

[Access thebmj.com](#) -

Ethical standards are compromised by workload, resources and time pressure

October 15, 2019

You would be hard pressed to find many, if any clinicians, not describing their work environment as challenging and stressed. We can all relate to the unease that systemic factors such as workload, time pressure, and resourcing impact our ability to properly care for patients.

57% of respondents in a [recent Medical Protection Society \(MPS\) survey](#), which forms part of our “Breaking the Burnout Cycle” campaign, believe that such issues also compromise ethical standards multiple times a week—this is particularly concerning given the increasing professional accountability doctors face. [1] Doctors inherently have a values-based work ethic and can find this constant and unremitting burden of failing to meet ethical standards morally distressing.

This along with poor organisational resilience, manifesting in substantial workloads, reduced breaks and rota gaps increase the chances of burnout which further raise the chances of an adverse clinical incident. Indeed, a quarter of those surveyed suspected that emotional exhaustion had contributed to an irreversible clinical error with 67% of them saying this was due to a lack of concentration. Other studies around the world have also linked burnout to an increased medicolegal risk.

Why then, when there is evidence between burnout and adverse incidents, do nearly half (44%) of the doctors surveyed feel that they are not encouraged to discuss issues of wellbeing by those in management? The onus cannot fall to individuals alone to address the burnout problem as we all have our part to play as a collective. Empowering the team so they feel they have control and enabling them to speak up for safety are equally important. Just over half (47%) who took part in the survey strongly disagree that workload is fairly distributed among colleagues, which can then contribute to feeling devalued and a sense of injustice. Treating colleagues fairly and with respect will create a just environment and can help build resilience.

However, preventing burnout is best achieved by organisational interventions and I believe that employers and managers have a moral obligation to their staff and colleagues, as well as to patients to improve safety. Prevention will require attitudinal and policy change along with a willingness to accept that errors are usually multifactorial and not just down to human error. Creating an environment to promote wellbeing is also a necessity, rather than a luxury, as the impact of engaged and content clinical staff on patient safety should not be underestimated.

Engaging human factor and ergonomics principles in design and planning should reduce systemic factors contributing to adverse incidents and make it easier to achieve good patient outcomes. [Using the human factors framework](#) can also help us to understand why and how errors occur in the context of stressed environments interacting with individuals stretched often to their limit.

Investigating incidents in isolation and without systemic context is not only unfair but will fundamentally lead us to incorrect assumptions and conclusions such as attributing blame to one person. Moving away from a root cause and culture of blame will inevitably improve morale and well-being. So, while we can all try and build personal resilience, human factors science may hold some of the solutions needed to create protective environments and help us avoid burnout.

Pallavi Bradshaw, Education Services Lead (UK), Medical Protection Society.

***Competing interests:** Membership with MPS provides the right to request access to expert advice and support on clinical negligence claims, complaints, GMC investigations, disciplinaries, inquests, and criminal charges such as gross negligence manslaughter. Members also have the right to request indemnity for claims arising from professional practice.*

Footnote:

1. MPS surveyed 275 UK doctors in April 2019 which was part of a wider international survey of 1,170 doctors across the UK, Ireland, New Zealand and South Africa. MPS has also recently launched a report '[Breaking the burnout cycle](#)' which seeks to address the burnout endemic in healthcare, by setting out key recommendations to safeguard the wellbeing of doctors and avoid them becoming burnt out and disillusioned in ever greater numbers.



« Rebecca Rosen: Continuity of care is as important as access to GP services

Routine third trimester ultrasonography: Avoiding “too much too soon” »

0 Comments

 Login ▾

G

Start the discussion...

LOG IN WITH

OR SIGN UP WITH DISQUS 

Name

 1

Share

Best Newest Oldest

Be the first to comment.

Comment and opinion from The BMJ's international community of readers, authors, and editors

Search BMJ Opinion

Search

Ad removed. [Details](#)

MOST READ

Up the line to death: covid-19 has revealed a mortal...

Peter Doshi: Pfizer and Moderna's "95% effective" ...

David Nicholl: Why I've changed my views on...

Ad removed. [Details](#)

CATEGORIES


 Author's perspective


 BMJ Clinical Evidence


 Brexit


 China


 Christmas appeal


 Climate change


-  Columnists


-  Covid-19 known unknowns webinars


-  Editors at large


-  From the archive


-  Global health


-  Guest writers


-  Junior doctors


-  Literature and medicine


-  Medical ethics


-  MSF


-  NHS


-  Open data


-  Partnership in practice


-  Patient and public perspectives


-  People's covid inquiry


-  Richard Lehman's weekly review of medical journals


-  South Asia


-  Students

-  Too much medicine

-  Unreported trial of the week

-  US healthcare

-  Weekly review of medical journals

-  Wellbeing

BMJ CAREERS



Consultant Gastroenterologist & General Physician

Aberystwyth | **£106,000 to £154,760 per annum**

We are looking to recruit a Consultant Physician with an interest in Gastroenterology to join our team at Bronglais General Hospital, Aberystwyth.

Recruiter: Hywel Dda University Health Board

[Apply for this job](#)

Locum Consultant in Gastroenterology

Nuneaton | **£105,504 to £139,882 per annum**

Locum Consultant in Gastroenterology Hours per week: Part time - 6 sessions per week
Perm/Fixed Term: 6 months (Fixed Term)

Recruiter: George Eliot Hospital NHS Trust

[Apply for this job](#)

Middle grade registrar to support Gastro

Wrexham | **£37,737 to £49,925 a year**

We are looking for middle/registrar grade doctors to support Gastroenterology Team.

Recruiter: Betsi Cadwaladr University Health Board

Information for Authors

BMJ Opinion provides comment and opinion written by The BMJ's international community of readers, authors, and editors.

We welcome submissions for consideration. Your article should be clear, compelling, and appeal to our international readership of doctors and other health professionals. The best pieces make a single topical point. They are well argued with new insights.

For more information on how to submit, please see our [instructions for authors](#).

[Revenue sources](#)

[Privacy policy](#)

[Website terms & conditions](#)

[Contact us](#)

[Top](#) | [Home](#)

© BMJ Publishing Group Limited 2024. All rights reserved.

[Cookie settings](#)

