



# Burnout: Is it a problem for the whole practice team?

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## Introduction

It is widely recognised that there are both workforce and workload challenges in general practice. Recent policy changes have mandated increased multi-professional team working. Although the emotional impact of this on General Practitioners and practice nurses has been considered there has been limited consideration of the impact upon the wider primary care team.

GPs report high levels of stress when compared with the general population and other healthcare personnel. Stress is probably at its highest level since 1998 and the consequences are well known with increasing workforce challenges and low morale in the remaining staff.

Burnout is associated with poor patient outcomes, including near misses and indeed increased adverse events. This is particularly important when considering prescribing errors and patient safety incidents.

In a small quantitative study, Hall et al. (2019) demonstrate that individuals working in less supportive practices with a high administrative burden and with high patient throughputs reported higher burnout levels. The authors consider that this burnout is mediated by exhaustion. Burnout in turn is associated with increased concerns about safety and increased near misses. Hall et al. conclude that in order to improve patient safety changes need to be made at individual and at practice levels to promote a healthy working environment.

The job demands control and job demands resources model of burnout suggests that low levels of control (lack of autonomy) and job resources (support from managers and resources) and high demands are associated with employee stress and ill-health (Demerouti et al., 2001).

One in four NHS employees experiences mental health issues during their life and mental health issues are associated with 30% of sickness absence in the NHS (NHSEmployers, ND). Measures to reduce this are crucial to the organisation as well as to the individual affected.

GP workforce shortages and national policy changes have led to the introduction of new models of care and role substitution (NHS England, 2016). This has meant delegation of duties to both administrative and other clinical staff. Since it is the level of support and amount of administrative work that impacts negatively on clinician wellbeing it would be ironic if the risk and burden was merely transferred to other team members who have more limited self-determination.

## Methods and Materials

### Sample and recruitment

This work was undertaken as a baseline assessment at the start of a programme within a Primary Care Home to improve resilience through flexible workforce solutions. A cohort survey design was used. All practice staff working in the Primary Care Home were emailed an invitation which outlined the purposes of the survey and live link to the host survey platform (Qualtrics). Non-responders were sent a single automatically generated reminder. Completed surveys were given identifiers for tracking purposes.

### Measures

The full survey included basic demographic information including place of work, role and age and sex. The Copenhagen Burnout Inventory (CBI) is freely available and has been used in many healthcare settings (Kristensen et al., 2005; Lee, Medford and Halim, 2015). It comprises three subscales considering the dimensions of personal, work-related and client-related burnout. It includes 19 items all scored on a five point Likert scale (scored from 0-100). The items are straightforward and have a high internal reliability. Scores of 50-74 are considered moderate burnout with scores in excess of 75 considered high. As this survey was conducted as part of an evaluation of a workforce initiative, ethical approval was not required. Anonymity of participants was assured as no personally identifiable data was accessible to the research team.

### Data analysis

Anonymous data was exported from Qualtrics for analysis. Basic descriptive statistics of the cohort were generated. Mean burnout scores (and standard deviation) were calculated for each of the subscales as well as scores for individual respondents. A reliability analysis (Cronbach's alpha) was calculated using a package in R for the overall scale and the three individual subscales.

## Results

A total of 154 invitations were disseminated and 92 were returned (response rate 59.74%). Respondents were from all 5 surgeries (representation approximated to surgery staff size). Participants were from all age groups with the largest proportion between 51 and 60 years old (29.9%). 13 (14%) were male, 76 (84.4%) female with one preferring not to respond.

With regard to professional role 16 (16.8%) were GPs, registered nurses 13 (13.7%), HCA 4 (4.2%) and administrative staff 62 (67.4%).

Mean CBI subscale scores for this sample were 49.5 (personal), 47.9 (work related) and 28.1 (patient related). However, it is more meaningful to consider the overall prevalence of those reporting moderate or higher-level burnout (Table 1 and Figure 1). Cronbach's alpha score showed the questionnaire as a whole to reach acceptable reliability ( $\alpha=0.952$ ). Additionally, individual scales reached acceptable levels (personal ( $\alpha=0.895$ ), work related ( $\alpha=0.888$ ) and patient related ( $\alpha=0.91$ )).

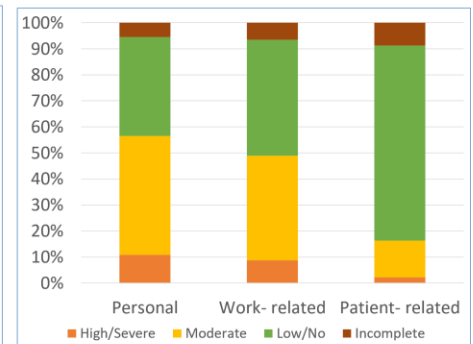


Figure 1: Prevalence and severity of burnout in GP surgery staff

Table 1: Prevalence of burnout in individual surgery staff

	High/Severe	Moderate	Low/No	Incomplete
Personal	10 (11.5%)	42 (48.3%)	35 (40.2%)	5
Work-related	8 (9.3%)	37 (43.0%)	41 (47.7%)	6
Patient-related	2 (2.4%)	13 (15.5%)	69 (82.1%)	8

## Discussion

This cohort study reveals a high level of personal and work-related burnout in staff working in GP surgeries in one coastal town in England. There are no direct figures for comparison in a similar population. However, these are broadly comparable with figures found in an Australian Study of Midwives in 2017 (Creedy et al., 2017). Mean CBI subscale scores in this study were 55.9 (personal), 44.7 (work related) and 19.3 (patient related). They are considerably higher than in Kristensen's original validation studies of the CBI in 2005. In this study, mean CBI subscales for district nurses (the closest comparator group) were 38.4 (personal), 31.4 (work related) and 25.3 (patient related). At an individual level, the prevalence of work related burnout is higher in all subscales than that found in Australian Midwives where 46.1% reported moderate personal burnout (17.4% high levels), 36.4% had moderate work-related burnout (and 7.3% high levels) and 10.4% moderate patient-related burnout (and 1% high levels).

## Conclusions

At a time when there are workforce challenges and policy drivers towards new models of care and role substitution it is important to consider the impact of these on the well-being of all staff groups in the surgeries. Reported prevalence in this study is high for all of the subscales of the Copenhagen Burnout Inventory. The emotional well-being of the workforce has considerable implications for the delivery of safe patient care, staff retention and patient satisfaction.

### What This Research Adds:

There has been a considerable body of work on burnout in General Practitioners. This study demonstrates that there are significant levels of burnout in all staff groups working in primary care in one Primary Care Home area.

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