The hard moral work of raising work in the primary care consultation

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Introduction

Musculoskeletal Disorders (MSD’s)

- Affect work significantly - reduced productivity, sickness absence and long-term work incapacity
- Good primary care management - positive impact on occupational health outcomes

Gaps in research

- Exploration of primary care management of individually differing and complex work issues
- Change from Sick Certificate (SC) to Fit Note (FN) in April 2010 - new GP responsibilities
- E.G. Recommending amended duties and work spaces for patients

Aims

1. To explore General Practitioner (GP) strategies for the management of work issues in the primary care consultation
2. To explore patient experiences of the management of work issues

Methods

- Direct observations – 100 video recorded GP-patient primary care consultations. Recordings administered for all consultations of any consenting adults aged 50 years +. Mixed sample including rural and urban practices (in progress).
- Semi-structured interviews - Males and females n=20. Purposive sampling from an existing cohort (NorsStop – CAS-F) where an indication of MSD and work-related concerns was given (in progress).
- Analysis – Informed by constructivist grounded theory approach

Preliminary analysis – Observations

- The majority of MSD-related consultations are largely scripted and rarely contain discussions of work.
- Such discussions are highly fragmented and related to establishing initial cause of the MSD as opposed to on-going patient concerns.
- GP strategies center around pharmacological management followed by referral for x-rays and physiotherapy for the MSD and referral to occupational health services for work related concerns.

Scripted Consultations example: knee pain / arthritis

<table>
<thead>
<tr>
<th>Pharmacological discussion</th>
<th>GP: ‘What about the naproxen?’</th>
<th>P: ‘I had to give it up it was upsetting my stomach too much’</th>
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Continued pharmacological management

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<th>GP: ‘What are you taking instead of naproxen?’</th>
<th>P: ‘I’m not really...’</th>
<th>GP: ‘Shall I give you Co-codamol instead?’</th>
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Work talk highly fragmented

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<th>GP: ‘What’s your job?’</th>
<th>P: ‘I’m a tyre maker on my feet all day so...’</th>
<th>GP: ‘Where you live do you have stairs?’</th>
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Interviews

- Patient experiences of work discussions in the consultation non-existent or extremely rare.
- Discussions of work have been intrinsically linked to sickness certification, work absence and often claiming benefits.
- Also, links between scripted nature of consultations and patient decisions to raise work issues.
- GP strategies may have implications for patient interpretations regarding legitimate and moral acceptability of raising work issues in the consultations.
- Added to this, decisions to discuss work are surrounded by individually differing concerns and complex issues of morality.

Examples

Female aged 59 years

‘Me neck was pretty bad like so I went to see him. He said ‘just take paracetamol’s’ or whatever. So I think that’s all I did really, I just got on with it. He just said it was wear and tear basically. I don’t really think they’re interested, to be honest. I mean I don’t think they’ve got time, because everybody’s got work issues and they no doubt have themselves so...I mean I’ve said if I’ve been stressed but I wouldn’t go in to discuss anything basically, no I wouldn’t’.

Male aged 63 years

‘I asked him to prescribe me the tablets he gave me before, he give me some other ibuprofen, I asked for an x-ray because he didn’t know if it was arthritis, he says ‘you don’t need an x-ray it’s just wear and tear’. I’ve asked for a club note (sick note) before like, you know when I physically couldn’t go [to work]...it’s letting people down, because they have to get another driver and the woman I work with I pick her up in the morning, so it’s all people rely on...I wouldn’t want him to get involved, whoever you work for is your personal thing, it’s nothing to do with the doctor, you go to the doctors to try and help you, not everybody’s personal life...’

Male aged 62 years

‘...they must get sick of people going in for sick notes and claim forms and swinging the lead. I’ve only been on sick leave twice. And I don’t know what they think, but I know as I couldn’t do the job I’ve been doing for years right now...I mean I’m having nothing off the state; work are paying me, which I’m proud of, I’m proud to have paid my way in life. It’s the, it’s the way we were brought up, wasn’t it? And I don’t want to show weakness either, but the main thing, the main reason for going in was not putting the work on your colleagues and letting your students down...they were my friends’.

Interrelationship of work and MSD’s, the consultation and morality

Next steps: Complete data collection and continue analysis

References