

# Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.  
The abstracts on this page have been chosen and edited by Paul Hellyer.

## Resilience – just another task?

Martin L, McDowell A. The professional resilience of mid-career GPs in the UK: qualitative study. *Br J Gen Pract* 2021; DOI: 10.3399/BJGP.2021.0230.

### GPs have similar stressors to GDPs

Increasing demands on general medical practitioners (GPs) in the UK, – such as loss of autonomy, increased administration and working in a complaint-driven culture – may lead to work-related stress and burnout. Mental health support may avoid dealing with the root causes of the problems. Strategies to improve the resilience of GPs aim to overcome work demands, but there is no agreement on how resilience is defined, measured nor its effect on patient care.

Using a convenience sample gathered via social media and other networks, 27 geographically diverse UK GPs with ≥5 years' experience of general practice were interviewed to identify positive and negative influences on their resilience. Resilience meant 'feeling mentally and physically well, (enhancing) the experience of caring for patients', 'coping and not letting the workload overcome them' or an ability to manage non-work life events, adapting to change and maintaining an ability to carry on working.

Work-related positive influences on resilience included good leadership within the practice, clinical competence, good communication and sharing responsibility. Continuity of care for patients and sharing break times with colleagues during the working day were also important. External positive influences included having supportive relationships and hobbies or interests outside of work. Involvement in non-clinical roles in education, charity or private enterprise were valuable to job satisfaction. Whilst social media fora may have replaced face-to-face support spaces for some GPs, others found social media difficult and sometimes hostile.

Negative external factors included top-down change imposed by government, regular changes to the GP contract, excessive regulation, a target-driven culture and a hostile public perception of the profession. Work-related negative influences on resilience included staff absence, problems with recruitment, rising list sizes, increasing patient demand and expectations, and lack of a career structure. Some personal factors mentioned were poor work/life balance, caring responsibilities outside of work, a tendency to be self-critical and the emotional burden of absorbing patient distress day by day.

Refusing additional workload and reducing clinical working hours were mentioned by many as coping strategies. Resilience may also be seen as a superficial act, remaining stoical in adversity, working efficiently but with little emotional involvement.

Understanding resilience is important for workforce retention and planning. Reduction in hours of individual GPs as a coping strategy has unintended consequences of reducing the resilience of NHS general practice as a whole. Ironically, some GPs saw 'resilience' as another task which needs time and resources to manage.

<https://doi.org/10.1038/s41415-022-3950-2>

## Google reviews

Kroon M, Park J S. Negative reviews online: an exploratory analysis of patient complaints about dental services in Western Australia. *Aust Dent J* 2021; DOI: 10.1111/adj.12893.

### Another stressor for GDPs

Negative Google reviews and low star ratings have been shown to negatively impact consumers and result in a decrease in patient willingness to use particular services.

An exploratory study of a random sample of 100 dental clinics in Perth, Australia, revealed 413 negative (1 or 2 star) Google reviews between 2013 and 2020. Five themes were identified:

- Treatment issues – 'Had orthodontists here clown around with my teeth for over 6 years'
- Staffing – 'Staff at front desk are very rude and unhelpful'
- Communication and professionalism – 'I left in tears ... because of the rude comments made about the condition of my teeth'
- Finance – '... (they) charge like wounded bulls'
- Premises – 'worst dental practice I have been to – worn out equipment.'

An understanding of the causes of negative reviews may help overcome gaps in understanding between practitioners and patients. Negative reviews may be devastating and research is needed on their emotional impact on practitioners.

<https://doi.org/10.1038/s41415-022-3951-1>

## Identifying the abused

de Jesus Santos Nascimento C T, de Oliveira M N, Vidigal M T C *et al.* Domestic Violence against Women Detected and Managed in Dental Practice: a Systematic Review. *J Fam Violence* 2022; DOI: 10.1007/s10896-021-00351-9.

### Coming out of COVID-19, an increasing problem

Violence against women is defined as 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women...'. Female victims of violence are more likely to suffer neck injuries thus clinical examination and history taking at routine dental appointments may identify physical abuse. Violence against women is an underreported crime and with the return of patients post-COVID-19, more victims may attend dental practices with potentially detectable signs of violence.

This review highlighted the lack of knowledge of dental care professionals on the subject. In general, violence against women is not addressed in undergraduate dental and dental hygiene curricula worldwide. Sharing concerns with the patient over alleged signs of violence and signposting to support services available should be done with empathy. Educational strategies are needed to prepare dental care professionals to identify and report suspicious cases.

<https://doi.org/10.1038/s41415-022-3952-0>