

Doctors' needs and support required for successful return to clinical work: A mixed-methods study

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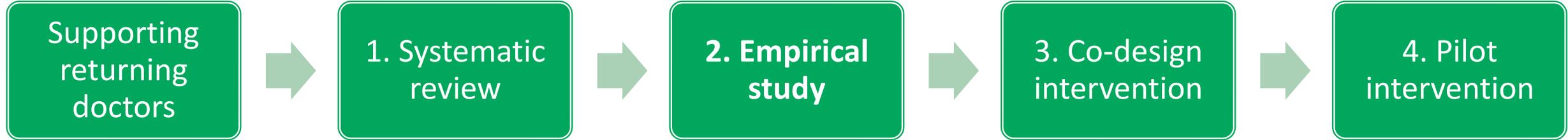


South London and Maudsley
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Overview

1. Background:
 - a. Doctorate
 - b. Topic area
 - c. Why?
 - d. Current literature
2. Aims
3. Methods
4. Analysis
5. Findings
6. Implications
7. What next?

Doctorate overview



Wider research agenda

1. Establishing literature base, e.g. replicating systematic review for Nursing; Covid impact
2. Descriptive & design-based intervention projects
3. Measurement tools, e.g. validation of Job Demands Resource Scale: Return to Work (JDRS:RTW)
4. Efficacy studies:
 - a. Return to work bootcamp
 - b. Personal skills for wellbeing workshop

Overview – doctors returning to clinical practice

Who? 112,000 UK doctors, 53,000 trainees, 10% out of clinical work at any time

Why? Ill-health (over-represented), parental leave, Out-Of-Practice year, capability/conduct issues

What? Clinical skills (confidence), colleagues' perceptions (stigma), identity & help-seeking, job design

How? Limited resources, OH links, and support – some training, guidance, professional support

Context? Junior Drs contracts, inequalities, poor health status, historic profession, unique factors

(NHS Digital, 2017; Health Education England, 2018; Academy of Medical Royal Colleges, 2016)

Why?

Social value:

- Improving doctors' working lives
- Workforce sustainability & health service improvement
- Social value to patients and public finances

Prolonging Working Life:

- Preventing early exit through non-return, e.g. health, family life
- Retention at end of career

Research:

- Heterogenous but accessible population
- Socialised to the value of research (population and system)

Systematic review

What are the personal, social, and organisational needs of doctors returning to clinical work?

25 studies (3 grey literature);
14 quant low quality;
11 qual high quality;
researcher bias;
varied samples (area, career, absence)

Resources
e.g. empathy, self-awareness, job satisfaction

Recommendations
e.g. training, culture change, job design, clear info

Level	IGLOO framework	Doctors' needs identified
Personal	Individual	<ul style="list-style-type: none">- Work-life balance- Emotional regulation- Self-perception & Identity- Engagement with RTW process
Social	Group	<ul style="list-style-type: none">- Personal relationships- Peer relationships
	Leader	<ul style="list-style-type: none">- Senior colleague support
	Overarching context	<ul style="list-style-type: none">- Professional culture- Stigma towards illness
Organisational	Organisation	<ul style="list-style-type: none">- Work design (nature of the work)- Flexibility & Job control- Occupational Health services- Organisational culture

Aims

1. Investigate the needs of returning doctors (test systematic review findings)
2. Investigate the effect of career stage, absence reason and length on needs
3. Investigate doctors' perceptions of how interventions can address their needs upon return

Bonus objective - Inform the co-design of a needs assessment tool for returning doctors

Methods

Design – cross-sectional mixed-methods

Setting – UK health services

Participants – any UK-based doctor with experience of absence & return (recruitment via institutions)

Variables –

- Dependent – needs (demands/resources)
- Independent – absence reason; length; career stage; return stage
- Exploratory – perceptions of support/interventions

Data sources/measures –

- De novo mixed-methods survey (4 subscales, 8-30 items, 5 open questions)
- 30-60 minute semi-structured interview

Bias – self-selecting sample, online survey, reflexivity within qualitative analysis

Analysis –

- Structural equation modelling (including group analyses); One-way ANOVAs
- Relational content analysis

Findings – Participants

n=197 from 265 initial participants (26% dropout)

Subsample of 12 completed interviews

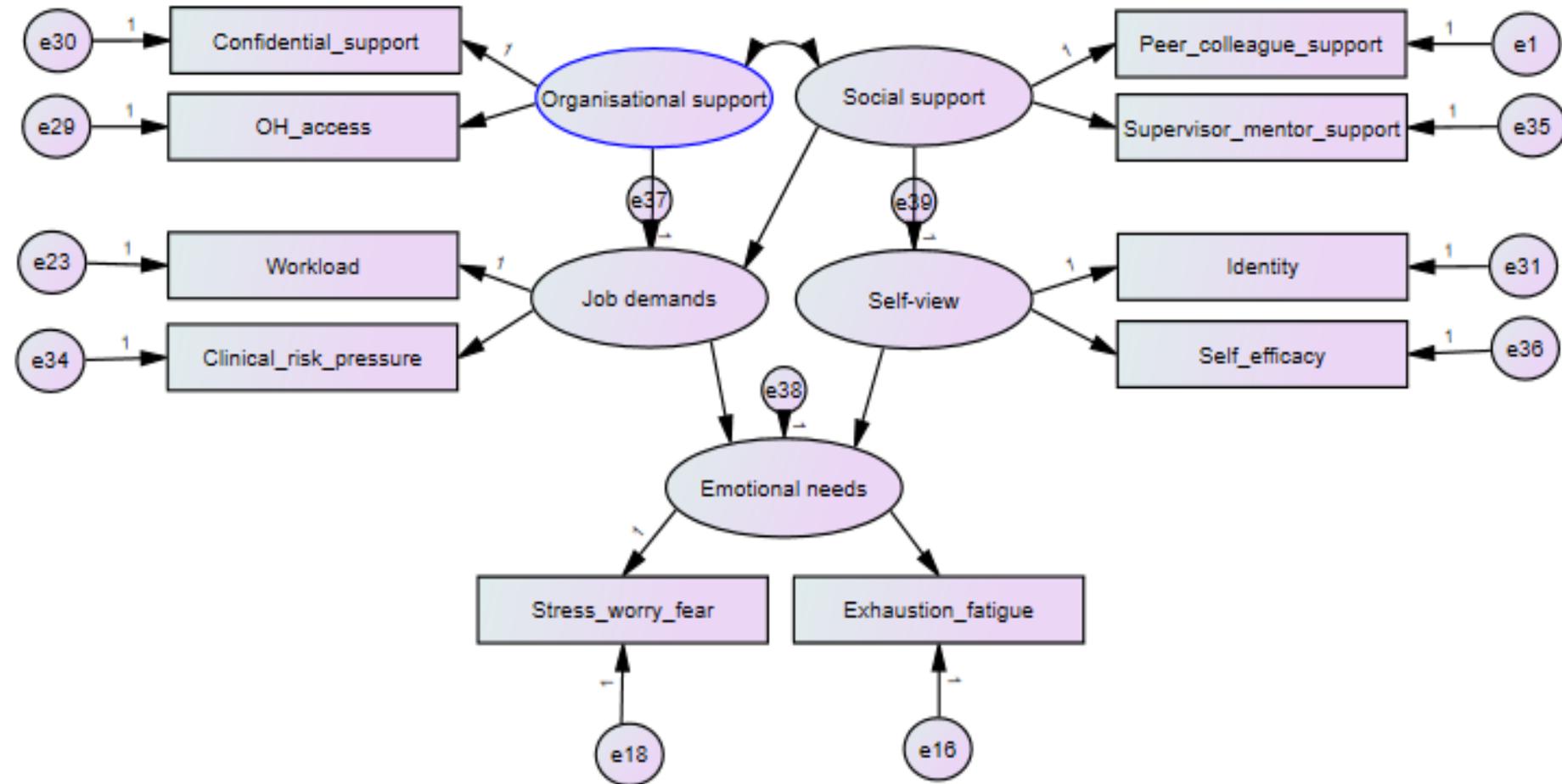
Age	18-24 (n=4, 2%)	25-34 (n=61, 31%)	35-44 (n=75, 38%)	45-54 (n=38, 19%)	55-65 (n=16, 10%)	65+ (n=3, 2%)	
Gender	Female (155, 79%)	Male (38, 19%)	Prefer not (4, 2%)				
Ethnicity	White (143, 73%)	Asian (36, 18%)	Mixed (9, 5%)	Black (1, 1%)	Other (3, 2%)	Prefer not (5, 3%)	
Career stage	Consultant (70, 37%)	Higher (38, 20%)	Core (20, 11%)	Foundation (25, 13%)	Specialty/Other (19, 10%)	GP (19, 10%)	
Return	Never (37, 19%)	Returned 6+m (65, 33%)	Returned <6m (26, 13%)	Preparing (23, 12%)	Contemplating (23, 12%)	No plans (23, 12%)	
Reason	Break (17, 10%)	Career (22, 13%)	Fitness (3, 2%)	Health (53, 32%)	Carer (8, 5%)	Parental (46, 28%)	Other (17, 19%)
Length	3m (19, 12%)	3-6m (29, 18%)	6-12m (33, 20%)	1-3yr (35, 21%)	3+yrs (50, 30%)		

Findings – Needs of returning doctors (Aim 1)

From the initial 30 items on needs, 5 factors with 2 items each emerged with excellent fit

E.g.
GFI .975
RMSEA .014
RMR .0314
p=.413
(Nair et al., 2014)

Qualitative analyses:
Depth & triangulation



Findings – Group differences (Aim 2)

SEM Group analyses & ANOVAs:

- **Age** – role of self-image reduced in older doctors
- **Gender** – impact of Self-image on Emotional Needs more prominent for men (but higher for women)
- **Ethnicity** – impact of Social Support on Self-image, and Self-image on Emotional needs higher in non-white groups

- **Absence reason** – health reasons increase role of Org Support (higher Org & Emotional needs)
- **Career stage** – more senior doctors showed less impact of Social Support on Self-image
- **Return stage** – pre-return Social Support more important and Job Demands affecting Emotional needs, higher Self-image needs
- **Absence length** – Organisational Support effects higher for short and very long absences

Conclusions & Implications

An overarching model of returning doctors' needs and evidence of specific interactions should guide intervention development (currently over-focused on individuals)

Group differences can supported targeted interventions, e.g. timepoint during return or absence reason

Prolonging Working Life:

- Targeting interventions is likely to improve return
- Older doctors are less impacted by self-image, e.g. training, feedback, self-efficacy focused tools
- While more senior doctors show less of an interaction between social support and self-image (see above)
- *Interview data – examples of changing work later in careers; health-related reasonable adjustments*

Chris Attoe – Doctors returning to clinical practice

What next?

Integrate findings into the co-designed needs assessment tool (Aim 3)

Pilot the tool (translation/intervention study) and iterate again

Collaborating with the great and the good! (HEE, BMA, AoMRC, SOM, FOM, DrsInDistress, DrsAssocUK)

Happier, better supported, more valued doctors!?

I may even find the time to publish, eventually...



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