

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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