

Focus

Self-care offers GPs better and longer lives

Bridget Loughnan is a GP in Christchurch

As a group, there is no demand for GPs to care for ourselves as well as we care for our patients. Because of personal vulnerabilities, the rigours of medical training, and the constant stresses of general practice, we are more susceptible to stress-related illness.

Self-care never more vital

Research has found that the characteristics that lead GPs to take risks with our own self-care are often the same qualities that make us good at our professional work. While individual GPs may be subject to similar stresses, these stresses affect each of us differently.

The health statistics of doctors make sad reading, especially those of GPs. GPs have the highest anxiety levels and mortality rates and the lowest life expectancy of all doctors.¹ The causes of poor psychological health are often the personal vulnerabilities we have before entering medicine, which are reinforced by medical training and aspects of our careers.²

Many studies show doctors use mind-altering drugs and alcohol more than control groups, usually self-prescribed and used to achieve relief from dysphoric feelings.³ This allows doctors to work long hours. Self-prescribing is one of the practices that results from GPs not having their own GP, or not using a GP regularly. A 1998 New Zealand study found that 93.5 per cent of GPs had self-prescribed at some time in their career. Sixty five per cent reported they had self-prescribed in the last year.⁴

These alarming statistics reveal the need to take an urgent look at our life styles, and to recognise how much work incidents can affect and even take over our lives.

The impact of receiving a complaint is profound. Recognised patterns of response are reported in the literature, although there is a paucity of information relating to the New Zealand situation. Under the current structure of the Health and Disability Commission and the Code of Patients' Rights, it is easy for patients to make complaints. The delays that both the doctor and the patient are then subjected to are

inappropriate, and add considerably to the stress.

When doctors have a health problem, the Doctors' Health Advisory Service (DHAS) is available. Many doctors may be unaware of how the service functions or how to reach it. DHAS, however, is the ambulance at the bottom of the cliff. In times of preventative medicine, GPs should create a fence at the top of the cliff and learn self-care, so that the need for services such as DHAS could be reduced.

The RNZCGP has produced a self-care module to promote self-care as an essential element of general practice, and to provide positive examples of how we can recognise our strengths and our vulnerabilities, while embracing our individuality. Never has the need for self-care been greater. Our working environment is ever more demanding. We are buffeted by more rules, paper, demands from our patients, competition within the market sector, changing structures in health management and likelihood of complaints.

Robert T Kiyosaki in his book *Rich Dad, Poor Dad* states that doctors are facing financial challenges he would not wish on his worst enemy: managed health care, government intervention, complaints and insurance companies taking control, to name but a few.⁵ While he may be at the opposite pole of financial and security based thinking from most of us, it nonetheless represents an objective opinion from someone who understands the relative power of professional careers. GPs work harder for less financial reward than our specialist colleagues. Locums are harder to find not just in rural areas but also in major cities. Taking time for rest, recreation and holidays is becoming harder at a time when the need has never been greater.

GPs tend to work individually, even within group practices. While there may be some opportunity to discuss problem patients with colleagues this is more likely through peer groups. These are a relatively new innovation for most GPs, and not all belong to one.

Individuality the flip-side of isolation?

One of our strengths is in the individual nature of our work and our own personal style, which attracts patients to us. Each of us runs our practice in a way that suits our own personality. In order to retain our patients, that individuality differentiates us from our colleagues.

On the other side, this isolation creates lack of support, and we must be aware of this. Forces within our profession are requiring us to be more standardised, not in our personalities, but in our practice of medicine. This may become a dominant factor in our future practice.

The RNZCGP is attempting to create a culture where self-care is accepted and recognised as an essential tool in general practice. It encourages GPs to take positive action towards looking after our own needs, and has provided tools to assess our own level of self-care.

A Canadian study looked at GPs who felt in control of their lives and identified the coping strategies they used.⁶ The two common themes were:

- Maintaining a balanced life as an ongoing process
- Participating in activities outside of work

"The first step to self-care is redesigning the vision of our responsibilities as GPs. Acknowledging the importance of outside activities to our health and to our career longevity, creates the opportunity to regain control in our lives.

Examining our feelings, goals and priorities must be completed before outside activities will be viewed as anything other than obligations and burdens. Participating in and enjoying activities such as exercise, reading or going to a sports event is not achievable until we restructure our lives. Thus, the first step in taking control is not buying the season ticket, but personal exploration."

Wellness for physicians

Much of staying well in general practice is knowing what gives job satisfaction and maximising it. We must understand the stresses and limit their effects on every day life, while constantly aiming to keep a balance between work, home and relaxation.

Much GP satisfaction is due to the freedom, the responsibility and the variety of work. Women GPs have a significantly higher level of job satisfaction than male GPs, and it is suggested this is because women are able to place their family in higher priority than their work.⁸

There is much we can do to protect our health and longevity. The RNZCGP Self-care Pack looks at personality types and helps identify the features of our personalities that render us more susceptible to chronic fatigue and burnout. It makes us reflect on aspects of our lives that may be harmful to our health.

The suggested key elements to leading a balanced life include:

Nutrition A well balanced and regular, adequate diet improves our sense of well being. Lunches on the run, missing breakfast and living on coffee are bad habits.

Exercise Regular physical movement is a requirement of health. Exercise should ideally involve the whole body.

Rest and relaxation Eight hours a day in bed and always having breakfast improves longevity.

Holidays should be taken on a regular basis, and should be of sufficient

length to enable one to unwind and relax.

Integration of thoughts and feelings The facility to express feelings, both positive and negative, helps to release emotional build-up. We all spend a good deal of our working day listening to others' feelings, but our own ones are equally as important. Learning to share with a spouse, partner, peer group, mentor or a councillor, in fact anyone who will listen in a situation of trust and support, helps to unload the pressures and emotional tensions.

Restructuring our lives We have to make changes in our lives so our lifestyle is such that we are able to look after our families, our patients and ourselves. We have to reflect on where we are at, and where we are going.

The end result of self-care is an improvement of mood at work and an increased sense of wellbeing and satisfaction from life in general.

The College Self-care Pack comes in two parts:

1. Theory and research which contains personal contributions from different GPs.
2. A workbook which contains activities to be completed for the areas covered in part 1. These activities are designed to be done over time and to be done either with a partner or spouse, within a peer group, or alone, if preferred.

If we all practised good self-care, DHAS would have to change its role.

References

1. ibid
2. Revel AD. The Psychological Needs of Doctors and their Mental Health, "Physician Heal Thyself" assignment for GENA 803, Masters of General Practice, 1995, p4.
3. Revel A D.
4. Crossen K, Dovey S. p3.
5. Kiyosaki Robert T, "Rich Dad, Poor Dad" 1999.
6. Andrew L, Pollack M, Wellness For Emergency Physicians American College of Emergency Physicians p59.
7. ibid p58.
8. Gerber L A, Married to their Careers, Career and Family Dilemmas in Doctors Lives, London Tavistock Publications, 1983.

9. O'Hagan, Richards J. "In Sickness and In Health, A Handbook for Medical Practitioners, Other Health Professionals, Their Partners and Families, 1997. Doctors Health Advisory Service.