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Shortage of General Practitioners as a Topic in the Media—A Systematic Content-Related Analytical Study on Depiction Patterns (Frames) in News Media Coverage in the Federal Republic of Germany

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Abstract: The shortage of general practitioners (GPs) and the fact that country doctors' practices are vanishing—a situation that is currently taking a turn for the worse in some regions of Germany—are issues that have been dealt with in the media as a topic of specific discussion for some time now. In the process, news coverage is dominated by certain depiction patterns, referred to as frames, which are shaped in terms of textual and visual impact. The present explorative study addresses the questions of which media depiction and interpretation patterns (frames) are encountered on the shortage of general practitioners in news coverage in the Federal Republic of Germany and how general practitioners, the circumstances, and the benefits of their care are presented in this context. In the course of a search via the Lexis Nexis database, a total of 655 news items were found or selected that mainly deal with the shortage of general practitioners (period from 1 January 2017 to 31 December 2022). Furthermore, the media libraries of the two public television broadcasters ARD and ZDF were specifically searched for documentaries on the shortage of general practitioners for the said period. A qualitative content analysis was subsequently performed, in which characteristic reporting patterns on the topic under consideration were identified based on frame-defining categories. Five frames could be identified that outline the shortage of general practitioners in different ways. The first three frames present the dominant image of GPs as highly stressed, aged, or frustrated primary care providers who attempt to keep their practice going for as long as possible despite their increasing stress levels. The other frames portray the phenomenon of the shortage of GPs, in particular, as a side effect of demographic and structural changes, discuss the (diminishing) appeal of the profession of a general practitioner, or discuss the issue of remote areas that no longer have access to a GP practice and now receive 'alternative solutions'. The frames identified reflect societal views and anxieties regarding the consequences of a progressive shortage of GPs, which have been spurred on by the media. They reflect the significance of the GP as a trustworthy and competent primary care provider who is not readily replaceable, neither in his/her role as a guide in the healthcare system nor with regard to his social function.

Keywords: shortage of general practitioners; country doctor; country doctors' practice; primary care



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1. Introduction

1.1. The Phenomenon of the Shortage of General Practitioners

The loss of GP practices has been an intensively discussed topic in the European Union for some time. In particular, shortages in GP care in rural regions have been intensively addressed for many years (Herrmann et al. 2019; Korzilius 2008; Süßmuth 2013; Van den Bussche 2019). In other regions of the Western world, such as the USA, a considerable decline in the number of primary care doctors is also predicted (Allen et al. 2018; Famira-Mühlberger et al. 2020; European Data Journalism Network 2018; Theres 2021). The causes

of this are complex and frequently connected with country-specific problems; demographic changes, an increasing disparity between structurally strong and structurally weak regions, and changing requirements in modern GP care (Kaduszkiewicz et al. 2018; Starfield et al. 2005) play an important role here.

This trend is apparent in an acute form in the Federal Republic of Germany. In Germany, every third GP currently working is 60 years old or older (KV A 2020). Consequently, in a European comparison, Germany leads the countries with a rapidly ageing medical profession (Kringos et al. 2015). According to the Federal Association for Statutory Health Insurance Physicians, in 2020 there were about 4200 vacancies for GPs nationwide for approximately 45,000 GPs in total (KV B 2019). According to calculations, an annual loss of about 1700 GPs compares with an inflow of specialist medical qualifications in primary care of about 1300 per year (Kopetsch 2010; Robert Bosch Stiftung 2021). This is also related to the fact that many young GPs increasingly prefer part-time models and tend to avoid the risk of self-employment (Ramakrishnan et al. 2014). As a result, by 2025, it is possible that there will be a lack of about 20,000 GPs, especially in rural districts (Advisory Council on the Assessment of Developments in the Health Care Sector 2018; Robert Bosch Stiftung 2021).

Regardless of such projections, there is no commonly accepted definition of the term ‘GP shortage’ (Van den Bussche 2019). Therefore, it has not been determined when the situation of medical care provision can actually be considered a shortage. It is also debatable whether locally or regionally occurring shortages are always to be viewed as structural shortages or whether they simply represent a (temporary) fluctuation in the density of doctors.

However, it must be noted that there are regions with a scarcity of GPs, at least in the perception of the patients. The causes for such a shortage are usually multifaceted. In addition to the long-term trend towards the drop in the number of doctors choosing advanced training as general practitioners, there has also been a noticeable decline in the willingness to establish a practice and to work full-time (Beeger 2019; Buddeberg-Fischer et al. 2008; Korzilius and Maybaum 2018; Maiorova et al. 2008; Roick et al. 2012). Parallel to this, the depopulation noted in rural and structurally weak areas means that the appeal of working as a GP in these areas is decreasing and that it is increasingly difficult for GPs with existing practices to find a successor (Herrmann et al. 2019; Nützel 2017). In light of these problems, doctors currently working in primary care are also increasingly considering changing their field of activity in the medium and long term (Fletcher et al. 2017).

For patients, this means increasing waiting times and sometimes problems finding a GP at all. There may be delays in therapy and gaps in care. The remaining doctors, in turn, are increasingly suffering from physical and mental stress because they must look after an increased number of patients (Kopetsch 2010; Robert Bosch Stiftung 2021). There are studies that show signs of an increased burnout trend among resident doctors (Fletcher et al. 2017; Van den Bussche 2019).

1.2. Proposals or Interventions to Strengthen Primary Care

Over time, various approaches have been proposed or partially initially implemented to strengthen primary care (Allen et al. 2018). One conceptual focal point targets a structural upgrading of primary care, such as in the form of multiprofessional outpatient centres (Gronseth et al. 2020) or by introducing a primary care physician system, which could result in making general practice more attractive as a profession (Van den Bussche 2019). In a primary care physician system, every health-insured person registers with a GP who exclusively regulates access to specialists. In addition, new task shifting models could relieve GPs and make provision more effective (Riisgaard et al. 2016). Strategies have also been pursued to set up GPs in rural and structurally weak areas. These actions include start-up aid, stipends, or structured training (Holte et al. 2015; Van den Bussche et al. 2018). A further focus relates to creating a broader recruitment basis for GPs. There are proposals to set quotas for specialist training or to promote lateral entry (recognition of equivalent medical training in specialist areas based on medical training regulations) (Riisgaard et al. 2016).

Beyond the introduction of rural physician quotas, there are proposals to revise curricula in higher medical education and to change admissions criteria ([Kaduszkiewicz et al. 2018](#)). In addition, expert opinions suggest changes in specialist medical training and its consistent alignment with practical general practice ([Van den Bussche et al. 2018](#)).

1.3. Shortage of General Practitioners in the Media

Media coverage takes up and communicates the shortage of general practitioners as an increasing challenge for the German healthcare system ([Bertelsmann Stiftung 2015](#)). On the one hand, the press coverage can be considered an indicator of the social debate, in the sense that phenomena, such as the decrease in the number of practices, are publicly negotiated via news media, and awareness of the topic is raised. On the other hand, media work by gaining attention through compression and escalation so that certain aspects of a topic are selected and accentuated, while others are addressed with less emphasis or left out. In this way, coherent, recurring depiction patterns, so-called frames, emerge in reporting ([Matthes 2014](#); [Wangler and Jansky 2021, 2023b](#)). This results in specific perceptual and interpretative blueprints for recipients, which are decisive in the determination of how this phenomenon is experienced and what conclusions are drawn from it. This may then have an effect on the course of the societal discourse, political decisions, or the willingness of medical professionals to decide on advanced training as general practitioners or to establish a practice.

No studies are available to date on how the shortage of general practitioners is dealt with in the media. The present study investigates the following questions: (a) how strongly the shortage of GPs is covered in the media, (b) which frames on the (actual and feared) decline in GPs can be found in the media, and (c) how GP healthcare and GPs are portrayed and with which (explicit and implicit) characteristics they are associated.

1.4. Aim of the Study

This study resulted as a secondary activity during the work of authors concerning measures to ensure GP healthcare in the long run from a general practice perspective (inter alia, [Wangler and Jansky 2023a](#)). This is why detailed background knowledge on the topic was available. In order to investigate which frames the media coverage on the shortage of general practitioners follows, the authors examined a limited number of media services in terms of formal and content-related criteria and then analysed them systematically. The result was the determination of frames as relevant fragments of discourse, which can be depicted and differentiated in a compact and accentuated way. The framing approach established in communication studies serves as the concept on which the research is based. By means of selection, structuring, and salience, media consequently shape specific problematisation, argumentation, and purpose clusters that suggest concrete ‘interpretations’ to recipients ([Wangler and Jansky 2023b](#)).

2. Method

2.1. Selection of the Material Body

This study employs a qualitative analysis of newspaper coverage of the shortage of general practitioners. It was focused on articles published in newspapers and magazines. The search was limited to media in Germany and the German language. First, the electronic *LexisNexis* database—which provides news articles and market reports from a variety of sources for data collection—was used to examine the coverage in opinion-forming newspapers and news magazines. For this, we used a simple keyword search: “shortage of general practitioners” or “scarcity of general practitioners” or “lack of (general) medical practitioners”. The search yielded 2843 results.

The formal access criteria were the period 1 January 2010 to 31 December 2022 and an article length of 400 words or more. Articles in all categories were considered, with the exception of interviews, including all textual and visual components. In order to acquire the most pronounced presentations possible, one content-related access criterion was added,

according to which the shortage of general practitioners must be a dominant topic of the article and a reference must be already apparent in the headline. We received a total of 2403 results on the basis of this first restriction.

We further limited our sample to only articles that were published between 1 January 2017 and 31 December 2022 since we wanted to focus on the latest news media discourses around GP shortage. These steps left the study with 883 newspaper articles. Finally, we manually assessed these news articles to remove duplicates and articles irrelevant to our topic, which resulted in 655 articles for analysis.

Our final sample included news articles from 37 publications, ranging from national publications (e.g., Spiegel, Stern, and Focus as well as the weekly newspaper Die Zeit) to regional and local newspapers. Among the 655 articles, 179 articles were from national newspapers and magazines, and the rest were from regional and local newspapers. The average length of the articles was 675 words.

In addition, the media libraries (streaming portals) of the two public TV broadcasting groups ARD and ZDF were specifically searched for documentaries that report on the shortage of GPs in various formats (articles with a minimum length of 10 min). The reason for this is that public broadcasting takes up and discusses socially relevant topics and problems and continues to be widely accepted by the population as a basis for broad discourse. The authors deem the consideration of this additional source to be a useful supplement, although the main focus was on news coverage in print media. A total of 16 such documentaries were found, varying in length from 12 to 65 min.

2.2. Determination of the Frames

The identification of the frames took place using a data-oriented method ([Matthes 2014](#); [Wangler and Jansky 2021, 2023b](#)). First, a qualitative content analysis according to [Mayring \(2010\)](#) was performed, during the course of which a category system was established, containing the frame-defining indicators, meaning the components were taken as the basis for the determination of the frames. The establishment of the category system was continued until no more changes occurred in the material review process.

The following indicators were determined: thematic context of the article, from whose perspective the situation was being portrayed; attribution of GPs; evaluation of the GP role; focused environment; significance and relevance of the GP profession in the present/specific added value for healthcare and the community; implied causes of the shortage of GPs; and focused consequential effects.

During the course of a second material review, the frames were derived with the help of the identified indicators. It was possible to assign an article to several frames. The frames to be described in the following material are thus to be understood as prototypical.

3. Results

Five overarching, characteristic frames in media coverage could be identified that present the GP shortage in different ways (see [Table 1](#)). The order of presentation is based on the frequency of the frames within the material analysed. In the following, the focus is on the textual level. Selected concise quotations are presented.

Table 1. Frame description based on selected indicators.

Frame	1: General Practitioner Healthcare as a Challenge with a Constantly Increasing Workload	2: GPs beyond Their Time	3: GPs as Neglected (Health) Policy Providers	4: Diminishing Appeal of General Practice	5: General Practitioners, an Extinct Species
Thematic context	Patient access to general practice; full waiting rooms; dissatisfied patients; overworked GPs	Patient access to general practice; aged GPs with no possibility of (well-deserved) retirement; failure in the search for a successor in the practice, leading to serious consequential problems.	GPs as the victims of deficiencies and imbalances in the healthcare system; impacts of red tape imposed by the Association of Statutory Health Insurance Physicians (e.g., telematics, recourse claims with serious consequences)	Professional image of GPs under pressure; lack of appeal among aspiring doctors and students	Absent GPs and the search for alternatives to ensure or restore medical care
Perspective	Patients, doctors	Usually doctors	Doctors	Medical students, young doctors	Municipalities and/or ordinary citizens
Attribution of general practitioners or general medical healthcare	Committed, idealistic, overworked, stressed, good managers of a high and diverse patient volume	Committed, idealistic, despairing, aged	Committed, frustrated, angry, unjustly affected	Anachronistic, old-fashioned, outdated, unattractive	Generally, no attribution is discernible as GPs no longer make an appearance here; occasional mention that remaining GPs were no longer prepared to assume responsibility and gave up
Assessment of the role of general practitioner	Positive	Positive	Rather positive	Ambivalent (alternatives to general practice are considered possible, partly inevitable)	Ambivalent (alternatives to general practice are widely considered inevitable)
Focused environment	Practice events, daily practice routine	Practice events, daily practice routine	Practice events, daily practice routine, professional and health associations, healthcare policy	Other fields of activity or places of work of medical professionals, universities	Primarily municipalities in rural areas
Significance and relevance of the GP profession	Indispensable	Indispensable	Rather indispensable	Possibly substitutable in the long term	Possibly substitutable in the long term
Implied causes of the GP shortage	Various, in particular, aspects such as demographic changes, structural changes in rural and structurally weak areas, various problems of young GPs	Various, in particular, aspects such as demographic changes, structural changes in rural and structurally weak areas, various problems of young GPs	Health policies, lack of participation of GPs in politically relevant decision-making bodies, health insurance bureaucracy, poor 'professional representation' of GPs	Lack of modernity of the GP profession, which no longer meets the requirements; changing interests and career choices of young medical professionals; partly also a failure of health policies to develop and promote alternatives to the classic GP practice	Various, in particular, aspects such as demographic changes, structural changes in rural and structurally weak areas, problems of young GPs
Focused consequential effects	Fewer practices, higher patient volumes, poor medical care	For age-related reasons, GPs find it difficult to cope with stress and are not as efficient, which intensifies the work overload situation.	Hindrance, discrimination, and patronisation of GPs in the political sphere and by the Association of Statutory Health Insurance Physicians	Disappearance of the classic GP practice, healthcare deficits, and gaps	Regions completely isolated from primary care, inadequate substitute forms of care, self-therapy of patients due to lack of care

3.1. Frame 1—General Practitioner Healthcare as a Challenge with a Constantly Increasing Workload

“Daily routine of a country doctor: ‘I love my job—but the circumstances are intolerable. We work here 24/7, and the collapse of our future patient healthcare is foreseeable.’” (Himmelrath 2019)

One published frame shows GP healthcare under progressive shortage management conditions. The gradual decrease in practice locations, particularly in smaller towns, leads to a considerable increase in the patient volume for the remaining general practitioners, which partly leads to serious problems in practice procedures, dissatisfaction of patients with long waiting times, and a permanent physical and psychological strain on doctors. Delayed diagnosis and therapy and the resulting deficits in care are further collateral damage of the general excessive workload situation.

The aspect of a mental burden on GPs is particularly emphasised in some articles. Not only is the enormous time pressure mentioned, but also the dilemma of having to refuse new patients in order to ensure the functional capacity of the doctor’s own practice—knowing that it might be difficult for refused patients to find another practice in the vicinity. The necessity to keep practice operations going under these difficult conditions puts many GPs under pressure to make decisions that run counter to their basic principles, resulting in a considerable level of frustration and dissatisfaction.

3.2. Frame 2—GPs beyond Their Time

“The future looks grim: In Germany, many doctors still work at an advanced age [...] Dr. Peter Hesse, aged over 80, is still working in his son’s practice. Thanks to the cooperation between senior and junior, things are still going well here. In other practices that are unable to find a successor, however, ageing GPs face permanent non-retirement. They fight their age and are often only driven by their own idealism to be available for their patients for as long as possible.” (Norddeutscher Rundfunk (NDR) (2019))

A second frame considers the shortage of GPs in view of the problem that GPs about to retire are unable to find a successor to secure the continuation of their practice in some regions despite all their efforts. A long and increasingly desperate search is described, during which significant concessions are often made, including offers to sell the practice at a symbolic price. The doctors featured are willing to take such steps because they feel a strong sense of responsibility towards their patients and seek to ensure primary healthcare at their location at all costs, as there is frequently not a wide range of GPs to choose from. If they do not reach their goal, it is difficult for these doctors to imagine simply closing their practice.

One variant of this frame, which is basically born out of the unsuccessful search for a successor, also features GPs who see themselves forced into the decision to continue working for an indefinite period as a consequence of their failure to find a successor. Several 80-year-old practitioners are featured who have traded their retirement for the sense of duty to uphold general practice in their own municipality for as long as possible. This leads to complications, as these aged care providers are struggling with the effects of ageing themselves, possibly also with illnesses, which has a negative effect on their medical capabilities.

3.3. Frame 3—GPs as Healthcare Providers Neglected by (Health) Policymakers

“Country doctor Günter Krause [...] complains about the practice red tape, piles of documents and invoices that he has to handle on the side. He also reports on medicines and therapies that he would like to prescribe because he considers them advisable, but the health insurance companies and the Association of Statutory Health Insurance Physicians do not. [...] Does his job still make sense? Krause often asks himself this question.” (Reinhard 2017)

The third frame establishes a direct link between a restrictive healthcare system and the decline in the number of GPs. GPs are partly portrayed here as victims of deficiencies and imbalances in the healthcare and health insurance invoicing structures. Therefore, the featured GPs are limited and not uncommonly severely hindered and restricted by the specifications of the healthcare system in their efforts to meet the needs of the patient as best possible. The consequences are recurring conflicts with health insurance companies and the Association of Statutory Health Insurance Physicians, frequently experienced frustration and, in extreme cases, a (gradual) withdrawal from their work as a GP.

Articles subject to this frame, for example, express a broad concern among GPs about becoming the focus of a performance audit if they wish to provide the best possible care to their patients. There are also widespread reports of complaints from general practitioners about the excessive red tape imposed by the Association of Statutory Health Insurance Physicians, which takes up much of their time and restricts their scope of action. Reports about country doctors confronted with massive recourse claims because, for example, they have prescribed physiotherapy more often than average or have made too many home visits are also encountered. Doctors concerned speak here of the healthcare invoicing system as a “penalty system”, which is “primarily about threatening and penalising” (Himmelrath 2018). Therefore, these doctors not only sense a lack of regard for the work of GPs and begin to doubt their work but also see this as a deterrent for young medical professionals: “Why are so few young doctors self-employed? They are simply afraid” (Himmelrath 2018). Massive patronisation in the implementation of technical requirements, such as updates to the telematics infrastructure of practices, is also repeatedly addressed in various articles, similarly combined with pressure and threats from the invoicing bureaucracy. Several articles describe the marginalisation of general practitioners in politically important decision-making bodies and an unfavourable professional representation of general medical care providers, which results in clearly insufficient attention of health policy to the concerns of general practice. This in turn contributes to a further intensification of the shortage of general practitioners and a reduction in care.

3.4. Frame 4—Diminishing Appeal of General Practice

“Young doctors prefer to be employed rather than self-employed. Particularly at the beginning of their career, they want to work part-time [and] in a team, and they want a work-life balance between family and career, work and leisure, and the typical lone country doctor’s practice is less than ever suitable for such aspirations.” (Freyenhagen 2015)

The fourth frame does not focus on the point of view of GPs but often takes a look at young medical professionals who consciously decide or have decided not to work as GPs. Young doctors are also sometimes featured who, after a short time as GPs, leave this career field behind and search for a new field of activity. As a consequence, the health system does not have enough young GPs to replace resigning colleagues.

Two approaches dominate this frame. First, the permanently high workload of general practitioners and the risks involved in establishing a practice are outlined in contrast to the ideas of medical students or trainee doctors who want a work-life balance and regulated working hours. Country doctors who have to travel long distances to make home visits or who maintain several practice locations are perceived as deterrents; the same applies to questions of practice management, which many future doctors do not want to be confronted with. The income and social prestige of the GP profession are not (or no longer) high enough today in relation to these stress factors, and the principle of ‘general medical practice’ no longer works to its full extent. The lack of infrastructure in rural areas is already perceived as a severe restriction. A second, more uncommon report focuses on the intensive interpersonal work of the general practitioner—and of talking medicine in general—which has to some extent ‘become outdated’:

“In this highly specialised world, in which communication increasingly takes place via the internet or iPhone, [...] a ‘specialist’ for ‘general’ medical practice no longer fits into this day and age. Instead, professions without direct personal contact at a desk are becoming

increasingly popular, with regular working hours and without getting one's hands dirty." (Beeger 2019)

Time and again, the articles on this frame address health policy, which has not succeeded in developing and implementing viable concepts to turn the classic GP practice into modern forms of primary healthcare in the long term. Examples provided are systematic state funding of primary care centres or extended hospital-type care in order to maintain the core elements of general practitioner care.

3.5. Frame 5—General Practitioners, an Extinct Species

"I wouldn't go there either. I find it inhumane to be pushed into a bus that is now supposed to provide people with medical care. My God, has it come to this? There used to be normal doctors in this world, and now we are supposed to be content with something like this. The only option for us ordinary citizens is to pack our belongings and move to the city." (Zweites Deutsches Fernsehen (ZDF) (2019)).

The fifth frame is characterised by the fact that GPs no longer appear in these articles. Rural villages that have already lost their last general practice are featured. The disappearance of GPs, apart from the problem of an insufficient number of young doctors, is accounted for by demographic changes, structural changes, and the flight of younger people from rural areas so that the lack of practising doctors seems to be a side effect of isolated communities and regions. However, there are also reports of GPs who, in the face of high-stress levels and the sense of a lack of lucrativeness, have given up their jobs in order to turn to more attractive fields of work ("I can't live on idealism and do-goodism alone").

In this context, emergency solutions initiated by the federal state-specific health policy are presented in order to still enable general medical care in the affected municipalities under restricted conditions. One of these is the Medibus pilot project in the rural north of the state of Hesse, which received comparatively prominent coverage (Zweites Deutsches Fernsehen (ZDF) (2019)). Despite efforts to make use of such a mobile GP practice to reach villages isolated from general medical care, the article reveals a pronounced feeling of scepticism from the inhabitants with regard to the newly established service. The fact that the general practitioner working in the Medibus is only available once a week and visits dozens of villages so that no real doctor-patient relationship can be developed, is discussed, for example. This method means that the core of traditional general medical care can hardly be maintained.

3.6. On the Portrayal of the GPs

In most of the frames, a distinctly positive portrayal of GPs is apparent. They are described as being idealistic, down-to-earth, and self-sacrificing. They take the well-being of patients very seriously, even in times of a rapidly increasing economic orientation of the healthcare system, and stand for a holistic approach. The general practitioners featured strive to provide capacities for all patients, even if this means consultations beyond the usual opening hours (Norddeutscher Rundfunk (NDR) (2019)). In many cases, they are prepared to enter into conflict situations with health insurance companies if necessary in order to ensure the best possible treatment success for their patients (Himmelrath 2018) and to make up for bottlenecks, e.g., due to the retirement of a colleague (Zweites Deutsches Fernsehen (ZDF) (2019)). Furthermore, the social and communicative role that GPs play is of particular significance. The doctors portrayed have a great interest in direct interpersonal contact with their patients and are, therefore, anchored in the municipality as trusted contacts and advisers (Zweites Deutsches Fernsehen (ZDF) (2019)).

4. Discussion

4.1. Main Findings

The content-related analytical study has shown that the shortage of general practitioners is a topic of high visibility in news coverage. Five recurring frames could be identified

that process the shortage of general practitioners in different ways. The first two frames, in particular, present GPs as highly stressed, aged, or frustrated primary care providers who attempt to keep their practice going for as long as possible despite their increasing stress levels. The other frames portray the phenomenon of the shortage of GPs as a side effect of demographic and structural changes and, also, of the failure of health policy and the delay in taking ambitious safeguarding measures; they also discuss the diminished appeal of the GP profession or deal with remote areas that no longer have access to a GP practice and now receive 'alternative solutions'.

4.2. Comparison with Prior Work

The widespread portrayal of GPs as caring and self-sacrificing primary care providers is clearly noticeable in the media services examined and forms a contrast to the negative basic tone of the articles. Such a portrayal is reflected in various patient surveys. A representative survey of 6000 persons insured under the statutory health insurance system recently showed that more than 90 percent are satisfied with their general practitioner, consider him/her to be professionally competent, and view the relationship of trust with him/her as positive (KV B 2019). Population surveys on the significance and role of GPs are similarly positive and demonstrate their consistently good reputation (Institut für Demoskopie Allensbach. Allensbacher Berufsprestige-Skala 2013; Starfield et al. 2005). GPs benefit from a certain image in the population, which sees them as altruistic primary care providers who have known their patients and even their families for years. Accordingly, they represent a kind of central contact person, especially in small towns. Even surveys among medical students show a strong awareness of the importance of GPs in the provision of healthcare, although other image factors of general medical practice may still be subject to improvement in this young target group (Kaucher et al. 2016; Van den Bussche et al. 2019). At the same time, various studies warn that persistent negative media coverage of general practice could be adding to the workforce crisis facing the profession. For example, a content-related analytical study in Great Britain examined the coverage of GP healthcare and GPs in national newspapers and magazines between 2016 and 2017 (Barry and Greenhalgh 2019). The articles analysed depicted UK general practice "as a service in crisis, with low morale and high burnout, and leaving gaps in patient care". The traditional family doctor service was depicted as "rapidly eroding through privatisation and fragmentation, with GPs portrayed as responsible for the crisis and the resulting negative impact on quality of care". The portrayal of general practitioners determined in this study was much more negative overall than in our study, where a generally positive image of GPs could be established. A number of other papers have also pointed out that a negative or deficient portrayal of GPs regarding the appeal of the profession could lead to an intensification of the shortage of general practitioners (Dale et al. 2017; Fletcher et al. 2017; Van den Bussche 2019). There is therefore a connection between the media-mediated representation, which suggests a certain attractiveness of the GP profession, and the actual situation of doctors, including the issue of escalating stress and burnout symptoms.

4.3. Strengths and Limitations

To the authors' knowledge, almost no content-analytical studies have been conducted on the media presentation of the shortage of general practitioners, especially in German-speaking countries. This renders the contribution this paper makes to addressing this research gap all the more important. The content analysis has created an image of how the (actual or feared) shortage of GPs in Germany is addressed in news coverage and how GPs are portrayed in this context. Of course, the material on which this is based is a limited selection. Because news articles are not always completely archived in LexisNexis, it is possible that several other articles in the print products of the corresponding media could not be taken into account in the period under consideration.

A point of criticism here is that products of quality journalism and news journalism were considered more intensively, and no other areas of coverage (e.g., boulevard media)

were considered. In addition, classic print news media were mainly considered, while new media, such as social networks, were not included. Finally, it should be pointed out that although frames of the topic studied were analysed, no statement can be made about processes of perception and interpretation by recipients. In this respect, it would be an interesting question to empirically examine how such depictions of the shortage of general practitioners have an effect on the societal discussion on how to deal with the problem. For example, experimental studies could be performed with focus groups, each of which would be given different prototypical frames on the shortage of general practitioners. In this context, it would be interesting to learn how, for example, patients or students of medicine and, also, GPs themselves perceive and react to the frames presented in the media against the background of their own experience.

5. Conclusions

The imminent challenge of an intensified shortage of general practitioners is portrayed in the news coverage from various points of view, which visualise not only the workload of general practitioners themselves but also the consequences of gaps that have emerged in general practitioner healthcare. This clearly demonstrates the concern regarding profound changes and emerging dysfunctions within the German healthcare system. It is also reflected in large parts of media coverage that general practitioners constitute the backbone of healthcare and that their decline in larger numbers can hardly be compensated for.

In contrast to the problems described as quite threatening, there emerges a positive image of the GP as a dedicated and trusted primary care provider who puts the health of his patients first and is prepared to accept adversities if need be. This image, which is supported by the media and, also, anchored in the population, is an important precondition, as there is a distinct awareness of the value of general practitioners. At the same time, it is a resource that should be made use of in addressing the public in order to flank political measures to stabilise the healthcare situation (consider past successful campaigns to address potential young medical professionals) and to increasingly make students aware of the opportunities and benefits of working as a GP.

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