



SHARING ME TO SERVE YOU

IF YOU PICKED UP THIS BOOK, THEN YOU MOST LIKELY REACHED A point in your career as a doctor where you can no longer stand feeling unheard. You probably have been questioning many aspects of your job, perhaps including whether to reduce your commitment or quit altogether. For sure, you are looking for solutions, just as we do for our patients. And if you are not a doctor, kudos to you for showing an interest. I promise this book has great value for you too.

Some of you may be also wondering who I am and why I have decided to write about/to frustrated doctors. The truth is by writing about doctors' frustrations, my aim is to also raise awareness about the frustrations of all professionals and not only within healthcare.

Work-related frustrations are so common that in many cultures, moaning about one's job is a common prop to initiate conversation with strangers, coworkers, and family members. For sure everybody has many reasons to be frustrated in their personal or professional field. If there ever were a "frustrated people's party", it would win any election as a landslide—and in many cases, it has!

I believe it's important to address doctors' frustrations because, if ignored, they have profound negative effects affecting not just doctors and everyone involved in healthcare, but also the very same people we are looking after: the patients. Something you will learn more about later in this book.

I chose to write about/to doctors because this is the area I

have the most experience, subjectively and through talking with colleagues from different grades, specialties, and working in different countries. As you come to understand, the same principles and methodologies discussed in this book would likely apply to other healthcare professionals.

While it would be impossible to tackle every frustration we as doctors experience, my focus in this book is writing about solutions to common doctors' frustrations and unveil the positive consequences of doing so.

Let's say you made a note of the frustrations you experienced daily in your professional career over time, what number would you have reached by now? After a while, you may have noticed that most of those would be repetitions or only slight variations around the same issues. If you paid even more attention to what is happening to you throughout your working day, most likely you would still capture new ones as new experiences occur.

In my experience, we only share some types/sources of frustration with colleagues in the same workplace. Why? Because each of us experiences the world differently and has different expectations and unique sets of values (more on this later); therefore, our individual frustrations vary. Also considering differences in background, education, culture, beliefs, workplace, healthcare system, age, role, etc., one cannot help but wonder, how many frustrations do we collectively experience?

Changing jobs or workplaces is often perceived as a way to "leave behind" old frustrations, but soon enough, we encounter countless new ones. How to even start talking about such a huge topic is a hurdle on its own that many of us doctors need to overcome.

"How do you eat an elephant? One bite at a time."

My intentions are to share insights, instigate reflection, sparkle conversations, promote thinking "outside the box," and empower

other doctors to be changemakers, so instead of cataloguing or systematizing frustrations in an analytical scientific way, I chose ten common sources of frustrations which have been recurrent themes in my own and my colleagues' experience as doctors. Those I focused on are what stimulated my desire for self-reflection, learning, and ultimately embarking on a personal growth journey, which I am inspired to share with you. I trust that what you will be reading throughout this book is what inspires you to look at your own frustrations differently.

First and foremost, I am dedicating this book to fellow doctors. However, what I am writing about will also speak to everyone working *in* healthcare, *with* healthcare, or *interested in* healthcare, such as managers, executives, policymakers, politicians, regulators, professional societies, insurers, suppliers, among others. As a way to start meaningful conversations and transform working relationships, please share it with everyone you believe should hear the messages it carries, be it your family/partner, your colleagues, your superiors, your employees, your managers, your trainees, other healthcare workers, etc.

I believe this book has the potential to improve and transform, not only the lives of doctors, but also many others, and by reading it, I hope it will reawaken within you the certainty that you can do so too.

As I trust that you, my reader, are another equally busy individual, I opted to keep this book concise and to get to the point fairly quickly in each chapter. Those of you who are more interested in hearing further on how the ideas shared can be conversation-starters, I invite you to reach out for further collaboration.

I also love to acknowledge and endorse the numerous teachers and mentors encountered throughout my life, and I will occasionally explicitly mention some of them in the text or footnotes. As this is meant to be a useful and pragmatic book for fellow doctors, and neither an academic bibliography nor my autobiography, my brevity

is not a reflection of the gratitude and love I have for all of you who positively contributed to my growth and transformation.

How This Book Came to Life

Often it is at the worst times, when our lives are threatened, that we make a decision to do something about it. At the outbreak of the COVID-19 pandemic, as the news of the epicenter in Europe being in Northern Italy started to be shared, I was instantly alarmed that it would not have been long before it would have reached the United Kingdom. Fellow colleagues from Italy started reaching out and sharing all the information they had about the disease, the complications they started to observe, the protocols they had implemented to protect themselves from the virus, and the empirical treatments they started in the patients affected. At the same time, the instructions we received on how to handle the situation locally was confusing to many of us, our voices as professionals in our field were often ignored, and we were told to just follow orders.

Soon after being instructed to downgrade the protective personal equipment, I found myself ill with this new insidious virus, being forced to find creative ways to be tested at a time when staff testing was not even “set up.” I ended up isolating myself at home, and only thanks to friends I had access to groceries and medications. I was encouraged to go back to work as soon as the fever subsided. Having been denied a further test to check whether I was still contagious (I continued to have a productive cough for another two weeks), I chose to wear a surgical mask to protect others. In doing so, many of us ended up being blamed for wearing masks in the hospital corridors and other public areas by people working in the hospital instructed by managers to discourage use of PPE outside clinical areas. The truth is no one was prepared to handle the complexities that the COVID pandemic brought upon our lives.