

Emotionally demanding workload and confrontational patients key stressors for GPs

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The emotional impact of their daily workload and confrontational patients are among the key stressors for family doctors in England,

reveals an analysis of feedback from general practitioners (GPs), published in the online journal *BMJ Open*.

Dysfunctional working relationships and unsupportive/bullying colleagues, combined with the fear of making mistakes, complaints, and inspections, add to the mix.

All this suggests that rising workload and long working hours form only part of the high levels of workplace stress and burnout widely reported among GPs, say the study authors.

They base their findings on in-depth interviews with 47 GPs to gauge their wellbeing and how well they cope with workplace stressors.

The interviewees were either depressed/anxious and/or suffering burnout, or returning to work after treatment for [mental health issues](#), or off sick or retired due to illness, or had no mental health issues. Over half were women (33).

Three main themes emerged from the analysis of the interview content: the [emotional impact](#) of the work itself; practice culture; and work role.

The first of these refers to GPs' response to patients' suffering and the consequences of societal issues over which they had no control, as well as dealing with very demanding or confrontational patients.

Practice culture refers to practice dynamics, internal politics, bullying, and unsupportive mentors/supervisors/colleagues, while work role includes fear of making mistakes, facing complaints, the demands of revalidation, appraisal, and inspections, and financial worries.

These factors prompted GPs to express how isolated they felt, a sentiment expressed by most of the interviewees. This sense of isolation

was made worse by an escalating workload, leaving them with less time to take a break or talk to colleagues.

And those with current or recent mental health issues frequently complained about the lack of support or acknowledgement of their condition from other colleagues and/or GP partners.

Significantly, those who said their colleagues were more supportive, responsive, and willing to talk about vulnerability and illness, felt less isolated, more resilient, and better able to cope with the emotional and clinical demands of their work.

Many of the reported stressors were interlinked and cumulatively contributed to, or worsened, existing distress, the comments showed.

"Providing a safe space for GPs to process the emotional and clinical content of their work and the potential stressors related to the organisational culture (eg bullying in the workplace) and relationships at work (eg collegial conflict) is imperative," emphasise the authors.

While GPs are expected to provide the space, opportunity and permission for their patients to voice their worries and concerns, "the same is not always offered to GPs," they note.

The ability to respond appropriately to patients' suffering without becoming overwhelmed should be taught in GP training as well as in ongoing supervision and support, they suggest.

"Tackling the culture of invulnerability early on in medical training is also key," they write, adding that "talking, sharing and having one's feelings normalised, understood, and validated are critical in maintaining good mental health."

And they point out: "This study highlights that the sources of stress and distress cannot solely be attributed to increases in workload and occupational stress linked to the work role demands of being a GP."

More information: Ruth Riley et al. What are the sources of stress and distress for general practitioners working in England? A qualitative study, *BMJ Open* (2018). [DOI: 10.1136/bmjopen-2017-017361](https://doi.org/10.1136/bmjopen-2017-017361)

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