Migration, Profession and Vocation – through the Prism of the Principles of Bioethics

ANDREA ILDIKO GASPARIK
University of Medicine and Pharmacy of Tg Mureş, Public Health and Health Management,
Email: ldikogasparik@gmail.com
Tel: +40733982409

ZOLTAN ABRAM
University of Medicine and Pharmacy Tirgu Mures, Hygiene and Nutrition
Email: abramzoltan@yahoo.com

ENIKO ALBERT-LORINCZ
University Babes-Bolyai, Cluj Napoca, Social Assistance, Romania
Email: e.alберt.lorincz@gmail.com

DANIELA EDITH CEANA
University of Medicine and Pharmacy, Public Health and Health Management
Email: daniela_edith@yahoo.com

CRISTINA GOLEA
University of Medicine and Pharmacy Tirgu Mures, Epidemiology
Email: cristinagolea@yahoo.com

DORINA MARIA FARCAS
University Oradea Faculty of Medicine and Pharmacy
Email: pusafarcas@yahoo.com

Abstract
Considering the phenomenon of massive emigration of doctors from lower income countries, the present paper tries to identify the driving forces in physicians’ personality, the motivational and de-motivational components in healthcare activity. Our aim is to identify those motivational factors, which – encouraged – could reduce doctors’ migration intentions. Methods. The current work analyzes the motivational basis of physicians’ activity through the prism of the four principles of bioethics, shows the possible causes of emigration, identifying those motivational elements, which may retain doctors in their countries. Findings and conclusions. Exploring opportunities given by the importance of nonmonetary incentives, as recognition, intellectual challenge, responsibility, the passion in practicing the profession, self-actualization may be improvable domains, where countries could more insist to stop emigration’ appetite of their doctors.

Key Words: Motivation, Migration, Driving Forces.
Introduction

According to a survey made by the European Federation of Public Service Unions, 28,000 doctors have applied for a job since 2007, when Romania joined the EU until February 2013. Business-review.eu. This piece of information has relevant bioethical message since medical emigration draws our attention to the motivation of remedial work in our country and to the analysis of perspectives of health services in Romania. We should investigate the role of medical ethics and bioethics in medical education in our country, and the basis of motivation of medical work. An urgent paradigm shift is needed in this issue. We tried to approach this topic in a multidisciplinary way. Bioethics is not limited to the medical or philosophical domain; it cannot be treated in the rigid frame of a single scientific discipline. It requests the collaboration among the doctor, economist, sociologist, psychologist and lawyer. Confronting with doctors' motivation in therapeutic work and with the phenomenon of doctors' emigration, the basic principles of bioethics should be more present in doctors' collective consciousness and also, in the medical training Beauchamp & Childress (2009) and Oprea (2009).

The socio-economic environment in Romania, the constraints of budget for health and the overwhelming presence of the commercial interests make doctors come to decisions that can cause conflict in consciousness. None of the basic principles of bioethics offers a precise interpretation regarding objective medical criteria, which are decisive in such situations.

The aim of this study is to identify those motivational factors, which – boosted – could reduce doctors' migration intentions.

Materials and Methods

The current work analyzes the motivational basis of physicians' activity through the prism of the four principles of bioethics, shows the possible causes of emigration, identifying motivational elements, which may support retaining these health workers.

Studying the causes of doctors' mass migration we have to analyze each stimulating force and inducement that is related to medical work and confer the vital element. Doctor's activity can be studied in its complexity only if we know all those energies which impel him to action, those forces which assure him the success of this healing activity. We examined -mostly from psychological point of view- the inner world of those who heal and we are looking for answers to doctors' motivation, their permanent stimulating force that is indispensable for their work with patients. We are also interested in how they manage to maintain empathy and avoid being out burned and feeling useless.

Workers respond not only to external interventions: as supervision and wage-premia but also to other mechanisms such as socialization, promotion, recognition and professional ethics that reinforce their intrinsic motivation Garcia-Prado (2005). A range of non-financial incentives are needed to complete a package that will attract health workers and encourage them to stay Tulloch (2008).

How long can this state last, if doctors work longer, take on more than they can psychically bear, or if they are exposed to different promotional temptations? In what way do these factors influence doctor’s attitude, his relation to patients Abram (2012).

We tried to approach this topic in a multidisciplinary way. Speaking about the principle of respecting autonomy or the principle of well-being and of equity, we can state that sometimes it is difficult to respect one or more basic principles in the local medical practice. In everyday activity such tense situation may occur when the basic principles of bioethics are irreconcilable with the economic possibilities of society, doctor’s material motivation, empathy or even their consciousness which is the most important indicator in this sensitive circumstance.
Doctor’s consciousness can be identified with the internal hierarchy of values that indicates self value orientation. In therapeutic activity human life should unquestionably be the most important, the only priority, that in ideal situations manifests in doctor’s behavior, the permanent readiness to act, the wish to heal. This predisposition determines doctor’s decisions, which sometimes can be subjective.

If we admit Festinger’s theory, a cognitive dissonance can be observed at doctors who are in situations to decide. The fact that his action is not compatible with his knowledge or his knowledge is dissonant, inconsistent regarding his action Festinger (1963). Medical knowledge would impel him to have a certain attitude, as long as given conditions – such as knowing patient’s material situation or another, adverse: the temptation of pharmaceutical industry (induced requirements) make doctors be more interested in certain diagnoses and treatments. In such situations one should change either his actions or his beliefs. Since motivated in his action, is not willing to change it; he changes his opinion. This process which in psychology is called as “dissonance reduction” happens unconsciously, but it reflects Charles E. Osgood’s observation according to which human being „strives to keep an interior consistency between attitude and belief, sometimes even with the price of mystifying reality” Osgood (1967).

In medical training a hierarchy of values can be constituted that is of high professional and bioethical level. However, if this is constantly in contradiction with professional practice and the principles of autonomy, well-being and equity described by bioethics, it may provoke a psychological distress of frustration that may lead to the wish of escaping from such situations- and this can be one of the causes of doctors’ discomfort and burn-out.

In specialized literature medical staff de-motivation is also explained by this syndrome of burnout Bordas (2010) and Kovács (2006). Schaufeli and Enzmann consider that „total burnout is such an uninterrupted negative psychic state that appears at normal people in their rapport with work Schaufeli & Wilmar (2006). Besides weariness that characterizes the beginning of this state distress, sadness, suffering, feeling of reduced efficiency appears as well in daily activity, and motivation lowers. This psychological mixture that is born from the discrepancy of striving and the reality of work may evolve in an imperceptible way for the person.

Motivation. It is known, that the force, the engine of our actions is motivations. It has been studied by several thinkers from Freud to Kurt Lewin and Allport. None of all three major schools of the theory of personality, the psychoanalyst, the behaviorist and the phenomenologist (Atkinson), offers a useful explanation for analyzing the therapist’s personality and solid theoretical base for integrated comprehension of doctor’s personality Atkinson & Hilgard (2009). That is why we consider that we should delineate the motivational basis of medical activity, starting with its definition. In case we assume a definition we have to accept Allport’s observation: „There is no right or wrong definition. We can define terms only in the way that permits their usage for a given purpose” Gordon (1997). We formulate a definition that would highlight the basic characters of the motivational system of medical activity. Thus, later we can clarify these fundamental peculiarities. Doctor’s motivational system is the psychological, stimulating structure of therapeutic personality that impels to certain type of action, behavior, adaptability, professional awareness, self-recognition, self-control that creates the inner energy that the person who heals, cures needs. But where do these energies that motivate doctor’s actions, deeds come from? Besides the above-mentioned motivational theories, the most known one was elaborated by Abraham Maslow Maslow (1943).

This theory of needs underlies the research of motivation. Its fundamental thesis refers to the primary energy of human actions which lies in physical deficiencies signaled by the organism that is physiological. Lack of equilibrium of the organism (it possesses too much or too little of something) is apperceived as frustration, necessity, and wish. If we accept M. Eliade’s philosophical thesis „there are no illnesses only ill people” Eliade (1991) than the needs resulted as a consequence of deterioration of equilibrium in organism can be considered state of insufficiency. An exploratory stimulation is associated with the primary need, just as in the case of any need, and this facilitates the identification of the proper means to satisfy our needs.
According to Herzberg’s two factor theory, the factors that cause job satisfaction at work (which Herzberg calls motivators/intrinsic factors/job content factors) are different from the ones that cause job dissatisfaction (which he calls hygiene/extrinsic/job context factors). Some individuals are motivated by factors such as achievement, growth, advancement, respect and recognition, independence, and responsibility. These motivations are called internal motivational needs Bandyopadhyay (2014).

During healing activity practically two people’s needs are synchronized. On the one hand the patient expects from the doctor to fulfill his physiological, homeostatic needs and on the other hand the doctor expects from the patient that -by recovery- he will conform his superior need that is: self-esteem, self-actualization.

The psyche, similarly to organism, functions on the basis of equilibrium, and so psychic phenomena of accommodation may be understood as processes that turn to the recovery of homeostasis. At this point we can connect to the motivational system of medical career, to self-regulation and to the constraints in the health system of our country. All these influence the doctor’s motivational system and have an effect on the person who cures. A young, beginner doctor’s safety need manifests itself with social needs, with the strong wish of self-esteem and self-realization. The fulfillment of these creates the condition system of medical activity at high level and at the same time the satisfaction of success. Self-esteem needed in doctor’s healing work is assured by the acknowledgement and appreciation manifested by his ambience and his patients. This constitutes the base of that self-esteem which is often lacked by our society. Undisputedly Romanian doctors’ emigration is connected to the need of security and self-esteem which are not satisfied at all.

As explanation for doctors’ emigration we could resort to motivational theory according to which primary driving forces annul the second ones, and we could explain the cause of immediate emigration by the wish of having a better way of life.

However, this is not a valid general truth either. It is true, that others consider, this should be the driving force in healing activity, a saint profession as it is regarded the job of teachers, doctors and priests. This is Dworkin’s opinion as well. He considers that the most vulnerable ones are those who have idealistic concepts when starting this job. People who are strongly motivated, who dedicate themselves to their job, and because of this they are psychologically burdened Dworkin (1987) and Ladstätter & Garrosa (2008). One reason for total burnout in this profession may be the fact that doctors’ self-regulation system creates a mechanism of defense in order to be able to support professional failure, in order to endure the continuous emotional tension that characterizes this profession. One does not always find the best way that leads to defense mechanism.

Motivational Factors and Intrinsic Motivation

On the top of motivational system of medical activity we find a factor that influences doctor’s whole personality that commands the causes provoked by secondary needs. We can call it ideal, vital role or the need for self-realization. Young people who apply for the entrance at medical university are animated by this existential goal delineated in them during the educational process. Based on this, the direction of general activity, activity of informing as well as the inclination towards complete competence by professional practice is delineated. Intrinsic motivation arises from within the individual and involves engaging in a behavior or work because it is personally rewarding, enjoyable and not because some external reward. Doctor’s self ideal, defined for himself gradually improves along his professional practice. It is the image defined by their personality as a goal and they would like to identify with this image. They always check the credibility of this image by describing it to others as well. Being a doctor is connected with certain status symbols.
Discussion & Conclusion

However financial incentives cannot be compared between the original and target countries, what is still an opportunity for these countries to retain their physicians, is to access higher levels of motivation, to animate intrinsic motivation factors. Respect and recognition of good performance, challenging work, sense of doing something worthwhile, sense of competence and progress: are some examples for issues, which can be realistically addressed. Since the sphere of social needs, affiliation, social recognition or personal development are less dependent on economic and financial factors, this may be a solution in the problem discussed above.

Improving the relation between doctor and patient, by developing a so called "social contract" between the two parts, attached to a concrete geographical and cultural space may also reinforce the sense of affiliation. Affiliation of a place, a collectivity, a society may fortify the local character of the profession Gasparik (2014). Medical curriculum could assume the burden of this „identity„, change of physicians. An identity, which do not limit oneself to impersonal knowledge and skills, to a mechanic occupation, which can be performed elsewhere, but a social contract with a collectivity, a society in a proper cultural and social space.

References