ISSN: 2469-5793

Al Ubaidi. J Fam Med Dis Prev 2018, 4:075

DOI: 10.23937/2469-5793/1510075

Volume 4 | Issue 2

Open Access



**REVIEW ARTICLE** 

# **Rediscover the Joy of Primary Care Practice**

#### Basem Abbas Al Ubaidi\*

Consultant Family Physician, Ministry of Health, Kingdom of Bahrain



\*Corresponding author: Basem Abbas Al Ubaidi, Consultant Family Physician, Ministry of Health; Assistant Professor, Arabian Gulf University (AGU), Kingdom of Bahrain, E-mail: bahmed1@health.gov.bh

#### **Abstract**

In this day and age, primary care worker burnout has been high, morale is low and work enjoyment is depleting consistently. It is essential for healthcare leaders to understand adverse burnout outcome and to nurture their team and spread joy at work.

Primary care workers who feel that their work is joyful and productive will feel safer and more satisfied with their job. They also feel a sense of meaning and purpose of their job even in stressful, busy clinic times. There are still methods that could be implemented to create a positive work environment and deliver high-quality care to patients even in stressful times.

### Introduction

General practice, primary health care, and family medicine are terms often used interchangeably. Alma-Ata Declaration in 1978 was encouraging all health-care managers to maintain and support the health of all people, including the healthcare providers (HCPs) [1].

Primary healthcare services are the first patient contact; it is the gatekeeper to the health care system. Primary care health services should provide reachable, continuous, comprehensive and coordinated health care to all public[1].

The Kingdom of Bahrain has 27 health centres which are distributed in four governance. Primary care provides patients with four levels of care: "prevention, curative, rehabilitation, and counselling". The core primary care team usually consists of general practitioners, family physicians, nurses, community nurses, midwives, dentists, physiotherapists, social workers, dietitians, health educators, pharmacists, administrative staff and managers [2].

The busy clinic environment in primary care practice results in a lot of struggle and hassle for workers and patients. As a result Primary Care Workers (PCWs) are suffering from significant frustration and burnout due to their stressed work environment [2].

However, there is a secret to happiness during work, as well as a high job satisfaction among PCWs [2]. Even in a stressful work environment, some PCWs still thrive and enjoy primary care medicine more than others [3].

# The Secret of Happiness of Primary Care Practice

The underlying secret of happiness at work is focusing on daily learning moments from work and finding an opportunity to acquire and grow from new experiences [3]. The delight of learning novel mechanisms and developing innovative skills keeps PCWs eager to have up-to-date information [2].

The PCWs have the opportunity to maintain high work enthusiasm by mixing patient care, teaching, writing articles in their workflow. The pleasure of being curious, actively seeking new ideas and having a broad vision are all extraordinary [3]. PCWs workers who maintain a higher rate of happiness at work by practicing appropriate communication skills and implement them with different and challenging patients. The Patients will definitely shows positive, optimistic and warm attitude towards workers. Furthermore working in primary care allow PCWs to make quick and rapid decisions, which could be challenging, but could also, be exciting [3].

Working with a multidisciplinary primary care team could also be an opportunity to add happiness to the workplace. PCWs can mix work with humor, as it is es-



Citation: Al Ubaidi BA (2018) Rediscover the Joy of Primary Care Practice. J Fam Med Dis Prev 4:075. doi.org/10.23937/2469-5793/1510075

Received: April 06, 2017; Accepted: May 12, 2018; Published: May 14, 2018

**Copyright:** © 2018 Al Ubaidi BA, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

DOI: 10.23937/2469-5793/1510075 ISSN: 2469-5793

sential for patients and workers to feel a sense of pleasure in the consultation room [3].

In primary care practice, a PCWs get the chance to meet different people and help improve their quality of life. They also can to interject the suitable, creative management options for each patient [4]. Finally, they enjoy practising sympathy and empathy with their patients [2,4,5].

Many PCWs have a decent work-life balance. They take good care of themselves and stay a step healthier than their patients. Additionally, many PCWs enjoy various friendships outside the medical field and can expand their friendships to other areas. A primary care worker also enjoys higher job security compared to other professions due to an imminent shortage of PCWs. If a PCW can think, behave and act appropriately, they can discover a beautiful inner life [3,4].

A primary care workers job is indeed challenging. However, the different task could be seen as a way to spice way to spice primary care work up that require broad diagnostic skills and a need to maintain high alert of intellectual engagement [6-9]. PCWs like to work smarter rather than harder by using some innovative ways [10,11].

PCWs have different roles such as being a curer, healer, counsoler, mediator, mentor, educator and decision maker who promotes and improves their patients' health [6]. PCWs are less likely to get sued when they have excellent communication skills and have a good relationship with a patient and their family [6,7]. PCWs appreciate the whole patient biopsychosocial breadth of the family medicine and adore their long-term relationships with patients and their families. Finally, PCWs remain the more trusted physicians in health care system [6-9].

# The Secret of Happiness through Leadership Skills' Practice

The recommended leadership style for a healthy and happy work environment is collective management (collaborative, shared, participative and distributed style). Where everyone is a winner, and everyone has an equal opportunity to contribute to the organization's success. The leader should assign the task in hand to the appropriate person to deliver quality work: The right person for the right job at the right time [12].

The leadership enjoyment is through potential productive changes and having a healthy productive atmosphere through better teamwork, a restored work environment and a strong connection to front-line staff [13].

The secrets for good leadership characteristics include many attributes such as excellent communication and negotiation skills; an understanding of society and conflict resolution and an understanding of the organizational structure to have professional ethics [14-17].

Leadership enjoyments requires being a role model and demonstrating idealized behaviour leadership. Also, a leader will need a clear vision, the ability to work collaboratively, have emotional intelligence and be accessible [18].

The leadership administration tasks are to put the patient first, to quit unproductive complaining, to think carefully for reasonable solutions, to take action for small changes, to delegate administrative tasks and finally to be more organized to achieve a work-life balance [19].

Many PCWs have a perception that their job is a physically, intellectually and emotionally demanding profession. They believe that you "can't give what you don't have". However, focusing on joy in these situations is important for three fundamental reasons. First, it is important for the patient's caring and healing (e.g., feels hopeful, confident, and safe). Second, a PCWs lives should be comprehensible, resilient building to become one of meaning and purpose [20]. Third, "remove barriers for workmanship pride", and create a "psychology of change", a system in which each member takes joy in [their] work [20].

Also, unfairness and inequality at work will have a drastic effect on a worker's engagement, different group output; marginalised decisions, which consequently lead to poor HCW performance and patient suffering [21].

Positive work environment results in enhanced work engagement, worker satisfaction, professional productivity, create high-performing organisations and decreases burnout and turnover rates [22].

It is the leader's responsibility to follow some steps to improve worker morale and help PCWs find and maintain joy in the workplace [22].

The leaders can engage colleagues and help them build happiness in the workplace by answering a few questions: What matters most for PCWs at work? (Step 1) What makes for a good day for PCWs? What makes PCWs proud to work here? Are PCWs at our best morale? [23].

Next, the leaders should discover the most critical impediments and barriers that prevent PCWs from reaching their professional, social, and psychological needs (Step 2) [23].

The leaders should then use these discoveries to make the changes required to improve work and lead to joy (Step 3) [23].

The PCWs will then implement the improvement solutions suggested by the leaders to accelerate improvement and create a more joyful and productive work (Step 4) [23].

Leaders should build worker's psychological safety through being accessible, approachable, show humility,

invite participation, view failures as learning chances, use direct, explicit language, set boundaries about what is not acceptable violation behaviour and hold others accountable for boundary; and develop a sustainable culture [24,25].

Constructive leaders should have answere for all crucial questions to build new engineering joy work: Do PCWs find meaning and purpose in their work? Do they feel that the work they do makes a difference in an organization's mission and goals? Do PCWs feel work flexibility? Do they have a choice of decisions? Do they have proper information? Do PCWs have performance improvement skills? Do leader provide meaningful recognition of colleagues' contribution. Do leader has participative management skills? Do PCWs have social cohesion and mutual support relationships? Do PCWs trust the organisation's leadership? Do leaders regularly practice transparent communication? Do team members regularly express appreciation for each other's work? Does the organisation have daily Improvement process? Does the organisation value PCWs health and wellness? Does the organisation appreciate work/life balance? Does the organisation have regular feedback about system performance? What is the organisation's management style? What is the quality of the supervisor leadership style? [26-28].

#### **Conclusion**

Working in primary care could be stressful sometimes. However, it is also a fruitful area where workers can find and maintain work joy through positive thinking and affection for learning.

When PCWs find meaning and purpose in their job, work productivity will increase drastically which results in an effective organization. The leadership and management practices should improve work enjoyment through a vital guidance journey. The opportunities to learn and to build a positive culture through nurturing joy in daily work are enormous.

#### **Potential Conflicts of Interest**

None.

## **Competing Interest**

None.

### **Sponsorship**

None.

#### References

- http://www.who.int/publications/almaata\_declaration\_ en.pdf.
- 2. http://www.physicianspractice.com/healthcare-careers/8-reasons-be-happy-youre-primary-care
- 3. Smiley S (2002) Enjoying family practice despite it all. Fam Pract Manag 9: 59-62.

- Kabat-Zinn J (1994) Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life. Hyperion, New York.
- Csikszentmihalyi M (1990) Flow: The Psychology of Optimal Experience. Harper & Row, New York.
- Al Ubaidi BA (2015) Why primary care doctors get sued and how to reduce your risk? Bahrain Med Soc 26: 121-123.
- 7. Al Ubaidi BA (2016) 12 good reasons to be primary care physician. International Journal of Advances in Case Reports 3.
- 8. Pendergrast J, Henry J (2002) Reconnecting with the joy of medicine. Fam Pract Manag 9: 84.
- 9. Antonucci J (2014) Joy revisited. Fam Pract Manag 21: 36.
- Al Ubaidi BA (2015) Ten steps for working smarter rather than harder in your clinic. International Journal of Advances in Case Reports 2: 379-380.
- 11. West M, Eckert R, Steward K, Pasmore B (2014) Developing collective leadership for health care. The King's Fund: London.
- Dyess SM, Sherman RO, Pratt BA, Chiang-Hanisko L (2016) Growing nurse leaders: their perspectives on nursing leadership and today's practice environment. Online J Issues Nurs 21: 7.
- Quince T, Abbas M, Murugesu S, Crawley F, Hyde S, et al. (2014) Leadership and management in the undergraduate medical curriculum: a qualitative study of students' attitudes and opinions at one UK medical school. BMJ Open 4: e005353.
- 14. McKenna M, Gartland M, Pugno P (2004) Development of physician leadership competencies: perceptions of physician leaders, physician educators and medical students. J Health Adm Educ 21: 343-354.
- Varkey P, Peloquin J, Reed D, Lindor K, Harris I (2009) Leadership curriculum in undergraduate medical education: A study of student and faculty perspectives. Med Teach 31: 244-250.
- 16. Pereira LA, Primo LS, Tomaschewisk-Barlem JG, Barlem ELD, Ramos AM, et al. (2015) Nursing and leadership: perceptions of nurse managers from a hospital in southern Brazil. J Res Fundam Care Online 7: 1875-1882.
- 17. Spehar I, Sjøvik KIK, Rosvold EO, Frich JC (2017) General practitioners' views on leadership roles and challenges in primary health care: a qualitative study. Scand J Prim Health Care 35: 105-110.
- 18. Frank JE (2005) Handling administrative burdens. Fam Pract Manag 12: 78.
- 19. Antonovsky A (1985) Health, Stress, and Coping. San Francisco: Jossey Bass.
- 20. Department for Business, Innovation, and Skills (2013) The Business Case for Equality and Diversity: A Survey of the Academic Literature. (BIS Occasional Paper No. 4) London: Government Equalities Office, UK Government.
- 21. Robinson D, Perryman S, Hayday S (2004) The Drivers of Employee Engagement. Brighton, UK: Institute for Employment Studies.
- 22. Kim S (2002) Participative management and job satisfaction: Lessons for management leadership. Public Administration Review 62: 231-241.
- 23. Edmondson A (2012) Teaming: How Organizations Learn, Innovate, and Compete in the Knowledge Economy. San Francisco: Jossey-Bass.

DOI: 10.23937/2469-5793/1510075 ISSN: 2469-5793

24. American College of Healthcare Executives and NPSF Lucian Leape Institute (2017) Leading a Culture of Safety: A Blueprint for Success. Chicago: American College of Healthcare Executives.

- 25. Judge TA, Piccolo RF, Podsakoff NP, Shaw JC, Rich BL (2010) The relationship between pay and job satisfaction: A meta-analysis of the literature. Journal of Vocational Behavior 77: 157-167.
- 26. Herzberg F (2003) One more time: how do you motivate employees? 1968. Harv Bus Rev 81: 87-96.
- 27. Epstein RM, Krasner MS (2013) Physician resilience: what it means, why it matters, and how to promote it. Acad Med 88: 301-303.
- 28. Shanafelt TD, Gorringe G, Menaker R, Storz KA, Reeves D, et al. (2015) Impact of organizational leadership on physician burnout and satisfaction. Mayo Clin Proc 90: 432-440.