GP wellbeing and general practice issues

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INTRODUCTION
Studies of general practitioner wellbeing have demonstrated remarkably consistent findings. However, the implications for day-to-day general practice have been unclear. This study was based on a survey comprising items extracted from transcripts of interviews with GPs and designed to link general practice issues with self reported wellbeing.

METHODS
Participants: 480 GP *Australian Family Physician* (*AFP*) subscribers (2.18% response rate); aged 26–81 years (mean 45.5 years); 273 (56.9%) men and 199 (43.1%) women.
Measure: A survey insert in *AFP* September 2003 with questions about wellbeing, demographic details and 27 items about general practice issues.

RESULTS
Almost 15% reported poor/very poor wellbeing, 47% reported good wellbeing and 38% reported very good/excellent wellbeing. Poor wellbeing was associated with being single, divorced or widowed, and reports of being alone in an adversarial context and more negative reactions to patients. Excellent or very good wellbeing was associated with being coupled and reports of general practice as a vocation.

DISCUSSION
Targeted wellbeing strategies advocating social support may ameliorate the stress of general practice, especially for those GPs who are single.

Stress in doctors and the subsequent impact on their health and wellbeing has attracted considerable attention over the past 20 years; factors associated with stress related problems have been identified in the workplace and within the individual.[1–4] Recent changes in the workforce have led to a shift of interest to the work-family interface.[5] Indeed, Australian medical students have identified a balance between work, family and lifestyle as an important aspect in their career decisions.[6]

Work and home domains can be reciprocally supportive with good experiences in the workplace providing a buffer against problems at home and protection for health and wellbeing; good relations with spouses and children can protect against stress in the workplace.[7,8] People with more social support have greater psychological wellbeing and fewer symptoms of psychological distress such as anxiety, depression and loneliness than people with less support.[9]

Wellbeing has often been measured with simple one item self reports.[10,11] The question, 'How would you describe your health at present' predicts mortality and declines in functional ability. While most of these studies have been conducted with vulnerable groups, especially older adults,[12,13] findings consistently demonstrated that visual analogue scales are valid and reliable instruments.[14] The aim of this study was to identify the wellbeing of general practitioners using a visual analogue scale and determine the relationship of wellbeing to demographics and general practice issues.

Methods

Study population

Information about the study and an invitation to participate was extended to GP subscribers of *Australian Family Physician* in the August 2003 issue. The survey was distributed as an insert in the September 2003 issue (n=22 000), and 480 responses were received with 455 completed surveys (2.04% of the readership). Ages ranged 26–81 years (mean 45.5 years), 273 (56.9%) men, 199 (43.1%) women; 8 (1.7%) missing (*Table 1*).

Measure

Readers were asked, 'How would you describe your wellbeing at present'. Answers were recorded using a

visual analogue scale from 'excellent' to 'very poor'. The remaining items were statements selected from transcripts of interviews with GPs and reflect general practice issues. Readers were to consider each statement and indicate level of agreement from 'strongly agree' to strongly disagree'.

Results

General practitioners reporting excellent wellbeing were slightly older (mean 52 years) but not significantly older than the groups reporting other levels of wellbeing (mean 48 years). No significant differences in wellbeing were found between male and female GPs, ethnic groups, or GPs who were principals, associates or salaried (*Table 2*).

Most doctors were coupled, that is married, engaged or de facto (n=392, 86%) rather than single, divorced, separated, or widowed (n=64, 14%). Those who were coupled reported significantly higher wellbeing than those who were single, $F(1)=8.2$, $p<.05$. Excellent wellbeing was reported by 94% of coupled GPs compared to poor wellbeing reported by 74% of single GPs.

Relationships between wellbeing and items about general practice

In order to compare wellbeing groups on the items related to general practice issues, factor analysis was carried out on the 27 items using varimax rotation. Four factors with eigen values greater than 1.0 were extracted: loneliness in an adversarial work environment; general practice as a vocation with positive interactions with patients; (less rewarding) patient contact; and emotional involvement in general practice. These factor names were determined upon consideration of all the items loading onto each factor and not just from one or two of the items (*Table 3*).

A multivariate analysis of variance was used to test for differences between levels of wellbeing and factor scores. The model was significant with significant differences between wellbeing levels on the first three factors (but not the fourth), $F(3)=19.0$, $p<05$; $F(3)=37.9$, $p<.05$; and $F(3)=3.4$, $p<.05$ respectively. General practitioners reporting excellent and very good wellbeing did not report being lonely in an adversarial context and regarded general practice as a vocation. Conversely, GPs reporting good or poor wellbeing reported being lonely in an adversarial work environment and did not regard general practice as a vocation. General practitioners reporting excellent and very good wellbeing did not agree with items about unrewarding patient contact compared to GPs with poor or good wellbeing who agreed with these items.

Discussion

The findings are consistent with previous research regarding the protective aspects of social support: GPs who were in relationships with social support reported better wellbeing than those who were not. Furthermore, the negative aspects of practice may be offset to some extent by positive aspects of practice. General practitioners who find positive aspects to their relationships with patients and value the social status and roles that come with being a GP have greater wellbeing. Those reporting poorer wellbeing report finding fewer rewards from general practice and greater loneliness in dealing with the difficulties of practice.

Factors three items indicate personal (negative) reactions to patients and limited capacity to affect change in the patient. The responses to these items may provide an 'early warning' signal to distinguish levels of GP wellbeing, that is, those GPs who express negativity about patients and their ability to help them are more likely to be discouraged and have poor wellbeing.

Table 1. Characteristics of GP respondents to survey

Demographics			Percent
Gender	Male	273	58
	Female	199	43
Position in practice	Principal	198	41
	Associate	122	25
	Salaried	138	29
Family status	Married, de facto or engaged	397	83
	Not coupled, single, widowed, divorced	66	14
Ethnicity	Australian or United Kingdom	358	75
	Non-Australian or non-UK	87	18
Age group	Under 40 years	112	23
	41–50 years	157	33
	51–60	113	24
	Over 60 years	66	14
State of origin	Victoria	119	25
	New South Wales	134	28
	4 state	95	20
	5 state	31	7
	6 state	37	8
	Tasmania	20	4

Table 2. Pattern of wellbeing in GP respondents

	Frequency	Percent	Valid %	Cumulative %
Excellent	51	10.6	10.9	10.9
Very good	130	27.1	27.7	38.6
Good	221	46.0	47.1	85.7
Poor	67	14.0	14.3	100.0
Total	469	97.7	100.0	
Missing	11	2.3		
Total	480	100.0		

This study, as a cross sectional survey, cannot conclude cause and effect and has limited generalisability due to the very low (2%) response rate. However, patterns are consistent with earlier findings and add an important dimension to understanding how wellbeing is manifested in day-to-day reactions to the work of general practice.

Conflict of interest: none declared.

Table 3. Factor descriptions

Factor one	Litigation is a huge sadness for our profession
Loneliness in an adversarial work environment	I'm concerned about being sued
	Constantly cross checking and double checking is very time consuming and soul destroying sometimes
	The medicolegal situation makes me very defensive
	I don't debrief after a traumatic incident, I just have to get on with it
	Sometimes I feel like I'm a cog in a wheel of the system that's falling down
	It's easier to stay than to leave, because it is too difficult to get out of the rut
Factor two	I do not worry about keeping to time
General practice as a vocation with positive interaction with patients	Being a GP is not boring after... years
	Overall I feel happy... and motivated
	I'm not able to leave work at work
	I enjoy seeing my patients when I'm shopping or at social functions
	I love being a doctor
	I want to work as a GP until I can't
Factor three	Patients sometimes get up my nose
Patient contact as less rewarding	Many of my patients don't have a medical problem
	Sometimes I find myself not really listening to the patient
	Nowadays I just try to do the most useful thing I can
	We're not trained to counsel 'worried well' patients
	After you've been in practice... your expectations change and you realise that you cannot change the world
	When people are so committed to their work, it usually indicates something else is missing in their lives
Factor four	Even now seeing a dead body is not easy
Emotional involvement in general practice	The work is so emotionally intense
	I'd rather be salaried, you do your work, collect your money, go home
	I dislike the responsibility of business and have no interest in business
	I cry when my patients die
	Sometimes I look at a patient and think 'you're no different to me, there but for the grace of God, go I

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