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GP retention

A creative approach

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Given that about 46% of general practitioners in Australia are aged over 55 years¹ and a recent survey indicated that 35% of the GPs in one state were considering early retirement,² strategies aimed at GP retention are of particular importance to the current Australian health system.

Programs aimed at enhancing GP retention have quite naturally focused on various direct interventions to support general practice. The objectives of these programs have been to share the workload, increase compensation, promote collegial support, and address a range of practical problems, particularly in hardship locations and challenging practices.³

Relatively little attention has been paid to indirect interventions aimed at promoting job satisfaction and a sustainable work-life balance. Given the acute nature of the GP retention crisis, it would be prudent to consider adding some indirect interventions to the present mix of direct interventions. This could be achieved on the basis of controlled trials, organised by GPs for GPs, perhaps with government or industry funding support.

International literature, along with fledgling self help programs among Australian GPs, is pointing to a promising strategy that indicates it is possible to increase job satisfaction by focusing on one of its key component parts: creativity. A survey of 763 physicians in the United States, selected at random, examined the relationship of 18 critical work related

factors to job satisfaction. Of the five most significant predictors of job satisfaction, creativity was second.⁴

Creativity in general practice

Dr Tony Chu, an Australian paediatrician, has established the Creative Doctors Network in New South Wales, sponsored by the Australian Medical Association. This group has been active in organising film nights and events to showcase doctors' work in film, photography, music and writing.⁵

Dr Hilton Koppe, an Australian GP and medical educator, has run creative writing workshops with positive benefits for participants, after discovering the value of writing poetry himself through an interaction with a patient. The GPs who attended described how they felt less isolated and better understood. They reported regaining a sense of purpose in their work as doctors.⁶

Steve Langan, a poet in Nebraska, brought together middle aged practitioners who were mentored in creative writing and who shared and critiqued each other's work. Participants remarked that the course had profound effects, energising them, both within and outside of work. Langan concluded, 'engaging in writing and other such artistic endeavours can really invigorate these health professionals, and could provide a defence against burn out.'⁷

One of the inherent problems with general practice is that there is limited opportunity to express personal creativity. Factors which conspire against creativity in doctors may include an intense, service delivery setting, routine and repetitious work, remotely set and enforced government standards, high volume economic models, rising patient expectations, an ever more fragmented GP role in patient care, feelings of diminished professional autonomy, and increased scrutiny of practice

activities by Medicare, indemnity insurers and professional accreditation bodies.

Discussion

The realities of GP workforce issues call for something new to be added to the present GP retention strategies. Interventions modelled in part on past and existing programs would provide supported opportunities for GPs to foster their creativity.

Examples of interventions that could be trialled and evaluated include:

- small, supportive group activities with a single focus (eg. photography) or rotating focus (eg. poetry, prose, photography, music)
- internet based participation
- exploration sessions for GPs looking for creative outlets, with a specialist artist or psychologist, in individual or group settings
- one-on-one contacts with artists and/or other creative doctors
- group excursions (eg. recitals, exhibitions, and field trips featuring other doctors' works)
- residential programs (motivational or inspirational) or creative retreats for GPs who require dedicated time and space
- creative collaborations for GPs who prefer to work in groups on larger projects
- master classes.

The proposed interventions would need to be formally organised, promoted, and evaluated; strategically rolled out; professionally recognised; and be varied and flexible to include creative pursuits (eg. inventing) outside of the arts, in order to target all GPs. Strategies such as mentor support are required to improve sustainability.

By these and other means the Australian medical sector could explore ways of addressing the gaps in the present GP retention strategy, with the aim of fostering better work-life harmony through promoting creativity.

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