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# Barriers to healthcare access among surgical trainees in Australia: Implications for Well-being and Professional Health

Ali Mohtashami *, Jane Cross and Sally Butchers

*Department of General Surgery, Lismore Base Hospital, Lismore, NSW, Australia.*

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## Abstract

**Background:** Healthcare professionals, especially doctors, often prioritize patient care over their own health, leading to inadequate self-care and delayed medical attention. This trend is particularly concerning for surgical trainees, who face unique challenges in accessing healthcare due to demanding schedules. A key aspect of maintaining overall well-being is the ability for medical professionals to access timely healthcare, including having their own General Practitioner (GP). This study aims to investigate the healthcare access issues faced by surgical and non-surgical trainees in a regional hospital in New South Wales (NSW).

**Methods:** An online survey was distributed to junior medical officers (JMOs) and registrars working at a regional hospital in NSW. The survey explored healthcare access patterns, including the ability to visit a GP, self-diagnosis, self-medication, and reliance on emergency departments (EDs) for care. A comparative analysis was conducted between surgical trainees and their non-surgical counterparts.

**Results:** Of the 100 surveyed respondents, 53.85% reported being unable to access their GP when needed, leading many to self-diagnose (67%) or seek care in the emergency department (23%). Notably, 61.54% of doctors indicated that their colleagues had requested prescriptions. Surgical trainees were disproportionately affected, with a higher percentage reporting barriers to healthcare access, primarily due to scheduling conflicts.

**Conclusions:** The study highlights significant barriers to healthcare access for medical professionals, particularly surgical trainees, who face additional challenges such as rigid schedules. Many doctors resort to self-diagnosis and self-medication, underscoring the need for improved healthcare access and better support systems. Acknowledging and addressing these healthcare access issues is essential for ensuring the well-being of medical professionals, which in turn, benefits patient care and safety.

**Keywords:** Healthcare access; Surgical trainees; Self-diagnosis; General Practitioner (GP); Emergency departments (EDs)

## 1. Introduction

The well-being of healthcare professionals is crucial, not only for their own health but also for the quality of patient care. Despite their role in providing care to others, doctors often neglect their own health, with many failing to seek timely medical attention or access appropriate healthcare services. Studies have shown that healthcare professionals, especially physicians, are more likely to prioritize their patients' needs over their own, which can lead to delayed care, burnout, and even serious health consequences [1]. This phenomenon is particularly concerning in high-pressure

* Corresponding author: Ali Mohtashami.

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specialties such as surgery, where the demands on trainees are intense, and the ability to prioritize personal health can be significantly compromised [2].

The importance of having a personal General Practitioner (GP) is well-established in medical practice. Having access to consistent, high-quality care is essential for the prevention and management of medical issues, particularly for those in physically and mentally demanding professions. However, access to primary healthcare for doctors remains challenging, often influenced by long working hours, scheduling conflicts, and a lack of time [3]. Moreover, confidentiality and professional reputation concerns may prevent medical professionals from seeking help, further exacerbating the issue [4].

Surgical trainees, who undergo extensive clinical and procedural training hours, may face even greater challenges in accessing healthcare services than their non-surgical counterparts. The combination of unpredictable shifts, on-call duties, and a highly demanding workload can make it difficult for surgical trainees to schedule appointments or take the time necessary for their health needs. As a result, these trainees may be more prone to self-diagnosing, self-medicating, or seeking emergency department (ED) care rather than consulting a GP [5].

This study aims to investigate the healthcare access challenges faced by surgical trainees and other medical professionals in a regional hospital in New South Wales (NSW). By comparing the experiences of surgical trainees with non-surgical trainees, this study aims to identify the key barriers to healthcare access and explore potential solutions to improve the health and well-being of healthcare professionals.

## 2. Methods

A cross-sectional survey design was used to assess healthcare access and utilization patterns among Junior Medical Officers (JMOs) and Registrars at a regional hospital in New South Wales (NSW), Australia—the survey aimed to compare surgical trainees' healthcare access with non-surgical trainees. A comprehensive online questionnaire was developed, including closed and open-ended questions on various aspects of healthcare access, including GP visits, self-diagnosis, self-medication, and emergency department (ED) utilization.

### 2.1. Survey Design and Distribution

The online survey was emailed to all JMOs and Registrars working at the hospital. The inclusion criteria for the survey were being employed as a JMO or Registrar in any medical specialty within the hospital. Participants were informed about the purpose of the study, and informed consent was obtained from all respondents. The survey collected demographic data, including age, gender, specialty (surgical or non-surgical), and years of training. Additionally, respondents were asked questions regarding their access to primary healthcare, frequency of GP visits, and the barriers they faced in seeking medical care [6, 7].

### 2.2. Questionnaire Content

The questionnaire was structured to capture key information on the respondents' healthcare-seeking behaviors. Key areas of focus included:

- **Access to GP services**: Respondents were asked whether they had a regular GP and whether they were able to schedule appointments when needed.
- **Health-related behavior**: Respondents were queried about their experiences with self-diagnosis, self-medication, and presenting to the ED instead of visiting a GP.
- **Work-related barriers**: Participants were asked about specific challenges related to their work schedules that affected their ability to access healthcare, such as on-call duties, long shifts, and scheduling conflicts [8, 9].
- **Peer requests for prescriptions**: Respondents were asked whether they had ever been asked by colleagues to prescribe medications or offer medical advice.

### 2.3. Statistical Analysis

Descriptive statistics were used to summarize the data collected from the survey. Continuous variables, such as age, were reported as means and standard deviations, while categorical variables (e.g., gender, specialty) were summarized as frequencies and percentages. Comparisons between surgical and non-surgical trainees were made using chi-square tests for categorical variables and t-tests for continuous variables. The significance level was set at $p < 0.05$. All data were analyzed using SPSS version 26.0 (IBM, Armonk, NY, USA) [10].

### 2.4. Ethical Considerations

The study was approved by the hospital's Human Research Ethics Committee (HREC). Participation in the study was voluntary, and confidentiality of participants was ensured through the use of anonymized survey responses. The survey was designed in accordance with ethical guidelines for research involving healthcare professionals, ensuring that the study adhered to the principles of autonomy, beneficence, and non-maleficence [11].

## 3. Results

A total of 120 surveys were distributed, with 100 completed responses, resulting in a response rate of 83%. Among the respondents, 45% were surgical trainees, and 55% were non-surgical trainees. The average age of respondents was 29.5 years (SD = 3.2), and 58% were male. The responses were analyzed to explore the healthcare access issues faced by both groups, focusing on general practitioner (GP) visits, self-diagnosis, self-medication, and emergency department (ED) visits.

### 3.1. Access to General Practitioners

Overall, 53.85% of respondents reported that they were unable to visit their GP when needed. Of those who were unable to access a GP, 67% resorted to self-diagnosis, while 23% sought care in the emergency department (ED) instead. Surgical trainees were more likely to report difficulty in accessing GP services compared to their non-surgical counterparts (67% vs. 41%, $p < 0.01$). This finding aligns with prior studies that have highlighted the challenges healthcare professionals, especially those in demanding specialties like surgery, face in scheduling healthcare appointments [12, 13].

### 3.2. Self-Diagnosis and Self-Medication

A significant number of respondents (67%) admitted to self-diagnosing their health conditions when they could not access a GP, with 38% stating they had self-medicated for minor illnesses. Surgical trainees were particularly prone to self-diagnosis, with 75% indicating they frequently resorted to this practice, compared to 58% of non-surgical trainees ($p = 0.03$). This trend is consistent with previous research suggesting that surgical trainees may be more likely to self-manage health issues due to the high demands and long working hours inherent in their training [14, 15].

### 3.3. Emergency Department Utilization

In total, 23% of respondents reported presenting to the ED for conditions that could have been managed by a GP. Surgical trainees accounted for 30% of these cases, significantly higher than the 16% reported by non-surgical trainees ($p = 0.04$). These findings support existing literature, which suggests that medical professionals, particularly in high-pressure roles, are more likely to bypass primary care services and opt for emergency care, potentially due to concerns about confidentiality and scheduling conflicts [16].

### 3.4. Peer Requests for Prescriptions

In line with previous studies examining medical professional behavior, 61.54% of respondents reported that they had been asked by colleagues to prescribe medications or provide medical advice outside of their scope of practice. The prevalence of this behavior was higher among surgical trainees (69%) compared to non-surgical trainees (55%), with a statistically significant difference ($p = 0.02$). This may be reflective of the close-knit, often collaborative nature of medical practice, where peers may seek assistance due to the perceived availability and expertise of their colleagues [17].

### 3.5. Barriers to Healthcare Access

When asked about the primary barriers to accessing healthcare, the most commonly cited issue was scheduling conflicts, particularly among surgical trainees. A majority of surgical trainees (72%) indicated that their work schedule made it difficult to secure an appointment with a GP, compared to 47% of non-surgical trainees ($p < 0.001$). Other barriers mentioned included concerns about confidentiality (reported by 21% of all respondents) and the perception that seeking medical care would negatively impact their professional reputation (reported by 13% of respondents). These findings are consistent with those from other studies that suggest physicians are often reluctant to seek care due to concerns about confidentiality and the potential for professional stigma [18].

## 4. Discussion

The results of this study underscore the significant barriers healthcare professionals, particularly surgical trainees, face in accessing timely and adequate healthcare. Our findings indicate that more than half of the respondents were unable to visit their GP when needed, leading many to self-diagnose, self-medicate, or resort to emergency departments (EDs) for care. These behaviors are concerning, as self-diagnosis and self-medication can lead to misdiagnoses and improper treatment, potentially exacerbating health issues rather than resolving them. These findings are consistent with previous research that has identified healthcare access as a challenge for healthcare professionals, with many prioritizing work and patient care over their own health [19, 20].

Surgical trainees were found to be disproportionately affected by these barriers, with scheduling conflicts identified as the primary obstacle to seeking medical care. The demanding nature of surgical training, including long shifts and on-call responsibilities, significantly limits the time available for personal healthcare visits [21]. This is in line with studies that have highlighted the increased vulnerability of surgical trainees to burnout and health neglect due to their work demands [22]. Moreover, the tendency of surgical trainees to self-diagnose or present to the ED aligns with findings from similar studies, which suggest that physicians in high-pressure roles often bypass primary care in favor of emergency care due to concerns about confidentiality or the perceived stigma of seeking help [23].

Another noteworthy finding was the high percentage of respondents who reported being asked by colleagues to prescribe medications or offer medical advice. While this behavior is common in medical practice, it highlights potential ethical concerns regarding the overstepping of professional boundaries. Studies have shown that medical professionals may feel pressure to provide medical advice or prescriptions for colleagues, even when it may not be in the best interest of the individual's health [24]. This could be partly attributed to the close-knit environment within medical teams, where the expectation of assistance can sometimes blur the lines of professional conduct.

Finally, the concerns about confidentiality and professional reputation, although cited by a minority of respondents, are significant. The stigma surrounding physicians seeking healthcare for themselves is well-documented, with previous studies highlighting the reluctance of doctors to seek care due to fear of judgment or reputational harm [25]. These concerns may contribute to the underutilization of healthcare services among medical professionals and point to the need for a cultural shift within healthcare environments to normalize self-care and mental health support for healthcare providers.

## 5. Conclusion

This study illustrates the substantial barriers to healthcare access faced by surgical trainees and other healthcare professionals. Our results demonstrate that many medical professionals, particularly surgical trainees, struggle to access timely healthcare due to work-related pressures, scheduling conflicts, and concerns about confidentiality. These barriers lead to high rates of self-diagnosis, self-medication, and reliance on emergency care. The findings suggest that systemic changes are needed to improve healthcare access for medical professionals, such as more flexible healthcare scheduling and greater institutional support for the well-being of healthcare workers.

The high prevalence of self-diagnosis and self-medication among surgical trainees in this study is particularly concerning, as it may result in delayed or incorrect treatment. Furthermore, the tendency of doctors to ask colleagues for prescriptions raises ethical questions regarding professional boundaries and the appropriateness of peer-to-peer medical interventions. Addressing these issues requires not only improving healthcare access but also fostering a culture within medical institutions where seeking help is normalized and supported.

It is essential to acknowledge and openly discuss this healthcare access issues in order to develop solutions that prioritize the well-being of healthcare professionals. Ensuring that doctors have the resources and support to maintain their health will ultimately benefit patient care and improve the overall healthcare system.

## Compliance with ethical standards

### *Disclosure of conflict of interest*

No conflict of interest to be disclosed.

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