Health at work in the general practice

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SUMMARY

Background. *Poor mental health and high stress levels have been reported in staff working in general practice. Little is known about how practices are tackling these and other issues of health at work in the absence of an established occupational healthcare service.*

Aim. *To establish the extent of knowledge and good practice of health at work policies for staff working in general practice.*

Method. *Practice managers in 450 randomly selected general practices in England were interviewed by telephone, and the general practitioner (GP) with lead responsibility for workplace health in the same practice was surveyed by postal questionnaire. We surveyed the existence and implementation of practice policies, causes and effects of stress on practice staff, and agreement between practice managers and GPs on these issues.*

Results. *Seventy-one per cent of GPs and 76% of practice managers responded, with at least one reply from 408 (91%) practices and responses from both the practice manager and GPs from 252 (56%) practices. Seventy-nine per cent of practices had a policy on monitoring risks and hazards. The proportion of practices with other workplace health policies ranged from 21% (policy to minimize stress) to 91% (policy on staff smoking). There was a tendency for practices to have policies but not to implement them. The three causes of stress for practice staff most commonly cited by both GP and practice manager responders were 'patient demands', 'too much work', and 'patient abuse/aggression'. Sixty-five per cent of GPs felt that stress had caused mistakes in their practices. Although there was general agreement between the two groups, there was a considerable lack of agreement between responders working in the same practices.*

Conclusions. *The study revealed substantial neglect of workplace health issues with many practices falling foul of health and safety legislation. This report should help general practices identify issues to tackle to improve their workplace health, and the Health at Work in the NHS project to focus on areas where their targeted help will be most worthwhile.*

Keywords: occupational health and safety; general practice

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Introduction

THE three key components of workplace health are the effects of work on health, the effects of health on the capacity to work, and the opportunity for health promotion by the employer, via education and encouragement of workers to adopt healthier lifestyles.[1]

As an employer, the general practitioner (GP) is responsible for the practice environment and the health and safety of the staff and anyone else entering the premises. General practices are subject to the *Health and Safety at Work Act 1974*,[2] which requires employers to ensure that there is a written safety policy, that risk assessments and risk reduction programmes are carried out, that sharps and biological waste material are properly disposed of, and that accidents are recorded. GPs have been found to have limited knowledge and understanding of health and safety legislation, with consequent poor compliance.[3-5] Many do not recognize the potential benefits of introducing policies or procedures to manage health and safety or promote staff well-being.[5]

The symptoms, causes, and effects of stress in GPs have been well researched.[6-8] Some preliminary work has been undertaken with non-doctor primary care staff,[9] but, in the main, little attention has been given to the mental health of practice staff, other than GPs. There have been calls for a coordinated comprehensive occupational healthcare service for GPs and their staff.[10]

The main purposes of this study were to provide a national baseline picture of current levels of knowledge and good practice of workplace health activities in general practice in England, and to inform the general practice section of the Health at Work in the NHS (HaWNHS) project, which aims to encourage and support initiatives concerning the health of those working in the NHS in England. The study was designed to assess the extent to which policies and practices relating to staff health existed and were implemented in general practice. Practice managers were surveyed as well as GPs, because preliminary work[5] had indicated that practice managers were likely to be responsible for health and safety and human resources issues as well as having an overview of the primary care team. The different survey methods by which practice managers and GPs were questioned (via the telephone and by post, respectively) were recommended by a multidisciplinary project steering group to extract as much detail as possible about the practices' ways of operating (practice managers), with validation of the answers by corresponding GPs, who were unlikely to spend the time needed for a telephone survey and were therefore sent a postal enquiry.

Method

A sample of 450 practices was drawn from all general practices in England by stratified random sampling, taking account of health region, fundholding status, and number of partners. Sixty-five (14%) of the 450 study practices were single-handed, 27 (6%) were rural, 63 (14%) were of mixed location, 360 (80%) were urban, and 221 (49%) were fundholding.

Prior pilot surveys were carried out in a separate sample of 50 practices to test the validity of the questionnaire and study methods. The two main surveys were undertaken between April and July 1997 — a telephone survey of practice managers in 450 practices and a postal survey of the GPs in the same practices.

Questions were derived from published and unpublished research studies that included focus groups and semi-structured

interviews of GPs and practice staff.

Each study practice was contacted by phone by a market research company to ascertain the name of the practice manager or, if there was no such post-holder, the practice nurse or staff member who was said to be responsible for workplace health. Each practice manager or deputy was telephoned up to 15 times to obtain a telephone interview.

A self-completion questionnaire was sent to the GP in a single-handed practice and to the GP said to lead on workplace health issues in a multipartnership (or to the senior partner if there was no such lead). The questionnaire bore a code number allowing non-responders to be identified and reminded twice by letter and once by telephone.

Both the GP and practice manager responders were identifiable by practice code. This enabled the databases to be merged so that responses by those responders within the same practice could be compared. The extent of agreement between responses from GPs and practice managers was measured by the kappa statistic.[11] A kappa value of zero indicates agreement no better than would be expected by chance. Kappa can range up to 1.0 (perfect agreement).

Results

Telephone interviews were completed in 318 practices with the practice manager, and in 22 practices with other practice staff who assumed responsibility for workplace health issues; total response of 340 (76%). For brevity, all of these responders will be referred to as 'practice managers'. One practice manager refused and the rest of the non-responders were repeatedly unavailable in the fieldwork period. Three hundred and twenty out of 450 GPs (71%) replied to the postal survey. At least one responder replied from 408 out of 450 practices (91% response rate). Both the practice manager and GP responded in 252 (56%) practices. Thirty-five out of 65 (46%) single-handed GPs responded compared with 285 of 385 (74%) GPs working in partnerships.

There were no significant differences between non-responder and responder practice managers or GPs in any practice characteristics (size of practice, location [rural/urban], or fundholding status) except that significantly fewer GP responders were from single-handed practices ($\chi^2 = 10.1$; df = 1; $P = 0.002$).

The effects of work on health

Table 1 shows the reported workplace health policies. Nearly all (91%) practice managers reported that their practices had a policy on staff smoking. Ninety-one per cent of GPs were satisfied that their sharps disposal procedures were always adequately followed. Most responders reported that they had a health and safety policy. Fifty-three per cent of GPs stated that risk assessments had been undertaken in their practices according to Health and Safety legislation. Overall, a fairly similar proportion of practice managers (71%) also reported that risk assessments had been carried out, but there was a considerable lack of agreement at practice level, with a kappa value of 0.27 (95% confidence interval (CI) = 0.16 to 0.38). Ninety-eight (31%) GPs and 197 (58%) practice managers reported that 'no-one' had carried out risk reduction or prevention programmes in their practices. Sixty per cent of practice managers reported having a policy on staff immunizations, although only half of these were written policies. Practice managers also said that no-one was responsible for checking staff immunizations in 24% of practices.

Seventy-seven per cent of GP and 83% of practice manager responders reported that their practices had a system for immediate response if a staff member is threatened by a patient. There was a considerable lack of agreement in the GP and practice manager responses in the 252 practices where both responded (Table 2), with a kappa value of 0.15 (95% CI = 0.02 to 0.29). In a majority of practices where the GP responded 'no', the practice manager responded 'yes' and vice versa.

In an open question, the three most frequent causes of stress for non-GP staff after grouping into 21 categories were 'patient demands' (cited by 57% of GPs), followed by too much work (52%), and 'patient abuse/aggression' (47%) (Table 3). Practice managers gave similar responses to the same question (Table 3) with the top six categories in an identical order of ranking.

Sixty-five per cent of GPs felt that stress had caused mistakes in their practice. Other major effects of stress were arguments and angry outbursts, and poor relationships with patients and between staff. Practice managers gave similar responses, with a very similar ranking (Table 4). About one quarter of responders considered that their practices had a policy for minimizing stress, although those from the same practices tended to disagree about the presence of such a policy (kappa = –0.01, 95% CI = –0.13 to 0.11). One quarter of these (that is, 5% of all practice managers) had written policies, the rest being verbal understandings.

The effects of health on the capacity to work

A small minority (5%) of practice managers stated that, in their practices, pre-employment medical screening was carried out before non-doctor staff were appointed. More than two-thirds (71%) of practice managers reported that their practices had satisfactory policies in place to manage staff sickness. A minority of practices had policies on alcohol or drug misuse at work. Of the 74 practices with such a policy, three-quarters (76%) were in written form.

The employers' involvement in employees' health and workplace health promotion.

Ninety-three per cent of GPs and 92% of practice managers agreed that 'employers should be involved in the health of their employees'. There was a tendency for practice managers to consider that GPs should take lead responsibility for setting practice policies on healthy working and vice versa, in that 19% of practice managers thought that this responsibility should be assumed by the practice manager and 31% by the GP (and 35% by both), whereas 36% of GPs stated that practice managers should lead on this, 22% that GPs should do so, and 25% that both should do so.

According to practice managers, the three most frequent sources of help in reducing stress were counsellors (32%), written materials (34%), and in-house talks (27%). GPs' suggestions for minimizing stress on staff, cited by at least 10% of responders to an open question were: reduce patient throughput (23%), reduce patients' expectations (23%), improve intrapractice communication (23%), increase staff numbers (15%), improve practice organization (14%), upgrade practice premises (10%), and increase resources in general (10%).

The majority of responders (87% of GPs, 91% of practice managers) considered that GPs and practice staff should have the opportunity for independent confidential consultations about their health at work. More than half (54%) of practice managers said that staff were encouraged to register with GPs from other practices.

Discussion

By either not having or not fully implementing a health and safety policy, many practices were not complying with health and safety legislation. In delegating tasks to practice managers, some GPs may have mistakenly delegated the associated responsibili-

Table 1. Responses from practice managers and general practitioners as to the existence of practice policies.

Type of policies		General practitioners (n = 320) (%)	Practice managers (n = 340) (%)
Health and safety policy (GP question)	yes	277 (87)	268 (79)
Monitoring risks and hazards (practice	no	25 (8)	70 (21)
manager question)	don't know	11 (3)	2 (1)
Risk assessments been carried out	yes	170 (53)	241 (71)
	no	58 (18)	89 (26)
	don't know	84 (26)	10 (3)
Personal safety of GPs[a] and practice staff	yes	227 (71)	263 (77)
	no	70 (22)	74 (22)
	don't know	17 (5)	3 (1)
System in place if threat to staff	yes	239 (75)	281 (83)
	no	71 (22)	56 (16)
	don't know	7 (2)	3 (1)
Managing GPs[a] and staff sickness absence	yes	228 (71)	266 (78)
	no	70 (22)	68 (20)
	don't know	15 (5)	6 (2)
Minimizing stress	yes	84 (26)	71 (21)
	no	217 (68)	265 (78)
	don't know	12 (4)	4 (1)
Alcohol and drug misuse	yes	not asked	74 (22)
	no		263 (77)
	don't know		1 (3)
Staff immunization	yes	not asked	205 (60)
	no		131 (39)
	don't know		4 (1)
Staff smoking in practice premises	yes	not asked	309 (91)
	no		28 (8)
	don't know		3 (1)

[a]Questions to GP subjects asked about existence of policies for 'GPs and practice staff'; questions to practice managers asked about practice policies for 'practice staff'. Non-response varied between 0 to 3%.

Table 2. Comparison of responses from general practitioners and practice managers in the same practices as to whether their practices have a system for immediate response if a staff member is threatened (n = 252).

	Number of practice managers responding to the question[a]	Number of GPs responding to the question[a]	
	Yes	No	Total
Yes	163	41	204
No	22	14	36
Total	185	55	240

[a]There were 12 'don't knows' or non-responders.

ties too, and may need to be reminded of their legal obligations as employers. Confusion over exact roles and responsibilities is probably an important factor in the failure of most practices to implement policies effectively.

The policies reported by the majority of practice managers are those that are straightforward and relatively easy to implement, such as no smoking and disposal of sharps. Some of the other workplace health issues concerning psychologically based hazards, such as minimizing stress or alcohol drug/misuse, may be more difficult areas to agree and implement.

Although there was generally good agreement between GPs' and practice managers' responses as a whole, there was little agreement between GPs and practice managers in the same practices. This might be because of the different survey methods (postal and telephone) employed, because of lack of communication within the practice, or because of confusion if policies are verbal understandings and not written down.

Most responders appreciated the need for GPs and staff to have opportunities for independent consultations about their health at work. A greater proportion did so than in previous surveys[7,12] where less than half the GP responders wanted the opportunity for independent confidential consultations, perhaps indicating a change in culture.

A recent report from the Nuffield Trust[13] has endorsed the conclusions of this study that workplace health for NHS staff will be improved by better employment practices; evolving a more supportive and less competitive management culture; and enabling prevention, early detection and treatment of ill health.

It was reassuring to find that GPs, as a whole, appeared to be aware of the causes of stress for the practice staff, at least in as much as they were perceived by practice managers. The sorts of support and resources that were in place to help staff cope with stress, such as counsellors and literature, did not match up with the organizational approaches that responders suggested were needed to minimize and prevent stress. A minority mentioned their own potential capability for improving workplace health and exerting more control over such problem areas as excessive demands from patients. This general attitude of passivity has been noted in previous studies of GPs' stress.[8]

The full report of this study[13] should act as a stimulus for change. The time is ripe for the adoption of a systematic

Table 3. General practitioners' and practice managers' opinions of the three most frequent causes of stress at work for practice staff, ordered by frequency of citation.[a]

	Responders citing cause of stress[a]	
Type of stress (open question)	GPs (n = 320) (%)	Practice managers (n = 340) (%)
Patient demands	183 (57)	214 (63)
Too much work	167 (52)	210 (62)
Patient abuse/aggression	151 (47)	72 (21)
Appointments	69 (22)	72 (21)
GP demands	67 (21)	52 (15)
Poor communication	57 (18)	37 (11)

[a]Responders could cite up to three causes of stress as free speech or text; any more than three were discounted. These responses were grouped under headings and the six most commonly cited are shown in the table. Non-response and don't know varied between 0–3% for each group of responders.

Table 4. General practitioners' and practice managers' opinions of the effects of stress on the practice.

	Responders citing cause of stress	
Effect on the practice (closed question)	GPs (n = 320) (%)	Practice managers (n = 340) (%)
Mistakes	207 (65)	234 (69)
Arguments or angry outbursts	194 (61)	162 (48)
Poor relationships with patients	182 (57)	134 (39)
Poor relationships between staff	175 (55)	151 (44)
Increased staff sickness	110 (34)	75 (22)
Increased staff turnover	83 (26)	57 (17)
Accidents	40 (13)	12 (4)

[b]Non-response and don't know varied between 1–12% for each item of these questions.

approach to minimizing workplace health problems, underpinned by the implementation of appropriate policies and staff training programmes. The HaWNHS project will be taking these findings forward, by making the most of existing resources and coordinating new initiatives and activities.

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