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Quelques suggestions basées sur « Le choix ! Les défis à relever pour améliorer la satisfaction des étudiants en médecine quant à leur choix de spécialité »

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Quelques suggestions basées sur « Le choix ! Les défis à relever pour améliorer la satisfaction des étudiants en médecine quant à leur choix de spécialité »

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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.

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