

Qualitative overview of the situation of Junior Doctors in Europe

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Objectives and methods

E U R O P E A N J U N I O R D O C T O R S

OBJECTIVE

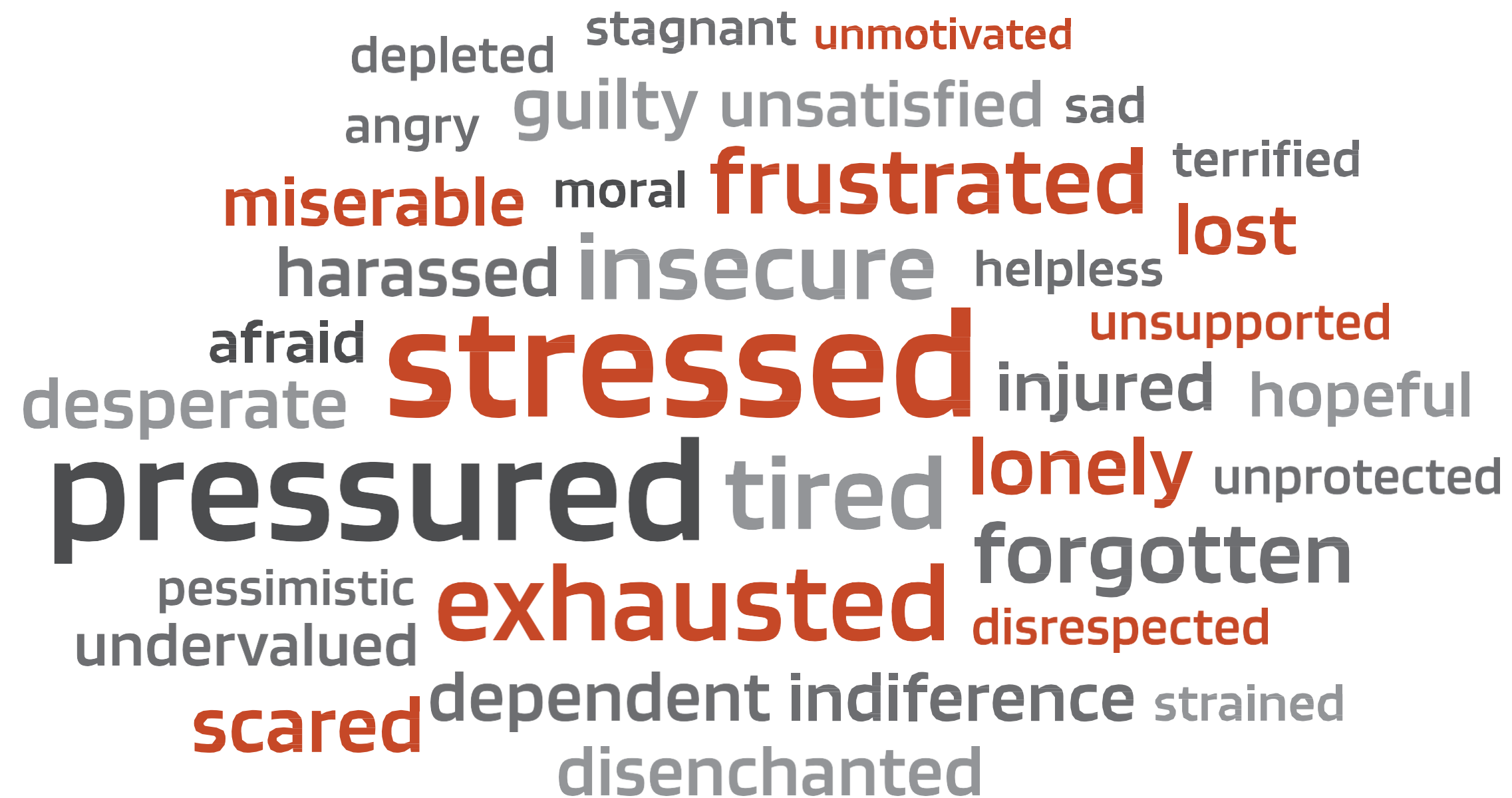
To explore European junior doctors' work-related experiences and the impact of those experiences on their personal and professional lives

METHOD

Qualitative research. Thematic analysis of in-depth interviews with the leaders of 24 Junior Doctors associations across Europe.

How are Junior Doctors feeling?

E U R O P E A N J U N I O R D O C T O R S



Junior Doctors' emotions and feelings: word cloud



Uniformly across Europe, Junior Doctors face many challenges compromising both patient care & their own well-being

Overview of JD's situation in Europe

E U R O P E A N J U N I O R D O C T O R S

I

SHARED
DISAPPOINTMENT
AND JOB
DISSATISFACTION

II

WORKLOAD
STRAINS DUE
TO HEIGHTENED
HEALTHCARE
DEMAND

III

GENERATIONAL
SHIFT

IV

REDEFINING
PROFESSIONAL
CALLING

V

RISING
RESIGNATIONS
FROM CLINICAL
ROLES

VI

SHIFT IN
SPECIALTY
AND CAREER
CHOICES

VII

GENDER
INEQUALITIES

VIII

CROSS-BORDER
MOBILITY
RELATED
EXPERIENCES

How are European junior doctors feeling?

**I'M PHYSICALLY AND MENTALLY NOT
CAPABLE OF WORKING 100% IN THIS JOB,
I WILL GET SICK.**



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Initially, a lot of people feel like, well, I haven't been able to do my job properly. Why am I responsible for this? Why? Why can't I care for people properly? I am to blame.



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You can feel so depleted from work, and you feel like you've given so much of yourself to patients and colleagues that there's nothing left for your family, or for your friends, or for going out or, I suppose, importantly, pursuing your hobbies and things like that.

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Not getting time to reflect on your practice, or not getting time to study, or not getting time to progress yourself, it's also an issue here.

We're told that we can take study leave, but whether we actually get that is a different story, because sometimes the amount of work to be done doesn't allow us to take this as leave.

One big issue is that there has to be enough time for the senior doctors to teach the junior ones.



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But then someone leaves, someone falls ill randomly [...] and, all of a sudden, the clinic falls short and it gets really ugly for everyone, because everyone has to sort of step up. And then, when this becomes very frequent, that is really straining people.



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I: Do you think this generational leap is a gender issue?

P: I think it's not just gender, but I think it started as a gender issue.

And I think when it started as a gender issue, people perceived it.

Women complaining and then actually men have realised, wait a minute.... They're right! [Laughs]. And now it's equal.

How is European junior doctors training?

There is consensus that the quality of postgraduate training programmes could be improved. **Overload and stress in health systems are the main obstacles affecting the quality of programmes.** A lack of time devoted to training, a lack of supervision and low emphasis on academic aspects contribute to **the perception of insufficient training.**

SUMMARY

How are European junior doctors feeling?

- JD experience negative feelings such as **tiredness, frustration, insecurity and stress.**
- Their dependent relationship with their mentors and their lack of work experience makes them **particularly vulnerable to these feelings.**
- JD belong to a **generation** for whom **the work sphere is not the only** or even the most important sphere in their lives.
- The absence of working conditions that allow them to prioritise their personal development over their professional one **contributes to their dissatisfaction.**

This has led to an increase **in job resignations** and choices of specialties with **better working conditions.**

THANK YOU FOR YOUR ATTENTION!

TOGETHER, LET'S FORGE A RESILIENT
HEALTHCARE FUTURE!

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