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Job dissatisfaction and early retirement: a qualitative study of general practitioners in the Northern Deanery

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Early retirement has become an important labour market trend for workers in professional occupations. General practitioners (GPs), however, are in short supply, and are being encouraged by the government to stay at work beyond the age of 60. In this study, which followed up a questionnaire survey of all general practitioners over 44 working in the Northern Deanery, 21 GPs took part in semi-structured interviews looking at their plans, reasons for, and feelings about, retirement. Interviews were taped, transcribed, and the text coded using themes from the interview schedule and those derived from the data. Findings are reported using a qualitative distinction between 'happy' and 'unhappy' doctors and on this basis just over two-fifths of those interviewed were 'unhappy', all of whom wanted to take early retirement. The major factor influencing these plans to retire was dissatisfaction with their role and none of this group would be persuaded to change their minds by various incentives such as 'golden handcuffs'. 'Happy' doctors who wanted to stay in practice had found ways of accommodating themselves to change and factors outside of work provided no incentive or 'pull'. This was not the case for 'happy' doctors who wanted to leave: they wanted to pursue hobbies and other interests whilst they were young enough to do so. The paper concludes that change is a major factor producing job dissatisfaction among GPs and that future generations of doctors need to be equipped with the means to cope with it, while governments need to consider the merits of stability and continuity.

Key words: early retirement; general practitioners; job dissatisfaction

Introduction

Until comparatively recent times employees have not had the option to voluntarily withdraw from paid employment before reaching the statutory retirement age. Since the 1970s, however, an increasing number of workers have taken 'early retirement' as occupational pension schemes made this a viable financial course of action and as cost cutting organizations offered even more inducements for older workers to leave (e.g., in the form of 'enhancements' to pensions). These trends are reflected in the labour force participation rates of older men: the proportion of males aged 55–59 who were economically active fell from 93% in 1971 to 74% in 1999 (Taylor *et al.*, 2000). Furthermore, the trend towards early retirement is more pronounced in professional occupations: a survey conducted by the Office for National Statistics found that over two thirds of men in professional and white collar occupations retire before state pension age compared with half of men in skilled and unskilled manual occupations (Disney *et al.*, 1997).

In this climate favourable to early retirement,

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general practitioners (GPs) have been caught between competing pressures. While private sector organizations have been supportive of older workers wanting to leave the workforce, the National Health Service (NHS) needs to retain as many GPs as it can. The NHS Plan (Secretary of State for Health, 2000) envisaged a 6% growth (N = 2000) of GPs by 2004. In order to achieve this target the wastage rate (those leaving general practice) would not have to fall below 4%, and the growth rate (those entering general practice) would have to be more than 1.4% per annum. Current estimates, however, indicate that there will only be an extra 628 GPs above the 1999 level by 2004: a shortfall of nearly 1200 (Audit Commission, 2002). It may be that general practice is not as attractive a career for graduating medical students as it once was (Lambert and Goldacre, 2002), or practitioners with twenty plus years experience are increasingly inclined to retire early, or both.

In order to explore the latter possibility all GP principals over 45 years old in the Northern Deanery were surveyed in October 2000 (Luce *et al.*, 2002). The questionnaire was designed to elicit the factors that might or might not encourage doctors to take early retirement or to work on beyond the age of 60. Of the 518 GPs (72.5%) who responded over two thirds had plans to retire and, of these, one third planned to retire before they were 60. The four greatest influences on retirement decisions were all work related (perceived changes in the NHS, excessive administration, and increased patient and clinical demands). The factors least influencing retirement plans were nonwork related (family commitments, childcare, providing care for a relative, and spouses health problems). Women GPs were more likely to plan early retirement than men and were more likely to cite non-work factors as the main reason.

While the survey enabled identification of the main factors influencing retirement plans it could not provide any insights into how the factors interacted in individual cases. Previous studies of retirement decision-making have discussed the need to consider the 'push' and 'pull' factors which influence retirement decisions (Mano-Negrin and Kirschenbaum, 1999; Schultz *et al.*, 1998), and a recent study of early retirement in the civil service (Mein *et al.*, 2000) concluded that because the decision to retire is complex, qualitative methods might provide a more detailed understanding of the

process. Accordingly, the second stage of our study consisted of 21 semi-structured interviews with GPs who had returned the questionnaire survey. The interviews were designed to explore the orientations to work and nonwork which influenced doctors' plans about retirement, to elicit any factors that were 'critical' in the decision to retire and to identify which interventions, if any, might delay retirement. Questions were open ended in order to give GPs the opportunity to articulate their views in a more expansive way. This paper reports and discusses the findings from this stage of the study.

Method

The interview sample was purposefully drawn from seven sub groups of respondents to stage one of the study (the sub groups being based on age, current employment status, job attitudes [as measured by the Attitudes to Work Questionnaire (Firth-Cozens and Hardy, 1992)] and intention to retire early; plus an attempt to ensure representativeness in terms of gender and rural/urban location). Selected GPs (n = 24) were contacted by letter, which included an offer of a gift voucher for participation. They were then telephoned to confirm participation and to arrange a time for the interview. For those (7/24) who were contacted and refused to take part a replacement was drawn and the procedure repeated. In the event 21 GPs participated in the interviews (13 males; 8 females).

Interviews were conducted by the four authors, tape recorded and lasted between 20 and 40 minutes. The interview schedule comprised of open-ended questions with prepared prompts and probes to be used where appropriate. All the interviews, except two (which were carried out by telephone), were face-to-face either at the GPs' home or at work. The main themes covered in the interviews were: plans for retirement, reasons for wishing to retire (or continue working), the role of work and nonwork related factors, whether there had been any 'critical' events influencing decisions, and what might extend working (or delay retirement). Owing to a technical problem one interview did not record and so data were not analysed for one working GP.

The tape-recorded interviews were transcribed

and analysed using the 'Framework' technique (Ritchie and Spencer, 1994; Swallow *et al.*, 2003). Two of us (AL, JN) read the transcripts, making annotations and highlighting general themes. We came together to develop a coding frame which we then used independently on the transcripts. Disagreements about codes were discussed and resolved. Coded text was pasted into 'Excel' tables covering each theme (e.g., reasons to leave general practice (... to stay...), what might extend working, etc.).

Findings

During the conduct of the interviews two matters relevant to the reporting of our findings became clearer than they had been at the outset. The first was that for many doctors 'retirement' from general practice is not clear-cut, i.e., a once-and-for-all transition from work to nonwork. Our sample included GPs who had retired in the sense that they received (i.e., had opted to take) a pension but continued to work (full- or part- time) in general practice as principals. Other 'retired' GPs undertook locums, or work outside general practice such as Criminal Injuries Compensation Appeal Panel Tribunals and DSS Tribunals. Only two interviewees had retired in the 'full' sense of leaving general practice (and the labour market) altogether. For this paper, all those still working as principals (with or without claiming a pension) are the 'working GPs', while the four GPs no longer working as principals (and claiming a pension) are analysed as the 'retired' GPs. The second matter which became evident during the conduct of the interviews was how very dissatisfied some GPs are with their jobs. We were quickly able to distinguish 'happy' from 'unhappy' doctors (Edwards *et al.*, 2002) and did not disagree over any of these assessments: most interviewees were clearly in one category or the other.

In the presentation of findings we use this distinction between 'happy' and 'unhappy' doctors and on this basis seven of the 16 (44%) 'working' GPs were 'unhappy' and all of them were firmly resolved to retire at or before 60. Three (19%) GPs were 'happy' but still wanted to retire at or before 60, and six (37%) GPs were 'happy' and did not want to retire before 60.

GPs who are 'unhappy' and 'firmly' resolved to retire at or before 60

The most frequently mentioned reason for wanting to leave general practice in this group was *change*. For some (See Quotes 1 and 2, Figure 1), this indicated how the role of GP had changed over the course of their career. Other GPs mentioned more specific aspects of the role which had changed such as workload (Quote 3), relations with secondary care (Quote 4), and patients (Quote 5). It was unusual in this group for any particular event or episode to have precipitated a decision to retire: rather, it was as though many of these doctors had become progressively worn down by the period of change, which several of them said had started in 1990 (Quote 6). None of these doctors could see themselves changing their mind about retiring; they planned to leave as soon as they were financially able. For this dissatisfied group no manner of practical incentives or inducements would keep them at work (Quote 7).

GPs who are 'happy' but still want to retire at or before 60

Three of the 20 interviews we analysed fell into this category of being 'happy' with the job but still resolved to retire at or before 60. Each of them presented us with rather different accounts of how and why they had reached this decision so we report here in the form of vignettes (see Figure 2).

This group of doctors, although they all liked their work, found it very demanding. They felt that the job encroached on their lives outside work and that they wanted to enjoy hobbies and other interests whilst they were young enough to do so. For them, there were aspects of the job that were contributing to *pushing* them out, but primarily it was the world outside that was exerting a *pull*.

GPs who are 'happy' and do not want to retire

In analysing the six interviews with doctors who fell into this category we were interested to find out why it was that the pressures and stressors that had so clearly disaffected the 'unhappy' doctors had either bypassed this group or they had coped with these things more effectively. Additionally, we wanted to know why retirement did not have the same appeal as it did to the doctors in the group described in the previous section. Once again we report in the form of vignettes (see Figure 3).

1. *'It's a different job from the one we were trained for'* (GP255;p.1,l.31-2)
2. *'All of the things I used to enjoy most about general practice we have had to delegate because we have so many other things to do – we've got to be accountants, businessmen, employers, and so on'* (GP143;p.6,l.18-20)
3. *'One of the reasons I would retire tomorrow is that GPs are working harder and harder each year that goes by...I am doing more work now than I have ever done'* (GP143;p.2,l.8-12)
4. *'You cannot now ring up a consultant and discuss a patient and get them to deal with the patient because they have no beds. There is a lot of passing the buck back to us'* (GP255;p.3,l.33-35)
5. I: *'Is there any one thing that has influenced your decision about going?*

Dr.: *'Yes, the great demand of the patients and the lack of time...The patients are getting more aggressive'* (GP456;p.4,l.2-3)
6. *'The start of the rot was 1990, when the contract was imposed without consultation'* (GP359;p.3,l.21-2)
7. I: *'What would it take to keep you working: is more money the answer?'*

Dr.: *'No, absolutely not; because all that would happen is the more money you gave me the quicker I would be able to retire'* (GP686;p.4,l.26-30)

Figure 1 GPs who are 'unhappy' and 'firmly' resolved to retire before 60

For these doctors the *pull* of work was very evident as the major influence while the pull from external factors was much less than in the other groups. Aspects of the job which were pushing other doctors towards retirement were positively liked (in the case of doctor 560) or coped with through the cultivation of particular frames of mind (doctors 244 and 166). Factors outside of work provided no great incentive (or pull) to retire. In fact, for two doctors the thought of how the days might be spent in retirement appeared enough to keep them working.

The retired GPs

By selection four of the doctors we interviewed had already retired: three of them four years ago and the other, two years ago. In recalling the period leading up to their retirement it was clear that all of them had wanted to retire. Had these accounts been presented by working doctors we would have categorized them as 'unhappy'.

The reasons they gave for wanting to retire when they did were mostly work related and are similar

to the ones we reported for the 'unhappy' doctors: paperwork, 'demands', loss of control over the job, meetings, 'no time', tiredness, and so on. Unlike the 'unhappy' working GPs, however, partnership issues had precipitated the decision to go in three of the four (the fourth was a single-handed practitioner). For one (See Quote 1, Figure 4), it was a case of being forced (because of expansion of the practice) to work in a smaller room which became a critical event. Another doctor felt pushed out by younger partners over what seemed to be different perspectives regarding the 1990 contract (Quote 2, Figure 4). A similar problem with younger partners had been an issue for Doctor 845 (Quote 3, Figure 4).

When we asked them, none of these four doctors said they could have been persuaded to stay in work as principals any longer and none of them had financial reasons to keep them working. The single-handed GP had taken financial advice to plan for his retirement as soon as the 1990 contract came into existence. All of them had thought about retirement and had positive plans for 'filling the

GP 198 (Female; Aged 57)

This doctor had been working part time for a number of years and intended to retire at 60. She said she loved the job but felt pressured by ancillary tasks (such as signing passports and other types of form) that detract from the 'real' job of being a GP. As a result of what she sees as 'extra' work being part time is beginning to feel like full time: '*as I feel I have to do so much just to keep on top of the jobs that have to be done*' (p.3,1.37-38). When asked whether, if any of the things she dislikes could somehow be altered, she would stay at work any longer she said: '*I think I will have to be honest and say that I would have to retire. You get to a time when you feel you need a bit of space*' (p.4,1.2-4)

GP 693 (Male; Aged 51)

Doctor 693 likes his job and his practice but wants to retire at 55 because '*there is more to life than work*' (p.1,1.21). He enjoys mountain climbing and walking and told us that '*these are things I probably wont be able to do after 60*' (p.4,1.44-46). Initiatives such as the government's 'golden handcuffs' are not appealing: '*Money is important- for my children- but I don't think that any amount of financial incentive would make me stay on*' I: 'Can you think of anything that might?' Dr.: '*No. I enjoy it but feel that I have done my fair share and fair is fair*' (p.5,1.5-10)

GP 692 (Female; Aged 58)

Like doctors 198 and 693 this doctor 'loves the work' but wants to leave in two years time. She is not working full time but still finds the job hard: '*The work is incredibly heavy. On the days when I do work full time I fall asleep in my chair when I get home. I just haven't got the resilience to do it any more*' (p.1,1.27-29). The prospect of life outside work is more attractive: '*Now I can't do anything. I feel so shattered. I could take piano lessons, and I want to get more involved with my peace work*' (p.2,1.33-35)

Figure 2 GPs who are 'happy' but still want to retire at or before 60

day', or pursuing interests, or spending more time with the family. They had all arrived at the point when, for them, it was 'time to go'.

Factors that might extend working or delay retirement

Although the majority of the doctors we interviewed wanted to retire early (or had done so) we asked everyone whether there was anything that would extend (or would have) extended, their time in practice. Apart from yearnings for the NHS to revert to the way it was, there were various suggestions (even from doctors firmly resolved to leave work) for initiatives that would relieve workload pressures (see Figure 5(1) for a sample of these suggestions). The government's proposal to offer a financial incentive to GPs who worked on beyond 60 (the so called 'golden handcuffs' initiative) was the topic for a separate question, and met with

almost universal disapproval (see Figure 5(2) for a sample of replies).

Discussion

The findings from this qualitative analysis of 20 interviews reinforced the findings from our questionnaire survey. Many general practitioners wanted to retire at or before they were 60 and work-related factors were of greater importance than nonwork related factors in influencing decisions both to stay and to leave. A small minority of 'happy' doctors wanted to take early retirement and cited the attractions of a life beyond work, while a few doctors in a group of six who did not want to retire early mentioned feelings of apprehension about life without work. Overall, however, it was dissatisfaction with the job that

GP 244 (Male; Aged 60)

This doctor had taken his pension two years ago and was still working as a full time partner. He enjoyed his job and envisaged working beyond the age of 65 (if his partners agreed). When asked whether he found the job stressful he said: *'I think that medicine is always stressful, but stress, I think comes from within, and I think that if you keep up to date and maintain your confidence it is less stressful'* (p.3,l.11-2). On the amount of change in the NHS he said: *'I think when you sit down and look at the documents that have come out – the National Service Frameworks and the 'must do's' and all that, I don't think that you can really argue with them'* (p.3,l.8-11)

GP 166 (Male; Aged 55)

While several doctors reported enjoying their job this doctor was so attached that he seemed unable to contemplate life without it: *'This practice is my practice. I started it from scratch two years ago. There is nothing I want to leave it for: it will be a huge wrench. This is like another child: it is my baby'* (p.3,l.2-4). 'Change' is either coped with or ignored: *'I've never felt threatened by change...someone has thought there was a reason for them...they may be wrong but you do it and you advise. If you think they are really wrong then you just ignore them and carry on regardless'* (p.3,l.43-46;p.4,l.1-2). 'Retirement' is something one deals with when it comes: *'I've always looked at life in compartments...so this is my working compartment and then I will go on to a retired compartment'* (p.5,l.7-9)

GP 560 (Female; Aged 51)

This doctor also liked the job more than the prospect of retirement: *'I will be very sad to retire...I enjoy it(the job)and in some ways pressure is good and I quite like being under pressure when I am doing surgeries in that I like a steady stream of patients. I think that if I don't have the pressure I'll find it hard to occupy my days other than on the golf course - which I don't really relish to be perfectly honest'* (p.4,l.8-16)

Figure 3 GPs who are 'happy' and do not want to retire

1. I: 'Was there one thing that was critical in your decision to retire?'

Dr.: *'I remember walking down the corridor one afternoon and I had a heap of records to do or something...I was going into someone else's room so I had to take a lot of stuff with me...and I was just thinking that 'this I really don't need.'* It wasn't a crisis...it was just that I was thinking: *'I do have options.'*' (GP823;p.3, l.12-18)

2. *'I worked like a dog for that (the 1990 contract). I had all my protocols and all those lovely clinics – and not useless ones – I didn't get the cooperation from the nurses and the other doctors and I was really frustrated after this'* (GP870;p.2.l.21-27)
3. *'We were OK as a team but it had reached the point where we had young new members who, for their own reasons needed their protected time but hadn't thought through the impact that can have on the rest of the team. You reach a crossroads that says: 'Hang on, I can't mop this up'''* (GP845;p.2,38-41)

Figure 4 The retired GPs

(1) Relieving workload pressures

More doctors

“You need more doctors. I think if you could get more part time doctors then hopefully you won’t get burnout. It would help give a variety because there are a great variety of patients and therefore you need a variety of doctors because not everyone can get on with certain people, and if you had an ideal situation you would have plenty of choice and that way you could probably cater for most peoples’ needs” (GP198;p.2,1.20-24)

Handing paperwork to someone else

‘...if more people could do the insurance reports and not doctors. I think you could actually have a very skilled clerk to do that because you just have to run through their medical history and all the things are recorded – blood pressures – all these things. They could pick those out and put them on reports for people and a medical doctor at the other end can sit and say if he wants more information’ (GP198;p.2,1.35-40)

Opportunities for more flexible working

‘If someone was to say to me you can carry on working but we will do your nights and weekends for you without a significant drop in income that would be worth considering’ (GP143;p.3,1.22-24)

(2) The ‘golden handcuffs’ initiative

‘I don’t think that would make any difference at all. That is not the point. The point is to actually do something about the workload now’ (GP198;p.6,1.35-38)

‘That’s the biggest laugh of all really...because the amount of money they are offering is ridiculous. The actuarial figures show that GPs who retire at 65 die earlier than someone who retires at 60. The government is laughing because they get it all back in reduced pension payments’ (GP143;p.2,1.31-35)

‘What a brilliant insult to my professional integrity. I can be bought, but that is all I’m worth: just a few dollars more’ (GP686;p.3,1.34-36)

Figure 5 (1) suggestions for relieving workload pressures, (2) Sample of responses to the question about the ‘golden handcuffs’ initiative

emerged as the dominant influence on those ‘unhappy’ doctors who had decided to retire.

This malaise has recently been the focus of considerable discussion in medical journals (Edwards, 2002; Sibbald *et al.*, 2003; Smith, 2001) and has been linked to the changing position of general practice as a profession. Our findings support views expressed elsewhere (Smith, 2001) that doctors feel overworked and unsupported through having to cope with countless initiatives, battling

with an over-bureaucratized system, and being at the front end of a service unable to deliver what it promises. This was combined with changing relationships with patients and secondary care, and the gradual feeling of losing control over large parts of the job.

Since stress at work, job dissatisfaction and a desire to retire are highly correlated (Denton *et al.*, 2002; Luce *et al.*, 2002) it is likely that interventions aimed at specific aspects of the role and

at stress management may help decrease early retirement in unhappy GPs. Much will depend on the level at which such interventions are targeted as well as who initiates them. Initiatives targeted at individual GPs, (for example, stress management or mentoring) may be needed alongside practice level changes (such as being more open to accommodating differences in practitioner styles or ways of working, or moving to longer consultation times) for which there is some evidence of effectiveness in reducing doctors' stress (Howie and Porter, 1999; Huby *et al.*, 2002; Williams and Neal, 1998). Any such initiatives may be looked upon more favourably if they emanate from the profession rather than 'government' or the PCTs (who are both seen as external loci of control in the present climate).

For those general practitioners we have described as 'unhappy' any new initiatives, whatever their target and from wherever they come, may well be seen as yet more change. Most doctors we interviewed were trained for and have practiced in a different paradigm to the one which sees the GP as one member of a multidisciplinary team commissioned to deliver national standards of care. As the recent Audit Commission report noted: 'the traditional model of general practice, based on a GP becoming a principal and staying in one practice for most of his or her career, appears to be waning' (Audit Commission, 2002, paragraph 150). Judging by the results of this study, where most of the doctors had had 'traditional' careers, the numbers who have adapted to the changed world of primary care are not so different to those who have not adapted and who are dissatisfied with their jobs. More research is needed into how and why some GPs adapt since doctors in the latter group wanted to leave the practice as soon as they are financially able to do so and have not been persuaded by any of the current initiatives designed to retain their services.

Conclusion

This interview study has confirmed the findings of our earlier survey and other research pointing to job dissatisfaction as a major factor in determining the retirement plans of general practitioners. The study has also identified 'change' as a major reason for feelings of dissatisfaction. Our data suggest that

serious consideration needs to be given to equipping future generations of doctors with the means to adapt to change. Equally governments, intent on reforming the public services, need to consider the merits of stability and continuity, and of encouraging the public to have realistic expectations of their health care system and the professionals who work in it.

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