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Demands of life as a General Practitioner in 2017: An exploratory qualitative interview study

Short Papers

Catherine Neden GP

 **#RCGPAC**

Declaration of Financial Interests or Relationships

I do not have any financial interest(s) or relationship(s) to disclose with regard to the subject matter of this presentation.



Background

General Practice Workforce problem

- Need for expert generalists in the NHS
- But the NHS is finding it difficult to recruit and retain General Practitioners (GPs) to do patient facing work
 - 2.2% decline in WTE GPs between September 2016 and 2017 (NHS Digital)
 - Number of GPs planning to quit GP within 5 years 39% (in 2017 cf 35% in 2015)
Ninth National GP Worklife Survey 2017



Models of stress

- Physiological (McEwan and Stellar 1993)
- Transactional (Lazarus and Folkman 1984)
- Social Readjustment (Holmes and Rahe 1967)
- Conservation of resources (Hobfoll 2001)

Workplace and stress

- Job-Demands Control (Karasek 1979)
- Job- Demands Resources (Schauffeli and Bakker 2004)
- Effort Reward Imbalance (Siegrist 1996)
- Work-family conflict (Carlson 2000)



Exploratory study of GPs working in England

Aim to explore

- The nature of the demands of the role
- The support mechanisms available and
- How these GPs managed the demands of their work

Methodology

- Recruitment using a Snowball sampling strategy (Goodman 2011).
- Data was gathered using semi-structured telephone interviews
- Framework analysis was used for data management and analysis (Ritchie and Spencer 1994).



Interviewees:

- 12 GPs practicing across England
- PMQ UK, India, South Africa, EU
- Qualification 1970-2012
- 5 Full-time
- 2 Salaried
- 4 GP trainers
- 8 with additional portfolio roles



Key themes identified from data analysis

Key Themes

Policy

Changes in external environment

Complexity

Uncertainty in a changing system

Impacts on the individual doctor's job satisfaction



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Theme 1: Policy context

- GP contract 2004
- Perverse reward system
- Five Year Forward View and new models of care
- Regulation
- Resource allocation



Impacts of the 2004 GP contract

'So we stopped doing nights and we stopped doing weekends and now we're not available because we're basically having what we want and because we're not available, people can't see the same person twice..... So the system has become very, very impersonal'



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Perverse rewards

'.....we have this perverse system which actually means that because of our contract the better and the more accessible and the more appropriate and the more effective the healthcare you give, the more work comes to find you at the same, at the same level of funding and it just seems utterly crazy that you know, if I chewed garlic and proved very unpopular, I'd probably have much more time at home and time to play golf,it's like being the best bus driver in Bristol but you still get paid as much as the worst bus driver in Bristol'



Five year forward view and regulation

'there's several factors that affect the stress levels in general practice you know there's constant change in policy and regulation and funding streams and applying for funding streams....

'We spend our life trying to just stay on top of whatever NICE spouts out at us or what the CQC is going to beat us up for'



Theme 2: Changes in the external environment

- Societal expectations
- Expectations of external organisations
- Risk aversion and risk management
- Communication methods



Societal expectations

'I've seen a shift over the last decade or more from patients having some ability to self-care and accepting that the NHS isn't simply there to provide for everything, to there being a lot more of an entitled view from often quite young patients who simply demand what they think they should have.....'

'I also think that we have largely abandoned the model of telling patients what to do, we are trying to work collaboratively with patients, work together with patients and that takes a bit more time, I'm totally in favour of it but I think it's, it's a demand on time.'



Expectations of external organisations

just the overall quality, safety improvements that have been driven up which does add workload because you get a bit more particular about medication monitoring... I think it's just everyone becoming a little bit more risk-averse over the years

....it seems that every Tom, Dick and Harry wants a letter from the GP, you know, it's schools, nurseries, employers, numerous other organisations you know, will request a note from the GP or a report from the GP or want an opinion from the GP about X, Y and Z.



Theme 3: Complexity

- Patient complexity
- System complexity
- Advances in medicine/guidelines



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Theme 4: Uncertainty in a changing system

- GP as a secure known entity
- Feeling undervalued
- Changes in the relationship with patients
- Managing a business



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Theme 4: Uncertainty in a changing system

'I mean who knows in ten years, everybody might be salaried and working from a sort of GP co-operative supermarket type thing, we don't know, so there's uncertainty going on there'

'also the government seems to know the cost of everything but the value of nothing you know'

'.....and so the lack of continuity is, is probably the biggest thing and of course it really ruins the job satisfactionI don't think the young doctors quite realise what they're missing because they are, many of them are working part-time as we all are now'



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Theme 5: Impacts on the individual doctor's job satisfaction

- Feeling of loss of control and loss of autonomy
- Emotional impact
- Workload and fatigue
- Changes in workforce and difficulty recruiting

- Peer support
- Professional support
- Work and home balance
- Enjoying patient contact
- Personal characteristics



Theme 5: Impacts on the individual doctor's job satisfaction

....and I do think that we've become so used to the pressure that we actually no longer know that we're boiling, we're like lobsters that've been in the water where the temperature's got hotter and hotter to the point where now it's boiling but you know, we've become almost desensitised to the fact that we are operating at breakneck pace

'I graze, I don't eat, I just graze during the day between patients, I don't stop for anything, if you stop seeing patients you've got paperwork, you've got etc, etc and they're long days, so you have long days and you never stop'



Theme 5: Impacts on the individual doctor's job satisfaction

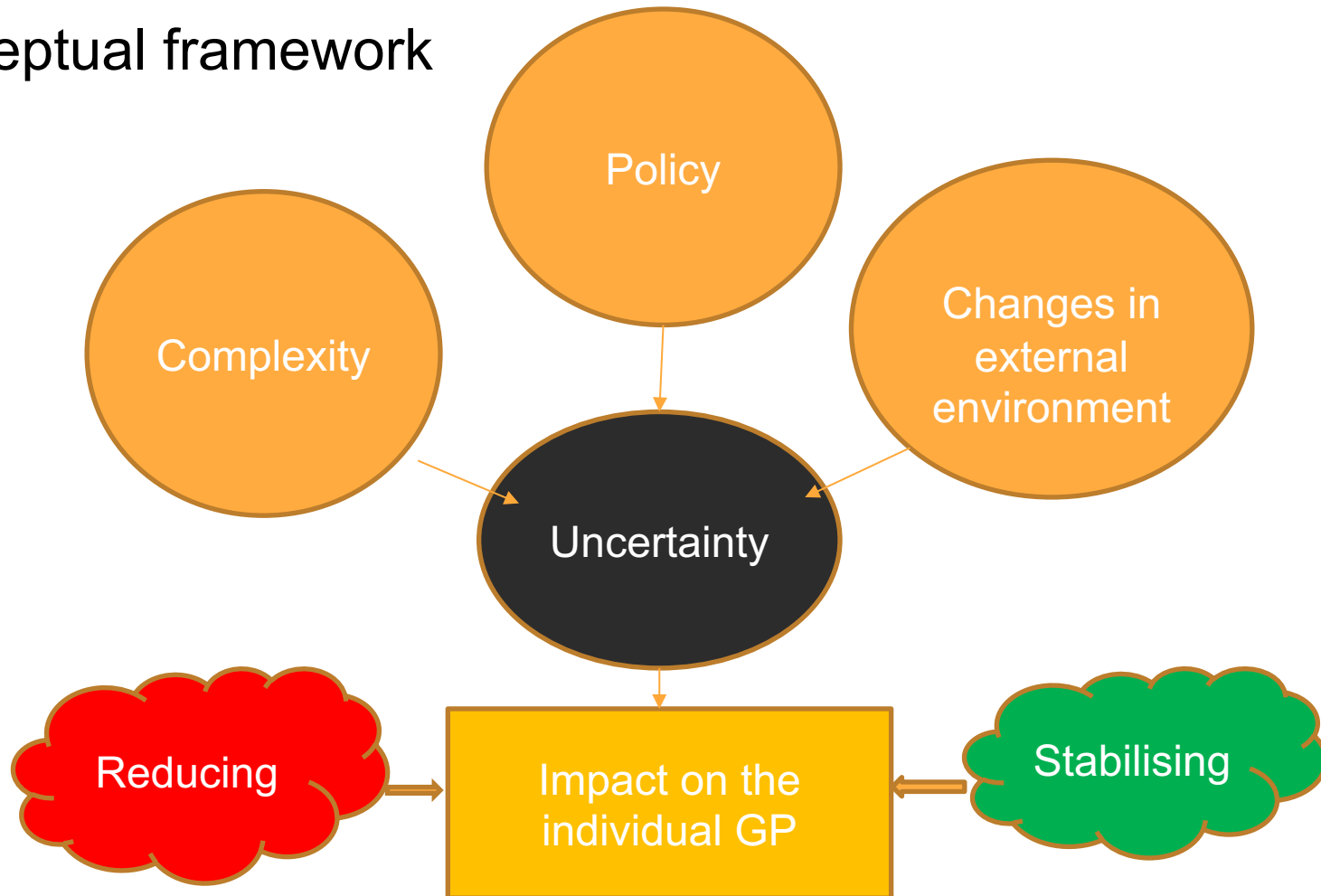
'...I have excellent partners who I trust who look after me, who I look after, we feel more like an extended family than a bunch of work colleagues and you know we do support each other's special interests, we try to make sure that everybody has a chance,.....'

'I mean dealing with patients is probably the easiest part of my job actually and the most enjoyable'

'...I think I have a very pragmatic view which is there's no job that's ideal and you just have to work with what you've got and you keep going.... '



Conceptual framework





Discussion

- Implications of service change and the commodification of health care
- Evidence of 'Hamster Health Care'
- Evidence of Moral Distress
- Work-family conflicts
- Eudaemonic well-being and flourishing?



Discussion

Jameton 'moral distress' (1984), constraints preventing the clinician from taking actions perceived to be 'right'. Three patterns of behaviour are described as a consequence of this moral distress:

- A numbing of sensitivity- withdrawing from involvement
- Refusal to engage with the processes
- Burnout and leaving a position or the profession



Areas for further research

- Questionnaire study
- Outcome measures
 - Burnout
 - Perceived stress
 - Morale
 - Moral distress
 - Coping strategies



This is a link to the questionnaire for the next stage of the study



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