Challenges to wellbeing for General Practice trainee doctors: a qualitative study of their experiences and coping strategies.

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ABSTRACT

Purpose of the study

To identify the challenges to wellbeing experienced by General Practice postgraduate trainees, and to explore how the trainees respond to those challenges.

Study design

Qualitative focus group study with doctors in their final year of General Practice training (n=16). The participants in the study were recruited from one training scheme in South West England. Data were thematically analysed.

Results

Participants reported challenges to wellbeing relating to dysfunctional relationships with colleagues and patients, their workload, a perceived lack of support at work, and also physical environmental challenges. They identified response strategies focused on cognitive processing, physical self-care, focusing on their professional purpose, building supportive relationships, and adapting their working environment where possible. Additionally, there were factors that could support trainee wellbeing, including personal factors such as adaptability and self-awareness, but also external and organisational factors such as culture, supportive colleagues, and organisational adaptability in relation to workload management. The importance to trainees of the idea of being a ‘good doctor’ arose repeatedly in the data, as did the importance of the organisational environment. Participants reported finding their training placements in secondary care environments particularly challenging.

Conclusions

This research highlights the strategies that General Practice trainees use in response to challenges, but also that the responsibility for maintaining wellbeing cannot be borne by individuals alone. This study identifies that supportive approaches by healthcare organisations and educators are vitally important to GP trainees' wellbeing.

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What is already known on the subject:

- Recruitment and retention are currently serious concerns for UK General Practice.
- Workload pressures, morale and poor work-life balance are known to affect doctors' career decisions at the end of general practice training.
- Wellbeing and resilience have become a major focus of attention for medical educators.

Main messages:

- General Practice trainees experience varied challenges to their wellbeing, including relating to their workload, relationships with patients and colleagues, lack of support at work, and their physical environments.
- General practice trainees find secondary care placements particularly challenging to their wellbeing.
- Trainees actively used a range of strategies to support their own wellbeing, including physical self-care, building supportive relationships, and adapting their working practices and environment where possible.
- Supportive organisational cultures and environments are crucial to maintaining general practice trainees' wellbeing.

Current research questions:

- Do wellbeing challenges faced by trainees differ by specialty or setting?
- How can healthcare organisations best support trainee wellbeing?
- What strategies and tools should medical educators use to support trainees' wellbeing?

INTRODUCTION

Medical practice in community settings is becoming ever more intensive and pressurised, with a burgeoning workload for doctors, driven by an ageing population with increasingly complex health needs.[1] Consequently, more health and social needs are being met in community settings by primary care,[2] a trend set to continue in England with the implementation of the *NHS Long Term Plan*.[3] Ensuring high quality, effective primary care provision requires a general practice workforce able to meet these growing demands.[1]

To this end, workforce retention in primary care was highlighted as a priority in the *General Practice Forward View* plan set out by NHS England in partnership with the Royal College of General Practitioners (RCGP) and Health Education England (HEE).[4] However, in recent years, high numbers of existing General Practitioners (GPs) have taken early retirement, [5,6] and the sector has also struggled to meet its recruitment targets, though the numbers entering training in England have now matched or exceeded targets in 2018 and 2019.[7,8] Factors contributing to GPs' decisions to leave practice

have been identified as including growing workload, resultant stress, and low morale.[5,9] Other research has found that many GPs within their first five years of independent practice and postgraduate GP trainees had reservations about continuing their careers in UK primary care,[10] with workload pressures, morale and poor work-life balance during training identified as factors influencing career decisions at the end of GP training.[11,12]

In this context, interest in resilience-focused training has grown as one of a number of potential tools to promote sustainable practice and to help retain doctors within the workforce. ‘Psychological resilience’ refers to the ability to recover from stressful situations by adapting to challenges.[13] There is evidence that resilience may prevent distress, protect against burnout and enable clinicians to continue to function positively in the face of adversity.[14-16] Resilient doctors have been found less likely to have sickness absence, to leave the profession or to be involved in clinical errors.[17,18] In 2014, a General Medical Council (GMC) review called for resilience to become an integral part of the medical curriculum for all doctors,[19] leading to a surge of interest in resilience at all stages of medical training.[13,15,20,21] However, resilience training has not been met with universal approval, and this drive has been challenged by those concerned that a focus on individuals’ capacity to respond resiliently to difficult working conditions risks obscuring, or even excusing, the underlying systemic causes for those difficulties.[22] Moreover, the current resilience agenda also appears underpinned by a ‘deficit model’, in which doctors and medical students are positioned as lacking the skills to respond to challenging conditions.

In contrast, in the study reported here, we sought to embed thinking about resilience and wellbeing in an understanding of the existing skills and approaches to dealing with challenges that doctors already draw upon. Our aim was to develop an evidence base for effective training strategies and for organisational processes that are supportive of doctors' wellbeing, and in doing so to move away from a deficit model of resilience. We focused on doctors at the outset of their careers in primary care, and were motivated to explore further the pressures experienced by those entering the sector, and to consider how they manage difficulties they encounter. In this paper, we ask what challenges to wellbeing GP trainees experience, and how do they respond to such challenges; particularly in ways that maintain or enhance their ability to practice. We also explore factors that support trainees' ability to function sustainably in the face of challenges to wellbeing, considering both personal factors, and external influences. Our findings carry implications for individual practitioners, the organisations that employ them, and medical educators.

METHODS

Data collection

Using focus groups, we collected data from final year GP postgraduate trainees from one training scheme in South West England. Restricting recruitment to a single scheme was both feasible within a small, in-depth qualitative study and also allowed us to recruit participants who shared

experience of the same approach to training as, although there is an RCGP national curriculum, there can be variation in how regional schemes deliver this. These trainees had worked in both primary and secondary care settings, enabling exploration of experiences of wellbeing and resilience in both environments. Information about the study and invitations to participate were sent to trainees via their GP training scheme.

Sixteen trainees were recruited to participate. All participants received an information sheet providing details of the research, and signed a consent form. Participants were split into two equal sized focus groups, both conducted on the same day in November 2016. Each focus group included five female and three male participants. Data on age were not collected. All participants were in their third and final year of GP training (ST3), and were therefore a minimum of four years post medical school exit. All participants had a minimum of 3.5 years full time equivalent (FTE) experience in secondary care and at least 9 months FTE experience of general practice at the point focus groups were conducted. As a consequence of seeking to recruit trainees from a single scheme who had experienced both secondary and primary care placements, the number of eligible participants was limited. Focus groups were facilitated by SA using a guide developed through discussion between the authors. The guide was semi-structured, and included prompt questions designed to explore challenges to wellbeing trainees had faced during their training and the positive psychological responses they had found effective in enabling them to sustain and enjoy clinical practice. Each focus group lasted 1.5 hours, and continued until no new ideas were raised by

participants. The focus groups were digitally recorded and transcribed for analysis.

Data Analysis

Transcripts were uploaded into Nvivo11 data analysis software for coding.[23] Data analysis used an iterative approach focussed on identifying experiences of adversity, and both positive and negative responses to those experiences, including adaptive mechanisms. SA carried out initial coding of the data, using an inductive approach to thematic analysis,[24] identifying codes from the data, and drew these together into broader themes through discussion between the research team. The analytical process included reflection on our interpretative positions and possible assumptions about the data, particularly in relation to team members' own roles and experiences in GP education (SA) and as a postgraduate specialty trainee (JR). Finally, the themes identified were mapped to the three domains addressed by the research questions: challenges faced; response strategies used; and supportive factors identified.

Ethical approval

Ethical approval was granted by the Plymouth University Faculty of Health and Human Sciences Student Ethics Committee.

FINDINGS

Our findings are organised around the three domains referenced by the research questions, with each respective section outlining the main themes, and sub-themes within these. Illustrative extracts from the data are labelled

with an identifier giving numbers for the focus group and the individual participant within it.

Challenges to wellbeing

Within participants' descriptions of the challenges to wellbeing that they had experienced as GP trainees, we identified several themes, as shown in table 1. The main challenges that trainees experienced related to: difficulties when faced with dysfunctional relationships with either colleagues or patients; workload pressures; and a lack of appropriate and accessible support. Trainees also identified physiological challenges of being tired, hungry, and in a state of general physical discomfort.

Table 1: Challenges to wellbeing

Theme	Sub-themes	Examples from data
Dysfunctional Relationship	Patient	"…working in General Practice [...] is such a personal relationship, so you don't want to offend people and the chap [...] had just phoned and said he didn't want to see me again." (1.5)
	Colleague	"I was a new registrar in the practice and had that horrible thing [...] of not wanting to go to someone new and point out that something has not gone well, especially when you are new in a work environment and want to build relationships." (2.4)
Workload	Conflicting priorities at work	"I had finished surgery and had a few bits and pieces to get done and had just about worked out that I could do everything and get to teaching on time and then I had a really anxious patient who would not leave the surgery until she had seen me again. I was feeling quite stressed. I had a plan in my head. I had a mindset that I knew what I was doing and then something threw that mindset entirely. How am I going to manage all this?"(1.2)
	Conflicting priorities with home responsibilities	"If you have got children and [...] you have to be contactable sometimes. That is inevitably stressful and there is no easy way round that."(2.5) "How do I know that I'm being a good doctor and I'm being a good mum".(2.8)
	Workload volume	"I remember being a junior doctor being given three bleeps at the same time. It's miserable." (2.4)

	Control over workload	"You have the ability to control that [work patterns] in GP and yes, you will have the emergencies, but in hospital stuff just comes in. [...] Being in hospital, there is just nothing flexible about it. (2.8) "I have worked part time in secondary care and found it really dissatisfying. I felt like I spent all day trying to catch up with everyone else. I didn't feel like I was a good enough doctor" (2.2) "My friend [in LTFTW in secondary care] feels like she never gets any continuity with the patients, so that whole area which is really important for the job satisfaction has just gone. So she will probably just stop altogether" (2.4)
Lack of support	Not being valued	"In secondary care you are not really a person, you are just this body who turns up and nobody really cares about you". (2.4) "I get quite distressed if I don't feel I have done a good job, if other people don't feel like I have" (2.7)
Physical challenges		"I used to hate the hot smelly ward environment in which there were never enough chairs or computers at which to sit [...] and not being able to hear myself think. I hate all of that." (2.1)

In their comments, several participants framed their experiences in relation to their perceived ability to be a 'good doctor' or to do 'a good job', and reported finding it challenging to be in circumstances where they felt that their ability to meet these expectations was under threat. Having difficulty balancing their work and home lives, or having difficulties balancing multiple priorities within a busy workload, were given as examples in which these trainees had felt concerned that they were not, or may not be able to, perform their work at as a high a level as they would wish to.

In many of the challenges identified by the trainees, there were references to differences between experiences in primary care and secondary care settings. Whilst trainees did experience challenges in primary care, many of the more

negative experiences identified had occurred during secondary care placements. That so many of the comments relating to challenges emphasised the setting in which they occurred highlights the importance of organisational setting in shaping trainees' experiences. Setting was mentioned in relation to various challenges – including workload issues, how valued participants felt, and even issues relating to the physical environment. Managing workload was an especially prominent challenge, and in relation to secondary care in particular, a lack of control over workload was identified repeatedly.

Trainees' responses to challenges

We found that GP trainees already knew about and actively used a variety of strategies to enable them to respond positively to adverse circumstances encountered at work. Participants described using specific strategies for particular challenges, rather than having general strategies to maintain their wellbeing. In addition, there were distinct preferences amongst the trainees for the strategies they employed in common situations. Table 2 illustrates the five main themes in this domain.

Table 2. Strategies used to respond positively to challenges

Theme	Subcategories	Examples from data
Cognitive Processing	Reflecting on & re-framing thoughts	"It was changing my mind set to thinking actually now it's ok, I can go. Just changing perspective and thinking it's ok, it's fine, it's another thing I can do" 1.4
	Bargaining when unhappy in a post	"I knew it wasn't going to last forever" 2.6
		"It was different in hospital. I was just serving my time. I recognise that was a part of my training. You knew it would be hard." 1.1

Physical self-care	Immediate stress reducing activities	"If I'm getting really stressed in a surgery I get up and wash my hands in hot water between patients, even if I haven't touched anyone. I find it really calming, something physical and very sort of methodical"2.2 "Getting up and doing something that uses the other bit of your brain. Left brain, right brain sort of thing between patients." 2.1
	Delayed stress reducing activities	"I had this dreadful thing yesterday, so this morning I was on the range at my golf club hitting golf balls hard and that is good for me" 2.1 "I actually just go home and do some knitting" 2.7
Professional purpose	Appreciation of doctors' role	"…doing the right thing for the patient and the system" 1.4 "…well, you are just doing it for the patients. If, the same as being a GP, you know your patients and you want to do your best for them. It's still hard but the result is that you have helped."1.7
	Altruistic thinking	"It's not all about us and how important we are, we also have to think about running the National Health Service. What is sustainable in that service." 2.3
Seeking supportive relationships	Support from colleagues	"So I felt really stressed about it and so I went to my trainer about it. He was really supportive. He said I see where you are coming from" 2.4
	Building relationships with patients	"With the patient I focused [...] on really hearing his concerns [...]. I felt like he was cross still but he was on-side in the end. We managed to catch up on the relationship" 2.4
Adapting the working environment	Setting boundaries to workload	"[...] knowing how frequently things are spilling over; boundaries" 1.2 "I think one of the really key things is getting a work-life balance." 1.6
	Adapting workload	"I picked up with my trainer how the week was structured [...] and put in some blocked slots in the morning and that made a massive difference" 2.8 "In GP you can come in earlier and chase your admin and arrange your clinics, whereas in hospital [...] there is not much you can do about that" 1.4
Multiple strategies	Reframing, accessing support, adapting.	"I went to have a chat with my trainer, about shared responsibility and how things can be re-organised. It was getting my head around the problem, using other people, talking to people about the problems, finding resources to work around that." 1.2

Strategies employed by trainees in response to challenges included cognitive processing approaches, such as bargaining with themselves when in difficult posts, as well as physical activities. Physical strategies included both immediate activities when at work, such as handwashing between patients, or simply physically moving between consultations, as well as partaking in exercise or other hobbies outside work.

As well as personal strategies, involving only themselves undertaking some individual action or thought process, participants also identified ways in which they sought to make changes by adapting their environments or working with others to make positive changes. Trainees highlighted the importance of seeking support from colleagues when it was needed. Additionally, participants reported seeking support from their GP trainers, for example in order to enable them to work with organisations to adapt their working patterns flexibly. Consciously working to build good relationships with patients through positive communication was also highlighted as an important strategy in addressing challenging encounters.

Factors that support trainees' wellbeing

While trainees were quick to identify the challenges they had faced and the effective strategies used, drawing out the factors that were supportive of their wellbeing more generally required additional exploration in both focus groups.

The data contained information about factors that can be divided between the internal or personal and the external or organisational as shown in table 3.

Table 3: Factors supporting trainees' wellbeing

Theme	Subtheme	Examples from data
Personal or internal factors	Developing self-awareness	"I say know what is important to you. Know what your priorities are and be very real about that" 2.2 "…recognising when your reservoir is getting low and when it is, it's ok to say that and that's not 'not coping'; that's not a sign of weakness, actually it's a sign of strength. That you can say that I'm at that point where my reservoir is low and I need a bit of time to stock it back up again" 2.4
	Personal adaptability	"It was getting my head around the problem, using other people, talking about the problems, finding the resources to work around that" 1.2
	Sense of purpose	"I'm very active at the sport I do outside and I find achievement through that. If I've had a bad week or day at work I'll go and do that and having goals which aren't medicine related [...] is what probably helps" 1.7 "When I see patients and I'm thinking I don't know what's wrong with you, I'm going to think actually this is really interesting and I just approach it with a slightly different attitude which I think helps me." 2.3
	Building self-confidence and clinical competence	"My last trainer spent quite a lot of time with me asking what do I need to know that I'm ok. And […] and how you best get that." 2.8
	Building support networks	"We have a [...] meeting which is absolutely invaluable. If you have had a bad morning; that offloading to someone else and giving a separation to the rest of the day. You can leave it there. It's that

		camaraderie of being in it together and sharing the burden." 2.2 "…get on well with colleagues and have good relations with people that you work with" 2.4
External or organisational factors	Supportive colleagues	"That was a huge difference when I got to GP and [...] o.m.g, somebody actually knows my name and somebody cares about me and somebody is interested in my training and how I progress." 2.6 "One of the best hospital jobs I did, the consultant half way through the ward round takes the whole team [...] to have a coffee [...] and the team dynamics and just so good." 2.6
	Facilitation by supervisors or trainers	"My last trainer spent quite a lot of time with me asking 'what do I need to know that I'm ok.'" 2.8 "We have a [GP trainee teaching] group and it's so nice. We talk about our cases which are challenging and talk about what we would all do." 1.8
	Supportive organisational culture	"I like to have people to bounce things off and I think whatever practice I am in in the future, that is the sort of practice I need to find." 2.8 "I think GP's further on with that and in secondary care they would be looking down if you said you needed time out [...] In GP it's OK to work less than full time." 2.4
	Organisational adaptability	"I went to a different hospital with the same issue, they recognised the issue, thought about how they could re-structure hours, changed it and improved it." 1.3 "You have the ability to control [work patterns] in GP as opposed to in secondary care." 2.8 "In General Practice you have the potential to look at systems and

	review them and work out how to work together [...] and potentially change things for the better.” 1.8

Personal factors identified by participants as helping to maintain their wellbeing took the form of traits and positive habits. These included developing a sense of self-awareness; for example by learning to recognise signs of fatigue or stress, and having a sense of purpose and setting goals, both in and away from work. Furthermore, trainees suggested that it was important for them to work actively to develop supportive networks and positive relationships with colleagues, for example by engaging with available opportunities for debriefing around difficult cases.

Other factors that trainees identified were external to their control. These external factors included, for example, that organisations could facilitate resilience by providing time and space for protected meetings where clinicians are able to engage in the processes outlined above. Participants also felt that support from colleagues was important, as was facilitating and mentoring from trainers and supervisors.

Echoing the way in which the challenges trainees’ experienced were often linked to organisational setting, participants identified ways in which positive and supportive organisational cultures can support trainees’ wellbeing. One specific issue highlighted in both groups was that less than full time working (LTFTW) posts in primary care provided excellent clinical and educational opportunities that were often not accessible to the same degree in secondary

care. Participants emphasised that it is important for organisations to value trainees, to be aware of their needs, and to be able to work with them to make appropriate adaptations to systems in response to these needs.

Discussion

This study has identified challenges experienced by GP trainees and provided insights into the coping strategies that they use to support their own wellbeing. Our findings also contribute to understanding of the wider support structures needed for junior doctors to maintain their wellbeing, especially in terms of organisational cultures. Whilst our study addressed three distinct research questions, some issues arose across these domains, and therefore merit further discussion. The major cross-cutting issues were: the notion of being ‘a good doctor’; and, the importance of organisational setting and culture, and in particular contrasting experiences between primary and secondary care settings.

Trainees’ desire to be a ‘good doctor’ and to do a ‘good job’ arose several times throughout our findings. In describing challenges to their resilience, their existing responses and the factors that help to support these, trainees were concerned with their ability to practice to a high standard, not just to be present at work. The ‘good doctor’ trope features heavily in literature on medical education, professionalism, and standards, though its facets have changed over time [25] and it defies singular definition.[26] Three dominant frameworks for medical professionalism have been identified, based respectively on virtues, behaviour, and professional identity formation, and it

has been suggested that all may offer routes to becoming a ‘good doctor’.[27] Research elsewhere has found that the strength of self-reported positive professional identity is negatively related to personal, patient-related and work-related burnout scores in junior doctors.[28] Participants in this study sometimes experienced challenges to their wellbeing as impeding their ability to be or to become a ‘good doctor’. This perhaps suggests that high expectations, whether emanating from themselves, their workplaces or educational programmes, may be an added source of pressure for trainee doctors.

In addition, participants frequently referred to organisational setting and culture when describing challenges that arose, but also in offering strategies to address these specific issues, and when identifying factors that can support their wellbeing more generally. Trainees often discussed their experiences by contrasting their experiences in secondary care placements with their primary care posts. GP trainees’ negative perceptions of experiences in secondary care may stem, in part, from the fact that these doctors have already chosen not to pursue careers in hospital medicine. However, given that half of each GP trainee’s training is spent in secondary placements, our findings show that experiences in these placements and GP trainees’ perceptions of them, can present challenges to their wellbeing. A perceived lack of support for junior doctors and a lack of control over workload contributed to many of the challenges that trainees reported, and both of these issues were seen more often and felt to be more severe in secondary care settings. This likely reflects different work processes and organisational structures in secondary care,

which may limit the ability to offer flexibility and personalised training with continuity of supportive supervision. Given recent recruitment and retention problems in primary care, [8,14] it is crucial to avoid a situation in which challenging experiences during secondary care placements contribute to GP trainees not completing their training, and therefore not entering general practice. To date, more attention has been focused on other stages of the GP recruitment pipeline [29], but it is important that the experiences GP trainees encounter during their secondary care placements are also considered as a potential source of discontent. On this point, our findings add to those of Spooner et al, whose research on career intentions of new UK GPs found that many felt that hospital placements had done 'little to prepare them for GP work.' [12]

Importantly, our research has identified that the trainees who participated already recognised and actively used a number of approaches for addressing challenges and for maintaining their own wellbeing. However, it also adds weight to the argument that maintaining wellbeing is not something for which the responsibility rests with individuals alone.[30] Our participants repeatedly highlighted the importance of their workplaces and their colleagues for maintaining their wellbeing.

Our findings therefore have implications for individual practitioners, educators, and healthcare organisations employing junior doctors. For trainees, this research highlights the importance of developing and maintaining self-awareness and recognising the need to maintain and enhance wellbeing,

including by developing helpful skills and strategies. For organisations employing junior doctors as part of their workforce, our study shows the importance of valuing and supporting professionals' wellbeing by providing time and space for supportive activities to happen, recognising and responding to workload issues, and by developing workplace cultures within which staff feel valued and supported. Supporting time for group meetings is one practical action that could be taken. Workplaces clearly have an important role to play in fostering a sustainable workforce, and organisations should seek to listen to trainees, to respond to their needs and to enhance job satisfaction. In particular, LTFTW posts could be reviewed and adapted so that these are accessible, respected training pathways, which deliver good educational opportunities and safe effective clinical care. Our participants felt that educationally fulfilling LTFTW options were less accessible to them in secondary care placements than in primary care. Such issues may relate to senior staff in hospital settings prioritising service delivery or the needs of trainees in secondary care specialty training programmes.[12] With increasing numbers of trainees having family and caring commitments, and fewer trainees following linear or direct pathways through to completion of training, prioritising flexibility could help improve job satisfaction and retain trainees in the workforce. For educators, our study suggests that resilience- and wellbeing-focused training initiatives should include a range of tools and strategies as different approaches may work for different trainees at different times.

Whilst this was a small-scale study, conducted in one geographical area, our data yielded rich insights into the range of challenges faced by GP trainees, and importantly into the strategies that they use to respond to such challenges. As GP training is delivered by regional schemes, it may be that trainees' experiences and the challenges to wellbeing that they face may vary in type, frequency, or severity between regions or, indeed, between different General Practices or hospital settings. Moreover, whilst some of our findings relate specifically to GP trainees, restricting our sample only to GP trainees means that we cannot know if some issues occur for other groups of trainees as well. Further research to explore early career retention might usefully include quantitative analyses of retention and completion rates between regions, and further qualitative work to consider whether our findings are consistent across other regions. In addition, work looking across different specialty training schemes would be valuable, and may shed light upon whether GP trainees' perceptions of the challenges of secondary care posts are particularly shaped by their chosen career path or are shared by those destined for careers in hospital posts.

CONCLUSION

In contrast to a 'deficit model' of resilience that suggest that doctors and medical students lack resources to cope with difficult circumstances, this research highlights the valuable qualities and strategies for addressing challenging circumstances that trainee GPs bring to their medical practice. Just as health professionals, clinical educators, and healthcare organisations are responsible for patient safety, they also all share the responsibility for

maintaining trainee doctors' wellbeing and ensuring that they are able to respond positively in the face of the challenges of medical practice in the current climate.

CONTRIBUTORSHIP STATEMENT

SA planned the study in discussion with MB and JR. SA carried out data collection and initial analysis; all authors discussed and further developed the analysis. SA wrote the first draft of this article; all authors contributed to and critically revised subsequent drafts of the manuscript. All authors approved the final version of the manuscript. MB is responsible for the overall content of the article as guarantor.

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COMPETING INTERESTS

Dr Ansell is an Associate Postgraduate Dean with Health Education England South West.

Dr Read is a postgraduate trainee on a GMC approved training programme in geriatric medicine through Health Education England South West.

Dr Bryce has no competing interests to declare.

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