# How's your morale?

## One trainer's former GP registrars discuss their own morale

GPs' lives are commonly regarded as stressful and concern is often expressed about levels of morale in the NHS in general. GPs' morale is typically described as:

> '... *a current concern in the United Kingdom because of difficulties with recruiting and retaining the workforce needed to meet the targets of a primary care led NHS* .[1]

As part of a sabbatical in 2004 I interviewed 19 registrars I had trained in my inner-city practice. During our conversations we talked, inter alia, about morale. While the concept of morale is familiar, and trusts are expected to 'survey staff morale and motivation', measuring it is not a well-defined science. I, therefore, simply asked each doctor to anecdotally describe their own current morale on a scale of 0–10.

The results: Most ex-registrars (age range from early 30s to early 60s) described 'high' current morale (15 suggested 8/10, one 7/10, one 6/10). Only two described 'low' levels (of 3 and 5).

### NEGATIVE INFLUENCES ON MORALE WHAT REDUCES YOUR MORALE?

#### *Partnership stresses*

**Interviewer:** *How low s it been?*

**GP:** *Two or three.*

**Interviewer:** *When?*

**GP:** *In (a difficult) partnership.*

*I ve got trouble from the senior partner so it wavers between 9 and 0 depending on his mood.*

#### *The work—life balance*

*Not being in the right place. I just couldn t get the right balance of work I had personal things going on and I just needed to have a change, I think I was a bit burnt-out.*

#### *Academic hurdles*

*When I recently re-sat my MRCGP my morale was probably 1 out of 10.*

*One is coping with a long-term illness.*

*(It s currently) 6, 7 out of 10, which is pretty good. I ve perhaps got mild depression but it s nothing too serious for me.*

#### *Being abroad may be tough*

*I think it s in part being in a foreign country.*

Both of those who described 'low' morale levels (of 3 and 5) were experiencing career delays; one had had difficulty in completing training and the other was working on past the usual retirement age. (Powerlessness and lack of control have been described as pervasively negative influences on morale.)

*I ve got a horrible feeling come August I won t have a job.*

*I think I should have come home (from overseas) a lot earlier.*

At the time of the interviews (April to July 2004) there was general optimism about increased new contract funding, promised to benefit income and pensions, and GPs were no longer responsible for out-of-hours work:

*The out-of-hours changing, that s taken me up from a 6, probably a 5 or 6 at times, to an 8 or 9, it s made such a fantastic difference the junior partner was on every Friday night.*

Despite national concerns about the morale of the NHS workforce, and the common stereotype of stressed-out or burnt-out GPs, this group, though faced with the launch of an elaborate new contract and the oft-mentioned increasing expectations from patients and society, largely described high current morale.

Huby *et al*[1] found that the complex relationships between workload, personal style, and partnership arrangements were the most important factors influencing GPs' morale; the dynamics between these factors were critical.

In *Counting the Smiles*, the Kings Fund Review[2] suggested that four factors affect morale; the working environment, feeling valued, job satisfaction, and resources and pay.

In this group, mostly comprising a mix of salaried and principal GPs, partnership problems and job insecurity were mainly identified as causes of lowered morale. No-one mentioned finance as a negative or positive factor.

How typical were they? This group had all chosen to train in the inner city, often having experienced unusually challenging incidents and situations before and during their GP training year. Does their high morale reflect unusual individual hardiness and adaptability, and was this resourcefulness even enhanced by having survived such experiences while training? Perhaps Darwin has the last word:

*It is not the fastest or the strongest who survive, it is the most adaptable .*

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**Funding body**

My prolonged study leave was supported with an RCGP scientific foundation grant (SFB 2004/01).

## REFERENCES

1. Huby G, Gerry M, McKinstry B, *et al*. Morale among general practitioners: qualitative study exploring relations between partnership arrangements, personal style, and workload. *BMJ* 2002; **325:** 140.
2. Finlayson B. *Counting the smiles — morale and motivation in the NHS.* London: Kings Fund, 2002.

*Mike Fitzpatrick*

# Straw man

In the world of men's health magazines the stereotypical male is reticent, stoical and haughtily indifferent to exhortations to live a healthy lifestyle and to submit regularly to medical inspection. I wish that a few more like this would turn up at my surgery, in place of the intensely disease-aware and health-obsessed young men currently shuffling through the waiting-room doors.

Indeed I was beginning to think that the hard man who haunts the men's magazines had become extinct, when one turned up recently. Now 75, he had a stroke some years ago, leaving him with a hemiparesis and dysphasia. Although he is confined to a wheelchair, he still insists on coming up to the surgery, assisted by his wife. The effort required for such an outing — for he is always impeccably dressed, with collar and tie and polished shoes — is clearly enormous. When I say that I would be happy to visit him, his wife just says, 'he likes to come'. Yet so unusual has such an outlook become that he now seems to be a visitor from the distant past, if not from another planet.

For today's promoters of men's health, my patient manifests seriously disturbed behaviour. His reluctance to parade his distress indicates denial of his deeper emotional needs and his smart appearance suggests a perfectionist mentality, if not obsessional compulsive disorder. He is clearly in dire need of counselling.

As recently as 10 years ago, males between the ages of 10 and 65 years were rarely seen in general practice. We mostly saw women and children, and old people, who are, of course, predominantly female. Now, men, particularly young men, are frequent attenders (and earnest articles in the medical press suggest methods of persuading adolescents that they too should join the queue).

The men's health magazines often claim that they are following the trail blazed by the women's movement. In fact, in its early radical phase, the women's movement regarded the world of medicine as patriarchal and oppressive and attempted to organise key aspects of women's health care autonomously. However, once the radical moment passed, this movement was rapidly incorporated by the medical establishment: the former samizdat handbook *Our Bodies, Ourselves* is now a mainstream publication and can be found on many GPs' shelves.[1] What started out as a challenge to medical authority over women contributed to the evolution of a more comprehensive system for the medical regulation of women's lives — notably in the spheres of pregnancy and childbirth and in the promotion of screening tests of dubious efficacy such as cervical smears and mammography.

Lacking any radical impulse, the men's health magazines have taken the degraded end product of the women's health movement as their model. Far from challenging medical authority, they urge men to submit themselves to it on a greater scale than ever before. In choosing campaigning issues, advocates of men's health have proceeded by analogy with the feminists: they had cervical smears — we demand prostate examinations; they can do breast self-examination — we can play pocket billiards.

The parallel between screening tests for cervical and prostatic cancer is richly symbolic. Just as the smear test exposes women not merely to the medical gaze, but also to vaginal penetration, so the palpation of the prostate involves digital penetration of the male rectum. The slippery finger may be less impressive than the metal speculum, but it is no less significant as an instrument of symbolic domination. It is striking that long after medical authorities have accepted the uselessness of both breast and testicular self-examination, the popular health magazines continue to promote them. The extent of popular approval of all these techniques — out of all proportion to any value they might have in reducing the impact of cancer — is a potent indicator of modern society's pathological preoccupation with health. When it's time for my old patient to go, he looks me in the eye and shakes hands. As the new man slouches out, in his shabby black and grey, his eyes cast downward, he avoids a handshake or offers a feeble gesture in response. As the hard men die out, the new men have become like stereotypical old women.

## REFERENCES

1. Boston Women's Health Book Collective. *Our bodies, ourselves: a new edition for a new era.* Boston: Boston Women's Health Book Collective, 2005.