Taylor & Francis
Taylor & Francis Group

Education for Primary Care

ISSN: 1473-9879 (Print) 1475-990X (Online) Journal homepage: http://www.tandfonline.com/loi/tepc20

How can educators support general practice (GP) trainees to develop resilience to prevent burnout?

Bryony Sales, Alexandra Macdonald, Samantha Scallan & Sue Crane

To cite this article: Bryony Sales, Alexandra Macdonald, Samantha Scallan & Sue Crane (2016): How can educators support general practice (GP) trainees to develop resilience to prevent burnout?, Education for Primary Care, DOI: 10.1080/14739879.2016.1217170

To link to this article: http://dx.doi.org/10.1080/14739879.2016.1217170

Published online: 10 Aug 2016.

Submit your article to this journal

View related articles

View Crossmark data

Full Terms & Conditions of access and use can be found at
http://www.tandfonline.com/action/journalInformation?journalCode=tepc20

Download by: [209.93.22.253] **Date:** 11 August 2016, At: 01:58

EDUCATION FOR PRIMARY CARE, 2016
http://dx.doi.org/10.1080/14739879.2016.1217170

Taylor & Francis
Taylor & Francis Group

EVALUATION

How can educators support general practice (GP) trainees to develop resilience to prevent burnout?

Bryony Sales[a], Alexandra Macdonald[a], Samantha Scallan[a,b] and Sue Crane[a]

[a]Wessex School of General Practice, The Centre for Primary Care Education, St James' Hospital, Portsmouth, UK; [b]Faculty of Health and Social Care, University of Winchester, Winchester, UK

ABSTRACT

Context: Burnout impacts adversely on professional and personal life, and holds implications for patient care. Current research on burnout mainly focuses on established general practitioners but it is unclear how early the signs of burnout really start. This work seeks to identify whether specific GP trainee groups are particularly at risk of burnout and the aspects of training they find stressful. *Methods*: A longitudinal cohort study, collecting qualitative and quantitative data through a single mode of data collection (questionnaire) took place with trainees from all GP training years (ST1–3), across a vocational training scheme (n = 48). Data gathered included the Oldenburg Burnout Inventory (OLBI). *Results*: Higher than anticipated levels of burnout were displayed by all trainees. A sub-group self reporting higher levels of burnout comprised all-female, UK-trained-at-undergraduate GP trainees, with a partner but no children. Top reported stressors included knowledge/uncertainty, workload/time pressures and ePortfolio. Less than 50% of trainees perceived their burnout levels to be as high as their OLBI showing potential lack of insight. *Conclusions*: This research demonstrates that high levels of burnout are experienced in GP trainees as early as the first year of training. Early identification of burnout amongst trainees is essential by GP educators to help protect the future GP workforce.

ARTICLE HISTORY
Received 8 March 2016
Revised 15 June 2016
Accepted 30 June 2016

KEYWORDS
General practice trainee; general practice educator; resilience; burnout; support

What is already known in this area?

- Burnout is a recognised syndrome, which impacts on the personal and professional lives of individuals.
- Burnout may start as early as undergraduate level.
- The RCGP recognises the importance of nurturing trainees and supporting their development of resilience sufficient to sustain a career in GP.
- 'Working' life expectancy is increasing and consequently research is needed to inform strategies to protect GP workload, recruitment and retention.

What this work adds?

- Higher than anticipated levels of burnout were displayed by all trainees.
- Young, female GP trainees who may be informally considered 'high flyers' were found to be most at risk of burnout.
- Levels of burnout were closely tied to specific waypoints in the training year e.g. year/post transition points and assessments (exams and ePortfolio).
- GP educators are well placed to raise awareness of burnout and for its early identification amongst trainees.
- GP educators can have a key role in embedding coping strategies in training programmes to support building a resilient workforce for the benefit of both GPs and patients.

CONTACT Bryony Sales Bryony.Sales@nhs.net

© 2016 Informa UK Limited, trading as Taylor & Francis Group

Suggestions for future work or research

- Comparison of GP trainees to speciality trainee groups in secondary care.
- A longitudinal approach to research and support: for example formally following up trainees once qualified and building a shared platform for resilience training strategies along the continuum of GP education.
- Strategies to engage and enthuse trainees rather than focusing on negative media portrayals and excessive bureaucracy, and a refocusing of activities away from reaction to burnout and towards the proactive developments of resilience amongst trainees and colleagues.

Background

Burnout is a recognised syndrome that impacts adversely on an individual's professional and personal life, and holds implications for patient care. Emerging research shows General Practitioners (GPs) are increasingly experiencing high levels of burnout.[1] Anecdotal evidence suggests symptoms of burnout may begin to appear as early as during the GP training years. Recent evidence collected from the Wessex LMC suggests 5% of GP trainees are talking about burnout at this stage of their career.[2] This project extends existing work about burnout amongst established GPs to include trainees during their time in training; it seeks to identify whether specific trainee groups are particularly at risk, the aspects of training they find stressful and how educators may best support them.

Aim of the project

The aims were to:

- Identify burnout levels among trainees using an existing measure;
- Gather qualitative data about what aspects of their training caused increased stress levels and their current strategies for dealing with these; and
- Make suggestions for ways in which programme directors can support trainees in training, and when this should be undertaken.

Data collection

This is a longitudinal cohort study, collecting qualitative and quantitative data through a single mode of data collection: a questionnaire. Trainees from each year of GP training (ST1–3) on the Portsmouth and Isle of Wight (IOW) GP training scheme completed questionnaires over a year of training. They rated themselves using the Oldenburg Burnout Inventory (OLBI) as well as providing additional information on the stressors they perceived as impacting on their training experience. The trainees completed the questionnaires three times: October, March and July. The OLBI is an inventory designed to provide a general assessment of burnout across a range of work contexts.[3] It is freely available and is currently being used by the BMA for their ongoing burnout survey of doctors (see Appendix 1 for copy of scoring system).[4] It comprises two sub-scales: *exhaustion* and *disengagement*, each measured by eight statements (worded positively or negatively), which are scored on a scale of 1–4 [Strongly agree (SA), Agree (A), Disagree (D) and Strongly disagree (SD)]. The aim of using the OLBI was to identify trainees scoring highly in each of the subscales and to see whether they continued to score highly in subsequent data collection events, and if this correlated with any demographic data. The additional data concerned the trainee's perceived stress levels throughout the year and the factors that most contributed to this, as well as their stress management strategies.

Data were gathered across all training years (ST1–3) from 98 trainees, however a complete data-set (i.e. from all data collection points) was only available for 48 trainees (13 × ST1, 16 × ST2 and 18 × ST3 trainees). The paper reports the analysis of qualitative and quantitative data for this subset of participants. This data-analysis strategy was chosen as it allowed a year-long view of their experiences and for their OLBI scores to be tracked. Incomplete data sets ($n = 50$) were typically associated with trainees being absent on one or more of the data collection days and failing to respond to a subsequent written request for the data. Reasons for absence from the sessions were generally: training less than full time, joining/leaving part way through the year (e.g. for maternity leave, sick leave, military trainees), being on annual leave and ST1/2s being on nights at the time of data collection.

Findings

Of the 48 trainees with complete data sets, 67% worked in Portsmouth ($n = 36$), and the remainder on the IOW. Fifteen respondents were males; 33 respondents were co-habiting or married and 13 respondents had children. We will first present the OLBI scores for the trainees and give an overview for the year groups. We will then identify trainees whose responses gave cause for concern as they consistently scored highly on both sub-scales across the

Table 1. Score thresholds for the Oldenburg Burnout Inventory.

	Low	Medium	High
Exhaustion	≤1.60	1.61–2.30	≥2.31
Disengagement	≤1.60	1.61–2.30	≥2.31

data collection points. We will then present the experiential data.

Data from the Oldenburg Burnout Inventory

The OLBI sub-scale scores were analysed using descriptive statistics, and grouped as high, medium and low following the same threshold points as used in the BMA data, see Table 1.[5] Table 2 shows levels of disengagement and exhaustion for each trainee year group by thresholds. Table 3 shows the mean, upper and lower scores of exhaustion and disengagement by year group. Table 2 indicates that trainees are generally scoring in the medium and high zones of the sub-scales.

Following the analysis approach used in other studies,[5–7] we calculated the exhaustion and disengagement scores for the participants, and used these to highlight trainees of particular interest as they consistently scored highly on both sub-scales across all data collection points. Four trainees were identified (2 × ST1, 1 × ST2, 1 × ST3) across the whole data-set. This sub-group comprised all female, UK-trained-at-undergraduate GPSTs, training on the mainland in the same location, with a partner/spouse but no children. Looking at their responses in more detail, these trainees reported:

- Over the year they stopped undertaking leisure activities – in October all four were engaging in such activities, but by the summer only one was (ST3);
- Only one undertook activities around relaxation;
- The biggest daily concerns were: lack of senior support in a hospital post, time pressures, lack of confidence in clinical skills;
- Strategies for managing stress at work were: most often talking to colleagues, and at home watching TV, talking to partner/peers or undertaking outside interests; and
- In spite of being identified as scoring highly in the burnout measure, these trainees did not regret their choice of career. They regarded themselves as resilient, as their current situation was seen as a short term and that there would be ameliorative change, for instance reducing commute time or working part time.

Considering the full cohort ($n = 48$), amongst the ST1/2s over the year, a similar falling off around leisure activities was reported for ST2s: at the start of the year 14/16 were undertaking leisure activities, but by July just 5/16 reported that they were. The ST1s remained fairly constant over the year, with four reporting they were not undertaking leisure activities at each data collection point. For the ST3s, 15/18 were undertaking leisure activities, and by July all but one were.

Amongst the ST1/2s the biggest daily concerns were: for those in hospital posts a lack of senior support, time

Table 2. Levels of disengagement and exhaustion by trainee year group, by thresholds.

	October						March						July					
	Exhaustion			Disengagement			Exhaustion			Disengagement			Exhaustion			Disengagement		
	L	M	H	L	M	H	L	M	H	L	M	H	L	M	H	L	M	H
ST1 n.13	1 8%	2 15%	10 77%	0 –	7 54%	6 46%	0 –	3 23%	10 77%	1 8%	7 54%	5 38%	0 –	5 38%	8 61.5%	2 15%	7 54%	4 31%
ST2 n.16	0 –	10 62.5%	6 37.5%	0 –	5 31%	11 69%	0 –	8 50%	8 50%	0 –	10 62.5%	6 37.5%	0 –	4 25%	12 75%	1 6%	12 75%	3 19%
ST3 n.18	0 –	6 33%	12 67%	0 –	9 50%	9 50%	0 –	8 44%	10 55.5%	1 6%	14 78%	3 17%	0 –	8 44%	10 55.5%	1 6%	8 44%	9 50%

Table 3. Levels of disengagement and exhaustion by trainee year group, mean, lower and upper scores.

	October						March						July					
	Exhaustion			Disengagement			Exhaustion			Disengagement			Exhaustion			Disengagement		
		Range			Range			Range			Range			Range			Range	
	Mean	Lo.	Up.	Mean	Lo.	Up.	Mean	Lo.	Up.	Mean	Lo.	Up.	Mean	Lo.	Up.	Mean	Lo.	Up.
ST1 n.13	2.35	1.6	2.8	2.5	1.88	2.88	2.62	2.13	3.38	2.2	1.38	2.75	2.48	1.88	3.38	2.16	1.25	3.25
ST2 n.16	2.3	1.9	2.9	2.4	1.88	2.9	2.34	1.88	2.75	2.28	1.63	3.25	2.45	1.88	3.25	2.08	1.13	3.13
ST3 n.18	2.6	1.8	3.2	2.3	1.88	2.6	2.39	1.75	3	2.10	1.38	2.63	2.36	1.88	2.88	2.26	1.38	2.88

pressures and feelings of a lack of competence. For those in GP in ST1/2s the main concerns were: knowing what to do and missing something. For ST3 the biggest concerns were again missing something, and achieving a safe and thorough consultation in ten minutes.

For all years, strategies for managing stress at work primarily concerned discussing concerns with colleagues and partner/spouse /peers at home. 73% (n = 32/44, 4 did not answer) thought they had good resilience for a career in GP. Participants were asked if they had regrets about choosing a career in general practice. For the most part trainees did not, however in July 28% of ST1/2 (n = 8) did say they had regrets. Amongst the ST3s, in October six reported having regrets (33%), but by the end of the year just 2 (11%) and all felt prepared to be a GP.

The top three stressors for ST1/2s over the year were knowledge/uncertainty, workload/time pressures and ePortfolio. For this group the ePortfolio featured repeatedly as a stressor in the latter end of the year. For the ST3s, the stressors were workload and managing risk, with exams and ePortfolio being mentioned most frequently in the March data-set.

Trainees were asked to rank their stress levels compared to the previous data collection (more/less/the same), giving an indication of trainee insight – how they perceive their levels of stress compared to the last questionnaire. It is important trainees have insight as to whether they are more stressed as this may enable trainees to take action to reduce stress levels. In March, 39% (n = 16/41) trainees OLBI score corresponded to their self-reported levels of stress. In July, 49% (n = 21/43) trainees OLBI score corresponded to their self-reported levels of stress. Trainees were asked in July whether they felt they had good resilience; rather concerning, 21% (n = 9/42) reported that they did not feel they had good resilience.

Trainees were asked about their educational support over the year: peer-support over the year was perceived to be good, and similarly for trainer support. Over the year, the majority of trainees thought their learning needs had been met, where comments were made by ST1/2s they generally concerned the perception of hospital posts being weighted towards service provision rather than education.

Participants were asked what would be helpful to reduce stress during training. Responses generally concerned increasing the amount of small group work, an online forum, resources signposting and a practical programme of education to reduce stress/raise awareness about relaxation techniques

How educators can support trainees

These findings have served to raise awareness amongst the Portsmouth and IOW GP education team regarding the trainees' experiences over the year, and how perceptions over the year fluctuate in relation to the stage and requirements of training, for example more stressful at the start of the year. Higher than anticipated levels of burnout were displayed by all trainees. The data suggests that their levels of burnout are quite closely tied to specific points in the year, for instance year/post transition and assessments, and that perceptions fluctuated quite considerably. Our results should, however, be interpreted with caution as they relate to a relatively protected point in their careers, and it is unclear whether exposure to working life would cause their perceptions to change and in what direction. That said, they are in step with emerging work undertaken by the BMA.[5]

There is ongoing debate in the media about GP workload, recruitment and retention, and coverage at national conferences and meetings.[8] We feel early identification of burnout amongst trainees is an important aspect of the role of GP educators, to help protect the future GP workforce and ensure patient safety. Developing the resilience of trainees is a growing area of educational activity.[9] As a result of this research, the Program Director team has included additional support over the years of training, and this has been built into the curriculum. Examples of this are:

- a 'resilience in GP training' afternoon for ST3s;
- an eLearning module on resilience, practical relaxation sessions;
- a trainee Google group for further debate and discussion;
- exploring ways to provide more GP-specific small group support for ST1/2 trainees who can feel distanced from general practice when in hospital; and
- linking with other educational teams to share resources and promote sessions across the region, e.g. yoga, resilience workshop.[10]

The questionnaires have helped to raise awareness for both trainees and educators, and, as a consequence, educators are planning to continue to gather on-going data regarding the experiences of trainees, but to shift the focus away from stress and burnout and towards developing resilience.

Our reflections on the project

The most significant learning point arising from the data is that the trainees identified as being high scoring on the OLBI across all data collection points were not the trainees who might be assumed to be at risk of burning out. At the start of the data collection it had been posited that trainees already identified as being in difficulty would be the ones who would score highly on the OLBI, whereas

the data collected suggested that trainees who were young, female and who were anecdotally considered as 'high flyers' were most at risk. Concern is raised by this high level of burnout exhibited in anticipation of a long career in GP, especially with the reported increase in workload and difficulties in recruitment and retention.

Trainees were interested in developing resilience strategies to ensure a healthy and fulfilling career in GP. The training years provide opportunities to educate and support future GPs in order develop lifelong resilience. The GP education team were interested in the results, to ensure the GP vocational training scheme is adequately supportive at the intervals across the years where there was a higher reported level of burnout – to aim to address the fluctuation over the year and by person. The GP education team were also interested in developing further knowledge about specific impacts of self-reported levels of burnout and resilience on the trainees' experience of GP training.

Reflecting on the project, it became apparent that the longitudinal approach did not work well with the ebb and flow of trainee attendance at face-to-face education sessions over the year. If a trainee missed just one data collection event and did not respond to a follow-up written request to complete the questionnaire, this meant that their cumulative data could not be included the primary analysis and that eventually totted up to 50 trainees. The additional risk with this is that these trainees who are 'out of sync' or missing training sessions due to service provision commitments are potentially at greater risk than the average trainee of isolation and burnout due to lack of consistent peer support. We were mindful of our responsibility to participants in the study regarding their expectations that we would analyse the data collected. We therefore considered the experiential data from the 50 participants about their training in a follow up analysis to provide additional contextual information and to draw out any key issues arising from it.

Conclusions

The most important factor to conclude from this work is that high levels of burnout are being experienced in GP trainees as early as the first year of training. This is a worrying finding, as most GPs would perceive that such trainees are significantly protected from the pressures of a fully qualified GP workload. Although it was not asked in our data collection, it would seem possible that the negative media coverage of general practice could have played a part in this.

Our collection of OLBI data shows conclusively that the majority of trainees are scoring in the medium and high zones on both the exhaustion and disengagement sub-scales. The mean scores vary at different points throughout each of the years, often reflecting particular stressors like exams. The small cohort of individuals scoring highly in their OLBIs throughout the year seem to share similar features of all being females who completed their primary medical training in the UK and were based on the mainland as opposed to the IOW, they all had partners but none had children. It is difficult with such a small number to say whether these findings are significant, and a larger study would have to be conducted, but it was not anticipated that this would be the demographic group to have scored highly.

With regards to stressors the most prominent stressor for the ST1/2 group was the ePortfolio, with worries about workload and knowledge also featuring. For the ST3s, managing risk came up more frequently than in the earlier years, likely reflecting that they are becoming more independent practitioners. Other common stressors for the ST3s were predictably exams and ePortfolio. When looking at factors that contributed to GPs leaving their careers early in England Doran et al. identified numerous stressors including negative media portrayal of GPs, clashes of values (unrealistic appointment times) and increased workloads (more time pressures).[11] Interestingly all these factors also featured as major stressors for trainees too. This suggests that the 'boiling of the frog' starts in the GP training years if not before. This combined with the fact that there were poor levels of insight into stress levels and self reported resilience amongst trainees could be a worrying combination.

It was concerning to find that, especially in the ST2 group, it seemed that the stressors they experienced caused them to reduce, and in some cases cease, leisure activities. However, it seems that this did not happen in the ST3 year, perhaps because by this stage in training the importance of these activities had been fully realised. Trainees who give up leisure activities during their training years are likely to be at high risk of burnout.

Strategies, other than leisure pursuits, for managing stress were the same amongst all trainee groups, and mainly consisted of discussing concerns with colleagues, peers and partners. It was reassuring to find that, despite these already significant levels of burnout amongst trainees, only a small number had regrets about their career choice. All of the suggested strategies for reducing burnout in trainees have now been trialled but we require further analysis before we can conclude which strategies give the greatest yield.

We are reminded by Balme and her colleagues that doctors must be resilient to survive their training and a career in medicine and that resilience is always contextual.[12] Burnout is often associated with a range of negative outcomes, which can affect both work and home life. We are encouraged to develop resilience in our colleagues and

ourselves; resilience is not purely the absence of burnout. Although difficult to define, it requires a positive approach and engagement as well as some self-awareness and self-reflection. Interventions to promote resilience must involve not only the individual but also the organisational environments in which we work in, addressing cultural factors, and providing support. We would encourage all educators to support GP trainees in developing resilience in order to prevent burnout and would also support the sharing of good practice, to protect the future generations of GPs.

Contributions

BS and AM were responsible for designing the project, undertaking the data collection, analysis and writing the paper. SS supported them in the data analysis process and writing the article. SC commented on the draft of the article and it's development.

Ethical approval

Ethical approval was not needed for this project as it was undertaken as curriculum and session development work for the programme of specialty training for general practice.

Acknowledgements

Participation of the trainees and educators.

Disclosure statement

No potential conflict of interest was reported by the authors.

References

[1] Davies M. Number of GPs suffering burnout has increased fivefold since 2000, LMCs warn; 2013 May 24; [cited 2016 Jan 27]. Available from: http://www.pulsetoday.co.uk/home/lmcs-conference-2015/number-of-gps-suffering-burnout-has-increased-five-fold-since-2000-lmcs-warn/20003080.article.

[2] Wessex Local Medical Committees (LMCs). Newly qualified GPs share their thoughts. Press release; 2014 Aug; [cited 2016 Jan 27]. Available from: https://www.wessexlmcs.com/newlyqualifiedgpssharetheirthoughts.

[3] Demerouti E, Bakker AB, Nachreiner F, et al. From mental strain to burnout. Eur. J. Work Org. Psychol. 2002;11:423–441.

[4] BMA. Doctors for Doctors: Burnout questionnaire Oldenburg Burnout Inventory; [cited 2016 Jan 27]. Available from: https://web2.bma.org.uk/drs4drsburn.nsf/quest?OpenForm.

[5] Thon N, Peters M, Rapanakis T, et al. Assessing burnout risk in doctors using the online version of the Oldenburg Burnout Inventory in Great Britain; 2014; Milestones and Transitions – Maintaining the Balance: Abstracts: International Conference on Physical Health; 2014 Sep 15–17; London: BMA House; [cited 2016 Jan 27]. Available from: http://bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/doctors%20wellbeing/icph_2014_abstracts_brochure.pdf.

[6] Demerouti E, Bakker AB. The Oldenburg Burnout Inventory: a good alternative to measure Burnout (and engagement); measurement of Burnout and engagement. Version 2007 Sep 25; [cited 2016 Feb 4]. Available from: http://www.beanmanaged.com/doc/pdf/arnoldbakker/articles/articles_arnold_bakker_173.pdf.

[7] Demerouti E, Mostert K, Bakker AB. Burnout and work engagement: a thorough investigation of the independency of both constructs. J. Occup. Health Psychol. 2010;15:209–222.

[8] Expanding Horizons of Care. RCGP Annual Primary Care Conference; 2015 Oct 1–3; [cited 2016 Jan 27]. Available from: http://www.rcgp.org.uk/learning/~/media/Files/Events/RCGP-Annual-Conference-2015/RCGPAC2015-Programme-Web.ashx.

[9] Tregoning C, Remington S, Agius S. BMJ careers facing change: developing resilience for staff, associate specialist, and specialty doctors. BMJ 2014 Jan 22. Available from: http://careers.bmj.com/careers/advice/view-article.html?id=20016142

[10] Platt D, Chinn J, Scallan S, et al. Fostering resilience with GPs: a workshop approach. Educ. Prim. Care. 2015;26:328–331.

[11] Dordan N, Fox F, Rodham R, et al. Lost to the NHS: a mixed methods study of why GPs leave practice early in England.Br. J. Gen. Pract. 2016;66:e128–e135. doi: http://dx.doi.org/10.3399/bjgp16X683425

[12] Balme E, Gerada C, Page L. Doctors need to be supported, not trained in resilience. BMJ 2015 Sep 15. Available from: http://careers.bmj.com/careers/advice/Doctors_need_to_be_supported,_not_trained_in_resilience.

Appendix A. Oldenburg Burnout Inventory

	Question	Strongly agree	Agree	Disagree	Strongly disagree
1.	I always find new and interesting aspects in my work				
2.	There are days when I feel tired before I arrive at work				
3.	It happens more and more often that I talk about my work in a negative way				
4.	After work, I tend to need more time than in the past in order to relax and feel better				
5.	I can tolerate the pressure of my work very well				
6.	Lately, I tend to think less at work and do my job almost mechanically				
7.	I find my work to be a positive challenge				
8.	During my work, I often feel emotionally drained				
9.	Over time, one can become disconnected from this type of work				
10.	After working, I have enough energy for my leisure activities				
11.	Sometimes I feel sickened by my work tasks				
12.	After my work, I usually feel worn out and weary				
13.	This is the only type of work that I can imagine myself doing				
14.	Usually, I can manage the amount of my work well				
15.	I feel more and more engaged in my work				
16.	When I work, I usually feel energized				