The Party Committee: A Quinquenary Prevention Approach to Burnout in Primary Care

Coutinho Mariana¹*, Carreira Patrícia¹, Magalhães Nuno¹, & Constantino Rita²

¹Planalto Family Health Unit, Lezíria Local Health Unit, Santarém, Portugal
²Falcão Real, Family Health Unit, Lezíria Local Health Unit, Santarém, Portugal

*Corresponding author: Coutinho Mariana, Family Medicine Resident, USF Planalto, ULS Lezíria, Portugal.

Abstract

Burnout among healthcare professionals is an increasingly recognized challenge in primary care, with significant implications for professional well-being, team dynamics and quality of care. This article describes the implementation of a simple organizational project based on the principles of quinquenary prevention in a primary healthcare unit. The "Party Committee" was created as a low-cost initiative aimed at promoting a supportive work environment and strengthening team cohesion. Each year, a micro-team is elected to organize social and team-building activities throughout the year. To evaluate the perceived impact of this project, an anonymous and confidential survey was administered to all healthcare professionals working in the unit. Of the 22 professionals in the healthcare unit, 20 completed the survey. Most respondents reported positive outcomes associated with the initiative. Most respondents felt that the activities helped strengthen interpersonal relationships and improve team spirit (70%), while 60% perceived an improvement in the overall work environment. Regarding personal impact, 90% of participants expressed high satisfaction with the project, and 70% reported increased motivation in their daily professional activities following the implementation of the Party Committee. This case illustrates how simple, thoughtfully organized initiatives can contribute to healthier and more cohesive healthcare teams. By prioritizing the well-being of healthcare professionals, this project highlights the relevance of quinquenary prevention as a practical approach to burnout prevention in primary care settings.

Keywords: Burnout, Quinquenary Prevention, Healthcare Professionals, Primary Care, Family Medicine.

Introduction

Burnout syndrome is defined as a mental and psychological condition that results from chronic workplace stress and is characterized by feelings of exhaustion, depersonalization and a diminished sense of personal achievement. It is recognized as an occupational phenomenon, associated with decreased quality of care and an impaired doctor-patient relationship, reinforcing its relevance as a public health and currently representing a major challenge for healthcare systems [1].

It has become increasingly prevalent among healthcare professionals, particularly in primary care, where high patient volumes, significant time pressure, increasing clinical complexity and excessive administrative demands are common [2].

In 2014 emerged a new concept called quinquenary prevention that focuses on the protection of healthcare professionals. The main goal is to prevent harm to patients by acting on the well-being of healthcare professionals, through strategies that reduce burnout and protect mental health within healthcare teams. Quinquenary prevention recognizes that safeguarding the work force is itself a form of preventive care [3,4].

Methods / Case Description

A descriptive, observational, cross-sectional study was conducted in a Family Health Unit in Portugal to evaluate the perceived impact of an organizational well-being initiative known as the "Party Committee".

The Party Committee was conceived as a simple, low-cost intervention aimed at promoting team cohesion and improving the work environment. Each year, one of the units´s micro-teams, composed of a family physician, a nurse, a resident physician and an administrative staff member, is elected to serve as the Party Committee. The election typically takes place on January 6th during the unit´s weekly staff meeting. The elected team is responsible for organizing social activities and key events throughout the year with the purpose of fostering team spirit and reducing workplace stress. Symbolically, a flag is passed on election day to represent the transition of responsibility, and a new micro-team assumes the role of the Party Committee the following January.

Over the course of the year, the Party Committee organizes a variety of informal and symbolic activities. These include shared moments during festive periods, such as Christmas lunch held during the weekly staff meeting, seasonal celebrations inspired by local cultural traditions and small symbolic gestures to acknowledge meaningful dates, reinforcing a sense of belonging and shared identity within the team. On occasions such as Valentine's Day, International Women's Day, and local festive celebrations, professionals received personalized messages highlighting individual qualities, giving motivation and professional appreciation. Other initiatives have included commemorating the unit´s anniversary through workplace decorations, organizing group activities outside de clinical setting, such as a nature-based outing or a collaborative team-building experience (e.g., an escape room) and promoting social interaction among team members.

The Family Health Unit included 22 members from different professional groups, including 6 family doctors, 6 nurses, 5 resident doctors and 4 administrative staff members. To assess the perceived impact of the initiative an anonymous survey was conducted among all professionals working in the unit. Participation was voluntary. The questionnaire was designed to evaluate four main areas: perceived stress reduction and burnout prevention; team cohesion and overall work environment; personal motivation and satisfaction; and an open-ended feedback section allowing participants to share their personal perspectives and experiences related to the project. The survey was administered anonymously and confidentially to ensure that participants felt comfortable providing honest and unbiased responses. Data were analyzed using descriptive statistics.

Results

A total of 20 professionals completed the survey, corresponding to a response rate of 91%. Regarding team dynamics, 70% of the respondents reported that the activities organized by the Party Committee helped strengthen interpersonal relationships and improve team spirit. Additionally, 60% felt that the initiative significantly improved the overall work environment. In terms of personal impact, 90% of participants expressed high satisfaction with the project and 70% reported increased motivation in their daily professional activities since the establishment of the Party Committee.

Responses from de open-ended section highlighted positive perceptions of the initiative. Common themes included enhanced feelings of connection and belonging within the team, improved informal communication, emotional relief from daily work pressures and increased motivation. Participants emphasized the value of shared moments and light-hearted interactions in strengthening relationships and maintaining balance in an increasingly demanding work environment.

Discussion

Burnout in primary care is shaped not only by clinical workload and time pressure, but also by a range of organizational factors that influence professionals 'daily experience. Suboptimal information systems, the use of multiple digital platforms and a substantial amount of "invisible work" frequently carried out outside regular working hours contribute to occupational strain. Limited resources and understaff teams may further intensify this burden [5,6,7]. Together, these factors exacerbate the already high emotional demands inherent to the doctor-patient relationship, place additional pressure on daily work and impair team communication, ultimately contributing to difficulties in maintaining a healthy work-life balance [8]. This context highlights the importance of organizational level interventions that address workplace culture and team dynamics.

Within this context, the findings of this project suggest that the implementation of the Party Committee was positively perceived by most healthcare professionals in the primary care unit. Improvements in team spirit, work environment, motivation and overall satisfaction were frequently reported, indicating that even small organizational initiatives may have a meaningful impact on professionals 'day-to-day experience. Although the present results are based on subjective perceptions, they underscore the relevance of addressing workplace well-being in real-world primary care settings. The qualitative feedback obtained through open-ended survey responses provides additional insight into the mechanisms through which this initiative may operate.

Participants consistently emphasized themes such as social connections, informal communication, emotional relief from daily pressure and a sense of belonging within the team. These perceptions reinforce the quantitative results and suggests that initiatives aimed at creating a more positive and lighter work environment may help counterbalance the cumulative stress inherent to primary care practice.

From a quinquenary prevention perspective, addressing the systemic stressors is essential to protect the mental health and prevent burnout of healthcare professionals [3, 4, 8, 9]. By prioritizing team well-being, initiatives such as the Party Committee may help mitigate occupational stress and emotional strain through the promotion of support among colleagues, shared responsibility and a more positive workplace environment.

This approach aligns with the understanding that safeguarding the healthcare workforce is a fundamental component of improving patient safety and quality of care [9, 10].

One of the main strengths of this project lies in its simplicity and feasibility. The Party Committee requires minimal resources, is easily adaptable to different organizational contexts and can be integrated into routine team structures. Its flexible design supports replication in other primary healthcare units or multidisciplinary teams, regardless of size or setting. This project portraits

how small, thoughtfully designed organizational interventions can contribute to healthier, more cohesive, and more sustainable healthcare teams.

It is important to acknowledge several limitations of this project. The findings are based on self-reported perceptions and reflect the experience of a single primary healthcare unit with a relatively small sample size, which may limit generalizability to other settings. Furthermore, the questionnaire used was not a validated instrument, as the main goal was to capture professionals 'perceived benefits rather than to conduct a formal research study. The cross-sectional design and the absence of longitudinal follow-up preclude conclusions regarding causality or the sustainability of perceived effects over time. Future evaluation of this initiative will include repeated assessments over time, allowing for longitudinal analysis of perceived impact, as the Party Committee continues to be active within the unit. Nevertheless, the consistency between quantitative and qualitative findings indicates that this approach may have long term relevance as a form of quinquenary prevention of burnout in team-based healthcare settings.

Conclusion

Burnout is not merely a personal issue or a matter of individual resilience. Since it has been recognized as an occupational phenomenon it has become clear that burnout reflects systemic challenges within healthcare organizations.

This project illustrates how small-scale organizational interventions can be successfully integrated into everyday primary care practice. By fostering team cohesion and promoting a supportive work environment, the Party Committee highlights the relevance of organizational approaches to addressing burnout.

Grounded in the principles of quinquenary prevention, this initiative emphasizes the importance of protecting the mental health and well-being of healthcare professionals as a means of preserving patient safety and quality of care. Such initiatives are feasible, adaptable, and potentially replicable across different primary care settings, contributing to more resilient and sustainable healthcare systems by promoting the health of healthcare professionals, strengthening the doctor–patient relationship, and supporting long-term system sustainability.

References

1. World Health Organization. (2019, May 28). Burn-out an "occupational phenomenon": International Classification of Diseases. World Health Organization. https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases

2. Tang, Y.-L., Raffone, A., & Wong, S. Y. S. (2025). Burnout and stress: New insights and interventions. Scientific Reports, 15, 1–3. https://doi.org/10.1038/s41598-025-92909-

3. Loureiro I. The Importance of Quinquenary Prevention: A Critical Reflection. Gaz Med [Internet]. 2023 Jun. 30 [cited 2026 Jan. 10];10(2):138-41. Available from: https://www.gazetamedica.pt/index.php/gazeta/article/view/743

4. Santos, J. A. (2014). Quinquenary prevention: Preventing harm to the patient by acting on the physician [Article in Portuguese]. Revista Portuguesa de Medicina Geral e Familiar, 30(3), 152–154. https://doi.org/10.32385/rpmgf.v30i3.11358

5. Verhoef, N. C., & Blomme, R. J. (2022). Burnout among general practitioners, a systematic quantitative review of the literature on determinants of burnout and their ecological value. Frontiers in Psychology, 13, Article 1064889. https://doi.org/10.3389/fpsyg.2022.1064889

6. Storseth, O., McNeil, K., Grudniewicz, A., Correia, R. H., Gallant, F., Thelen, R., & Lavergne, M. R. (2025). Administrative burden in primary care: Critical review. Canadian Family Physician, 71(6), 417–423. https://doi.org/10.46747/cfp.7106417

7. Lavergne, M. R., Moravac, C., Bergin, F., Buote, R., Easley, J., Grudniewicz, A., Hedden, L., Leslie, M., McKay, M., Marshall, E. G., Martin-Misener, R., Mooney, M., Palmer, E., & Tracey, J. (2023). Understanding and addressing changing administrative workload in primary care in Canada: Protocol for a mixed-method study. BMJ Open, 13(12), e076917. https://doi.org/10.1136/bmjopen-2023-076917

8. Zhang, H. L., & Zhang, Q. Y. (2025). Navigating the labyrinth of healthcare workers' mental health. Frontiers in Public Health, 13, 1699755. https://doi.org/10.3389/fpubh.2025.1699755

9. Razai, M. S., Kooner, P., & Majeed, A. (2023). Strategies and interventions to improve healthcare professionals' well-being and reduce burnout. Journal of Primary Care & Community Health, 14, Article 21501319231178641. https://doi.org/10.1177/21501319231178641

10. Cotobal Rodeles, S., Martín Sánchez, F. J., & Martínez-Sellés, M. (2025). Physician and medical student burnout, a narrative literature review: Challenges, strategies, and a call to action. Journal of Clinical Medicine, 14(7), 2263. https://doi.org/10.3390/jcm14072263