

A South Australian initiative is rescuing rural GPs from feeling overwhelmed and suffering burnout.

Slowing down for staying power

A new program is showing promise in keeping stressed GPs at work in the bush. *Kathryn Eccles and Kellie Bisset report.*

IN nearly three decades, Dr Grahame Deane has taken just one decent holiday.

But next year he's planning six weeks off, thanks to a program that's forced him to take a closer look at himself.

"I have no idea what I'm going to do with it yet, but it's booked and I'm looking forward to having the break," says Dr Deane, who, like most rural GPs, is married to the job.

"There's no let-up.

"If I'm not doing general practice, I'm at the local hospital or I'm delivering a baby or I'm doing surgery. It never stops," the NSW GP says.

Dr Deane's story is a familiar one, with many of the 5414 GPs in outback Australia suffering from exhaustion, burnout and depression.

The importance of their well-being was highlighted recently after figures from the South Australian Rural Workforce Agency showed a doctor who took one day off a week was likely to stay in rural practice for five years longer.

The GP workforce shortage – estimated by the Australian Medical Workforce Advisory Committee to be 1300 – has hit rural Australia the hardest. A study published last year

conservatively estimated 30% of rural GPs were at risk of increased psychological distress.¹

The federal government, through its Rural Retention Program, offers payments of up to \$25,000 for long-serving country GPs to stay in the bush.

But dollars have so far failed to solve the burnout problem, and that's where a new component of the Dr.DOC program, called Country Practice Retreat (CPR), comes in.

Under the initiative, run by a team from Adelaide's Flinders University, doctors are taught to reprogram their lives, making small changes that can have potentially significant effects.

"The model we are using in South Australia is a new angle: we are using cognitive behavioural coaching to teach them to manage themselves and the stressful environment they are in," says Maria Gardiner, a clinical psychologist who jointly runs the program.

Her colleague Hugh Kearns, head of staff development and training at the university, says behavioural coaching helps doctors identify illogical thought patterns such as "If I offend this

patient by saying no, the world will cave in".

A total of 75 South Australian rural GPs and 12 from NSW have so far benefited from the retreats, which are held in the city to give doctors a chance to take a break in a nice hotel away from their highly charged environment.

Dr Deane is grateful to have been one of them.

Immediately after the program, he took to the skies in his light aeroplane.

"I decided to take two days off to go and see my daughter in Townsville. I took my wife and

thetics and surgery, and works in accident and emergency in the local hospital.

But he's only just learning that taking care of himself is as important as caring for his patients.

"One thing that really struck me and that I hadn't thought of before was that we are all doctors out there but we have exactly the same problems as our patients," he says.

"We have stresses about managing time, about physical health, about our children, education, about psychological health.



"We are all doctors out there but we have exactly the same problems as patients"

Dr Grahame Deane

"We are not immune to that, and many of us [on the retreat] hadn't realised.

"We are looking after our patients but who's looking after us? I think doctors are the worst in the world at doing that."

While many country GPs face the same issues as Dr Deane, the CPR team thinks it may also have found some answers to

addressing burnout in city GPs, who have their own stresses and are becoming harder and harder for patients to access.

A study conducted by Ms Gardiner and other researchers found a 59% drop in general psychological distress among city GPs who had attended a five-week cognitive behavioural stress management course.²

The weekend program is shorter, but good anecdotal feedback and encouraging early signs from a formal evaluation have led the CPR team to believe it is onto something.

Its program starts on a Friday evening, when a maximum of 12 GPs meet and greet each other. Then the hard work begins.

The first day takes them back to why they got into medicine and how they ended up in rural Australia.

They look at what they like and dislike about their job, what they thought the job would entail and how that differs from what they do now.

"The past behaviour tends to set a precedent for the future, which people often don't see themselves if they are left by themselves," Mr Kearns says.

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Slowing down for staying power

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Once all the problems have been laid on the table, the solutions are then discussed.

"GPs often think of what they want to do but don't think it's achievable.

"But if they made just that one difference to their lives... they would be more sustainable as a rural doctor and more help to their community in the long run."

Solutions have ranged from doctors taking extended leave to just getting home a few hours earlier on one night. Several have changed their habits to allow them to get home before their children's bedtime.

"We help get that GP home at 5.30 pm two nights a week so they can spend a few hours with their kids... and it can make all the difference," Mr Kearns says.

One woman who was new to rural medicine and also had a young family simply wanted one hour to herself so she could do some yoga.

"But she thought it was impossible because she was completely overwhelmed," Ms Gardiner says.

SELF-MOTIVATION

To remind GPs of what goals they have set, they're asked to write a letter during the retreat which is then posted back to them a month later.

It's just one tactic to ensure their aims are sustainable over time.

"The letter often causes a bit of a surprise, but it's a good way to follow up," Mr Kearns says.

He also points out that the program takes into account the role and influence of partners.

"One of the reasons GPs often give for leaving rural practice is for family reasons, so partners are an integral part [of] the success of a rural GP."

"Getting involved with registrars is the most cost-effective thing for this country"

Partners are now included in the first session, where they are given the opportunity to talk about their own background and the frustrations of being the partner of a rural GP.

"One wife said all she wanted was to play a round of golf with her husband once a week," Ms Gardiner says.

"He had no idea, but he now puts aside a few hours a week and they spend some time together."

The team is not just focusing its energies on experienced doctors. It already works extensively with GP registrars studying

with SA's two regional training providers and is moving towards training people in other states.

"Getting involved with registrars is the most cost-effective thing for the country rather than fixing up these broken people at the end," Ms Gardiner says.

The retreats are run through the South Australian Rural Doctors Workforce Agency, and former CEO Leigh Carpenter says they began as a stab in the dark.

There is now a waiting list, despite the fact that they've never been advertised.

Mr Carpenter agrees the retreats are "the Rolls Royce

Doctors under pressure

- An extra 112 rural GPs joined the workforce in 2004, but on average worked three hours a week less
- In general, GPs' hours dropped by four hours a week from 1998 to 2002
- GPs have higher rates of anxiety, depression, addictive behaviour and suicide than the general population
- Female GPs are six times more likely than other women to commit suicide
- More than half (53%) of GPs have high levels of job dissatisfaction and are more likely to abuse drugs and alcohol.

end" of the doctor retention business – each one costs about \$10,000 to run – but they have had funding from state and federal governments.

And the evidence supports

them. The team's most recent study said support programs reduced the number of GPs wanting to leave general practice in the short to medium term by about 30 per cent.³

Dr Deane's experience backs this up. He believes the personal repercussions of the retreat are much greater than a drop in his stress level.

"Rural doctors are real people living in difficult circumstances but doing an admirable job," he says.

"The retreats made me realise there was a need to slow down a bit if I'm going to be here for a lot longer."

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References

1. *Aust J Rural Health* 2005;13: 149-55
2. *Family Practice* 2004;21:545-51
3. *Aust J Rural Health* 2006;14: 196-201

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