

Report on the results: **2022 GPSA annual national survey**

This report summarises the perspectives of GPSA members about their wellbeing and selfcare experiences over the past 12 months.

BACKGROUND

- Burnout is caused by chronic workplace stress and typically manifests as physical and emotional exhaustion, disengagement and cynicism, and reduced professional efficacy¹. It is common in healthcare workers, to the point of being normalised² as it reaches crisis point³.
- COVID19 has increased the risk of burnout in Australian doctors as a consequence of unrelenting workplace pressures in an under-resourced Australian healthcare system⁴.
- With junior doctors most at risk of burnout^{3,5}, the sustainability of the Australian healthcare system, as well as the safety and quality of patient care, is under threat.
- GPSA undertook a national survey in 2022 to determine the wellbeing and selfcare practices of members over the past 12 months.
- The data were analysed at the national level and include all GPSA members. Sample size variation across tables is due to survey attrition.



SUMMARY OF FINDINGS

- A total of 319 GPSA members responded to the GPSA national supervisor survey in March-April 2022, with equal representation from males and females.
- Most respondents were GP supervisors (91%), RACGP members (88%), aged between 45-64 years (66%), located in NSW (29%), Victoria (24%) or QLD (22%), and working in community general practice (88%).
- The survey results suggest high levels of satisfaction with RTOs and show that higher levels of satisfaction were associated with lower levels of burnout.
- Over half of the respondents intend to continue GP supervision for the next 5 years, which was unrelated to the location of the main training practice (metro vs rural/regional/remote).
- Almost 10% of respondents had been the victim of workplace bullying and/or harassment in past 12 months, most of whom had not lodged an incident report. Of those who had, most were not satisfied with the way the investigation was handled or communicated to them.
- Almost 1 in every 5 respondents do not have a GP and 2 in every 5 had worked in the past 12 months while physically or mental unwell. Over half of the respondents felt that their selfcare/wellbeing could be better supported in their workplace.
- Over 70% of respondents had high levels of burnout, which was associated with lower levels of engagement in selfcare activities (including professional support, professional development, life balance, cognitive awareness, and daily balance).
- Working while unwell and the belief that selfcare/wellbeing could be better supported in the workplace predicted high levels of burnout. In contrast, GP supervisors who intended to supervise for the next 5 years and were engaged in professional development were much less likely to experience burnout.
- The results suggest a role for GPSA and training practices to support the wellbeing and selfcare of the GP workforce, perhaps through targeted professional development activities which may have a protective benefits.
- These results should be interpreted with caution given <10% of all GPSA members responded to the 2022 annual survey.



Respondents to the GPSA national supervisor survey in March-April 2022:

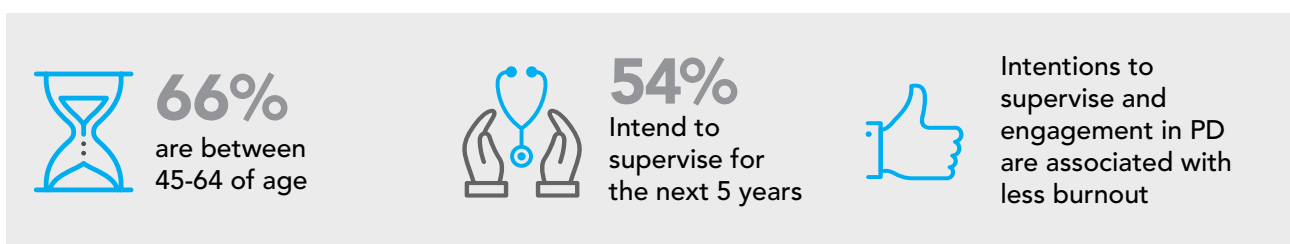
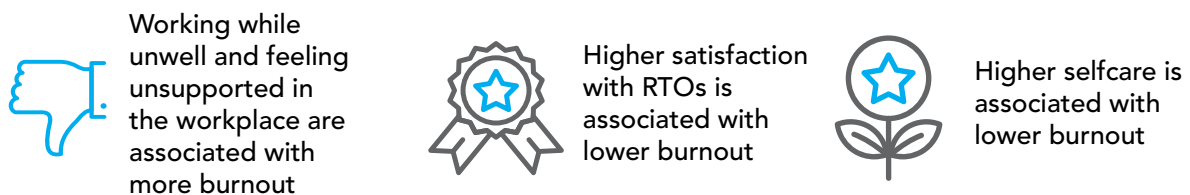
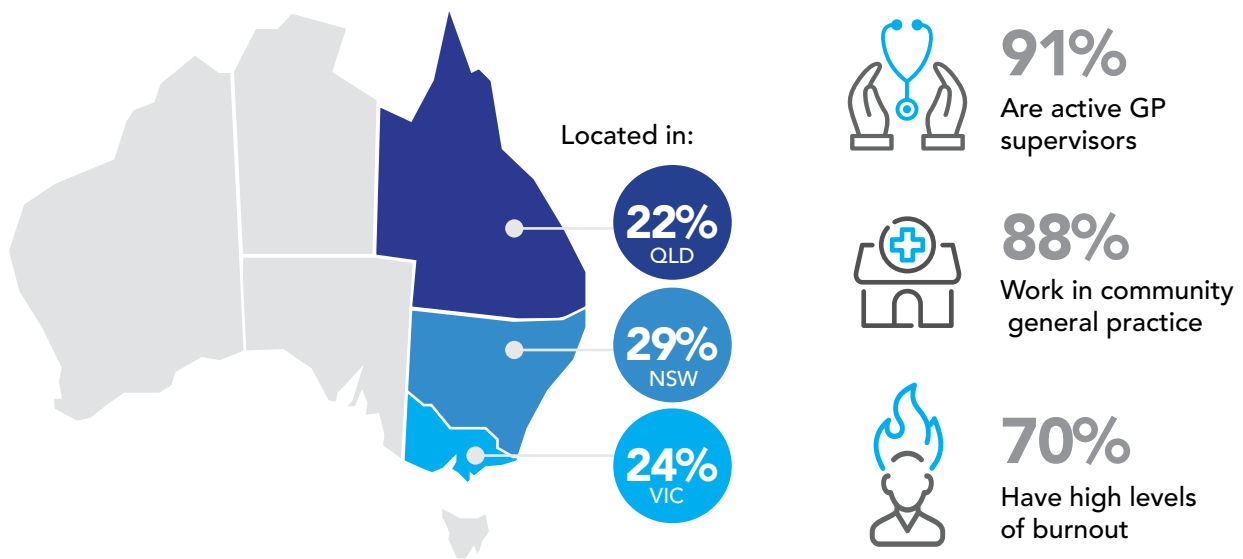
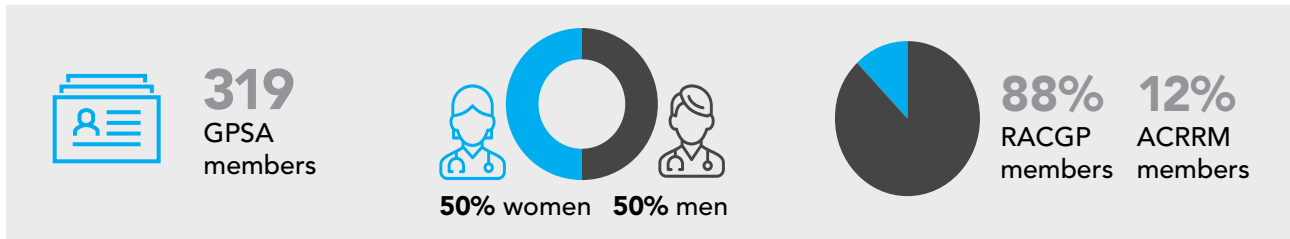


Table 1. Sociodemographic characteristics (N = 319)

Factor	Category	n	%
Age (in years)	< 45	47	15.1
	45-54	88	28.3
	55-64	119	38.3
	65+	55	17.7
	Prefer not to say	2	.6
Gender identity	Female	154	50
	Male	154	50
Sociodemographics (all that apply)	Aboriginal/Torres Strait Islander background	2	.6
	LGBTQIA+ community	9	2.8
	Live with a disability	9	2.8
	Culturally and linguistically diverse	67	21
State/Territory location of main training practice	NSW	89	28.5
	VIC	74	23.7
	QLD	69	22.1
	SA	26	8.3
	WA	21	6.7
	TAS	22	7.1
	NT	6	1.9
	ACT	5	1.9
Region	Metro	135	43.7
	Non-Metro	174	56.3
Description of main training practice	Community general practice	277	87.7
	State-funded health service	10	3.2
	ACCHO	15	4.7
	NA	4	1.3
	Other	10	3.2
Role (all that apply)	GP supervisor	290	90.9
	Medical educator	61	19.1
	GP (Principal, partner or practice owner)	152	47.6
	GP as employee	62	19.4
	Practice Manager	15	4.7
	GP (sole trader/non employee)	61	19.1
	Other	12	3.8
College Membership (all that apply)	RACGP	279	87.5
	ACCRM	57	17.9
	NA	8	2.5
	Other	7	2.2

NB. Region was coded by PHN location (Table 2). Missing data are not represented.

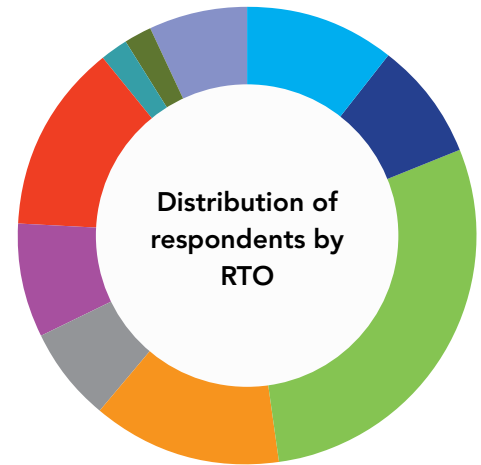
Table 2. PHNs (N = 309) shows the breakdown of respondents by State, Region (metro or regional/rural/remote) and PHN

Factor	Region	PHN	n	%
NSW PHN	Metro	Central & Eastern Sydney	10	3.1
		Nepean Blue Mountains	6	1.9
		Northern Sydney	5	1.6
		South Western Sydney	7	2.2
		Western Sydney	4	1.3
	Rural/Regional/Remote	Hunter, New England & Central Coast	20	6.3
		Murrumbidgee	7	2.2
		North Coast	11	3.4
		South Eastern NSW	12	3.8
		Western NSW	5	1.6
VIC PHN	Metro	Eastern Melbourne	10	3.1
		North Western Melbourne	16	5.0
		South Eastern Melbourne	11	3.4
	Rural/Regional/Remote	Gippsland	12	3.8
		Murray	11	3.4
		Western Victoria	13	4.1
QLD PHN	Metro	Brisbane North	10	3.1
		Brisbane South	11	3.4
		Gold Coast	4	1.3
	Rural/Regional/Remote	Central QLD, Wide Bay, Sunshine Coast	10	3.1
		Darling Downs & West Moreton	15	4.7
		Northern QLD	17	5.3
		Western QLD	2	.6
SA PHN	Metro	Adelaide	11	3.4
	Rural/Regional/Remote	Country SA	15	4.7
WA PHN	Metro	Perth North	7	2.2
		Perth South	7	2.2
	Rural/Regional/Remote	Country Western	7	2.2
TAS PHN	Metro	Tasmania	9	2.9
	Rural/Regional/Remote		13	4.2
NT PHN	Metro	NT	2	0.63
	Rural/Regional/Remote		4	1.27
ACT PHN	Metro	ACT	5	1.9

DISTRIBUTION OF RESPONDENTS BY RTO

Table 3. RTOs (N = 300) shows the breakdown of respondents by RTO.

Regional Training Organisation (RTO)	Location	Count	%
EVGPT	Eastern VIC	32	10.0
GPEX	SA	25	7.8
GP Synergy	NSW and ACT	87	27.3
GPTQ	QLD	40	12.5
GPTT	TAS	20	6.3
JCU GPT	North West QLD	24	7.5
MCCC	VIC	40	12.5
NTGPE	NT	6	1.9
RVTS	Rural Australia	6	1.9
WAGPET	WA	20	6.3

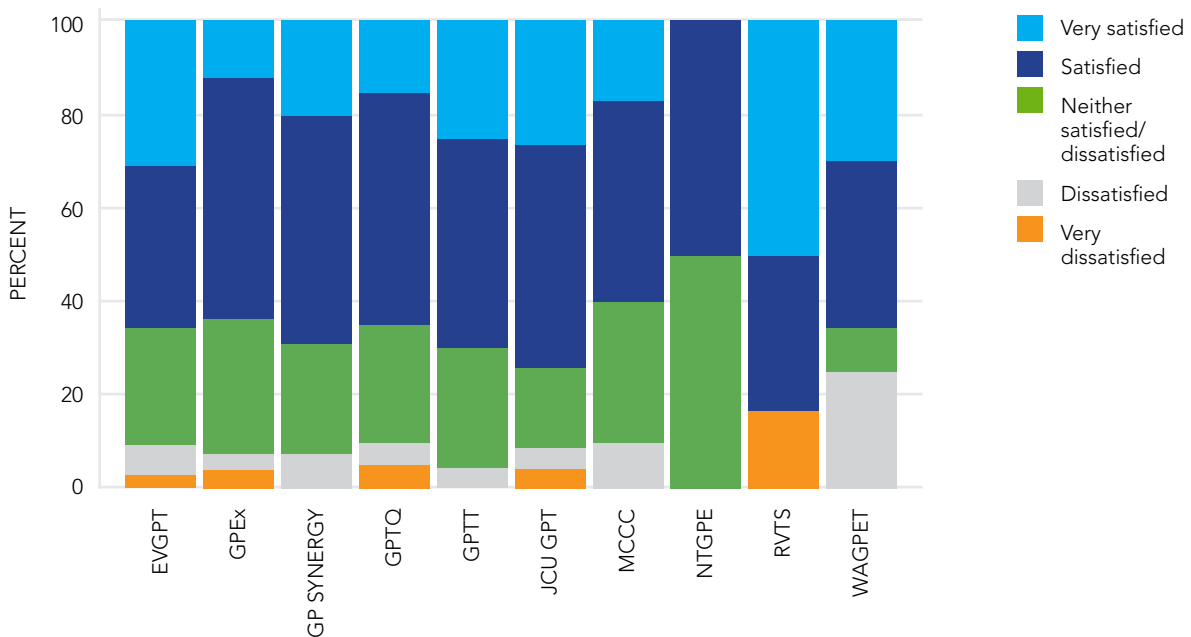


RTO SATISFACTION

Most respondents were satisfied (45%) or very satisfied (21.2%) with their RTO ($M = 3.76 \pm .94$).

Figure 1. Overall RTO Satisfaction

HOW WOULD YOU RATE YOUR OVERALL LEVEL OF SATISFACTION WITH YOUR RTO?

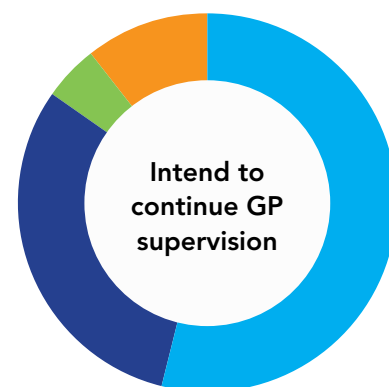


GP SUPERVISION AND EXPERIENCE

Most GPs had between 2-10 GPs working in their main training practice (72.1%), and 2 or more years experience as a GP supervisor (92%) (Table 4). Over 50% intend to continue GP supervision for the next 5 years, 29.5% will stop within the next 5 years, 5% will not supervise in the future and 12% are unsure. There was no association between the location of the main training practice (metro vs rural/regional/remote) and intentions to supervise ($p > .05$).

Table 4. GP Supervision

Factor	Category	Count	%
Number of GPs in main training practice	1	2	.7
	2-5	100	33.2
	6-10	120	39.9
	>11	79	26.2
GP Supervision experience	<2 years	23	8.3
	2-5 years	63	22.8
	6-10 years	62	22.5
	11-20 years	64	23.2
	21+ years	64	23.2
GP Supervision – intentions to continue	For the next 5 years	149	54
	Will stop within the next 5 years	85	30.8
	Not supervising in the future	13	4.7
	Unsure	29	10.5

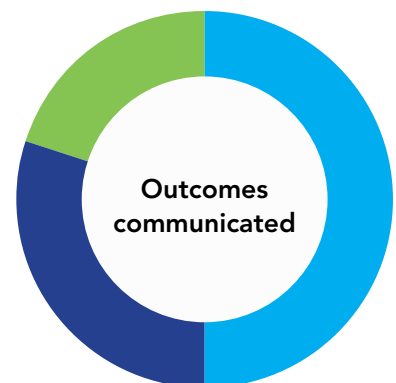
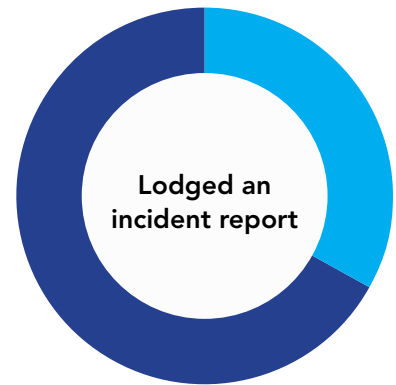
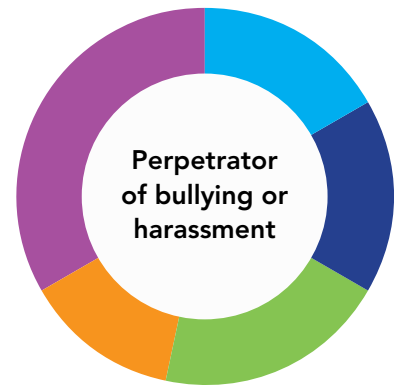


BULLYING AND HARASSMENT

Almost 10% of respondents (n = 30) indicated that they had been the victim of workplace bullying and/or harassment in past 12 months (Table 5). Of those 30 respondents, most had not lodged an incident report (67%) and, of those who had (n = 10), most felt that the investigation was not handled appropriately (60%), and only 50% had the outcomes communicated to them.

Table 5. Bullying and Harassment

Factor	Category	Count	%
Perpetrator	More senior	5	16.7
	More junior	5	16.7
	Same level	6	20
	Registrar being supervised	4	13.3
	Other	11	33.3
Lodged an incident report in the past 12 months	Yes	10	33.3
	No	20	66.7
Investigation handling	Appropriate	2	20
	Not appropriate	6	60
	Other	2	20
Outcomes communicated	Yes	5	50
	No	3	30
	Other	2	20



LEAVE

Almost 20% of respondents do not have a GP and 40% worked in the past 12 months while physically or mentally unwell (Table 6). Over 20% have taken over 4 weeks annual leave in the past 12 months and almost 50% have taken at least some personal/sick leave in the past 12 months (up to 1 week or more). Almost 13% of respondents have taken leave in the past 12 months for mental illness/stress or burnout. Over 50% of respondents felt that their selfcare/wellbeing could be better supported in their workplace. There was no association between the location of the main training practice (metro vs rural/regional/remote) and working while physically or mentally unwell ($p > .05$).

Table 6. Leave

Factor	Category	Count	%
Annual leave (past 12 months)	None	24	8.2
	Up to 1 week	29	10.0
	Up to 2 weeks	58	19.9
	Up to 3 weeks	44	15.1
	Up to 4 weeks	70	24.1
	> 4 weeks	63	21.6
	Other	3	1.0
Unemployment (past 12 months)	No	258	94.5
	Yes	7	2.6
	Other	8	2.9
Personal/sick leave	None	150	51.7
	Up to 1 week	87	30.0
	Up to 2 weeks	24	8.3
	Up to 3 weeks	10	3.4
	Up to 4 weeks	3	1.0
	> 4 weeks	8	2.8
	Other	8	2.8

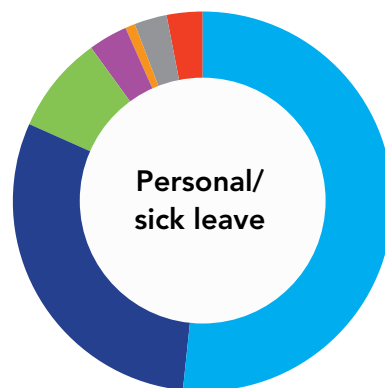
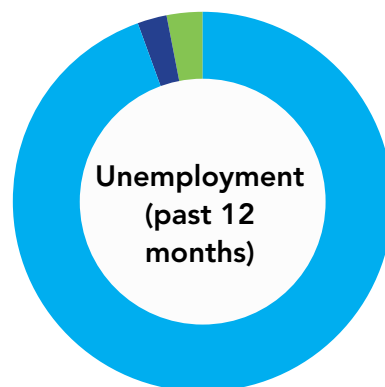
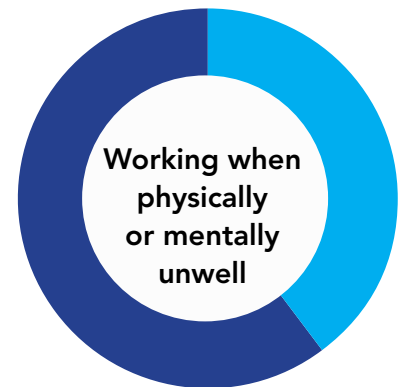
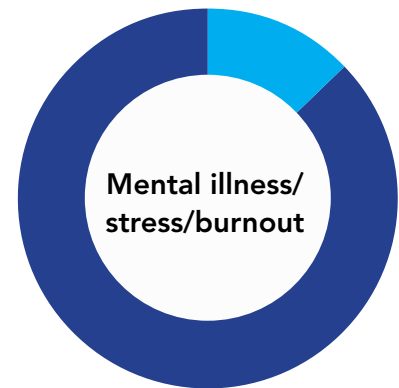


Table 6. Leave (continued)

Factor	Category	Count	%
Mental illness/ stress/burnout	Yes	37	12.8
	No	251	87.2
Working when physically or mentally unwell	Yes	116	39.9
	No	175	60.1
Have a GP	No	56	19.2
	Yes, I see the same GP each time	179	61.5
	Yes, but I see a different GP each time	32	11.0
	Other	24	8.2
Workplace support for selfcare/ wellbeing	Adequate	109	40.8
	Inadequate	149	55.8
	Unsure	9	3.4



BURNOUT

A total of 291 respondents completed the 16-item Oldenburg Burnout Inventory using a 4-point Likert-type scale (1 = strongly agree, 4 = strongly disagree), which comprises two subscales (Disengagement and Exhaustion), where higher scores represent higher levels of burnout.

Over 70% of respondents had high levels of burnout (Table 7).

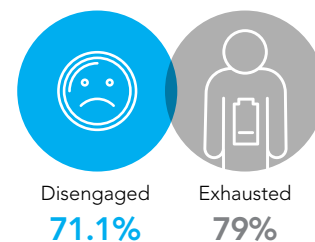
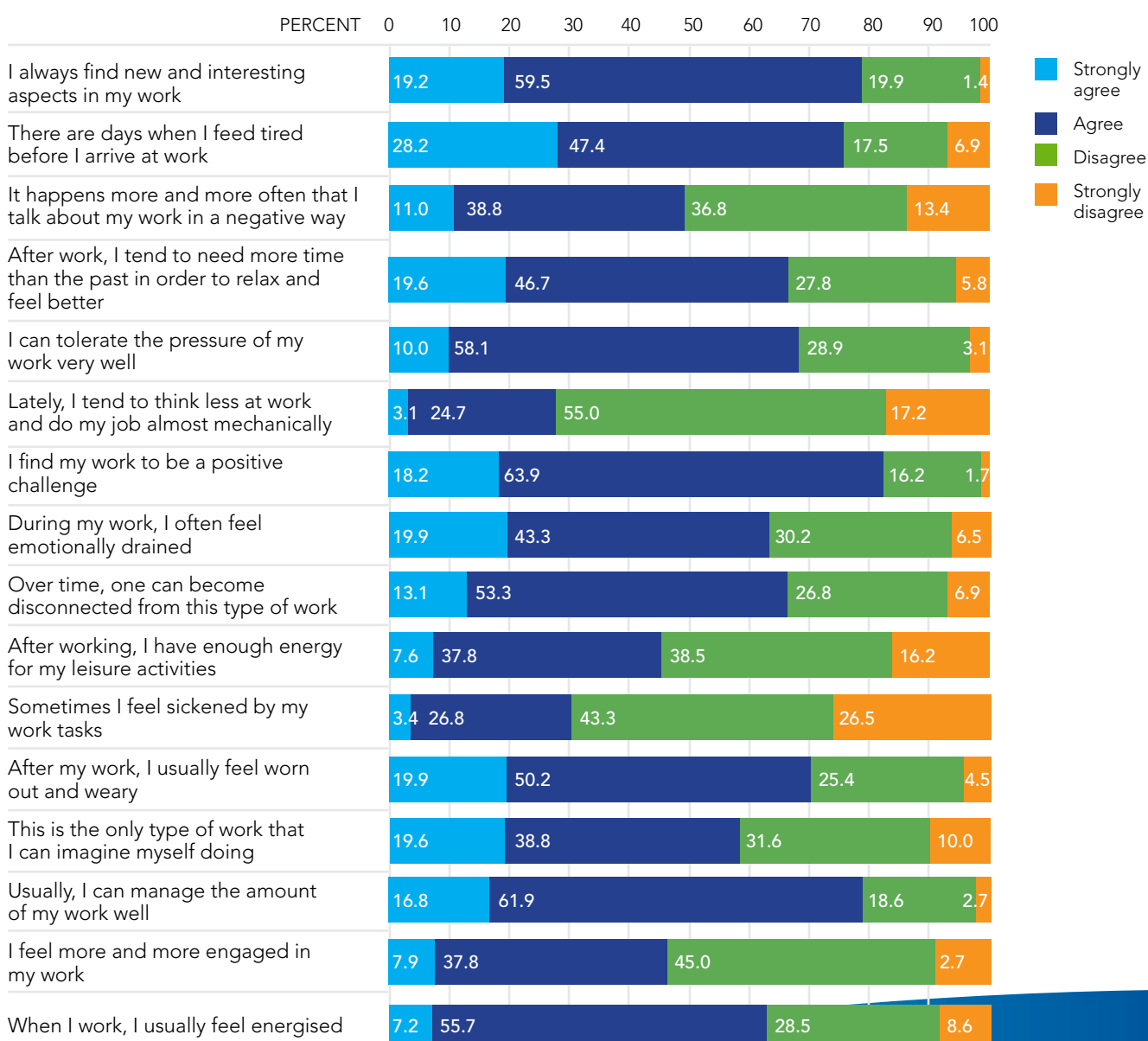


Table 7. Burnout (Disengagement and Exhaustion)

Burnout Subscale	n	High Burnout %	Scale Range	M (±SD)	95% CI (LL; UL)
Burnout: Disengagement	291	71.1	1-4	2.29 (±.47)	2.24, 2.35
Burnout: Exhaustion	291	79	1-4	2.59 (±.56)	2.53, 2.66

(High Disengagement ≥ 2.1; High Exhaustion ≥ 2.25 [6]).

Figure 3. Burnout (national summary)



SOCIO-DEMOGRAPHICS AND BURNOUT

As shown in [Table 8](#), the following sociodemographic characteristics were associated with higher levels of disengagement:

- < 65 years of age.
- Low intentions to supervise in the future.
- Victims of bullying or harassment.

The following sociodemographic characteristics were associated with higher levels of exhaustion:

- Respondents who had taken up to two weeks personal or sick leave in the past 12 months compared to those who had not taken any leave.

The following sociodemographic characteristics were associated with higher levels of disengagement and exhaustion:

- Respondents who had taken leave for mental illness, stress or burnout compared to those who had not taken mental health leave.
- Respondents who had worked in the past 12 months when physically or mentally unwell.
- Respondents who thought that their selfcare and wellbeing could be supported better in their workplace in comparison to those who felt supported.

There were no differences in average burnout scores as a function of region (metro vs non-metro).

The percentage of respondents with high rates of disengagement was significantly higher for metro respondents², in comparison to non-metro respondents, $X^2(1, N = 290) = 4.75, p < .05$. There was no difference in rates of exhaustion as a function of region (metro vs non-metro).

RTO satisfaction was associated with burnout, such that higher levels of satisfaction were associated with lower levels of disengagement ($p < .05$) and total burnout ($p < .05$).



Table 8. Sociodemographics and Burnout

Variable	Category	Frequency	Exhaustion (M±SD)	p	Disengagement (M ± SD)	p
Gender	Male	147	2.53 ± .56	> .05	2.30 ± .48	> .05
	Female	147	2.66 ± .56		2.29 ± .47	
Age	< 45	42	2.70 ± .47	> .05	2.34 ± .46	< .05
	45-54	83	2.62 ± .51		2.32 ± .47	
	55-64	112	2.62 ± .56		2.35 ± .44	
	65+	53	2.41 ± .68		2.08 ± .51	
State/Territory location of main training practice	NSW	84	2.69 ± .51	> .05	2.36 ± .45	> .05
	VIC	68	2.52 ± .49		2.29 ± .48	
	QLD	64	2.58 ± .62		2.30 ± .48	
	SA	23	2.52 ± .69		2.22 ± .44	
	WA	20	2.47 ± .63		2.09 ± .48	
	TAS	21	2.55 ± .61		2.26 ± .49	
	NT	6	2.77 ± .46		2.50 ± .47	
	ACT	5	2.75 ± .53		2.08 ± .52	
Region	Metro	129	2.66 ± .54	> .05	2.31 ± .44	> .05
	Regional	161	2.54 ± .58		2.27 ± .50	
Number of GPs in main training practice	1-5	97	2.65 ± .60	> .05	2.30 ± .47	> .05
	6-10	112	2.64 ± .52		2.33 ± .47	
	>11	78	2.45 ± .56		2.22 ± .48	
GP Supervision experience	< 2 years	24	2.55 ± .50	> .05	2.18 ± .43	> .05
	2-5 years	64	2.66 ± .62		2.32 ± .47	
	6-10 years	69	2.59 ± .52		2.26 ± .49	
	11-20 years	67	2.60 ± .53		2.34 ± .44	
	21+ years	64	2.52 ± .59		2.29 ± .51	
GP Supervision – intentions to continue for the next 5 years	Yes	153	2.54 ± .54	> .05	2.22 ± .44	< .05
	No/Unsure	135	2.65 ± .58		2.38 ± .49	
Bullying/harassment	Yes	30	2.72 ± .55	> .05	2.45 ± .53	< .05
	No	261	2.58 ± .56		2.27 ± .46	
Annual leave	None	24	2.56 ± .73	> .05	2.28 ± .57	> .05
	Up to 1 week	29	2.57 ± .59		2.25 ± .48	
	Up to 2 weeks	58	2.64 ± .61		2.33 ± .48	
	Up to 3 weeks	44	2.68 ± .57		2.26 ± .43	
	Up to 4 weeks	70	2.46 ± .48		2.23 ± .46	
	> 4 weeks	63	2.64 ± .51		2.37 ± .45	

Table 8. Sociodemographics and Burnout (continued)

Variable	Category	Frequency	Exhaustion (M±SD)	p	Disengagement (M ± SD)	p
Personal/sick leave	None	150	2.50 ± .56	< .05	2.26 ± .49	> .05
	Up to 1 week	87	2.62 ± .51		2.32 ± .43	
	Up to 2 weeks	24	2.78 ± .46		2.43 ± .34	
	> 2 weeks	21	2.78 ± .60		2.26 ± .54	
Mental illness/stress/burnout leave	Yes	37	2.86 ± .52	< .05	2.44 ± .41	< .05
	No	251	2.55 ± .56		2.27 ± .48	
Working when physically or mentally unwell	Yes	116	2.88 ± .47	< .05	2.46 ± .45	< .05
	No	175	2.40 ± .54		2.18 ± .46	
Have a GP	No	56	2.58 ± .62	> .05	2.31 ± .50	> .05
	Yes, I see the same GP each time	179	2.61 ± .54		2.28 ± .45	
	Yes, but I see a different GP each time	32	2.50 ± .47		2.35 ± .52	
	Other	24	2.58 ± .70		2.22 ± .50	
Workplace support for selfcare/wellbeing	Adequate	109	2.38 ± .61	< .05	2.15 ± .50	< .05
	Inadequate	149	2.73 ± .51		2.38 ± .44	

SELFCARE

A total of 291 respondents completed the 21-item Selfcare Assessment using a 7-point Likert-type scale (1 = never, 7 = always). The survey comprises 5 selfcare scales: Professional Support; Professional Development; Life Balance; Cognitive Awareness, and; Daily Balance. Higher scores on each subscale represent higher level of engagement in the domain of selfcare.

In general, average selfcare subscale scores suggest relatively high levels of selfcare, with the exception of daily balance (Table 9). Relative to mean scores, between 4-12 % of the sample had low selfcare scores ($\leq 1.5SD$ from the mean).

Table 9. Selfcare Assessment Scores

Selfcare Subscale	n	Low Selfcare %	M ± SD	95% CI (LL; UL)
Professional support	291	8.6%	4.98 ± 1.15	4.85, 5.12
Professional development	291	8.9%	4.72 ± 1.08	4.60, 4.85
Life balance	291	10.7%	5.27 ± 1.16	5.14, 5.41
Cognitive awareness	291	12.4%	5.20 ± 1.05	5.08, 5.33
Daily balance	291	3.8%	3.80 ± 1.54	3.62, 3.97

(Low selfcare ≤ 1.5 SD sample mean)

Figure 4. Selfcare (national summary)

	Never	2	3	4	5	6	Always
I spend time with people whose company I enjoy	0.3%	5.2%	8.6%	13.4%	26.5%	24.1%	22.0%
I maintain a professional support system	2.7%	8.9%	12.0%	17.2%	24.1%	21.3%	13.7%
I take part in work-related social and community events	5.5%	16.8%	14.1%	19.2%	26.5%	11.0%	6.9%
I take breaks throughout the workday	11.7%	26.2%	16.6%	13.4%	10.0%	11.0%	11.0%
I participate in activities that promote my professional development	0.0%	2.1%	9.3%	16.8%	21.0%	26.5%	24.4%
I cultivate professional relationships with my colleagues	1.0%	6.6%	8.6%	12.8%	28.6%	26.9%	15.5%
I find ways to foster a sense of social connections and belonging in my life	1.0%	7.6%	6.6%	17.6%	21.7%	26.2%	19.3%
I am mindful of triggers that increase professional stress	0.3%	2.8%	5.5%	11.7%	31.7%	31.4%	16.6%
I seek out activities or people that are comforting to me	0.0%	5.9%	6.9%	13.8%	27.6%	29.0%	16.9%
I connect with organisations in my professional community that are important to me	5.5%	12.4%	11.0%	17.5%	16.5%	19.2%	7.9%
I make a proactive effort to manage the challenges of my professional work	1.7%	5.5%	7.9%	11.7%	26.1%	33.3%	13.7%
I avoid workplace isolation	2.1%	4.1%	10.7%	14.1%	23.0%	25.8%	20.3%
I spend time with family and friends	0.0%	2.4%	8.6%	6.9%	19.6%	30.9%	31.6%
I find ways to stay current in professional knowledge	0.0%	2.1%	3.4%	9.7%	27.9%	35.5%	21.4%
I share positive work experiences with colleagues	1.4%	4.5%	4.8%	11.4%	27.9%	35.5%	21.4%
I try to be aware of my feelings and needs	0.0%	1.7%	5.2%	11.4%	27.9%	31.0%	19.0%
I take some time for relaxation each day	4.5%	20.0%	13.1%	14.5%	15.9%	17.9%	14.1%
I avoid overcommitment to work responsibilities	9.3%	27.6%	20.3%	10.3%	16.2%	10.0%	6.2%
I monitor my feelings and reactions to patients/colleagues	1.0%	4.8%	8.3%	19.3%	27.6%	15.2%	13.8%
I share work-related stressors with trusted colleagues	3.4%	8.6%	7.6%	13.1%	30.3%	26.6%	10.3%
I maximise time in professional activities I enjoy	2.8%	10.3%	18.3%	22.1%	21.7%	17.2%	7.6%

SOCIODEMOGRAPHICS AND SELFCARE

Higher levels of RTO satisfaction were associated with higher levels of engagement in professional development selfcare ($p < .05$)

As shown in [Table 10](#), the following sociodemographic characteristics were associated with higher levels of engagement across one or more domains of selfcare:

- Intentions to supervise in the future
- Respondents who had not worked in the past 12 months when physically or mentally unwell.
- Have their own GP
- Well supported selfcare and wellbeing in their workplace
- Have taken up to 4 weeks annual leave in the past 12 months

Table 10. Sociodemographics and selfcare

Variable	Category	Count	Professional Support (M±SD)	p	Professional Development (M ± SD)	p	Life Balance (M±SD)	p	Cognitive Awareness (M±SD)	p	Daily Balance (M±SD)	P
Gender	Male	147	4.94 ± 1.14	> .05	4.67 ± 1.06	>.05	5.08 ± 1.21	< .05	5.18 ± 1.08	> .05	3.74 ± 1.56	>.05
	Female	141	5.00 ± 1.16		4.76 ± 1.11		5.48 ± 1.08		5.22 ± 1.04		3.82 ± 1.53	
Age	< 45	42	4.86 ± .92	> .05	4.70 ± .93	> .05	5.42 ± .77	> .05	5.08 ± .89	> .05	3.39 ± 1.28	> .05
	45-54	83	5.12 ± 1.03		4.76 ± 1.06		5.29 ± 1.21		5.29 ± 1.03		3.90 ± 1.58	
	55-64	112	4.98 ± 1.23		4.76 ± 1.14		5.21 ± 1.26		5.17 ± 1.06		3.83 ± 1.55	
	65+	53	4.90 ± 1.29		4.62 ± 1.13		5.31 ± 1.04		5.23 ± 1.22		3.92 ± 1.61	
State/Territory location of main training practice	NSW	84	4.75 ± 1.31	> .05	4.65 ± 1.15	> .05	5.10 ± 1.20	> .05	5.10 ± .98	> .05	3.62 ± 1.54	> .05
	VIC	68	5.15 ± 1.00		4.54 ± 1.12		5.29 ± 1.17		5.28 ± 1.14		3.78 ± 1.55	
	QLD	64	4.94 ± 1.14		4.74 ± 1.12		5.22 ± 1.19		5.21 ± 1.12		3.85 ± 1.57	
	SA	23	5.00 ± 1.22		4.97 ± 1.08		5.64 ± 1.30		5.26 ± 1.30		4.30 ± 1.55	
	WA	20	5.32 ± .95		4.89 ± 1.07		5.55 ± .83		5.21 ± .91		3.60 ± 1.54	
	TAS	21	5.22 ± 1.03		5.07 ± 1.06		5.60 ± 1.04		5.38 ± .77		4.05 ± 1.45	
	NT	6	4.63 ± 1.20		4.67 ± .93		5.13 ± 1.22		5.00 ± 1.10		4.28 ± 1.25	
	ACT	5	5.12 ± .90		4.88 ± 1.12		4.65 ± .38		5.10 ± 1.10		3.00 ± 1.90	

Table 10. Sociodemographics and selfcare (continued)

Variable	Category	Count	Professional Support (M±SD)	p	Professional Development (M ± SD)	p	Life Balance (M±SD)	p	Cognitive Awareness (M±SD)	p	Daily Balance (M±SD)	p
Region	Metro	129	5.01 ± 1.06	> .05	4.64 ± 1.07	> .05	5.32 ± 1.15	> .05	5.15 ± 1.00	> .05	3.69 ± 1.52	> .05
	Regional	161	4.96 ± 1.22		4.79 ± 1.09		5.23 ± 1.18		5.26 ± 1.09		3.89 ± 1.56	
Number of GPs in main training practice	1-5	97	4.80 ± 1.24	> .05	4.65 ± 1.13	> .05	4.99 ± 1.33	< .05	5.10 ± 1.09	> .05	3.70 ± 1.65	> .05
	6-10	112	5.01 ± 1.13		4.62 ± 1.12		5.29 ± 1.14		5.24 ± 1.00		3.59 ± 1.46	
	>11	78	5.21 ± 1.03		4.99 ± .94		5.58 ± .90		5.30 ± 1.10		4.13 ± 1.47	
GP Supervision experience	< 2 years	24	4.91 ± .94	> .05	4.69 ± 1.15	> .05	5.27 ± 1.00	> .05	5.45 ± .83	> .05	3.88 ± 1.40	> .05
	2-5 years	64	4.92 ± 1.16		4.68 ± 1.09		5.12 ± 1.21		5.16 ± .94		3.60 ± 1.47	
	6-10 years	69	4.97 ± 1.17		4.75 ± 1.14		5.28 ± 1.16		5.18 ± 1.07		3.68 ± 1.54	
	11-20 years	67	4.99 ± .99		4.67 ± 1.01		5.31 ± 1.20		5.18 ± 1.14		3.70 ± 1.62	
	21+ years	64	5.08 ± 1.34		4.80 ± 1.03		5.36 ± 1.13		5.21 ± 1.13		4.18 ± 1.58	
GP Supervision – intentions to continue for the next 5 years	Yes	153	5.20 ± .92	< .05	4.93 ± .97	< .05	5.39 ± 1.06	> .05	5.35 ± 1.00	< .05	3.88 ± 1.48	> .05
	No/Unsure	135	4.74 ± 1.32		4.48 ± 1.14		5.13 ± 1.25		5.04 ± 1.08		3.70 ± 1.61	
Bullying/ harassment	Yes	30	4.81 ± 1.41	> .05	4.68 ± 1.17	> .05	5.06 ± 1.47	> .05	5.22 ± .93	> .05	3.61 ± 1.94	> .05
	No	261	5.00 ± 1.12		4.73 ± 1.08		5.30 ± 1.12		5.20 ± 1.07		3.82 ± 1.49	
Annual leave	None	24	4.89 ± 1.33	> .05	4.63 ± 1.29	> .05	4.98 ± 1.55	< .05	5.49 ± 1.25	> .05	3.65 ± 1.76	< .05
	Up to 1 week	29	5.03 ± 1.24		4.68 ± 1.09		5.06 ± 1.29		5.30 ± 1.21		3.08 ± 1.31	
	Up to 2 weeks	58	4.75 ± 1.22		4.64 ± .98		4.94 ± 1.14		5.05 ± 1.00		3.44 ± 1.57	
	Up to 3 weeks	44	4.94 ± .94		4.54 ± 1.08		5.06 ± 1.04		5.13 ± .92		3.42 ± 1.50	
	Up to 4 weeks	70	5.19 ± 1.05		5.02 ± 1.10		5.75 ± .90		5.30 ± 1.05		4.30 ± 1.50	
	> 4 weeks	63	4.98 ± 1.20		4.63 ± 1.05		5.35 ± 1.15		5.16 ± 1.06		4.18 ± 1.40	

Table 10. Sociodemographics and selfcare (continued)

Variable	Category	Count	Professional Support (M±SD)	p	Professional Development (M ± SD)	p	Life Balance (M±SD)	p	Cognitive Awareness (M±SD)	p	Daily Balance (M±SD)	p
Personal/sick leave	None	150	5.00 ± 1.24	> .05	4.77 ± 1.14	> .05	5.21 ± 1.23	> .05	5.21 ± 1.13	> .05	3.74 ± 1.54	> .05
	Up to 1 week	87	4.98 ± 1.04		4.64 ± 1.08		5.42 ± 1.07		5.15 ± .96		3.94 ± 1.62	
	Up to 2 weeks	24	4.94 ± 1.12		4.64 ± .98		5.26 ± .95		5.40 ± .80		3.75 ± 1.49	
	> 2 weeks	21	4.94 ± 1.10		4.75 ± .84		5.27 ± 1.24		5.25 ± 1.14		3.63 ± 1.31	
Mental illness/ stress/burnout leave	Yes	37	4.86 ± 1.13	> .05	4.48 ± 1.04	> .05	5.16 ± 1.23	> .05	5.32 ± .87	> .05	3.72 ± 1.49	> .05
	No	251	4.99 ± 1.16		4.75 ± 1.09		5.27 ± 1.15		5.18 ± 1.09		3.80 ± 1.56	
Working when physically or mentally unwell	Yes	116	4.76 ± 1.14	< .05	4.53 ± 1.04	< .05	5.11 ± 1.21	> .05	4.94 ± 1.08	< .05	3.30 ± 1.44	< .05
	No	175	5.13 ± 1.14		4.85 ± 1.10		5.38 ± 1.12		5.38 ± 1.00		4.13 ± 1.52	
Have a GP	No	56	4.51 ± 1.33	< .05	4.36 ± 1.25	< .05	4.92 ± 1.36	< .05	4.90 ± 1.29	> .05	3.63 ± 1.79	> .05
	Yes, I see the same GP each time	179	5.15 ± 1.03		4.86 ± 1.00		5.42 ± 1.05		5.31 ± .99		3.84 ± 1.48	
	Yes, but I see a different GP each time	32	4.88 ± 1.19		4.66 ± .95		5.22 ± 1.09		5.07 ± .91		3.89 ± 1.50	
	Other	24	4.96 ± 1.24		4.60 ± 1.26		5.03 ± 1.36		5.31 ± .98		3.71 ± 1.52	
Workplace support for selfcare/ wellbeing	Adequate	109	5.23 ± 1.17	< .05	4.86 ± 1.13	> .05	5.46 ± 1.14	> .05	5.45 ± .99	< .05	4.22 ± 1.62	< .05
	Inadequate	149	4.89 ± 1.14		4.68 ± 1.07		5.19 ± 1.20		5.13 ± 1.08		3.57 ± 1.45	

BURNOUT AND SELFCARE

Burnout was negatively correlated with all aspects of selfcare, suggesting that those experiencing high levels of burnout were less likely to engage in selfcare activities, or vice versa (N = 257-258) (Table 11).

Table 11. Burnout and selfcare

Selfcare	Disengagement	Exhaustion	Total Burnout
Professional support	-.456**	-.446**	-.488**
Professional development	-.461**	-.447**	-.491**
Life balance	-.331**	-.367**	-.380**
Cognitive awareness	-.419**	-.442**	-.467**
Daily balance	-.316**	-.472**	-.435**

** p < .001

PREDICTING BURNOUT

Logistic regression analyses were performed to identify selfcare predictors of burnout, adjusted for sociodemographic factors.

BURNOUT (DISENGAGEMENT)

The logistic regression model was statistically significant, $X^2(10, N = 253) = 68.13, p < .001$. The model explained 34% of the variance in disengagement and correctly classified 78% of cases. Respondents who intended to supervise for the next 5 years were over 50% less likely to experience disengagement (OR = .486, 95% CI [.252, .937]). Respondents who worked while unwell had over twice the odds of experiencing disengagement (OR = 2.226, 95% CI [1.086, 4.560]). Respondents who believed that support for selfcare was inadequate in their workplace had almost twice the odds of disengagement (OR = 1.955, 95% CI [1.013, 3.773]). Higher engagement in professional development selfcare was associated with 53% lower odds of disengagement (OR = .466, 95% CI [.274, .794]).

Table 12. Logistic Regression Model Predicting Disengagement

Variable	B	SE	Wald	p	Exp(B)	95% CI (lower, upper)	
Intention to continue GP supervision	-.721	.34	4.64	.031	.486	.252	.937
Working while unwell	.800	.366	4.778	.029	2.226	1.086	4.560
Selfcare workplace support	.671	.335	3.998	.046	1.955	1.013	3.773
Professional Support	.093	.270	.118	.731	1.097	.646	1.863
Professional development	-.763	.271	7.906	.005	.466	.274	0.794
Life Balance	.150	.221	.461	.497	1.162	.753	1.792
Cognitive Awareness	-.369	.251	2.164	.141	.691	.423	1.131
Daily Balance	-.046	.133	.119	.730	.955	.735	1.240

BURNOUT (EXHAUSTION)

The logistic regression model was statistically significant, $X^2(13, N = 245) = 72.31, p < .001$. The model explained 39% of the variance in exhaustion and correctly classified 82% of cases. Respondents who worked while unwell had almost three times the odds of exhaustion (OR = 2.959, 95% CI [1.174, 7.457]). Respondents who believed that support for selfcare was inadequate in their workplace had over 3 times the odds of exhaustion (OR = 3.145, 95% CI [1.467, 6.742]).

Table 13. Logistic Regression Model Predicting Exhaustion

Variable	B	SE	Wald	p	Exp(B)	95% CI (lower, upper)	
Intention to continue GP supervision	-.826	.448	3.406	.065	.438	.182	1.052
Working while unwell	1.085	.472	5.293	.021	2.959	1.174	7.457
Selfcare workplace support	1.146	.389	8.675	.003	3.145	1.467	6.742
Professional Support	-.072	.323	.049	.825	.931	.494	1.753
Professional development	-.601	.311	3.734	.053	.548	.298	1.009
Life Balance	.218	.260	.702	.402	1.243	.747	2.069
Cognitive Awareness	-.307	.303	1.028	.311	.736	.406	1.332
Daily Balance	-.251	.151	2.787	.095	.778	.579	1.045

BURNOUT (TOTAL)

A HLMR found that 43% of the variance in total burnout was explained by a range of sociodemographic, workplace and selfcare factors, $F(12, 237) = 16.39, p < .001$. As shown in Table 14, respondents who were younger, had low intentions to supervise in the future, had taken personal/sick leave in the past 12 months, had worked while physically/mentally unwell, held the belief that selfcare could be supported better in the workplace, and had lower engagement in professional development selfcare had significantly higher levels of total burnout.

Table 14. Hierarchical Linear Multiple Regression Predicting Total Burnout

Variable	B	SE	b	t	p	95% CI (lower, upper)	
Age	-.068	.027	-.136	-2.539	.012	-.121	-.015
Intentions to supervise	-.116	.052	-.121	-2.216	.028	-.219	-.013
Personal/sick leave	.061	.026	.117	2.357	.019	.010	.112
Working while unwell	.216	.051	.222	4.262	<.001	.116	.316
Selfcare workplace support	.154	.049	.160	3.153	.002	.058	.251
Professional development	-.077	.037	-.175	-2.115	.035	-.149	-.005

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