ABSTRACT

Objectives: The objective of this study was to highlight and assess the important topic of the voluntary departure of the physician from his/her clinic. We used the topic of the voluntary departure of a family physician from the clinic as an example. The physician's leaving challenges the personal credo regarding the continuity of care, which is a basic concept in Family Medicine, and other professions, too: Psychiatrists are also devoted to long-term doctor-patient care. Leaving a place of work is a significant life event that can be accompanied by stress and even a crisis for the doctor, patients, and staff.

Methods: In this article, we will present four stories, of four family physicians who voluntarily left their practices, written from a reflective point of view, either before or after the actual departure. The stories will be analyzed in a qualitative way, and the central themes and narratives will be defined.

Results: The personal departure stories revealed important personal and systemic themes that emerge from and influence the departure process. Among the themes were: practical and emotional work circumstances; leaving as a grief process; and reactions of patients, staff, and management.

Conclusion: Qualitative analysis revealed that the voluntary departure of the family physician has complex personal and systemic implications. Practical implications: The combination of Balint group discussions and written reflections can help the physician better cope with the departure and also help patients and staff deal with the separation process.

INTRODUCTION

Separations are an unavoidable fact of life. The personal and family cycle of life comprises a series of separations and changes. Some separations are anticipated in advance and others are sudden and unforeseen. Either a one-way “cutoff” separation or a separation process that is conscious and mutually forged is a universal human dilemma. A one-way cutoff is described by Bowen (1) as a rift that occurs between one person and the rest of the family because of a difficulty in separating normally from the family. According to Erikson's psychosocial stages of development (2), a person's life is described as a series of anticipated goals, whose attainment involves the person's coping with conflicts vis-à-vis the social network. For instance, moving from one workplace to another may be expressed in conflicts between daring to leave a protected and a secure workplace and, on the other hand, stagnation and inactivity because of the fear of change. During the process of professional transfer, the need to safeguard one's privacy might conflict with the ability to intimately confide in colleagues about the uncertainty of separation. Levinson et al. in their book Seasons of a Man's Life (3) describe the stages of the cycle of life of a mature man as being shaped mainly by the social, physical world, with work and family at its center. These expected and normal stages, which include both periods of stability and periods of change, might also result in taking the initiative to make a change in work/workplace.

Holmes and Rahe (4) created a scale whereby they graded various life events and their impact on the danger of developing illness - either mental or physical. Being dismissed...
and leaving a workplace are quite high on the scale, 47 and 45, on a scale of 0-100 (with 100 as most stressful). They contend that every life event, whether it is desirable or not, can cause stress. Even a desired separation, such as a promotion in work, can be accompanied by stress and even a crisis situation, and therefore must be addressed.

Coping with the departure of a caregiver from his patient is an important topic in the work of mental-health professionals related to their coping with the end of psychotherapeutic care. In family practice, the main issue of separation of a physician from his patient is due to illness or death. In our view, there is not enough awareness among doctors of the implications of the separation process when they voluntarily leave their position of work.

A survey of physicians conducted in England between 1991–2001 found a 33% increase in the number of doctors planning to resign from direct care of patients (5). In another survey done in 2002 among 1,939 family physicians or general practitioners in the U.S.A., it was found that 27% forecast a clear chance of leaving their work in a span of two years from the time of the survey (6). Family practitioners, more than other doctors, are entrusted with continuity of care (7, 8) as well as integrative care: the care of patients belonging to a system of family, work and social environment.

Some family practitioners chose this specialty because of the subconscious fantasy of the so-called constant availability of the doctor to his patient. These aspects can, in our opinion, give rise to a difficulty in separating from patients when the physician voluntarily leaves his clinic. While it is important to note that articles and personal stories have been described in the literature about physicians retiring from work (9-11), little has been published about the voluntary leaving of physicians from work.

The physician must be aware of the fact that the difficulties created by his voluntary leaving may cause a parallel process in his patients and their families, as well as for other staff members and partners in his workplace.

In the analysis of the contents of letters from patients to their doctors who were retiring (12), it was found that patients responded in an emotional way to the separation process from their doctor whom they described as a “friend,” as a “family friend,” who “cares,” or was “always available.” Phillips and Green (13), two family doctors, described their community’s reflections about their colleague physician, the “personal doctor” in the community, who leaves his community and his patients (and their shared practice) after 33 years, because of cancer. The authors, the remaining partners, conclude by asking: “when we go, we know there will be friends, patients and stories to celebrate. We wonder: when those pictures are chosen to show us at our best, what will we be holding on to?”

Denning (14) wrote about “doctors suddenly leaving the practice” from the business-systems’ perspective. Here, the following questions may arise: What were the reasons for leaving? How should the managers respond? Who will replace him? Do we need to replace him? Will the next physician be a new recruit, fresh from training or someone from the community? He concludes by stating from the business’ viewpoint: “We all hope that key physicians never leave, but when they do, even when it’s without warning, don’t let the upset of the moment cloud your judgment.”

**MATERIALS AND METHODS**

In order to demonstrate the complexity of separation of physicians, we present four stories of family physicians voluntarily leaving their clinics, and then analyze the significant subjects, the emotional process, and the systemic overall aspects of their leaving.

In our presentation, these separation stories were discussed in Balint groups and some of them were written as personal reflective stories.

The stories were qualitatively analyzed and themes and central subjects that arose through the stories were defined. Through them, we attempt to define the central problems that should be brought to the awareness of the physician and the system about the separation process.

**STORY A**

A recess in the first stages of professional specialization, along with an expanding of the family nest - a chance for retrospection (female, 37, 10 years medical experience).

I left kibbutz infirmaries, and family clinics, which are characterized by the personal interconnections between the staff and the patients. I worked for three years in three clinics like this; in one of them I was part of the staff that established it. During this period of work, there was much coping and emotional and professional stress which arose from the work itself, from the involvement in the small communities and from the personal challenge I faced in connecting my own family life (at the stage of increasing the family nest) in a demanding job. I was very happy when the opportunity presented itself for me to take a family trip away from my country for two years due to an offer of work abroad accepted by my life partner.
Truthfully, I nearly “skipped” the separation process. I was totally immersed in my work, concentrating on the work itself. I notified my superiors and the staff of nurses in each clinic of my impending departure. But aside from that I didn’t plan and didn’t touch on the subject from any angle. From my standpoint, the best coping method for those remaining months before leaving was to “work as if there is no tomorrow.” Then I attended a Balint meeting of fellow physicians, which, from my point of view, was a dramatic turning point. The meeting took place about a month before my planned departure. In the Balint group, I talked about my coping with the continued care of a family in my practice who had just lost a son. From the story that I related, the group moderators honed the subject of the emotional connection with the family as possibly being connected to my own separation from the clinic.

At first I did not think that I needed any emotional processing for my impending separation, since the stopping of work was for a happy reason, and was desired. During the course of the process of change I discovered that the human connection that was established with the patients and staff during my work was very significant and precious to me, and it was not easy to separate from all of this.

I defined for myself that it was important for me to separate and summarize my leaving for the staff, “to change shifts” in an orderly way with the physician who was going to replace me. I also realized that in some way it was important to separate from the patients as well, or at least some of them, in a way that would provide a solution for me to separate from my relationship with them and plan for the future.

As a first step I wrote a letter which I asked to be published in the weekly news bulletin of the kibbutz - and a slightly different letter for each clinic. Most of the patients were surprised at first, some expressed disappointment, and some even felt hurt at my initiating a one-way decision to end the connection between us. Many expressed fears relating to the future of the clinic and the doctor who would replace me. It is worthwhile noting that there were a number of patients who were happy for me and expressed interest in my personal plans and those of my family, and wished me success.

At the same time, I met with the physician designated to replace me and we carried out a general briefing about the clinics. In each clinic, I decided, together with the nurses, which patients it would be important for me to invite for a farewell chat and summary. I became aware that each nurse, each patient, and each community clinic has its own personal style of separating and its own particular needs in ending a connection. One of the kibbutzim held a number of “farewell events”; in another the farewell was more personal, and in the third, the women of the kibbutz gathered in the clinic, for a thank-you meeting.

**STORY B**

**Separation in a stage of personal, professional and social assimilation – the price of advancement and pangs of separation (male, 57, 25 years medical experience).**

I have been a specialist in family medicine for the last 25 years, during which time I have been transferred to several different clinics. My last separation from patients was eight years ago, when I left a position as a family practitioner in a moshav (a rural settlement in Israel) to head the Department of Family Medicine. I worked in the moshav for seven years with a very poor population, whose health and life habits were dictated by a culture and tradition very far removed from the Western culture in which I grew up. This work satisfied my curiosity to learn about new and different cultures, to become flexible and to relax my Western standpoint, and gave me great satisfaction and a very special feeling. I was of the opinion that only a senior doctor, who knows himself and has vast professional experience, can cope with a population such as this one, and address their needs. Because I myself was an immigrant, having moved from one culture to another, the self-confidence I acquired in personal psychoanalysis and my prior experience in connections with patients, and perhaps also because of the length of my professional experience, I felt a feeling of control in my ability to handle things that I had not felt in previous positions.

The termination of my work at the moshav was planned because I was promoted in my work, and I was also privileged to have an expert in family medicine replace me in the clinic, a fact which without a doubt contributed to my ability to separate and feel less of a “traitor” to the people I had cared for over a period of many years. The doctor sat with me for two weeks and the community was invited, via a personal letter, to come and take leave of me and to receive the new doctor. In the letter, I described my valuable work in the community and the sadness that I felt in leaving the clinic. While the presence of the replacing doctor in the room often disrupted the feeling of intimacy from previous visits, it did not prevent patients from expressing their appreciation of me and their sorrow at my leaving. Only a few did not come to say goodbye. Some brought gifts, others sent me letters, and some presented me with poems which they wrote. Some sent me wine which they themselves made. Without a doubt they missed me, as I
missed them. I also discussed my feelings in my regular Balint group.

Despite the transfer to a position which is considered a step up on the social-professional ladder and despite the feeling of release from the emotional burden of working in such a demanding environment, the day after I finished working there I began to feel a sense of emptiness and loss. In my work with these patients I had a continued sense of doing a "good deed." I always felt needed and alert, despite a few moments of friction, of frustration and pain. Work in a poor community fulfilled in me a socialist wish for a more equal society, and a better one. This is the place where I was really needed and the place that gave me a sense that I understood their culture and my place, a place that gave me the sense of being chosen to do my work, which gave me much fulfillment.

Looking back, today I am thankful to my patients and the nurses I intimately worked with, together aiming at a mutual significant goal. I am thankful too for the opportunity given to me to grow and develop, to remember, to hurt and to feel pride and happiness.

STORY C
Leaving a management position from a stage of acceptance, and returning to patients (female, 57, 30 years medical experience).

I began working in a teaching clinic for interns, medical and nursing students, as an expert in family medicine, and I was the director of the clinic for 25 years.

In recent years, I felt that the demands of the management had increased, without providing sufficient support. Half a year ago, I reached the conclusion that it was time to extricate myself from this position and to return to being a "regular" doctor.

From the management's standpoint, the necessary steps were taken to find me a replacement, and I was offered a position in a different clinic in a new neighborhood.

Leaving the clinic involved separating from the staff, my colleagues, the doctors, and my many patients, many of whom I had "raised" since their infancy. The staff often expressed their warm feelings towards me, feeling that I was in many ways a “mother figure” for them, and therefore was very saddened by my proposed departure.

About six weeks before my departure, I asked the management to send a personal letter to my patients, in my name. The letter was sent out by the marketing department, and thus it soon became clear to me that the institutional motives did not coincide with the personal separation process, as I saw it.

The timing of the letter was very important - the letter arrived about two weeks before I left, and the reactions were, for the most part of astonishment “Why you?” and “Why now?”, “Don't you want to care for us anymore?” My response was very clear “I'm tired of managing…”

I asked the management for two weeks of training time with the new doctor, to transfer the tasks to him and for him to get to know the patients. I studied the list of my patients, and together with the nurse, we decided which patients to invite for a visit, which patients to speak to on the phone, and which patients we thought would be satisfied only to receive the letter sent to them. Together with the new physician, we conducted house calls to most of the home-bound patients.

These visits were for the most part emotional; I received gifts, emotional letters, plants and flowers. Some of my patients chose to move with me to the new clinic.

I have now been working for a few months in the new clinic. The tremendous burden of managing the clinic has been lifted from me; I feel great relief, as well as physical and emotional well-being.

The new clinic has absorbed new patients and families. The experience of receiving a new patient again had been unfamiliar to me, for a long time. To “begin at the beginning” is an interesting and challenging experience. After many years of treating the same patient population, this is a refreshing change.

Separating from the staff was also laden with emotion: friends from the past were invited to the farewell ceremony, many expressed their feelings by wishes, poems and music. A video presentation was presented, a beautiful album was prepared, a picture for my wall in my new clinic was given, and not a few tears were shed!

I felt that I accomplished the separation well, from the standpoint of the staff, from standpoint of the patients and from my own standpoint.

STORY D
Leaving a clinic for refreshment and preventing exhaustion, and its impact on a special caring connection (male, 62, 36 years medical experience).

For 20 years I had worked in a rural clinic, with much satisfaction. However, recently the enjoyment from work lessened, influenced by changes in the clinic and conflicts with management. I wanted a new start, and when an opportunity presented itself, I chose to pursue it.

I advertised my date of departure and began conducting farewell meetings with my patients, some of them planned and some spontaneous. There were some patients
who didn’t react to the departure, and there were those who transferred to another physician, as if by coincidence. However, I realized that for some of them I had become much more significant than I had intended, significant to the point of dependence. One of these was M., whom I had treated for her illnesses and their complications. The connection between us deepened even more as a result of the care I gave to her daughter and her two parents, one after the other, for serious illnesses which eventually led to their deaths.

M. heard about my impending departure accidentally, and immediately phoned me, expressing hurt and disbelief. As a result we met a few times. M. did not allow time during these meetings for a discussion about the impending separation. She refused to accept it. Our connection was strong and I was irreplaceable for her and, as she said, she would not survive without me. She thought even of moving close to my new clinic either by selling her house or moving close to me in order to become a patient at the new clinic where I was going to be working, a very unrealistic idea in her situation.

In addition M. wrote letters to the management of the HMO asking them to convince me to remain. M. was dear to me as a patient and as a person but it was difficult to cope with this dependency which had developed because of these special circumstances, and to which I had unwittingly contributed.

I raised the difficulties of the separation in a Balint group. The group raised associations and emotions so that I was able to realize my need to change and therefore separate from M. and even to strive to get her good wishes for my impending success.

As a result of the meeting in the group and after sharing feelings via e-mail with partners in the group, I wrote a letter to M., in which I described our relationship and how I saw the entire process. I described how I found her house when I first came to meet her daughter who was sick with cancer. I described the entire difficult process of caring for her daughter, until she asked for my support at the end of her loved one’s young life. I wrote about her parents’ home and the connection between us during the final years of their lives. I described to her how special her family was to me, and the care I provided for them all. I related to the process that she was undergoing and the difficulties she faced in order to provide quality of life to her loved ones and the death that they sought. I wrote about our mutual partnership in this.

At our next meeting I read her the letter. This time too she reacted with an unwillingness to accept my decision. After I left, M. and I met a few more times and talked on the telephone. I did not hear any change in her willingness to separate from me by her words, but essentially, our telephone connection began to fade more and more. Two years after my departure, the conversations between us became very sporadic and infrequent, and centered on her daughter’s and granddaughter’s health.

Now, with time and distance between us, I understand how significant the connection with M. was for me but also how threatening it became. In the Balint group I had the opportunity not only to work through the separation process and to plan it for the good of the patient, but also to formulate for myself a new contract of connection for my new professional chapter, which will probably be the last one before retirement.

RESULTS

ANALYSIS OF THE THEMES AND NARRATIVES:
1. Background of the work, the clinic, and description of the patient population:
All of the authors began their stories with a description of their workplace and the patients they cared for, as a place of professional learning. Here we see the expression of a family practitioner as someone who is involved in the life of the community and in the lives of his/her patients and their families, over a long period of time. The stories described clinics - rural, kibbutz and city - at higher or lower socioeconomic levels, and also the general characteristics of each clinic. The doctors primarily described the clinic as a “professional home” in which they created something new for themselves, both from a professional and from a personal viewpoint: “this work satisfied my curiosity to learn new cultures” or “a sense of being chosen to do my work,” or “separation from staff, colleagues and patients I had ‘raised’ since their infancy.” They underwent a sort of cultural immersion in a new land as immigrants: “because I myself was an immigrant … I felt control in my ability to handle things,” or a first experience in combining, family and work in my life: “involvement in the small communities and the personal challenge in connecting my own family life in a demanding job.”

Two of the stories (A, B) took place quite early on in the professional career of the physician and the two others (C, D) further along in the doctors’ careers. Stories A, D were written during the separation process and stories B, C were written from a later perspective, after the separation.
2. Motives for leaving:
Motives can be varied: family needs during the personal life cycle, burnout and professional development. According to the stories, it appears that the motive of career development or the motive of a family need were experienced as less ambivalent, and, as a result, were less conflicting for the leaving physician. This was expressed in story C by the doctor’s expectation of more considerate support by the organization’s management, for example, in sending a farewell letter in advance to facilitate a more appropriate separation process: “I asked the management to send a personal letter to my patients in my name... the letter was sent out by the marketing department.... It soon became clear to me that the institutional motives did not coincide with the personal separation as I saw it.”

3. Emotions of physicians before and after their leaving:
The doctors showed ambivalent feelings. On the one hand, they experienced release from emotional and physical burdens, from professional exhaustion:
“Recently the enjoyment from work lessened.... I wanted a new start” or “I felt that the demands of the management increased without providing sufficient support... it was time to extricate myself” ... “or happiness at being promoted or a family experience like a prolonged trip abroad”: “there was much emotional and professional stress ... I was happy when the opportunity presented to take a family trip for two years.” On the other hand, some expressed feelings of denial and “doing instead of feeling”: “I nearly skipped the separation process ... I was immersed in work.... I worked as if there is no tomorrow.”

Emotions described after the leaving included emptiness and sadness: “I began to feel a sense of emptiness and loss” or feeling of relief: “I feel great relief as well as physical and emotional well-being.”

The physician separated from patients and families that he had accompanied for many years in health, crises and death, and also in various life events: “leaving the clinic involved separating from ... patients, many of whom I had ‘raised’ since their infancy.”

In story A, the leaving of the doctor coincided with a tragic event in a family she was treating. This led the doctor to discover and confront her own difficulties in the separation.

The feelings that accompanied the separation resembled the feelings accompanying a process of grief as described by Kubler-Ross (15). Coping was accompanied by feelings of sadness, anger, bargaining and negotiation, and acceptance and making inner peace. Some of the physicians expressed their grief for the lost world of the clinic they left: “M. was dear to me ... it was difficult to cope with this dependency because of these special circumstances ... now with time and distance I understand how significant the connection was ... but also how threatening it became.”

4. Separation from staff and management:
Involving and updating the management about a voluntary departure, and a request to find a different position left the physician feeling that there was a gap between the perception of the managerial response to her leaving and the expectations of the physician in the leaving process: “from the management standpoint, the necessary steps were to find me a replacement” or: “I asked the management to send a personal letter in my name ... the letter was sent by the marketing department ... the institutional motives didn’t coincide with the personal process.” Involvement of the replacement physician in the separation process helped to serve as a “shock absorber” for the physician himself as well as for his patients: “an expert in family medicine replaced me ... contributed to my ability to separate and feel less of a traitor.” But despite that, in the background remained the question, “Will the new doctor succeed in adequately filling my place with the patients? ... his presence in the room disrupted the feeling of intimacy from previous visits.” To some of the staff members, it was difficult to separate, and they expressed ambivalent emotions; some of them tried to prevent the departure, but when they understood the reasons for it, the separation was made easier. Participation of the staff in the conversations with the patients was important.

5. Separation from the point of view of patients and families:
Ambivalence was expressed in the emotional and actual reactions of the patients. Some patients were happy for the doctor’s decision and wrote farewell letters or brought presents. Others wondered about the motives for leaving and others expressed feelings of sadness and anger and protest. In story D, the anger and denial were similar to the recurrence of a grief reaction in the family with which the doctor was involved in the past. There were also expressions of denial and indifference: “some didn't react and some asked to be transferred to another doctor as if by coincidence.” The physician also noticed the differences in types of farewell ceremonies in various communities: some were more public, others more personal.

6. The leaving process reflection as a “life review” (16):
The stories described in our cases represent a sort of professional life review, and the separation offers the physician an
opportunity to reflect, examine and evaluate a significant period in his/her professional life: “work in poor community fulfilled me a socialist wish for a more equal society…. This is a place where I was really needed … a place that gave me the sense of being chosen … which gave me much fulfillment” or “the experience of receiving new patients again which was unfamiliar to me, to ‘begin at the beginning’ is a challenging experience … a refreshing change” or “now with time and distance … and in my Balint group I was able to formulate for myself a new contract of connection for my new professional chapter in my life, which will be the last one before retirement.”

**DISCUSSION**

Although this article describes stories of family physicians, it might relate to the voluntary departure from a place of work by any physician or other caregiver.

The article presented and highlighted the complex process of family physicians voluntarily leaving their clinics.

Smith et al. (17) wrote about using role-playing exercises and physicians’ scripts to teach termination skills for residency training in family practice. In their evaluation of the teaching methods, they found that the residents value termination instructions, prefer participative approaches, and report greater sensitivity to the feelings and issues evoked by termination. Reflective writing and the development of reflective abilities were found to be essential for professional competency. Reflective writing helps to promote feedback in the physician’s training, improve the accuracy of diagnosis, create empathy and enrich the quality of life for the doctor (18).

We chose to highlight the issue of the voluntary departure from work, through reflective writing and Balint group reflections.

The separation takes place in the context of an individual within his professional establishment - his staff and management system. Analogies that arose from the personal stories heighten the parallel process of separation that takes place in a family (19). A family member who separates from the family structure expects that they will send him graciously “from the nest” and give him their blessing. When a physician leaves his work, sometimes because of conflicting emotions or lack of awareness of the management system, he expects a positive expression of goodbye from the management. But since leaving sometimes involves conflict, this happy goodbye is not always possible. In our cases, neither the needs of the physician nor those of his patients and staff are met due to lack of proper tools -such as time to organize, or the opportunity to write farewell letters in a way that will transform the separation into a more conscious and thought-out process for the patients and the physician.

The emotional and practical aspects of voluntary departure are similar in part to a grief process and involve the physician, patients and their families, staff and management. The process also depends on the degree of ambivalence about the reason for leaving. Those at the managerial level should also be aware of the complexity of the process for the benefit of the patients and families. It must be remembered that in addition to the leaving and the crisis that accompanies many cases, this is also an opportunity to develop personally and professionally.

Wald and Reis (18) contend that there is a need to evaluate the effectiveness of reflective writing at various stages of the professional cycle of a family physician. Our paper illustrates the importance of reflection as an emotional and practical tool in dealing with the leaving process. This was described previously by Smith et al. (17), and the sharing of the leaving process in Balint groups was described by Shorer et al. (20).

Writing “farewell letters” from the caregiver to the patient, as a part of a therapeutic process, was originally suggested by White and Epston (21), pioneers of the narrative therapy approach. It should be pointed out that in case D, it was shown that reflective participation in a Balint group led to reflective writing afterward. Matalon and Rabin in their book Behind the Consultation (22) demonstrated correspondence between two clinicians, a family physician, and a clinical psychologist. Formulating a letter and writing a story to be read by another person is often a very helpful process for the writer. Doctors and psychotherapists often need a person, or a group meeting like a Balint group, to whom they can talk spontaneously about what happened with a patient, while they are still preoccupied with that story. When writing a story-as-letter, we usually try to relate experiences, thoughts, emotions and fears clearly, in a comprehensible manner. Every story has its order of subjects and content, an internal coherence. This does not always follow common logic, and often develops according to a private, subjective logic. “It is not good that man should be alone” (Gen. 2, 18) - the need for a mate was clear even in the Garden of Eden, and is doubly clear here on Earth, where family physicians and psychotherapists work very much alone, coping with their often painful emotions and compassion fatigue. This reflective sharing can be seen as another
tool for doctors facing similar situations, helping them discover creativity and enthusiasm in their work and preventing burnout (23).

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Explain the differences among a relationship instance, a relationship type, and a relationship set. Relationship type is the nature of a relationship between entities, expressed by the number of their possible occurrences in the related tables. The differences between a relationship instance, a relationship type, and a relationship set are: 1. Relationship instance is an association of entities, where the association includes exactly one entity from each participating entity type. 2. Relationship type defines a relationship set among entities from these types. 3. Relationship set is a set of a

Why volunteer? Plenty of reasons! In our post we share with you the surprising benefits of volunteering that you may have not thought of. Most nonprofits would not be able to do the important work they do without the power of volunteer work. Nothing gets done by one person alone, which means we have to band together to make the changes we want to see in the world. Volunteerism has indeed been the fuel to the fires of change both on international and local fronts.

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Workplace conflict is inevitable when employees of various backgrounds and different work styles are brought together for a shared business purpose. Conflict can and should be managed and resolved. With tensions and anxieties at an all-time high due to the current political divide and racial inequity discussions at work, the chances for workplace conflict have increased. The first steps in handling workplace conflict belong, in most cases, to the employees who are at odds with one another. The employer's role is significant, however, and is grounded in the development of a workplace culture designed to prevent conflict among employees to the extent possible. Among those looking for work are supply teachers. Vesna Godart’s company, London Governess, has seen a similar surge in demand. She said she was receiving more calls from families who had moved to Dubai during lockdown.

'I've nothing left to give': parents on home schooling in lockdown. Read more. We used the topic of the voluntary departure of a family physician from the clinic as an example. The physician's leaving challenges the personal credo regarding the continuity of care, which is a basic concept in Family Medicine, and other professions, too. Psychiatrists are also devoted to long-term doctor-patient care. Leaving a place of work is a significant life event that can be accompanied by stress and even a crisis for the doctor, patients, and staff. Methods: In this article, we will present four stories, of four family physicians who voluntarily left their practices, written from a