Attitudes to work and health in doctors in training

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Introduction

There is good evidence to show that work is generally good for people’s health and well-being [1]. Overall, the benefits of work outweigh the risks and are greater than the harmful effects of long-term unemployment and prolonged sickness absence [1]. Research suggests that there is a ‘window of opportunity’ between 1 and 6 months where rehabilitation is likely to be most successful [2]. The corollary is that people should be helped to return to work as soon as possible, conducive with their medical condition and job characteristics. One of the obstacles to early return to work is unnecessary or prolonged sickness certification [2]. To date initiatives in the UK and Europe for improving sickness certification practices and increasing knowledge about work and health issues have been focused on general practitioners (GPs). Whilst most certification is undertaken by GPs, hospital doctors can play a significant role through their advice, both to GPs and patients. The recent report by Dame Professor Carol Black [3] has highlighted the need for a more proactive approach to create new perspectives on work, health and rehabilitation. The government response Improving Health and Work: Changing Lives [4] has recommended a number of initiatives to improve practice amongst primary care practitioners and other health professionals.

One such initiative is the new Statement of Fitness for Work (fit note), which was introduced on 6 April 2010. The new note is designed to enable the practitioner to have a more constructive conversation about work and health and consider what the patient can do rather than what they cannot do. All hospital doctors are also expected to provide the new fit note to patients in their immediate care.

Many studies of attitudes to rehabilitation and return to work so far have been exploratory qualitative studies in general practice [5–8] with little known about UK...
hospital-based practitioners’ attitudes and activities. Evidence suggests that GPs find certification and the work-related consultations challenging and at times feel they are at odds with hospital practitioners when they discuss work and health issues the perception being that hospital-based practitioners are more conservative about return to work advice than GPs [9].

A recent study by Lofgren et al. [10] has investigated the problems faced in hospital-based practitioners using a cross-sectional questionnaire study. They surveyed physicians in both rural and urban populations in Sweden and gathered information on sickness certification practices and attitudes to training. This is the first such study to capture data on the frequency of problems related to sickness certification in hospital-based practitioners as well as primary care practitioners. They found that managing certification issues were problematic for hospital-based physicians, and there were large differences in the frequency and nature of the problems that GPs and hospital-based practitioners encountered. They concluded that such a mismatch between hospital doctors and GPs in respect of work and health issues is likely to be disadvantageous for patients and society.

This questionnaire study aimed to investigate the attitudes and behaviours of hospital-based specialty training-grade registrars to the management of work and health issues and their sickness certification practices. This study was service evaluation with the aim to inform future training for all hospital-based practitioners about work and health, which is currently being developed.

Methods

This quantitative study was conducted in 2009 by the Centre for Psychosocial and Disability Research, School of Medicine, Cardiff University in collaboration with the School of Postgraduate Medical and Dental Education, Cardiff University and the London Deanery. The target audience was secondary care training-grade doctors (trainees) on core training and specialist training in the two collaborating deaneries. A questionnaire was developed to gather information on the frequency trainees provide sickness certificates and their attitude to providing advice about fitness for work and sickness certificates. The questionnaire design and content was informed by discussions with experts in the field, trainees and the review of literature around work and health. An initial questionnaire was constructed and piloted with 35 trainees attending a generic curriculum course on communication skills at Cardiff University in October 2009. The key themes that were explored in the questionnaire related to the priority trainees gave to discussing health and work with their patients; the confidence they had in discussing these issues; the knowledge they felt they had about work and health and available services to support patients. The trainees were asked to complete the questionnaire at the end of the 1-h training session and then provide written feedback. This was followed by a discussion between the trainees and the researchers. The verbal and written feedback was collated by the researchers and analysed. This led to the final version of the questionnaire (see Figure 1).

The questionnaire was uploaded on to the Bristol Online Survey. Information about the study and a link to the questionnaire was sent out by the respective deaneries via their normal communication strategies. The London sample included all secondary care trainees but excluded academics and those on out of programme or maternity leave. The Cardiff sample included all doctors on the run through programme. It excluded GP trainees and foundation programme trainees. Data were collected over a 3-month period. The results of the questionnaire were automatically stored in an Excel spreadsheet on a secure website. One follow-up email was sent out to all trainees via each of the two deaneries during week 2–6 of the study.

Questionnaire data were exported in to the statistical software package SPSS version 14. Descriptive analysis was undertaken to explore relationships between variables.

Results

Nine hundred and eighteen trainees from across the two deaneries completed the questionnaire; 16% of trainees in the London deanery and 13% of trainees in the Wales deanery completed the questionnaire; 23

1. How often do you personally write a sickness certificate in your consultations?
2. When presented with a patient who has been off work for under 4 weeks, how often do your consultations involve a discussion about your patient's ability to attend work?
3. When presented with a patient who has been off work long term due to chronic disease, how important is it to discuss work and health related issues as part of rehabilitation management plan?
4. Do you ever advise patients to speak to their employers about work and health related issues?
5. Are you aware of services that are available to refer patients to with work and health related issues and rehabilitation?
6. How often do you refer patients to services that support return to work?
7. Do you feel you have sufficient knowledge to assess a patient's fitness for work?
8. Do you feel you have sufficient training to assess a patient's fitness for work?
9. Do you feel you have sufficient training to manage your patient's fitness for work?
10. What are the barriers to managing work and health issues in secondary care?
11. What would help in overcoming these barriers?

Figure 1. Final questionnaire sent to all trainees.
specialities were represented across the 918 trainees in the final sample.

Eighty-five per cent of the recruited sample responded that they rarely or never wrote sickness certificates and 14% of the sample responded that they wrote certificates monthly or more. When asked about how often they discussed ability to attend work in patients off sick for 4 weeks or less, 68% of trainees responded that they rarely or never discussed a patient’s ability to attend work and 15% responded that they discussed patients work ability weekly.

The importance trainees gave to discussing work and health with their patients and trainee’s confidence in managing a discussion about work and health were assessed using a 4-point Likert scale. Over 70% of trainees thought that it was important to consider work and health as part of their rehabilitation plan and that it was also important to understand the patient’s attitude to work. Over 69% of trainees responded that they were not confident in the assessment of a patient’s fitness for work, managing conflict about sickness certification or estimating the length of time a patient may require off work (see Figure 2) but 50% reported they did have confidence to discuss fitness for work and the advantages and disadvantages of being off work with their patients.

Over 73% of trainees felt they lacked sufficient knowledge to assess a patient’s fitness for work and 85% of trainees felt they lacked the sufficient training to assess and manage a patient’s fitness to work (FTW) (see Figure 3).

Trainees were also provided a free text response on their perceived barriers to managing work and health issues with their patients. There was a consistency in results between the quantitative questions and free response questions. In response to the question ‘What are the barriers to managing work and health issues?’, a lack of training and understanding was the most prominent reason given, followed by lack of time and confusion over their role in managing work and health issues in secondary care (Figure 4). In response to the question ‘What would help in overcoming these barriers?’, training on how to assess and manage patients around FTW, increased information, and better communication

Figure 2. Bar chart illustrating how confident trainees felt in assessing, discussing and managing an individual’s ability to attend work.

Figure 3. Bar chart illustrating whether trainees feel they have sufficient training and knowledge to manage FTW.
What are the barriers to managing work and health issues?
- Adequate training in broaching and discussing the subject
- Being unsure of the duration required for sick certificate
- Adequate training to be able to manage and judge such scenario

What would help in overcoming these barriers?
- Gain training from occupational health regarding how to fully assess patients for fitness to go back to work
- Increased resources and information
- Better communication between primary and secondary care

Figure 4. Verbatim quotes given by trainees when asked about the barriers they face in managing work and health issues and what would help overcome these.

Discussion

This study found that secondary care training-grade doctors reported that it was of high importance to discuss work and health with their patients and understand their attitudes to work. However, although trainees reported that they felt confident in having a discussion with their patients about these issues, they lacked the confidence in making an assessment about a patient's ability to work and the length of time they may need off work. This suggests that trainees felt they had the knowledge and skills to discuss psychosocial issues with their patients but lacked the specific knowledge to allow them to have a constructive conversation about work health and develop effective evidence-based rehabilitation programmes. This is reinforced as over 80% of trainees who responded to the questionnaire felt their training in this area was inadequate and that their lack of confidence was directly related to their lack of training. These attitudes were also reflected in the free comments about perceived barriers to managing work and health in their consultations. Trainees also reported that they rarely provided sickness certificates to their patients. These are important findings when considering the recent changes to sickness certification and the requirement now for all secondary care doctors to provide a Statement for Fitness for Work (fit notes or med 3).

The results of this evaluation should however be reviewed with caution. The evaluation was conducted over two deaneries and although a fair sample size was achieved (n = 918) the overall response rate was low (13%). A high percentage of the respondents saw work and health as important; however, the low response rate may reflect the perceived lack of importance overall to the subject. The questionnaire was sent out to all trainees and some respondents saw the questionnaire as irrelevant to their practice, for example in specialties such as child psychiatry. This may also have led to response bias. During the recruitment process follow-up emails were sent out by the deaneries at different times due to a hold up at the London deanery, we acknowledge it may affect the results but do not believe it would have had a significant impact. The questionnaire was piloted with over 35 trainees and showed high face validity. However, it would have benefited from further testing of both validity and reliability.

The responses found from this study were consistent with those found in studies in primary care. Research suggests that GPs are resistant to manage work and health-related issues in consultations due to issues such as time constraints, lack of training and concerns over the doctor–patient relationship [11]. In addition, GPs vary in the extent to which they feel their clinical management should extend to issues that relate to work and returning someone to work or employment.

The results are consistent with a Swedish study that investigated hospital practitioners’ certification practices [10]. Lofgren showed that hospital-based practitioners found it problematic to assess work ability as well as length and degree of sickness certification. A further study by Walters et al. [11] found similar results among a group of 51 registered doctors in training. Grol and Grimshaw [12], in a systematic review of the literature around education and learning concluded that for changing practice and education to be effective, interactive discussion, feedback and group learning was required. Chang and Irving [13] evaluated The National Programme for Work and Health for GPs and indicated that GPs importance and confidence in managing the work and health conversation was raised following training.

This study highlights the need for secondary care to incorporate evidence of work and health into their training programmes alongside guidance on integrating such evidence into routine management plans. It also highlights the areas that doctors in training see as most important to improve their confidence in managing work and health. In response to the government paper Improving Health and Work: Changing Lives [14] and Dame Carol Black’s report [3], Primary care has already started to address these issues with a programme of work that includes face-to-face and online learning as well as a new online information resource for GPs (http://www.healthywor kinguk.co.uk). This work is even more pertinent with the introduction of the new fit note. A new training programme for secondary care about work and health is now under construction and has been informed by this questionnaire survey. This will be launched on the Department of Health ‘e learning for health’ platform to accompany the primary care programme that has recently been completed.
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Conflicts of interest

None declared.

References


Key points

- This is the first survey that looks at secondary care trainee’s attitude to work and health in the UK.
- Eighty per cent of trainees who responded to the questionnaire felt their training in work and health was inadequate.
- Trainees reported that it was of high importance to discuss work and health with their patients but lacked the confidence to manage these consultations.