

REVIEW ARTICLE

PERSONAL DEVELOPMENT AND INTRINSIC MOTIVATION IN MEDICAL PROFESSION!

DrBalapala R Kartheek*¹, DrTalarisreekanth², Ms Wong Lee Sia³

¹Translational Research Scholar, CRNCD, FMHS, University Tunku Abdul Rahman, Malaysia

²Post graduate researcher, Department of Pharmacology, Osmania Medical College & Hospital, Hyderabad, India

³Registered Nurse, FMHS, University Tunku Abdul Rahman, Malaysia

ABSTRACT

Although organizations strive to develop transformational leaders, frontline medical managers and directors are inadequately prepared lacking transformational leadership behavior. Organizational culture is the values that are shared by all older and younger members in the group along with their perceptions of the world. Implementing culture change needs recognition of adaptive challenges that require reframing of norms and expectations, and the development of novel and flexible solutions. Managers and administrators seeking to implement person directed care will need to consider the role of adaptive leadership to address these adaptive challenges. To build transformational leaders, medical organizations and institutes must balance formal leadership training programs with advanced degree attainment to encourage leaders to envision and blend with the future.

KEYWORDS: organizational culture change, medical institution, performance, leadership

INTRODUCTION:

Clinical leadership was not perceived as vesting leadership skills in individuals, but about ensuring that health care organizations are equipped to conceptualise and support a model of distributive leadership¹. An innovative demonstration project that trailed the implementation of the Finnish workability framework and research measures provided a useful research workforce development instrument for measuring interactions between aged care workers, organizational demands and the outcomes of actions². The collaborative study of community engagement relationships gave an understanding of Clinical and Translational Science Award infrastructure development as part of translational research, expressed as logic model of better science, better answers, better population health³. A study done on surgeons revealed that, they were motivated by desire for personal development taking interesting challenge and new opportunities. Relocating to a new institution, financial gain, or lack of alternative played little to no role in their decisions to take positions of leadership. Orthopedic surgeons were found to make more effort to maintain health than compared to other physicians⁴.

EMPLOYEE SUPPORT AND CARE:

Creative employees were needed for an organisation's innovation, productivity and sustainability. The survey

done by Lukersmith S and Burgess Limerick R, found health professionals perceived a requirement for improvement in job design and leadership factors at work to enhance and support employee creativity⁵.

Study done by Ornstein H and Baum N listed needed leadership characteristics and their application to physicians, their teams, and their practices⁶. Employees' intrinsic motivation was imperative to the effectiveness of leaders' efforts to promote safety behavior⁷. Research use in physiotherapy included an interactive and interpretative social process involving a great deal of interaction with various people, including colleagues and patients⁸. Team dynamics of training program were affected by the emotional intelligence of key members holding supervisory positions and by the existing culture and structure of the organization⁹. Leadership and emotional intelligence capability were potent in mitigating bullying behaviour. Disparity was found between clinical and managerial nurses towards preferred leadership styles¹⁰.

Improved medical education in pain was found essential preparing health care providers who manifest both competence and compassion toward their patients¹¹.

TASK ORIENTED LEADERSHIP IN HEALTH CARE ENVIRONMENT:

Training in emotional intelligence (EI) must extend beyond graduate medical training to convene the skills needed by clinicians and by faculty in academic medical centers¹². Leadership must be modeled and developed through the redesign of jobs in departments of health information services. Leadership capacity is needed for health information professionals to successfully respond to the constant changes in the healthcare environment¹³. To create a pipeline of effective health care leaders needs developing leadership competencies that differ from the usual criteria of clinical and scientific excellence by which physicians have been traditionally promoted to leadership positions¹⁴. High levels of task focus in a culture hindered cultural diffusion, even though performance correlated with this characteristic positively¹⁵. As a narrative about the past, history was an explanatory tool which helps executives to make a change and motivate people to overcome challenges, serving as a potent problem solving tool, offering pragmatic insights, valid generalizations, and meaningful perspectives. A tool to cut down management fads and noise¹⁶. Compared to classrooms in comparison schools, classrooms in RULER schools were rated as having higher degrees of warmth and connectedness between teachers and students, more autonomy and leadership among students, and teachers who focused more on students' interests and motivations. RULER was a setting level, social and emotional learning program, grounded in theory and evidence¹⁷. Otto Rank invented modern objectrelations theory, advocating continual learning, unlearning and relearning: that was, cutting the chains that bind us to the past. Separating from outworn phases of life, including previously takenforgranted ideologies and internalized others, for developing self leadership¹⁸. Self centered facet of achievement striving was found to be the most vital predictor of attraction toward organizational cultures that were outcome based, aggressive, and emphasizing rewards¹⁹. No differences were noted with creativity and personality in relation to gender, except in self concept and in social adjustment. Positive and significant correlations were found between creativity and independence, cognitive control and tolerance personality scales in Creative Intelligence Test²⁰. Four components of transformational leadership had application in nursing. These were, idealised influence, inspirational motivation, intellectual stimulation and individual consideration²¹. Being able to motivate, empower and influence staff improved satisfaction and retention levels of team members. A manager's leadership style influenced motivation,

morale, and retention in staff, leaders were inturn influenced by their educational development and the organizational culture, that had impact on a manager's style, later on forwarded to the followers²². A positive relationship was noted between team empowerment and team proactivity, thus contributing to search for continuous improvement and innovative solutions to work problems employed by healthcare administrators and reducing the costs associated with losing high potential nurses in an organization ²³. A moderated mediation effect was found for self leadership natural reward and thought pattern strategies in a study between learning orientation and proactive work role performance through self leadership behavior focused strategies²⁴. Transformational leadership was found appropriately applicable to physicians, and who are supervisors in medical education or practice as team members in outpatient settings²⁵. Telephone nurses were capable of improving healthcare delivery²⁶.

Quality	Specifics
Problem-solver	Shows initiative Critical thinker Analytical Ingenuitive, Creative Efficient
Visionary	Insightful Observant Big picture thinker Task oriented Results-oriented
Proactive	Anticipates changes or problems Prepared Prompt Being in the moment Courageous
Accountable	Honest Confident Accepts responsibility, Transparent Holds others accountable Self-aware
Influential	Motivational Worth following Good teacher/mentor Encouraging Humble, Trustworthy

Table 1: Qualities of Health care institutional leader

The study done by Lievens I and Vlerick P revealed that transformational head nurses have a key impact directly as well as indirectly, on the safety performance of subordinate nurses²⁷. Positive relationship was found between relational leadership and a variety of patient outcomes, even though future testing of leadership models that examined the mechanisms of influence on outcomes was warranted²⁸. Transformational leadership style was suitable for attaining employee satisfaction, for adequate handling of sickness protocols, and to cut down absenteeism, in a post merger specialty mental health setting²⁹. Think tank method combined with "permission to fail" from nursing leadership was essential for success of a health care organisation. Lean Six Sigma principles and creativity tools from inside and outside of health care gave promising results³⁰. Scores on the wish to be dead scale had modest correlations with a history of suicidal ideation and attempts and with scores on a scale to measure obsession with death. This scale that measured a state of mind different from suicidal ideation and obsession with death had the needed psychometric properties with reliability and validity³¹.

Financial and non financial incentives were responsible for workers' motivation to work in rural areas, but there was no significant factor influencing health workers' unwillingness to work in rural areas³². The study done by Brown E 2013, examined the concept of service learning as a teaching strategy and method to developing compassion in nursing students³³.

Medical curriculum and training in Pakistan did not increase EI abilities which are building blocks to develop competence among students and residents³⁴. Involvement in bullying, either as victim, bully/victim or bully, increased the risk of developing psychotic experiences in adolescence³⁵. The South Asian Royal College of General Practitioner examination conferred greater confidence, new patient centred communication skills, introduced the use of evidence based guidelines and increased awareness of the UK health system to the participants in Sri Lanka³⁶. In a study done on general practitioners, teaching was felt a low priority in comparison to competing clinical learning needs. The clinical dominance to both formative and summative assessment during training further compounded this situation. Registrars identified a number of practical barriers and incentives that influenced teaching engagement³⁷.

Educational interventions were effective in maintaining and enhancing empathy in undergraduate medical students. They elucidated the need for multicenter, randomized controlled trials, to report long term data for evaluating the longevity of intervention effects³⁸.

Suicides motivated by physical illnesses contacted medical care prior to committing suicide, but a lot of them did not undergo psychiatric evaluation, thus underscoring the need for programs providing psychosocial support to patients with physical illnesses³⁹. Mismatch occurred between demand for flexible surgical training and the number of trainees in part time training positions in Australia and New Zealand, suggesting the needed efforts to facilitate part time surgical training⁴⁰. General Surgery, ENT, Ophthalmology and Internal Medicine were the most preferred specialties, and Community Medicine, Forensic and Ob/Gyne were the least selected specialties among medical students intended to do post graduation⁴¹. Self reported EI did not change over time and was not related to ability EI. Females scores were higher than males. High self reported EI was associated with poor clinical competency in assessments but with good performance on bio medical knowledge based assessments⁴². Motivating factor to participate was different in non therapeutic studies for healthy participants with financial reward and patient participants invited to participate by the physician⁴³. Longitudinal faculty development program had positive effect on self efficacy beliefs of health sciences teachers⁴⁴.

The study done by Webb JR et al 2013, showed a high prevalence of stimulant use among medical students compared to general population. Personal experience with medications as medical students had impact on physician attitude⁴⁵.

COMMUNITY BASED STUDIES:

The arts and humanities provided needed contextual media through which the lessons learned from the science of communication in medicine were translated and promoting as medical education⁴⁶. The scheme Janani Suraksha Yojana increased institutional delivery by at risk mothers, reducing maternal morbidity and mortality, improve child survival, and ensuring equity in maternal healthcare in India⁴⁷. Social support and parental illness related stress served as modifiable targets in interventions to allocate needed resources to families and reduced extra medical care⁴⁸. An integrative, community based, longitudinal, early clinical experience programme driven by volunteer continuity mentors gave patient centered instruction for preclinical students in the clinical, social, behavioural, ethical and research foundations of medicine⁴⁹. For selecting students in medical schools, a combination of measures of cognitive ability criteria like pre admission test scores and non cognitive skills of personality traits was recommended⁵⁰. Empathy increased after one year of

medical education with no difference between two education systems of medical college and medical school⁵¹.

The limited use of high quality communication behaviors in rehearsals raised concern about parental understanding, decision making, and psychosocial outcomes after newborn screening⁵². Many respondents were in favor of posthumous organ donation suggesting that mandated choice system was the most preferred and presumed consent system was the least preferred. There was no difference between preference and perception of norm in consenting ranking of systems. Financial incentives in females and medical incentives in males reduced preference⁵³. Public perception of psychiatry was not satisfactory and had a little impact on the popularity of the specialization. The form of teaching at universities was of profound influence in the selection process⁵⁴. Academic health centers were needed to provide much needed support to physicians working in rural areas through focused continuing medical education, faculty development and practice based research networks⁵⁵. Combination of alcohol and energy drink increased the desire to drink rating compared to taking alcohol alone in college students⁵⁶. Mentalising performance in the behavioural variant frontotemporal

dementia (bvFTD) was associated with grey matter changes in ventro medial prefrontal cortex and anterior temporal lobe suggesting that music represents surrogate mental states and ability to construct such mental representations was impaired in bvFTD⁵⁷. Membership and fellowship at a professional association were influenced by characteristics of the individual. Incentives provided by employers encouraged employees in getting involved with their professional associations⁵⁸. Significant differences were observed across curriculum years, and also between direct entry versus graduate entry undergraduates, with regard to student selected component selections and underlying motivation⁵⁹. In models accounting for provider patient ethnic discordance, high discordance on ethnicity scale was associated with reduced ratings for the same behaviors⁶⁰. The Caring Professionals Program was a useful model for allied health schools and contributed to a college culture supporting caring and humanism⁶¹. Anatomical self efficacy was defined as an individual's judgment of his or her ability to successfully complete tasks of anatomy curriculum; including dissecting, learning anatomical concepts, and apply anatomical knowledge to clinical situations⁶². Improvements are needed in educational institutions to encourage compassion⁶³.

Identify the problem	Figure out what makes you feel embarrassed and discuss this with someone
How to solve this?	How can we improve the situation. Think. Accept the issue. Focus on positive aspects
Action plan in right direction	Work out to solve this issue. Focus on another aspect of yourself that can take attention away from the negative one
Encourage one another and build each other	Remember your own talents and abilities. Set a goal and reward yourself for achieving. Find a new hobby, you like and enjoy
Stay positive	Avoid self pity. Think of happy future and plan. Learn to accept a compliment
Project positive feelings	Smile a lot. Encourage people around you. Being altruistic

Table 2: Effective Leadership strategy

EMOTIONAL INTELLIGENCE AND EMPATHY:

Empathy scores even when increased did not sustain in pharmacy and medical students after a brief workshop on aging that required limited personnel resources⁶⁴. Low trait EI predicted higher worry levels in the early stages of the diagnostic cancer pathway, suggesting the consideration of individual trait differences while communicating medical results to patients and for developing interventions designed to reduce worry levels in patients entering the diagnostic cancer pathway⁶⁵. Alcohol abuse and dependence among students was concern, suggesting that substance abuse in has to be

addressed through awareness programs combined with stress management programs in an overall substance abuse reduction strategy⁶⁶. EI abilities suggest specific curricula which, when successfully taught by faculty and learned by physicians by training, would allow trainees' professionalism to be recognized and measured. This construct was a useful way of developing curricula for the critical professionalism competency⁶⁷.

Qualitative research indicated that students conceived feedback as a linear process, from instructor to student, and felt both the lack of time on the ward and instructors' apparent inapproachability were major barriers for getting

feedback⁶⁸. Children whose parents scored poorly on IQ tests had an increased risk of conduct, emotional, and attention problems. The home environment, child's own IQ and the parental malaise, was having importance in explaining the associations⁶⁹.

CONCLUSION:

The perceived emotional aptitude of Clinical Laboratory Sciences students was same as that of students of other healthcare majors at the Dumke College of Health Professions⁷⁰. Students with higher trait EI were more to experience stress during unfamiliar surgical scenarios but also likely to recover better compared with their lower trait EI peers⁷¹. Study done on Year 3 medical students in the USA reported positive and diverse exemplary health care provider interactions. Themes were identified regarding the operating room team members' interactions with patients, with one another and with the medical students⁷². No differences were found on self reported empathy in the assessments of white and Asian American medical students by simulated patients⁷³. High EI trait was associated with less state anxiety, less worry and higher perceived social support⁷⁴. The EI scores were correlated with social awareness domain of Emotional Intelligence Test, in a study done on four domains of self awareness, self management, social awareness & social skills⁷⁵. Cognition Motivation Emotional Intelligence Resistance Skills program, significantly increased the knowledge of drugs and peer resistance skills, was effective in the drug abuse prevention in school students of Wuhan, China⁷⁶. Clinical leadership as part of the curriculum for doctors in training, provides an approach to develop leadership skills and collaborative working culture in a medical institution.

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