

Investigation of burnout in a sample of British general practitioners

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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.¹ Pines and Aronson² and Freudenberg (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-

chological analysis of burnout which highlighted its aetiology and demonstrated why it was so prevalent in the caring professions.⁵ In 1986 Rafferty and colleagues⁶ examined the validity of the Maslach burnout inventory, which had been designed to measure the three components of burnout,⁷ in a study of 67 American physicians engaged in family practice. Their work confirmed the value of the inventory. In particular they highlighted its usefulness in picking up the less visible components of burnout, that is the depersonalization of others and lack of personal accomplishment.

There is some evidence to show that general practitioners experienced more stress, less job satisfaction and poorer mental health in 1990 than in 1987.⁸ This may be due to the new general practitioner contract which seems to have increased general medical services work as well as administrative workload.⁹ Stress has also been reported in junior doctors.^{10,11} It therefore seemed timely to examine the extent of burnout in a sample of British general practitioners, in particular to what extent it already exists in younger general practitioners.

Method

In March 1993, all 295 general practitioners in contract with the Northamptonshire Family Health Services Authority were sent a questionnaire and a Maslach burnout inventory to complete, together with a covering letter. The questionnaire covered basic demographic details including possible indicators of workload such as list size, number of practice partners and whether working full or part time. A second questionnaire and inventory were sent to non-respondents three weeks later. Basic demographic details for non-respondents to the second approach were obtained from the family health services authority.

The Maslach burnout inventory consists of 22 items each scored from 0 to 6. These items contribute to three subscales, namely emotional exhaustion (nine questions), personal accomplishment (eight questions) and depersonalization of others (five questions). The scores of each subscale are considered separately and are not combined in a single total score.⁷ Thus, three scores were calculated for each respondent. A higher score indicates greater burnout except for the personal accomplishment scale which is rated inversely. The results for the inventory in this study were compared with the results from Maslach's sample of physicians and nurses in North America.⁷

Data from the returned questionnaires were entered onto a computer and analysed using *SPSS PC*.

The study received approval from the local ethics committee.

Results

Of the 295 questionnaires sent out 35 were not returned and 15 had missing data and were not used (response rate 83.1%). There was no significant difference between the 245 respondents and 50 non-respondents in terms of age, sex, number of years in practice and whether working full or part time.

Of the respondents 200 were men (81.6%) and 45 were women (18.4%). The latter were more likely to be working part time (5.5% of the men were working part time and 40.0% of the women).

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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).⁷ This finding

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

Burnout subscales	Mean score for each question of subscale (95% CI)	
	Maslach's study sample ($n = 1104$)	Northamptonshire GPs ($n = 245$)
Emotional exhaustion	2.47 (2.41 to 2.53)	2.90 (2.74 to 3.06)
Personal accomplishment ^a	4.57 (4.52 to 4.62)	4.36 (4.24 to 4.48)
Depersonalization of others	1.42 (1.35 to 1.49)	1.95 (1.79 to 2.11)

CI = confidence interval. n = total number of respondents. ^aScores are inversely rated.

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

	Spearman's correlation coefficient		
	Emotional exhaustion	Personal accomplishment	Depersonalization of others
Age	0.03	-0.10	-0.17**
No. of partners	0.05	-0.05	0.15*
List size	0.11	-0.02	0.19**

* $P < 0.05$; ** $P < 0.01$.

corroborates parallel studies of stress among general practitioners.¹² However, a distinctive feature of burnout is that it grows insidiously and is linked to years in clinical practice and/or age,¹³ 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^{10,11} and elsewhere^{14,15} 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.¹⁶ 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.

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