



Illawarra Division of General Practice

Health & Wellbeing of Illawarra GPs

A report on the findings of the GP Health & Wellbeing
Survey 2000

A joint project of the:

Illawarra Division of General Practice
and the
Illawarra Institute for Mental Health

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Contents

	Page
Executive Summary.....	1
Acknowledgments.....	2
Method.....	3
Demographics.....	4
Sources Of Pressure At Work.....	5
Psychological Well-being.....	6
Depression & Anxiety	7
Preventative Health Behaviours.....	8
Approaches To Treatment.....	9
GP Help-Seeking Behaviour.....	10
What The Division Is Doing To Enhance GP Well-being.....	11
References.....	12

Illustrations

	Page
Figure 1. Average scores on sources of pressure sub-scales.....	5
Figure 2. Depression & anxiety levels in Illawarra GPs.....	7
Figure 3. Self-reported exercise levels of Illawarra GPs.....	9
Figure 4. Comparison of treatment for minor and chronic health problems...	9
Figure 5. Help-seeking scores for drug & alcohol problems and suicidal thoughts.....	10

Tables

	Page
Table 1. Demographic analysis of the survey sample.....	4
Table 2. GP self-reported psychological well-being.....	6
Table 3. Average scores for depression & anxiety – comparison with other samples.....	7
Table 4. Self-reported health behaviours.....	8

Executive Summary

This survey was undertaken to determine the general wellbeing of general practitioners and identify any health-related needs of general practitioners within the Illawarra. This information will be used to inform the strategic planning process of the Division to better meet the needs of local general practitioners and it is expected that this type of survey will be instrumental in the evaluation of the effectiveness of the Division's activities.

General practitioners were sent a questionnaire that examined sources of pressure they experienced in their work. Levels of psychological well being, specifically symptoms of anxiety and depression were assessed. The survey also looked at the current physical health related preventative behaviours and help seeking behaviours undertaken by general practitioners.

Questionnaires were returned by 136 general practitioners or 61% of GPs working in the Illawarra. Workload and health care regulations were the most frequently identified sources of pressure for general practitioners. The results suggested that practitioners in group rather than solo practices felt less pressure from health care regulations.

Generally, GPs indicated that they were happy with their personal life, viewed their futures as hopeful and promising, felt they had an interesting daily life, and enjoyed the things they did. However, 20% of GPs surveyed felt relaxed and free from tension a little or none of the time. GPs reported levels of anxiety-related symptoms similar to those of available normative samples. However, they had slightly higher levels of depressive symptoms.

In general, Illawarra GPs undertake a range of preventive physical health behaviours, with the majority not smoking and most making a conscious effort to maintain an adequate diet. However, over half of the general practitioners undertook less physical activity than recommended by the National Heart Foundation. While two-thirds of GPs would treat themselves if they had a minor health problem (eg. flu), 50% of GPs would consult their own GP (not themselves) if they had a chronic health problem (eg. high blood pressure).

When asked how likely they would be to seek help for drug and alcohol problems they indicated they were most likely to seek help from a GP, followed by a family member and the NSW Doctor's Health Advisory Service. If GPs were to experience persistent suicidal thoughts they are most likely to seek help from a psychiatrist, followed by a GP and a family member. However, of concern was the finding that on average, general practitioners were unlikely to seek any help for either of these difficulties.

The results of this survey provide the Division with an evidence-based foundation for activities that will support the health and well being of its members. You are encouraged to review this document and send your comments to the CEO of the Division.



Dr John Cheung
Chairman
Illawarra Division of General Practice

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- ❖ Chief investigators, Kristine Smith, Mental Health Program Officer with the Illawarra Division of General Practice, and Tim Coombs, from the Illawarra Institute for Mental Health, University of Wollongong/Illawarra Area Health Service, who worked together on the design, implementation and analysis of the survey,
- ❖ Janette Green, Statistician, Centre for Health Service Development, University of Wollongong,
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- ❖ Andrew Dalley, Chief Executive Officer, Illawarra Division of General Practice,
- ❖ Associate Professor Frank Deane, Director, Illawarra Institute for Mental Health, University of Wollongong,
- ❖ All of the general practitioner members of the Illawarra Division of General Practice, in particular those that responded to the GP Health & Wellbeing Survey.

Method

A questionnaire was mailed to 224 GPs on the Illawarra Division of General Practice database. Non-responders were sent a second questionnaire four weeks later. A total of 138 questionnaires were returned (61%), one was returned but not completed and one was returned because the GP was no longer practising at that address. Therefore, 136 questionnaires were available for analysis.

The questionnaire sent to general practitioners can be divided into **six sections** :

1. **Demographics**, including gender, type of practice, additional duties, years as a general practitioner and years in current practice.
2. **Sources of Pressure at Work**, were identified using a modified version of the Mental Health Professional Staff Stress Scale (Cushway, et al., 1996) making it relevant to General Practitioners. Sources of pressure at work identified by this questionnaire can be broken into 6 sub-scales which include; Home and work conflict, Professional self doubt, Relationships with other health professionals, Health care regulation, Patient-related difficulties and Workload.
3. **Psychological Well-being** looks at the general psychological well-being of GPs and their symptoms of depression and anxiety. This was undertaken using sections of the Mental Health Inventory (MHI) (Stedman, et al., 1997); a questionnaire designed to measure self-reported levels of mental health within the general population. Each item includes a description of a particular symptom or state of mind, and the respondent indicates on a scale the degree to which they have experienced this symptom in the past month. Depression and anxiety sub-scales can be derived from the MHI and there are Australian and American normative data available for comparison.
4. **Preventative Health Behaviours** (Wardle, J. & Steptoe, A., 1991) examines four areas:
 - a) substance use (smoking and alcohol consumption)
 - b) positive health practices (physical exercise)
 - c) diet and eating habits (fibre, coffee drinking, the avoidance of fat and cholesterol, number of meals and snacks, regularity of eating breakfast and dieting)
 - d) preventative health care (regular blood pressure checks)
5. **Approaches to Treatment** relate to whom a general practitioner would consult for minor and chronic physical illnesses.
6. **GP Help-Seeking Behaviours**. These questions were included in an attempt to establish whether GPs would seek help, and who they would most likely seek help from, for alcohol and drug problems or persistent suicidal thoughts.

Ethics approval was obtained from the University of Wollongong, Human Research Ethics Committee.

Demographics

Table 1: Demographic analysis of the survey sample

	n	%
Gender:		
Males	100	73.5
Females	36	26.5
Group or Solo practice: (2 unanswered)		
Solo practitioners	36	26.5
Working in a group of 1-4GPs	70	51.4
Working in a group of >4 GPs	28	20.6
Additional Duties: (4 unanswered)		
None	57	41.9
VMO (Visiting Medical Officer)	27	19.9
Locum	5	3.7
AHMS (After Hours Medical Service)	14	10.3
Other	29	21.3
Years as a General Practitioner:		
<=10 yrs (Group 1)	32	23.5
11-20 yrs (Group 2)	47	34.5
21-30 yrs (Group 3)	39	28.7
>30 yrs (Group 4)	18	13.2
Years in current practice: (3 unanswered)		
<=2 yrs (Group 1)	22	16.2
3-10 yrs (Group 2)	36	26.5
11-20 yrs (Group 3)	38	27.9
> 20 yrs (Group 4)	37	27.3

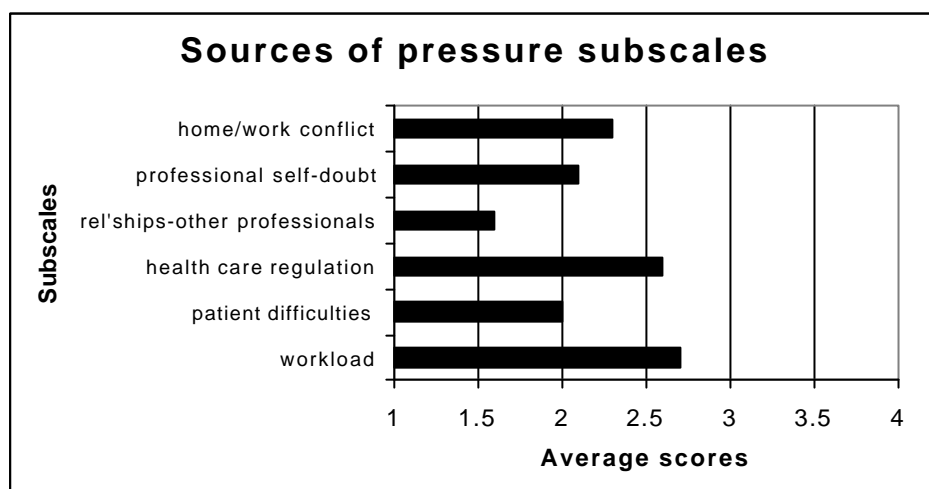
Note: The gender distribution within the Division is 76.6% males and 23.4% females. This survey sample is representative of the gender distribution of GPs in the Illawarra. Additional duties that GPs may undertake include a role with the Division of General Practice, GP training unit, and visiting nursing homes.

Sources Of Pressure At Work

Sources of pressure within the GPs working environment were measured using a modified version of the Mental Health Professional Staff Stress Scale. The original 42-item scale was reduced to include only those items relevant to GPs. This resulted in a 23-item scale that looked at a number of sources of pressure at work. These items can be broken into 6 sub-scales including; Home and work conflict, Professional self doubt, Relationships with other health professionals, Health care regulation, Patient-related difficulties and Workload.

Each item was rated on a scale from 1 - 4, the higher the score the greater the source of pressure individual respondents identified in this area.

Figure 1: Average scores on sources of pressure sub-scales



The greatest sources of pressure for Illawarra GPs were workload issues, such as having too many different things to do, working long hours, and having insufficient time to complete all tasks satisfactorily. Health care regulation issues such as threat of litigation, managing a business and government regulation, were the second greatest source of pressure. As found in other studies practice administration issues were a greater source of pressure than clinical competence (Schattner and Coman, 1998). However, Illawarra GPs also reported conflicts between home and work as a significant source of pressure.

Psychological Well-being

The psychological well being section of the survey asked a number of questions such as, are you happy with your personal life? Does the future look hopeful and promising? Is your daily life full of interesting things? Do you feel relaxed and free of tension? Do you enjoy the things you do?

Table 2: GP self-reported psychological well being

	n	%
<i>Happy with personal life</i>		
Satisfied, very, or extremely happy	88	64.7
Sometimes satisfied, sometimes not	36	26.5
Generally or very dissatisfied	12	8.8
<i>Future looks hopeful and promising</i>		
All, most, or good bit of the time	72	53.3
Some of the time	47	34.8
Almost never or not	16	11.9
<i>Your daily life is full of interesting things</i>		
All, most, or good bit of the time	78	57.8
Some of the time	40	29.6
A little or none of the time	17	12.6
<i>Feel relaxed and free of tension</i>		
All, most, or good bit of the time	52	38.8
Some of the time	55	41.1
A little or none of the time	27	20.1
<i>You enjoy the things you do</i>		
All, most, or good bit of the time	78	57.8
Some of the time	46	34.1
A little or none of the time	11	8.1

The majority (65%) of Illawarra GPs surveyed were happy with their personal life all, most or a good bit if the time. Slightly less (58%) felt their daily life was interesting and enjoyed the things they did. However, 1 in 5 doctors surveyed reported feeling relaxed or free from tension only a little or none of the time. Thirty-eight percent (38%) of GPs felt relaxed most of the time. Almost 12% of respondents rated the future as almost never or not at all hopeful or promising.

Just over half (53%) of those surveyed felt their future was hopeful and promising. However, over a third (34%) indicated they viewed the future as hopeful only “some of the time”. This result is consistent with the 1998 Illawarra Division of General Practice Annual Survey, which found that 36% of GPs felt pessimistic about their future in general practice. Further research is needed to determine the relationship between general levels of hopefulness regarding the future and specific pessimism regarding their future in general practice.

Depression & Anxiety

The Illawarra GP survey, revealed that 9.5% of GPs had high levels of depressive symptomology and 8.8% had high levels of anxiety related symptoms (see Figure 2). Individuals experiencing these levels of symptomology are scoring at levels consistent with people who would seek professional help.

Figure 2: Depression and anxiety levels in Illawarra GPs

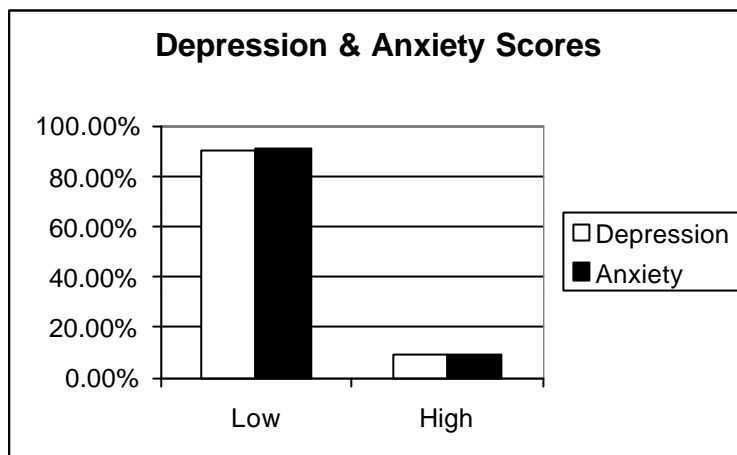


Figure 2 shows the distribution of low and high depression and anxiety scores of all GPs surveyed in this study. It is clear that the majority of GPs are not experiencing symptoms indicative of problematic levels of depression and anxiety.

Table 3: Average scores for Depression & Anxiety – Comparison with other samples

	Illawarra GPs		US general population norms (Stedman et al, 1997)	
	Average score	Standard Deviation	Average score	Standard Deviation
Depression	9.3	3.4	8.0	3.0
Anxiety	20.2	6.8	19.1	6.8

Table 3 is a comparison between the GPs surveyed from the Illawarra and a general population sample from the United States (an Australian sample is unavailable at this stage). The differences between the two samples were not statistically significant for symptoms of anxiety. However, Illawarra GPs reported small but significantly higher levels of symptoms of depression than the US sample ($p < 0.01$).

Preventative Health Behaviours

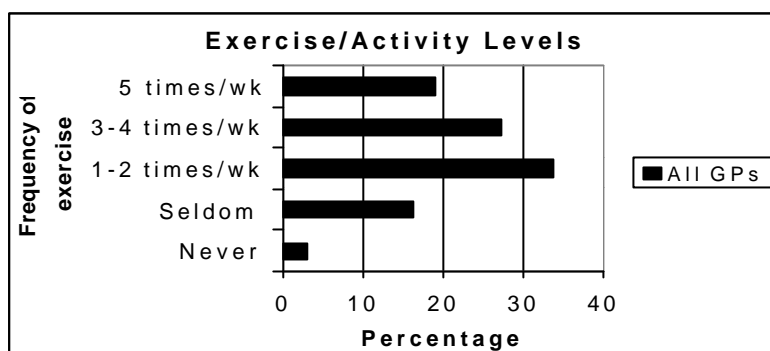
Table 4 provides a summary of the responses to questions about health behaviours. A variety of variables were chosen for inclusion in the survey. They reflect both indicators of a healthy lifestyle and evidence based factors that are involved in disease prevention.

Table 4: Self-reported health behaviours

Health Behaviour	n	%	Health Behaviour	n	%
<i>Smoking</i>			<i>Conscious effort to eat fibre</i>		
Non or/ex-smoker	127	94	Yes	113	83.1
Less than 1 per day	2	1.5	No	19	14
One to 10 per day	3	2.2	Unsure	3	2.2
Greater than 10 per day	3	2.2			
<i>Desire to reduce smoking</i>			<i>Conscious effort to reduce fat and cholesterol</i>		
N/A	126	92.6	Yes	112	82.4
Yes	7	5.1	No	19	16.1
No	2	1.5	Unsure	3	0.7
<i>Alcohol consumption</i>			<i>Coffee consumption</i>		
None	22	16.2	None	24	17.6
Special occasions	26	19.1	Less than one cup per day	36	26.5
Occasional	54	39.7	One-five cups per day	66	48.5
Regular	34	25.1	More than 5 cups per day	10	7.4
<i>Desire to drink less</i>			<i>Eat breakfast</i>		
N/A	63	46.3	Every day	93	68.4
Yes	11	8.1	Almost every day	22	16.2
No	62	45.6	Sometimes	9	6.6
			Rarely	9	6.6
			Never	3	2.2
<i>Drink alcohol in last 14 days</i>			<i>Currently dieting</i>		
N/A	24	17.6	No	111	81.6
Yes	95	69.9	Yes	23	16.9
No	17	12.5			
<i>If yes, number of drinks per day</i>			<i>Number of Meals per day</i>		
Unanswered/None	16	16.8	One	11	8.1
One	33	34.7	Two	35	25.7
Two	30	31.6	Three	89	65.4
Greater than two	16	16.8			
<i>Engage in regular exercise</i>			<i>Number of snacks per day</i>		
Never	4	2.9	None or unanswered	31	22.8
Seldom	22	16.2	One	48	35.3
One-two times per week	46	33.8	Two	34	25
Three-four times per week	37	27.2	More than three	20	16.9
Five times a week	26	19			
			<i>How long since blood pressure measured</i>		
			Unanswered	3	2.2
			Less than 3 months ago	48	35.3
			Between 3 and 12 months ago	68	50
			Between 1 and 2 years ago	7	5.1
			Greater than 2 years	10	7.4

It appears that most of Illawarra GPs surveyed have a generally healthy diet, with the majority of them avoiding fat and eating more fibre. GPs reported eating regular meals, including breakfast, also indicating healthy eating habits.

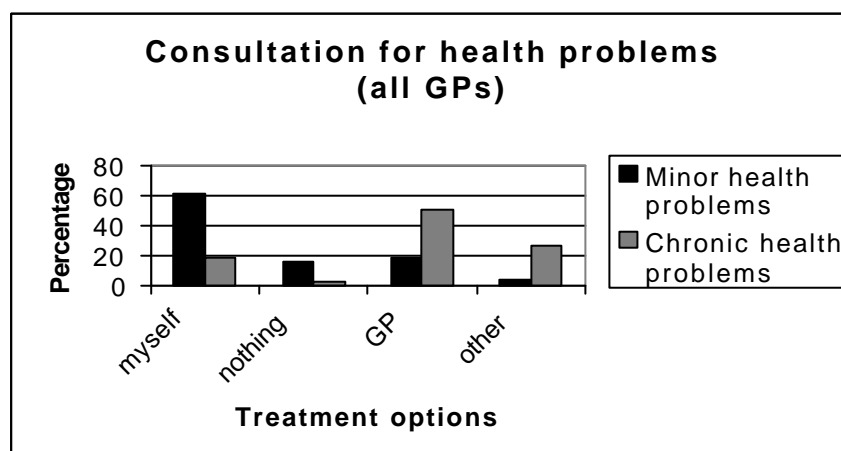
Figure 3: Self-reported exercise levels of Illawarra GPs



The question on exercise was taken directly from the Physical Activity Prescription Pads produced by the National Heart Foundation. These pads were produced so that GPs could prescribe exercise to their patients as part of the consultation process. The results indicate that over 80% of GPs exercised more than once a week, with 46% exercising more than 3 times per week.

Approaches To Treatment

Figure 4: Comparison of treatment for minor and chronic health problems



For minor illnesses 19% of Illawarra GPs indicated they would see their GP and 61% said they would treat themselves. These figures are consistent with findings in the general population, where almost two-thirds of people tend to manage episodes of ill health through self-care (Schattner, 1999). GPs may be placing themselves at risk through this practice if the boundary between minor and major illness becomes blurred. In comparison, over 70% of GPs surveyed would consult a medical practitioner for a chronic health problem, with 21% seeking a specialist consultation for the management of this problem.

GP Help-Seeking Behaviours

GPs are encouraged to have their own GP to consult about physical health issues and, where necessary, to discuss emotional and psychological issues (Lawrence, 1996). The survey found that over fifty percent of doctors in the Illawarra reported recognising the need to consult a medical practitioner for the treatment of chronic physical conditions. The survey also aimed to look at GP help-seeking behaviour in relation to more psychologically related conditions, specifically substance abuse and suicidal ideation.

GPs were asked to rate the likelihood they would seek help for these problems from a variety of sources. Each help source was rated on a scale ranging from 1, “Extremely unlikely” to 7, “Extremely likely” (Deane, Wilson & Ciarrochi, in press). GPs were also asked whether they would not seek any help for substance abuse and suicidal ideation.

The results indicated that it was very unlikely that GPs would not seek any help for these problems. However, when reviewing individual sources of help, help-seeking intentions were on average modest to low.

Figure 5: Help seeking scores for drug & alcohol problems and suicidal thoughts

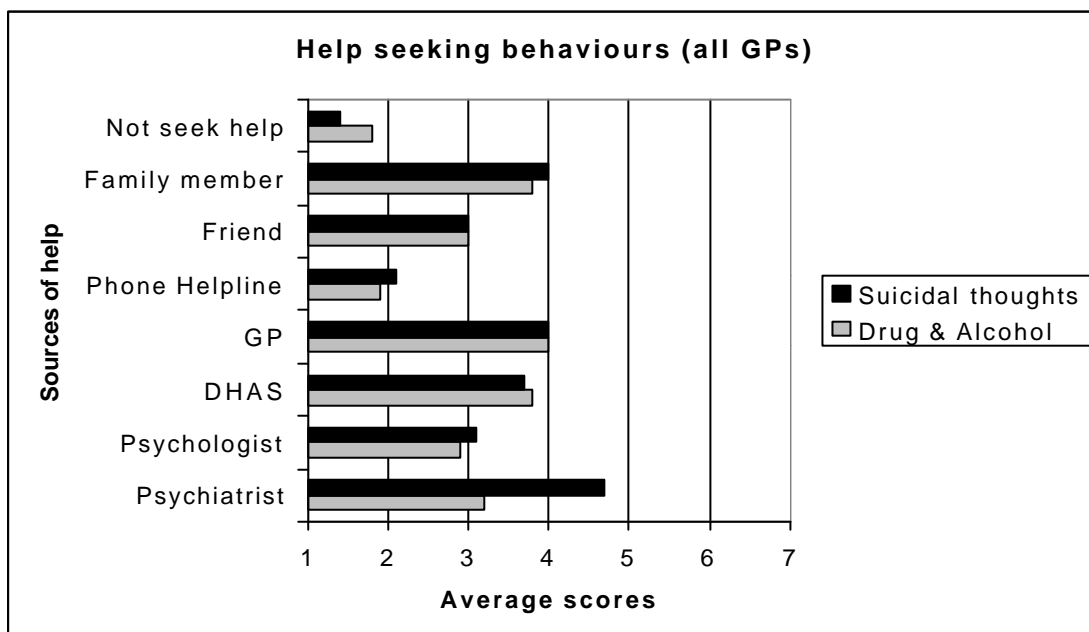


Figure 5 highlights the average scores for GPs on the continuum of help-seeking behaviour. GPs surveyed were least likely to seek help from a Phone Helpline, a Psychologist or Friend and most likely to seek help from a Family member, Psychiatrist or other GP. On closer inspection, the type of problem, whether suicidal thoughts or problems with drugs and alcohol did not seem to have a marked impact on who a GP would approach for help. However, it was notable that GPs were more likely to see a Psychiatrist if they were experiencing persistent suicidal thoughts than if they were experiencing difficulties with drugs and alcohol. For drug and alcohol problems they were more likely to see their own GP or seek help from a family member or the Doctors Health Advisory Service.

What The Division Is Doing To Enhance GP Well-being

The Division of General Practice is committed to ensuring that local general practitioners are supported in the continued delivery of quality care to the residents of the Illawarra. The provision of this type of care can only be provided by a group of healthy practitioners. The results of this survey indicate that in general the medical practitioners of the Illawarra are a group who “practice what they preach” maintaining, even when under pressure, a range of health promoting behaviours. However the Division is aware that a minority of practitioners do identify significant stress in their environment and have symptoms of depression and anxiety at levels where ordinarily people would seek help. These results can be used to inform the range of activities the Division currently undertakes to support the health and wellbeing of General Practitioners within the Illawarra. These include programs such as:

1) GP Mental Health

The goal of this program is to increase GP awareness of the importance of their own mental health status. Some of the strategies include education, promoting the use of GPs by GPs, and encouraging regular check ups for GPs.

2) Practice Management

This program supports GP members to better manage their practice and provide assistance with government regulation issues and changes within the general practice environment, eg. strategic planning, business management, computerisation, amalgamation.

3) Information Management/Information Technology

This program provides support for computerisation of general practice including the provision of help desk, and facilitating e-mail and Internet access for GPs.

Education activities of the Division:

- *You and Your Practice* – a program on balancing self, work and relationships
- GP Professional Development Program –GP support/educational program co-facilitated by a psychiatrist and GP
- GST seminars
- Business Advantage seminars
- Computer training
- Practice Staff training
- Organised and structured CME calendar based on the education needs of GP members

Other areas that the Division could address as a result of the findings of this survey:

- Stress management seminars – relaxation techniques
- Training sessions for doctors who treat doctors as patients and for doctors to be patients
- Mentor Program for interns/junior doctors/FMP trainees
- Peer support group for GPs to liaise with and support GP colleagues
- Encourage GPs to employ practice nurses or delegate administrative tasks to practice staff
- Promote and encourage regular exercise and healthy dietary habits amongst GPs
- Promote and develop positive help-seeking behaviours
- Exploring the possibility of providing support and strengthening resources of GPs’ family members, particularly spouses, since they are considered key sources of help
- There is a need to provide programs aimed at improving the lifestyle of GPs with a focus on balancing work and recreation.

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