

Retirement issues for Intensivists:

Why is “retiring gracefully”
such a challenge in
Intensive Care?

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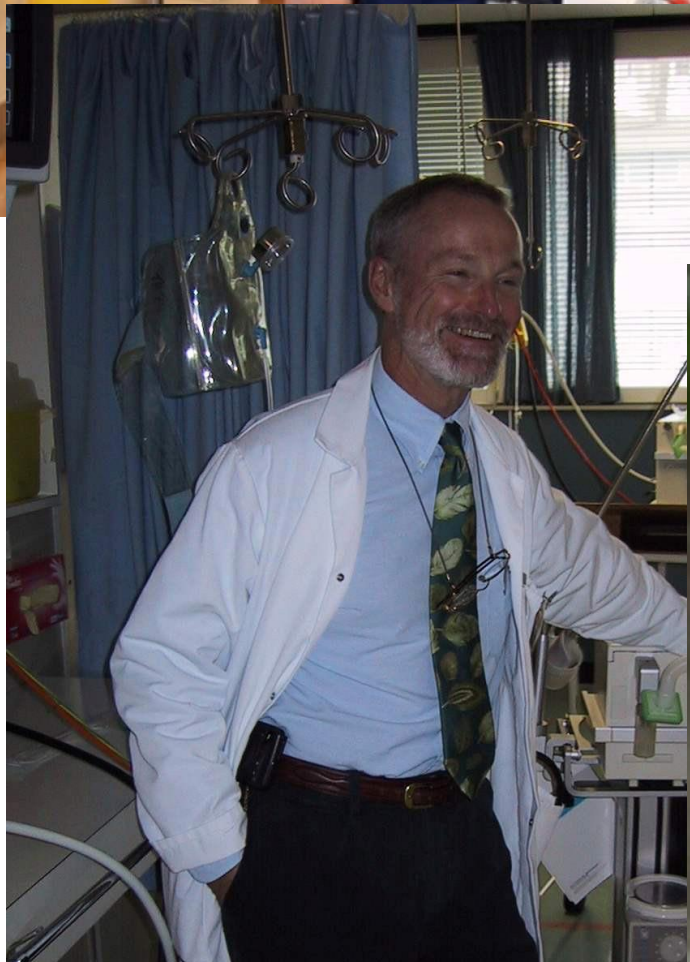
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OMG! IS THIS THE ZOMBIE APOCALYPSE?

NO-THEY'RE JUST SICK SPECIALISTS-WORKING WHEN THEY SHOULD BE AT HOME IN BED.

ANE
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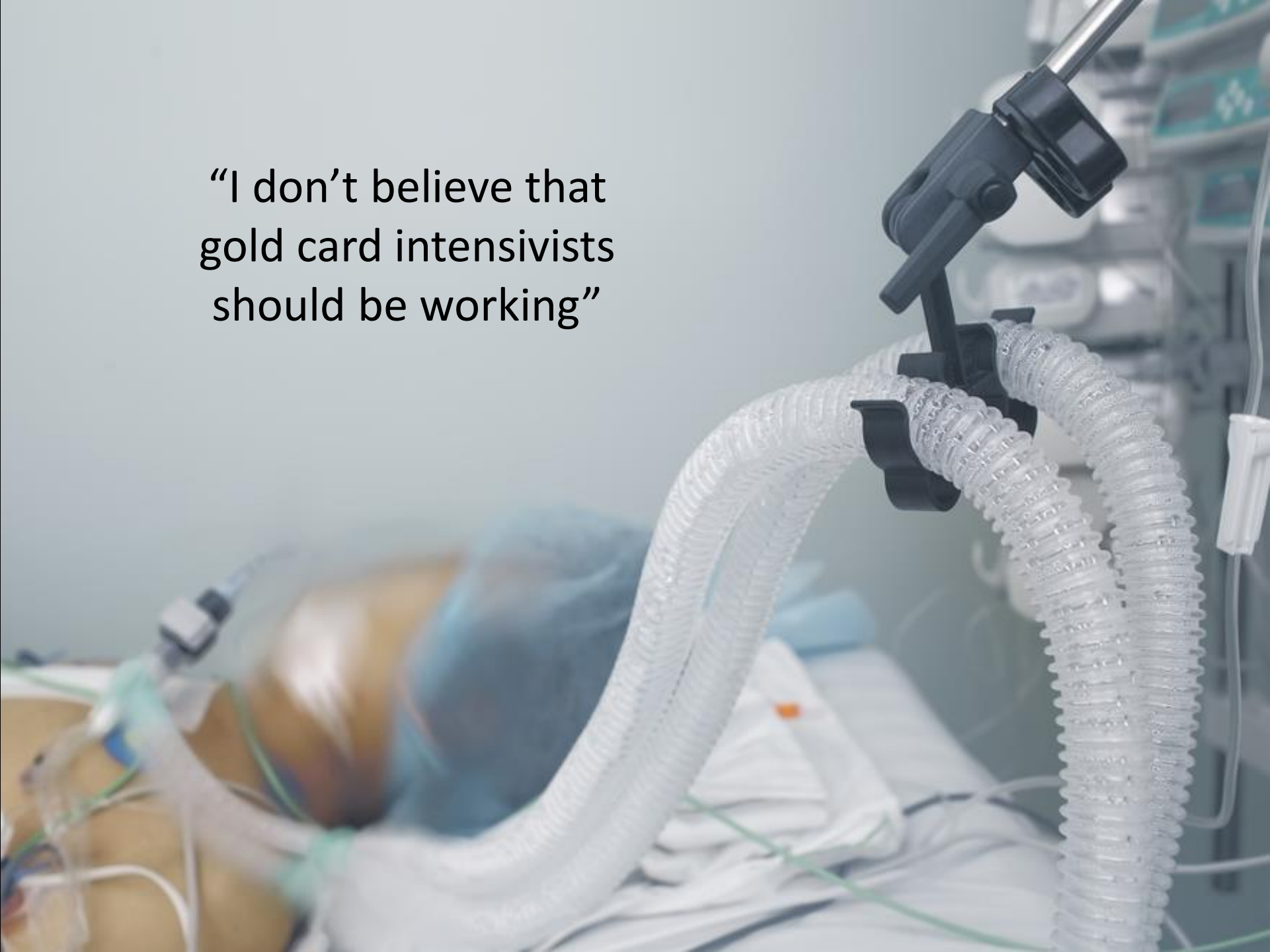
Daze to Retirement

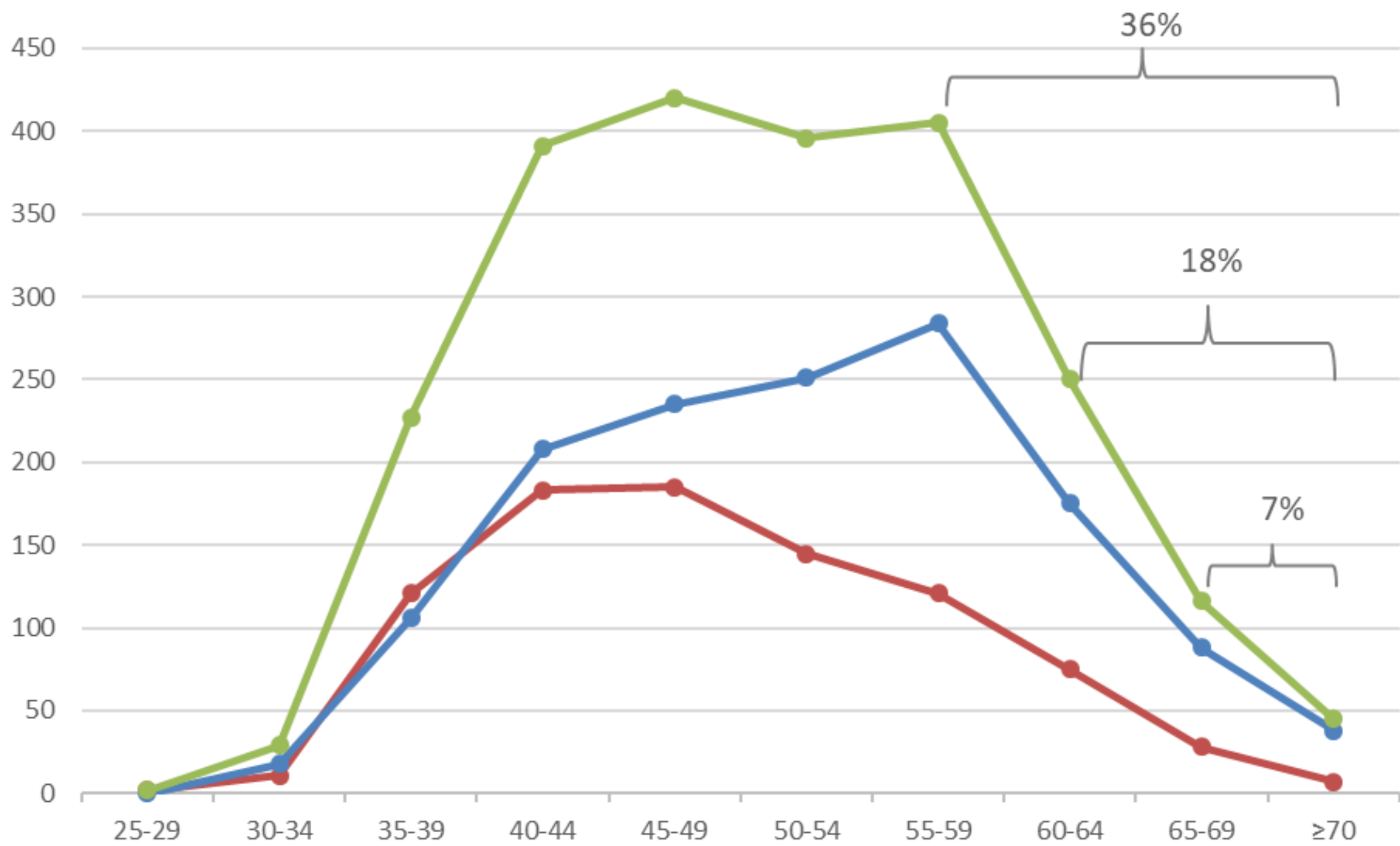
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5/12/18	401	2885
6/12/18	400	2884
10/12/18	396	2880
11/12/18	395	2879
13/12/18	393	2877
14/12/18	392	2876
17/12/18	389	2873
18/12/18	388	2872
19/12/18	387	2871
20/12/18	386	2870
21/12/18	384	2868
24/12/18	382	2866
7/1/19	368	2852
8/1/19	367	2851
11/1/19	364	2848
15/1/19	360	2844
29/1/19	346	2820
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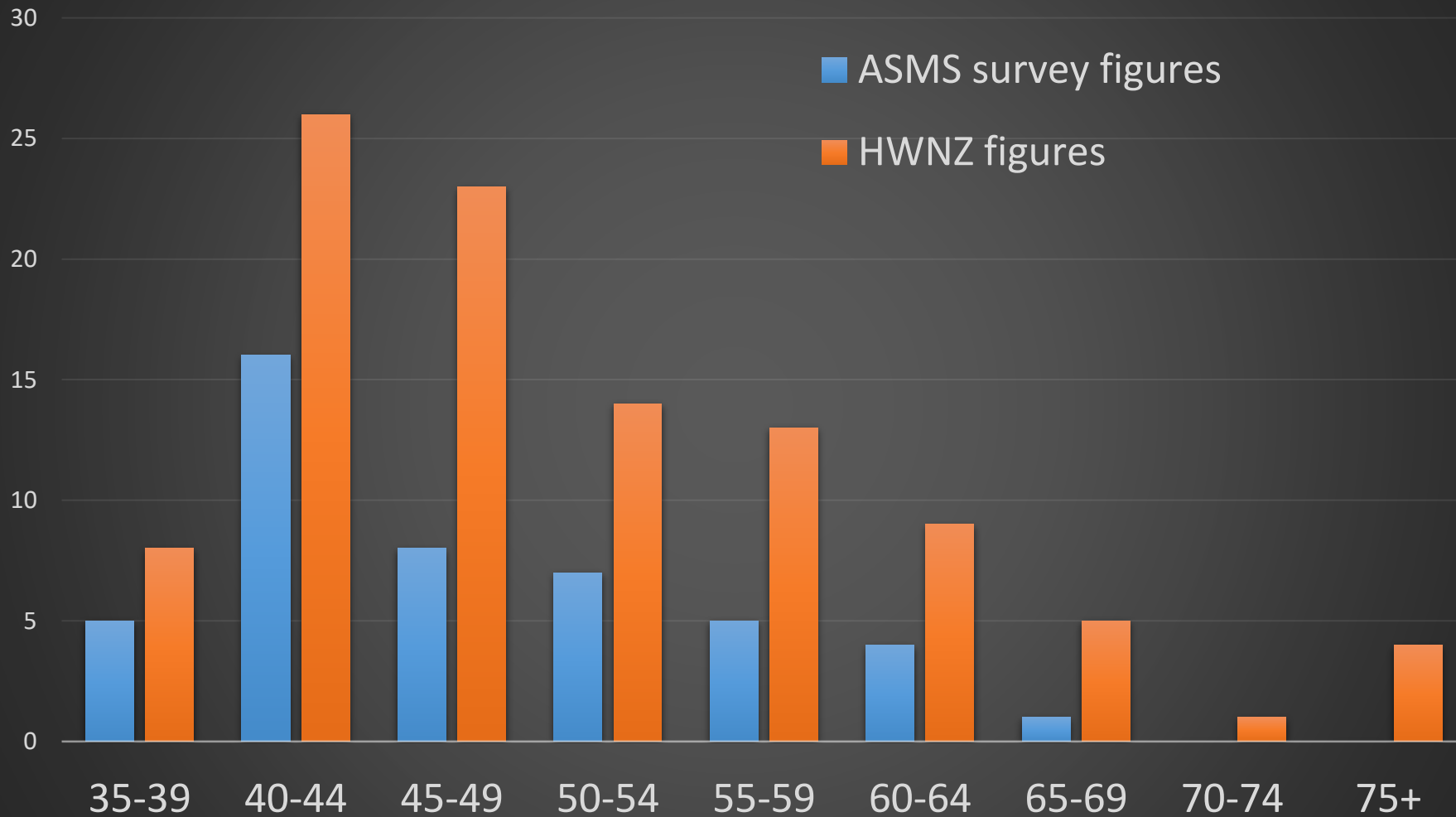
“The acuity aspect and out of hours call, they separate us out- the acuity curve has shifted- you’re not in the hospital unless you are really sick”

“I don't believe that
gold card intensivists
should be working”

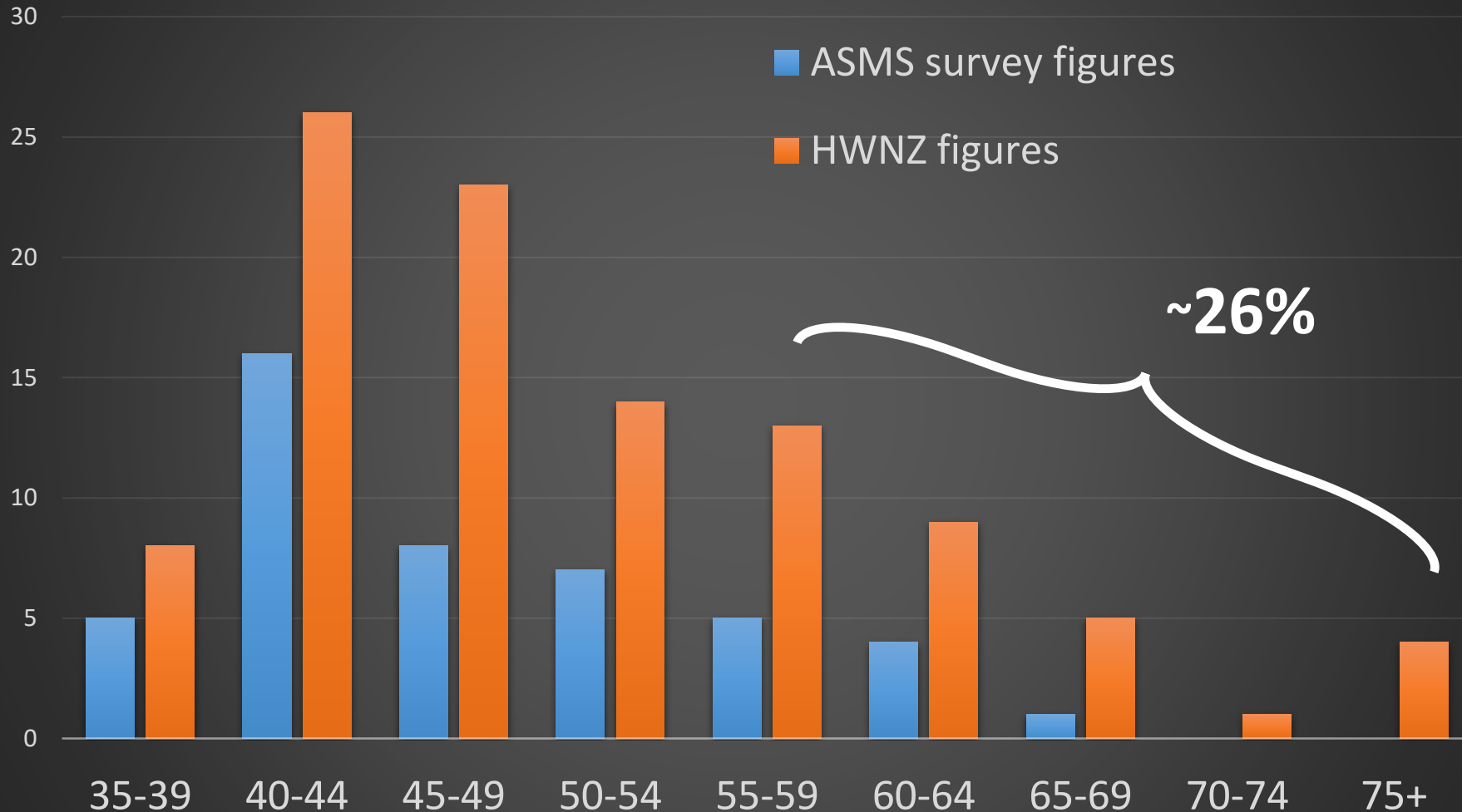




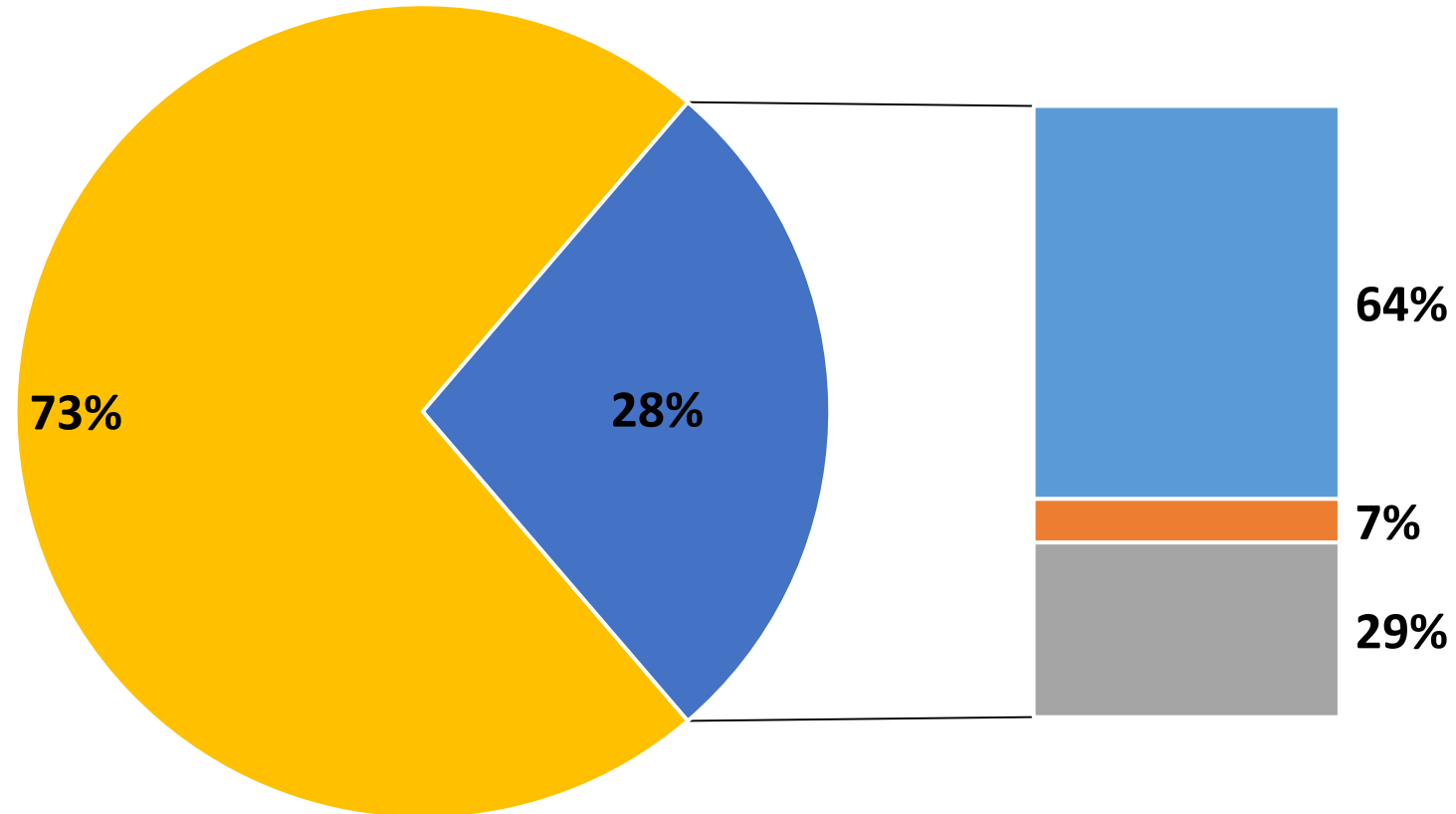
Age Distribution of Intensivists in NZ



Age Distribution of Intensivists in NZ

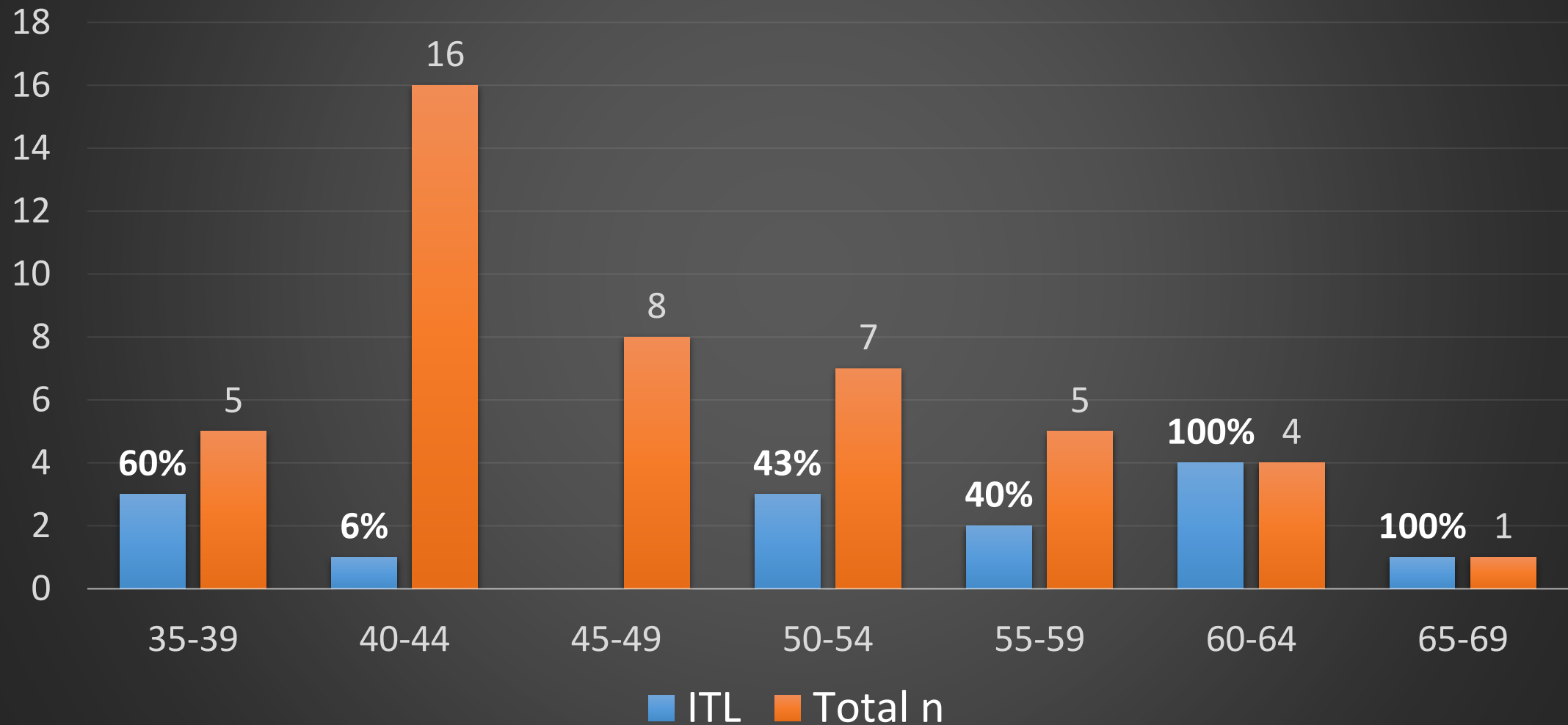


Future intentions of the DHB-based Intensive Care workforce



- Likely or Extremely Likely to leave medicine entirely
- Unlikely or Extremely Unlikely to remain in DHB-based employment
- Likely or Extremely Likely to leave NZ
- Intending to remain in DHB-based employment

Intentions to leave the IC workforce by age group





Factors affecting retirement intentions:

- Centrality of work
- Financial security
- Health and well being issues

THE AGEING INTENSIVIST: No call no job?



“I wanted to keep working but the duty roster was horrendous”

“If you get woken up in the middle of the night, that patient stays with you and you don’t sleep. You don’t sleep as well when you get older.”

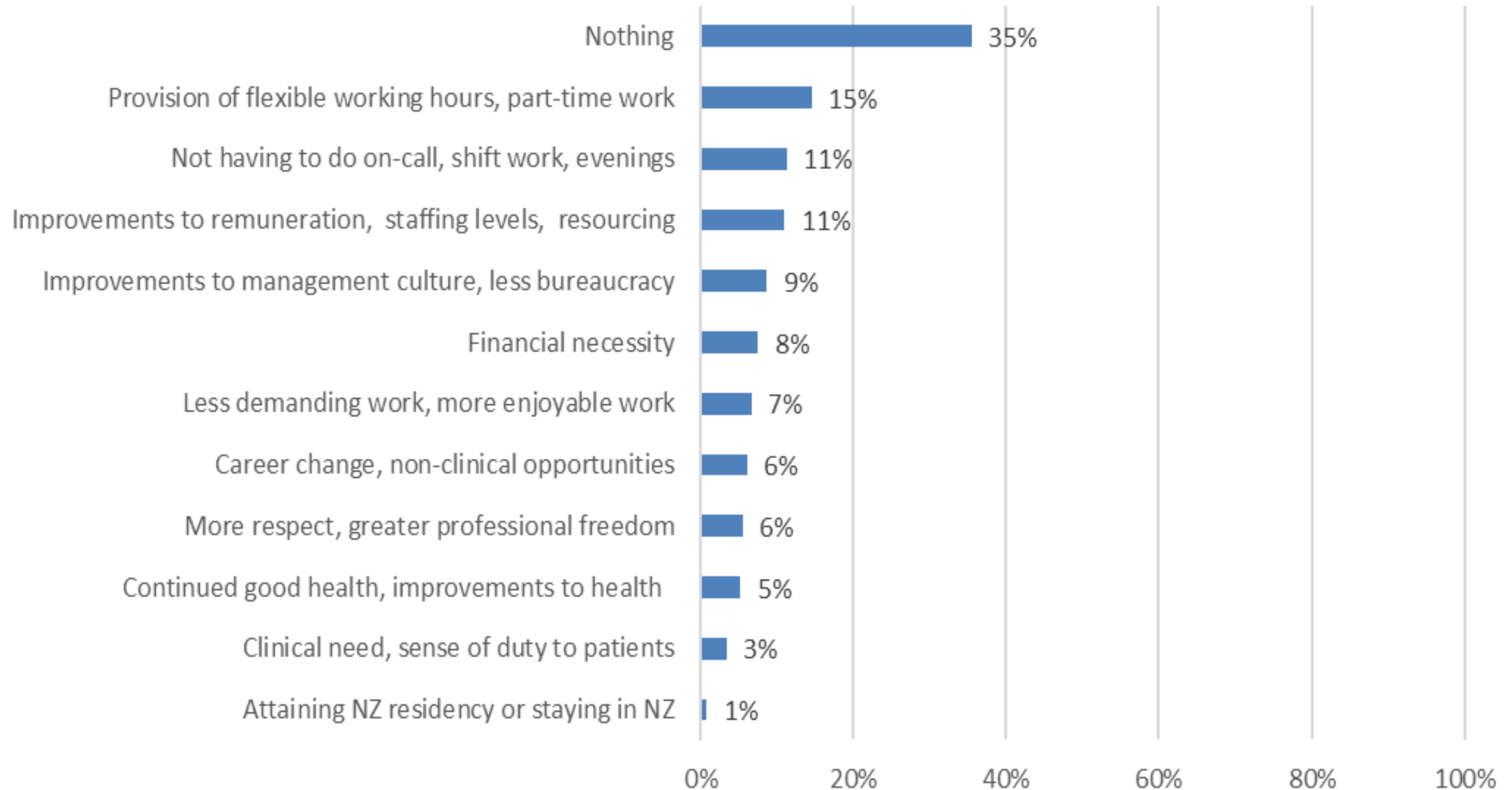
“It’s difficult to reduce your hours and still be important and relevant to the department”

“Colleagues can be resistant to having other colleagues working part-time. It is entirely due to the onerous on-call component.”



- As may be feasible or appropriate, a variety of work load modifications can be implemented:
 - Consider minimizing or eliminating assignments to rotating, late evening or night shifts as a means of minimizing circadian stress.
 - Encourage older providers to work more day shifts on weekends in exchange for night shift assignments.
 - Follow scientifically-based scheduling recommendations when possible. This may include consistently scheduling senior physicians to a single shift segment of the day/night cycle to preserve a period of core sleep, or scheduling clockwise rotations (morning, afternoon and night) to minimize circadian disruption.
 - Consider scheduling additional time off for recovery after night shifts.
 - When possible, shorten shifts to periods of eight to ten hours or less, and schedule fewer consecutive clinical shifts.
 - When possible, adopt scheduling strategies that best match patient volume and acuity to the work pace of the senior physician.
 - When possible, allow those senior physicians who are willing to exchange clinical responsibilities for administrative or teaching duties to obtain the requisite training to do so.

Factors that may encourage reconsidering leaving medicine entirely







Inducements to remain?

“Design a system that can let the ageing intensivist share their experience and skills in a less stressful environment - like dayshifts in HDU/ICU or teaching”

“Recognition and ability to use other skills”

“If I can find a role that does not have after hours work, that provides the weekday flexibility, team environment and interest of my current role. However I don't think it's fair to expect my colleagues to carry me as a weekday only person and load up the after hours on the younger people.”



Retirement planning:

- 40% of doctors have no retirement plans
- Aus: 38% Drs aged 55+ no plans to retire
- NZ: 45% 55+ intended to leave

On planning for retirement:

“There’s no agreed pathway, it’s just people making their own arrangements if they are lucky. I think I was pretty lucky”

“I have really determined my own retirement path here. Nobody has asked me but I’ve thought it through and determined what I think is reasonable”





“There are opportunities within groups to make accommodations for individuals. It’s not beyond us. **But we need to do that planning and there’s not a lot of encouragement or discussion for individuals to do this, to plan their career.”**



Retention strategies:

- Aim should be to maximise value
- Culture of responsibility?
- Detail of patient management?



Advice for the future...

“The closer to the fundamentals you stay,
the better”

“Keep the inner fire burning”

“Think about the future. Think about
superannuation. Think about how you will
get on financially when you stop working”

Advice for the future...

“Be aware that the roster is tough and you probably won’t want to do it forever. You have to consider financial security”

“You need to have a good bunch of colleagues, a cohesive group that supports and likes each other and is happy to accommodate each other’s needs”



“you have to have more in
your life than just work...

...You have still got something
to offer over and above night
call and having a whole job is
not required”





RETIRING GRACEFULLY??

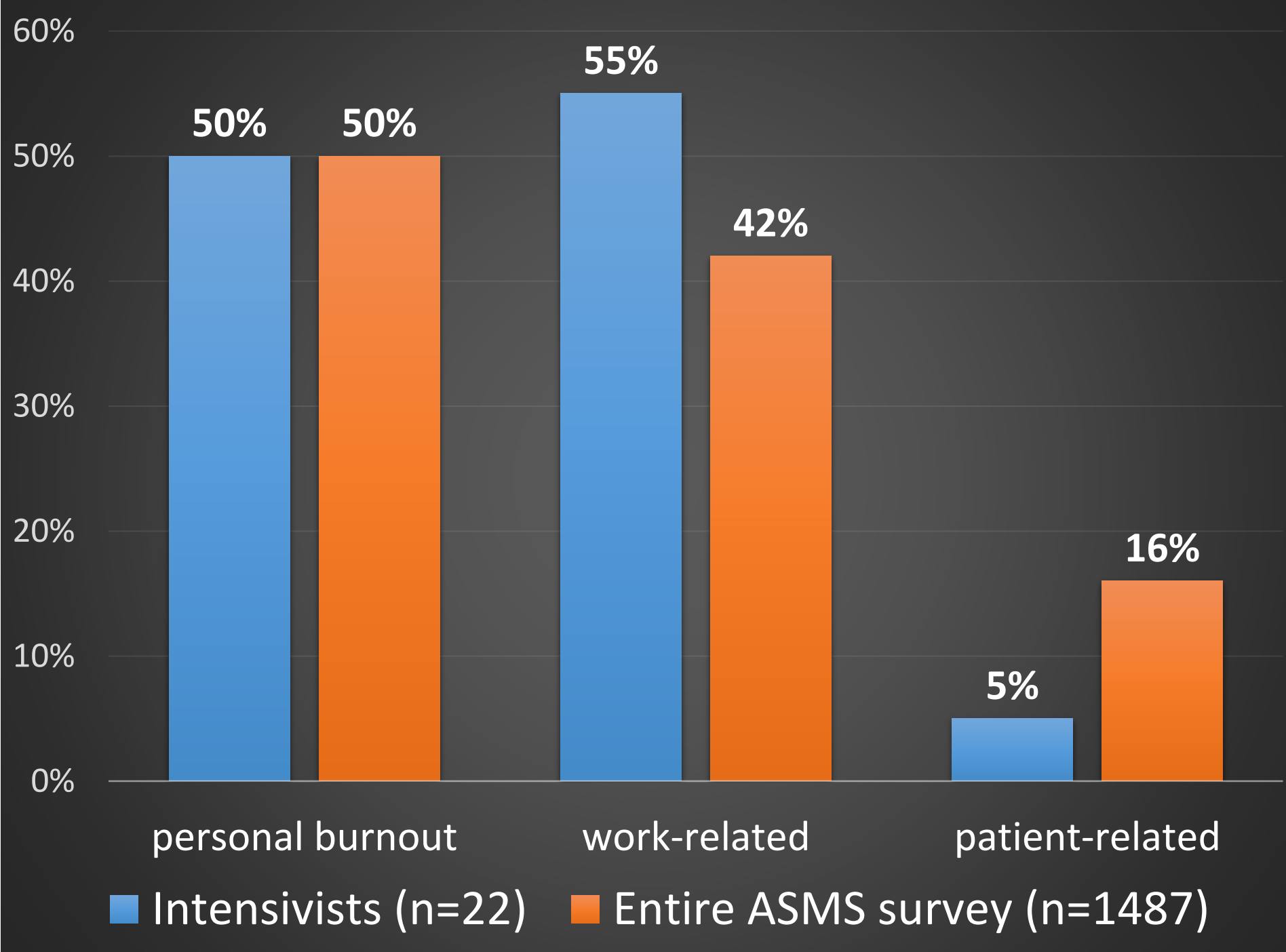
“I’m not going to hang around like a bad smell for years”

“Don’t stay stuck in the rut. The system will not change unless you change it”

Acknowledgements:

Thanks to the organising committee and the intensivists interviewed who were willing to share their experiences and thoughts.

Email CC@asms.nz



“The organisations are all about tenths and not about knowledge, experience and how best to make the most of that.”



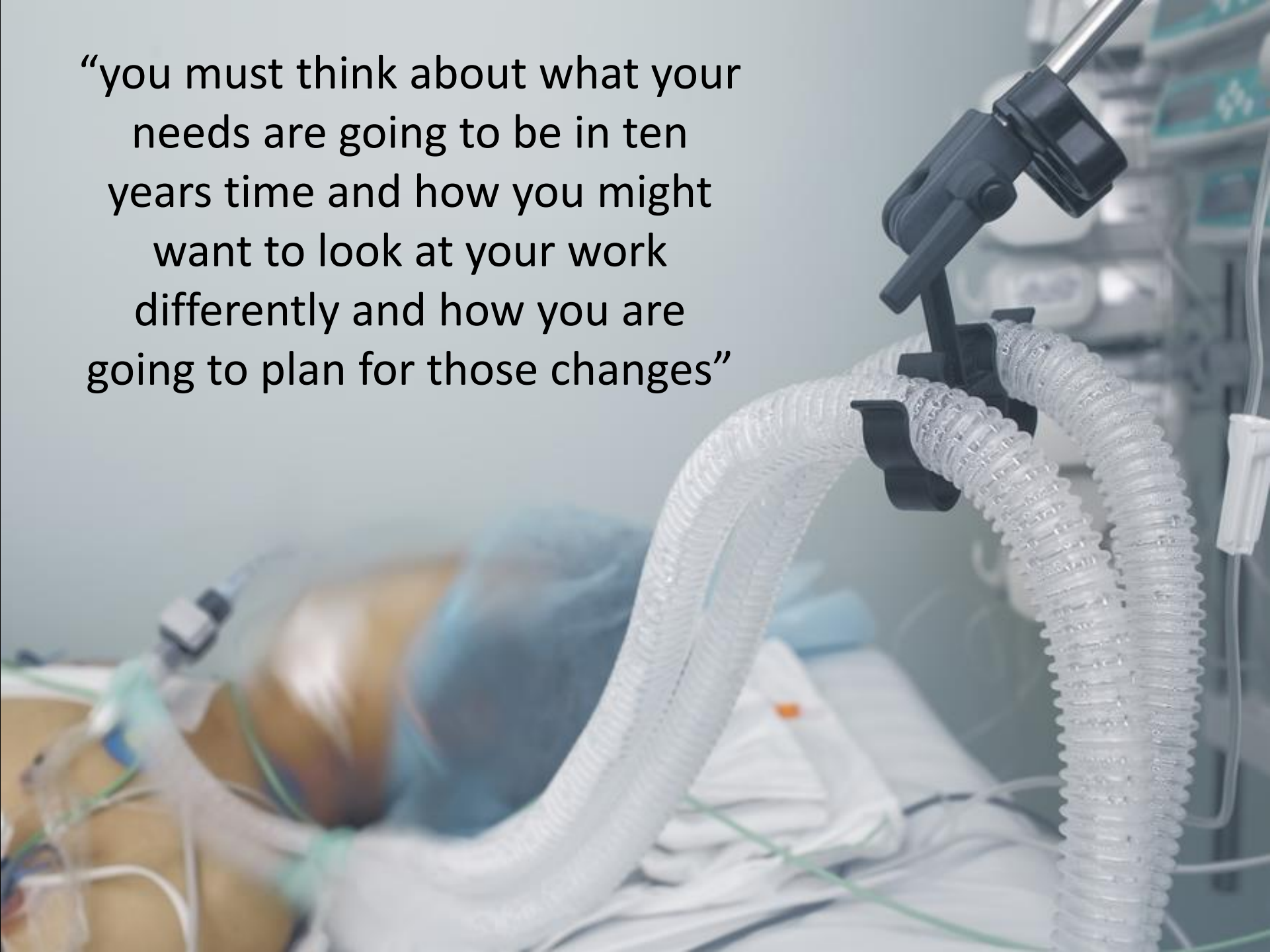


“People need to be really careful about identifying what gives them pleasure. Because there are other aspects of the job that won’t. It’s hard, the hours are hard, it’s emotionally draining. It takes a real toll. You need to understand in your work and in your private life what fills your tanks.

I’ll miss it, but actually I kind of like not working.

You have to find other things that fill your tank.

“you must think about what your needs are going to be in ten years time and how you might want to look at your work differently and how you are going to plan for those changes”

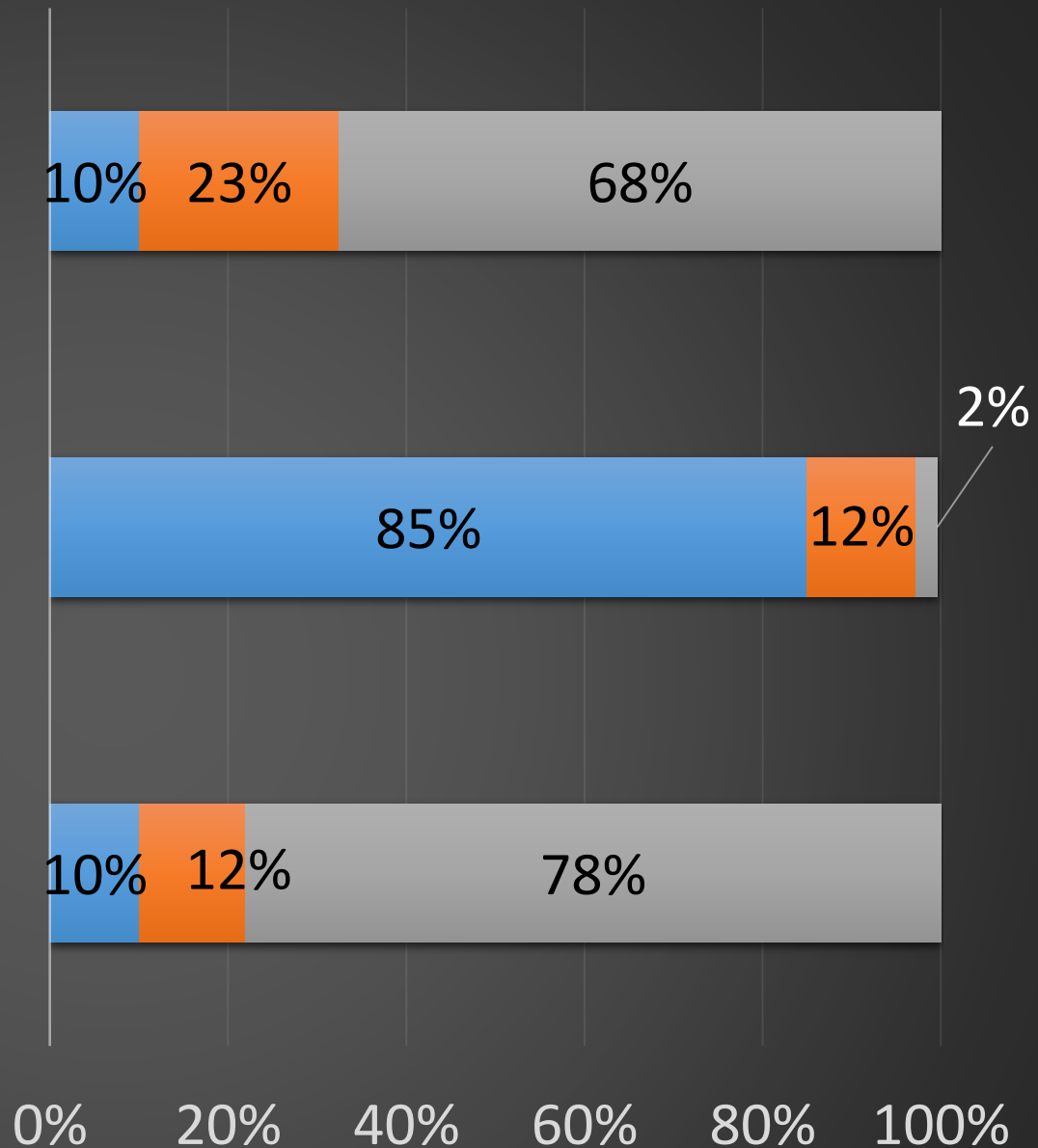


Within the next five years, how likely are you to leave New Zealand to practise medicine abroad?

Within the next five years, how likely are you to continue with some form of DHB-based employment?

Within the next five years, how likely are you to leave medicine entirely?

- Likely or Extremely Likely
- Unsure
- Unlikely or Extremely Unlikely

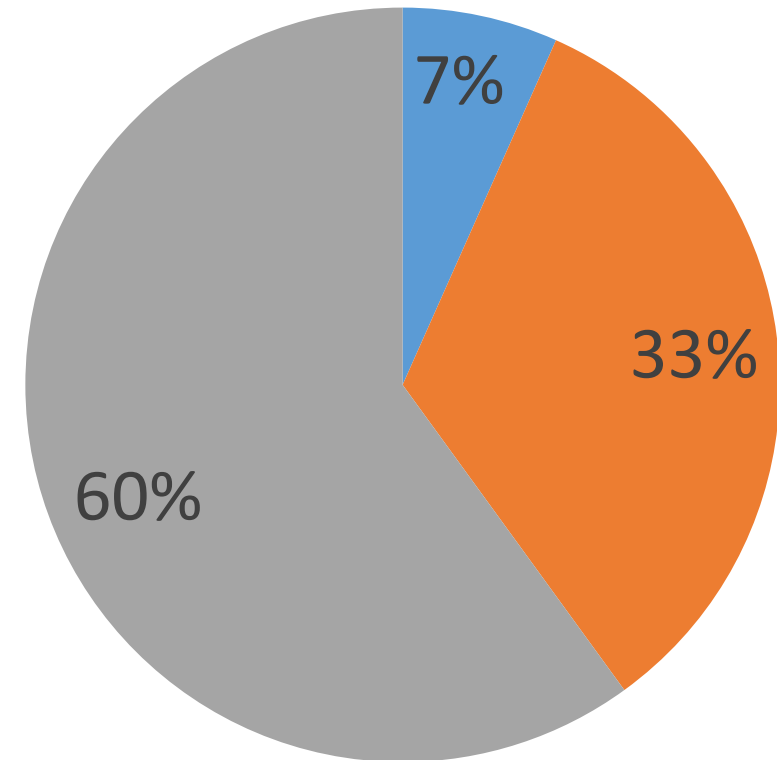


2016 Intentions to Leave survey

63% response rate
(2424/3926)

2018 HWNZ figures
n=103

Demographic profile of responding intensivists (n=51)



■ Other IMG ■ UK ■ NZ

Comment from burnout study:

“In the words of John Cleese... "It's not the despair,... I can take the despair. It's the hope I can't stand" We are facing a very uncertain future in which our work is becoming increasingly less satisfying. ... The utter lack of any control over our work place and workload is particularly damaging. No one really gives a damn about you.”

