.](chart.png)
Lifestyles: drugs consumption

Drugs consumption last 30 days is low, men more than women and it doesn’t change along the residency period.

It is mainly cannabis.

At least once in their lives

<table>
<thead>
<tr>
<th></th>
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<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>44.6</td>
<td>37.2</td>
<td>39.7</td>
</tr>
<tr>
<td>1st year</td>
<td>57.4</td>
<td>46.9</td>
<td>50.3</td>
</tr>
<tr>
<td>4th year</td>
<td>52.5</td>
<td>47.8</td>
<td>49.5</td>
</tr>
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</table>

Last 30 days

<table>
<thead>
<tr>
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<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Baseline</td>
<td>10.2</td>
<td>4.4</td>
<td>6.3</td>
</tr>
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<td>12.8</td>
<td>5.1</td>
<td>7.6</td>
</tr>
<tr>
<td>4th year</td>
<td>11.3</td>
<td>5.9</td>
<td>7.9</td>
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</table>
Lifestyles: sleep hours

Very few sleep hours. Most of the residents sleep 6 hours or less (and related to working hours).

Sleeping six hours or less is related to an increase of risk of poor mental health.

Self-reported health status and risk of poor mental health according to number of hours of sleep. 4th year survey.
Satisfaction in several aspects of life (friends, leisure) decreases, but satisfaction related to professional aspects (specialty choice, educational level) is high and maintained along the residency period.
Does the working environment affect their health?
Working environment and work conditions

Very long work days

Great increase of working hours from Y1 to Y4
While satisfaction with the salary increases, satisfaction with work conditions decreases

Moderate satisfaction in both cases
Exposure to psychosocial risks remains stable between the 1st and the 4th year (although better control over work)

High psychological demands compensated for good social support
Exposure to psychosocial risks is related to a higher probability of poor mental health.

Percentage of residents at risk of poor mental health according to their exposure to dimensions of psychosocial risks:

- Psychological demands:
  - A lot: 47.3%
  - Much: 35.8%
  - Poor: 29.2%

- Control:
  - A lot: 20.0%
  - Much: 37.8%
  - Poor: 47.5%

- Superiors support:
  - A lot: 29.7%
  - Much: 38.5%
  - Poor: 64.3%

- Colleagues support:
  - A lot: 21.2%
  - Much: 49.0%
  - Poor: 68.4%
WHAT CAN WE DO FROM THE FOUNDATION?
Activities for a healthy professional exercise
Activities for a healthy professional exercise

1. Training courses

2. Promotion: materials (guides, leaflets, videos…), sessions…
Training courses

Training team of 5 professionals (doctors and psychologists)

Face-to-face sessions half day / a day for 15-20 professionals

Offered to health professionals councils and health centres

Three lines of training courses:
• **Residents’ health programme: tutors, residents**
• Burnout prevention
• Competencies for a healthy professional: leadership, communication skills, teamwork
Our training courses offer

<table>
<thead>
<tr>
<th>RESIDENTS’ HEALTH PROGRAMME</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Seminar for residents:</td>
</tr>
<tr>
<td>• Tools for a healthy exercise (face-to-face and on line)</td>
</tr>
<tr>
<td>• Seminars for tutors:</td>
</tr>
<tr>
<td>• Residents’ health (face-to-face and on line)</td>
</tr>
<tr>
<td>• The tutor-resident relationship: what can we do in difficult situations?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTHCARE PROFESSIONALS’ HEALTH</th>
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</thead>
<tbody>
<tr>
<td>• Health promotion at work: the healthcare of professionals</td>
</tr>
<tr>
<td>• For all healthcare professionals in GF (face-to-face and on line)</td>
</tr>
<tr>
<td>• Seminar for Occupational Health Services</td>
</tr>
<tr>
<td>(on line TBD)</td>
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<table>
<thead>
<tr>
<th>COMPETENCIES FOR A HEALTHY PROFESSIONAL EXERCISE AND HEALTHCARE QUALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Leadership of effective and healthy healthcare teams</td>
</tr>
<tr>
<td>• Communication skills: therapeutic effectiveness and professional wellbeing</td>
</tr>
<tr>
<td>• Teamwork and healthcare quality: patients and professionals wellbeing (for existing teams)</td>
</tr>
</tbody>
</table>
On line training courses

La salut del resident. Curs on line
Eines i reflexions per afrontar l'estres

El resident s’incorpora al dia a dia del sistema sanitari i viu directament l’impacte de la realitat (pacients difícils, guàrdies intenses, presa de decisions, dilemmes ètics, dificultats de comunicació ...) i, de vegades, es troba sense les eines necessàries per a afrontar-la, amb el consegüent malestar que aquest fet pot produir. Preparar-se per a l’exercici professional no és només assolir l’excellència tècnica, sinó també l’equilibri personal necessari per fer-ho saludablement. Aquest curs on line pretén sensibilitzar els residents sobre la importància de la cura de la pròpia salut i orientar sobre les maneres d’aconseguir-ho.

INSCRIPCIÓ
http://aula.fgalatea.org/
Prevention and health promotion: results

Increase of number and type of activities based on our research results to:

- Raise awareness of healthcare professionals to take care of themselves
- Early detection
- Promotion of our caring programmes and healthcare services

Prevention and health promotion – Good complement to healthcare programmes in improving the health and well-being of professionals
The PAIMM model
PAIMM as a Physician Health Program

- **Highly specialized mental health service.**

- **Voluntary admission:** informed consent.

- **Free:** sponsored by Medical Council-Association and the Catalonia Department of Health.

- **Highly confidencial:** special procedure to mask real identity.

- **Malpractice risk (<5%):** therapeutic contract (mandatory treatment).

- **Ethical guarantees.**
Caring programmes
Mental disorders and addictions. Dual Pathology

PAIMM
Programa d'Atenció Integral al Metge Malalt.

RETORN
Programa d'atenció a infermeres i infermers.

ASSÍS
Programa d'atenció al veterinari malalt.

ITACA
Programa d'atenció al farmacèutic malalt.

SUPORTS
Programa d'atenció a treballadors/es socials.

PSYQUE
Programa d'atenció al psicòleg malalt.

APOL·LÒNIA
Programa d'atenció a l'odontòleg malalt.

AFÍ
Programa d'atenció al fisioteràpia malalt.
PAIMM Treatment Unit

OUTPATIENT UNIT

INPATIENT UNIT

DAY HOSPITAL
Inclusion and exclusion criteria
PAIMM (Barcelona)

INCLUSION CRITERIA

Voluntary acceptance. Informed consent.

Physicians registered at the Barcelona Medical Council-Association.

EXCLUSION CRITERIA

Involuntary admission.

Severe eating disorders.

Mild to severe cognitive impairment.

Acute psychiatric conditions with immediate high risk for one-self or others.
Clinical Data
Clinical Data (N=350 PAIMM Barcelona)

24.4% of all admitted PAIMM physicians. Of all physicians registered at the COMB: 9.6% are MIR
New cases per year

- Total
- Women
- Men
Sex Distribution
(Age: <30 years: 54.8%; 30-39 years: 38.9%; >40 years: 6.28%)
Medical speciality

- Intensive Care
- Psychiatry
- Anesthesiology
- Pediatrics
- Internal Medicine
- Family Medicine

![Graph showing medical specialties: Family Medicine has the highest percentage, followed by Internal Medicine and Anesthesiology.](image-url)
Main DSM-IV diagnosis at admission

- MIR PAIMM
- NO MIR PAIMM

- Other mental disorders
- Non OH SUDs
- OH
1998-2018
Therapeutic contracts

118 physicians have signed 310 therapeutic contracts

MIR

16 MIR signed 35 therapeutic contracts:

9 OK; 4 Permanent Disability; 2 sanctioned; 1 left Medicine
Our team

SPECIALIZATION
An expert and multidisciplinary professional healthcare team offers you personalized care
Thank you