The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Burnout: Let's understand it and find solutions

Introduction

Burnout is a complex occupational issue that is often associated with prolonged overwork and a lack of resources. It is an issue of particular concern to the College given the incidence of burnout across its membership. In 2016, 22% of our members rated themselves as burnt out in the College's Workforce survey. In 2020, the figure had increased to 31%. Members reported feeling overwhelmed, with some saying they had lost their empathy for patients, no longer enjoyed their work, and that they could not see how to turn things around. If GP burnout was bad in 2020, how much worse might it be in 2022 given the COVID pandemic, continuing workforce shortages and major structural reforms of the health system?

To try and find out more about the causes of burnout and how it might be addressed, the College decided to facilitate an online 'discussion' with its members using Polis, a digital tool designed to gather open-ended feedback from large groups. By allowing participants to add their own statements about an issue for others to 'vote' on (agree, disagree or pass), it combines qualitative and quantitative methodologies, and is well suited to finding areas of common ground while also identifying differences of opinion.

This report includes sections on the factors that GPs believe are causing burnout, and on how GPs think burnout could be addressed. It also includes an assessment of our novel and, as far as we are aware, unique approach to hosting this 'conversation' with members.

To give you a flavour of what is to come, here are two statements that were highly agreed:

It doesn't really matter what the model is, being expected to do more than is actually possible within it contributes to burnout.	96% agreed

Burnout is a cumulative thing with many small but significant causes. Moral injury is a huge part not just hours of work.	85% agreed

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1. Introduction

On the 17 May 2022, the College invited its members to engage with one another on the issue of General Practitioner burnout using a digital platform called Polis, which is designed to gather open-ended feedback and insight from large groups of people. GPs were asked to focus on the factors that contribute to burnout and ways it could be addressed. Members were able to submit their own ideas and proposals for other participants to consider until 10 June 2022. The Polis closed on 17 June 2022. This report was finalised in October 2022.

1.1 Representative sample

Approximately 12% of the College's membership took part, that is, 598 people voted on (agreed or disagreed with, or passed on) at least one of the 106 statements that were moderated into the 'discussion'. In total, 37,150 votes were cast and 171 people submitted 425 statements. On average, each participant considered and voted on 62 statements.

Participants were broadly representative of the College's membership, including for Māori and/or Pacific identities.

1.2 Approach

Polis inherently focuses attention on major differences of opinion and on areas of common ground. The largely descriptive analysis in this report explores the:

1. Causes of burnout that are most agreed
2. Most agreed ways in which burnout might be addressed.

2. Causes of GP burnout

This section focuses on the most widely agreed causes of burnout. Polis statements have been categorised using Suzi McAlpine's framework. According to McAlpine,[1] burnout is caused by:

1. Prolonged **overwork and lack of resources** to do the job
2. **Lack of control** over the work, how the work is done, or not being able to work from a strength
3. A sense of **isolation** at work including feeling ostracised, microaggressions, bullying and lack of psychological safety
4. A **lack of fairness** including not being heard and inequity in terms of pay or treatment
5. **Insufficent reward** including pay, being cared for and feeling valued
6. **Values mismatches** that requires constant tradeoffs.

2.1. Workload and lack of resources

Primary care workforce shortages

ID	Statement	Support
114	It doesn't really matter what the model is, being expected to do more than is actually possible within it contributes to burnout.	96% agree
10	Shortages of GPs and nurses mean that practising GPs are overburdened	96% agree

Too much administrative and underfunded or under-resourced work

[1] Suzi McAlpine (2021), *Beyond Burnout: How to spot it, stop it and stamp it out*, Random House NZ

ID	Statement	Support
188	To reduce burnout, we need to allocate real time for all the jobs done in a day: inboxes, tasks, phone calls, claiming, emails, portals, CME, service improvement, etc	96% agree
6	The time spent doing patient administration and 'inbox' tasks is a significant factor that contributes to burnout	94% agree

Patient needs, expectations and demands have changed

ID	Statement	Support
22	Managing more and more demanding patients with unrealistic expectations contributes to burnout	96% agree
418	Increasing complexity of every patient contact. The 'quick consults' have gone to other practitioners	92% agree
3	The increasing complexity of patient presentations is a significant factor that contributes to burnout	93% agree

The number of consultations and more decisions in shorter timeframes

ID	Statement	Support
365	Burnout is partly about the large number of clinical decisions one now makes in a shorter time frame	89% agree
5	The number of patient consultations per day is a significant factor that contributes to burnout	84% agree

Lack of capacity of other parts of the health system

ID	Statement	Support
184	Every day brings more responsibilities pushed out to primary care with no extra resources or training	90% agree
282	The difficulty in finding psychologists and mental health services leads to GPs holding a greater level of responsibility and contributes to burnout	88% agree

2.2. Lack of Fairness

The impossibility of delivering what is expected

ID	Statement	Support
184	Every day brings more responsibilities pushed out to primary care with no extra resources or training	90% agree
282	The difficulty in finding psychologists and mental health services leads to GPs holding a greater level of responsibility and contributes to burnout	88% agree

GPs feel undervalued

ID	Statement	Support
12	GPs feel undervalued by the government compared with DHB salaried staff.	91% agree
293	Lack of respect for General Practice by Government, Specialists, DHBs leads to decreased self worth and burnout	87% agree
364	Burnout is a cumulative thing with many small but significant causes. Moral injury is a huge part not just hours of work.	85% agree

2.3. Lack of control

- 93% agree that more complex patient presentations is contributing to burnout
- 86% agree that the 15-minute consultation model is contributing to burnout

- 90% agree that pushing more responsibilities on to primary care without additional resources is unsustainable.

2.4. Values mismatches

Two values mismatches were strongly agreed to contribute to burnout:

- 90% agree that the system requires GPs to trade-off their own well-being against that of their patients
- 92% agree that the system requireds GPs to trade-off the quality of care provided to patients against the financial cost of that care to patients.

2.5. Isolation

86% agree that GPs need strong peer networks for support and to reduce isolation.

2.6. Insufficient reward

Too many core aspects of the job are not remunerated

ID	Statement	Support
207	Afterhours meetings, video conferences, seminars and education sessions eat into downtime and contributes to burnout	86% agree

2.7. Issues with the secondary system causing GP burnout

Issues with the secondary health system appear to be causing GP burnout. Less burnt-out GPs tend:

- To have less difficulty accessing specialist input
- Not to consider that moving patient care from hospitals to the community is contributing to burnout, and
- Not to be concerned about being recognised as specialists.

3. Addressing GP Burnout

The most supported ways proposed by GPs for addressing burnout were:

System and practice changes are needed so all tasks are fairly accounted for in terms of time and pay

ID	Statement	Support
188	To reduce burnout, we need to allocate real time for all the jobs done in a day: inboxes, tasks, phone calls, claiming, emails, portals, CME, service improvement, etc.	96% agree

Self-care and support networks are critical

ID	Statement	Support
216	Good colleagues and a good practice culture help to protect us from burnout	93% agree
269	Self-care needs to be a priority for all of us	95% agree
21	GPs need strong peer networks for support and to reduce isolation	86% agree
61	The peer group meetings are a waste of time	77% disagree

Specialist GPs need to be recognised as specialists and valued according by the health system

ID	Statement	Support
15	Vocationally registered GPs need to be recognised as specialists by the NZ health system	90% agree

147	RNZCGP needs to advocate for us to be recognised as specialists	81% agree

Nurse Practitioners are part of the solution

ID	Statement	Support
369	Nurse practitioners are valuable members of the GP team who supplement but do not replace the expertise that specialist GPs hold	79% agree

A more collaborative health system with the primary and secondary systems working respectfully together to provide care

ID	Statement	Support
379	when we feel part of a team working across primary and secondary care, complex mental health presentations are less stressful	85% agree

- 93% agree that governments need to adress the social determinants of ill-health to reduce demand for health services and reduce burnout
- 92% agree that more GPs need to be trained in New Zealand
- 87% agree that a National Workforce Plan is needed.

4. Emerging issues

The following issues emerged from the burnout findings.

4.1 More support is needed if GPs are to work at 'top of scope'

To help address workload and workforce issues, more nurse practitioners and allied health professionals are working in general practice. An impact of this is that GPs are consulting with many more patients with complex issues. The lack of 'easy consults' – time in which GPs could 'recharge' and 'recover' – is contributing to burnout. More support, including longer consultations, will be needed to enable GPs to work more, and more safely, at 'top of scope'. Moves in this direction will need ensure that continuity of care is not compromised and that the roles of GPs and those in the secondary system are carefully defined.

4.2 Technology fixes to help burnout

While technologies such as patient portals are being promoted as a solution to the administrative overload that is contributing to burnout, the experience with technological solutions to date has been a 'nightmare' for most GPs.
There is evidence that well-functioning telehealth and patient portal technologies may help with GP burnout. However, considerable work with GPs will be needed if technological solutions are to be considered both effective and desirable.

4.3 Burnout is a health and safety issue

84% of Polis participants agreed that "Burnout terminology places the burden on the practitioner. This is a health and safety issue". Given that the World Health Organization has recently recognised burnout as a medical condition,[2] practice managers, practice owners and those responsible for health system policy should be treating it as an occupational issue regulated under the Health and Safety at Work Act 2015. The College should consider what actions it can take to ensure that burnout risk is mitigated and managed in general practice.

[2] See https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/129180281

4.4 Risk guidance

The College could consider issuing some form of risk guidance to raise awareness about burnout as a health and safety issue and to help practice managers and policy makers eliminate or minimise it. Consideration should also be given to building on this burnout work and developing an evidence-based model that could be used to predict and assess GP burnout in the New Zealand context.

4.5 Find out more from the Workforce Survey 2022

Data from the Workforce Survey 2022, which has a much larger sample size and richer and more accurate demographic and practice data, should be analysed to confirm the incidence of burnout and to get a better understanding of the distribution of burnout.

4.6 Getting more value from the College's data

While doing the analysis for the Burnout Polis, it became apparent that there are gaps in the College's member and practice data,[3] and this limited the range of questions that could be interrogated. For future Polis initiatives, decisions will need to be made about whether to collect member and practice data as part of the process or whether to source it from its databases. In making this decision, the College could consider what additional value can be obtained from its data and whether more careful data stewardship is warranted.

4.7 Using Polis again?

There is evidence that members valued participating in the Polis, and that it produced valuable insight and learning. While it is a much more time-intensive process for the host organisation and participants than a traditional survey, it is a tool that should be considered for complex issues of significant concern or strategic importance.

5. Recommendations

Recommendations relating to burnout and for the College are listed below.

5.1 Burnout recommendations

1. While GPs identify that 'prolonged overwork and a lack of resources' is the top causal factor contributing to burnout, a 'lack of fairness' is also a significant issue. Issues to do with a lack of control, values mismatches, isolation, and rewards were also raised but much less frequently. Issues with the secondary health system (e.g., access to specialist input) also appear to be contributing to GP burnout.
2. The most supported ways for addressing burnout were:
    - All tasks need to be fairly accounted for in terms of time and pay
    - Self-care and support networks are critical
    - More focus on the social determinants of ill-health to reduce demand for health services
    - Measures to address the workforce shortages including training more GPs in New Zealand and an National Workforce Plan
    - Positive Government action to address issues and improve the system

[3] For example, 10% of members have no ethnic category assigned and no urban, rural or regional category is assigned for 30% of members.

- Specialist GPs need to be recognised as specialists and valued according by the health system
- A more collaborative health system with the primary and secondary systems working respectfully together to provide care
- Nurse Practitioners are part of the solution.

3. GPs will need more support if they are to work more, and more safely, at 'top of scope'.
4. There is evidence that well-functioning telehealth and patient portal technologies may help with GP burnout. However, considerable work with GPs will be needed if technological solutions are to be considered both effective and desirable.
5. Burnout should be treated as an occupational health and safety issue.

5.2 Recommendations for the College

1. The College uses the findings presented in this report in its advocacy work to influence health policy
2. The College could consider what actions it can take to ensure that burnout risk is mitigated and managed in general practice. This could include issuing some form of risk guidance.
3. Data from the Workforce Survey 2022 should be analysed regarding the incidence, distribution and causes of burnout.
4. The College should consider whether to use survey/data approaches that could be used to identify individual practices or geographical/administrative areas with particularly high or low levels of burnout.
5. The College should consider what additional value can be obtained from its data through improved data stewardship and the use of digital tools (e.g., algorithms, machine learning)
6. The College should consider using Polis to engage members (and other stakeholders as appropriate) for complex issues of significant concern or strategic importance.