



CARE UNDER PRESSURE

A realist review of interventions to tackle doctors' mental ill-health and its impacts on the clinical workforce & patient care

Karen Mattick, Professor of Medical Education, University of Exeter

On behalf of the wider team: Daniele Carrieri, Simon Briscoe, Mark Jackson (*Exeter*), Mark Pearson (*Hull*), Chrysanthi Papoutsis, Geoff Wong (*Oxford*)



Structure of my talk

- The 'problem' of interest
- The Care Under Pressure project
- Questions

Mental ill-health

- '*Astonishingly high levels*' of stress and burnout in healthcare practitioners (Limb 2015)
- 40% NHS staff felt unwell in the past 12 months as a result of work related stress: worst result in five years (Thornton 2019)
- As well as challenges in recruitment and retention, significant concerns about *absenteeism* and *presenteeism*
- Major focus to date to increase *productivity* and *resilience*, places responsibility with individual health care professionals
- The profession in focus for our Care Under Pressure realist review is doctors
- Trainees are affected directly and indirectly

General
Medical
Council

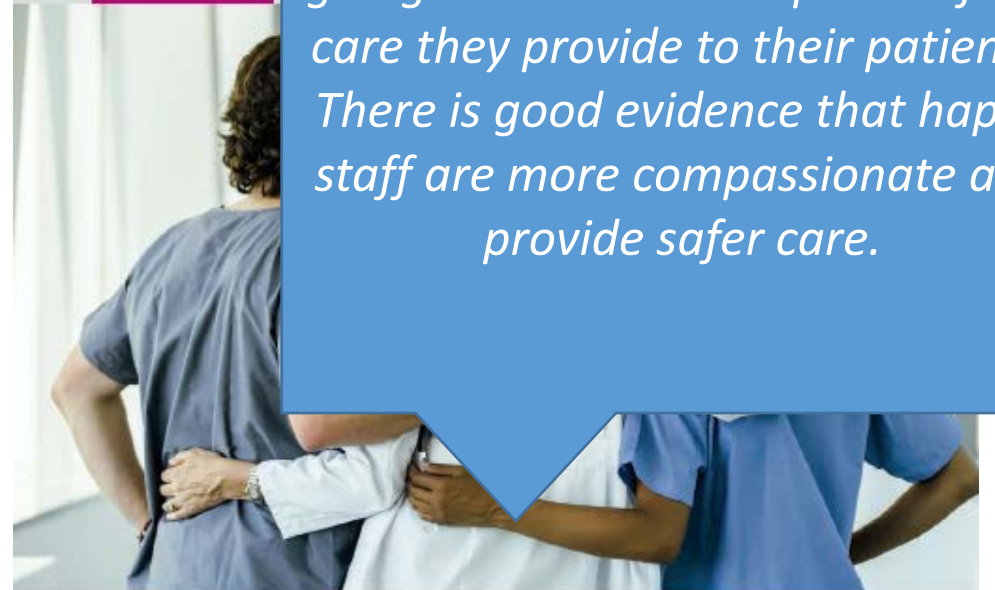
The state
and practice
2018

The professionalism, commitment, and determination of the UK's medical workforce in providing that care is second to none. But it is clear that the costs for some doctors – to their own well-being and work-life balance – are significant, and not sustainable.

Working with doctors Working for patients

NHS Staff
Mental Health

February 2019



The Commission's aim is to see an NHS where staff and learners are happy and feel fulfilled in their work, where they look forward to going to work and are proud of the care they provide to their patients. There is good evidence that happy staff are more compassionate and provide safer care.

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Context: the UK healthcare workforce

A workforce delivering high quality care - but under significant pressure

- Recruitment: vacant posts, rota gaps
- Retention: early retirement, moving overseas
- Service demands: pressurised environments



Supporting medical
students with mental
health conditions



General
Medical
Council

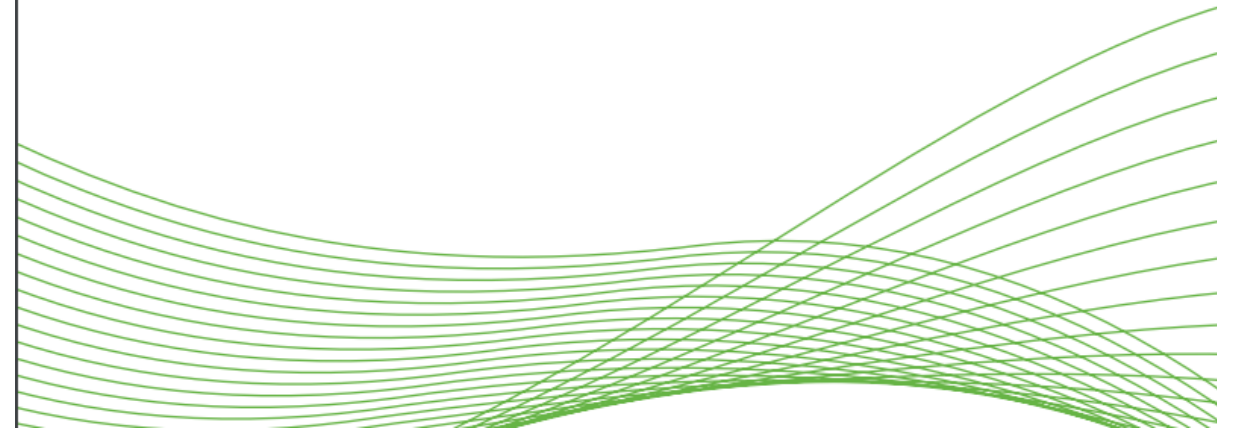
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Interventions to improve antimicrobial prescribing of doctors in training (IMPACT): a realist review

*Chrysanthi Papoutsis, Karen Mattick, Mark Pearson, Nicola Brennan,
Simon Briscoe and Geoff Wong*



I'M NOT ENTIRELY SURE WHAT
I'M SUPPOSED TO BE DOING,
BUT...



IT IS EARLY MORNING ON THE 27TH OF
NOVEMBER, AND I'M ON A TRAIN TO
EXETER FOR

CARE UNDER PRESSURE

AT THE UNIVERSITY.

I'VE BEEN INVITED BY
DANIELE CARRIERI -



HE'S HERE TO
MEET ME.



WE ALL INTRODUCE OURSELVES.



IT'S GOOD TO SEE
SOME FAMILIAR FACES,
LIKE IAN FUSSEL.

Realist Reviews

- A type of literature review
- Well suited to complex research questions
- Explore interactions between “contexts”, “mechanisms” & “outcomes”
- Theory-led e.g. Initial Programme Theory, formal theory
- Lead to explanatory theories, rather than insights into magnitude and precision

Example of a context-mechanism-outcome configuration

CMOC2 from our previous NIHR prescribing realist review:

In a context where career progression depends on hierarchical power relationships (C), junior doctors feel they have to preserve their reputation and position in the hierarchy (fitting-in) (M), by actively following the example of their seniors and avoiding conflict (O).



Care Under Pressure Realist Review

To improve our understanding of how, why and in what contexts mental health services and support interventions can be designed, to minimise the negative impacts of providing care on doctors' mental ill-health.

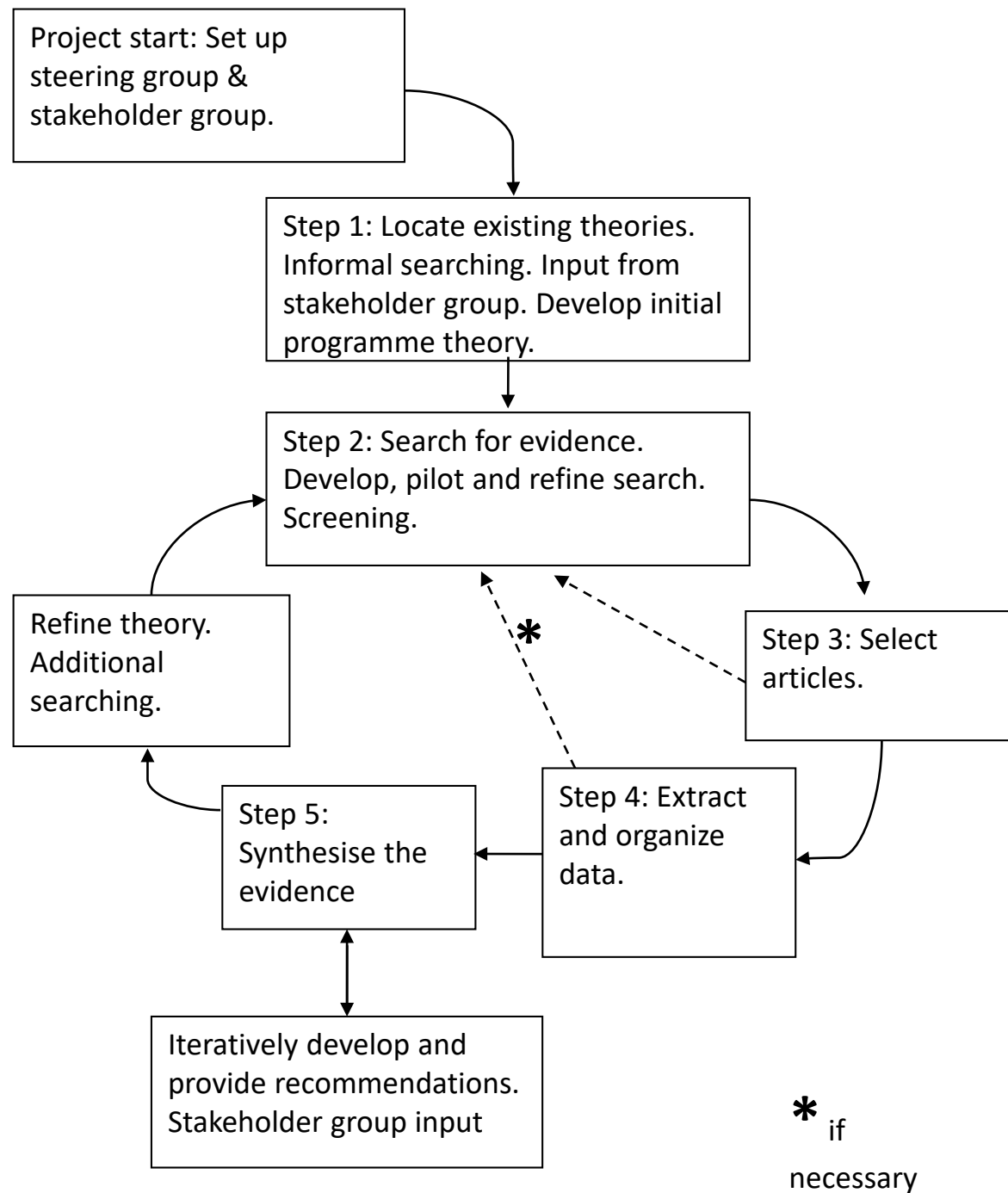
1. What are the *processes* by which mental ill-health develops, and where are the gaps not addressed by interventions currently?
2. What are the *mechanisms* by which interventions result in their intended outcomes?
3. What are the *contexts* which determine whether different mechanisms produce intended outcomes?
4. What *changes* are needed to existing and/or future interventions to make them more effective?

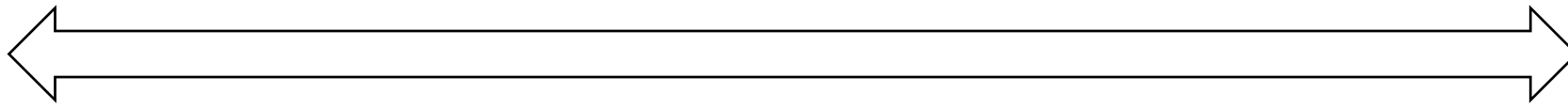
BMJ Open 'Care Under Pressure': a realist review of interventions to tackle doctors' mental ill-health and its impacts on the clinical workforce and patient care



Daniele Carrieri,^{1,2} Simon Briscoe,³ Mark Jackson,² Karen Mattick,¹ Chrysanthi Papoutsis,⁴ Mark Pearson,⁵ Geoffrey Wong⁴







C:

Lack of/inadequate
'anticipatory training'
to reduce stressors,
stigma, promote
reflexivity

Uncertainty,
complexity of
medicine (knowledge
& practice)

**Lack/reduction of
resources**
fragmented care,
no continuity doctor-
patient relationship

M:

**Protecting professional
identity and reputation**
- colleagues' and one's own
- 'strong image' of professional
identity
- resisting the role of the patient
(and doctor's doctor)

Not trusting medicine (and/or
the healthcare system) e.g.
knowledge and service limits

**Feeling a conflict ('betrayal')
between training and clinical
work**

O:

**Avoidance/Suppression
of feelings**
'over copier'

**Hiding mental ill-
health** (one's own or
one's colleagues)
'conspiracy of silence'

**Stress/ burnout/
mental ill-health**
Leaving the profession
Early retirement
Absenteeism
Presenteeism
Fatigue

Iterative discussions that shaped the research process

- Stakeholder group
- Sense-making group
- Steering group
- Policy workshop
- Developing the academic and non-academic outputs

Non-academic outputs

- Graphic output & animation video: a way of expressing more than words alone
- Plain English summaries: co-produced with patients
- Short video of patients responding to the question “Why is your doctor’s health important to you?”



Ian Williams

@TheBadDr

Following



Brilliant day working with [@MatildaTris](#) on an animation project for [@care_under](#) - which is based at [@UniofExeter](#) #GraphicMedicine



6:18 pm - 25 Mar 2019



Ian Williams @TheBadDr · Feb 23

Doctors' self-care. #presenteeism #GraphicMedicine cc @care_under



Project information

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The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care

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Webpage: <http://clahrc-peninsula.nihr.ac.uk/research/care-under-pressure>

Twitter: [@care_under](https://twitter.com/care_under)

References

- Carrieri, D., Briscoe, S., Jackson, M., Mattick, K., Papoutsis, C., Pearson, M., & Wong, G. (2018). "Care Under Pressure": a realist review of interventions to tackle doctors' mental ill-health and its impacts on the clinical workforce and patient care. *BMJ Open*, 8(2), e021273. <http://doi.org/10.1136/bmjopen-2017-021273>
- House of Lords Select Committee on the Long-term Sustainability of the NHS. HL Paper 151. Report of Session 2016–17. Available at: <https://publications.parliament.uk/pa/ld201617/ldselect/ldnhssus/151/151.pdf> [Accessed 20/08/2018]
- Limb M. Stress levels of NHS staff are "astonishingly high" and need treating as a public health problem, says King's Fund. *BMJ Careers* 2015. Available at: [http://careers.bmj.com/careers/advice/Stress levels of NHS staff are %E2%80%9Castonishingly high%E2%80%9D and need treating as a public health problem, says King%E2%80%99s Fund](http://careers.bmj.com/careers/advice/Stress%20levels%20of%20NHS%20staff%20are%20%E2%80%9Castonishingly%20high%E2%80%9D%20and%20need%20treating%20as%20a%20public%20health%20problem%20says%20King%E2%80%99s%20Fund). [Accessed 20/08/2018].
- Thornton J. 2019. NHS staff survey: just 29% of organisations take health and wellbeing seriously. *BMJ* 2019;364:l924. Available at: <https://www.bmj.com/content/364/bmj.l924>

Questions? Comments?



k.l.mattick@exeter.ac.uk

Twitter: @KarenMattick