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Adam Neufeld

Volume 15, Number 2, 2024

URI: https://id.erudit.org/iderudit/1111576ar
DOI: https://doi.org/10.36834/cmej.78845

See table of contents

Publisher(s)
Canadian Medical Education Journal

ISSN
1923-1202 (digital)

Cite this document
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Adam Neufeld

1Cumming School of Medicine, University of Calgary, Alberta, Canada
Correspondence to: Adam Neufeld, MSc, MD, CCFP; email: adam.neufeld@ucalgary.ca
Published ahead of issue: Apr 29, 2024; published: May 1, 2024. CMEJ 2024, 15(2)
Available at https://doi.org/10.36834/cmej.78845
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Dear Editor,

Recently, Davis et al.1 argued that, to support medical students’ career satisfaction, we must first decide how to define it, and when and how to assess it. I agree and ask: why not draw on existing frameworks and assessment tools to do this? Informed by Goal Contents Theory (GCT)—a sub-theory within Self-Determination Theory (SDT)—this letter provides a few insights.

GCT outlines different kinds of life goals—extrinsic (e.g., wealth, image, fame) and intrinsic (e.g., community, relationships, personal growth)—and their unique antecedents and consequences.2 Intrinsic goals inherently satisfy what SDT refers to as people’s basic psychological needs for autonomy, competence, and relatedness, and thus directly support their well-being.2 Conversely, extrinsic goals rely on external contingencies of reinforcement and thus only temporarily satisfy (and often frustrate) these needs, resulting in stress and ill-being.2

Research on people’s life goals, career commitment, career satisfaction, and happiness, supports these principles.3,4 To Davis et al.’s1 points, I therefore suggest that we do the following:

1. Consider a definition of career satisfaction that taps intrinsic/extrinsic goals and basic psychological needs. Does your career offer you autonomy, mastery, and connection? Do you feel that you are growing, making a difference, and that you belong? Satisfaction of these needs, and prioritization of these goals, consistently predict better engagement, persistence, development, and well-being.2

2. Use quantitative and qualitative methods. Life goals and need fulfillment are measurable via validated scales. Combined with qualitative methods (e.g., interviews), we could measure doctors’ career satisfaction in sophisticated, theory-informed ways.

3. Assess at “milestone” stages in a physician’s career. This could be yearly in residency, in the first five years in practice, and every five years thereafter. Both cross-sectional and repeated measures studies could be leveraged to help us understand and mitigate career regret, across medical specialties and times.

4. Bring GCT into undergraduate curricula. Medical learners deserve to know what their basic psychological needs are and how different careers might support vs. hinder them. Teaching students this—e.g., through career advising and mentoring channels—would help them make self-concordant career choices that foster their well-being.

SDT offers a well-evidenced framework that medical educators can use to define and assess career satisfaction.
for physicians. Its mini-theory, GCT, may be particularly useful in this context, given its focus on life aspirations and how they satisfy vs. frustrate people’s basic psychological needs for motivation and well-being.

Conflicts of Interest: The author is on the editorial board for the CMEJ. He has adhered to the CMEJ policy regarding authorship.

Edited by: Marcel D’Eon (editor-in-chief)

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