Psychiatric Morbidity, Burnout and Distress in Australian Physician Trainees

Carmen Axisa PhD Candidate
Associate Professor Louise Nash
Associate Professor Patrick Kelly
Professor Simon Willcock

Sydney Medical School, The University of Sydney
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
  \(\text{(beyondblue 2013)}\)

• 26% prevalence of psychiatric morbidity (non psychotic) in Australian medical graduates
  \(\text{(Willcock et al 2004)}\)

• 69% of junior doctors were at risk of burnout \(\text{(Australian Medical Association survey report 2008)}\)

• 75% of Australian medical graduates reported burnout \(\text{(Willcock et al 2004)}\)

• 15% of doctors met the Alcohol Use Disorders Identification Test (AUDIT) criteria for potential hazardous alcohol use \(\text{(Nash et al 2010)}\)
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)
- 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
<table>
<thead>
<tr>
<th>Instrument name</th>
<th>Author</th>
<th>Year developed</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Use Disorders Identification Test (AUDIT)</td>
<td>World Health Organisation</td>
<td>1989</td>
<td>Alcohol use</td>
</tr>
<tr>
<td>Depression Anxiety Stress Scale (DASS)</td>
<td>Lovibond &amp; Lovibond</td>
<td>1995</td>
<td>Depression, Anxiety, Stress</td>
</tr>
<tr>
<td>Professional Quality of Life Scale (ProQOL)</td>
<td>B. H. Stamm</td>
<td>2009 - 2012</td>
<td>Burnout, Compassion Satisfaction, Secondary Traumatic Stress</td>
</tr>
</tbody>
</table>
Baseline Study Results
Study Participants

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

Percentage of participants by gender

- Adult Internal Medicine:
  - Males: 80%
  - Females: 66%

- Paediatrics and Child Health:
  - Males: 20%
  - Females: 34%
RACP Exams

RACP Written Exam
- Passed: 46%
- Failed: 12%
- Not Yet Attempted: 42%

RACP Clinical Exam
- Passed: 90%
- Failed: 5%
- Not Yet Attempted: 5%

n = 59
Regular Visits to General Practitioner

Percentage of participants by gender

Yes

- Males: 53%
- Females: 41%

No

- Males: 59%
- Females: 47%
Exercise Habits of Participants

Percentage of participants by gender:

- **No regular exercise**: 53% (Males) / 43% (Females)
- **Once or twice**: 40% (Males) / 16% (Females)
- **Multiple**: 7% (Males) / 41% (Females)

Number of exercise sessions in a typical week:
Total hours worked in past 7 days

<table>
<thead>
<tr>
<th>Hours</th>
<th>Percentage of Participants by Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
</tr>
<tr>
<td>8 - 34 hours</td>
<td>8%</td>
</tr>
<tr>
<td>35 - 49 hours</td>
<td>23%</td>
</tr>
<tr>
<td>50 - 64 hours</td>
<td>46%</td>
</tr>
<tr>
<td>65 - 84 hours</td>
<td>23%</td>
</tr>
</tbody>
</table>

Four Participants worked zero (0) hours and are not included in graph.
Taken a holiday in the past 12 months

<table>
<thead>
<tr>
<th>Percentage of participants by gender</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>93%</td>
<td>7%</td>
</tr>
<tr>
<td>Females</td>
<td>77%</td>
<td>23%</td>
</tr>
</tbody>
</table>
Alcohol Use Disorders Identification Test

P-value 0.023

Percentage of Participants by gender

- Low Risk:
  - Males: 100%
  - Females: 73%

- Risky:
  - Males: 0%
  - Females: 27%

- High Risk:
  - Males: 0%
  - Females: 0%
DASS Depression

Percentage of participants by gender

- Normal: 67% Males, 41% Females
- Mild or Moderate: 20% Males, 32% Females
- Severe or Extremely Severe: 13% Males, 27% Females

P-value 0.084
DASS Anxiety

Percentage of participants by gender

- Normal: 73% Males, 48% Females
- Mild or Moderate: 27% Males, 27% Females
- Severe or Extremely Severe: 0% Males, 25% Females

P-value 0.086
DASS Stress

Percentages of participants by gender

- Normal: 60% Males, 45% Females
- Mild or Moderate: 33% Males, 32% Females
- Severe or Extremely Severe: 7% Males, 23% Females

P-value 0.330
ProQOL - Burnout

Percentage of participants by gender

Low: 0% Males, 0% Females
Average: 40% Males, 18% Females
High: 60% Males, 82% Females

P-value 0.086
ProQOL - Secondary Traumatic Stress

P-value 0.001

Percentage of participants by gender

Low
Average
High

Males
Females

0%  0%
33%  2%
98%  67%

Low
Average
High

0%  0%  0%
2%  33%  98%

P-value 0.001
ProQOL - Compassion Satisfaction

Percentage of participants by gender

<table>
<thead>
<tr>
<th>Level</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>7%</td>
<td>11%</td>
</tr>
<tr>
<td>Average</td>
<td>60%</td>
<td>50%</td>
</tr>
<tr>
<td>Low</td>
<td>33%</td>
<td>39%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Percentage (n = 59)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of time</td>
<td>81%</td>
</tr>
<tr>
<td>Fear of lack of confidentiality/privacy</td>
<td>41%</td>
</tr>
<tr>
<td>Embarrassment</td>
<td>39%</td>
</tr>
<tr>
<td>Reliance on self, do not want help</td>
<td>37%</td>
</tr>
<tr>
<td>Concerns about career development/progression</td>
<td>36%</td>
</tr>
<tr>
<td>Do not believe it will help</td>
<td>29%</td>
</tr>
<tr>
<td>Impact on registration and right to practice</td>
<td>27%</td>
</tr>
<tr>
<td>Impact on colleagues (i.e. letting colleagues down)</td>
<td>27%</td>
</tr>
<tr>
<td>Stigmatising attitudes to mental illness</td>
<td>24%</td>
</tr>
</tbody>
</table>
### Reasons why Physician Trainees are not comfortable seeking help for depression or anxiety

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Percentage (n = 59)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of confidence in professional treatment</td>
<td>22%</td>
</tr>
<tr>
<td>Fear of unwanted intervention</td>
<td>20%</td>
</tr>
<tr>
<td>Do not want to burden others</td>
<td>20%</td>
</tr>
<tr>
<td>Cost</td>
<td>20%</td>
</tr>
<tr>
<td>Fear or stress about help seeking or the source of help</td>
<td>17%</td>
</tr>
<tr>
<td>Impact on patients (i.e. letting patients down)</td>
<td>12%</td>
</tr>
<tr>
<td>Income loss</td>
<td>12%</td>
</tr>
<tr>
<td>Difficulty identifying symptoms of mental illness</td>
<td>10%</td>
</tr>
<tr>
<td>Lack of knowledge about mental health services</td>
<td>10%</td>
</tr>
<tr>
<td>Lack of locum cover</td>
<td>8%</td>
</tr>
</tbody>
</table>
Coping methods (when feeling anxious or depressed)

<table>
<thead>
<tr>
<th>Method</th>
<th>Often (%)</th>
<th>Sometimes (%)</th>
<th>Rarely or Never (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk to others</td>
<td>51%</td>
<td>34%</td>
<td>15%</td>
</tr>
<tr>
<td>Try to look on the bright side of things</td>
<td>32%</td>
<td>54%</td>
<td>14%</td>
</tr>
<tr>
<td>Do something enjoyable</td>
<td>17%</td>
<td>63%</td>
<td>20%</td>
</tr>
<tr>
<td>Avoid being with people</td>
<td>25%</td>
<td>46%</td>
<td>29%</td>
</tr>
<tr>
<td>Eat more than usual</td>
<td>31%</td>
<td>32%</td>
<td>37%</td>
</tr>
<tr>
<td>Take yourself to bed</td>
<td>20%</td>
<td>44%</td>
<td>36%</td>
</tr>
</tbody>
</table>
## Coping methods (when feeling anxious or depressed)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely or Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jog or do other exercise</td>
<td>17%</td>
<td>39%</td>
<td>44%</td>
</tr>
<tr>
<td>Practice mindfulness or another relaxation technique</td>
<td>10%</td>
<td>27%</td>
<td>63%</td>
</tr>
<tr>
<td>Pray</td>
<td>10%</td>
<td>22%</td>
<td>68%</td>
</tr>
<tr>
<td>Drink more alcohol than usual</td>
<td>10%</td>
<td>20%</td>
<td>69%</td>
</tr>
<tr>
<td>Seek spiritual help</td>
<td>3%</td>
<td>14%</td>
<td>83%</td>
</tr>
<tr>
<td>Take non-prescribed medication</td>
<td>0%</td>
<td>5%</td>
<td>95%</td>
</tr>
<tr>
<td>Smoke more cigarettes than usual</td>
<td>2%</td>
<td>3%</td>
<td>95%</td>
</tr>
<tr>
<td>Doctor’s Attitudes Towards Depression and Anxiety</td>
<td>Number of participants (%) (n = 59)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-----------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Agree or Strongly Agree</td>
<td>Neutral</td>
<td>Disagree or Strongly Disagree</td>
</tr>
<tr>
<td>Doctors feel they need to portray a healthy image</td>
<td>88%</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>Doctors who have experienced depression or an anxiety disorder can achieve as much in their careers as those who have not</td>
<td>76%</td>
<td>19%</td>
<td>5%</td>
</tr>
<tr>
<td>A doctor with a history of depression or an anxiety disorder is as reliable as the average doctor</td>
<td>73%</td>
<td>17%</td>
<td>10%</td>
</tr>
<tr>
<td>Doctors who experience depression or an anxiety disorder should be optimistic about their recovery</td>
<td>59%</td>
<td>34%</td>
<td>7%</td>
</tr>
<tr>
<td>Being a patient causes embarrassment for a doctor</td>
<td>59%</td>
<td>14%</td>
<td>27%</td>
</tr>
<tr>
<td>Many doctors believe that experiencing depression or an anxiety disorder themselves is a sign of personal weakness</td>
<td>58%</td>
<td>14%</td>
<td>29%</td>
</tr>
<tr>
<td>Doctor’s Attitudes Towards Depression and Anxiety</td>
<td>Number of participants (%) (n = 59)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors are less likely to appoint doctors with a history of depression or an anxiety disorder</td>
<td>Agree or Strongly Agree: 53%  Neutral: 27%  Disagree or Strongly Disagree: 20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Many doctors believe that a doctor with a history of depression or an anxiety disorder is less competent</td>
<td>Agree or Strongly Agree: 39%  Neutral: 27%  Disagree or Strongly Disagree: 34%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Many doctors think less of doctors who have experienced depression or an anxiety disorder</td>
<td>Agree or Strongly Agree: 39%  Neutral: 27%  Disagree or Strongly Disagree: 34%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors tend to advise colleagues not to divulge a history of depression or an anxiety disorder</td>
<td>Agree or Strongly Agree: 29%  Neutral: 31%  Disagree or Strongly Disagree: 41%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors should be able to avoid depression or an anxiety disorder</td>
<td>Agree or Strongly Agree: 10%  Neutral: 17%  Disagree or Strongly Disagree: 73%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors who experience depression or an anxiety disorder should change to a non-clinical career</td>
<td>Agree or Strongly Agree: 3%  Neutral: 15%  Disagree or Strongly Disagree: 81%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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/.
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

Thank you

Carmen Axisa (PhD Candidate)
Sydney Medical School
The University of Sydney

Lecturer
Faculty of Health
University of Technology Sydney
Email: carmen.axisa@uts.edu.au