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

Burnout, musculoskeletal pain, clinical leadership, and the female aging body

Burnout. Doctors have always been affected by work-related stress, exhaustion, and mental health problems. In recent years, though, burnout has become well recognised and politicised, possibly because of the impact it is increasingly having on organisational and corporate outcomes. In a Leeds-based research study, five focus groups were completed with GPs to explore how they perceive burnout and wellbeing to impact on the quality and safety of patient care.¹ The GPs felt that the impact of burnout was likely to be apparent through reducing doctors' abilities to empathise or to display positive attitudes and listening skills, and by increasing the number of inappropriate referrals made. They also felt it could impact patient safety through a variety of mechanisms including reduced cognitive functioning, a lack of headspace, and fatigue. Although this is all pretty obvious to any clinician, the authors hope that it will help to further demonstrate to policymakers that investment in burnout prevention is unquestionably worthwhile.

Musculoskeletal pain. As part of the Study of Work and Pain (SWAP) randomised controlled trial, a vocational advice service was located in three GP intervention practices in Staffordshire for 18 months. GPs were asked to refer patients who were employed but who consulted with musculoskeletal pain and were absent from work for <6 months or who were struggling at work due to pain. In a qualitative study linked to this trial, clinicians and patients from the practice were asked about their experiences of the service.² The key factors determining the perceived effectiveness of the service were the timing of referrals, the perceived lack of patient demand for the service, and role uncertainty experienced by those delivering the vocational rehabilitation (trained physiotherapists). Many patients felt they didn't need the service, often because their issues were self-limiting, or because they already had support mechanisms in place to return to work. Future vocational interventions, the authors suggest, should be implemented in a more targeted way.

Clinical leadership. Integrated care is becoming an important part of healthcare systems all over the world, and few could argue with its ethos. Implementing it, however, is an extremely complex and sometimes even chaotic process, requiring a fundamental redesign of usual primary care. On the basis that leadership is often cited as an important factor, a research team from the Netherlands completed a systematic literature review about the relationship between integrated primary care and clinical leadership.³ Their review found that there is no firm evidence supporting the impact of clinical leadership, with only a small number of mediocre quality studies having ever investigated it. Although it may be intuitive that effective leadership is needed to redesign a system, high quality research is needed to demonstrate what kind of leadership is needed, which professionals should fulfil this leadership role, and how these leaders can be supported.

The female aging body. As the global population ages, there is increasing interest in 'health aging', moving away from disease-based curative models and toward older-person centred care. To date, research on body image has tended to focus on younger females but recent evidence has confirmed that aging women are expressing the same concerns, especially as a result of anti-aging discourses that promote unrealistic body norms. A Canadian research team recently completed a systematic review of empirical studies focused on older women's perspectives of health, body image, and the aging body.⁴ Although health is the primary goal for aging women, there are internal tensions between maintaining one's health and one's appearance, and most women experience age-related appearance concerns. Many women identify aging as a process of moving them away from female body ideals, which society constructs as young, thin, and fit. The authors highlight that it is important for anyone working with older populations to recognise the prevalence of the anti-aging discourse, age-related bias, and ageist stereotypes.

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