



GROUNDING THEORY REVIEW

An international journal

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2014

Grounded Theory Review, Vol 13 (Issue #2), 56-60

The online version of this article can be found at:

<https://groundedtheoryreview.org>

Originally published by Sociology Press

<https://sociologypress.com/>

Archived by the Institute for Research and Theory Methodologies

<https://www.mentoringresearchers.org/>

Applying the Theory of Optimising Professional Life

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Abstract

Glaser (2014) wrote that “the application of grounded theory (GT) is a relatively neglected topic” (p. 1) in the literature. Applying GT to purposely intervene and improve a situation is an important adjunct to our knowledge and understanding of GT. A recent workshop of family doctors and general practitioners provides a useful example. The theory of optimising professional life explains that doctors are concerned about sustainment in their career and, to resolve this concern, they implement solutions to optimise their personal situation. Sustainment is a new, overarching concept of three needs: the need for self-care to sustain well-being, the need for work interest to sustain motivation, and the need for income to sustain lifestyle. The objective of the workshop was to empower doctors to reinvent their careers using this theory. Working individually and in small groups, participants were able to analyse a problem and to identify potential solutions.

Keywords: Career development, sustainment, optimising professional life, general practitioners, grounded theory.

Introduction

Glaser (2014) pointed out that “the application of grounded theory (GT) is a relatively neglected topic” (p. 1) in the literature. At the 2014 Wonca Europe conference of family doctors and general practitioners (GPs), I conducted a workshop with three colleagues that applied my theory of optimising professional life. The objective was to empower doctors to reinvent their careers. I found that this theory and its concepts resonated with workshop participants. Working in small groups, they were able to analyse a problem which individuals in the group were experiencing and to identify strategies that could assist them.

The Theory

The workshop was based on my research, for a Doctor of Philosophy thesis, that investigated how Australian GPs experience their careers and participate in primary health care. For my study, I used GT based on the early work of Glaser and Strauss (1967) and Glaser’s subsequent works (Glaser, 1978,1998). I collected data from 37 study participants.

The emergent theory of optimising professional life explains that experienced GPs are concerned about sustainment in their career and, to resolve this concern, they implement solutions to optimise their personal situation. Sustainment is a new, overarching concept of the three needs that GPs have to sustain and grow their careers: the need for self care to sustain well-being, the need for work interest to sustain motivation and the need for income to sustain lifestyle.

Optimising involves assessing alternatives and choosing the best—after taking into account the particular set of circumstances and the constraints involved. GPs find these alternatives in four main areas: in treating patients, in structuring the workday, in integrating work and personal life, and in adapting oneself. Firstly, treating patients refers to the work content—how that work is done and the type of clinical work. Secondly, structuring the workday refers to the administrative progress of the day—the mix of roles, place of work, timing of appointments, deadlines and so on. Thirdly, integrating work and personal life relates to how seamlessly doctors can bring these two life roles together. Finally, adapting oneself involves building ones skills and resilience, or perhaps changing one's perception of what is needed.

This new career development theory explains the trade-offs GPs make between competing needs to optimise their personal situation and the constraints involved. In doing this GPs can change the focus of their clinical work, re-structure their day-to-day working life, improve how they integrate work-life balance, and enhance their skills and personal capacity.

The Workshop

Whilst coming from different generations and work contexts, most family doctors and GPs experience a need to rejuvenate their careers over time. The workshop at the 2014 Wonca Europe conference brought together an international group of doctors to reflect on their careers, share lessons learnt, and explore how individuals adapt when faced with new challenges. Workshop participants were provided with a framework of my theory to help them understand and resolve issues that could trigger decisions to make career adjustments.

The workshop, led by three facilitators, included a panel of family doctors and round-table discussions. In these activities, participants were expected to reflect on their own career-path, both past and future. We conducted two exercises. Forty-three doctors attended the workshop from different European countries, two were from Australia and two were from the United Kingdom.

The First Exercise

The objective of the first exercise was to show how to analyse a career problem. Workshop participants were asked to think about two or three occasions during their working life when they made changes that influenced and shaped their medical career.

Questions were asked: So when you were in that situation, what were your main concerns?" and "What bothered you the most?"

Using Post-it notes, participants wrote down why they made these changes. These were collected, sorted into categories of need and discussed. The results showed that most of the concerns fitted within the three categories of sustainment. This exercise demonstrated that doctors at the workshop understood the issues addressed by the theory and found them relevant.

The Second Exercise

The objective of the second exercise was to analyse a current problem and identify solutions to resolve the unmet need. Workshop participants were split into smaller groups of 4 to 6 people and asked to discuss solutions to a particular concern using the theoretical framework suggested in my theory of optimising professional life. Prompting questions were used to stimulate the discussion, for example:

- What could I do in my clinical work treating patients to resolve a concern I might have with my self-care?
- What are the actions I might take in order to bring about the desired change, for example, changing my clinical workload (the number of hours worked, the number of patients treated)?
- Could I change the mix of clinical and non-clinical work I do?

Glaser (2014) stresses an important feature of applying GT is that the favourable change or solution should emerge naturally. In the workshop discussion, which followed from the second exercise, doctors found favourable solutions to several scenarios:

- In treating patients: new work teams and workplace culture were recommended to alleviate work stress.
- In structuring the workday: changing work roles added work interest, whilst allocating catch-up time and sharing work could relieve work stress.
- In integrating work and personal life: job sharing would enable individuals to take personal time off from work.
- In adapting oneself: learning how to work cooperatively, building personal resilience, changing expectations, and accepting the unchangeable were suggested as solutions to sustainment.

Discussion

Individuals attending the workshop were expected to consider their careers and possible changes that could be made in the future. The theory of optimising professional life offered a problem-focused approach to resolving career issues. This is an approach, which has been found to help doctors integrate work and life events and improve

satisfaction in general practice. This theory provided a framework to guide individuals in developing their own long-term careers and to ensure they were well prepared and trained for evolving models of medical practice. The framework was used to understand issues they had in their career and empower them to sustain their interest and satisfy a need for self care and income.

The conference workshop indicated how the theory could be applied by individual GPs to examine and progress their careers. In addition, the theory could be utilised by policymakers to assess the likely effectiveness of various policy options.

Over the past decade, a number of initiatives have been introduced in Australia to address the problem of GP workforce shortage—without reform, this shortage is likely to continue into the future. A range of factors have been recognised as influencing why, where, and how GPs provide professional services. These include family, social and professional relationships, as well as lifestyle and market forces.

The theory of optimising professional life explains GPs' careers, and their vocational behaviour, based on the issues and problems being processed by the study participants. Applying this explanatory GT to a particular problem in GP workforce policy and practice would need more detailed questions to be answered (Simmons & Gregory, 2003), for example: What does the theory of optimising professional life indicate about the real-world problem to be solved? And what does this theory indicate that needs to be done in order to mitigate this policy problem?

Nevertheless, this theory provides a new perspective for the design and implementation of GP workforce policy and practice. It provides a framework for integrating macro (structural) and micro (psychological) dimensions of an issue. At the micro level, an initiative is more likely to be embraced by doctors if it enhances the comfort they have with their self-care, staying interested in the work and financial reward. An initiative should provide opportunities to resolve any discomfort through treating patients, structuring the workday, integrating work and personal life and adapting oneself. The theory also predicts that implementation of a new policy is likely to be more difficult where an initiative hampers any of these facets of GP professional life.

Conclusion

In setting out general properties of applying GT, Glaser (2014) correctly suggested that being able to apply a GT is an important adjunct to our knowledge and understanding of GT. This workshop to improve the satisfaction that individuals feel in their professional life provides a useful example of applying GT.

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