
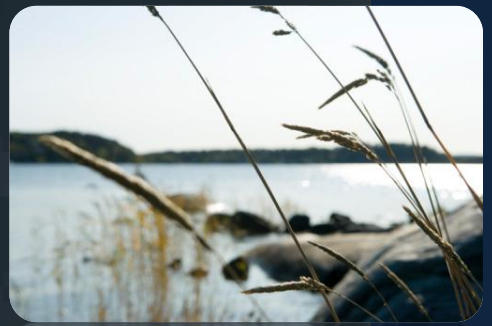

The Psychology of Professionalism

Penny Andrew

August 2012

Professionalism

- A motor for change
  - those who associate professionalism strongly with the vocation and motivation of individual doctors.
- A mechanism for change
  - those who understand professionalism as an objective definition of what is required of doctors, to be implemented through training, revalidation and regulation
- A source of resistance to change
  - those who draw attention to the structures of power and authority associated with change

The Psychology of Professionalism

Drivers and Enablers

- Extrinisic Motivators
  - Public Trust
  - Autonomy
  - Self Regulation
  - Power
  - Status
  - $
- Intrinsic Motivators
  - Doing what you really want to do
  - Altruism

Disincentives and Barriers

- Government Regulation
- Loss of Control
  - Targets
  - Protocols
  - Evidence Based Medicine
- $

Extrinsic Motivators

- Public Trust

The public and the government's perception of the performance of your collective professional duty – the duty to put the interests of the public ahead of your own – will determine the future of your profession

The Hon Geoffrey Davies AO

Professionalism of Surgeons: a Collective Responsibility

Extrinsic Motivators

- Self Regulation and Autonomy
  - The right to control membership
  - The right to clinical autonomy
  - The right to professional standards, conduct and competence autonomy
  - The right to practice in a defined area of work
  - Public expectation that you will perform these skills for the public benefit

Extrinsic Motivators

- The public and government perception of the performance of your collective professional duty will determine:
  - who decides your conduct
  - who decides your professional standards

Intrinsic Motivators

- Doing what you really want to do in life
  - i.e. not doing what someone else wants you to do in return for things someone else believes you want
- Altruism
  - Making a difference
  - Helping people
  - Choosing to become a doctor because the role reflects your values rather than choosing your values to fit your role

Barriers and Disincentives

- Government Regulation

…a lesson of the past century is that government can influence the behavior of big corporations, by requiring transparency about their performance and costs, and by enacting rules and limitations to protect the ordinary citizen.

Atul Gawande
Big Med
The New Yorker, August 2012

Barriers and Disincentives

- Government Regulation
  - Erosion of privileges when:
    - Collective failure to deal with members who fail to perform to an acceptable standard
    - Collective failure to honour the duty of public service
  - Unless the profession can demonstrate publicly that it is performing its public duty it will become a service industry under government control of all aspects of conduct and competence

Barriers and disincentives

Loss of Control

Targets

Protocols

Evidence Based Medicine

Barriers and Disincentives

- Loss of Control
  - Decreasing scope of judgment
  - Being required to do something someone else wants you to do
  - Can good medicine be reduced to a recipe?

We've let health-care systems provide us with the equivalent of greasy-spoon fare at four-star prices, and the results have been ruinous. The Cheesecake Factory model represents our best prospect for change. Some will see danger in this. Many will see hope…

Atul Gawande
Big Med

Barriers and Disincentives

- Financial Incentives and Penalties
  - Payment systems can create incentives for unethical behaviour
    - e.g. FFS can set pecuniary interests in opposition to high quality care
  - Financial incentives can ‘crowd out’ intrinsic motivation particularly when:
    - Rewards are small
    - Rewards are given to an individual vs team
    - Rewards are perceived as controlling
    - Rewards target specific tasks

The Future…

Those of us who work in the health-care chains will have to contend with new protocols and technology rollouts every six months, supervisors and project managers, and detailed metrics on our performance. Patients won't just look for the best specialist anymore; they'll look for the best system. Nurses and doctors will have to get used to delivering care in which our own convenience counts for less and the patients' experience counts for more. We'll also have to figure out how to reward people for taking the time and expense to teach the next generations of clinicians. All this will be an enormous upheaval, but it's long overdue, and many people recognize that.

Atul Gawande
Big Med