

Stress as a junior medical officer

Original article by: [Michael Tam](#)

Being a junior medical officer is a stressful affair. The workload is heavy, your efforts are often devalued, and at times you have the thrill (or the terror) of having the responsibility of someone's life proverbially in your hands.

Psychological distress is very common in junior doctors, sometimes with tragic results. Be mindful of your own and your colleagues' mental well-being.

Doctors are not very good at looking after their own health or psychological needs and unfortunately, neither is the system. Your employers (i.e., hospital administration) only care when it is much too late, e.g., the recent "vow of action" by the Victorian State Government after the tragic suicides of two registrars in Melbourne hospitals (1).

In a 2006 survey commissioned by the IT industry ([SkillSoft](#)) on workplace stress, medicine was ranked as the second most stressful profession (2). Interns are particularly at risk. A study of a cohort of graduating University of Sydney medical students found that 75% met the criteria of "burnout" (a syndrome of emotional exhaustion, depersonalisation and reduced feelings of personal accomplishment) (3).

Sadly, far from being a statistical aberration, the two recent suicides represent an overall trend in the medical profession. Males doctors are 1.4 times and female doctors 2.3 times more likely to commit suicide than the general population (4). Australian data from show an alarming increase in doctor suicides in the 1990s, with the increase mainly in junior doctors (5).

Change the system

Stress and psychological distress happens to us all and we should all make an effort not to hamper change once we find our own comfortable niche in the status quo.

It is extremely disheartening to hear at times senior clinicians justify unsafe working conditions with anachronisms to the effect that "they had it tough", or "they worked those hours" and hence "you should just cope". One of the issues raised by the Australian Medical Association (AMA) in their "Safe Hours Project" was "concern that the issue of clinical experience and exposure could be used as a guise to defend existing work practices" (6).

- Don't pander to administration and protect your rights as an employee;
- form a [strong RMO association](#);
- get industrial (or at least think about industrial issues);
- get political (or at least think about political and policy issues).

Support each other

As interns, you must [try to help each other](#). As you become more senior as a resident, registrar and eventually a "boss", remember your trial of fire as a junior medical officer and advocate for

their well-being. If doctors don't help doctors, then who will?

- Avoid "turking" work to someone else when you can do it yourself;
- be mindful of colleagues who are having difficult coping and don't turn a blind eye;
- A group "whinge" session over dinner can be very therapeutic;
- be more than just colleagues, but friends.

Take care of your health

Junior doctors are notoriously bad at caring for their physical and mental health. The majority do not have their own general practitioner. The majority go to work with an illness that they know in their better and professional judgement they should not. Depression and anxiety are both very common.

- Take sick leave when you are sick;
- be mindful of your mental health and seek help sooner rather than later;
- try to get your own general practitioner;
- avoid self treating;
- avoid asking a friend to write you prescriptions;
- regular meals are not an option, they are a priority;
- if in significant distress, consider using the [Doctor's Health Advisory Service](#).

Don't lose your interests and hobbies as a JMO

I have seen some doctors so identified in their role as a doctor, or so enmeshed in their training program that they having nothing outside of medicine. Remember that you are a person first; non-medical activities are healthy for your stress levels.

- Schedule time for your interests;
- exercise on a regular basis;
- don't give up your music or painting or writing;
- writing a journal or even better, a "venting blog" (e.g., [here](#), and [mine here](#)) can be therapeutic.

Research article

(1) Rose D. Action vow after doctor suicide probe. *The Australian*. 16 September 2006. [Download [PDF](#) :: 17 Kb :: [Link](#)]

(2) Top 10 Most Stressful Professions [electronic article]. *33 News / WYTV*. 2006. [[Link](#)]

(3) Willcock S., Daly M., Tennant C., Allard B. Burnout and psychiatric morbidity in new medical graduates. *MJA* 2004; 181 (7): 357-360. [Download [PDF](#) :: 181 Kb :: [Link](#)]

(4) Ritter J. An epidemic of doc suicides. *Chicago Sun-Times*. 5 September 2006. [Download [PDF](#) :: 20 Kb :: [Link](#)]

(5) Shadbolt N. Attitudes to healthcare and self-care among junior medical officers: a preliminary report. *MJA* 2002 177 (1 Suppl): S19-S20. [Download [PDF](#) :: 180 Kb :: [Link](#)]

(6) AMA Safe Hours Project: Overview of consultations on the draft national code of practice - hours of work, shift work and rostering for hospital doctors. *Australia Medical Association*. December 1998. [Download [PDF](#) :: 250 Kb]

Updated: Michael Tam (29 September 2006)