Investigation of burnout in a sample of British general practitioners

MICHAEL KIRWAN
DAVID ARMSTRONG

SUMMARY

Background. Recent changes in the general practitioner contract have produced increased workload and stress, poorer mental health and reduced job satisfaction. These factors might combine to increase the level of ‘burnout’ among general practitioners.

Aim. This study set out to examine the extent of burnout among general practitioners.

Method. A questionnaire was sent to all 295 Northamptonshire general practitioners seeking demographic details and including the Maslach burnout inventory. The results for the inventory were compared with the results from a sample of physicians and nurses in North America.

Results. There was a significantly higher level of burnout among the Northamptonshire doctors compared with the North American sample. There was virtually no association between age and the level of burnout, although a small negative correlation was found between age and the depersonalization of others subscale. Part-time general practitioners showed lower levels of burnout than full-time general practitioners.

Conclusion. This study highlights the need to look both at the extent of burnout in young doctors during their training and at those characteristics of part-time general practitioners which might prevent burnout.

Keywords: burnout; occupational stress; workload; job satisfaction; general practitioners.

Introduction

OVER the last two decades a major threat to health care professionals’ work commitment has been identified in the form of ‘burnout’. Although this bears many similarities to a stress-related depressive condition it seems that the lowering of mood in burnout is both temporary and work specific. Pines and Aronson2 and Freudenberger (proceedings of the first national conference on burnout, Philadelphia, PA, 1981) have argued that burnout is a syndrome in its own right, being ‘a group of symptoms that occur together and constitute a recognizable condition’.2 The most frequently cited definition of burnout is that of a syndrome consisting of three components, namely emotional exhaustion, depersonalization of others, and lack of personal accomplishment.3

In 1976 Maslach published the first empirical study of burnout and showed how it played a major role in the poor delivery of health and welfare services.4 Later she completed a social psy-


M Kirwan, MSc, FRCP. general practitioner, Northampton. D Armstrong, MSc, Ph.D, FRCP, FFPHM. reader in sociology as applied to medicine, United Medical and Dental Schools of Guy’s and St Thomas’s Hospitals, London. Submitted: 4 July 1994; accepted: 21 October 1994.

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On all three subscales of the Maslach burnout inventory Northamptonshire general practitioners scored significantly worse than Maslach’s sample (Table 1).

The respondents’ personal and practice characteristics were compared for each of the subscales of the Maslach burnout inventory. There was a weak but statistically significant negative correlation between the depersonalization of others subscale and the general practitioners’ age, and a weak positive correlation with number of practice partners and list size (Table 2). There was no relationship with the general practitioners’ sex.

The 29 part-time general practitioners had significantly lower scores on the emotional exhaustion subscale compared with the 216 full-time general practitioners (mean 21.6 versus 26.7, respectively; Mann Whitney U = 2332, P < 0.05) and on the depersonalization of others subscale (6.9 versus 10.2, respectively; U = 2324, P < 0.05). The mean scores on the personal accomplishment subscale (rated inversely) were 35.2 and 32.4, respectively, but this difference was not significant.

Discussion
This survey elicited a good response and this may in part reflect the respondents’ interest in the subject; those general practitioners less concerned with burnout — and perhaps coping better — might have been less likely to respond. However, the number of non-respondents was small and the non-respondents showed no significant differences from the respondents in terms of personal and practice characteristics.

Overall, it is apparent from this study that Northamptonshire general practitioners are suffering from a higher level of burnout on all three subscales of the Maslach burnout inventory than North American physicians and nurses (though Maslach’s results derive from a study carried out in the mid-1980s). This finding corroborates parallel studies of stress among general practitioners. However, a distinctive feature of burnout is that it grows insidiously and is linked to years in clinical practice and/or age, yet in this study reported burnout did not increase among older general practitioners; indeed the only scale that showed a relationship with age was depersonalization of others and that showed a small negative correlation. The pressures and stresses on junior doctors have been well documented, both in the United Kingdom and elsewhere, but the possibility that young general practitioners already suffer from burnout at the start of their careers is of some concern.

The findings also show that part-time general practitioners have significantly less chance of being burnt out than their full-time colleagues. No doubt adequate time away from the stresses of work confers major psychological benefits, but with general practitioner incomes becoming more closely linked to time at work there are countervailing pressures to increase rather than decrease work commitment. The importance of sufficient time away from work to counterbalance the time at work needs to be recognized by both the individual general practitioner and by those who design the remuneration system: neither party should be encouraged to aim for over-commitment.

Table 1. Comparison of Maslach’s health professionals and Northamptonshire general practitioners.

<table>
<thead>
<tr>
<th>Burnout subscales</th>
<th>Mean score for each question of subscale (95% CI)</th>
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<tbody>
<tr>
<td>Emotional exhaustion</td>
<td>Maslach’s study sample (n = 1104)</td>
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<tr>
<td></td>
<td>2.47 (2.14 to 2.53)</td>
</tr>
<tr>
<td>Personal accomplishment*</td>
<td>4.57 (4.52 to 4.62)</td>
</tr>
<tr>
<td>Depersonalization of others</td>
<td>1.42 (1.35 to 1.49)</td>
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CI = confidence interval. n = total number of respondents. *Scores are inversely rated.

Table 2. Correlation matrix of burnout subscales with general practitioners’ age, number of practice partners and list size.

<table>
<thead>
<tr>
<th>Spearman’s correlation coefficient</th>
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<tbody>
<tr>
<td>Emotional exhaustion</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>No. of partners</td>
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<tr>
<td>List size</td>
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*P<0.05; **P<0.01.

References

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Address for correspondence
Dr M Kirwan, 50 Abington Park Crescent, Northampton NN3 3AL.