

Professions and Professionalism in a Hosting Setting of Georgia

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Abstract

The trust that society places in the professional is rooted in the professed commitment made by the professional, and it takes life in the service that is provided. That service is in the care provided to the patient, a care rooted in the expertise acquired by years of study and experience. But the increasing complexity of medical care, the variety of tools available for diagnosis, the wide range of specialties in care, the diminished expectations of the times when a physician is available makes it clear that medical care is a team effort that the service of the medical professions is provided by a variety of interdependent practitioners. This increasing complexity requires that professional autonomy cannot exist in isolation, and suggests that we must look a bit more carefully at what we mean by service.

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Introduction

Ideally, a hospital is a community of professionals and non-professionals who come together with a shared purpose. That purpose, of course, is caring for patients, and while not everyone has direct responsibility for the health care of patients, all employees and staff of a hospital contribute to the success of its purpose. Thus, everyone at the hospital also shares, either directly or indirectly, the tasks of a health care professional.

Physicians and nurses are the most visible examples of professionals, yet the entire staff of the hospital must exhibit what can be called professionalism. To successfully operate as a community within the hospital, it is useful to recognize both the difference between being a professional and

acting with professionalism, and the interdependence between professionals and staff that is made possible by the professionalism of both groups.

The reality of being a professional has been strained lately. The traditional ideal is the selfless physician or nurse, putting care of the patient ahead of all other concerns, and receiving unstinting social support in that task, an ideal that has long since been hollowed out by concerns of compensation, employment, insurance coverage and reimbursement, malpractice and other legal impositions, and the sheer variety of human commitment to patient care. This strain on the meaning of the professions has also placed in question the nature of any cooperation between professionals and the staff that supports them, and even the public that benefits from the professions.

Results and discussion

Nevertheless, the social prestige of holding the title of a professional remains strong. Thus, while its meaning seems unclear, the term professional is used all the time, by increasingly unusual occupations. Traditionally, the term professional was used to describe medical doctors, nurses, and other people you find around hospitals, also lawyers, teachers and clergy.

In the traditional view, a professional is an individual who has gone through a lengthy training and education, has been licensed to practice his/her profession, and is a member of professional associations. Professionals have a continuing responsibility to maintain their competence and the integrity of the professional itself (i.e. there is a responsibility to other professionals and a duty to society); hence, they are judged by their peers. Their competence is not limited to the techniques of their specialty. Rather, their commitment is to provide a service to their patients and society, a service which has as its core the health and well-being of the local community and branches out into a commitment to their specialty and to the others whose cooperation is necessary to provide the patients and community with health care. Our lives and the health depend upon the commitment professionals have made to serve their patients, the hospital and the community. In return, the community allows the profession to exercise a great deal of autonomy; the profession trains, admits, disciplines and expels its own members.

But this autonomy is not accomplished in isolation. When you join a profession, you “profess”, you commit yourself to serving others; at least, that is where the word comes from (1). Both ideas, to profess or to commit, and service, are worth thinking about. When you “profess” something, you are publicly obligating yourself to a set of values; you are saying that you will abide by those values and that others may expect you to stick to that commitment. This is the basis for the idea that a professional has a fiduciary

relationship with her patient. The patient can trust the professional, because the patient has profound assurances that the professional will behave or perform in certain ways. For the professional to fail to act according to this commitment is both a personal and public failure. Personal because the individual has failed to act as he said he would; and public because the individual claimed worthiness of public trust, was given that trust, and turned his back on it.

The main trends of growth in the number of physicians in Europe (per 100000 population)

	1980	1990	2000	2010	2011	2012	2013
Georgia			378.83	407.84	409.64	406.06	407.34
Armenia	256.9	251.13	252.38	276.28	278.36
Austria	222.32	300.83	385.33	479.66	484.4	489.75	499.01
Azerbaijan	336.01	391.62	360.72	365.4	342.75	347.85	344.43
Belarus	236.6	289.36	326.36	351.14	379.34	388.39	393.84
Belgium	230.94	326.53	282.88	293.5	292.55	292.92	295.2
Turkey	61.19	91.87	132.67	168.78	169.8	172.62	175.89
Turkmenistan	...	361.37	278.27	229.47	231.74	228.25	226.58
Ukraine	300.44	349.08	349.14	349.42	349.96
United Kingdom	131.74	161.75	195.83	271.76	276.04	275.11	277.09

The trust that society places in the professional, is rooted in the professed commitment made by the professional, and it takes life in the service that is provided. That service is in the care provided to the patient, a care rooted in the expertise acquired by years of study and experience. But the increasing complexity of medical care, the variety of tools available for diagnosis, the wide range of specialties in care, the diminished expectations of the times when a physician is available, makes it clear that medical care is a team effort that the service of the medical professions is provided by a variety of interdependent practitioners. This increasing complexity requires that professional autonomy cannot exist in isolation, and suggests that we must look a bit more carefully at what we mean by service.

Service is commonly thought to mean work done or duty performed for another or others; at least, **my dictionary** has it that way (2). But, interestingly, that is the only sixth definition **my dictionary** offers. The first is “the occupation or condition of a servant.” Of course, there are enough gripes about the insurance system, the role of the government, lawyers, fickle patients, and even the hospital as an employer to know that it is not hard to feel like a servant in health care today. But is that feeling inappropriate? To whom might today’s health care professional be a servant? A servant is one who works for another. For whom do we work in the health care field? Obviously the patient. But how do we work for the patient? Together. No

one alone provides care for a patient, especially in a hospital. Medical care requires working together, serving one another, in order to serve the patient; now more than ever before a professional is a member of a team (3), a group of people with different specialties, a variety of expertise and experience, coming together to accomplish the purpose of medical care. In order to serve our goal, we serve one another. We are servants and lords. Nurses and physicians could not accomplish their work without the cooperation and contribution of many others. All those who share in the service provided to patients and the local community are drawn into the work of professionals and share those professional commitments. While technically many are not professionals, they all share in many of those professional obligations and the challenges that go with them. As members of the same service community, members of a hospital staff, and indeed all who work with medical professionals in support of patient care, should all treat each other as accomplished individuals, each with an expertise and a set of responsibilities. Respect for each other as persons and trust for each other as capable team members are basic to the success of their efforts. In addition to these primary concerns of respect and trust, peer evaluation, due process, and continuing education are necessary elements of life at the hospital. All of these elements of cooperative action should be complemented by a concern for the patient, regarding both medical well-being and ethical well-being.

It is this mutual serving of one another I would identify as the basis for professionalism. In their mutual obligation to the patient, professionals and the staff that support them must demand and expect from each other certain patterns of behavior, certain virtues, or habits of excellence, that enable the entire group to function as a team. These virtues are certainly important for the physician, but a larger and more important point is that they are virtues for everyone who works in a professional setting. They are the virtues of professionalism, insofar as they describe; namely this is the expression of respect and cooperation in a service community.

Conclusion

These virtues are fundamental to the operation of a team or institution devoted to service and with which a community or patient has a fiduciary relationship. They should govern the character of each of the members of the institution and they should form the bedrock of the internal relationships of that institution. If this is the case, the institution's relations with its patients and with its external community will also reflect this character. The point to remember is that everyone in a hospital has an important, shared responsibility for the care of patients and the local community, and everyone, therefore, owes each other the deepest respect and cooperation in their day-to-day work at the hospital, as expressed in these virtues. This is the essence

of professionalism, and the glue that ties together in service the professions and the staff that works with them.

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