

Work pressure in frontline doctors

1. The following is our analysis on the factors contributing to work pressure in frontline doctors. Our organization is a doctors' union representing doctors employed by the Hospital Authority, Department of Health and the two universities.

WORKLOAD

2. The massive workload is a main contributing factor to stress in frontline doctors.

3. Hospitals are constantly being expanded and new services are being set up regularly. All too often, there is no proportionate addition of resources to go with the new services. Existing doctors are made to do more work and there is no consideration on whether they can cope. In same instances, new staff supposedly allocated to the new services are in fact token or notional.

4. HAHO implement new policies without considering whether the frontline can cope. In the past years, HAHO ordered to have shorter waiting lists or other service quality improvements without considering how frontline doctors can deal with these.

5. There is great shortage of senior doctors in the frontline and hence inadequate supervision and on-call support. This results in junior doctors having to take up extra duties that they are not competent in doing. This in turn results in extraordinary amount of stress.

6. On top of clinical work, doctors are still spending too much of their time on paper work and bureaucratic measures like various quality assurance projects.

7. Chief of Services and managers are generally unable to empathize with the plight of the juniors. They have different interests and agendas than the junior MOs. However, the HAHO only listen to them and seldom in direct contact with MOs per se.

8. The working condition of doctors is not good either. Many doctors are constantly under stress but not all hospitals have places for doctors to rest or to sit down and think about their work.

LONG WORKING HOURS

9. Lengthy period of working continuously leads to fatigue and this is highly dangerous for both doctors and patients. The gist of the problem is still not addressed.
10. 65 hours per week proposed by HA is still very long and is also not enforceable.
11. There is need for the establishment of an independent panel to look into the workload of frontline doctors and to establish a benchmark for what is reasonable.
12. The verdict on HA vs PDA case might be helpful but the details are still not worked out. The main concern of public doctors are:
 - a) For the future, agree on a “reasonable and legal working hours arrangement” (合法合理合情的工作安排)
 - b) For the past misdeeds by HA, arrive at a “solution respecting the doctors” (醫生信服的處理)
13. The solution relies on the following:
 - a) The confrontational atmosphere needs to be relaxed. HA administration needs to treat frontline doctors as colleagues in the same boat rather than subordinates and adversaries.
 - b) improve the management's lack of empathy over the condition of the frontline. Two way communication must be build up.
 - c) HA rather doctors should make the conciliatory first step. HA should not toss a set of conditions written up by lawyers and then wait for doctors to respond
13. Compensation for on call work done on Sundays and Saturdays is still unfairly subject to discretion of individual bosses.
14. No doctor should work more than 32 hours continuously in any situation.

COMPLAINTS FROM PATIENTS

15. Unreasonable and manipulative complaints from patients are a main source of stress for frontline staff.

16. Hospital Authority administrators do not usually empathize with the doctors and are handling matters bureaucratically. The extra paper work and hassles are adding to the stress of busy frontline staff. Once a patient lodges a complaint, the frontline doctor will always lose as he or she will need to do excessive amount of work to respond.

17. Frontline doctors are those administrating the new user pay fees and the service cuts and they are receiving the rebuttal from the patients. Patients wrongly believe frontline doctors have the power to waive charges or prescribe expensive drugs. Nothing is done to soften the impact for them.

18. Patients can swear and even hit doctors. Workplace violence, both verbal and physical, must be better addressed.

19. Some patients may threaten Medical Officers (MO) with violence to extract benefits like sick leave or extra medications. MO under heavy workload can only comply. If a MO refuses to comply, at the very least, this will end up as a time consuming and stressful patient complaint. Either way, the MO will be the one to lose out..

20. Some units still count appreciations and complaints as a measure of clinician's competence although both can be easily manipulated.

21. Patients can request detailed medical reports for a small payment and these reports are often used for patients' own monetary gains (eg claiming insurance or compensation). For their gains, doctors will need to work for hours and even appear in court. Yet they receive no extra payment.

LACK OF CAREER PROSPECT

22. As less than a third of junior MO will have their contracts renewed after passing their fellowship exams, junior MO are careful not to commit any mistakes or upset any bosses. This creates a lot of stress.

23. Family Medicine Trainee feels that they are often not receiving ample training during their hospital rotations. Often, they are allocated most of the “dirty work” and are not given adequate training opportunities.

24. MO who acquired their specialist qualification are still doing the tough work and long hours of junior MO despite becoming specialists. They might also need to take up specialist duties shed by their bosses on top of their MO work. As promotion is a slim prospect and often linked to “office politics” and since less than 35% are offered contract as specialist residents, their morale is driven to all time low.

25. Young specialists leaving HA is a public crisis. They are the core of the workforce and this means our young specialists are not acquiring the broad range of experience they need before joining the private sector. If indeed there is a hidden agenda to drive trained specialist out of the HA system early to save money, this would really be shortsighted.

REMEDIES

26. We suggest the following remedies for the problems cited.

- a) Set up an independent panel to look into the workload of frontline doctors and to establish a benchmark for what is reasonable.
- b) To make it a rule that new services are linked to allocation of additional staff
- c) To ensure that on-call work on Sundays and Saturdays are compensated.
- d) Hospital Authority to regularly meet with the various doctors’ unions to find out about frontline views on working condition.
- e) Ensure that most specialist-trainees will have a 3+3+3+3 contract to acquire training and experience in the public hospital system.