

doi: 10.3325/cmj.2009.50.509

There Is More to Being a Doctor Than Having a Large Wallet

by Adamson S. Muula

muula@email.unc.edu

The Malawi College of Medicine, within the University of Malawi federal system of colleges, continues to be the only medical school in this southeastern African country. The medical school, with campuses at 3 sites – at the Mahatma Gandhi Road Campus, the Queen Elizabeth Central Hospital, and Mangochi – is not sufficient to produce all the medical doctors that the country needs. The country does not have another medical school, largely due to inadequate resources. Of course, we can ask whether and when resources can ever be adequate. However, when we talk about inadequate resources for expanding medical training in the country, we mostly think that resources are not well distributed due to competing demands on the government purse.

To be fair, the Malawi College of Medicine has increased the intake of first year medical students from the original 12-15 in the 1990s to over 60 today. The medical school has also established specialization training for medical doctors and has set in place possibilities for PhD training in selected fields. Training is offered not only in Medicine and medical specialization fields, but also in pharmacy and medical laboratory technology. Undergraduate training in physical therapy or physiotherapy is planned to start in 2010 and a dentistry program will follow. In addition, the medical school is home to a small number of Zimbabwean medical students, since it can provide them better facilities for training than can currently be offered in their own country.

The Malawi Medical School is among the schools on the African continent that have strong community and public health programs. Of course the “strength” of a training program is a matter of a debate and may not have an agreed definition. What do we exactly mean by a strong program? Well, we consider our program a strong one because community and public health is taught in all 5 years of undergraduate medical training, because the Division of Community Health has the largest repertoire of highly trained faculty within the college, and because community and public health program was the first to offer postgraduate programs. In addition, pharmacy and medical labora-

tory technology students are also taught relevant aspects of community and public health. Instruction not only involves didactic lectures but also student-directed learning opportunities.

My training allows me to be involved with the teaching of medical students from the first to final year of their medical training. Not only am I a practicing general practitioner, but I am also trained in palliative care, public health in general, global health, journalism, epidemiology, and public health ethics. I have the opportunity to move from one topic to the other. This also gives me ample opportunity to learn from my junior colleagues.

Many of the medical students I interact with are concerned about their careers. Why should they not be? They have genuine concerns. Students ask themselves: “Will the future be bright? Will we earn enough money to survive? Is migration to other countries, possibly in search of “greener pastures,” an option worth considering? Will we be considered less patriotic if we decide to move to other countries? Will we be able to educate our children if we remain in the country?”

I have resolved that I will never try to discourage any Malawian doctor who decides to leave the country from doing so. What will they gain if they were to remain in the country under duress? But I have decided that I will show them how life can be worth living in this country by telling them about the life of Dr John David Chiphangwi, the larger than life figure of Malawian medicine, who served in his homeland until the day he died.

My current understanding, and this has evolved over time, is that people, including medical doctors, should be able to practice their trade or profession in an environment where their happiness is maximized. This is not to suggest that there will not be problems or challenges to surmount. This also does not mean that people will receive all the money that will satisfy their own, and their dependents’, material desires. It only means that I find it unacceptable that a medical doctor should needlessly suffer,

be disabled, or die from lack of access to medical care because they cannot afford the same.

I often ask my medical students to seriously consider Herzberg's Two-way Theory of Motivation (1) or otherwise referred to as the Motivation-Hygiene theory of job satisfaction (Box 1).

Box 1.

Motivator and hygiene factors according to Herzberg's Two-way Theory of Motivation

Motivator factors in Herzberg's Theory

Recognition

The nature of the work itself

Responsibility

Opportunities for promotion

Career and personal growth

Hygiene factors in Herzberg's Theory

Company policy

Supervision

Relationship with superiors

Work conditions

Salary

Relationship with other workers

Herzberg suggested that the motivator factors were different and acted differently from the dissatisfaction factors. His two-factor, or motivation-hygiene theory, was developed from data collected from the interviews he conducted with engineers and accountants in the Pittsburgh area, USA. Herzberg found that the most gratifying job characteristics are those that satisfy the needs such as achievement, competency, status, personal worth, and self-realization.

However, the absence of such gratifying job characteristics did not lead to unhappiness and dissatisfaction. However, dissatisfaction resulted from factors such as company policies, supervision, technical problems, salary, interpersonal relations at work, and working conditions.

Managers who wish to increase job satisfaction of their subordinates should therefore be concerned with the nature of the work itself – the opportunities it presents for gaining status, assuming responsibility, and for achieving self-realization. However, if management wishes to reduce dissatisfaction, then it must focus on the job environment – policies, procedures, supervision, and working conditions.

Another person I want to introduce my students to is Abraham Harold Maslow (2). Unlike what many of us in epidemiology would focus our attention on, ie, risk factors and correlates of problems, Abe Maslow decided he would spend his research time on what he called exemplary people. Maslow consequently studied Albert Einstein, Jane Addams, Eleanor Roosevelt, and others. If he lived today, he would perhaps study Kofi Annan, Nelson Mandela, Barak Obama, Mary Robinson, Desmond Tutu, Julius Nyerere, and others. Maslow claimed that "the study of crippled, stunted, immature, and unhealthy specimens can yield only a cripple psychology and a cripple philosophy."

References

- 1 Herzberg F. One more time: how do you motivate employees? *Harv Bus Rev.* 1968;46:53-62.
- 2 Wahba MA, Bridwell LG. Maslow reconsidered: a review of research on the need hierarchy theory. *Organ Behav Hum Perform.* 1976;15:212-40. doi:10.1016/0030-5073(76)90038-6