Barriers to Raising Concerns by Postgraduate Doctors and Dentists

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Background

Postgraduate Doctors and Dentists in Training (DDIT) face multiple factors in the workplace that lead to challenging and stressful situations.

They may encounter a situation that is considered detrimental to themselves, colleagues or patients and this can have a negative and profound impact at all levels of their training⁽¹⁾. Junior doctors and dentists struggle to report their concerns on quality and safety within the earlier years of their training⁽²⁾ and gain confidence in speaking up with increasing clinical experiences⁽³⁾.

This project seeks to understand if knowledge of systems by which DDIT raise concerns remains a significant barrier despite the level of experience.

Method

This project surveyed 3398 DDIT's online within the North East to explore perceptions of barriers when raising a concern. Survey via Microsoft Forms, advertised via email to all DDIT's. Open Dec 2021 – Jan 2022.

Survey evaluated 4 themes:

- 1. Inclination to formally raise a concern
- 2. Perceived barriers
- 3. Knowledge / accessibility of guidance
- 4. How involved and informed trainees after a concern was raised

Results

340 postgraduate doctors and dentists in training responded, (20 Dental, 320 Medical); 9.9% overall response rate. Distribution by grade can be seen in fig 1. 87 (26%) of DDIT's reported having formally raised concern compared to 93 (27%) who reported to have previously wanted to but felt unable to do so due to barriers. Almost all respondents report encountering barriers when considering raising a concern. Barriers such as repercussions on professional relationships, concerns over repercussions and the impact of future training were most significant. Familiarity in the process and seeking support or guidance on raising a concern was considered a slight barrier in the majority of respondents (fig 2). 45 (52%) of the 87 DDIT that had raised a concern, felt their concerns were given due consideration 53 (61%) felt they were given adequate feedback.

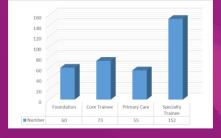


Fig 1: Respondents grade

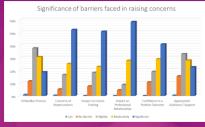


Fig 2 · Significance of barriers faced

5 Key Findings

1. Process

Only a quarter (27%) felt informed about the process of raising concerns.

2. Barriers

56 of the 83 trainees that raised a formal concern felt they **did** encounter barriers.

3. Repercussions

The greatest perceived barriers are impact on professional relationships and concerns of repercussions.

4. Consideration

Less than half (49.3%) who raised concerns felt these were given due consideration and attention.

5. Feedback

Only one-third (39.7%) received feedback that the concern they raised was acted upon and / or received an update on the outcome.

Conclusion

The results of the survey indicate that a significant proportion of trainees are unfamiliar with the process, policies and guidelines when wanting to raise a concern. Not having guidance and support to raise a concern is a significant barrier and has a great influence on more senior trainees.

1) Rogers, M. E., P. Creed, and J. Searle. 2014. "Emotional Labour, Training Stress, Burnout, and Depressive Symptoms in Junior Doctors." Journal of Vocational Education & Training 66 (2): 232–248. 2) Carr, S., T. Mukherjee, a. Montgomery, M. Durbridge, and C. Tarrant. 2016. "Developing the 'Gripes' Tool for Junior Doctors to Report Concerns: