

Working Group on Quality of Life for Hospital Doctors



Fédération Européenne
des Médecins Salariés
European Federation
of Salaried Doctors



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1) Definition of QoL: Is QoL the same for everybody?

QoL is dynamic, multidimensional, and deeply personal — shaped by expectations, culture, career stage, and context.

Subjective

- Happiness & fulfilment
- Meaning & identity
- Work-life balance
- "Me-time" & disconnection

Objective

- Workload & hours
- Patients per doctor
- Administrative burden
- Staffing & schedule predictability

| Are you happy with your work?

QoL Varies Across Generations

Younger Doctors

Prioritise flexibility, part-time options, and protected personal time

Burnout Risk

Especially high among younger physicians and female doctors

QoL vs QoWL

Working conditions and personal well-being are deeply interconnected

2) Classification of QoL: What matters most?

Eight interconnected domains shape doctors' Quality of Life.



Teamwork

Trust, support, reduced isolation



Work Organisation

Predictable shifts, manageable workload



Work Rhythm

Sustainable hours, rest & recovery



Autonomy

Control over decisions and workload

Leadership, Recognition & AI

Leadership & Culture

Hierarchical barriers and generational tensions reduce satisfaction. Supportive leadership is essential.

Recognition & Status

Social respect, career opportunities, and educational quality all contribute to QoL. Concerns raised over declining standards and social media aggression.

Artificial Intelligence

Opportunity

Reduce repetitive
administrative tasks

Risk

Potential
dehumanisation if
poorly implemented

Do we live to work, or work to live?



Burnout is individual,
organisational, *and* a
patient safety concern



Ability to disconnect is
essential – not optional



Primary, secondary &
tertiary prevention all
required

3) Quality of Life for Doctors — Propositions to improve QoL

Flexible Schedules

4-day week, predictable shifts,
protected free time

Reduce Bureaucracy

Cut administrative tasks — restore
clinical time

Better Staffing

Address shortages to limit excessive
workload

Proposals: People & Culture

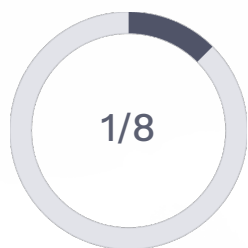
- Strengthen Teamwork
Peer support, team-building, psychological programmes

- Increase Autonomy
Greater decision-making power, especially for younger doctors

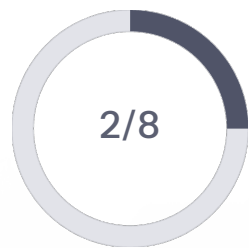
- Leadership Training
Communication skills, interpersonal recognition

- Clarify Roles
Distinct job descriptions: clinical, administrative, leadership

Common Determinants of Good QoL



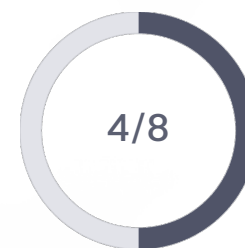
Good Teamwork



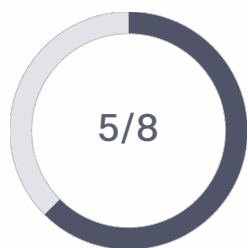
Professional Autonomy



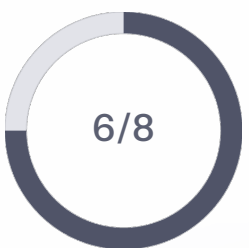
Sustainable Workload



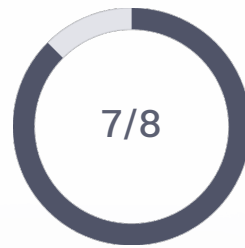
Effective Organisation



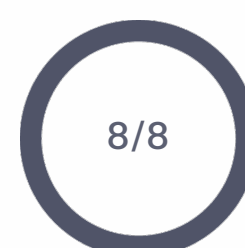
Supportive Leadership



Reduced Bureaucracy



Work-Life Balance



Personal Well-being

Proposed Definition of QoL

Quality of Life is a **positive, dynamic, and relational concept** combining objective and subjective dimensions — professional fulfilment, organisational conditions, workload predictability, autonomy, work-life balance, and the capacity to provide high-quality patient care while maintaining personal well-being and self-actualisation.