

NHS Trust Leaders can Prevent Resident Doctors' Burnout and Quitting



RESEARCH FINDINGS



BACKGROUND

In 2011, 71% doctors carried on training after Foundation Year 2. By 2023 this had fallen to 25% with three quarters of resident doctors leaving their training programme.



1455



35



9

The **Care in Uncertainty Project** explored the root causes for this high number of withdrawals and looked at what improvements are needed to retain resident doctors. In this anonymous research we:

- > Ran a national survey, responded by 1455 resident doctors at 31 NHS Trusts across England and Wales
- > Interviewed 35 resident doctors from 22 NHS Trusts
- > Discussed the research findings with 9 NHS Trusts and two Deaneries
- > Explored actionable changes and drafted recommendations for improvements at the individual, organisational, and national levels

Compassionate leaders “place the quality of care at the heart of what they do, and respect and empower people drawing on and delivering care to achieve this together”¹

Psychological contract... is an unwritten agreement of expectations and obligations between employers and employees. It influences how people behave and is essential for motivation and trust.

Burnout syndrome results “from chronic workplace stress that has not been successfully managed”². It is characterised by exhaustion, depersonalisation, and cynicism.

RESIDENT DOCTORS' EXPERIENCES

At the time of the national survey:

88% of resident doctors were concerned about the current state of the NHS, their career in it, and the future of the NHS

78% felt that their senior leaders do not understand issues related to their work

40% experienced burnout

22% intended to leave their training

Foundation Year trainees were much more likely to experience increased burnout and poor psychological contract fulfilment, compared to other trainees.

KEY ALLEVIATING FACTORS

Senior leaders, including doctors in senior clinical and management positions and senior managers in the Trusts, have a vital enabling role (Figure below).



Compassionate leadership demonstrated by senior leaders can directly ameliorate resident doctors' **burnout** (37%) and **intention to leave training** (28%)³

Compassionate leadership can also increase resident doctors' **psychological contract fulfilment** which, in turn, can reduce burnout and intention to leave

Compassionate leadership at the Trust level alone does not reduce resident doctors' worries about the state of the NHS. Input from national policy-makers is essential to help retain resident doctors.

IN RESIDENT DOCTORS' WORDS...

We asked foundation and senior resident doctors to reflect on their experiences at work. Interviews highlighted three key concerns:

Connection. Resident doctors felt that senior managers in the Trusts were distanced from the everyday pressures of their work, service provision and training, this is to the detriment of their training and the quality of patient care:

"The senior management team do not understand... Too many on calls, therefore very limited time on our base wards where most the teaching takes place" (FY1)

"I had raised unsafe clinical practices to my CS in FI, however as I am rotational, the CS supported the PA who is permanent over my concern. Nothing was done as they wanted to keep a good relationship with their 'permanent staff'" (FY2)

Communication. Resident doctors felt unable to speak up about their concerns to senior leaders, and were frustrated at the lack of action when they did:

"The process to report [concerns] is straight forward but the outcome is not, when raising concerns about a consultant, due to my level it is not taken seriously" (FY2)

"When you try and suggest [something], no one has time to do anything about it, and no one...wants to change anything." (FY2)

Care. Resident doctors were poorly looked after in their rotations and senior leaders did not invest in their wellbeing:

"... when I had [critical illness], I was only allowed to go for hospital appointments if I could arrange swaps. ... The only way they said I'd get off is if I claimed I had mental health issues, not the [illness] itself" (Speciality Trainee)



The extent to which NHS Trust leaders can support resident doctors is ultimately determined and shaped by how performance of the NHS Trusts and leaders are measured. Policy-makers must understand the challenges faced by NHS leaders to ensure training provision, thus enable support for training quality and resident doctors' well-being in the NHS.

RECOMMENDATIONS FOR POLICY AND PRACTICE

Our findings and discussions with the Trusts and Deaneries highlight three core principles for senior leaders which would support and develop resident doctors, individually and at the Trust level.

Responsiveness: Increased communication and engagement between senior leaders and resident doctors. For example: presence at Induction Day, who-is-who photos on the wall, monthly meetings/ward walks, etc.

Relationships: Promotion of a supportive environment to alleviate anxiety rooted in the nature of their rotations. For example: daily multi-professional briefings, leading by example, encouraging positive behaviour standards, etc.

Recognition: Recognise the contributions and needs of resident doctors at work. For example: appreciation communicated via newsletters, you-said-we-did communications, encouraging resident doctors' participation in teaching/research projects, ensuring rotas support work-life-balance, etc.

See a range of other activities that can support these principles on the [project website](#) (QR code below).

FUTURE WORK

We are working with NHS Trusts and key stakeholders to co-design practical and feasible initiatives to implement these principles and improve resident doctors' retention, satisfaction and motivation to pursue a meaningful medical career. We have secured further funding to extend this study. Please contact us to find out more.

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