

Libyan physicians and work environment: Are they spoiled and do we need to change their environment?

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ABSTRACT:

Libyan health services have a wide gap to overcome to be seen as an adequate provider for the Libyan citizen. One of the vital components of the health services is the Libyan physician. Discussions about the Libyan physician are numerous and are part of almost every gathering. They involve many aspects of the Libyan physician and the challenges that are facing him and may influence his performance. They include work environment, behavior, attitude, ethics and more. In this article we like to open the discussion of the Libyan physician work environment as a factor that influences productivity in order to avoid major problems such as physician's burnout.

KEY WORDS:

-Physician, Work environment, Administration.

INTRODUCTION:

Work environment is a major factor influencing satisfaction and production. This is true for the medical field too. It is vital to examine the factors that may improve the productivity of the medical professionals. The productivity in our field is measured in quantity and quality. Patient's safety, satisfaction and outcome are some of these indicators. Physicians' and other medical professionals' satisfaction is another factor. We have noticed no previous articles to address this issue in relation to Libyan physicians. In this paper we discuss some of the work environment issues that are related to the practice of medicine in Libya and hope to stimulate further scientific discussions about the subject.

Administration:

It is a multifaceted factor. Currently the Libyan administrative laws are very complicated for the physician to understand. At the same time most of the health services administrators are not properly educated and trained about management of medical institutions. So it is not unusual to find a new graduate who is a hospital director. This director finds him or her self in the middle of managing day-to-day issues that contribute nothing to the quality of the services offered or to the overall needs of the Libyan patient.

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The newly appointed director is busy with the day-to-day issues of job attendance of hospital workers, patient visiting hours, obtaining a government car for himself, referring friends to doctors, dealing with contracts, and searching out financial resources for him and his institution. Dealing with these issues results in a very busy and distracted director. They result in unfocused director who cannot think futuristically. He or she will have no time to use his or her vision to build teams and organize strategic plans for the institution. Such a director cannot bring value and enhancement to patients' care. Such a director cannot improve his own skills as a clinician. This director is more likely to be stressed most of the time, which will reflect negatively on his relations with colleagues, staff as well as patients and their families (3). It is understood that we cannot manufacture adequately trained health administrators and Libyan physicians have to fill this role for the time being. We believe that a transition period is needed for physicians to be in the forefront of the administration dilemma. We can improve their performance by implementing the following:

1-Developing fast track courses for such physicians who are selected to perform administrative duties. During these courses they would learn the basic skills of management, administration and empowering people. During these courses they would also need to study the basic financial laws in Libya and how to read financial statements and budget items.

2-Establishing an adequate budget to give financial incentive to the physician with administrative duty. Such

financial incentive will allow the physician to work with less financial stress and make him or her less likely to be involved in financial corruption.

3-Introducing the concept of the medical advisory boards to help with strategic planning and setting policies and bylaws for their institutions. In cases of relations between physicians and administrators, it is very critical for both of them to realize that they need each other. They do belong to two different groups in their thinking, expectation and views. However, it is important for the administrators and physicians to work together for the health of their organizations. One of the reasons Libyan physicians choose to go into the medical profession is because of a desire to improve the health and well being of others. We have to realize that the Libyan physician is similar to the rest of the Libyan citizens and could face situations where he or she needs the help of others. The physician has financial concerns, marital issues, legal issues, depression, stress, medical and other personal issues. Actually studies have shown that emergency room physicians are even susceptible to physical violence (4). It is pivotal for the wellbeing of the physician to have him know that care is available for him when he needs it. By addressing such needs we guarantee that the physician will deliver the highest care to his patients.

Office:

The office is really the basic unit for the physician to administer his or her patient's care. Good communication skills are major necessities for every physician. The physician needs to communicate with his patients, colleagues, and administrators. The psychological well being of the physician and the office staff is a must. In the office the physician can relax and think about his complex patients. He can search the literature and enhance his medical knowledge. He can contact his colleagues inside and abroad and seek second opinions. He can communicate with the family and help solving his family needs from the office in many instances. It becomes clear that the workload of the Libyan physician is heavy and no one can perform well without an office that meets his or her administrative needs. The minimum need is a physical office with a **computer** and a **telephone with Internet access**. The secretarial staff and fax capability costs could be shared with the entire department. With these minimal arrangements, the level of our expectations from the physician can be increased. We can ask him to be more patient with and more tolerant of the patient's needs. By providing this support we can anticipate that the physician can keep up with the advances in the medical field and be more productive clinically as well as academically. Providing the physician with such minima needs will result in a physician who is more receptive to changes that would enhance his ability to be more effective clinician.

Nursing:

Nursing is a very vital and independent field. Without a well-trained nursing staff, medical care could fail even with the best skilled physicians around. In Libya, if the work environment for the physician is improved, they

can be encouraged to enhance the skills of nurses and technicians by offering short educational courses for them. The addition of a college that offers nurses a bachelor degree is overdue. Such nurses will become the leaders in the field and will enhance clinical care significantly. The development of continuing nursing education would follow the graduation of highly skilled nurses. In some remote areas of the country the development of nurse practitioner programs may be found to be a valuable addition to deliver a cheaper health care with fewer physicians. We believe that Nurses job satisfaction and positive working environment would lead to positive physician-nurse relationships. This will ultimately leads to a better patient's care and better outcome (5).

Auxiliary services:

Advances in radiological and laboratory information are holding the physician hostage to its reliability. The medical field is becoming focused and highly specialized. It is not enough to claim that you are a cardiologist. There is the echographer, the electrophysiologist, the interventional and the general cardiologist to give some examples. Therefore it is extremely important to the physician to be able to rely on the accuracy of the patient reports he receives. Quality assurance in those fields is lacking, and the development of a sounding board is needed to address the issue.

Continuing medical education:

Advances in technology and the inability to deal with the flow of medical information places the physician at risk of not keeping up with the advances in the medical field. Those of us in the medical profession believe in the concept that every day is a school day. Medical knowledge is presented in large amounts and no one can be familiar with the entire medical literature in his or her field. However, a minimum of continuing medical education (CME) is needed to be able to enable physicians to practice patient care with a good margin of safety and success. CME courses are widely available on the Internet. There are many websites that offer a well-organized continuing medical education programs. This again leads us to the necessity of the Internet availability in every physician base office. A minimum number of CME hours should be required from the physician every 1-2 years to obtain credential renewal. To accomplish this, it is necessary to establish a credentialing committee in every hospital

Medical malpractice:

Medical malpractice is a relatively new concept to the medical community in Libya. There is clear trend to more complaints against physician practices and, as a result of a patient's dissatisfaction. This could be very well an indication to the work overload and inadequate physician-patient relationships. Such broken relationships could be related to physician exhaustion, anxiety and job dissatisfaction. It is important to regulate this field within our profession to control unnecessary cost and frustration to patients and physicians alike. We would recommend that the office of the general inspector to take charge of such activity with collaboration of the

professional associations and congresses.

CONCLUSION:

In summary the Libyan physician is the backbone of the health services. Improving the work environment for the physician and meeting his educational and administrative needs will result in major improvement in clinical care. We do need to focus on regaining the trust in the Libyan physician and health services to keep our patients inside the country and to keep our economy growing. We must admit that the workload on Libyan physicians has increased with minimal changes in administrative or financial support. This has resulted in psychosocial and physical challenges. It is being reflected on the performance of our medical care and created an urgent need for changing the situation. We do not think the Libyan physician is spoiled. We believe that the Libyan physician is a hard worker under less than ideal circumstances. The involvement of the Libyan physician in the field of administration is going to be needed and the focus on educating them about such skills is a must. Raising the educational level and the job satisfaction of nurses will also result in a better work environment and better patient's care.

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