

Improving morale among the junior medical team during COVID19 pandemic in a busy Respiratory Department: A Quality Improvement Project

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Introduction

The volume of patients, the complexity of illnesses, and the unrelenting nature of the Covid-19 pandemic are having a huge impact on morale among our junior doctors[1]. GMC survey in 2020 found that a third (32%) of doctors indicated that the pandemic had a negative impact on their mental health and wellbeing[2]. Royal College of Physicians reported that 54% of doctors described morale as low or very low and burn out was reported in 68-88% of respondents in 2018-19 census[3].

It has become increasingly apparent that morale amongst physicians has declined whilst the prevalence of burn out has continued to rise. Whilst working in the busy Respiratory Department at a regional tertiary centre we have witnessed how lack of support for the junior medical team and negative culture can impact on team morale and individual wellbeing. Further exacerbated by the strain of the Covid-19 pandemic we decided to embark on a quality improvement project looking at improving morale and identifying the key factors in achieving this.

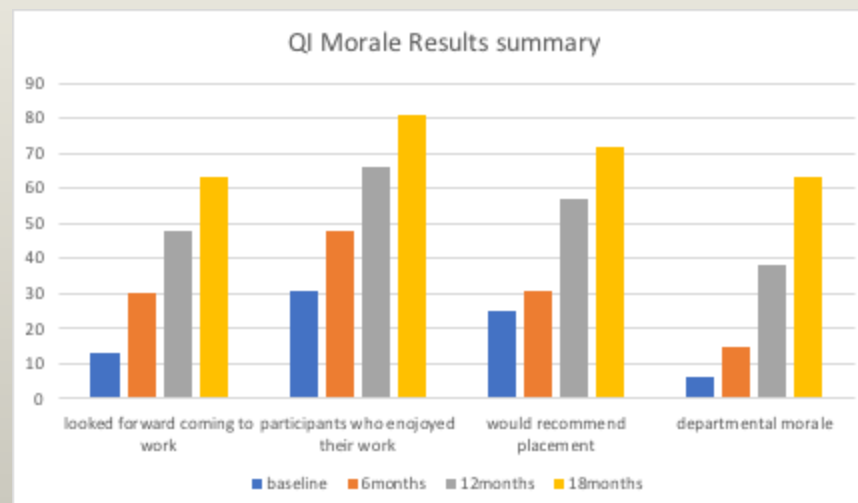
Materials & Methods

Qualitative surveys were electronically distributed to all Junior Doctors, Physician Associates and Advanced Care Practitioners within the department and the results of which were used to identify contexts for change. We performed four cycles during 18 months period and our aim was to improve morale by 50%.

Results

Baseline data revealed poor scores across the board however through implementation of several changes we were able to significantly improve the experience of the Junior medical team. The number of juniors who felt valued by the senior team increased from 31%-63%. This was associated in a further improvement in feeling empowered to make change from 6%-27%. 48% of participants looked forward to coming to work compared to 13% at baseline. Signs of burn out significantly reduced with 45% of juniors left feeling exhausted at the end of the day (decreased from 71%) and 45% reported taking longer than one day off to unwind from work (decreased from 70%).

The number of staff who felt departmental morale was good got increased from 6%-63% and 90% of participants enjoyed their job compared to 31% at baseline. There was 3-fold increase in the number of participants who would recommend this placement to their peers(25% at baseline to 72%). The significant improvement was seen in the number of participants who got appreciated for their work both on the ward(81% vs 38% baseline) and on-calls (54% vs 25% at baseline).



Conclusion

This project confirms that exceptional clinical pressures can significantly impact team morale, with increasing symptoms of burn out and an overwhelming feeling of being undervalued. With each PDSA cycle we identified a diverse variety of themes affecting morale. The most effective changes implemented include allocating individual mentors, regular weekly teaching sessions, increasing senior support, better access to WBAs, encouraging audits/QIPs, improving staffing levels and prioritising junior doctor staffing continuity on the wards. Whilst we have met our SMART aim to improve morale but there is still much room for further improvement.

References

1. Nabavi, N., & Munro, C. (2021). Junior doctors' morale: The pandemic groundhog day. *BMJ* 2021.
2. *The state of Medical Education and practice in the UK: 2020*. GMC
3. *Focus on Physicians: 2018-19 census (UK consultants and higher specialty trainees)*. RCP London. (2020, November 2)