

Rural Health and Research Congress #RHRC2019

“You either crumbled or you adapted”

Rural general practitioner resilience

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Introduction

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Introduction

- *Rural general practice is a highly satisfying professional career choice*
- *General practice, in particularly rural general practice, can be stressful and demanding work*
- *Nearly a third of doctors working in rural, remote or Aboriginal health say they are stressed by work hours*



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BACKGROUND



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Background

- *Individuals less affected by workplace stress have been described as resilient*
- *14% of Australian GP registrars at risk of burnout, only 10% have a high resilience score*
- *Doctors and medical students with a high level of resilience may be better able to meet the challenges of medical practice*
- *Strategies have been developed to improve resilience, including teaching mindfulness to medical students as a way to building resilience*
- *However there have been few studies of resilience in the primary care setting and most of this research has focused on primarily on junior doctors*



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Why is this important?

- *Resilience is an important because of its association with retention and quality of care*
- *Resilience has been linked to high compassion, satisfaction, lower levels of burnout and higher tolerance of clinical uncertainty*
- *Building resilience in these health professionals may lower burnout and improve retention*
- *This study focused on experienced GPs who had worked in rural and regional practice*



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Literature Review



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Literature Review

- *Systematic review of online databases PubMed, MEDLINE, JAMA Network, Sage Journals Online and PsycINFO*
- *Key search terms: resilience, physician resilience, mindfulness, mindfulness and burnout, rural GP perspectives, rural doctor perspectives, rural doctor retention*
- *Eligibility Criteria: English, original research and findings or commentary relevant to definition of resilience, mindfulness, physician resilience which were published over the last 30 years and were based on observations of rural U.S., U.K., Canadian, New Zealand or Australian populations.*



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Study Aims & Research Question



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Study Aims

- *Explore strategies, attitudes and characteristics (intrinsic qualities) of resilient GPs in rural general practice*
- *Compare the qualities found in resilient rural GPs with attitudes and effective strategies cultivated through the practice of mindfulness and other resilience building tools as found in the literature*
- *Explore how models of clinical practice could impact resilience of GPs in rural general practice*



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Research Questions

What are the strategies, characteristics and attitudes of resilient rural GPs?

How can they be feasibly translated into GP registrar training and models of clinical practice?

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Methods

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Methodology

- *Qualitative study using a descriptive phenomenological approach*
- *This provides a deeper understanding of rural GPs' perspective on promoting practitioner resilience*



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Data Collection

- *Semi-structured interview guide with face to face interviews*
- *Questions identified from the literature and the Wagnild and Young's 14-item Resilience Scale*
- *GPs asked about perceived level of resilience, recovering from setbacks, dealing with critical incidents*
 - *Strategies and personal attributes that built resilience*
 - *How work environment impacted resilience*



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Data Analysis

- *Using an iterative process, authors read transcripts and identified emerging themes*
- *NVivo 10 was used*
- *A deductive content analysis approach was used for thematic analysis, to test whether the literature on resilience and mindfulness also applied to rural GPs*
- *The CORE-Q reporting guidelines for qualitative studies were used to guide the rigour of the analyses*
- *Thematic saturation was reached after 10 interviews*



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Results & Discussion






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Participants

Pseudonym	Age (years)	Gender	MMM	Local or international graduate
Dr Michael	63	Male	3	Local
Dr Rodger	66	Male	3	Local
Dr Mary	51	Female	3	Local
Dr Veronica	60	Female	5	Local
Dr Peter	62	Male	5	Local
Dr Adam	64	Male	3	International
Dr George	65	Male	5	Local
Dr Michelle	57	Female	3	Local
Dr Anthony	63	Male	5	Local
Dr Elizabeth	52	Female	1	Local






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Results & Discussion

- *GPs definitions of resilience:*
 - *A common perception was that resilience was not the process of how you faced problems*
 - *Instead, resilience was identified as an outcome, it was 'recovery from setbacks'*
 - *Most GPs interviewed saw resilience as something that could be modified 'you design your life to not burn out'*



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Results & Discussion

- *Several GPs suggested that some qualities related to resilience were innate, 'there are personal characteristics and I think a lot of it is genetic'*
- *Research suggests that practitioners who choose rural practice have lower levels of harm avoidance, 'I think GPs who innately have a sense of adventure and a sense of risk are probably more resilient'*
- *One practitioner attributed resilience to being 'generally a happy person, consistent with research around trait mindfulness, or 'having the disposition to be mindful'*



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Results & Discussion

- *Responses in relation resilience, and resilience strategies fell into two areas:*
 - *personal behaviours & self-care strategies*
 - *Environment (creating a supportive environment & supportive models of practice)*



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Factors GPs perceive as supporting resilience

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Personal behaviours & self-care

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- *There was considerable overlap between the qualities described by GPs as important and the increasingly recognised mindfulness techniques*
- **Attitudes of mindfulness**
 - **Acceptance**
 - » *One GP talked about acceptance 'you can't afford to agonise over decisions made'*
 - 'you are dealing with uncertainty all the time,'*
 - **Letting go**
 - » *'You need to be able to stand aside from the crisis'*
 - **Non-judgmental**
 - » *are able to accept your limitation and also the context that you are working in and just get on with it and do what you can.'*



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Personal behaviours & self-care

- **Reflection**

- *The ability to reflect was seen as important 'trying to go through what you experience and trying to break it down and understand'*
- *There was also recognition that this was not always easy, there had to be 'some level of self-awareness,' and a willingness to 'expose your vulnerabilities'*



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Personal behaviours & self-care

- **Self-care techniques**

- *not engaging in self-care, can lead to burn out*
- *looking after individual physical health was seen as imperative:*
 - » *'avoiding tiredness I think is important, I think it's very easy when people are tired to get depressed and flat.'*
 - » *'it's important to put your hand up and say look I've been on call all night...I need rest...just don't try to grin and bear it.'*



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Personal behaviours & self-care

- **Prioritising and limit setting**

- *The ability to say no and limit set is vital in maintaining well-being*
- *The need for regular breaks was seen as essential, but the challenge that the presents for rural practice was also recognised.*
- *'there is only so much you can do in any one consultation, so let's do what we can right now.'*



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Supportive environments and supportive models of practice

- **A supportive environment**

- *One GP talked about 'having good support systems in place,'*
- *While a supportive social network was seen as important, as one GP said 'if you are part of the community it gives you purpose,' it was also seen as having limitations.*
- *it was 'good to have colleagues around, and the opportunity to debrief with, share with and get support from, both at home and at work,'*
- *'I think the training and experience has to kick in*



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Learning resilience on the job

- *GPs developed the skills to cope with stress despite 'no formal training,' 'you evolve as you go on'*
- *There was also the suggestion that you become desensitized, or develop the ability to detach 'the medical course, it in some way dehumanizes you. So you start out on frogs, then cadavers, and then people. And you develop a capacity to set aside your own human emotions/human reactions'*
- *The problem with learning resilience on the job was that 'you either crumbled or you adapted.' There was recognition that learning resilience on the job was not 'a safe thing to do from the patient's perspective'*



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Strengths & Limitations



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Strengths & Limitations

- *Non willing participants may have provided different answers*
- *Combination of purposive and snowballing sampling used for recruitment and may have caused some sampling bias, however the use of a sampling framework ensured participants met a broad range of characteristics*
- *Strength was using a qualitative method to a sensitive issue and provide in-depth views, with the potential to identify strategies and attributes into GP registrar training, of which can be explored in a future qualitative work*



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Conclusion



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Conclusion

- Experienced rural GPs appear to buffer existing resilience with self-developed mindfulness and self-care strategies
- They developed techniques to control both their working environment and their social support system
- Documenting and developing these strategies may make them more readily available to GP training programs
- Personal skill-building for rural GPs is important, but the wider-systemic factors causing adversity need to also be actively reduced or prevented
- We should be promoting opportunities for developing these tools via training and education of GP registrars in anticipation of the challenges they will face in their working lives



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QUESTIONS?





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