

EDITORIAL

IN SEARCH OF PROFESSIONAL ROLE MODELS

Fifty years ago when I was in primary school, I had no problem finding suitable professional role models. These included primary school teachers, medical assistants, pharmaceutical assistants, veterinary scouts and agricultural extension workers. They were well behaved, carried themselves with dignity, dressed smartly and lived in comparatively well built houses. They talked highly of their professions with no hint of dissatisfaction. If they had any misgivings about their meagre earnings or working conditions, they did not voice them publicly. These cadres lived harmoniously with their families and their children looked well fed. It would have been heretical to imply that anyone else, other than the incumbent primary school headmaster could manage the local school. He appeared to be the obvious choice.

The majority of these professionals were practising Christians and their admirable behaviour may have been influenced more rather by religion than professional commitment. To us it did not matter. The interface between Christian and professional commitment was not evident. In those days, African graduate professionals were few and far in between. These senior jobs were held by outsiders, mostly Britons, whom we could never identify with. In the mid 1950's African graduate professionals became role models for the few ambitious students who had gone to secondary schools. In the rural areas these degree holders were discussed in whispers. It was only in the mid 1960's, after the country gained independence from Britain that African graduates increased significantly.

There is no doubt that most young people are impressionable and easily influenced positively or negatively by people they can identify with. This was true of my generation as it is today. So who are the role models for our children in primary and secondary schools today? A professional colleague was pleasantly surprised to learn that his 8 year old son in primary school was studying hard so that he could join the local university when he grew up. Fair enough, he thought. The scion of a professional must be ambitious. On closer questioning, the son admitted that he wanted to join the university so that he could square it with police, the way he had seen young university students battling with police in the city streets. He thought this was great fun. When his father explained that he could be injured or even killed, the young warrior became adamant and argumentative. He had watched these skirmishes on television many times and had never seen anybody being killed. Dad was definitely bluffing. The father was exasperated but nevertheless encouraged the son to continue studying hard. Time is the greatest healer, he argued. The young boy had looked around for role models he could identify with and zeroed on the university students.

Many people in the medical and pharmacy professions have become disillusioned. They talk about their frustrations in presence of their families. Some even admit that if they had a second chance they would opt for other professions or business. A medical consultant once confided in me that he would not encourage his children to join the medical profession. He did not go into the specifics but it was obvious that poor financial remuneration, unfavourable working conditions and lack of societal recognition to what he considered personal sacrifice were at the back of his mind. He had just left his car at home because he could not afford to have it repaired then.

The respect which society accorded the professionals forty years ago is not evident today, at best it is muted. Occasionally, professionals are portrayed as social miscreants, people of dubious personal integrity. These allegations are often made in privileged fora and public platforms where the accused has no right of reply. In Kenya, chronic drug shortages in public hospitals, which occur with predictable monotony, is often attributed to theft by health professionals. Personal integrity is central to the practice of all professions, but much more so in the health professions. Lack of societal recognition or putting the professionals under siege for imaginary shortcomings has lead to low morale and introverted self-esteem. The proud primary school teacher of 40 years ago is no more. Today he is the object of pity, with a negative credit rating, always at the mercy of the local shopkeeper and the butcher. His counterpart in the health professions is also demoralised. His professional title, which should be a source of great pride has become a reminder of unfulfilled expectations; at worst a kind of *memento mori*, portending bad omen. The blame may lie with the professionals themselves. Again it may not! In today's world, pursuit for material wealth has become the alpha and the omega and nothing else seems to matter, not even professional integrity and commitment. No wonder, the young people of today are groping in the dark in search of role models.