

# 8

Eight high impact actions to improve the **working environment for junior doctors**



There is growing understanding of the causes of low morale, high attrition and burnout in the medical workforce and their impact on operational performance and patient outcomes.<sup>1234</sup> The working environment for staff is an important window into the culture and leadership of an organisation. Doctors have recommended actions that can be taken to improve their working environment and morale.<sup>5,6,7,8,9,10</sup>

Working with a range of trusts, we identified eight of these actions that can be delivered with immediacy and give examples of solutions they found. Meaningful improvements will require engagement locally between trusts and junior doctors, with support from senior clinicians and, in some instances, investment of resources. However, the benefits to staff engagement, performance, cost savings and most importantly, patient care and reduction of harm will provide a worthwhile return.

**These eight high impact actions are supported by:**



## Action 1 Tackling work pressure

The significant burden of administrative and basic clinical tasks can negatively affect patient experience and safety by detracting from time for tasks that specifically require doctors. Reviews of deteriorating patients, patient flow and discharges can be expedited by reducing time spent on data entry, blood taking and filling in request forms.

### Potential solutions

- Alleviate work pressures on doctors and improve patient flow: eg University Hospital Southampton's clinical administrator<sup>11</sup> or Brighton and Sussex University Hospitals' clinical assistant<sup>12</sup> roles.
- Use electronic task management software such as those used at Bolton<sup>13</sup> or Calderdale and Huddersfield<sup>14</sup> NHS foundation trusts or senior nurses to triage bleeps.

## Action 2

# Promoting rest breaks and safe travel home

Sleep deprivation leads to increased clinical error and poor psychomotor abilities. Conversely, rest-breaks contribute to the provision of safe care by ensuring staff are making safe, effective decisions for patients.<sup>1</sup> Following tragic deaths<sup>15</sup> of doctors driving home after night shifts, the 2016<sup>16</sup> junior doctors' contract mandates provision of adequate rest facilities or alternative arrangements for safe travel home.

## Potential solutions

- Foster a culture that supports staff in taking rest-breaks to ensure they can provide safe, effective patient care to the best of their ability – eg Guy's and St Thomas' HALT<sup>17</sup> campaign.
- Provide information<sup>18</sup> on strategies to improve sleep and cope with working nightshifts.
- Introduce and clearly communicate a policy for rest facilities or alternative arrangements when staff are too tired to travel home: eg those used at Guy's and St Thomas'<sup>19</sup> or Central and North West London<sup>20</sup> NHS foundation trusts.

## Action 3

# Improved access to food and drink 24/7

An overwhelming majority of doctors told the Royal College of Physicians they had worked at least one shift in the past month without eating a meal (65%) or drinking enough water (73.7%).<sup>5</sup> Reasons for this include removal of canteen provision out of hours, closures of doctors' mess facilities and lack of water coolers. An NHS England CQUIN<sup>21</sup> requires trusts to provide healthy food options for staff 24/7. Addressing hygiene factors like these will make the trust an attractive place to work.

## Potential solutions

- Provide easily accessible drinking water in clinical areas.
- Ensure 24-hour access to healthy and hot food or facilities to warm food, ideally in staff-only areas.

Action

4

## Better engagement between trainees and the board

Engaging junior doctors poses particular challenges due to the short nature of rotations and perceived disconnect between the front line and wider trust strategy. However, improved engagement is tied to better staff recruitment, retention and productivity as well as improved quality and safety outcomes including reduced clinical error, infection and mortality.<sup>1,22</sup>

### Potential solutions

- Board-to-ward reach-out: board members shadowing junior doctors, board members<sup>23</sup> at junior doctor forums.
- Ward-to-board reach-out: junior doctors' 'stories' at board meetings, junior doctor representatives on executive committees and an open calendar of corporate meetings and events.

Action

5

## Clearer communication between trainees and managers

Junior doctors have a strong influence on trust performance but are often unaware of wider organisational pressures. Junior doctors and managers working together can lead to opportunities to discover new perspectives, innovate and improve services.

### Potential solutions

- Identify points of contact to nurture working relationships – eg with divisional managers attending departmental inductions and providing briefings on their role.
- Use two-way communication: eg instant messaging apps, between senior trainees and divisional managers to handle service pressures and raise issues with immediacy (for non-patient sensitive information).
- Introduce paired learning<sup>24</sup> between doctors and managers.

## Action 6

# Rotas that promote work-life balance

Stretching the existing workforce to plug rota gaps can have a detrimental effect on staff wellbeing and patient care. Nine out of 10 doctors had stayed longer than their rostered hours in the previous month, with 50% staying more than two hours after their designated work schedule.<sup>5</sup>

Rotas that force staff to choose between work and their personal responsibilities – eg being a parent – can negatively affect job satisfaction and retention. The new exception reporting process and guardian of safe working role will help to provide an accurate picture of staffing needs so that issues can be addressed quickly and effectively.

## Potential solutions

- Ensure generic work schedules and duty rosters are sent to junior doctors by a minimum of eight and six weeks of post-start date respectively – as set out in the Code of Practice between HEE and the BMA.<sup>25</sup>
- Involve junior doctors in designing<sup>26</sup> and managing rotas, and introduce flexible rostering practices, such as those used in nursing.<sup>27</sup>
- Ensure doctors are supported in exception reporting and raising concerns with the guardian of safe working.<sup>28,29</sup>
- Support rota gaps with more attractive trust doctor roles that offer protected time for QI, academia or education, eg those at Derby<sup>30</sup> and Brighton.<sup>31</sup>

## Action 7

# Rewarding excellence

Due to the rotational nature of junior doctors' training, they are often overlooked in organisational efforts to appreciate staff.

A culture promoting regular, positive feedback and learning from excellence currently exists only in small pockets. These factors can leave junior doctors feeling undervalued.

## Potential solutions

- Introduce formal structures to celebrate good practice: eg Derby Teaching Hospitals' Greatix.<sup>32</sup>
  - Events celebrating staff achievement, including junior doctors in the trust.
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## Action 8

# Wellbeing, support and mentoring

The fast-paced environment in which junior doctors work negatively affects physical and mental health, leaving little time for personal and professional development: 80% of doctors say their job causes them excessive stress, which links to higher sickness rates, lower productivity and poorer patient outcomes.<sup>33</sup>

## Potential solutions

- Appoint a dedicated pastoral lead<sup>34</sup> to support doctors with careers counselling, performance issues and confidential discussion.
- Introduce peer-led<sup>35</sup> coaching and mentoring schemes.
- Offer tailored resilience and stress management training, and critical incident debriefs.<sup>25</sup>

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