
'Welcome on board'

EDITORIAL

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Major systemic changes are needed to improve the working conditions of doctors. Yet for someone starting out in their first job as a doctor, the little things may still count.



Photo: Sturlason

This week, medical students in their final year of study and doctors who have not yet completed their period as foundation doctors learn whether they can start stage 1 of specialist training ('LIS1') in the autumn. Eighteen months of LIS1 is the first part of the specialisation process, and the competition for positions is fierce; in 2023, there were 1 184 applicants for 575 vacant positions. In other words, one-half were left with no offer of an LIS1 place, and there is no sign of the pressure letting up [\(1\)](#). When it comes to the demand for more experienced doctors, the reverse is the case. Recruiting doctors to the public health service has become increasingly difficult, including to hospitals, where a recent review showed a shortfall of approximately 1 500 specialists [\(2\)](#).

The LIS1 training period provides a good recruitment base for hospitals and general practice surgeries, especially in non-central regions [\(3\)](#). Good supervision, focus on the training process, job satisfaction and a sense of security for the LIS1 doctors will be important to meet the future need for medical specialists. As young and inexperienced doctors, we are especially vulnerable [\(4\)](#).

Pressure of work and running of the hospital affect the work and stress level of hospital doctors [\(5-7\)](#). Of those who responded to the Norwegian Medical Association's member survey in 2023, altogether 46 % answered that they either were unsure of whether they wanted to stay in the same hospital job, or were certain that they did not want to do so [\(7, 8\)](#). Approximately 30 % of the

members took a very negative view of the future prospects of the hospital or enterprise, and this proportion was highest in the age group 30–39 years. An inclusive working environment was one of the reasons why doctors remained in the job, while the workload, salary, lack of flexibility and autonomy were highlighted as reasons for their low job satisfaction (7).

Such conditions are not unique to Norway. In a systematic review of data from several countries and with the telling title *The Race to Retain Healthcare Workers*, it was found that a favourable social environment characterised by trust and respect was essential to make doctors and nurses want to stay in their jobs. Low staffing levels, few benefits (such as food vouchers!), rigid working schedules and social conflicts at work often made for low job satisfaction (9).

To ensure a robust public healthcare system in the future, an improved working environment and successful recruitment, comprehensive and structural long-term measures are needed. This will take time, and the responsibility neither can nor should lie with the individual employee or middle manager. However, *something* can be done right now. A qualitative study of medical uncertainty among junior doctors revealed that the informants missed relatively uncomplicated things, such as more, and more thorough feedback on their own work. This is quite understandable, given that some feedback consisted of no more than some advice on what might have been done differently, written on a Post-It note in the mailbox. Others reported having been unable to access a room where the patient could be examined or to a telephone on which to confer (10). The importance of a friendly reception was a recurring issue. Perhaps such simple measures as a flower on their desk to welcome them, a pat on the shoulder, some friendly words or a hot meal during the shift could improve the experience of the LIS1 training period for the fledgling doctors?

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Vestfold Hospital Trust has taken some active steps. Before they start their LIS1 training period, the doctors' familiarity with the documentation systems and the hospital itself, as well as their clinical experience, are identified (3). Based on the results they are divided into groups. Rotation among the groups ensures that all the junior doctors get to know each other. Hopefully, this scheme will help more of them derive greater benefit from the introduction week, and so far the feedback has been positive (3). This is just the start of more comprehensive efforts of the kind that are likely to be needed to recruit doctors to LIS and senior consultant positions (3).

Going forward, it will be interesting to see whether the steps taken by Vestfold Hospital Trust can help resolve the recruitment problems and whether other workplaces will follow suit. I hope so. What you see in others is not always a reflection of yourself. As for myself, I know that being met with a friendly smile, a free chair at the meeting table and a supportive chat when I need it can be just the thing that makes for an agreeable working day.

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