Narratives of UK General Practice

Resilience in context

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Introduction

- 20 minute overview
- Social theory: Jürgen Habermas
- Why narrative?
- JRCGP editorials
- System eroding resilience by uprooting connections
UK General Practice

“How can we understand this crisis?”

“Why has recruitment dropped by 15%?”
“Why are GPs retiring early or leaving?”
Hypothesis: a moral crisis

Rational institution

Core values and identity of profession

Tension
Habermas: Lifeworld

- Everyday social life
- Informal, unregulated, unmarketised
- Family, culture
- Shared meanings and understandings
- Communicative action
Habermas: System

- Structures and established patterns
- Two sub-systems: money and power
- Instrumental action

Colonisation of lifeworld
My Thinking Trajectory

Burnout, quantitative

Values, meaning, qualitative

Narrative

A de-colonosation?
Layers of Narrative

- Micro – individual practitioners
- Meso – communities of practice
- Macro – political/ institutional/public international
The ‘Meso’ Narrative

- British Journal of General Practice Editorials, since 1974.
- Identity
- Working style
- Effect of changes in health service/society
“GPs are simply not able to diagnose problems entirely in terms of pathology... at first these findings caused uncertainty and guilt in the world of GP... some other reason had to be found to explain the high incidence of consultations in which the GP could not find a pathological cause for the problem.”

Buckley, E.G.
“A profound anxiety exists about whether or not we really have a subject to teach and research. More than any other compartment of medical care, GP reflects and is materially defined by the culture within which it practices.”

Marinker, M.
“The new contract has created new bureaucratic procedures... It has been possible for these changes to be implemented because of the paucity of research about the acceptability and effectiveness of much of our clinical work.”

Buckley, E.G.
“It seems that UK GP has moved from having an internal framework of professionalism that supports it, to an external framework that holds it up and embraces a market model.”

“State-driven clinical priorities are risking GP’s disciplinary identity.”

- Mangin, D., Toop, L.
2012

“Scientific-bureaucratic medicine is defined by three things: decision-making based on rules; a rise of managerialism over professionalism; and trust redefined in terms of reliability of systems instead of the virtues of the doctor.”

Greenhalgh, T., Wong, G.
General Practice, on the Boundary

- Between the **social** (illness) model and the **medical** (disease) model
- Between **health** and **illness**
- Between **community** of public and **institution** of medical system
- Between **lifeworld** and **system**
A struggle for legitimacy

lifeworld  system

meaning  rational
relationship  managerial

uniform
RESILIENCE Emerges from Lifeworld

- Virtues
- Meaning
- Relating
## Professional Practice

<table>
<thead>
<tr>
<th>Lifeworld</th>
<th>System</th>
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<tbody>
<tr>
<td>Passion, curiosity,</td>
<td>Compresses lifeworld</td>
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<tr>
<td>meaning, values,</td>
<td>of patients and</td>
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<td>relationship</td>
<td>professionals</td>
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<td>Distress, burnout</td>
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<tr>
<td>Connection</td>
<td>Disconnection</td>
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Conclusion

- GP spans many boundaries
- The system has encroached on the lifeworld
- The lifeworld is central to General Practice

- Changes in the organisation of GP should take account of the lifeworld as a significant source of resilience and motivation
Where better to consider the Lifeworld?
Thank you

- Feedback, questions welcome

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