

# Motivation and continuation of professional development

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## SUMMARY

*Variations in levels of motivation to learn among established general practitioners (GPs) have received scant attention. Building on previous work, we present an analysis of factors contributing to the development of motivation to learn in those who are entering and already established in practice. This approach suggests that individual motivation is both complex and unstable in response to external factors. We draw attention to the possibility of motivational immaturity in recruits to general practice, the contribution of values, and the presence of demotivators. The implications of our analysis are explored in relation to individual professional development and continuing education provision. We suggest that motivational audit will identify individual and contextual factors that are reducing the capacity of GPs to continue learning. A number of approaches addressing these factors are proposed.*

*Keywords: general practitioners; audit; education; professional development.*

## Introduction

THE processing of experience in order to gain useful understanding and skills, is such a natural phenomenon that much of it goes unrecognized as learning. Paradoxically, within medicine, the idea that learning is almost exclusively the product of systematic educational activity remains largely unquestioned. The resulting educational dependency and syllabus-bound approach to learning means that, at graduation, doctors are ill-prepared for self-directed learning.<sup>1,2</sup> Despite a period of vocational training, recruits into general practice commonly experience problems of adjustment to learning in and from the new context. Moreover, 15 years after vocational training became mandatory in the United Kingdom (UK), there are significant concerns about the capacity of established general practitioners (GPs) to engage in a sustained programme of professional development.

A number of themes emerge from the literature as being central to the progressive growth of understanding and competence in established professionals. Progress by the individual from educational dependency to autonomy requires active participation, a sense of curiosity, ambition, and recognition of the need to

learn.<sup>3-5</sup> Thus, learners who are not self-directed are less willing to resolve differences between existing understanding and new information.<sup>6</sup> In terms of process, education and learning are not equated:<sup>7</sup> participation and comprehension require that new ideas connect with the individual's existing beliefs and understanding;<sup>8</sup> and the translation of evidence into practice is promoted where situations and dilemmas are perceived as authentic.<sup>9</sup> On this basis, individual professional development requires both the motivation to learn and a process of learning based on the opportunities and challenges of professional practice.

The motivated learner will need to be selective about educational activity and exploit a broad range of opportunities to learn from experience both of life and of professional work. Learning from experience in isolation may be both incomplete and slow; appropriate educational provision is grounded in experience but deploys a range of methods designed to encourage reflection and the sharing of ideas.<sup>5</sup> Current educational provision for established GPs in the UK (through the Postgraduate Education Allowance (PGEA)) has been widely criticized for its traditional methods and its reinforcement of dependency. Moreover, the PGEA arrangements were designed to address the poor uptake of educational provision;<sup>10</sup> recent evidence of widespread cynicism about the reasons for participation is disturbing.<sup>11</sup>

A number of authors<sup>12,13</sup> have described a dip in motivation to learn some 10 years into a career as a principal, although involvement in teaching others may help to protect against this demotivation. Surprisingly, individual motivation to learn has been largely neglected in the debate about the maintenance of professional competence through reaccreditation.<sup>14,15</sup> In this paper, we explore the development of motivation to learn among doctors who are entering and are already established in general practice, including the role of demotivating factors. Our aim is to describe factors influencing individual motivation and their impact on professional development for general practice.

## Motivation to learn

### *The nature of motivation*

Motivation conceptualizes the idea that human behaviour is the resultant of forces that pull or push the individual in certain directions. Motivation to learn comprises both intrinsic and extrinsic elements that initiate and sustain learning behaviour and determine their intensity. *Intrinsic motivation* originates from the individual's perception of the relevance and value of the learning opportunity, and may also reflect satisfaction of an inner need for achievement.<sup>16</sup> *Extrinsic motivation*, in contrast, depends on perceptions of gain in the form of rewards or the avoidance of sanctions. *Competence motivation*<sup>17</sup> occupies a mid position and describes the way in which the achievement of competence in a task enhances motivation to continue learning. *Demotivators* are factors arising within the individual or in the context of learning that undermine intrinsic or extrinsic motivation to learn, thus causing indifference to or avoidance of learning opportunities.

### *Motivation to learn in doctors*

By the time they graduate, doctors have amply demonstrated their motivation to learn complex tasks in an institutional setting; subsequently they subscribe, implicitly or explicitly, to maintaining

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professional competence through ongoing learning.<sup>18</sup> However, supervised and assessed learning in a medical school or training programme is distinct from the intrinsic motivation to learn required by independent practice. Traditionally, general practice has offered neither the educational support nor the clearly defined learning agenda of medical specialties. Moreover, in a context where the major learning opportunities are experiential, the organization of primary care maximizes experience without regard to the individual's capacity to process and absorb lessons. Clearly, sustaining individual motivation to learn in this situation presents special challenges.

*The origins of motivation to learn in general practitioners*

One way in which to clarify motivation to learn among established GPs is to explore its development. From the outset, human beings are genetically predisposed to learn.<sup>19</sup> During succeeding stages of development they are subject to other factors, both intrinsic and extrinsic, which stimulate motivation and promote learning. From infancy to becoming an established GP, the development of motivation can usefully be considered in four stages: early learned behaviour, socialization, professionalization, and independent practice. This view (Figure 1) builds upon previous accounts of human motivational development.

Our choice of extrinsic and intrinsic elements represents only those that seem likely to be significant in recruits into medicine, and, at the stage of independent professional practice, those which specifically relate to GPs. The chosen competencies reflect, in turn, the development of individuality, group membership, professional status, and, finally, the ongoing relationship with patients that typifies primary care. Figure 1 includes the stereotypical learning approaches that we might expect to be adopted at the successful attainment of each stage; these represent modifications of the categories devised by Knowles<sup>20</sup> and others.

*Ethical influences*

Whereas most accounts of human motivation to learn reflect the parts played by curiosity, gain and competence, surprisingly, the motivating influence of values has received scant attention. From the earliest days of the medical profession, ethical precepts have influenced its teaching and practice.<sup>21</sup> Survey evidence from recruits into medicine suggests that altruism plays a significant part in their motivation.<sup>22</sup> While disenchantment and cynicism are recognized features of medical students as they pass through the phase of professionalization,<sup>23</sup> these might be expected during the process of adjustment to professional, as opposed to social, values. Independent practice requires a further maturation of the individual's ethical stance to one of greater pragmatism in which sensitivity and flexibility are key competencies.<sup>24</sup>

*Motivation and career choice*

During the stage of professionalization, the majority of medical students make career choices based, in part, upon their limited exposure to clinical practice while undertaking the undergraduate course. There are two general ways in which this choice might be influenced: the stage of development of the individual's motivation to learn, and their perceptions of opportunities to develop in different branches of the profession. The latter will, in part, reflect the prevailing morale encountered by students among established practitioners. Consequently, mismatches between certain stereotypes of incomplete development, or patterns of anticipated gain, and the realities of particular careers might be anticipated. This may account for the surprisingly high levels of disenchantment with careers in medicine found in recent surveys.<sup>25,26</sup>

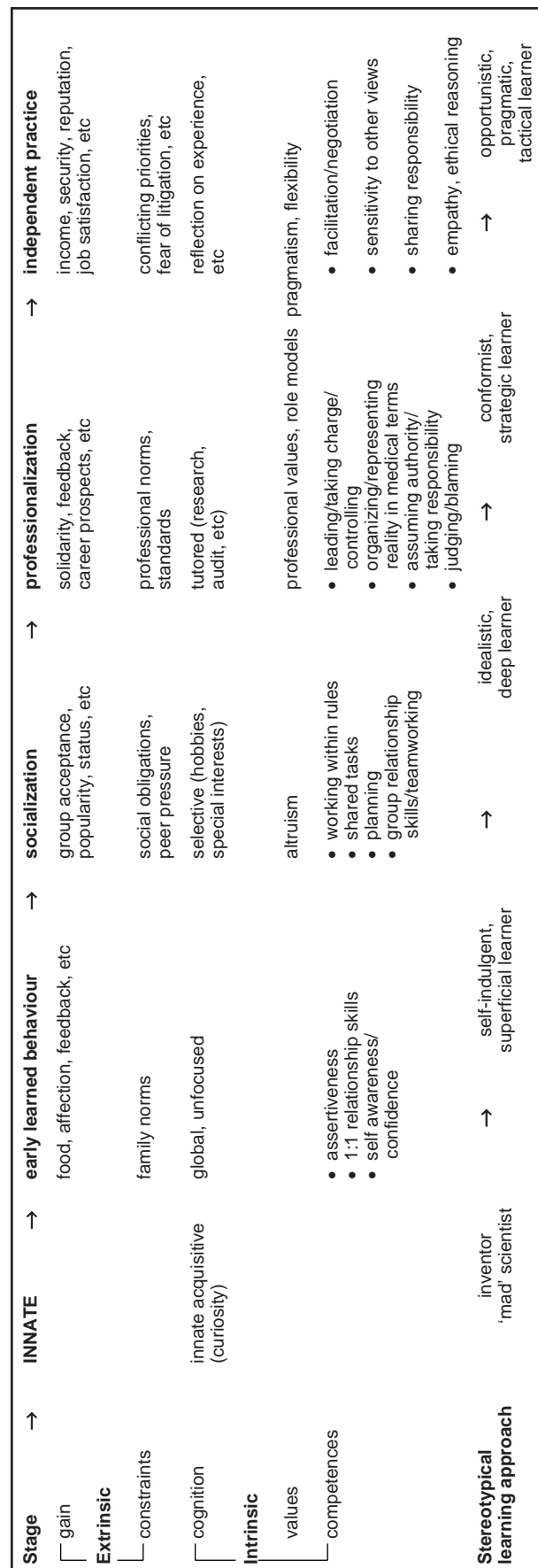


Figure 1. A developmental view of the components of motivation to learn in primary care physicians.

General practice is unusual in accepting the largest proportion of medical graduates and in offering significant material rewards after a relatively short period of postgraduate training. Paradoxically, it also presents recruits with formidable challenges for which, despite vocational training, they are under-prepared. These challenges include adapting clinical practice to the biopsychosocial paradigm,<sup>27</sup> assuming governance of a commercial enterprise, and switching from dependent to autonomous learner. The experience of young principals suggests that the transition of motivation to learn from the pattern seen at the end of professionalization, to that appropriate to independent practice, remains, for many, a solitary journey of discovery.

### Implications for professional development

#### *Exploring motivational status: motivational audit*

Once the prevailing patterns of motivation to learn among established GPs are accepted as both complex and individualistic, significant practical issues emerge. Foremost is the idea of individual motivational audit: self- or facilitated assessment of the components of motivation to learn by established principals. We suggest that this audit will need to explore three major components: motivational maturity, the balance between intrinsic and extrinsic elements, and the perceived role of demotivators.

*Maturity.* Our developmental analysis suggests that motivational maturity is dependent largely on the adoption of values and competencies that match the challenges of primary care, and the possession of skills to reflect on and share experience. Clearly, the potential exists for delayed (or arrested) motivational development; for example, the established GP whose learning is motivated by the factors associated with the stage of professionalization. We are all aware of colleagues who, long after becoming established in practice, remain unduly influenced by role models from their undergraduate years, or whose learning is directed by habitual loyalty to professional values. This may account for the popularity of certain didactic learning formats in general practice continuing education.<sup>13,28</sup>

*Imbalance.* Research on professional development emphasizes the key role of intrinsic motivation.<sup>29</sup> Our analysis suggests the possibility, in individual GPs, of imbalance between intrinsic and extrinsic motivational forces. For example, in a recent survey,<sup>30</sup> the majority of GPs claimed that financial rewards are the major motivator of attendance at educational meetings qualifying for the PGEA. In theory, fear of litigation might encourage defensive learning in the way it is known to promote defensive practice.<sup>31</sup>

*Demotivators to learning.* While the capacity to sustain motivation to learn will reflect maturity for the role of the GP, contextual factors are also relevant. Many of these stem from the historic position of the GP as a community-based generalist providing prompt access and continuity of care. Assumptions about manageable workload appear questionable at a time of worldwide strategic shift of responsibility for health onto primary care and recent consumerist trends in Western society. Moreover, the key role of the GP in commissioning secondary care<sup>32</sup> carries additional administrative responsibilities.

In this situation, the volume of experience may overwhelm the capacity of the individual to learn from it. Contributory factors include professional and geographical isolation; lack of skills and opportunity to process experience; physical, intellectual, and emotional exhaustion; and the insidiously demotivating influence of awareness of declining competence. Team-working and effective organization of practice offer only partial solutions to

these difficulties.

#### *Supporting motivational audit*

For the individual, motivational audit may open up questions or issues that require educational or career counselling. These are the natural province of professional mentors: respected colleagues, regional advisors, and the Royal College of General Practitioners' network of educational tutors. In recent years, general practice has offered an increasing array of career advancement possibilities. While, at one time, the ever-deepening relationships with patients that may reach their peak after 20–25 years was the prime reward for a career in general practice,<sup>33</sup> there are now teaching, audit, and managerial opportunities, in addition to those offered by political representation, and involvement in College life. The recent development of Fellowship by Assessment is an example of a mechanism for recognizing and rewarding sustained commitment to professional development at practice level.

#### *The role of educational provision*

Clearly, a major dilemma for continuing education provision is how to foster and sustain motivation to learn when some GPs are educationally dependent and others cynical about the time they devote to it.<sup>10</sup> Elsewhere, we have attempted to define operational standards for continuing education as a Learner's Charter.<sup>34</sup> The Charter reflects our view that provision could play a more significant part in GPs' professional development by encouraging participation in challenging learning formats, developing practice-based learning,<sup>35</sup> and undertaking meaningful evaluation of the process and outcomes of educational provision. In addition, educational provision may need to address the outcomes of motivational audit. For example, exploration of demotivators will often highlight issues for partners and for the organization of practice. We recognize that many, perhaps most, practices will require help with this kind of review. Parallels with the 'Investors in People'<sup>36</sup> process suggest one approach that general practice might imitate. The broad range of issues raised may call for a new coalition of skills, combining educational and organizational-development expertise. The concept of the 'Learning Organization'<sup>37</sup> may provide a useful model for general practice. It would be unrealistic, however, to assume that fundamental flaws in the structure and organization of primary care, in the UK or elsewhere, can be addressed by these strategies alone. The best that can be hoped for is optimization of individual professional development, and unequivocal identification of systematic demotivators to learning in the current state of primary care practice.

### Discussion

Our view of the development of motivation to learn should be regarded as an attempt to build on previous work in order to clarify a complex and neglected issue. Motivation to learn is the mainspring of individual professional development; without it, both educational provision and ongoing experience are akin, in nutritional terms, to sweets and crisps for children — diverting and briefly stimulating but not nourishing of growth. For the mature GP working under ideal circumstances, motivation is largely intrinsic in origin and succeeds in tempering idealism with pragmatism, tapping into and exploiting curiosity and perceiving the gains of professional status as rewards for maintaining and deploying competent expertise. An understanding of motivational development helps to indicate some of the reasons why this is not always the case, and to suggest directions to take in which solutions might be found.

There has been an unsupported, and we would suggest

improbable, assumption among those involved in postgraduate education for general practice that professional development begins at or about the same place for each new recruit. However, career choice among medical students is not only based upon limited data but is also, to judge by the effects of the 1990 contract,<sup>25,26</sup> swayed disproportionately by the prevailing morale and contractual arrangements in general practice. This situation implies a significant risk of mismatch between individuals' motivational maturity and the demands of general practice as a career. We believe that there are important lessons here for recruitment to general practice.

Fundamental to intrinsic motivation to learn are skills and opportunity to absorb experience and, judged in this light, the current PGEA arrangements are doubly pernicious. By perpetuating unchallenging and often irrelevant provision, they encourage providers to collude with the motivationally immature and feed professional cynicism about learning. The opportunity costs of this collusion and cynicism are rarely considered. During a time of rising public expectations of health care, the failure of the PGEA arrangements to nurture individual professional development risks undermining the overall level of competence of the profession.

Currently, the major educational challenge for general practice is presented by established GPs who find their professional development frustrated by a range of interconnected factors in the workplace, in educational provision, or in themselves. While the links between practice organization, professional stress, and the capacity to learn from experience have long been obvious, motivational audit may be helpful to colleagues in separating personal and contextual factors. This process is very likely to reinforce the importance of a mentoring network for GPs.<sup>38,39</sup> As for contextual demotivators, some will be amenable to local modification in patterns of working, while others may call for a radical rethink of organizational and human resource management in primary care.

Understandably, in a situation of low morale and significant demotivators in which blame can often be attributed to others, many GPs have reacted by adopting negative attitudes.<sup>30</sup> A major issue emerging from exploration of motivation to learn is the responsibility of individual professionals to maintain and develop their craft even in the face of adverse circumstances. Stated baldly, controlling and directing their professional development is essential if GPs are to preserve the value of their stock-in-trade; any other course runs the risk of professional suicide at a time when other professional groups are staking claims in primary care. We hope that the developmental analysis presented here clarifies and stimulates discussion about motivation to learn and its influence upon individual professional development.

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