

“It’s Every Family’s Dream”: Choice of a Medical Career Among the Arab Minority in Israel

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Abstract Application to medical studies and the choice of medicine as a career are influenced by many factors, some internal (academic ability, intellectual curiosity, interests) and some external (parental pressure, peer pressure, teacher and school expectations). Ethnicity plays a role in motivational orientation and belonging to an ethnic minority group may influence both internal and external motives and priorities in choosing medicine as a career. In this article, we present a qualitative study of the motives that impel Arab physicians in Israel to choose a medical career. As a theoretical framework, we apply self-determination theory (SDT) (Ryan and Deci in *Am Psychol* 55:68–78, 2000), consisting of three principal categories situated along a continuum: Amotivation, extrinsic motivation and intrinsic motivation. We show that extrinsic motivation is dominant among Arab physicians in Israel, demonstrating specifically the unique political context and cultural characteristics of Arab society in Israel. These findings, and the attention to the unique motivations of people from different ethnic minority groups who choose medical career, may increase the number of physicians from minority groups, a step known to decrease health gaps in multi-cultural contexts.

Keywords Arabs · Israel · Medical education · Physicians · Motivation

Introduction

Self-determination theory (SDT) [40], an empirically derived theory of human motivation, consisting of three principal categories situated along a continuum: Amotivation; Extrinsic motivation (driven by external influences, present when environment, social interactions or external influences impact one’s impetus for action) and Intrinsic motivation (participation in an activity because of enjoyment and interest). SDT characterizes motivation as autonomous and controlled [14] and focuses on the importance of intrinsic motivation in driving human behavior.

Accordingly, application to medical studies and the choice of medicine as a career are influenced by many factors, some internal (academic ability, intellectual curiosity etc.) and some external (parental pressure, teacher and school expectations and the like) [17]. Research literature [43] shows that ethnicity plays a role in motivational orientation. Belonging to an ethnic minority group may influence both internal and external motives and priorities in choosing medicine as a career.

Using SDT as a theoretical framework, we present a qualitative study of the motives that impel Arab physicians in Israel to choose a medical career. We show that extrinsic motivation is dominant among them, demonstrating specifically that the unique political context and cultural characteristics of Arab society in Israel influences their choices.

Drawing on our findings, we propose that certain SDT assumptions should be adapted to apply to ethnic minority

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groups, among which extrinsic motives have considerable influence. Moreover, we suggest that research should be attentive to the unique motives of people from different ethnic minority groups who choose medical careers, influenced by the specific contexts (e.g. economic, cultural, social and political) affecting their lives. Such attention may increase the number of minority group physicians, a measure known to narrow health gaps.

Motives for Choosing Medicine as a Career

Research literature investigating motives for studying medicine pointed out several intrinsic factors involved in this career choice, such as intellectual curiosity, expectations of challenge and satisfaction, need to work with people, desire to prevent disease and helping others [32, 34, 39]. Medical students are also motivated by personal illness or a family member's illness or death [34]. Some studies suggest that external factors such as lifestyle and income considerations affect a student's choice of medical specialty [15, 25, 33]. Other motives for studying medicine included parental expectations and a desire for professional independence [39].

In the United Kingdom, four major underlying factors were found to motivate students to study medicine: Helping people, being respected, being indispensable and becoming a scientist [30]. Similar motives, as well as intellectual content, were found in other studies [23, 39, 47]. In the relevant research literature, the ability to help people—i.e. altruism—appears to be the strongest motive to study medicine [24, 31, 39, 45].

The Decision to Choose a Medical Career Among Minority Groups

Notwithstanding the ostensibly universal character of the above motives for choosing a medical career, research literature hints that ethnicity plays a role in such decision making as well. In a study carried out in the United States, white students were predominantly motivated by “the challenge of the medical profession” and black students by “the chance to help people.” Black students also rated the “monetary benefits” of the profession significantly higher than did white students [46]—a result contrasting with those of a UK-based study in which non-white students scored significantly higher than their white counterparts for “science” and significantly lower for “helping people” [24, 30]. Hollow et al. [20] studied the paths of American Indian and Alaska Native students who entered medical school successfully. Their research demonstrated several powerful influences on minority students' paths to medical school, ranging from the personal, such as family and

friends, to Native American/Alaskan community connections. Educational experiences were the most frequently mentioned types of support among participants in this study. Minority students reported that academic enrichment programs enhanced their knowledge of the application process and increased their confidence that medicine was their career path of choice.

Financial factors played an important role for nearly all minority students, as did connections to the minority community. Studies have shown that maintaining traditional cultural ties and values encourages academic success [48]. Along with the role of the minority community, students also emphasized those of family and friends, whose support was found to affect achievement positively [37, 48].

While these studies point to the special motives posited by minority physicians for choosing medicine as a career, other studies emphasize the barriers facing minority students opting for medicine. African-Americans, perhaps the most thoroughly researched minority group in this regard, comprise 13 % of Americans but only 4 % of U.S. physicians. Financial constraints (especially high tuition), earlier barriers in education, little encouragement at home and in school, lack of role models and negative peer pressure may contribute to racial disparities in the physician workforce for African-Americans [16, 38].

Minority youth have high aspirations for successful professional careers, such as medicine, but often lack the knowledge, attitude and behavior required to achieve their occupational goals [27, 28]. Minority students and their parents have less access to information and may not know how to navigate through the educational system. Furthermore, minority medical students and faculty face discrimination that can impede academic advancement [10]. Those minority group members who do apply to medical schools tend to concentrate on technical fields rather than primary care specialties [6].

Studies concerning minority students who choose medical careers present varied findings and conclusions. Some focus on the motives that impel minority students towards this demanding career, while others emphasize the constraints that impede them. Both motives and barriers appear to originate in the minority's unique reality. This article addresses the situation of Arab physicians in Israel, whose motives for choosing medicine have not been studied to date.

Minorities and Medical Career Choice—The Israeli Case

The Arab Minority in Israel

Data on Arab medical practitioners reflects underrepresentation of Israel's Arab population among medical

practitioners. In 2008, Arab physicians constituted 9.6 % of all physicians [41], while their percentage of the population that year was 20.2 % [11]. Furthermore, 85 % of Israeli-born Jewish physicians studied in Israel, compared with only 23 % of the Arab physicians, most of whom were born in Israel as well. In other words, most Arab physicians did not study medicine in Israel, unlike their Jewish counterparts. Some 50 % of Arab physicians are community doctors, as compared with 38 % of Jewish physicians. Arabs comprise only 5.4 % of all Israeli medical specialists, less than the percentage of Arabs among physicians in Israel (9.6 %). Few Arab physicians hold senior positions and their representation in public administration is negligible (0.3 %). Jews comprise 98.7 % of all physicians employed in public administration and Arabs the remaining 1.3 % [41].

Disparities between the Jewish majority and the Arab minority are evident not only among physicians in the Israeli health system, but also in patients' respective health conditions. Despite some degree of modernization, the Arab way of life is still semi-traditional and certainly far less modern and secular than that of the dominant Jewish culture [42]. Most of the Arab population resides in peripheral areas of the country [3], as well as in several urban centers with mixed Arab–Jewish populations. Many of the country's poorest households and localities are Arab. Besides their lower socioeconomic status, the Arabs' psychological and physical health situations are inferior to those of Israeli Jews [22]. This state of affairs may be the result of numerous factors, such as political issues, accessibility problems and availability and use of health services, as well as socioeconomic condition [13]. The number of home accidents among Arab children is higher than among the Jews [19]. Furthermore, a marked increase in the incidence of chronic diseases (e.g. diabetes) among the Arab population in Israel is evident from the 1970s to the present [2].

As of the end of 2010, Arab mortality, morbidity and infant mortality rates were higher (6.8 per 1000 live births vs. 2.7 for Jews) and life expectancy lower (75.9 and 79.7 years for Arab men and women vs. 79.6 and 83.4 years, respectively, for Jews) [1]. Among those who speak Arabic as a mother tongue, 29 % encounter difficulties in obtaining required health care services because of language barriers [5]. In addition, Arabs are less likely than Jews to seek specialist care [7], because many Arab communities are distant from the major cities in which specialist services are located [26].

Increasing the ethnic diversity of the health care workforce contributes to achievement of high-quality health care that is accessible, equitable, and culturally competent [12, 29]. Minority physicians were found to serve minority and other medically underserved populations disproportionately,

thereby improving access to care for vulnerable populations [9]. Moreover, increased health profession diversity affords minority patients from groups underrepresented in the health professions more opportunities for treatment by practitioners of their own ethnic background [44]. Consequently, minority recruitment into the health professions is used as a strategy to address ethnic disparities in health care [8]. Provision of increased health care to minority communities requires an understanding of the factors that promote or prevent professionalization in medicine among minority groups. Considering the health gaps between Jews and Arabs in Israel and the known contribution of minority physicians towards narrowing these gaps, it is important to understand the motives articulated by Arab physician in Israel.

Methodology

To assess the motives that impel Arab minority physicians in Israel to choose a medical career, we conducted qualitative research that included 10 semi-structured, in-depth interviews carried out during 2013 among Arab physicians working in Israeli hospitals in two large mixed-population cities: Haifa and Jerusalem. Although many Arab physicians work as family physicians and those physicians usually work within the Arab communities (50 % of the Arab physicians are employed in the community, compare to 38 % of the physicians among Jews and others) [41], we chose to focus on those Arab physicians who are employed in public hospitals in mixed cities and treat both Arab and Jewish patients. We assumed that this unique setting could better contribute to the understanding of the Arab physicians' experiences in a multicultural context.

Interviews lasted between half an hour and an hour and took place either at the hospitals or, in two cases, at the physicians' homes. We interviewed nine men and one woman, a ratio reflecting the small number of female physicians in the Arab population in Israel. Seven were specialists in anesthesia, internal medicine, pediatrics (2) and trauma (2), while the remaining three were at various stages of specialization—one in pediatrics and two in internal medicine.

All interviews were recorded and transcribed verbatim. Conventional content analysis [21] of the transcribed interviews was performed to identify key themes. We avoided preconceived categories, instead allowing the categories to flow inductively from the data. First, the data were read word by word and codes were derived by highlighting words in the text that appear to capture key thoughts or concepts. Next, notes of our first impressions and thoughts were taken; labels for codes emerged and became the initial coding scheme. Codes were sorted into categories based on relations and links among them. These

emerging categories were then used to group codes into meaningful clusters.

Findings

What Did You Want to be When You Grew Up?

We opened the interviews with the Arab physicians with the question: “What did you want to be when you grew up?” Basma dreamed of being a doctor, “especially in a kind of emergency room, performing operations.” Naim and Musa also reported that they dreamed of being physicians. But those are only three of the ten participants. The remainder, surprisingly, paint entirely different pictures. Muhammad wanted to be a journalist, Omar a literature teacher and Elias an architect, recalling that he loved to draw. Ahmad reported he was interested in information technology:

In high school, I was in the mathematics and physics program... I liked chemistry, math, physics. I didn't like biology so much... It was nonsense. Science is physics, chemistry, mathematics... You present a problem and you write it out mathematically. It gives you satisfaction.

[Ibrahim]

Although we asked him repeatedly, Samir did not talk about his childhood dreams. Perhaps a dream is a privilege that not all minorities enjoy. Saleh, too, describes a childhood situation that does not allow for dreams:

When I was a boy, I really didn't have any [dreams]... Unfortunately, the period in which I grew up was a difficult one. I don't think I dreamed about the future very much. It was the time of the first 'Intifada'. It was really a mess.

[Saleh]

The answers to the question about the dreams that the participants answered were very short and vague, as though derived from a very old reserve of memories that has since been sealed up. Their choice of medicine as a profession, it appears, did not originate in a childhood dream or a sense of personal mission. According to participants' statements, the factors behind the choice of a medical career were primarily rational and practical, rather than emotional or altruistic.

Choice of a Medical Career

While the participants' childhood dreams are described as derived from a pool of interests and desires, their choice of a medical career is described in the interviews as practical and

rational. For most participants, medicine was their second choice, not their first. Many use the word “think” in describing their choice, indicating that it lacks a certain emotional component. The participants' choice of a medical career is otherwise described in highly practical terms: “I thought about it a little, but later I decided to think about a more serious profession, something that would help me in life” [Ahmad].

The choice of medicine among the Arab minority in Israel was found to be affected by several major factors: It reflects a path that channels personal excellence and a way to help reduce health discrepancies between the majority and minority populations. Medicine is also perceived as a means of achieving socioeconomic mobility—in response to social pressure, especially from the participants' families—and of integrating within Israeli society.

Channeling Excellence

Many young Arabs in Israel choose medicine as a means of channeling their excellence. A considerable number of them decide to proceed along this career path after receiving superior matriculation grades, ensuring their acceptance to medical school even if it was not necessarily their lifelong dream:

Once, in the Arab sector, the best people went into medicine. It was absolute, that is, there was no argument about it. Today, there are other options, but that's the way it was then. The choice was obvious for anyone who thought he was a good student.

[Naim]

The participants report that at school, they were exhorted to excel and to aspire towards higher education. Medicine, specifically, was perceived as a path for channeling excellence, in the absence of other options for outstanding Arab students. The most common and sought after alternative for excellent students was education, although the profession tends to keep superior professionals trapped within the Arab sector. Moreover, there are fewer opportunities for promotion in supervisory or administrative positions in education. High grades thus lead members of the Arab minority to choose medical studies, unlike their counterparts in the Jewish majority, who have other career options:

In our class, there were five or six who went into medicine... They simply were talented young men with high grades. That's what encourages people to go into medicine in our sector. In another sector they might have gone into biotechnology or military industries, but among us it's the first thing you think of when you get high grades.

[Elias]

Except for education and medicine, the spectrum of opportunities for outstanding young Arabs to integrate into the workforce is very limited. Many professions, such as hi-tech and military industries, are practically barred to members of the Arab minority, that is perceived as loyal to the Palestinians, who are in extended conflict with the State of Israel. Members of the Arab minority are also thought to identify with the Arab states surrounding Israel that are either in a situation of cold peace or long-term conflict:

You can't work in hi-tech... An electrical engineer has to be more of a genius than a doctor... an Arab won't get a job anywhere. So medicine is the place I can work without problems. There is a shortage of physicians in Israel, so a doctor will always find work... It's a well-established profession, a profession in which you don't need to be hired by the establishment. You can go into private practice. You can also go abroad. It's the same profession anywhere in the world. It's a profession in which you can advance, if you want to.

[Musa]

[Medicine] offers more work options than other fields... More than engineering, more than biotechnology... [In medicine] there are not many limitations regarding where you come from, which sector you belong to... There are no security issues, so Arabs can stand out more, advance more.

[Elias]

Arab students in Israel, who complete high school with high grades and achieve superior scores on their university entrance examinations, feel that they do not have many study and work options. Even today, because of the unstable security situation in the region and the negative opinions concerning the Arab minority population in Israel, hi-tech, chemical, biological and military industries are largely barred to them.

In practice, many Arab young people in Israel feel that their path to a medical career is blocked as well, primarily because problems in the Arab educational system lead to low scores on university entrance examinations, preventing them from gaining acceptance to prestigious Israeli universities. These young people are often channeled into studies abroad, a path chosen by many of the participants in this study: Muhammad studied medicine in Turkey, Ahmad in Egypt, Ibrahim and Omar in Romania, Samir and Musa in Italy and Saleh in Slovakia.

Studies abroad enable members of the Arab minority to escape the conflictual situation they face in the predominantly Jewish State of Israel, that is battling Arab populations from within and from without:

When I finished school, it was during the Intifada. It was really a mess. There were closures. So I really wanted to get out of here, to go to some place where at least it would be calm... We wanted someplace that is not too expensive. The United States, the United Kingdom, all those places are very expensive and we ruled them out. I don't like Jordan so much, so the choice was Egypt. In terms of medical studies, Egypt is considered one of the best among the Arab countries, so I went there.

[Ahmad]

Reducing Health Gaps

Many of the participants note that their desire to practice medicine was the result of outstanding health discrepancies between Jews and Arabs in Israel. They feel (or felt at the time they chose a medical career) that the Arabs in Israel do not receive appropriate professional treatment or services. Musa, for example, recalls his childhood at an Arab village in northern Israel, where there were no appropriate medical services available:

I live in a small village. There were no medical services at all. People suffered much until they received medical service because they had to travel elsewhere. This was perhaps the principal trigger that impelled me to study medicine... Health services in the Jewish sector are better than those of the Arab sector in many respects... Number of clinics, quality of clinics... Many Arab localities lack health services... The village where I grew up had no access, no road.

[Musa]

In those days there were no Arab doctors in the village... There were no Arab doctors. There was one doctor from the Jewish sector who came to treat people. This is why in the Arab sector they wanted to become doctors as well.

[Samir]

The participants note, as indicated, that the medical treatment they experienced in their childhood was not only insufficient, but also inadequate from a professional point of view. When asked if they remembered any outstanding medical figures who served as a model for their current medical careers, the participants ascribed only negative images to the physicians they encountered in their youth, claiming they were not good enough, not sufficiently professional. *Post facto*, this situation is what motivated them to opt for medical studies, thereby providing what their community lacked:

I remember when I was young, we would go to doctors. The doctor would watch from the doorway...

He would give us a prescription and tell us to go home. I did not feel that we had doctors. I saw many people in our sector, people who were really ill... I saw that and I thought: "I have to contribute to society."

[Ibrahim]

The Arab physicians we interviewed have bad memories of physicians they encountered in their past, and the doctors they remember are depicted as negative models or are absent from the discussion altogether. Among the participants in this study, the choice to be physicians—and good physicians—constitutes part of their desire to rectify health discrepancies in their surroundings. Furthermore, they note past discrepancies between Arab patients and Jewish physicians, whose lack of familiarity with the Arabic language and culture was perceived as a cause of harm to Arab patients:

It is clear that people who don't know how to speak Hebrew need someone who speaks Arabic. They need someone who speaks their language, who is perhaps familiar with their mentality. This too is very important because in addition to language, there is also mentality and that has a profound effect on treatment.

[Elias]

The doctors' lack of familiarity with their patients' language and culture, as described by participants, exerts a particularly adverse effect on Arab women. Basma, the only woman among the physicians we interviewed, reported that the inferior quality of medical treatment of Arab women in Israel was a reason for her choice of a medical career:

It always bothered me, that women around me, in my neighborhood or family, miss out when it comes to treatment. They are not very educated, not academics and they do not receive proper treatment... The doctors do not understand their complaints appropriately and no one explains proper treatment to them.

[Basma]

In light of the health gaps between Jews and Arabs in Israel, the inferior treatment of Arab women and the special features of the Arab population, the Arab physicians we interviewed present themselves as ambassadors who intend to improve health awareness in the Arab community in which they originate. They describe this ambassadorship mission as a motive for the study and practice of medicine:

When I finish my specialization, I want to participate in training, even at schools. I give lectures from time to time, telling teachers and children about the

consequences of excess weight and diabetes, about our customs, how we eat.

[Omar]

Medicine as a Path Towards Socioeconomic Mobility

The Arab physicians we interviewed consider medicine a path towards socioeconomic mobility. The participants consider medicine more of a social advancement path and less of an economic one, although they do note that there is always employment in medicine thanks to the law of supply and demand:

It gives you high socioeconomic and social status...and being a physician truly provides financial security.

[Elias]

I want to earn a living, to support my children with dignity. It says "By the sweat of thy brow shalt thou eat bread...". That's why whenever I go to the emergency room, I return with a sense of satisfaction.

[Samir]

As there is always work in medicine, this field is especially suited to minorities suffering from economic deprivation:

Medicine is a good profession for minorities... It is one of the reasons that members of minority groups are still enthusiastic about studying medicine. They still consider it a prestigious profession, more than the Jews do... I believe the reason is that it's a stable profession. If there's work – we work!

[Musa]

Besides acknowledging the financial advantages of a medical career, participants perceive medicine—perhaps primarily—as a profession that accords its practitioners social status and prestige, some of which originates in the extended and challenging studies it requires:

Every society takes pride in people who are academicians. They are the ones who lead society; they are its foundation. They are like the lamp of society, the conscience that guides it. Without academicians, without studies, what is a society worth?... This is the most precious treasure of every nation, scientists.

[Ibrahim]

The practice of medicine earns Arab doctors a great deal of respect in their own sector:

Medicine was always considered a profession with a future, both financially and in terms of social status in Arab society. Today, perhaps, it's a little different,

but once it was considered the top of the top and consequently most people aspired towards it.

[Naim]

In the village, the physician is also a peacemaker... When there are problems, you're the one who settles matters. You have to attend every affair, large or small. That's the doctor's job. That's where his prestige originates... It's a social position and not medical at all... I am allowed to touch a woman because I am a doctor. I am allowed to do things that others are not... That's where the doctor's status originates, that is still considered prestigious by Arabs... This is the origin of the drive to study medicine among the Arabs.

[Musa]

The Arab physician gains respect not only in Arab society, but also among the Jews, raising his prestige even more:

Respect is what's important, Respect, they give me a certain respect. Even when I see people I don't know and they say to me: "Hello, Doctor. How are you?" – Jews and Arabs alike – and that gives me a good feeling... Also, when I see people cured of their illness, I feel good. I see that even in the marketplace I have a good name.

[Muhammad]

Practicing Medicine Enables Integration in Israeli Society

The interviews show that the choice of a medical career reflects the participants' desire to integrate into majority Jewish society in Israel. The process of integration begins during studies:

We really were apolitical in our class... In the clinical group, during studies, I was with Jews... I did not pay attention to anyone's religion... It wasn't relevant.

[Basma]

Adjustment was difficult at first. You come from a place with a purely Arab society and you enter a society that's more Jewish, obviously with all the problematics with which we're familiar. Around you, there are Arabs who study with you, whom you can bond with, as well as Jewish guys that you start bonding with as well.

[Naim]

Participants also noted that subsequently, after joining the workforce, they realized that the practice of medicine enables dissolution of ethnic and political differences. Thus, members of the Arab minority in Israel who seek to

integrate into majority Jewish society may choose a medical career because it promises more integration and involvement than do careers in other professions:

I never thought about discriminating between Jew and Arab. My thoughts and deeds have nothing to do with whether a person is Arab, Jewish, black, white. He's a human being in God's eyes... As a physician I have to help him... What is the Physician's Oath? Any patient who comes to you is a human being and you have to help him with everything – body, mind, soul, without differentiating on the basis of gender, race, religion.

[Ibrahim]

Ethnic differences are particularly minimized at hospitals, that provide opportunities for encounter and for narrowing of gaps between Jews and Arabs:

There is very good integration at this hospital. Arab doctors also integrate very well at other hospitals and achieve senior status... I did not feel that there were any barriers because I'm an Arab – in this department, in this hospital, in this city.

[Naim]

We work as a team and do not look at each person's origin. The only thing we see before us is the illness – and that's our job, to treat the illness. If the patient is an Arab or a Jew, that doesn't matter so much. As far as I'm concerned, the most important thing is to help the child before me and give him the best treatment.

[Ahmad]

The universal and humanistic conceptions identified with medicine are especially significant in pediatric departments, intensive care units (ICUs) and trauma wards, where differences among ethnic groups are obscured:

There is no politics at all among patients... In the ward, we really try not to look at names... In the ICU, it doesn't matter where a child is from. I cannot tell you that there is a difference in treatment of one or another. There isn't... Treatment is wholly professional and no one looks at names.

[Saleh]

Venues such as ICUs and trauma wards, where life hangs in the balance, are more amenable than others to the integration and involvement of Arab physicians in Israeli society [35].

Family Influence

The choice of medicine is not depicted by most participants as realization of their dream. Instead, medicine as a path

towards socio-economic mobility and integration into Israeli society is indeed considered a dream and heart's desire, by their own families and many other Arab families:

I have an uncle who died. He went to study nursing at a hospital, he was outstanding... One week after obtaining certification, there was a traffic accident and he died... After that, grandma wanted someone else in the family to study medicine. I told her I would do it.

[Ibrahim]

They always tell you when you're a young boy: "You want to be a doctor, right?"... Everyone wants his son to be a doctor... because people think that if he becomes a doctor, he'll help them out in life. It's a good profession.

[Ahmad]

The participants describe the intensive involvement of their nuclear families in the process of choosing a medical career. In the Arab society in Israel, the social status of the individual is reflected and projecting on his nuclear and extended family [18]. His successes and growing reputation positively affects—economically and socially—his relatives. The parents described below encouraged and even impelled their children to study medicine:

My father was a school principal and was the only teacher in the village. He also had some kind of special status as a public figure. So he was very interested in the medical profession. He pushed me towards this profession, of course.

[Musa]

My parents really wanted their children to be doctors... They expressed their desire, showed us that it was what they wanted, but did not push too hard. To tell the truth, it appeared very natural to us at home that we would follow this path.

[Naim]

Family involvement in choosing a medical career and helping to finance studies is especially evident in the story of Samir, who constitutes an example of a *parachute child* [4]—a child whose family collects money for and sends abroad to study so that he can support the family subsequently. Such circumstances impose severe pressure on the child so selected:

To tell you the truth, I come from a family of laborers. My father said: "You're not going to grow up the way I did"... My father worked so hard and I could see how he was suffering. In my childhood I was afraid I would be like my father. It really scared me. I was diligent at school, so my father said: "You study. You won't be like me, that's for sure. You'll

be someone better... I'd sell my clothes just so you could study." He was only a laborer, one of ten people in our household, but he managed to send \$300 to me in Italy every month... When I went to Italy I knew that I had to succeed, for myself and my family. I am the eldest in the entire family, the first-born son. No one studied before me, so the family has all these hopes... Even the most minimal error is forbidden because you'll crash, right?

[Samir]

These statements depict practicing medicine as the family's choice and not the participant's. It is the family who initiates, encourages and enables medical studies, even if this choice exacts a heavy price from the family and medical student alike. Families impel their children towards a medical career because they believe that physicians enjoy respected status in Arab society. They may not realize that physicians suffer a severe financial burden during the first few years of their careers or that the financial status of doctors in Israel does not always conform with the social status of the profession. By contrast, the physicians interviewed, who are aware of the difficulties of the profession and the price it exacts, are somewhat less certain that they will encourage their children to follow in their footsteps.

Discussion

Interviews with Arab physicians employed in public hospitals in Israel indicate that the various motives underlying their choice of a medical career may be divided into intrinsic (e.g. channeling excellence) and extrinsic motives (e.g. family influence).

The literature designates altruism—a desire to help others and be meaningful to them—as the primary motivation behind the choice of practicing medicine [32, 39]. A previous illness suffered by the student or one of his family members was included as well [34]. These are individual internal factors that primarily affect the expectations and opinions of those who choose to practice medicine. Among the Arab physicians interviewed, however, such intrinsic motives were less prominent, having been displaced by others, extrinsic motives, as described below.

Motives common to those of ethnic minorities elsewhere are mostly extrinsic motives, of an economic, social and cultural nature. In India, for example, the influence of a family member on choosing medical career was found to be prominent [36]. Like other minorities identified with collectivist societies, the Arab physicians interviewed also often mentioned motives that are not individual but rather concern their families and communities. The interviews

revealed motives such as family pressure and family support, typical of traditional societies.

Extrinsic motives, driven by external influences, were dominant in persuading participants to choose a medical career. Like [43], who studied black students persisting in health profession studies despite academic and social challenges, we also found that extrinsic motives remain of significance, more than intrinsic ones. The social environment and cultural context have a powerful influence on career motives and persistence. This finding may not be consistent with [40] claim that intrinsic motives are superior in relation to extrinsic ones. Apparently, their SDT assumption should be reconsidered when examining medical career motivation among members of ethnic minority groups (especially collectivist societies). Furthermore, as extrinsic motives are dominant among physicians from ethnic minority groups, we should pay particular attention to the uniqueness of their economic, social, cultural and political contexts.

Israeli Arabs are perceived as a “suspicious” minority, that is identified both ethnically and even nationally with states and populations in conflictual situations with Israel. Thus, while the literature underscores the barriers that minorities face when trying to integrate into studies and work, particularly in scientific professions such as medicine [27], Israeli Arabs who choose to practice medicine do so specifically to address the unique challenges they face in the Israeli job market. Most of the participants in this study did not dream of becoming physicians. Dreams, perhaps, are a privilege that ethnic minorities cannot afford, particularly in situations of conflict. As members of the Arab minority in Jewish Israel, participants reported that they were not held captive by their childhood dreams (of becoming an architect, journalist or literature teacher, for example), but chose a sober and rational option instead. Their choice of medicine as a field of study and occupation was accomplished at a relatively young age and is presented as an informed and practical choice, resulting primarily from their search for a suitable profession.

Altruistic motives to practice medicine are replaced by several other key driving factors: The choice of medicine expresses a personal path for channeling excellence among young Arabs whose exam scores are particularly high. These outstanding young Arabs also choose a medical career because many other professional tracks are barred to the Arab minority in Israel for security reasons. These young Arabs often study abroad because their examination scores are lower than those of Jewish applicants, enabling them to escape the conflictual situation they ordinarily face as part of the Arab minority in the Jewish-dominant State of Israel.

Many participants explained that their desire to practice medicine originated in health disparities between

Jews and Arabs in Israel. They felt that Arabs in Israel did not receive the same professional care that the Jewish majority enjoyed. Participants mentioned that during their childhood, health services were not sufficiently accessible to the Arab population and physicians were not familiar with the Arabic language and culture. Ingrained memories of health disparities motivate the respondents to practice medicine and thereby improve their community’s health, with particular emphasis on Arab women, who suffer most from these disparities. This is a political motive rather than an altruistic one, as it aspires not to improve the condition of an individual but to reorganize power relations between the different ethnic groups in the region.

Medicine appears to be a social and economic mobility path for Israel’s Arab minority. Because of the shortage of physicians in Israel, the medical profession is sought after and its practitioners may be assured of a steady income. Medicine also yields respected social status, especially in Arab society. Furthermore, as the interviews demonstrate, the choice of a medical career often results from family decisions rather than individual choices. Even if they maintained other aspirations, the physicians in this study were encouraged and even impelled to a medical career by their parents, who might not have been aware of the heavy, long-term burden they are imposing on their children. The practice of medicine is described as rooted in the desire to integrate into Jewish dominant Israeli society. Integration begins as Arabs and Jews mingle during studies and continues at the workplace, particularly in public hospitals that serve both Arab and Jewish patients.

While the literature identifies school guidance counseling, enrichment programs and special projects introducing youngsters to the exact sciences as factors motivating a medical career [27], the participants in this study barely related to such issues and did not mention scholarships at all (perhaps because they did not receive any). Unlike Native American medical students [20], they do not consider medical studies as a means of connecting with their heritage and culture. On the contrary, they perceive such studies as a way of breaking out of the Arab community and integrating into Jewish-dominant Israeli society.

Participants claim that their choice of a medical career is linked to the family matrix, community characteristics and the reality of the Arab minority in the Jewish State of Israel. These are primarily extrinsic, practical and collectivist motives, contrasting with the intrinsic, altruistic and individual factors prominent in the literature. Interviewees hardly relate to altruism at all, except perhaps in retrospect when asked how they benefit from practicing medicine *at present*: “In our work, we save lives. We sometimes come home proud... it satisfies you from

inside. We do not seek thanks, but the work we do is truly rewarding.” [Saleh]

The participants’ narratives do not reveal any formative event that led them to choose medicine, even though they were asked specifically about such events. Furthermore, they did not mention any particular influential figures in their lives. As indicated, the choice of a medical career originated in family decisions rather than individual ones. The Arab mother, like the apocryphal “Jewish mother,” pushed her children to become doctors. Medicine is perceived as a path to social and economic mobility. Although both these paths towards mobility are intertwined, it appears that social factors are more dominant than economic ones. The practice of medicine is not very rewarding financially during the early years (especially considering the investment required), while the social capital gained in both Jewish and Arab society is substantial even at the initial stages of medical studies.

Most participants pointed out the contribution of a medical career to social mobility. At the same time, they also reported sound personal socioeconomic status. The relationship between these two factors may be reversed in this case, however: It is not rapid economic development that paves the way for social progress in the Jewish and Arab sectors, but rather prosperity that facilitates social advances. It appears that Arab physicians started out with middle class status, enabling them to leap out of the Arab sector along the social mobility path provided by medical studies. The participants’ stories did not reflect the so-called “American dream,” in which determined members of poor minorities climb the economic ladder, supported by the equal opportunities that democracy offers. Some of the participants attended private schools; many of their parents are white-collar professionals (teachers and engineers, for example) and some were sent to study medicine abroad, reflecting their families’ higher socioeconomic status.

While the literature designates the high cost of medical education as significant barriers for minority medical students [10], the participants in this study consider finance a means, not an obstacle. Furthermore, researchers often depict minorities as socially, educationally and economically marginalized, whereas the Arab physicians interviewed may be identified as part of the middle and even upper middle class population.

In other words, the sound socioeconomic situation in their stories is not presented as a result but rather as a reason for having succeeded in integrating in the desired medical profession. The stories depict an Arab social elite in Israel that prepares its children for integration in Israeli society through the study and practice of medicine. Further research can focus on this elite and sketch its

characteristics and motives on the background of the mosaic of life in Israel.

Compliance with Ethical Standards

Conflict of interest The authors declare they have no financial relationship with the organization that sponsored the research. The authors have full control of all primary data and agree to allow the journal to review their data if requested.

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