Malaise in psychiatric recruitment and its remedy

Sir: I was interested to read Thompson & Sims' article about improving recruitment to general psychiatry (*Psychiatric Bulletin*, April 1999, **23**, 227–229). Over the last decade psychiatrists have become geographically isolated from colleagues, there is an increase in out of hours work, a proliferation of bureaucracy and many feel undervalued by the political and public perception that psychiatrists are to blame whenever their patients do anything wrong. General psychiatrists risk burn-out striving to prevent incidents, which are beyond the control of their limited resources. Model standards of care are expected at all times. In this context if recruitment to the speciality is to improve the general psychiatrist's job plan needs to be realistic.

Important factors influencing doctors' choice of career are the hours and working conditions and a self-appraisal of their own skills and aptitudes (Lambert *et al*, 1996). These factors are both influenced by the consultants' job plan. If general psychiatrists are expected to prevent mishaps and monitor their patients as closely in the community as they have formerly monitored them as in-patients I doubt whether many doctors will appraise themselves as being realistically able to do this unless catchment populations are reduced to realistic levels. There are still general psychiatry sectors with catchment populations more than double those recommended by the Royal College of Psychiatrists (1997). Unless this very basic issue is addressed doctors will surely continue to vote with their feet and avoid the speciality.

References

LAMBERT, T., GOLDACRE, M., EDWARDS, C., *et al* (1996) Career preferences of doctors who qualified in 1993 compared with those of doctors qualifying in 1974, 1977, 1980, and 1983. *British Medical Journal*, **313**, 19–24.

ROYAL COLLEGE OF PSYCHIATRISTS (1997) *Model Consultants Job Descriptions*. Occasional Paper OP39, pp. 14–18. London. Royal College of Psychiatrists.

STEVEN NAYLOR, *Specialist Registrar in Old Age Psychiatry, Cornwall Healthcare Trust, St Lawrence's Hospital, Boundary Road, Bodmin, Cornwall PL31 2QT*

Alarming levels of stress and burn-out

Sir: We read with interest the paper by Guthrie *et al* (*Psychiatric Bulletin*, **23**, 207–213). We too have been concerned with stress and burn-out in clinical teams and recently surveyed all Child and Adolescent Mental Health teams in the north-west of England. Response rate from a postal questionnaire was 41% (males=30%, females=70%, total respondents 148).

We used similar outcome measures: the General Health Questionnaire (GHQ–28; Goldberg & Williams, 1988); the Maslach Burnout Inventory, (MBI; Maslach & Jackson, 1981); a Work Stress questionnaire (Cooper *et al*, 1988) and a modified version of the Job Diagnostic Survey (JDS; Hackman & Oldham, 1975). Respondents included: consultant child psychiatrists (11.5%), other medical staff (6.1%), nurses (16.2%), psychologists (13.5%), social workers (12.2%) and administrative staff (14.2%).

Analysis using multiple regression indicated that GHQ–28 score, level of emotional exhaustion and score on the JDS were the most reliable predictors of work stress. Mean score on the JDS was 9.3, suggesting participants were fairly satisfied with their work in a general sense. GHQ–28 scores indicated respondents to be most likely to suffer symptoms of anxiety and worry.

Although mean scores for this sample on the measures for stress and burn-out were not high, we were alarmed to find at least 10% had taken time off sick during the past year as a result of work pressures (self-reported). Moreover, more than one in three of the child and adolescent mental health team staff stated that their level of stress affected their ability to work with disordered families.

We agree that much can be done by employing organisations to reduce the impact of work stress and burn-out: we would advocate a greater development of supportive supervisory mechanisms as a means of alleviating work-based stress.

References

COOPER, C., COOPER, R. D. & EAKER, L. H. (1988) *Living with Stress*. London: Penguin.

GOLDBERG, D. & WILLIAMS, P. (1988). *A User's guide to the General Health Questionnaire*. Windsor: NFER Nelson.

HACKMAN, J. R. & OLDHAM, G. R. (1975) Development of the Job Diagnostic Survey. *Journal of Applied Psychology*, **60**, 159–170.

MASLACH, C. & JACKSON, S. E. (1986) *Maslach Burnout Inventory Manual* (2nd edn). Palo Alto, CA: Consulting Psychologists Press.

PAMELA CASE, *Registered Mental Nurse, Wirral and West Cheshire Community NHS Trust, Clatterbridge Hospital, Bebington, Wirral CH63 4JY; and* STEPHEN LITTLEWOOD, *Consultant Child and Adolescent Psychiatrist, Family and Child Therapy Service, Clinic Centre, Stanney Lane, Ellesmere Port, Cheshire CH65 9AE*

Political correctness

Sir: A light-hearted discussion with a colleague a few weeks ago on the new politically correct