Yonder: a diverse selection of primary care relevant research stories from beyond the mainstream biomedical literature

Appraisal, district nurses, problem gambling, and Nora Batty

The annual appraisal system. Annual appraisal and 5-yearly revalidation have become requirements for all GMC-licensed doctors after the Shipman inquiry and have been widely cited as some of the many burdens that are making general practice a stressful and demanding career. In order to more fully understand the professional response to these policies, Cardiff-based researchers recently completed a survey of 998 GPs working in Wales.¹ Around 50% of comments described a positive and altruistic response of reflection and learning to improve service to society. In 35%, comments described a centrally imposed system that was felt to be unnecessarily formal and a waste of effort. In the final 15%, meanwhile, responders expressed resentment that appraisal was insufficiently remunerated relative to the demands it made in terms of personal time, stress, and reduced autonomy. As the bureaucratic burden of other aspects of GP life increases, our personal and professional responses to appraisal may also further evolve in years to come.

District nurses. District nurses (DNs) are a key part of the primary care team and important allies to GPs. However, their survival is being threatened by recruitment and retention challenges similar to those in the UK GP workforce. One way of improving this may be to encourage newly-qualified nurses to consider it as a career, and a Swedish study recently sought to understand the experiences of DN who act as supervisors to undergraduate nursing students.² Data from six focus groups demonstrated that, although participants felt proud to be DNs and were keen to share the holistic approach and ongoing care they can offer, they also felt abandoned by their managers, colleagues, and fellow nurse teachers at the universities. The authors suggest improving social support, and communication between DN supervisors should be a priority at both university and practice level.

Problem gambling. Gambling is considered 'problem gambling' when the behaviour causes harm to the individual, family, or wider community, and it has widely been associated with bipolar disorder through observational studies from North America. Using data from the Bipolar Disorder Research Network, a team of researchers sought to determine the prevalence of problem gambling in bipolar disorder in the UK.³ They found that moderate to severe gambling problems were four times higher in people with bipolar disorder than in the general population, and were associated with type 2 disorder, suicidal ideation, and rapid cycling. In contrast with previous studies showing higher rates of problem gambling in men, there was no gender difference demonstrated in this study. The authors recommend that, as with alcohol and drug misuse, clinicians should routinely assess for problem gambling in all patients with bipolar disorder.

Nora Batty. A Leeds-based research study exploring the impact of footwear, bandaging, and hosiery interventions took its title from an interview with a woman receiving treatment for leg ulcers, who was keen to remove her bandages so that she 'didn't look like Nora Batty', an iconic character in the long-running British comedy series, *Last of the Summer Wine*.⁴ Aside from the eye-catching title, the study includes some noteworthy findings about the considerable impact of foot and leg ulcers on the everyday lives of those affected. The physical and social discomfort of bandaging and other treatments can lead to ambivalence about their effectiveness.

Not being able to dress appropriately was also a key consideration and often limited opportunities to take part in both special occasions and everyday events. The paper concludes that this footwear and bandaging play a role in controlling the boundaries between the private (wounded and potentially socially unacceptable) self and the public representation of self.

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