Entrepreneurship, Sustainable Healthcare, and Motivation: Looking at the Doctor's Role

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ABSTRACT

In this review, we discussed the reasons many people question why a healthcare professional the caliber of a Medical Doctor (MD) would venture out of the “sanctity” of his or her office to bring an element other than medicine into consideration. Also, this review offered a different query, which is the following: Why aren't healthcare professionals more concerned about the well-being of their patient? In effect, doctors seem to show plenty of concern when it comes to their patients' insurance and how these healthcare professionals are going to be compensated after their patients receive medical services, effective or not, more than they are concerned with their patients’ well-being. In this study, the discussion shifts the focus from the health care provider to the patient by offering an alternative: *Moti-med*®, a revolutionary way to put the patient on the driver’s seat when it comes to the patient’s health. A model of moti-med® and improved overall health was also offered to schematize this novel mindset.

Key words: Healthcare professionals, *moti-med*®, patients’ wellbeing, doctor’s role, entrepreneurship

INTRODUCTION

On September 12, 1978 in Alma-Ata, the declaration of the international conference for primary health care was formulated [1]. It involved an urgent appeal to the world community to promote and protect the health of all human beings. In this context, health was represented as a fundamental human right. According to this declaration, governments were not the only institutions responsible for the health of their citizens. Citizens also had the right and responsibility to take an active role in their own health. National public health planning was supposed to focus on Primary Health Care (PHC). However, the concept of the PHC has departed from its initial socio-political goal [2, 3]. In the year 2000, in the context of developing a global public health policy, the United Nations created the eighth millennium development goals (MDG). According to the millennium development goals report from 2015, there has been progress, though global success has not yet been achieved.

Especially in regions in Africa south of the Sahara, there is a striking lack of skilled health care professionals [4, 5]. There are still substantial discrepancies between the poorest and richest countries in the world, as well as between rural and urban regions. Providing modern medicine without financial means is difficult at best, and often impossible. The gap between the rich and the poor in all spheres of life is the result of the unequal distribution of wealth, and as long as this foundational problem remains unsolved, it will not be possible to achieve global successes in health services or in other fields. In effect, modernity and the effects of globalization have so far not benefitted the poor. Individuals with low income, like those south of the Sahara in Africa, still have to strive for alternative ways of meeting their health care needs.

RESEARCH QUESTION

The preceding leads to wondering what sustainable healthcare and motivation mean in an innovative enterprise on the micro-level, and for society in general at the macro level in terms of Motivation-Medicine®? What role does the physician play? These questions are the crux of

this discussion whose aim is to start giving more health options to the populations in Africa, a topic of interest to just about everyone interested in improving his or her health, and also to the various stakeholders willing to invest in healthcare entrepreneurship in Africa.

OBJECTIVE OF THE STUDY

Thus, in embarking in this exploratory study, besides responding to numeral calls for more research on African healthcare [19, 21, 23] this study acknowledges that African healthcare systems remain fraught with issues when such healthcare schemes are not simply non-existent. The study involves a health professional of the caliber of an MD because it provides the opportunity for the lay person to understand he or she can take ownership of his or her health rather than leaving such a personal endeavor to an outsider only, here the MD, regardless of the level of expertise of this person and regardless of the well-meaning steps these health professionals sometimes take to allay their patients' ailments. Saying this differently, the objective of this study is to empower the populations in Africa by arguing that the lack of ready-made medical solutions in the Continent should not hamper the Continent's goal for its populations to attain better health.

PURPOSE OF THE STUDY

On the contrary, this study offers that empowering the populations to take ownership of their health will result in an improved state of health for the individuals involved, provided these be motivated to become personally invested in this endeavor. In other words, the purpose of this study is to offer that the moti-med ® model herein expounded is bound to result in improved health for the populations, South of the Sahara in Africa. From here on under, the discussion will first define the concept of moti-med® while providing also the reason for expounding this concept. This study will also review the limits of foreign intervention in the African health care environment. The theoretical development following will provide for a rationale to pay closer attention to a new concept the kind of moti-med®, born from the limits of medical practices, especially in Africa. The last sections of this study will describe a model of

motivation-medicine® and improved health, even as the propositions offered based on the said model will only be tested in a follow-up study. To conclude this discussion, the study will underscore the manner in which moti-med® proposes to transform the existing health care culture from one of marketing to a more therapy-oriented one.

Moti-Med® The Concept

> *Moti-med® focuses on personality development, health optimisation and the integration of every-day problems into one's own individual biography. These three core notions form the theory's building blocks for motivation and success. As a theory of the living cell, cells and people provide its focal points. It is a way of thinking that wakens people, providing them with new motivation and reminding those individuals built of cells, that they are movement and life. It is a philosophy of life, a plan for action that brings one to life, which is to say to movement. The goal of motivation-medicine® is to research ways in which to apply and pass on knowledge of medicine or the cell in order to influence people and their environments positively. Viewed in this manner, this concept seeks to promote social awareness and both social and individual success* (14).

THE REASON FOR MOTI-MED®

The recourse to the above moti-med® concept is meant to stop the healthcare downward spiral in African nations because at a certain point this mess should stop. What is a nation without health, and where is health in a continent which continues to lose one in every six kids born before these have reached the age of five, when most of the deadly diseases to which they succumb could have been prevented [22, 23, 27, 30]? Understandably, foreign aid should have stepped in at least a decade ago [23] and it has been long coming, making the Continent one of the last bastion of increased poverty [22] where life expectancy continues to decrease even though it is increasing everywhere else in the globe [27, 29] and where the proportion of doctors to patient is of 20 per 100 000, in the Continent, when it is 220 per 100 000 in

developed countries [30], the Continent boasting numbers that are sometimes nearly a 100% worse than those recorded in the developed world.

The Limits of Foreign Healthcare Intervention in The Continent

The few instances in which health assistance was given to Africa it targeted only one disease, such as malaria or even AIDS sometimes, leaving the continent still vulnerable to all other diseases [22], and just as devastated as it was before the intervention, regardless of how well-meaning the foreign health initiative might have been; and this calls for action and reflection going further than just solicited aid from developed countries. For the sake of argument, one can talk to programs targeting as simple a disease as Malaria. Really? Yes, because unbeknownst to many or even as many may still be aware, Malaria, eradicated in all continents, continues to be a deadly disease in Africa. Could it be that tackling the conditions causing Malaria may be more effective and cost-efficient than thinking in terms or eradicating Malaria [31]?

In other terms, targeting Malaria without addressing the root-causes of Malaria is at best what we call "*gesticulation*" [i.e., gesticulating] in French, or to say it properly, an exercise in futility [31]; or at worse such behavior constitutes a waste of precious funds that could have been funneled towards more meaningful projects such as sanitization and community education focused on prevention. Said differently, if populations were made aware of the importance of sanitizing one's surroundings in order to make the environment unfriendly towards mosquitos, the battle would be half won. In putting this in even clearer terms, populations educated in the causes of Malaria would not live in conditions that are breeding grounds for mosquitos; rather, the population's understanding of the factors causing malaria: (ii) stings from female anopheles which find exquisite delights in unsanitary places such as stagnant stinky water [32] and (ii) untreated greenery, would cause these populations to avoid contact with these rather malicious mosquitos. All it would take thereafter would be to

mobilize communities to act towards the goal of keeping their habitat free from female anopheles' visits and stings.

Thus, individuals could be motivated to organize in a manner not to live in harmony with unclean surroundings which result from behaviors such as (1) refusing to empty garbage or (2) refusing to dispose of the community's trash on a regular schedule; (3) failing to clean gutters, a source of inundations and subsequently, of water stagnation; (4) or even just failing to cut grass regularly to highlight but a few behaviors conducive to the development of the mosquitoes causing malaria. One could go right down the line and make sure to eliminate all the behaviors peripheral to developing breeding grounds for the female anopheles and this would result in eliminating malaria more effectively than trying to eradicate the disease itself would have done. However, accomplishing this type of endeavor as already mentioned, would take motivation on the populations' part to take ownership of their health and their overall well-being, rather than leaving it to someone else, or entities other than self.

Malaria was used for the sake of argument because several well-meaning initiatives were taken and continue to be taken to eradicate malaria and these have yet to succeed; however, more than likely, introducing and imprinting in the population's psyche the importance of cleanliness, not medicines to take after the fact, would succeed where all these initiatives have so far failed. Reframing this argument when applied to other conditions would lead one to state the following: (1) A person eating more vegetables and fruits than meat, especially red meat or game can prevent a host of diseases from (i) extreme gain weight; (ii) diabetes; (iii) high cholesterol; (iv) hypertension; to even deadlier diseases such as (v) cardio-vascular diseases and or the deadliest one of all, (v) fatal heart attacks. (2) However, when a person fails to follow these simple tips and succumb to a disease such as diabetes, it simply is too late and the person risks having to alter his or he life in radical ways, without mentioning being forced to take medication that may or may not bring back a sense of normalcy in the person's life. One is tempted to say, "*le jeu n'en vaut pas la chandelle*" [i.e., it all is not all worth it] as

the French often say, or to put it the way it is commonly said in the United States, "*It just all ain't worth it*!"

THEORETICAL DEVELOPMENT

This statement is even truer when one considers the alternative, the breaking ground concept at the heart of this discussion, motivation medicine® or moti-med®, expounded all through the above section about the appropriateness of motivation medicine®. The above explanation is a prelude to the argument that moti-med®, the science consisting in bringing individuals to be motivated to take ownership of their health and overall well-being is worth giving consideration and implementing in one's life if one cares about improving his or her health. Also, the preceding development highlights the suitability of rational choice theory as well as decision theory, its logical corollary in the study's argument [15, 17, 18, & 24].

Rational choice theory [17] and decision theory [24] inhere in motivation medicine® in the following manner: Rational choice theory, grounded in an individual deciding on the best possible way to behave on the basis of his or her values and preferred modes of operating is best applied under conditions of restraint. In other terms, individuals will decide to opt for the alternatives that benefit them the most when they are acting under conditions in which they seem to have limited alternatives. If the healthcare playing field were levelled and Africans were not constrained in durable inequality conditions [21, 27], individuals would not be forced to make choices now, that are radically different from those for which they always opted until now.

Thus, durable inequality theory (DIT) is salient in this context and it is characterized by the following mechanisms:

(1) Categories: Africa's condition rightly puts the Continent in the category of the abandoned continent.

(2) Exploitation: Just about everyone finds a way to exploit Africa; this means many stakeholders have used the resources in Africa, natural and otherwise, without paying their fair share for the use of these resources.

(3) Opportunity hoarding: Opportunity for all is what Africa lacks the most. In other terms, those with the keys to opportunities do not easily make these accessible to Africans.

(4) Emulation: Africa may be out of colonization, officially; however, the process of emulation is salient in Africa because colonial models have been all but abandoned; rather, these models have ben replicated in all sectors and layers of life in Africa. Former colonial powers still control many areas of economic life in Africa and the locals remain in positions of executioners. In other words, the locals are only rarely entrusted with positions of leadership, still reserved for the most part to Caucasians. For instance, it is a common occurrence that Caucasians will still be found at the helm of many institutions in which the locals will hold positions of staff only. (5) Adaptation: Caucasians who live in Africa have successfully excluded most of the locals from middle class circles or from the "*cercle des grands*" as translated in French. These Caucasians keep financing opportunities and well-paying jobs out of the locals' reach. In effect, more than often, (a) the members of the middle-class, often at the helm of financing institutions, do not provide financing opportunities to the locals; (b) they do not share valuable information merely about everything with the locals; (c) lastly and from the perspective of this discussion, members of the elite group have managed to successfully exclude the locals from quality healthcare.

Said differently, the choices available to Caucasians and members of the middle class who live in Africa when it comes to healthcare are nowhere comparable to those accessible to the poorer local populations [19, 21, 27]. This is to say that the few Caucasians, together with the members of the elite class in Africa still finds ways to have access to the best healthcare possible in the African countries in which they live; at the same time, these avenues simply do not exist for members of the lower class, or the general population. Thus, it is only logical for

Africans to start opting for something different, if only the populations would be motivated to think along the terms of empowering themselves. Therefore, even as rational theory can help map out and frame this contingency or reasoning, so does decision theory, also a theory of choice involving the latitude of actors to make value-maximizing decisions, even as these actors weigh the risks that inhere with each choice [15, 24].

Worded differently, it is of import for populations in Africa to offer themselves several multiples avenues from which to choose in a cognitive fashion, based on an evaluation of the returns inherent with each choice. In effect, then, rational choice and decision theory are the backdrop against which motivation medicine® leans to successfully elicit a change of behavior in African populations. This change of attitude would consist in helping patients realize there are better ways to achieve health, if only one dared pilot his or her health, choosing overall well-being, and not merely settling for multiple trips to the doctor, not always conducive to healing. The model capturing this new frame of mind can be presented in this fashion:

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Insert Model 1 about here

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A close look at this model would reveal the following relationships: Motivation Medicine®, Moti-Med® in short, brings about tools that trigger the process of rational choice in the individual, leading to a search for value-maximizing heath options. This search is bound to result in optimal or at least the best possible courses of action about the person's health, this in turn yielding overall improved health and well-being. Aligned with this model, follow the propositions below, which will need to be tested in order to ascertain their validity, which can only be accomplished as a follow-up prong to the present study:

P1: Moti-Med® arms the individual with the means to embrace rational choice.

P2: Rational choice behavior elicits the search for value-maximizing health options.

P3: The search for value-maximizing health options leads to optimal health decisions.

P4: Optimal health decisions result in overall improved health and well-being for the individual, a benefit for businesses and society.

Taking this discussion to a more explicit step, moti-med® is the way to remove individuals in society from a culture of disease marketing to introduce them to a more effective one: A therapy-oriented culture, the topic discussed next.

BUSINESS IN THE 21ST CENTURY: ACHIEVING A "THERAPY-ORIENTED" BUSINESS CULTURE

Health Management Today

Healthy employees are of central importance to creating a successful and competitive business and an empowered society and citizenry. According to Schneider et al., [7] inability to work due to psychological or psychosomatic illnesses rose significantly over the past 15 years [6, 7, 8]. In this context, many businesses that want to be internationally competitive are committed to protecting and promoting the health of their employees. The company doctor and often the primary care doctor play a key role in this situation. In addition, this situation involves a “big picture” point of view that considers the management, the work councils, the specialist departments, the supervisors, as well as the individual employees themselves.

In this instance, then, health management can be defined as "*The whole of systematically interrelated measures in a business that promote and ensure the necessary conditions for employees' physical and psychological performance (ability) as well as their motivation* (*will*)" [9].

The structure and elements of health management are thus oriented towards the needs of the business. What their different structures have in common is a salutogenetic design of the working world and the promotion of health and the prevention of diseases. Information and communication are equally of central importance in this equation. The economic impact of

health care management was shown in the GATE congress (German: "Gesund und Anwesend-das Tor zum Erfolg" or "*Health and Presence for Success*") held at the Frankfurt airport [9]. This congress' debates demonstrated that reducing employee absences by 1% could save a typical business, 6,400,000 euro or about $768 000 000 in 12 months. The numbers above are not meant to reduce the concept of health care management to an economic calculation. Rather these are meant to underscore organizing a healthy workplace and promoting a healthy way of life in the working sphere should be of the highest priority for any business, and society, because only individuals who are healthy can also be productive. Furthermore, when the workforce is healthy operating results are improved and costs related to social welfare are likewise lowered [10]. If there were a healthcare management concept that was economically profitable, then the question would be: What role should a motivation-oriented medical concept play in such a business?

Self-Interested Business Management and Health Promotion

In order to grasp the role of Motivational Medicine© and of the physician in the organizational structure of the 21st century, it is necessary to critically analyze the individual and "social" nature of human beings. The sociologist Émile Durkheim (1858-1917) is one of the founders of sociology and social anthropology. In his theoretical considerations, Durkheim discusses human beings' social nature. According to Durkheim, people are social creatures who live in groups, understanding which can enable one to reach a better assessment of human behavior if one analyzes people as groups instead of individuals.

Also, in his concept of mutual aid, Peter Kropotkin (1842-1921) emphasized the importance of the group during the process of evolution. In contrast to representatives of social Darwinism, who emphasize the existence of the strongest in the social struggle to survive, Kropotkin saw two important factors that were indispensable for evolution: The individual and the group, in which group members were dependent on one another for mutual aid. This view stands in contrast to the individualistic concept of evolution as theorized by Darwin.

Human beings are social creatures. Just about everyone can relate to this concept. Yet, what evidence is there that human beings are social in nature? Each person is a unique individual. As a unique individual, he or she constantly endeavors to maintain his or her individuality. Everything that this person does is with the goal of differentiating the individual from others. This individual, therefore, demonstrates a discriminating behavior regarding other people, for good or for ill.

If the human social nature is assumed to be innate, then, one would expect that each person would automatically feel drawn to others, regardless of his or her origin or social status. People would not discriminate against others, but would feel an affinity for them. Consequently, living together as groups would be a natural inclination for each person. However, it is rather clear that this is not often the case in everyday life. People exhibit reserved behavior with regards to others they do not know. This calls into question the assumption of human beings' social nature as represented by Durkheim and Kropotkin and rather, it emphasizes humans' individual nature. According to Durkheim, a society's collective consciousness is imparted to its members by means of education. If the collective consciousness can be achieved only through education, then that contradicts the idea that humans are inherently social by nature. It implies that humans become only social through education, which is not a natural process, but rather a learned one. No person becomes egotistic or individualistic by means of education. These personality traits are innate; the idealization of human beings' peaceful and social nature has already been de-mystified by several authors [11, 12, 13]. Yet if human beings are by nature "loners," what is it that motivates them to come together and work with others?

Limited by their egotism and thus unable to survive as "loners," humans are sure to fail without help from others. Therefore, consciously or unconsciously, people lend one another a helping hand, not out of love per se, but out of egotistic interest, in order to secure their own survival. The society that develops is the product of "survival rationale" and individual

interests. Observed and highly praised in such a society, the behavior of mutual aid initially seems, without deep analysis, to be an "overcoming" of egotism. Yet it is actually based on egotistic motivations related to survival strategy, and therefore, this creates an egoistically oriented society. In this situation, when one praises and encourages mutual aid, one unconsciously promotes that which one may wish to abolish or reduce.

From this perspective, society could be defined as a group of egotistically shaped individuals who make living together possible in a certain area over a certain period of time because of their interdependence. According to this analysis, African countries found South of the Sahara need innovative concepts for collective business growth and health care, concepts that are not focused on egotistical motives of coexistence, but rather collective ones. This, though, presupposes another perception of human beings and the working sphere [23, 26, 30].

Non-Egoistical Business Management and Health Care: "Therapy-Oriented" Business Culture

Many can relate to the feeling of being treated by a physician who seems more interested in the affected organ and the patient’s health insurance than the human being sitting on the doctor’s bench [26, 28, 29]. In such cases, no one feels having been treated respectfully. Generally, one expects doctors or therapists of any kind to perceive the person as body, spirit, and soul. However, the question is whether patients perceive themselves in their everyday lives as body, spirit, and soul. However, and going further, do non-doctors, i.e., people in other occupations, perceive humans as a whole? Doesn't the automobile salesman focus on the car? And doesn't the banker at the check-out counter focus on money? Is a human being only body, spirit and soul when he is sitting in front of a doctor, and not when he is interacting with people of other walks of life?

Why should a physician believe something different than a business manager, an attorney, an architect, or a car sales person? Don't all occupational groups here serve the same people, each from a different point of view? It appears society has concentrated on people's needs and

specialized society's services accordingly. Yet the person as a holistic being remains largely unknown, and is still waiting to be discovered, one should say, it seems, even by medical doctors.

In the conception of moti-med®, then, the human being is taken to include body, spirit, and soul, independently of where he or she is located and from whom he or she is receiving services. In other words, the human being should be the common denominator in all occupations. The difference between occupations is visible because of this common denominator: The human being. In other words, occupations are regarded as a diverse range of services people use to solve human beings' problems. However, the common occupation that all people share is in fact being human. Therefore, one should regard the human first, and then his needs. The reason this should be so is that without people there would be no needs, not even for medical doctors.

As the center of the individual's own life, then, each person must take into consideration body, spirit, and soul. Once the individual has this perspective on himself or herself, this individual will also be able to regard other people in his or her environment as bodies, spirits, and souls and will be able to treat or serve them as such. This new perception of the self and its environment allows the apparent differences and their concomitant limitations to disappear. It is then that the person is in the position to bring forth a new society framed by a new consciousness into life, one that transcends outdated borders. With that foundation, people would be able to define (i) a new modern sociology (ii) a new form of the business organization and management; (iii)and for the purpose of this discussion, a new form of health care management.

The role of the physician in the new organizational structure will then be not only to care for people, but to show them how to overcome their own boundaries, in order to become potential and successful members of society. A person who is cared for is not focused on himself or herself, but on something outside, on his care giver. This person, then, is deprived of the

chance to overcome his or her own boundaries and free himself or herself. Freedom represents the first step for living together successfully in a non-egotistic management structure. The human body and the human cell are methodically implemented as a learning aid in order to set this freeing process into motion [14].

As previously mentioned, this holistic view should apply not only to medical occupations but to other fields as well, even if in this discussion, the focus is limited to the health care professional perspective. Given the fact that this point of view includes a "therapeutic" or healing dimension, everyone who applies it can be seen as a potential "therapist" or "catalyzer of happiness." In this sense, professionals, in the healthcare field, foremost, but in other fields as well, who embrace this holistic view of the human being integrate "therapy" into their own lives and environments [14].

CONCLUSION

It is ground-breaking if nothing else to think of medicine in terms of freeing the person from the health care provider, to give this person the tools necessary to help him or her achieve improved health and overall well-being. A caveat of proportion is to clearly state that no one would dare minimize doctors and their role in alleviating human suffering by treating the different ailments which plague humans. Even so, one must pause and reflect on the limits of modern medicine and the practices embedded in this craft: Many can only breathe in and out when thinking of doctors and the way they practice their profession, especially when it comes to the African environment, even as many, conversely, only think of the benefits they reaped from their interaction with their health providers. Regardless of where one finds himself or herself to be on this continuum, moti-med® is a revolutionary way to think of medicine, one that takes the power from the heath care provider, now considered only peripheral to the person, to give it back to the person whose health and well-being is at stake. If one believes the French idiom, "*On n'est jamais si bien servit que par soi-même*," [i.e., the best service one can receive is that which comes from oneself], then this new concept may be onto something

of value for all. With this concept, comes the notion that if one wishes to be of decent health, he or she must first take the steps towards that goal, and not leave this effort to the medical doctor only.

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Figure 1: Model of Motivation-Medicine (Moti-Med®) and Improved Overall Wellbeing