

# Improving morale among the junior medical team during the COVID-19 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 junior doctors.<sup>1</sup> A General Medical Council survey in 2020 found that one-third (32%) of doctors indicated that the pandemic had a negative impact on their mental health and wellbeing.<sup>2</sup> In their 2018–19 census, the Royal College of Physicians reported that 54% of doctors described their morale as low or very low, and burnout was reported in 68%–88% of respondents.<sup>3</sup>

It has become increasingly apparent that morale among physicians has declined while the prevalence of burnout has continued to rise. While 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 and methods

Qualitative surveys were electronically distributed to all junior doctors, physician associates and advanced care practitioners within the department, and the results were used to identify contexts for change. We performed four plan, do, study, act (PDSA) cycles over an 18-month period and our aim was to improve morale by 50%.

## Results and discussion

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 (Fig 1). The number of juniors who felt valued by the senior team increased from 31% to 63%. This was associated in a further improvement in feeling empowered to make change from 6% to 27%. 48% of participants looked forward to coming to work, compared with 13% at baseline. Signs of burnout significantly reduced, with 45% of juniors left feeling exhausted at the end of the day (decreased from 71%) and 45% reported taking longer than 1 day off to unwind from work (decreased from 70%).

The number of staff who felt that departmental morale was good increased from 6% to 63%, and 90% of participants

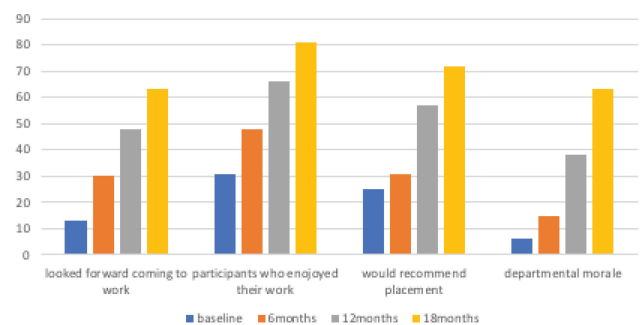


Fig 1. Summary results of our quality improvement project to improve morale.

enjoyed their job compared with 31% at baseline. There was a threefold increase in the number of participants who would recommend this placement to their peers (from 25% at baseline to 72%). Significant improvement was seen in the number of participants who were appreciated for their work both on the ward (81% vs 38% baseline) and on call (54% vs 25% at baseline).

## Conclusion

This project confirms that exceptional clinical pressures can significantly impact on team morale, with increasing symptoms of burnout 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 workplace-based assessments, encouraging audits / quality improvement projects, improving staffing levels and prioritising junior doctor staffing continuity on the wards. While we have met our SMART aim to improve morale, there is still much room for further improvement. ■

## References

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