



THE UNIVERSITY OF  
**SYDNEY**

# Psychiatric Morbidity, Burnout and Distress in Australian Physician Trainees

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# Faculty/Presenter Disclosure

Carmen Axisa is a PhD Candidate at Sydney Medical School,  
The University of Sydney

Carmen Axisa is employed as a Lecturer at the Faculty of Health,  
University of Technology Sydney

The New South Wales Institute of Psychiatry provided a  
Research Training Fellowship to Carmen Axisa for a period of  
12 months commencing January 2014




# Depression, Burnout and Alcohol Use in Australian Doctors

- 21% of doctors reported having been diagnosed with, or treated for depression  
*(beyondblue 2013)*
- 26% prevalence of psychiatric morbidity (non psychotic) in Australian medical graduates  
*(Willcock et al 2004)*
- 69% of junior doctors were at risk of burnout *(Australian Medical Association survey report 2008)*
- 75% of Australian medical graduates reported burnout *(Willcock et al 2004)*
- 15% of doctors met the Alcohol Use Disorders Identification Test (AUDIT) criteria for potential hazardous alcohol use *(Nash et al 2010)*



## Compared with the Australian Population

- Thoughts of suicide are significantly higher in doctors (*beyondblue, 2013*)
  - Doctors aged 30 years and younger reported substantially higher rates of psychological distress (*beyondblue, 2013*)
  - Meta-analysis of standardised mortality ratios from 22 studies showed that doctors had a higher risk of suicide compared with the general population (*Elliott, Tan & Norris, 2010*)
- 

# Depression

- Medical students in US: 27% (Mata et al 2015, Rotenstein et al 2016)
- Resident physicians in US: 28.8% (Mata et al 2015, Rotenstein et al 2016)
- Physicians in Canada: 20% males, 29% females (Frank & Segura 2009; Compton & Frank 2011)
- General Practitioners and Psychiatrists in UK: 46.2% (Adams et al 2010)



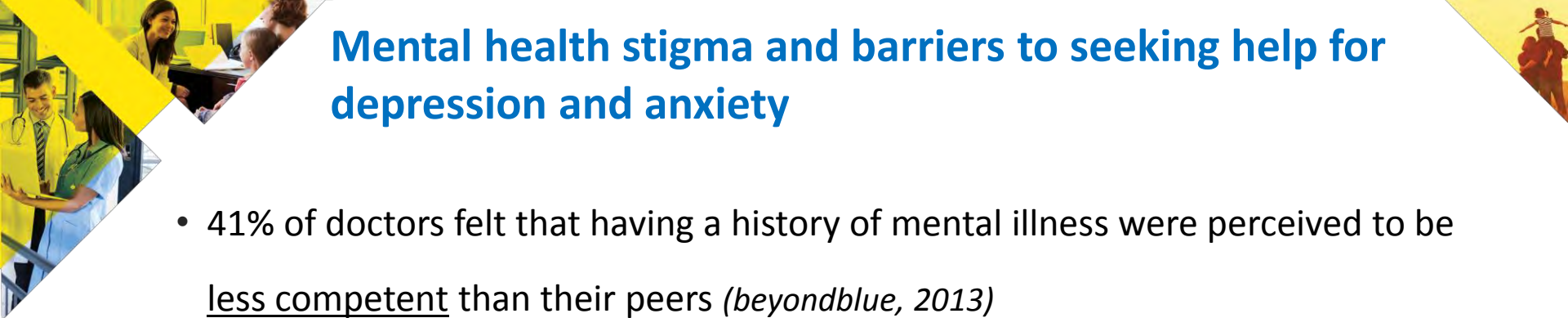
# Burnout

75% of Residents in the US (*Fahrenkopf et al 2008*)

46% of General Practitioners & Psychiatrists in UK (*Adams et al 2010*)

45.8% of Physicians in the US reported at least one symptom of burnout (*Shanafelt et al 2012*)

Burnout more prevalent in Early Career Physicians than in general US population (*Dyrbye et al 2014*)



## Mental health stigma and barriers to seeking help for depression and anxiety

- 41% of doctors felt that having a history of mental illness were perceived to be less competent than their peers (*beyondblue, 2013*)
- 48% of doctors felt that doctors with a history of mental illness had less opportunity for career progression (*beyondblue, 2013*)
- Embarrassment to consult another doctor regarding mental health issues is a major barrier causing delays in seeking help, receiving appropriate treatment and overall recovery (*beyondblue 2013; Davidson & Schattner 2003; Kay et al 2008*)





# Physician Training in Australia

Royal Australasian College of Physicians (RACP)

- Three years of basic training
- Three years of advanced training

*Physician trainees from both Adult Internal Medicine and Paediatrics and Child Health divisions must pass both a written and clinical examination to be eligible to progress from basic to advanced training*



# Study Aims

- Using a sample of NSW Physician Trainees

To determine the prevalence of:

- Psychiatric morbidity
  - Burnout
  - Alcohol use
  - Compassion satisfaction
- To investigate the factors associated each of these



# Study Methods

- Study Participants: Physician Trainees (NSW, Australia)
- Participants completed online questionnaire – 133 items
- Demographic and self reported data also collected
- Study recruitment: January 2014 – April 2015
- Validated study survey instruments: AUDIT, DASS, ProQOL

# Study Instruments

Instrument name	Author	Year developed	Measures
Alcohol Use Disorders Identification Test (AUDIT)	World Health Organisation	1989	Alcohol use
Depression Anxiety Stress Scale (DASS)	Lovibond & Lovibond	1995	Depression Anxiety Stress
Professional Quality of Life Scale (ProQOL)	B. H. Stamm	2009 - 2012	Burnout Compassion Satisfaction Secondary Traumatic Stress



# Baseline Study Results



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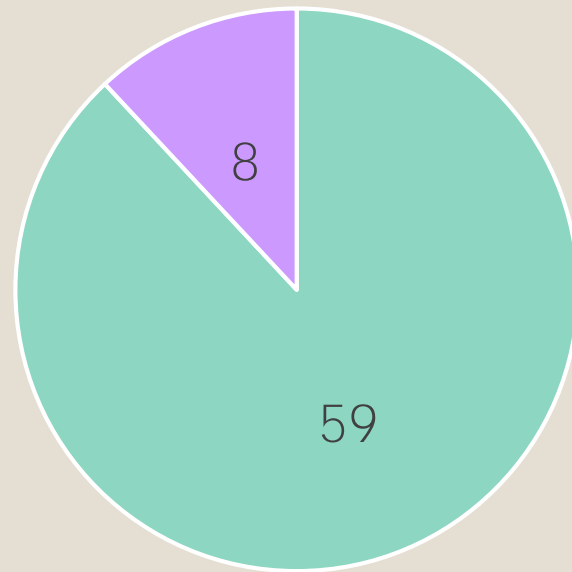
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# Study Participants

- 59 baseline data sets out of 67 (88% response rate)
- 44 Females (75%) / 15 Males (25%)
- Participant Age Range: 25 – 43 years

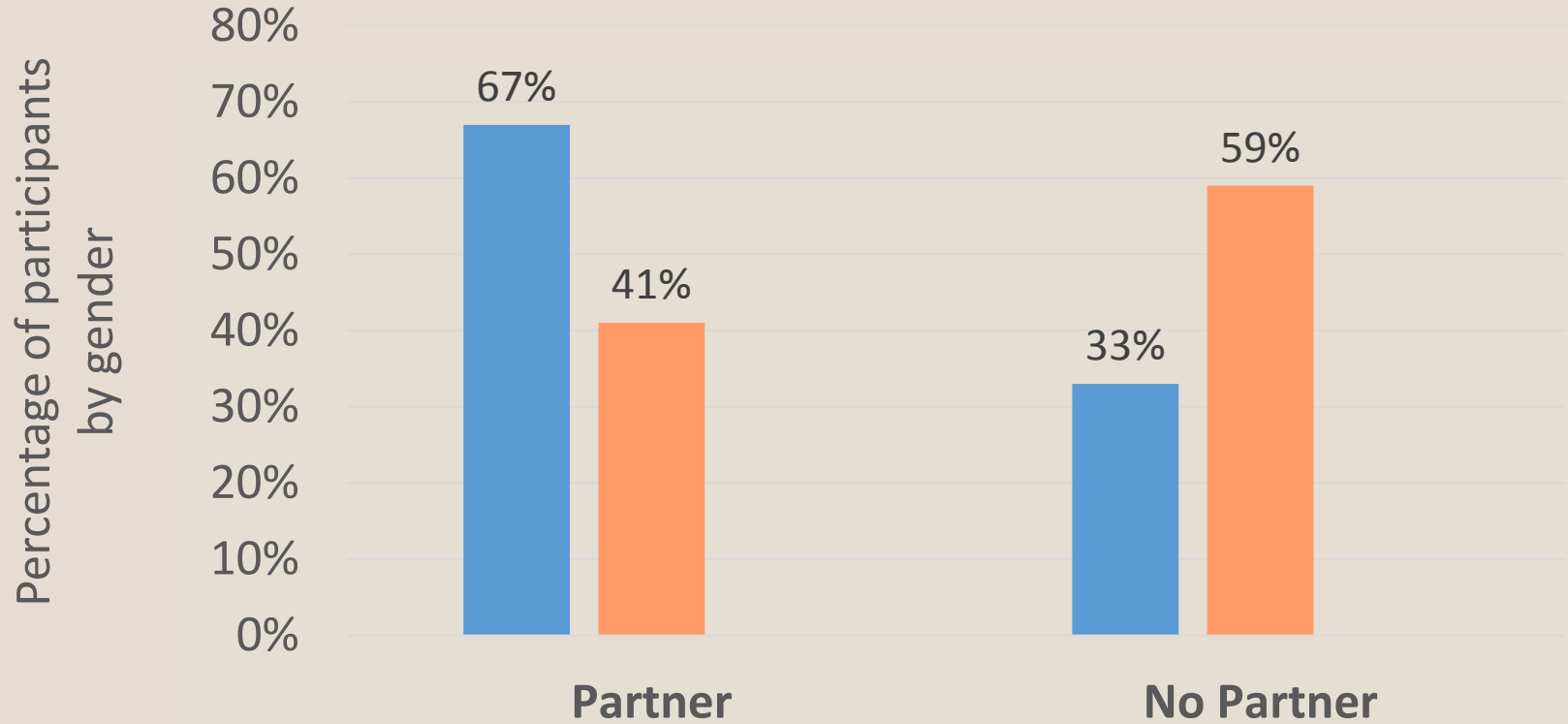
Study Participation (n = 67)



■ Participants   ■ Did not respond

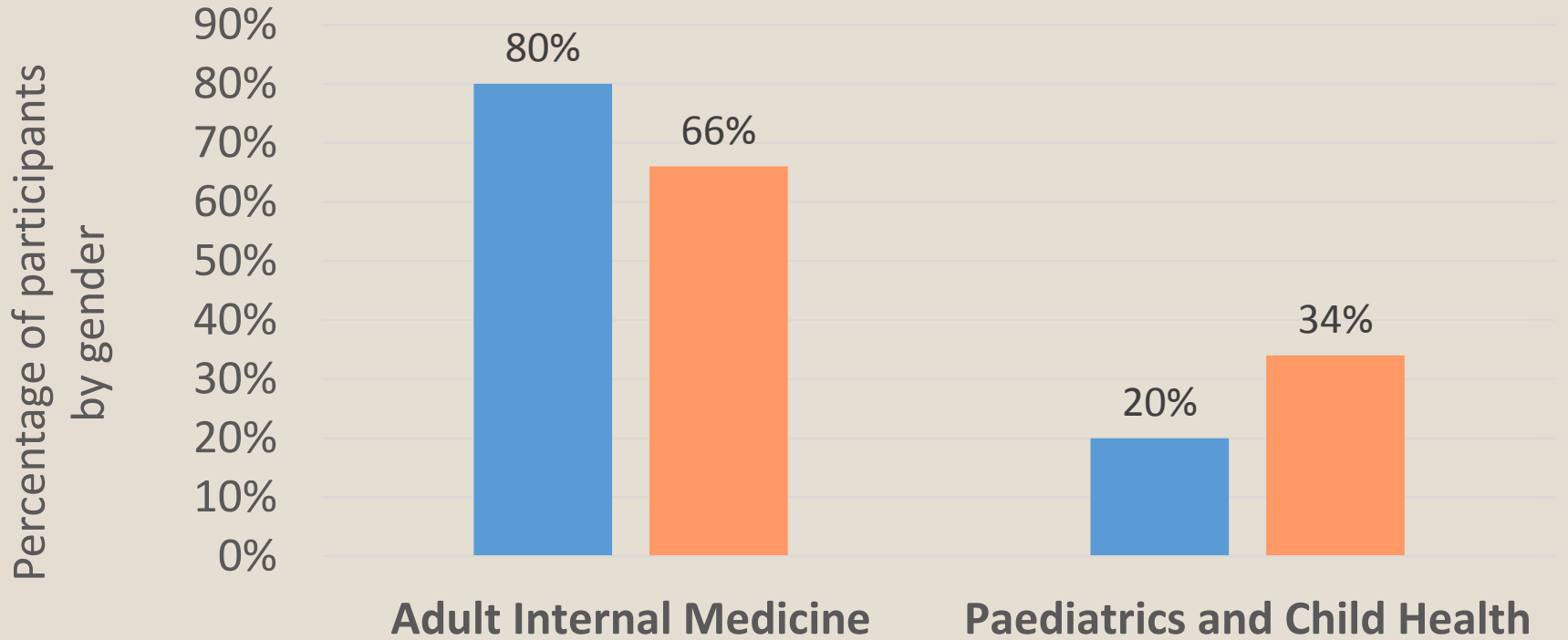
# Partner status

■ Males ■ Females



# Training Division

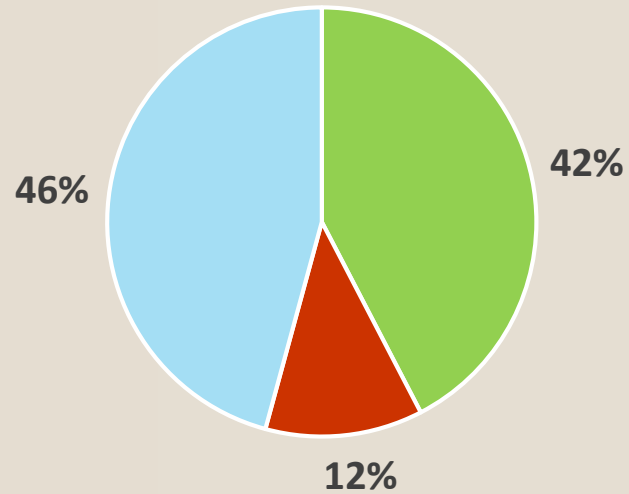
■ Males ■ Females



# RACP Exams

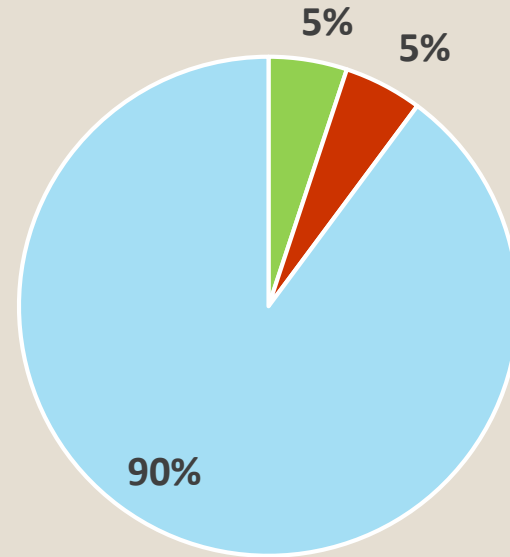
n = 59

## RACP Written Exam



Passed Failed Not Yet Attempted

## RACP Clinical Exam

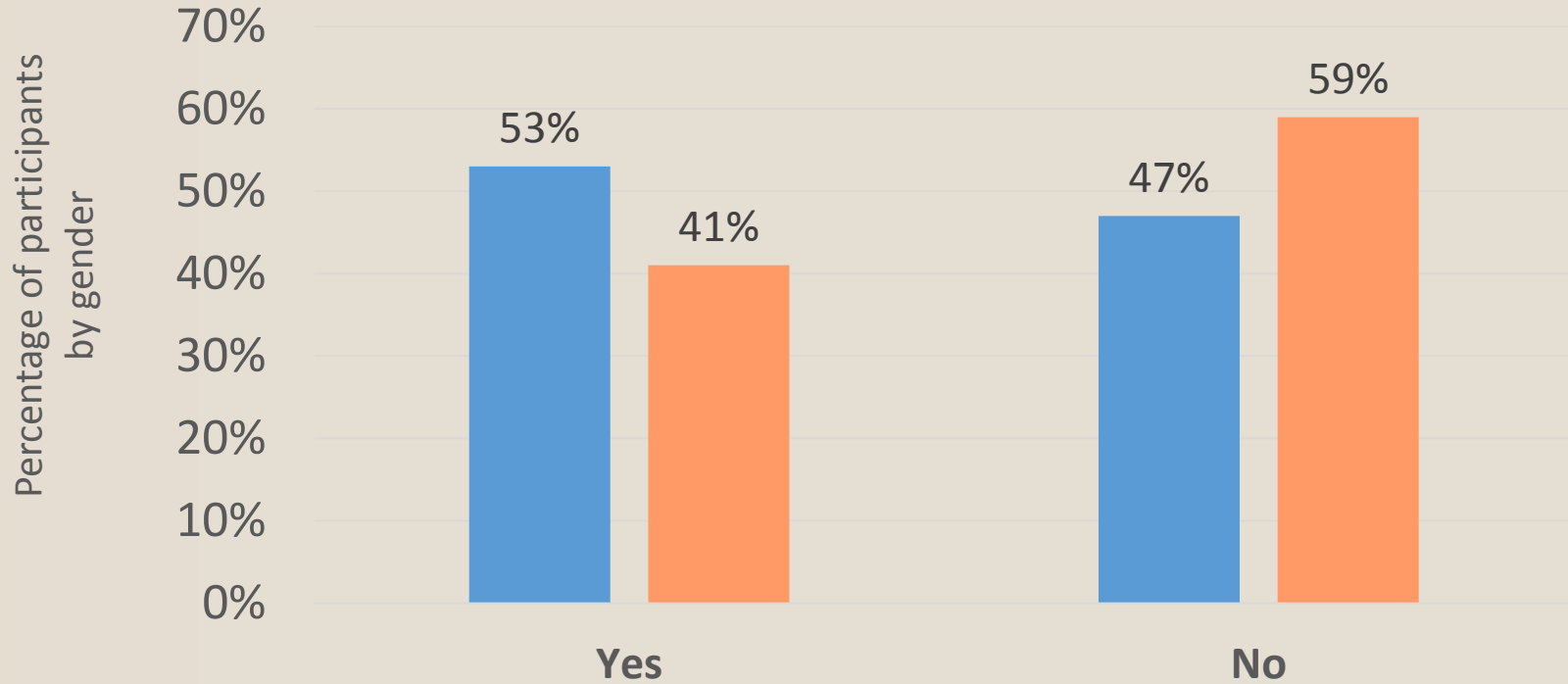


Passed Failed Not Yet Attempted



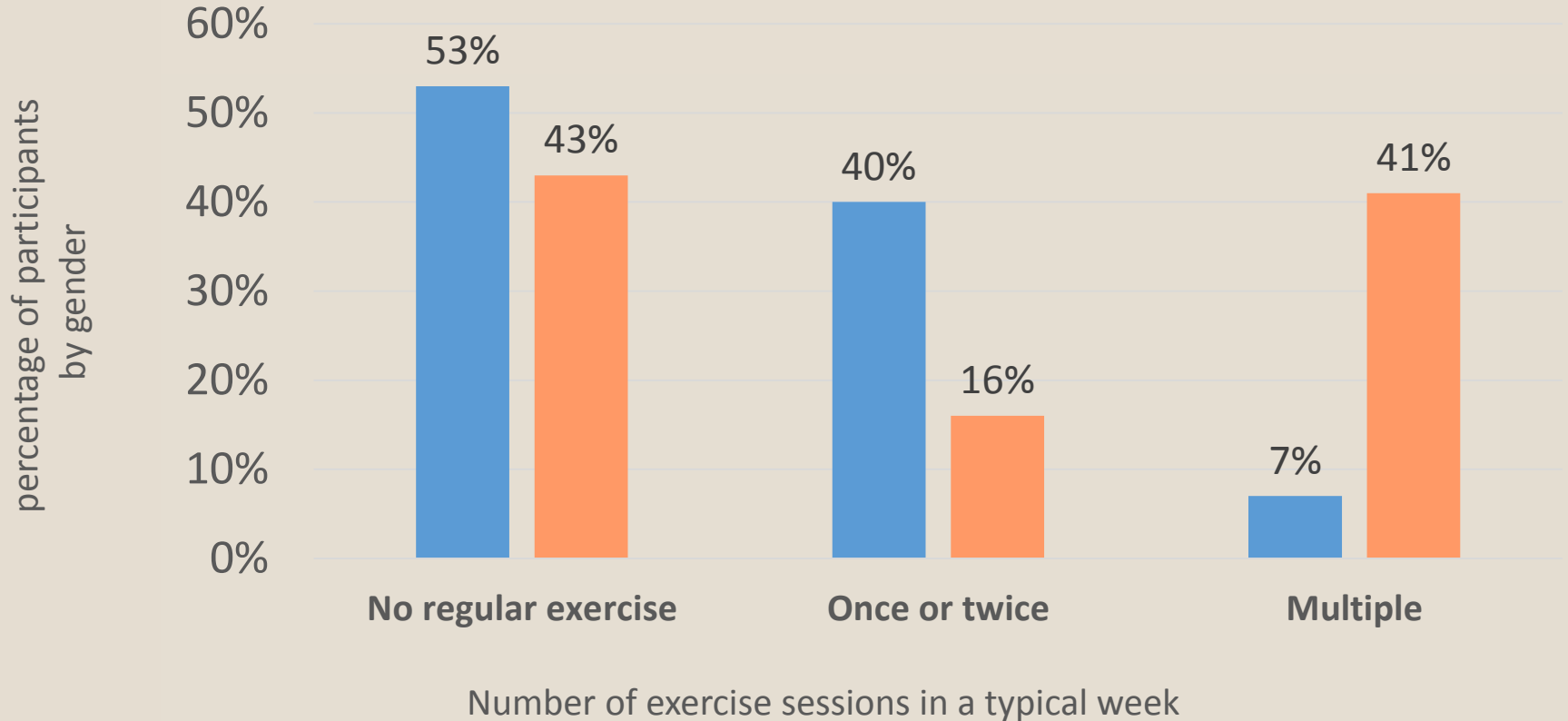
## Regular Visits to General Practitioner

■ Males ■ Females

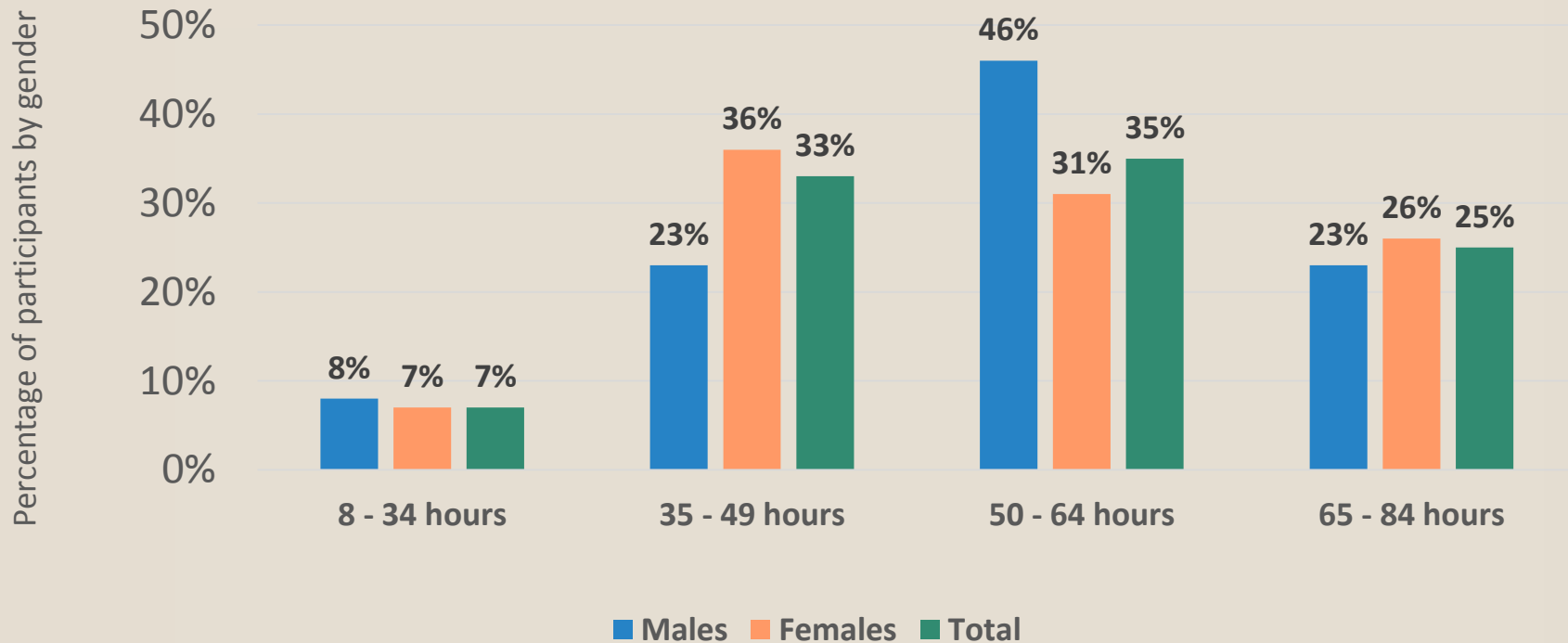


## Exercise Habits of Participants

■ Males ■ Females



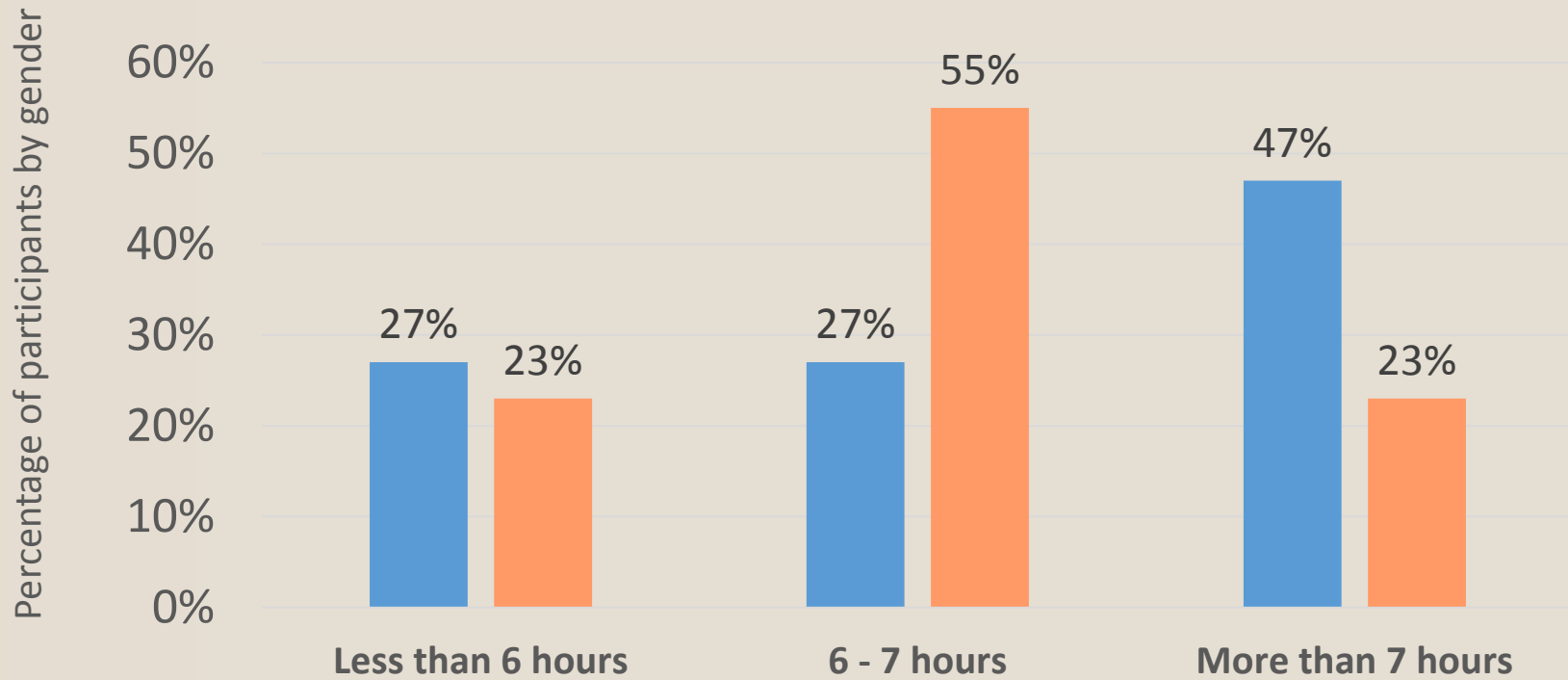
## Total hours worked in past 7 days



Four Participants worked zero (0) hours and are not included in graph

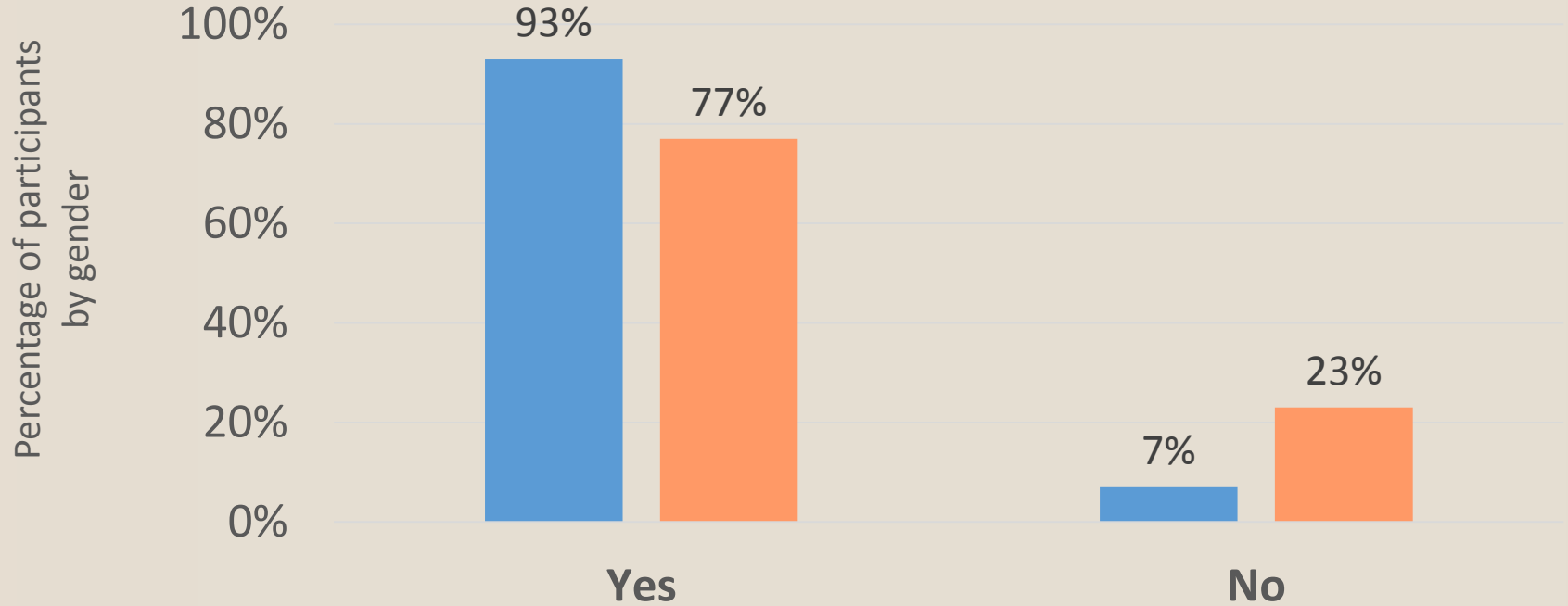
## Mean hours of sleep in past 7 days

■ Males ■ Females



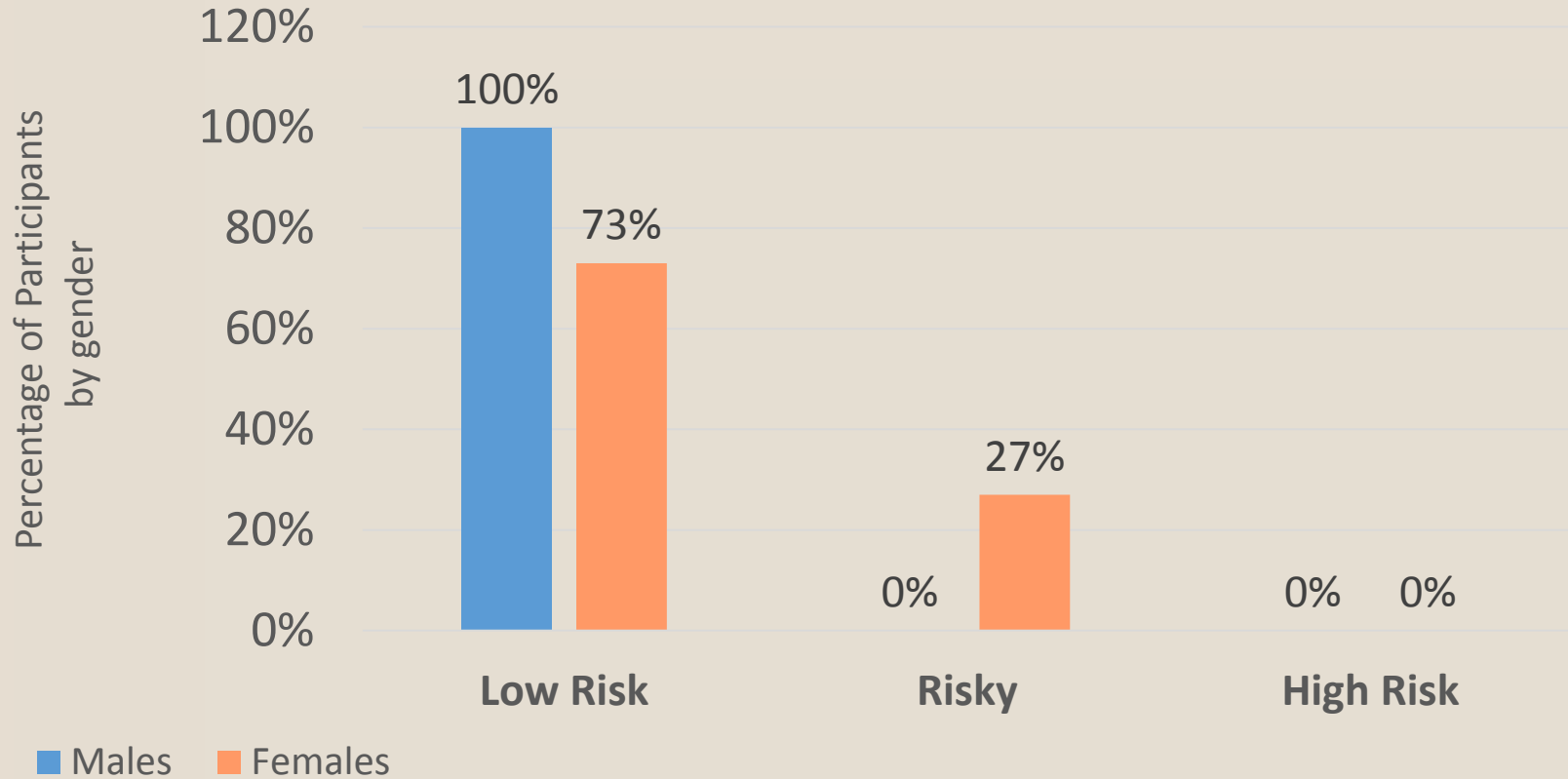
## Taken a holiday in the past 12 months

■ Males ■ Females



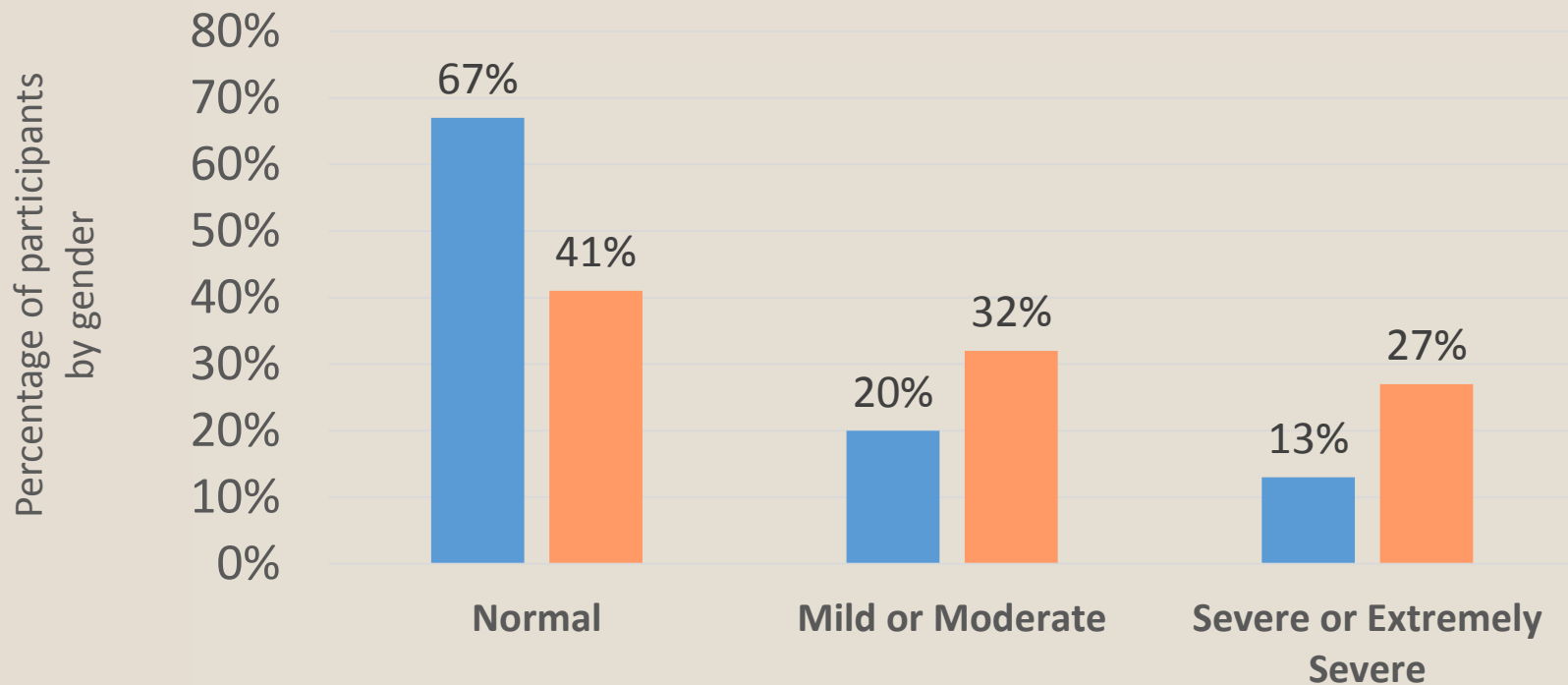
# Alcohol Use Disorders Identification Test

P-value 0.023



# DASS Depression

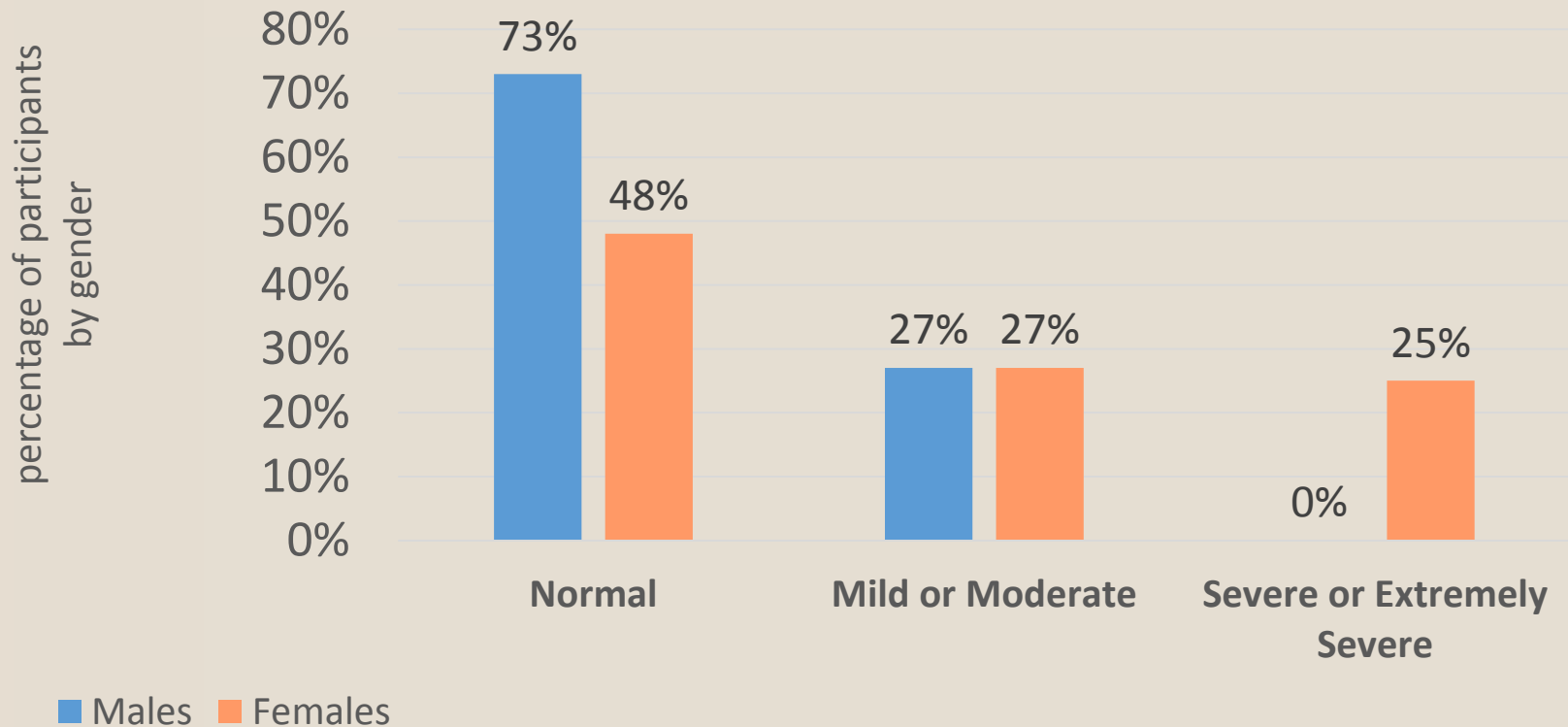
P-value 0.084



■ Males ■ Females

# DASS Anxiety

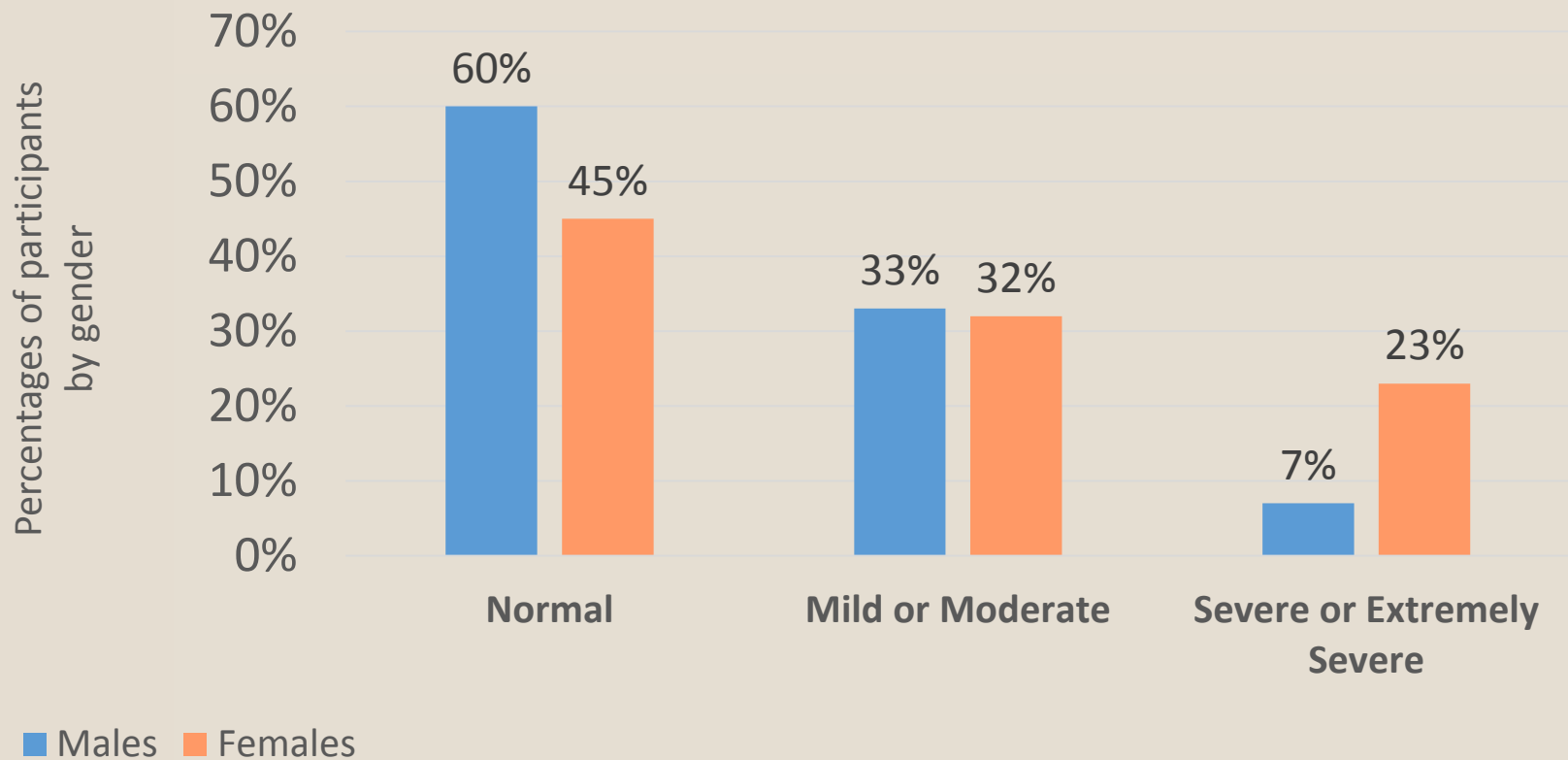
P-value 0.086





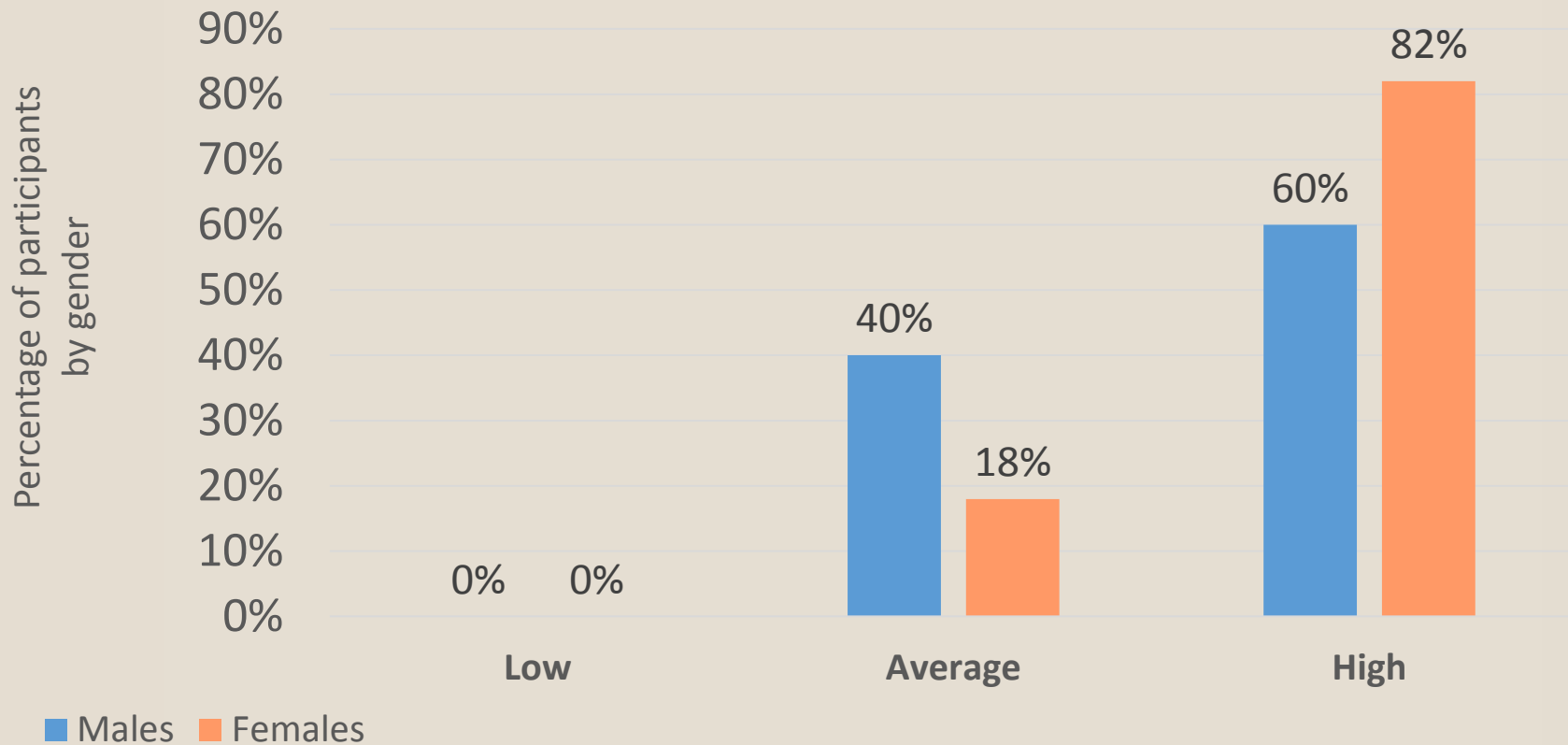
# DASS Stress

P-value 0.330



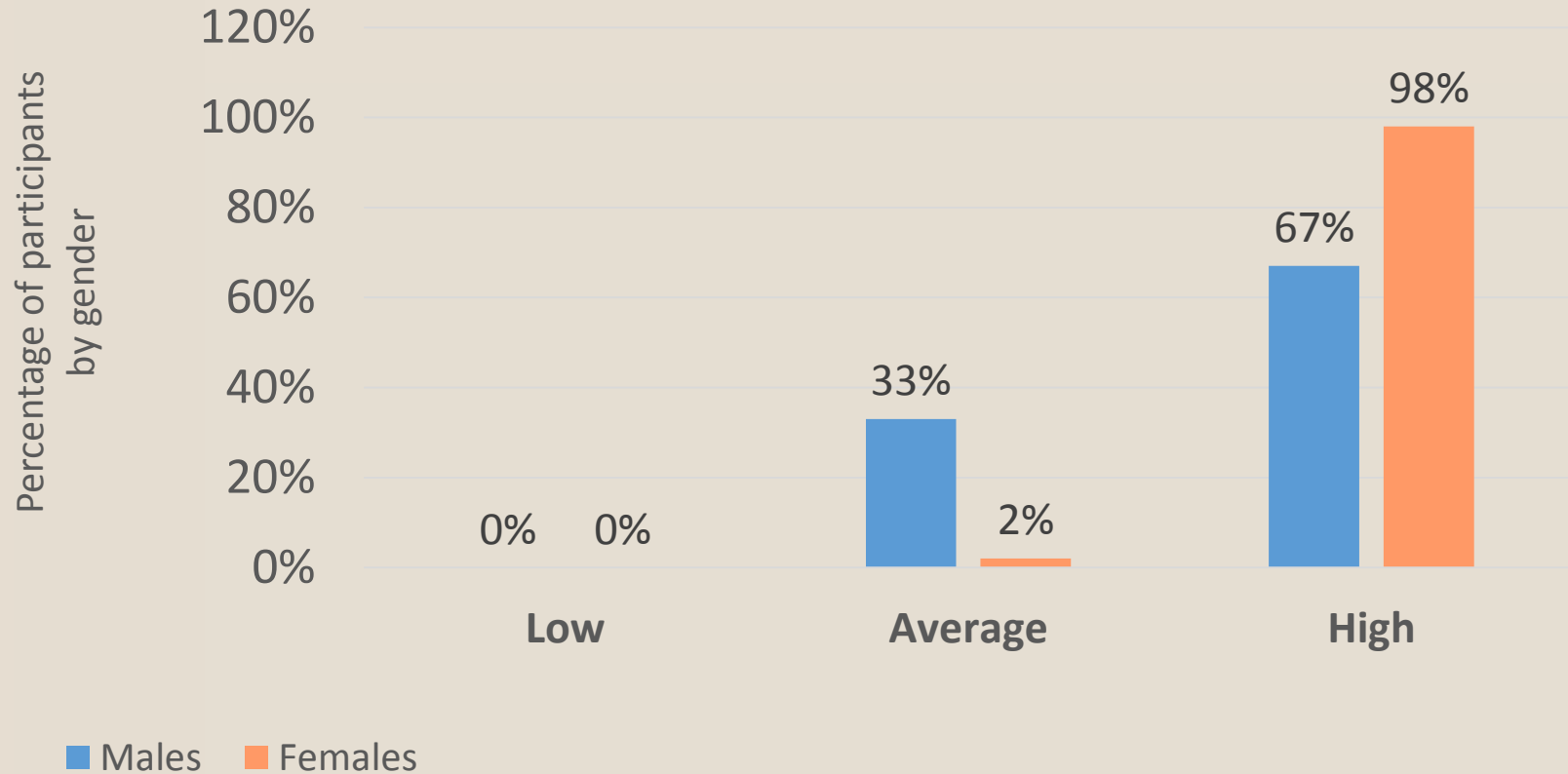
# ProQOL - Burnout

P-value 0.086



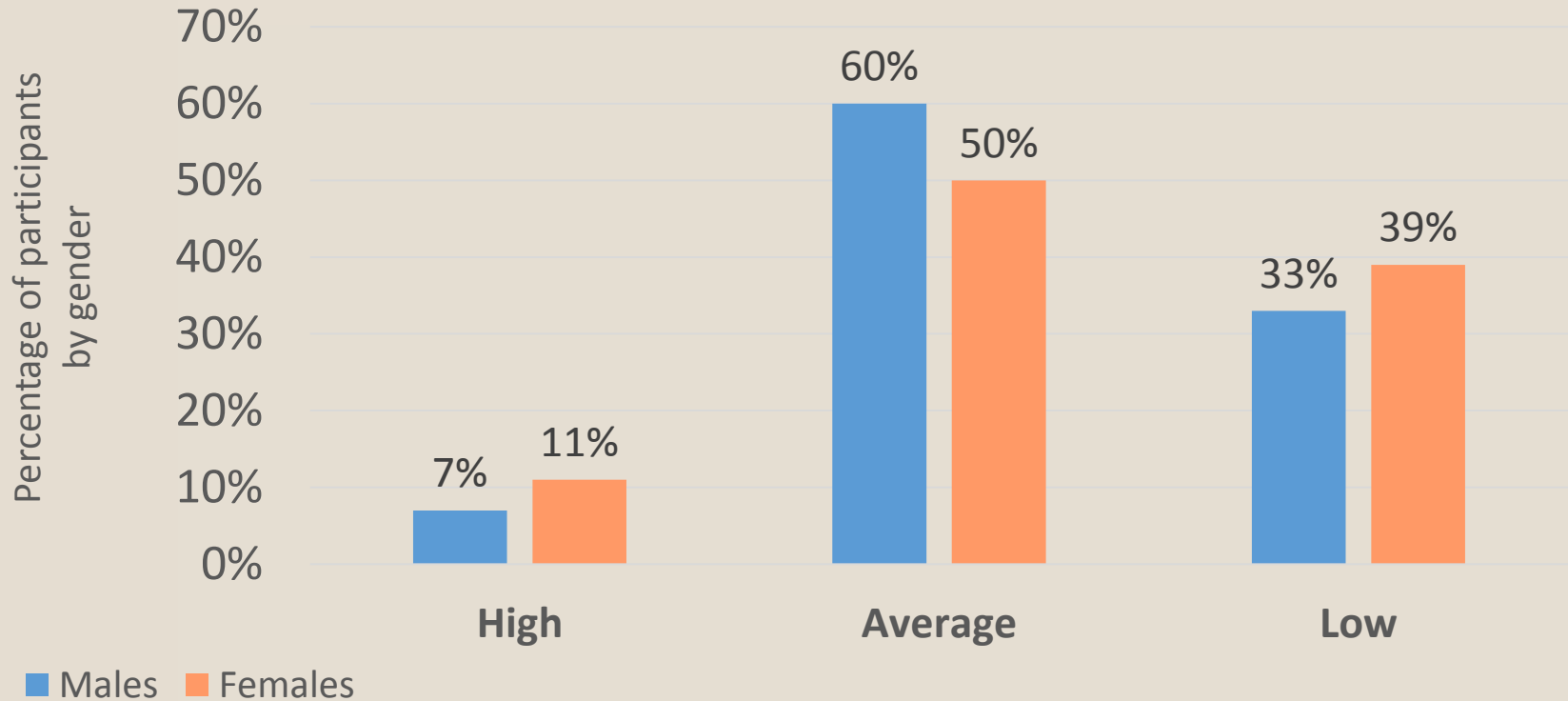
# ProQOL - Secondary Traumatic Stress

P-value 0.001



# ProQOL - Compassion Satisfaction

P value 0.714





# Relationship between outcome measures and variables

## Stress

- Married participants had lower reported stress compared to unmarried participants ( $P=0.003$ )
- Participants with children had lower reported stress compared to participants without children ( $P=0.005$ )

## Depression

- Participants who did not take a holiday in the past 12 months were more likely to be depressed ( $P=0.031$ )

## Anxiety

- Participants that reported less sleep had higher levels of anxiety ( $P=0.006$ )



## Relationship between outcome measures and variables

### Alcohol use

- Participants who did not take a holiday in the past twelve months had higher AUDIT scores (P=0.022)
- A higher proportion of females had 'Risky' alcohol use (P=0.023)
- Participants who regularly visited a GP had lower AUDIT scores (P=0.032)

## Reasons why Physician Trainees are not comfortable seeking help for depression or anxiety

Reasons	Percentage (n = 59)
Lack of time	81%
Fear of lack of confidentiality/privacy	41%
Embarrassment	39%
Reliance on self, do not want help	37%
Concerns about career development/progression	36%
Do not believe it will help	29%
Impact on registration and right to practice	27%
Impact on colleagues (i.e. letting colleagues down)	27%
Stigmatising attitudes to mental illness	24%

## Reasons why Physician Trainees are not comfortable seeking help for depression or anxiety

Reasons	Percentage (n = 59)
Lack of confidence in professional treatment	22%
Fear of unwanted intervention	20%
Do not want to burden others	20%
Cost	20%
Fear or stress about help seeking or the source of help	17%
Impact on patients (i.e. letting patients down)	12%
Income loss	12%
Difficulty identifying symptoms of mental illness	10%
Lack of knowledge about mental health services	10%
Lack of locum cover	8%



## Coping methods

(when feeling anxious or depressed)

Number of participants (%)  
(n = 59)

Often

Sometimes

Rarely or  
Never

Talk to others

51%

34%

15%

Try to look on the bright side of things

32%

54%

14%

Do something enjoyable

17%

63%

20%

Avoid being with people

25%

46%

29%

Eat more than usual

31%

32%

37%

Take yourself to bed

20%

44%

36%

<b>Coping methods</b> (when feeling anxious or depressed)	<b>Number of participants (%)</b> (n = 59)		
	<b>Often</b>	<b>Sometimes</b>	<b>Rarely <u>or</u> Never</b>
<b>Jog or do other exercise</b>	17%	39%	44%
<b>Practice mindfulness or another relaxation technique</b>	10%	27%	63%
<b>Pray</b>	10%	22%	68%
<b>Drink more alcohol than usual</b>	10%	20%	69%
<b>Seek spiritual help</b>	3%	14%	83%
<b>Take non-prescribed medication</b>	0%	5%	95%
<b>Smoke more cigarettes than usual</b>	2%	3%	95%

## Doctor's Attitudes Towards Depression and Anxiety

Number of participants (%)  
(n = 59)

Agree or  
Strongly Agree

Neutral

Disagree or  
Strongly  
Disagree

Doctors feel they need to portray a healthy image



88%

8%

3%

Doctors who have experienced depression or an anxiety disorder can achieve as much in their careers as those who have not

76%

19%

5%

A doctor with a history of depression or an anxiety disorder is as reliable as the average doctor

73%

17%

10%

Doctors who experience depression or an anxiety disorder should be optimistic about their recovery

59%

34%

7%

Being a patient causes embarrassment for a doctor



59%

14%

27%

Many doctors believe that experiencing depression or an anxiety disorder themselves is a sign of personal weakness



58%

14%

29%

## Doctor's Attitudes Towards Depression and Anxiety

Number of participants (%)  
(n = 59)

Agree or  
Strongly Agree

Neutral

Disagree or  
Strongly  
Disagree

Doctors are less likely to appoint doctors with a history of depression or an anxiety disorder

53%

27%

20%

Many doctors believe that a doctor with a history of depression or an anxiety disorder is less competent

39%

27%

34%

Many doctors think less of doctors who have experienced depression or an anxiety disorder

39%

27%

34%

Doctors tend to advise colleagues not to divulge a history of depression or an anxiety disorder

29%

31%

41%

Doctors should be able to avoid depression or an anxiety disorder

10%

17%

73%

Doctors who experience depression or an anxiety disorder should change to a non-clinical career

3%

15%

81%

## Study Conclusion

- Physician trainees exhibit high rates of psychological distress
- Burnout and Secondary Traumatic Stress were high across the cohort
- Female physician trainees reported higher psychological distress, burnout and alcohol use than male physician trainees
- Lack of time, long work hours, insufficient sleep and lack of regular exercise are all issues affecting physician trainees

# Recommendations

- Encourage physician trainee self care strategies and stress management through training and role modelling
- Workplace systems need to promote healthy work environments and support trainees by providing good mentorship and supervision
- Supervisors and mentors can promote access to mental health services and encourage early intervention

# Recommendations

- Hospital employers can promote the importance of maintaining good mental health and wellbeing and change structures that promote long hours, lack of cover for training commitments and difficulties taking leave
- Change the culture to remove the stigma of mental illness and remove barriers to seeking help for depression and anxiety
- The System needs to change to support trainees to implement workplace culture change



# Doctors Health Advisory Service (DHAS)

- Aims to ensure that every doctor, dentist, veterinarian or student in these professions has ready access to health care
- Telephone help line (24 hours) for personal and confidential advice for practitioners and students, and also for colleagues and family members in every state and territory across Australia
- Anyone who is concerned about their own health, the health of a colleague, or the health of a family member who is a doctor or a medical student can call the Help Line

<http://dhas.org.au/>



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## Doctors' Health Clinic South Australia

- After Hours Service for doctors and medical students
- By Appointment (online bookings)
- Provides physical healthcare
- Appropriate referral to mental health services
- General Practitioner's are trained to look after doctors as patients
- General Practitioner's work at the clinic on a casual basis
- Maintain privacy and confidentiality
- Network of trained General Practitioners across the state

*Healthy Doctors Practice Better Medicine*

*<http://doctorshealthsa.com.au/>*



# Thank you

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