

# REVIEW OF THE FINDINGS ON THE INITIAL LEVEL OF THE FUTURE DOCTORS' SUBJECT COMPETENCIES IN MEDICAL DEONTOLOGY IN TERMS OF MOTIVATIONAL COMPONENT

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## Abstract

Our research is dedicated to the problem of the development of the future doctors' subject competencies in Medical deontology by means of Cooperative learning structures. In this article we are going to review the findings on the initial level of the future doctors' subject competencies in Medical deontology in terms of the motivational component within the framework of the experimental part of the investigation. Our main task is to reveal the gaps in the motivational component of the future doctors' subject competencies in Medical deontology and to suggest Cooperative learning as a technique to improve the deontological education. The initial level of the development of the future doctors' subject competencies in Medical deontology has been evaluated by us in terms of three components – motivational, cognitive and behavioral the essence of which is represented in criteria and the latter are reflected in indicators. In this article we will review the findings on the motivational component. The initial level of the development of the motivational component of the competencies in Medical deontology has been determined in terms of the professional needs and interests of the medical students, the indicators of which include awareness of a career choice, type of motivation to study at the higher medical educational establishment (“professional” motives, motives of “personal prestige”, “pragmatic” and “educational” motives, external factors), prevailing personality orientation (humanistic, professional, social, business, and antisocial), motivation for communication, self-improvement and self-development motivation, recognition of the practical significance of the academic course “Deontology in medicine”, an interest in ethical and deontological education.

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**Keywords:** Medical deontology, subject competencies, motivational component, personality orientation, motivation for communication, self-perfection, self-development.

## Introduction

Nowadays a majority of the requirements connected with the medical duties performance are considered from the deontological perspective. This statement is confirmed by the investigation on the public expectations carried out by the scientists from MacGill University in 2008 (Table 1).

*Table 1. Expectations; society and doctors.*

<b>Society ← Doctors</b>
1. Healer's role.
2. Guaranteed competency.
3. Access to high quality health services
4. Altruistic approach to professional duties.
5. Morality, honesty, integrity, ethical behavior.
6. Loyal and trustful relationships.
7. Responsibility/transparency.
8. Respect autonomy of the patient.
9. Source of the objective information.
10. Healthy lifestyle promotion and prevention of the diseases.

Source: Richard L. Gruess, Sylvia R. Gruess. *Expectations and Obligations: Professionalism and Medicine's Social Contract with Society. Perspectives in Biology and Medicine, Volume 51, Number 4 (autumn 2008) by the John Hopkins University Press.* <http://assets.muhc.ca/PDF/Cruess/Paper-Social-Contract.pdf>

Deontological education must become a priority in any medical curriculum. The faculty members must ensure a comprehensive development of a personality of a future doctor. The review of the professional and scientific literature allows us to define Medical deontology as professional ethics of medical specialists that deals with the issue of the professional conduct of the medical personnel, the morality of which is predetermined by moral, ethical and legal duties to satisfy the needs of the patients, colleagues and society. Deontology originates from moral or ethical theories according to which our actions and activities must be controlled and estimated in terms of our public and professional duties (Edward N. Zalta, 2007). Medical deontology serves as a fundamental basis for the formation and development of the medical culture and plays an important role in the socialization of a future doctor. The faculty must take into account the importance of the Medical deontology for successful career growth and provide continuous deontological education for the medical students.

Our research is dedicated to the problem of the development of the future doctors' subject competencies in Medical deontology by means of Cooperative learning structures. In this article we are going to review the findings on the initial level of the future doctors' competencies in Medical deontology in terms of motivational component within the framework of the experimental part of the investigation. Our main task is to diagnose the gaps in the motivational component of the future doctors' subject competencies in Medical deontology and to suggest Cooperative learning (Kagan, 1994) as a technique to improve the deontological education.

### **Main Text**

The initial level of the development of the future doctors' subject competencies in Medical deontology has been evaluated by us in terms of three components – motivational, cognitive and behavioral the essence of which is represented in criteria and the latter are reflected in indicators. In this article we will review the findings on the motivational component. Under a criterion we will understand key signs, parameters of that or other component of readiness that enable us to estimate the degree of its development. Empiric indicators are quantitative or qualitative indexes with the help of which the research can be carried out. We generalize criteria, indicators and techniques implemented by us in the present research of the motivational component of the basic deontological education in the table (Table 2).

*Table 2. Evaluation of the level of the development of the future doctors' subject competencies in Medical deontology in terms of the motivational component.*

<b>Component</b>	<b>Criterion</b>	<b>Indicator</b>	<b>Technique</b>
Motivational	Professional needs and interests of the medical students.	Awareness of a career choice. Type of motivation to study at the higher educational medical establishment. Prevailing personality orientation. Motivation for communication. Motivation for self-perfection and self-development. Recognition of the practical significance of the academic course "Deontology in medicine". Interest in ethical and deontological education and self-education.	Questionnaire "Professional needs and interests of the medical students" (author's questionnaire).

On persuasion of the most psychologists and teachers the motivational sphere of any personality can be determined by considering a personality orientation. A concept "personality orientation" was introduced by a well-known scientist S.L.Rubinstein. He asserted that needs, interests, inclinations, tastes, tendencies and attitudes as well as a personal outlook and personal beliefs are psychological forms in which the personality orientation is reflected and character is demonstrated. Moreover, we find out the essence of the personality orientation in the real attitude of a person to other people and through them to himself, his professional activities and to the things of the objective world. Interpersonal relations predetermine the personality development (Rubinshtein, 2002).

Ilyin in his work "Motivation and motives" emphasizes that almost all psychologists define the personality orientation as a combination or system of the motivational formations and phenomena (Ilyin, 2002).

The actions of any person are coordinated by activities and aims. Only a stable prevailing of a necessity or interest, which together appear to serve as long-term motivational attitudes, can form the main lifeline. Frequently, such are social attitudes associated with interpersonal and public relations, and personal attitude toward professional activities (Ilyin, 2002).

The motivation stipulated by a sense of duty is regulated by an individual himself and does not depend on his condition. His attitude can be sooner described as "I must..." than "I wish ...". Ilyin states that a sense of duty actually gives a special psychological value to motivation and human behavior as well as bears evidence of the social maturity (Ilyin, 2002).

Therefore, the initial level of the development of the motivational component of the subject competencies in Medical deontology has been determined in terms of the professional needs and interests of the medical students, the indicators of which include awareness of a career choice, type of motivation to study at the higher medical educational establishment ("professional" motives, motives of "personal prestige", "pragmatic" and "educational" motives, external factors), prevailing personality orientation (humanistic, professional, social, business, and antisocial), motivation for communication, self-improvement and self-development motivation, recognition of the practical significance of the academic course "Deontology in medicine", an interest in ethical and deontological education.

Consequently, the level of the development of the future doctors' subject competencies in Medical deontology during the period dedicated to the basic deontological education has been determined by us according to the medical students' achievement of certain levels of the development of the relevant components, namely: high, middle, and low. We suggest the description of the indicated levels.

### **Motivational component**

#### **High level**

1. High level of awareness of a career choice.
2. Domination of “professional” and “educational” motives to study at the higher medical educational establishment.
3. Domination of the humanistic and social personality orientation that is demonstrated in readiness to help others, altruistic behavior, and highly moral attitude of a doctor to any individual.
4. Continuous self-perfection and self-development, especially, of the professional and personal qualities.
5. Recognition of the practical significance of the academic course “Deontology in medicine”.
6. Stable interest in ethical and deontological education and acknowledgment of the necessity to make it available to the students during the whole period of medical studies.
7. Constant readiness to contact and interact with people, to be a group member, herewith having a great necessity in affiliation, that is, establishment of trust-based relationships and mutual understanding during communication.

#### **Middle level**

1. Middle level of awareness of a career choice.
2. Domination of external factors as motives to study at the higher medical educational establishment.
3. Domination of professional and business personality orientation.
4. Incontinuous self-perfection and self-development, especially, of the professional and personal qualities.
5. Recognition of the practical significance of the academic course “Deontology in medicine”, but there exists uncertainty if a medical student has got an interest in ethical and deontological education and acknowledges a necessity to make it available to the students during the whole period of medical studies.
6. Variable readiness to contact and interact with people, to work in the group, herewith a necessity in affiliation is not enough, that is, establishment of trust-based relationships and mutual understanding during communication is not a top priority for a medical student.

#### **Low level**

1. Low level of awareness of a career choice.
2. Domination of “pragmatic” motives and motives of “personal prestige” to study at the higher medical educational establishment.
3. Domination of antisocial personality orientation.
4. A lack of self-perfection and self-development, especially, of the professional and personal qualities.
5. A medical student does not recognize the practical significance of the academic course “Deontology in medicine”, a lack of interest in ethical and deontological education as well as acknowledgment of the necessity to make it available to the students during the whole period of medical studies.

6. A lack of readiness to contact and interact with people, to work in the group, herewith a necessity in affiliation is low, that is establishment of trust-based relationships and mutual understanding during communication is completely neglected by a medical student.

We have diagnosed the level of the motivational component of the subject competencies in Medical deontology by means of the author's questionnaire "Professional needs and interests of a medical student".

On the basis of the analysis of the groups of subject competencies in Medical deontology and content-analysis of the psychological, pedagogical and professional literature carried out within the framework of the preparatory stage of this research we have developed a questionnaire with the purpose of determination of the initial level of the development of the future doctors' motivational component of the subject competencies in Medical deontology. The choice of questionnaire survey as a diagnostic technique was predetermined by such its advantages: possibility of involvement of a great number of people, a time-saving procedure requiring not so much efforts for its preparation and realization, fast processing of the results, absence of influence on the respondents.

For avoidance of the subjectivism, that is getting socially approved answers from the respondents, some questions have been varied and specified.

The questionnaire "Professional needs and interests of a medical student" has been created with the purpose of establishment of the level of the development of the motivational component of the subject competencies in Medical deontology. It is designed for the individual work and contains 14 questions: 11 closed questions and 3 opened ones answering to which the students have a chance to express their opinion. The closed questions include a choice of a certain answer from the given list or such answers are offered as "yes, no (mark why)", "excellent, well, satisfactorily, do not understand", "excellent, well, satisfactorily, do not like to work in a team", "high, middle, low". It should be noted that questionnaire survey is anonymous. Therefore, a probability of truthful answers is high enough. The questionnaire makes the students realize what must be changed in their behavior, outlook, beliefs, strategies and attitudes, and also draws their attention to the importance of analysis of their achievements. In addition, by means of the questionnaire we have found out the level of awareness of importance of the deontological education by future doctors during their studies at the higher medical educational establishment.

Our research has covered 322 second-year students, getting their education in «Medicine» (specialties 7.110101 "Medical training", 7.110104 "Pediatrics", 7.110105 "Medico-psychological training" at the National medical university named after O.O. Bohomolets). The analysis of the findings has been carried out in accordance with the marked in Table 1 indicators.

The diagnostics of the level of *awareness of a career choice* took place by the analysis of the answers to the question "When did you decide to choose the profession of a doctor?" 36% of the respondents answered that during two final years of their studies at the secondary school, 35% decided to enter a higher medical educational establishment before completion of the ninth year of the secondary studies. Taking into account the fact that 18% of the respondents have been dreaming of the medical profession since their childhood, and that their choice has been done consciously during their studies either at the Ukrainian medical lyceum of the National Medical University or during their studies at other higher educational establishments or after getting experience in some hospital, the faculty members must make all efforts to ensure that the students which constitute the aforementioned 36% and 35% will realize that their choice is perfect and they are moving in the right direction. 11% of the medical students who chose the medical profession upon finishing the secondary school can be considered that group of risk, which have decided on the professional career spontaneously

without realizing their choice. Consequently, 18 % of the respondents have a high level of awareness of the choice of the medical profession, 71% - middle, and 11% - low.

*The type of motivation to study at the higher medical educational establishment* has been determined by the analysis of the answers of the respondents to the question “What factors influenced on the choice of the medical profession?” Most students marked a few factors, that is, only a combination of certain circumstances or conditions is that driving force which induces future applicants to enter the medical universities. 25% of the respondents have chosen the medical profession in order to acquire knowledge and skills in medicine and work for the benefit of our society. 12,5% have made a decision to become a doctor after illness or life accident, when it was necessary to deliver first emergency aid. 8% of the respondents relate their choice to the experience in some medical activities. Therefore, “professional” and “educational” motives make 45,5% of all respondents. The parents influenced on the choice of 16% of the respondents. Practically identical is frequency of such answers as “example of the familiar doctor” (9%), “school subject” (9%), “a book, an article, a film, a TV-program” (7%). The findings of the questionnaire survey demonstrate that such factors as “relatives or friends”, “dynasty”, “a teacher” do not have a considerable influence on the applicant’s choice of the medical profession. In fact, 42% explain the choice of the medical profession by the influence of the indicated earlier external factors. This percent must be taken into account, so as the external motivation is unsteady and means that at any time a student can acknowledge the fallaciousness of the choice, as soon as influence of the external factors will diminish. Therefore, the task of the faculty members is to develop the internal motivation of this group of students, that is, “professional” and “educational” motives must go out on a foreground. The expected financial reward or “pragmatic” motives make insignificant 0,7%, and motives of “personal prestige” – 0,3%.

*Prevailing personality orientation* has been determined by us as follows: it has been suggested to the students to define 5 professionally-oriented ethical qualities which above all things must be formed and developed by a medical student during his studies. After questionnaire processing we have got 5 professionally-oriented ethical qualities, which, in opinion of the second-year students, have the most essential value for the professional activity of any doctor: responsibility – 84%, attentiveness – 57%, willingness to help – 45%, readiness to self-perfection and self-education – 40%, good organization – 34%. If to analyze the list of the afore-mentioned qualities, from one side, all of them are positive, but, on the other side, directed not at a person, in our case a patient, and community, but only at the professional activity. These qualities determine *the professional orientation of a person*. The questionnaire survey has revealed that humanism (23%) and readiness to self-sacrifice (13%) are not considered by the medical students as top professional qualities, which a future doctor must foster in himself, although these moral and ethical qualities are the criterion of any doctor’s attitude to the world and have an effect on *a humanistic personality orientation*. Most students have neglected professionally-oriented ethical qualities which represent an attitude of a doctor to a patient (tactfulness – 20%, sympathy – 18%, respect – 12%, honesty –12%), in other words, his *social orientation*. Taking into account modern tendencies in the development of the health service, it is discouraging that only 3% of the students see a doctor initiative, and 5% consider that he must nurture in himself the leadership qualities. 0,6% of the respondents consider business attitude as a positive professionally-oriented ethical quality of a future doctor. However, a majority of students attribute it to the negative qualities. We, on the contrary, would like to emphasize that such point of view is wrong taking into account the realities of the modern life, when a concept «entrepreneurship» acquires a new value. In the dictionary the word “entrepreneurial” appears as a synonym to “enterprising” or “zealous”, accordingly meaning a “practical shrewdness, ability to carry the ball, initiative”. The organizational and leadership skills determine a *business orientation of a personality*. The findings of the questionnaire survey allow us to conclude that students realize negativity of

such qualities as ability to manipulate ideas and other people, self-interest, aloofness, inflexibility, arrogance, technicism, obstinacy, which all together predetermine *an antisocial orientation of a personality*. Only 3% of the respondents included such qualities to top five professionally-oriented ethical qualities.

The level of *motivation for communication* has been found out by the estimation of the level of willingness of the medical students to contact and cooperate with people. 68% of the respondents are continuously ready to contact and interact with people, 23% of the medical students have variable readiness to contact and cooperate with people, and in 9% such readiness is absent. 75% of the respondents successfully work in a team (to this category we have included answers “excellent” (16%) and “well” (57%), and also 2% of those who mark that they like to cooperate with others if they trust their team members). 16% of the medical students can not succeed during teamwork, 9% dislike to cooperate with others. Consequently, the level of motivation for communication has been determined by us as an average index including willingness to contact and cooperate. 71% of the respondents have a high level of motivation for communication, 20% - middle, and 9% - low.

*The recognition of the practical significance of the academic course “Deontology in medicine”* has been determined due to the analysis of the students’ answers to the question “Have you chosen the elective course “Deontology in medicine?” and by means of the task in which the respondents have been asked to define the practical significance of this course. A high awareness of the practical significance of the academic course “Deontology in medicine” is confirmed by the fact that 83% of the students who have not been offered the indicated course as it does not cover all the academic groups, 64% regret it. And out of 17% of the future doctors who are lucky to have completed this elective course, absolutely all have stressed its importance. Therefore, 81% of the respondents consider that the elective course “Deontology in medicine” has high practical value, 16% - middle, and 3% - low.

The interest in the ethical and deontological education and self-education has been established as follows: we asked the students to estimate, as far as well they understand the value of ethical education and self-education of a personality of a future doctor. The results are consoling enough, because 25% of the respondents “excellently” and 61% “well” realize the outstanding value of spiritual growth of a future doctor, importance of the high duty performance in the society. But 14% of the future doctors insufficiently or fully misunderstand the role of ethical education and self-education of a personality that is impermissible for such sort of a profession. It means that a great necessity and interest in ethical and deontological education and self-education exists in 25% of the students, the middle index of such necessity and interest – in 61%, and low – in 14%. In addition, from the list of the compulsory preclinical academic courses of the second year curriculum, the students have marked all without an exception disciplines. It means that, in their opinion, every teacher must pay his attention to the issues of the general ethical and deontological education of the future doctors during planning and organization of the teaching process. But there are academic courses which have been mentioned by the students more frequently, among them: “Care of patients” (84%), “Bases of psychology and pedagogy” (69%), “Philosophy” (44%), “General surgery” (38%), “Foreign languages (professionally-oriented)” (38%).

In order to determine the degree of maturity and evaluate perspectives of the second-year students in the future, in other words, their *aspiration to professional and personal self-perfection and self-development*, we asked the students to describe their greatest achievements and explain their significance for their personal development. 19% of the respondents have not got, in their opinion, any achievements. Such results testify to the personal immaturity and indifference of a certain part of the medical students. These percents make the group of the students with a low level of readiness to professional self-perfection and self-development. The achievement, which 57% of the respondents is proud of, is an admission to the National

medical university named after O.O.Bohomolets. That did not even lose the actuality during the second-year course of studies. That testifies to the insufficient orientation of the students' activities on self-perfection and self-development. Among other achievements success in studies and professional activity has been more frequently mentioned making 20% and in science, sport, music and art accounting for 4%. These latter 24% of the respondents will make part with a high level of readiness to self-perfection and self-development.

The information on the initial level of the future doctors' development of the motivational component of the subject competencies in Medical deontology is presented in Table 3.

Table 3. The initial level of the development of the motivational component of the subject competencies in Medical deontology.

Criterion	Indicator	Results			
Professional needs and interests of the medical students	Type of motivation to study at the medical university	Professional and educational motives	External factors	Pragmatic motives	Motives of the personal prestige
		45,5%	42%	0,7%	0,3%
The level of motivational component		High	Middle	Low	

Criterion	Indicator	Results				
Professional needs and interests of the medical students	Prevailing personality orientation	Humanistic: humanism	Social: tactfulness	Professional: responsibility-	Business: initiative –	Antisocial:
		– 23% readiness to self-sacrifice- 13%	- 20% sympathy - 18% respect- 12% honesty - 12%	84% attentiveness – 57% readiness to help– 45% self-perfection and self-education – 40% good organization – 34%	3% leadership - 5% entrepreneurship– 0,6%	3%
The level of motivational component		High		Middle		Low

Criterion	Indicator	Results		
Professional needs and interests of the medical students	Level of awareness of a career choice	High	Middle	Low
	Motivation for communication	18%	71%	11%
	Motivation for self-perfection and self-development	High	Middle	Low
	Recognition of the practical significance of the	High	Middle	Low
		71%	20%	9%
		24%	57%	19%



	<i>academic course “Deontology in medicine”</i>	<b>81%</b>	<b>16%</b>	<b>3%</b>
	<i>Interest in ethical and deontological education and self-education</i>	High  <b>25%</b>	Middle  <b>61%</b>	Low  <b>14%</b>
<b>The level of motivational component</b>		<b>High</b>	<b>Middle</b>	<b>Low</b>

## Conclusion

The review of the findings on the initial development of the future doctors' subject competencies in Medical deontology in terms of the motivational component demonstrates that almost equal number of the students has a high and middle level of their motivation to study medicine; a majority of them have a middle level of the motivational component in terms of prevailing personality orientation, a middle level of awareness of a career choice, a high motivation for communication, a middle level of motivation for self-perfection and self-development, a high level of recognition of the practical significance of the academic course “Deontology in medicine”, and a middle level of interest in ethical and deontological education and self-education. Therefore, we suggest implementing Cooperative learning structures into the teaching process. This will help the faculty members to ensure that the students with a middle level of their motivation to study medicine and middle level of awareness of a career choice will realize that their decision is perfect and they are moving in the right direction and those with a high level will not be disappointed. Cooperative learning will help to change a personality orientation of a medical student and make it more humanistic and socially oriented. This technique will maintain the medical students' readiness to communicate and cooperate by developing their communication and teamwork skills; will encourage their moral and ethical self-perfection, self-development and self-education. In our further research we will determine the extent of the improvement of the level of the future doctors' subject competencies in Medical deontology in terms of the motivational component resulting from the introduction of Cooperative learning structures into the teaching process.

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