Technostress in general practice staff

Findings from the Remote by Default 2 research study
Sub-study led by Francesca Dakin

The expansion of remote and digital tools in UK general practice has radically changed how care is accessed, delivered, and organised. Trying to adapt to these new ways of working, in a context of under-resourcing and high workloads, has negatively affected staff wellbeing, team relations and efficiency of care.

Technologies are not inherently good or bad

They can improve efficiency but need careful integration. If not thoughtfully embedded into our work, they can introduce new frictions like extra steps, awkward interactions and physical clunkiness.


Poor integration leads to 'technostress'

Poorly designed technologies overwhelm staff, causing cognitive overload, reducing autonomy and making tasks more complex or uncertain. Over time, these stresses can lead to burnout.

Efficiency tools can sometimes reduce efficiency

Pop-up messages and task lists can interrupt work flow and hide what needs to be done. Patient-facing tools can also create new requests and demands, leading to more technostress.
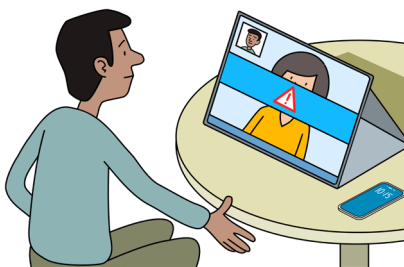
Technologies can cause distress in staff and patients

When technologies limit the kind of care that can be provided, e.g. when face-to-face options are denied, both patients and staff can experience 'technosuffering'.

Technostress and technosuffering affect team relationships

They strain staff communication, reducing teamwork and camaraderie. When this happens staff may hesitate to speak up about patient safety concerns or their own wellbeing.

Some staff have strategies to cope, but outcomes vary

They might adjust their hours, change their roles or balance digital and in-person tasks. Others, unable to find a solution, may experience burnout, choose to resign or retire.

Learning summaries

Technology-induced stress, suffering, and relational strain are under-recognised features of modern general practice.

For practice

- Give staff time and support to adapt their individual and collective work routines to new technologies (and new uses of existing technologies).

- Ensure that each staff member has an acceptable balance of digital/remote and traditional (face-to-face) work.

- Be alert to situations where technologies constrain work in ways that make staff feel uncomfortable or deprofessionalised. Surface these concerns and talk them through. Where appropriate, reconsider the benefit-harm balance of technologies.

- Be aware that efficient and safe general practice depends on good team relations, and that staff who are stressed or suffering may develop strained relationships. Maintain team cohesion through a focus on relationships and communication.

For policy

- Recognise that more technologies in general practice will not necessarily lead to greater efficiency or to 'freeing up' staff.

- Be alert to technostress, technosuffering, and strained team relations as unintended consequences of technologisation.

- When introducing new technologies or new technology-supported work routines, allocate resources not just to purchasing the technology but also to optimising its use in the practices and pathways of real-world general practice. The same technology may be embedded and used differently in different local settings.

- Without policy-level measures to protect staff from technostress, technosuffering, and relational strain, the workforce crisis in general practice will continue to worsen.

More information
on this paper