Occupational Stress Among Australian Podiatric Physicians in General and Geriatric Practice

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Background: High levels of occupational stress have been reported in podiatric physicians practicing in Australia. One possible stressor is the predominance of the treatment of aged patients with chronic disease in podiatric medical practice.

Methods: Forty podiatric physicians attending a regional podiatric medical conference were invited to participate in the research using a convenience sampling method. Podiatric physicians were asked to complete a survey examining occupational stress in general and specifically in relation to practice with older adults (defined as those older than 65 years).

Results: The survey of sources of occupational stress among podiatrists identified patient demands and expectations as the most significant stressor in general and geriatric practice for the podiatric physician. The perceived limited clinical gains and chronic nature of the conditions in older patients was also ranked highly as a stressor.

Conclusions: Working with the elderly is a substantial part of podiatric medical practice and, as such, needs to be seen with a more positive attitude by many practitioners. The development of geriatric practice as a specialty within the profession may help raise the value of working with the elderly. This has implications for preparing podiatric physicians for practice with the geriatric population along with the need for strategies to avoid or minimize these work stressors. (J Am Podiatr Med Assoc 105(2): 130-134, 2015)

The aging of the Australian population is helping drive a relative increase in the podiatric medical workforce,1 with 30% more university courses now being offered in Australia. Australians older than 80 years are most likely to consult a podiatric physician, followed by those 65 to 79 years old.1 Mandy et al2 note, however, that “there is as yet no ‘speciality’ for the podiatric care of the elderly, despite the fact that older people represent the majority of our patients”2 and that establishing such a specialization would enhance the status of practice with older adults. However, a survey of new Australian podiatric medical graduates’ perceptions of their education reported an inadequate clinical education in geriatric practice,3 leading to the conclusion that this area is not well developed and taught in university/entry-level courses.

There is high turnover of allied health professionals in Australia.4 Burnout has been implicated as the reason for this turnover, with occupational stress as one of the main causes leading to podiatric physicians leaving their chosen profession.5-7 Given that most patients who see a podiatrist are older than 65 years, geriatric practice has a low status, and there are widespread negative attitudes toward aging.8-10 It is not surprising that anecdotal evidence suggests a generally negative focus toward older patients.

Mandy and Tinley6 report high levels of emotional exhaustion among podiatric physicians in Australia and the United Kingdom. They comment on the use of “distancing tactics” by podiatrists as a strategy for coping. The erosion of compassion for vulnerable patients that results from distancing and the loss of a sense of accomplishment may impact more on relations with older patients, with whom there may be less of a sense of reciprocity than there is with younger patients,11 especially if older patients’ illnesses preclude substantial clinical gains.

Given that the focus of much of podiatric medical practice is on patient care of older people, the lack of a geriatric specialty in podiatric medicine, and evidence of high levels of occupational stress among podiatric physicians, it is timely to examine the psychological environment of podiatric medical practice. This research explores relations among stressors identified in general and geriatric practice, podiatric physicians’ attitudes toward aging, and occupational stress.
Materials and Methods

Participants

Podiatric physicians attending a regional podiatric medical conference were invited to participate in the research using a convenience sampling method. The age and sex of the participants was matched to the current demographic of the podiatric medical profession in Australia. Podiatric physicians were asked to complete a survey examining occupational stress in general and specifically in relation to their practice with older adults (defined as those >65 years old). Ethical approval was obtained from the Charles Sturt University Ethics Committee (Albury, Australia), with all individuals who completed the survey providing informed consent.

Survey

The survey incorporated a standardized questionnaire—the Reactions to Ageing Questionnaire (RAQ), a Likert scale developed by Gething—and included an additional set of questions on demographic characteristics (eg, age and sex) along with questions specifically developed for the survey but based on previous burnout/occupational stress questions. Although the RAQ is not designed for this type of data research, it was believed that the questionnaire would help provide a set of questions directly associated with age-related attitude. Because no previous study questionnaire of this type existed at the time of data collection, it was deemed to have some face validity. The additional questions regarding occupational stress were based on my previous work in the area of burnout.

Scores on the 27-item RAQ vary from 27 to 162, with higher scores being regarded as less ageist. The RAQ has been established as a reliable and valid index of personal attitudes toward aging. Although the RAQ assesses personal attitudes toward aging rather than attitudes toward older people, it has been established that personal attitudes toward aging are strongly positively related to attitudes toward older people.

Respondents were asked to rank five suggested sources of stress derived from previous research and five stressors related to geriatric practice, again based on previous research. Respondents were also invited to rate their overall level of stress on a Likert scale (from 0 to 10), with higher scores representing greater levels of stress. They were also asked to comment on sources of stress in their own words. Finally, they were asked to identify whether they had considered leaving the profession and, if so, their reasons.

Results

Of the 40 survey respondents, one-quarter were men. Ages ranged from 24 to 65 years (mean ± SD age, 40.5 ± 10.7 years). Most respondents were in private practice (68%); a few practiced in other settings, including hospital-based practice and domiciliary care. Half were sole practitioners. These statistics reflect Australian Institute of Health and Welfare data on the labor force in podiatric medicine showing that the profession is predominantly (two-thirds) female, half are younger than 35 years, and three-quarters are in private practice. This current sample, however, is overrepresentative of nonmetropolitan practitioners because half of the sample was metropolitan versus 73% in the profession generally. The self-reported estimates of the percentage of aged patients in the caseload (Table 1) also reflect Australian Institute of Health and Welfare data.

Overall stress levels were moderate (mean ± SD, 5.7 ± 2.0). The rankings of stressors (based on the mean for each item), with 1 being the most stressful and 5 the least, are shown in Table 2. The main contributors to occupational stress in general practice were patient demands and lack of work/life balance. Patient demands and expectations were also seen as the most significant stressor in geriatric practice, followed by perceived limited clinical gains.

The sample group showed an even distribution between podiatric physicians who had contemplated leaving the profession and those who had not shown this trend.

The mean ± SD RAQ score was 108.4 ± 17.03, indicating a balanced attitude toward aging, neither

| Table 1. Aged Patients in the Current Caseloads of 40 Podiatric Physicians Interviewed |
|------------------------------------------|--------|
| Patients >65 Years Old in Caseload (%)   | Respondents (No.) |
| 0–59                                     | 6      |
| 60–69                                    | 9      |
| 70–79                                    | 5      |
| 80–89                                    | 11     |
| 90–100                                   | 9      |
stereotypically negative nor unrealistically positive. Level of occupational stress was unrelated to RAQ score. That is, attitudes toward aging were not a factor in the experience of occupational stress. However, there was a significant relation between RAQ score and the percentage of older patients in the caseload ($r = -0.28; P < .05$). The greater the representation of older patients in a caseload, the more likely it was that the podiatric physician would have a negative attitude toward aging. Thus, as previous research has suggested, greater exposure to the more problematic issues associated with later life tends to increase negativity toward aging.

As indicated previously herein, respondents were also asked to volunteer comments about occupational stress and whether they had ever thought of leaving the profession. These qualitative data (from the additional comments section of the questionnaire) provide some confirmatory data on, and some new insights into, the sources of stress in podiatric medical practice.

When the ranking of stressors was considered, respondents referred to conflicts between their preferred focus on clinical aspects of their work and competing, arduous administrative demands connected with what they saw as “overdocumentation.” The additional comments section of the questionnaire provides insight into this, with “increasingly bureaucratic demands,” such as administrative work related to Medicare, health fund payments, paperwork for the Department of Veterans Affairs, and quality assurance, seen as stressful. Also stressful were long waiting lists, problems with access to professional continuing development, and trying to stay positive in the face of unrealistic and increasing patient expectations. Time pressures in patient management were also experienced. The stress of working within a patient self-management model was mentioned, and the need for more evidence-based information on which to base clinical decisions became apparent. Of interest was the perceived view that new graduates had an unrealistic expectation of podiatric medical practice, viewing biomechanics and sports podiatric medicine as “the only area” of work. One respondent connected this to geriatric practice, observing that “current graduates view aged care as beneath them and don’t see it as part of their scope of practice.” However, several respondents stressed how positively they saw such practice. One podiatric physician disclosed, “I like working with the aged, enjoy chatting to them while working. They possess a wealth of experience.”

Reasons given by the podiatric physicians for considering leaving the profession were related to the perceived low status of the profession, a lack of professional recognition from other professions, and the demands of practice (eg, not being able to take holidays without high financial loss in private practice). Perceived aspects of the work with older patients were also mentioned as being stressful using terms such as palliative, repetitive, and insufficiently challenging. The administrative burden was again an issue, as were patient demands and poor financial returns. One interesting finding was that podiatric physicians used a range of strategies to deal with stress, such as taking time out, taking new professional directions, or making a move into a new sector of employment (eg, from private practice to community health).

### Discussion

Some care is needed in interpreting the data because there is a potential for bias in the self-selecting convenience sample method used. Although the sample was reasonably representative of the podiatric medical workforce, with age and sex matching, the sample was biased toward rural podiatric physicians, which may have had a greater effect on the occupational stress outcomes.

This research found only moderate levels of self-reported stress in this sample of podiatric physicians. The experience of stress was related to features of the working environment, such as time pressures that impinged on work/life balance, and to aspects of the patients’ presentation, such as expectations seen as overly demanding. Factors identified in previous research were also mentioned.

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**Table 2. Occupational Stress Among Australian Podiatric Physicians in General and Geriatric Practice**

<table>
<thead>
<tr>
<th>Rank Order</th>
<th>General Practice</th>
<th>Geriatric Practice</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Patient demands/ expectations</td>
<td>Patient unrealistic expectations</td>
</tr>
<tr>
<td>2</td>
<td>Lack of work/life balance</td>
<td>Limited clinical gains</td>
</tr>
<tr>
<td>3</td>
<td>Isolation</td>
<td>Communication problems</td>
</tr>
<tr>
<td>4</td>
<td>Perceived status in health-care team</td>
<td>Poor monetary returns</td>
</tr>
<tr>
<td>5</td>
<td>Limited access to professional development</td>
<td>Low status of aged practice</td>
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</tbody>
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in the volunteered comments, such as the low status of the profession generally, and of geriatric practice in particular, and the palliative nature of a practice with many elderly patients.

Similarly to previous research with podiatric medical students\(^{17,18}\), there was little evidence of a generalized negative attitude toward older patients. However, the increasing negativity of the podiatric physician toward older patients increased as numbers of older patients in the practice increased. This is of concern because the demographic and population trends show that more and more old people will be present in Australian society, making older patients an increasing focus of practice.

The mismatch between career aspirations and the realities of practice noted in the research by Menz and colleagues\(^{17,18}\) is likely to produce stress. It is rational to assume that incorporating geriatrics education within the podiatric medical curriculum, targeting improved knowledge and less stereotypical attitudes, would prepare podiatric physicians for work with older people such that they experience less stress. However, as this previous research has shown, although knowledge and attitudes can be improved, this does not lead to geriatric podiatric medicine being seen more favorably as a career, which is reflected in other health professions. It seems that new graduates need to address the mismatch between aspiration and the pragmatics of practice. The occupational stress seen in podiatric physicians must be part of the high turnover in the profession once these students, uninterested in a career in geriatrics, come to terms with the reality of practice. In this sample, half of the participants had thought about leaving the profession. Surprisingly, those thinking about leaving the profession showed no significant increase in occupational stress levels. This was possibly because the decision was viewed retrospectively, whereas level of stress was related to their current situation. This finding questions the validity of this particular question. Perhaps it would have been more useful to ask whether they were currently considering leaving the profession. The small overall sample size must, however, limit some of the conclusions that can be drawn from this research.

Although education can help prepare podiatric physicians for practice in geriatrics, more systemic thinking is required (eg, exploring the establishment of a specialist geriatric podiatric physician such as the speciality in medicine). One area of future research worth investigating is determining the personal qualities, aspects of the working environment, and educational experiences most predictive of a readiness to practice in geriatric podiatric medicine. Furthermore, it would be interesting to assess the views and opinions of the lecturers in the universities to determine their perceptions of geriatric care. Perhaps there is a need for a fundamental shift in education so that students view geriatric care as an important part of their podiatric medical practice. In Australia, anecdotal evidence suggests that universities sell their courses to appeal to students with sporting aspirations, with emphasis on the biomechanics, sports, surgery, and younger patient aspects of practice. This is, in part, so that the university can compete with physiotherapy and other health professions for student enrollment in their university courses.

**Conclusions**

Clearly, podiatric physicians are subject to professional burnout, as described in the literature; occupational stress is compounded by increasing numbers of older patients in the practice caseload, which places demands on podiatrists’ time and lacks professional reward.\(^{16}\) New graduates seem to be at greater risk for the impact of this occupational stress, with university expectations of practice being very different in the real world. This mismatch creates the potential for professional burnout early in the podiatric physician’s career, with change of occupation being an option for some. There is the potential for improvements in university education, with greater grounding in geriatrics as a speciality that is respected in the profession. Further research is required to see where the attitudes of new graduates come from and whether the image of geriatric practice as a fundamental and important part of podiatric medical practice can be improved.

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**References**


