

# Doctors and their health - A study undertaken for The Royal Medical Benevolent Fund

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# Study Purpose

- To review the evidence about doctors who are away from the workplace due to health or performance concerns due to complex needs
- Contextualise this within the wider health, work and wellbeing and rehabilitation research agenda.
- Exploratory and hypothesis generating

# Study Aims

- *The nature and scale* of the problems encountered by doctors that relate to ill health, performance concerns and any consequent workplace absence.
- *The needs of doctors* who are away from the workplace and the challenges they face in returning to work.
- *Existing interventions* to supporting doctors and the frameworks employed to evaluate these interventions.
- *How the evidence mapped* onto the current knowledge about health work and wellbeing and effective interventions.

# Methods

- An organisational mapping process to identify relevant services and organisations in the UK. (Web based searches).
- A literature review. Relevant academic papers and “grey” literature including policy documents across UK, Europe, Canada, USA. (Jan 1999 - March 2010)
- Semi-structured interviews were conducted with a sample of key informants who represented some of the relevant services and organisations identified in the organisational mapping process. Thematic analysis of interview field notes

Isolation is a key issue for doctors. The longer a doctor is absent and isolated from work the more likely they are to suffer mental health problems.

Doctors show a reluctance to admit to illness, they often self manage; self prescribe and delay seeking external help until relatively late

Long performance management processes and investigations can exacerbate or lead to doctors developing mental health problems.

# Health Work and Wellbeing

Being out of work for whatever reason can impact on an individual's physical and mental health, and that returning to or remaining in a healthy and supportive work environment can be therapeutic and can enhance both health and wellbeing.

Waddell and Burton



# Timing of interventions

- The longer someone is off work for what ever reason the more likely they will suffer mental health problems
- Window of opportunity (1- 6 months)
- Individual off for 4 – 12 weeks: 10-40% chance of being off work at one year
- Once been off for 12 months unlikely ever to return to work before age of retirement

# In work and unwell...

- Presenteeism is common in health and social care  
(so when does resilience become presenteeism?)
- Organisational policies and practices are key to the management of both presenteeism and sickness absence



# At the heart of good practice..

The line manager employee relationship has a major impact on employee wellbeing.

# Evidence based interventions

- Medical treatment alone has little impact on work outcomes; work focussed healthcare and workplace adjustments are required to enable a successful return to the workplace.
- A holistic model which considers the individual, their workplace and wider system issues is important when returning an individual to work or maintaining them in the workplace.

# In summary

- Holistic, evidenced based interventions
- Individual - workplace and personal focused interventions required to provide effective support
- Line manager employee interactions are key

# Thank you

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