



THE DYNAMICS OF PROFESSIONAL COMMITMENT: IMMIGRANT PHYSICIANS FROM THE FORMER SOVIET UNION IN ISRAEL

JUDITH T. SHUVAL and JUDITH BERNSTEIN

Programme in the Sociology of Health, Hebrew University Medical School, Jerusalem, Israel 91010

Abstract—The paper examines professional commitment among physicians who immigrated to Israel from the former Soviet Union during the early 1990s. This population faces severe limits regarding occupational continuity because of the highly saturated market in which non-negligible groups will, in the long run, of necessity undergo occupational change. The theoretical background for the analysis is drawn from the literature regarding recent changes in professional roles with particular reference to the shifting meaning of work in post-modern societies and its consequences for occupational commitment. The professional context of medical practice in the former Soviet Union and the social and economic constraints of Israeli society in the 1990s set the scene for the analysis. Several dimensions of professional commitment are examined empirically, on the assumption that there are a variety of ways to consider the notion of commitment and that no one measure tells a complete story.

Prolonged processes of deprofessionalization of medicine in the Soviet Union, suggest that medicine for most immigrant physicians is not so much a 'calling' to which they are devoted; rather it is a necessary means to gain a livelihood, the only occupation for which they have been trained for many years after stringent selection to medical school and the only job in which they have worked consistently since completing their formal training. Two and a half years after arrival in Israel the immigrant doctors are characterized by a short-range time perspective which makes them unwilling to accept the constraints of the saturated market; intense efforts are made by most to obtain a license despite the fact that only a fraction of them will be able to work in their profession on a regular basis. Despite this over-riding reality, many hope that they will be among the selected few who will be able to obtain a medical post.

Key words—immigrants, physicians, Israel, Soviet Union, commitment, profession

INTRODUCTION

Migration almost always involves some occupational change, most often a downward shift in occupational status at least in the short run [1, 2]. In the past, Israel has sought to keep this to a minimum among professionals in its immigrant population. However, a study of immigrant physicians to Israel in the 1990s is primarily a study of discontinuity in professional role performance. It concerns a population of professionals only a minority of whom will—in the long run—be able to work in their profession. Many will be under- and unemployed; substantial numbers will undergo occupational change.

The most recent influx of immigrants to Israel began in 1989 when an unprecedented number of persons arrived from the former Soviet Union. Israel's traditional open-door policy reflects the high priority it attributes to immigration and means that any Jew may enter the country freely and benefit from the resources allocated to the absorption process. Growing insecurity engendered by the new freedoms of perestroika and glasnost resulted in the migration of over 500,000 persons from the former Soviet Union to Israel in the period 1989-1994. Growing evidence of virulent, uncontrolled antise-

mitism and disillusionment with the regime that came in the aftermath of the Soviet system, brought a sense of decreasing confidence that effective, democratic solutions could be found for the massive economic and social problems that came in the wake of that system's collapse. Growing fear of lack of control over the newly independent states, raised concern for further ecological disasters along the lines of the Chernobyl experience.

This wave of migration from the Soviet Union brought unprecedented numbers of additional physicians to Israel. Among these immigrants 2.5-3.0% were physicians. By mid 1994, more than 12,000 physicians had arrived in Israel from the former Soviet Union, doubling the population of doctors in Israel.

On the general assumption that approximately the same ratio of physicians/population that existed before the current wave of immigration, will be applied to the newly arrived population of immigrants, it has been estimated that the medical care system can employ about 2000 of these immigrant doctors in their profession—and not necessarily in their original area of medical specialization [3-6]. Indeed, most of the immigrant doctors will need to seek employment in other occupations, a process

that is by definition complicated and in many cases painful for this group of professionals. It is also a new and troubling phenomenon in Israel: during its long history of immigration of physicians, most have been employed in their profession. In the 1970s as many as 95% of the immigrant doctors were employed as doctors in the health care system [7–10]. However, as of the 1990s Israel joined the list of countries in which considerable numbers of trained doctors are unable to find employment in their profession [11–14].

The present paper draws on a longitudinal study concerning the processes and implications of occupational persistence and change among immigrant physicians to Israel from the former U.S.S.R. These processes are viewed as dynamic and are spread over a period of many years; any one point in time provides a picture of one stage in an unfolding story that develops its own dynamics. The research reported is based on two stages of the longitudinal research and refers only to the first three years after arrival. Much of the first year they are in Israel, most immigrant doctors are engaged in preparatory courses: a six month Hebrew language course, a two month Hebrew medical vocabulary course and, after completing these—a five months course geared to prepare them for the medical licensure examination. Thus the research highlights a relatively early period in the process of occupational integration. While it focuses on what may be seen as a critical, 'imprinting', period that could have long range implications for these immigrants' life in a new society, it must nevertheless be seen in the perspective of a dynamic process that is only beginning to evolve.

THEORETICAL ISSUES

Professional commitment

The context of occupational change induced by migration provides a useful setting to examine some of the issues involved in professionals' commitment to their occupation. We refer, not to commitment to work in a general sense, but to commitment to a specific type of work [15]. This will be done against the cultural context of the former Soviet Union where the population under study was socialized and specifically in terms of the special social construction of professional roles in that society.

Work commitment concerns a general normative orientation toward work which has been defined as "the degree to which a person is identified psychologically with his work or the importance of work in his total self-image" [16] (p. 24). Kanungo [17] has referred to the degree to which a job is central to a person while Blau [18] has applied these concepts to the professions.

The notion of 'calling' (translation of German 'beruf') has been used to describe one of the princi-

pal component of the orientation of professionals to their work [19]. This concept refers to an all-encompassing devotion to work characterized by total personal involvement that focuses on the intrinsic rewards of work, transcends the monetary reward and spills over to invade the professional's leisure time leaving little space for extra-occupational concerns. Medicine, seen as the prototype of the professions, has been thought to express this 'calling' or 'vocation' in a total dedication to the intrinsic goals of healing geared to the patient's welfare. Having undergone a process of selective admission to medical school, few dropped out or changed their occupation over the life span. Indeed there were moral sanctions which viewed it as wrong to leave a chosen occupation and 'side bets' strengthened that stance, i.e. a variety of beliefs and behaviors geared to reinforce the career commitment. Lopata's examples of side bets include association with people with similar commitments, avoidance or delay of a role (spouse) which appears to conflict, socialization of significant others (spouse, children . . .) to support work role [15, 20, 21].

The sociological statements regarding a 'calling' were developed in the context of individualized, mostly solo, clinical practice in Western societies especially in those where medicine has in the past been accorded a high level of autonomy. Although this notion has served as the basis of a functional mythology, it seems unlikely that in practice it ever characterized more than a small proportion of professionals. In a study of 5491 retired French physicians in the late 1980s, 75% stated that they would choose the profession again if they were starting their career, but of these only 13% described it as a 'vocation', or an 'inevitable choice'. It may therefore be estimated that about 9% of the total could be described as feeling that medicine was a 'calling' [22] (p. 236).

Research on professionals employed in bureaucratic settings, which set limits on autonomy and tend to re-order priorities and loyalties, has raised some doubts about the centrality of career commitment among salaried professionals [23–25]. These reservations have been reinforced in the 1980s and 1990s when medicine has been structurally transformed and widely bureaucratized [26, 27].

Furthermore, it would seem unlikely that professionals are unaffected in their orientation to work by the general realignment of values in Western societies that has become evident in recent years. A different set of goals appears to be structuring the orientation to work of many groups, professionals included. Priority is claimed by a variety of competing, non-work related values toward which individuals direct their behavior: leisure pursuits, self-realization, family life, hobbies and others. While work is a necessity and for the most part people live up to the expectation that they will

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