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Workload is one of the main risks to increase PSR.

Workload can be due to:

- not enough doctors at work;
- not enough health care workers, at work;
- too much work hours in a short period; and repeated in a short period;
- too many patients;
- level of gravity of diseases treated, can be considered as workload (more work);
- too much administrative works;
- too much time and energy reserved to do non-medical work;
- confusion of missions;
- numeric fractures;
- troubles with the families of patients;
- too much mails to treat;
- conflicts among medical teams;
- lack of doctors in the country and in the speciality of doctors;
- economic troubles in the hospital;
- the risk of workload can be higher in private hospitals (not enough money to recruit doctors) and In private health centres, the pression to work can be very high;
- the lack of medical unions to protect doctors and to offer them information about their rights and duties;
- non-respect of European laws about the working time European directive;
- too high frequency of on duty work of doctors;
- long distance and time to go from home to hospital;
- no possibility to go in holidays;
- time to eat too short; quality of food in hospital restaurant can be not good enough;
- no possibility to go to doctors for himself, if any diseases;

Workload can have several reasons.

Culpability is often present; the feeling not to do enough, not to do well the job; guilty for everything, as if doctors had to answer to all questions; doctors are frightened to go to court if errors are done or considered as errors; workload is still worse when stress and depression are present; the quality of life at work of doctors in hospital is very important. Administration has to take care of doctors, which is not often the case.

Fighting against all reasons of workload is a main topic to fight against PSR of doctors.

The first part of our FEMS job was to realize the importance of PSR at work for doctors.
Now, we must resume actions and proposals:

1 - EMOs must lobby in their own country to sign the ILO convention about violence and harassment at work. It was decided at ILO in June 2019, but not yet signed by all European countries.

2 - discussions are on the floor in EC about a European Directive about PSR. I did the job as lobbyist with ETUI, Eurocadres, CFE-CGC, and for EPHA and FEMS. To improve this lobbying, I propose that all EMO.s become member of EPHA, to support and help. The visibility of EMOs about this topic is not strong enough.

3 - in each European country, at the state level, we need to improve the situation of doctors:

- more doctors in private and public hospitals;
- less overload work for doctors;
- better salaries;
- social advantages for doctors, men and women: to get an apartment near hospital, to get nurseries, to improve trainings;
- to improve collective bargaining.

4 - on the level of EMOs and national medical unions :

- we have to organize medical congresses about PSR;
- we have to get a hot-line to listen to doctors suffering of stress, depression, burn out;
- to offer insurances against the risk of violence at work;
- to fight to recognize burn out and PSR as an occupational disease;
- to invite specialists of those questions in our EMO.s congresses.

5- at the level of every private and public hospital:

- to offer a good room when we work at night;
- to organize meals 3 times a day, if necessary, for doctors;
- to promote consultations with psychologists and psychiatrists, very quickly if any mental disorders for doctors;
- to promote meetings among doctors to speak about a better organization of work for doctors.
- to let doctors have a better place in hospitals to organize work, financial decisions, to decide about medical materials; more place for doctors, less to administration;
- to organize good professional trainings for medical students; that point is very important.
- to organize a sustainable organization of life in hospitals;
- to promote better collaboration between private and public hospitals, to exchange competence, to share working time;
- to do more about trainings: medical trainings, digital trainings, social laws .
- to promote equality in rights and duties among men and women doctors.
- to promote learning languages, to help to care foreigners .