Hospital Health Check Survey

In January 2018, the AMA Victoria Doctors in Training (DiT) Subcommittee ran an anonymous pilot survey of doctors in training in public hospitals about various aspects of their working lives. Questions covered wellbeing, leave, overtime, culture and training.

We received 290 responses from around the state.

This document provides a snapshot of the key areas of concern highlighted by the survey.

The ranking table aims to help doctors-in-training compare health services when they are deciding where to apply for roles.

Please note that some health services had low survey participation rates. In order to protect the integrity of the data and the privacy of respondents, only those health services who had a number of respondents greater than 10, were included in the table.

We will be running this survey again in 2019 with a view to increasing the sample size, particular in regional health services and gaining a more complete picture of the work environments of doctors-in-training.

Commentary

While it is accepted that the number of respondents accounts for 2.5 per cent of the doctor-in-training workforce in Victoria, the results certainly give us some insights into the experiences of doctors-in-training and the culture of public hospitals.

Unpaid work is a continuing issue with 63 per cent of doctors reporting they work 5 or more hours of un-rostered overtime per week and 53 per cent reporting they never get paid for it.

Despite the requirement in the DiT Enterprise Agreement 2013 that a health service must have registrar training time displayed in their rotsters, this is not happening in 60 per cent of cases reported by the respondents in this survey.

Over half of the doctors-in-training reported they will often or always come to work when they should have stayed home due to illness.

Forty five per cent of doctors-in-training reported that they have experienced bullying or harassment and twenty per cent of respondents described being asked inappropriate questions during an interview such as marriage plans or sexual orientation.

Sixty five per cent of respondents rated their hospital’s support for their mental health and wellbeing as poor to average whilst 53 per cent of respondents also described the morale of the medical staff in their workplaces as poor to average also.

Whilst it is pleasing to see 58 per cent of respondents would recommend their health services to other colleagues, there is still a substantial number who would not.

It appears that some health services could be in breach of their obligations under the DiT Enterprise Agreement 2013, Fair Work Act or the OHS Act.

AMA Victoria encourages doctors with issues such as those outlined above to contact them.
Top 6 priorities in Victoria

Learnings from the Hospital Health Check Survey, 18 Jan - 3 Feb 2018 from survey respondents

1. Overtime
   - N = 254
   - 87%: Doctors who reported their rosters do not match their hours worked
   - 63%: Doctors who reported working 5 hours or more unrostered overtime per week
   - 53%: Doctors who reported they never get paid unrostered overtime

2. Bullying & harassment in the workplace
   - N = 247
   - 45%: Doctors who have been subjected to bullying and harassment
   - 63%: Doctors who have witnessed unacceptable behaviour
   - 74%: Doctors who didn’t report witnessed unacceptable behaviour
   - 71%: Doctors who didn’t report the behaviour because it would impact their careers
   - 20%: Doctors who have been asked an inappropriate question in a pre-interview

3. Training time
   - N = 271
   - 60%: Doctors who reported training time does not appear in their rosters
   - 39%: Doctors who reported their health service provided protected teaching time
4. Do you come into work when you're sick?

N = 250

5. Morale of the medical staff at your workplace

N = 263

6. Your hospital's support for your mental health and wellbeing

N = 263

DISCLAIMER: The AMA Victoria Doctors in Training Committee Hospital Health Check Survey was completed on a voluntary basis by Victorian doctors in training (Interns, Junior House Officers, Senior House Officers and Continued Residency). The purpose of this document is to assist graduating medical students as well as current interns and residents with their decision making process when deciding on which hospitals to apply for in the upcoming intern and RMO campaigns. This information is provided in good faith and should only be used as a guide and is intended to be general in nature and is made available on the understanding that the AMA Victoria and the AMA Victoria Council of Doctors in Training do not make any comment or assertion that the information provided by participants is correct, or reflects the experiences of doctors who did not participate in the survey. Before relying on the information contained in the survey results provided, users should carefully evaluate its accuracy, currency, completeness and relevance for their purposes, personal objectives and career goals, and should make their own enquiries, including consulting with the relevant Hospital and staff at the relevant Hospital. Whilst every effort has been made to ensure the accuracy of the collation of the information in this survey, AMA Victoria, its employees and the AMA Victoria Council of Doctors in Training cannot be held responsible for the information provided by participants in the survey and cannot be responsible for any loss or damage arising from any person or organisation as a result of the publication of this survey of information. AMA Victoria and the AMA Victoria Council of Doctors in Training do not take any responsibility for the outcomes published in the survey.
Survey Data

Each question that had 5 possible answers was given a grade A - F.

E.g. “I would recommend my Hospital”. For this question, the possible responses were “strongly agree” (A), “agree” (B), “neutral” (C), disagree (D), “strongly disagree” (F). The DiT Committee felt that a hospital should never receive a “strongly disagree” and it was therefore appropriate to have “F” rather than “E” as the bottom score.

If the majority of answers to a question were a “C”, but there were also a significant number who answered “B” or “A”, then the answer would be C+.

The grades were allocated a numerical score (A+ = 14, A = 13 through to F = 1). Questions in each category were then averaged out to give an overall score for that category. See scores in the table below.

<table>
<thead>
<tr>
<th>Health Service</th>
<th>Respondants</th>
<th>Training</th>
<th>Wellbeing</th>
<th>Overtime</th>
<th>Leave</th>
<th>Culture &amp; Equity</th>
<th>Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfred Health</td>
<td>41</td>
<td>B</td>
<td>B</td>
<td>D</td>
<td>C+</td>
<td>B</td>
<td>C+</td>
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<tr>
<td>Monash Health</td>
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<td>C</td>
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<td>C+</td>
<td>C+</td>
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<td>Royal Melbourne Hospital</td>
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<td>C+</td>
<td>F</td>
<td>B</td>
<td>D</td>
<td>C</td>
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<tr>
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<td>C</td>
<td>D</td>
<td>C+</td>
<td>D+</td>
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<td>D</td>
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<td>C</td>
<td>C+</td>
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<tr>
<td>Berwon Health</td>
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<td>B</td>
<td>D</td>
<td>C+</td>
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<td>C+</td>
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<tr>
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<td>C</td>
<td>D</td>
<td>B</td>
<td>C</td>
<td>C+</td>
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