

Editorial

Vocation in medicine

Michael Trimble

Why do you do what you do?

Much has been made of importance of professionalism in medical practice. And, whilst much ink has been spilt on the mechanics of ensuring that medical students develop professional behaviours, less attention has been paid to intrinsic motivation, the answer to the question: Why should I behave in this way?¹ Indeed, professionalism risks being seen as ‘just a game’ to be played.² In older parlance, we used to speak of *profession*, rather than professionalism. Profession referred to the vow of commitment made by those entering the occupations of divinity, law, medicine, and the military. Such profession or commitment extended to the point of risking one’s life: A fact, whilst still obvious in the case of the soldier, is perhaps not usually considered by applicants to medical school. In modern times, in the West at least, medicine was seen as a low-risk endeavour: Until now, until the coronavirus.

The virus has taken its toll on healthcare workers - doctors and nurses. A BBC report early in the course of the pandemic noted the deaths of 163 doctors and 40 nurses in the first wave of coronavirus in Italy.³ and yet we still showed up for work. It is clearly more than a job; more than an occupation to be performed whilst exhibiting professional behaviours; it is, I think, best described as a vocation.

However, vocation is a word that has lost its gloss of late. It is widely used merely to describe any job. Vocational qualifications may be obtained in fields as diverse as travel and tourism, IT, performing arts, and floristry. Clearly the practise of medicine is different to work in these areas. I am therefore suggesting that there is a need to understand and recover the concept of vocation.

Doctors often speak of a having sense of vocation but what do they mean? The word itself has its roots in the Latin *vocare* meaning “to call”. This concept of vocation originates from religious life – describing the sense of feeling called by God to follow a certain path or career. Personally, as a Christian, I understand that sense of calling but what does it mean in today’s more secular age? If one is not called by God, then in what sense may one be said to have a vocation? How can we best define and use the term to help our students and trainees find and understand their ‘calling’ in medicine?

Outside of the spiritual context, Duffy and Dik define calling as “a transcendent summons, experienced as originating beyond the self, to approach a particular life role in a manner orientated toward demonstrating or deriving a sense of

purpose or meaningfulness that hold other-oriented values and goals as primary sources of motivation.”⁴ This distils down into three components: an external summons, meaning/purpose, and prosocial motivation.⁵ Whilst some may experience a sense of summons or destiny, another common feeling is that of work being a ‘perfect fit’ with one’s skills and passions. This may assist us in helping our students and trainees understand their sense of vocation. We cannot generate a sense of external call from a higher agency but we may be able to help them find their calling in the weaker sense of finding their *perfect fit*. This may be good career advice to give students or trainees in normal circumstances but what about when times are hard; when this translates to personal risk for the doctor? Philosopher Nassim Nicholas Taleb describes the importance of having ‘skin in the game’.⁶ For the physician, skin in the game, participation in sharing the risk, is a must. To have skin in the game is only the beginning. Taleb identifies a deeper level of involvement. This is to have ‘soul in the game’ as demonstrated by artisans. “Artisans put some soul into their work: They won’t sell something defective or even of questionable quality, because that would hurt their most deeply felt values.” Artisans “do things for existential reasons first” and have “sacred taboos, things they will not do”. We need to help our students and trainees come to terms with risk and uncertainty in practice. (Though I must say how impressed I have been by the commitment of the trainees in the hospital where I work.) “How much you truly “believe” in something can be manifested only through what you are willing to risk for it.” Understanding the value of having ‘skin in the game’ can help us respond to the challenges of practice. A sense of vocation important for the individual physician at every stage of their professional life. Intrinsic motivation is a factor leading students to apply to medical school,⁷ it influences choice of specialty,⁸ and protects against physician burnout.⁹ It is also important for patients and coheres with compassionate care.¹⁰ Intrinsic motivation is what keeps us at work even when the stakes are high.

And so, whilst *vocation*, severed from its religious roots, has the potential to be misunderstood and neglected it can also embolden and encourage. Indeed, psychologist Daniel Brown notes the combination of proactive perspective, spirituality and motivation as being important factors promoting human thriving.¹¹ You can prosper in medicine as a job or career, you can struggle through the dark times following your profession, but I think to really *thrive* requires a vocation.



1. Trimble M. When I say ... profession. *Med Educ.* 2019;53(10):965-6.
2. Roshni-Pinto-Powell TL. Just a Game: the dangers of quantifying Medical Student Professionalism. *J Gen Int Med.* 2019; 34(8):1641-4
3. Bettiza S. Italy's medical workers: 'We became heroes but they've already forgotten us' [Internet]. London: BBC News Online. 2020 May 26. [cited 2020 May 29]. Available from: <https://www.bbc.co.uk/news/world-europe-52784120> .
4. Dik BJ, Duffy RD. Calling and vocation at work: definitions and prospects for research and practice. *Couns Psychol.* 2009;37(3):424-50
5. Duffy RD, Dik BJ. Research on calling: What have we learned and where are we going? *J Vocat Beh.* 2013;83(3):428-36
6. Taleb NN. *Skin in the Game: hidden asymmetries in daily life.* New York: Random House; 2018
7. McHarg J, Mattick K, Knight LV. Why people apply to medical school: implications for widening participation activities. *Med Educ.* 2007;41(8):815-21
8. Borges NJ, Manuel RS, Duffy RD. Speciality interests and career calling to medicine among first-year medical students. *Perspect Med Educ.* 2013;2(1):14-7.
9. Yoon JD, Daley BM, Curlin FA. The association between a sense of calling and physician well-being: a national study of primary care physicians and psychiatrists. *Acad Psychiatry.* 2017;41(2):167-73.
10. Kristjánsson K, Varghese J, Arthur J, Moller F. Virtuous practice in nursing. Research report. [Internet]. [cited 2022 Mar]. Birmingham: University of Birmingham; 2017. Available from: <https://www.jubileecentre.ac.uk/1588/projects/current-projects/virtuous-practice-in-nursing>.
11. Brown DJ, Arnold R, Fletcher D, Standage M. Human thriving: a conceptual debate and literature review. *Eur Psychol.* 2017;22(3):167-79

Erratum:

RE: Alun Evans, The Belfast Branch of the Socialist Medical Association, *Ulster Med J* 2022;91(1):32-38

Address for correspondence should read:

Alun Evans MD
 Professor Emeritus
 Centre for Public Health
 The Queen's University of Belfast
 Institute of Clinical Science B
 Grosvenor Road
 Belfast BT12 6BJ
 United Kingdom
 Tel: 0044 28 9096 3306



UMJ is an open access publication of the Ulster Medical Society (<http://www.ums.ac.uk>).

The Ulster Medical Society grants to all users on the basis of a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Licence the right to alter or build upon the work non-commercially, as long as the author is credited and the new creation is licensed under identical terms.