

Don't tell me GPs are human?

MDM recognises the broader issues in GP stress

Why do some GPs become stressed and others don't? First, some GPs work in more stressful environments such as rural areas where there is very little time off. However, even in the similar circumstances, some GPs feel stressed and others do not. Why? Possibly, this has something to do with GPs being human, and therefore showing the same individual differences that all human beings display!

Let us briefly review some characteristics of individual 'stressability' (based on two useful books^{1,2}). Virtually all of these personality characteristics and influences have 'scales' or questionnaires to rate people through scoring systems.

Personality types

- Type A personalities (Friedman and Rosenman, 1974) – these people are competitive, aggressive, hyper-alert, tense and always under pressure (time urgency). These personality types risk becoming restless, intolerant and stressed.
- Hardy personalities (Kobassa and Maddi, 1987) – these people tend to remain more in control, regardless of the stressors in the environment.

Locus of control (Rotter, 1966,1990)

Those at the internal end of the locus of control spectrum believe that they can control a given situation; those at the external end believe that it is out of their control. The latter are less able to cope with stress.

Life events

The occurrence of major life events, eg divorce, losing one's job or death in the family, can be associated with stress.

Daily hassles

Minor daily hassles, eg trouble starting a car, arguments, interruptions, can also be important causes of stress if they accumulate.

Uplifts

Positive experiences, such as enjoying an event, saving some money or meeting friendly people, can buffer the adverse effects of irritating hassles.

Social support

Individuals with social support, eg family and friends, tend to obtain more emotional support to buttress the negative effects of stress.

Coping strategies

These can be either 'problem-focused' in which the person changes their behaviour in relation to a stressful challenge, or 'emotion-focused', in which they might change their attitudes, eg through denial. Coping can be in part a learned skill.

In dealing with stress, it is important to not only recognise its sources in the environment (e.g. the government forcing GPs to spend so much time on paperwork), but also the vulnerability that lies within. Self-awareness, developing control and learning more about coping strategies are some of the ways in which we can reduce our vulnerability to stress.

The MDM GP Well-being Working Group is currently planning a series of presentations by speakers on topics such as time management (July 26th) and life balance. These sessions go beyond dealing with the ongoing stresses of general practice and recognise that some of the problems GPs face originate in simply being human.

1 Rout, U and Rout, J. Stress management for primary health care professionals. Kluwer Academic: London, 2002.

2 Sutherland V and Cooper c. De-stressing doctors. A self-management guide. Butterworth-Heinemann: London, 2003.