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Trainee fatigue – time for a culture change?

McClelland et al.'s survey results recognise overwhelmingly that fatigue influences not only physical and psychological wellbeing, but also personal relationships, and the ability of junior doctors to complete training-related tasks [1]. Disturbingly, the majority of respondents (84.2%) stated they have felt too tired to drive home following a night shift, yet most do so anyway. It is very concerning that 57% have had an accident or near miss while driving home in a fatigued condition.

Could I ask the authors to comment on their 59% response rate using postal methods? There was no telephone follow up for non-responders, and there is a potential for response bias, as those who have experienced fatigue-related issues may have been more likely to reply. There were no direct questions on the survey addressing perceived ability to perform anaesthesia while fatigued, which was justified by the assumptions that trainees may have feared medico-legal repercussions and not respond accurately. However, if > 80% had felt driving was unsafe, the ability to safely deliver anaesthesia could also be assumed to have been impaired. Specifically asking for this information on an anonymous survey would have added useful insight, as fatigue and sleepiness have been implicated as major contributors to medical errors [2].

The culture of medical training has long entrenched the ideal of suffering among junior doctors [3]. To be considered 'good', doctors must work harder, know more and never be seen to struggle or seek help, compared with their peers [3, 4]. With most of their lives defined by their achievements, many doctors consider the concept of failure to be an embarrassment to their existence [4]. They may remain stoically mute for fear of a ruined future. Shift work, long hours, the competitiveness of medical culture, and pressure to pass exams all compound life stressors of a training anaesthetist. This is without going into the bullying, harassment, and sexual discrimination many doctors also endure.

A recent spate of suicides among doctors in Australia has stimulated media attention. Suicide is the result of a complex combination of factors. Doctors are known to have substantially higher rates of psychological distress and attempted suicide than Australians in general. Nearly half of all junior doctors have experienced burnout at some time during their training [4].

With the acceptance that the demands of medicine can take a heavy toll, there needs to be a determined push for policy and culture change from government and within our profession [4]. Anaesthesia is a service that requires 24-h cover, however strategies to encourage good sleep hygiene can start from the top down [5]. Leadership strategies should encourage a culture of compliance with safe working conditions and adequate staffing [6]. Rotas should support the limitation of shift lengths, reduction in frequency of overnight work, and protected time while off duty [2, 7]. Education of staff will include recognition of signs of fatigue, and strategies to deal with this [6]. Professionals are expected to use their off-duty time wisely to ensure sleep is maximised. We must support our next generation so that they can most safely care for our patients and themselves.

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Trainee fatigue – time for a culture change? A reply

We thank Dr Swinkels for her considered response to our paper [1]. Her points are pertinent and add to the important discussion about trainee fatigue.

We would like to clarify that there was no postal component to the survey. The survey was piloted with an initial paper version, but this was made available at places of work, not via the post. Following the pilot, trainees were invited to complete the survey via electronic links only. Participation was both voluntary and anonymous. Respondents were given the opportunity to leave an email address if they wished to be contacted in the future but no other details – either personal or contact – were gathered. Further information regarding this is contained within the methods section of the paper.

It is correct that there is a potential for responder bias with those who had experienced fatigue being more likely to complete the questionnaire. However, even if none of the non-responders had felt too tired to drive home, this would still mean that a worrying percentage of trainees in anaesthesia report having felt too tired to do so.

The survey was prompted by the death of a trainee during his commute home from a night shift, hence the particular focus of the questions. It is possible that asking specific questions relating to medical error could have added useful insight. There were concerns that the inclusion of such sensitive questions might serve to deter trainees from completing the survey, although we are in complete agreement with Dr Swinkels that the correlation between medical error and tiredness is an area for future study. We believe this must occur in conjunction with introduction of measures to mitigate the risks of fatigue [2], such as Fatigue Management Systems, as discussed in the letter by Dr Noone [3].

The aim of the fatigue project is to support doctors of all grades and their employers to make the necessary changes to improve the culture around fatigue. Effective leadership strategies are crucial to the success of delivering this [2]. Presenting the results of the survey highlights some of the issues of excessive fatigue and the next step must be to develop a management strategy to address it. As Dr Swinkels says '*We must support our next generation so that they can most safely care for our patients and themselves*'. We agree entirely.

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