

# A Hermeneutic Literature Review of Family Medicine/General Practice Trainee Wellbeing and Burnout: Summary report

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## Background

Despite burgeoning research examining burnout and, to a lesser extent, wellbeing amongst postgraduate medical trainees, there remains little exploration of what these concepts mean.<sup>1,2</sup> Whether specialty-specific factors influence these conceptualisations is also unclear.<sup>3</sup> This is particularly true for Family Medicine/General Practice (FM/GP) training, as this represents a somewhat unique specialty (e.g. high clinical ambiguity and responsibility with relatively low supports).<sup>4</sup>

## Aims

The present study aimed to consolidate the international literature examining wellbeing and burnout amongst FM/GP trainees. The specific aims were to:

1. Explore conceptualisations of wellbeing and burnout in the FM/GP trainee literature
2. Identify factors that may influence FM/GP trainees' wellbeing, either positively or negatively
3. Identify strategies for promoting FM/GP trainees' wellbeing and preventing or reducing FM/GP trainee burnout.

## Methods

The present literature review used the mechanism of a hermeneutic cycle to deeply engage with the literature.<sup>5</sup> This involved identifying and thematically analysing articles that addressed the research questions. This was an iterative process, whereby the findings from each article were used to both interpret the findings of other articles and to select new articles. Over seven rounds of analysis, thirty-six articles were included.

## Results

Included studies emphasised the complexity of wellbeing as a multifaceted construct and involved an interaction between personal and professional elements. Notably, there was limited exploration of the meaning of burnout among FM/GP trainees.

Factors that influenced trainees' wellbeing included: lifestyle behaviours (e.g., exercise, diet), psychological traits and skills (e.g., uncertainty tolerance, sense of professional competence),

training and professional requirements (e.g. exam stress, transitioning from hospital-based to community-based practice), relationships (e.g. feelings of isolation, patient expectations) and cultural factors (e.g. stigmatisation of imperfection and poor wellbeing).

Key principles that guided the proposed and implemented interventions included the importance of ingraining wellness into daily work life and a need to contextualise interventions. Interventions were generally proposed to be efficacious if they harnessed intrapersonal changes (e.g., normalisation of experiences, empowerment).

### Implications

The combined findings were used to develop a model of wellbeing specific to FM/GP trainees. This model emphasises the dynamic interaction between personal and professional life domains as well as key factors that can help to promote or impede trainee wellbeing. The model offers insight into the targeted needs of FM/GP trainees when developing wellbeing plans.

### References

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