

Research Article

Career Priorities of Female Doctors

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Received: March 04, 2015; Accepted: May 28, 2015;

Published: June 18, 2015

Abstract

Objective: The objective of the study is to identify the career choices of female medical students and residents, and the factors that influence their career choices.

Method: A cross-sectional study was conducted at Jinnah Postgraduate Medical Centre (JPMC) and Sindh Medical College, Karachi from 1st May to 30th May, 2014. Total 145 females were made the part of study, and most of them were final year medical students. A self-designed questionnaire was offered to them with their free will to participate in the study. It was filled by them during their free duty time. The questionnaire mainly focused on the career choices made by the female medical representatives and the factors that influence their career choices. The data was analyzed by SPSS version 21, a computer statistics software program.

Results: Of the 145 questionnaires, n=99 were filled by final year medical students and n=46 by residents. Among them, 54.5% opt medical profession on their wish whereas 26.2% chose because of their families. Among all the participants, 50.3% were planning to study abroad, majority favoring USA (20%). The preferred career for these participants was General Medicine (35.9%) and Gynecology & Obstetrics (26.2%). Of the total, n=110 have planned to change their career because they were tired of extensive study (n=33) and some changed because it is physically a hard profession (n=30).

Conclusion: Our study demonstrates that most of the females decides to change their specialty choice as they progress from first to final year of studies and thereafter. This is mainly because medical is a tough profession and they find it difficult to keep pace between their professional and family life, and keep it free of stress and pressure from their families and spouse. So, considering all the aspects and the influential factors of a female life, we should take some practical steps to tackle these issues, however, it may require some family and spouse counseling sessions with behavioral therapies provided.

Keywords: Female doctors; JPMC; Gynecology & Obstetrics

Introduction

The career preferences of the medical students has remained an area of emphasis for medical educators and state departments concerned with health man power planning [1,2]. A team of researchers, led by Jennifer Cleland from the University of Aberdeen, found that “medical school itself seems to influence career progression,” with each medical school having “a different profile of students’ career preferences on exit [3]”. Career preference at the time of entering medical school may also be a significant predictor of students’ eventual career choice [4-7].

Several classifications for studying career choices of medical students are found in the literature including selection of primary care verses non primary care specialties, family medicine verses specialty medicine, career choices at the beginning and end of medical education, specialties demanding more interaction with people and those involving more technical expertise [5,6,8]. Studies conducted in Asian countries showed that medical students prefer to choose established hospital-based clinical specialties and want to practice in major cities [9-11,12-16].

The aim of this study was to determine the career preferences of

undergraduate female medical students and residents in their first, second and third year of residency and the factors that influence Pakistani medical students in making their career choices. Moreover it also highlights the potential impact of gender on specialty preference.

Methods

A cross-sectional study was conducted in the month of May, 2014 at Jinnah Postgraduate Medical Centre and Sindh Medical College. The data was collected from the final year medical students who were exposed to the clinical and non-clinical environments as well as from the residents at Jinnah Postgraduate Medical Centre. The inclusion criteria were participants should be working in a clinical as well as non-clinical settings. And all the chronically ill subjects such as depression, anxiety, etc. were excluded from the study.

A self-designed questionnaire was distributed which focused on the specialty choices made by the female medical officials and the factors that influences their career choices. The data was collected from 145 participants and all the information filled by the participants was handled confidentially. Of them, n=99 were final year medical students and n=46 were residents. SPSS 21, a statistics

Table 1: The table highlights the reasons of choosing medical profession in females.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I like this	79	54.5	54.5	54.5
	Family Wish	38	26.2	26.2	80.7
	Don't Know	5	3.4	3.4	84.1
	A good student so selected	12	8.3	8.3	92.4
	Bright and rich future	2	1.4	1.4	93.8
	Other	9	6.2	6.2	100
	Total	145	100	100	

software program was used for the analysis and descriptive analysis and crosstabs were generated.

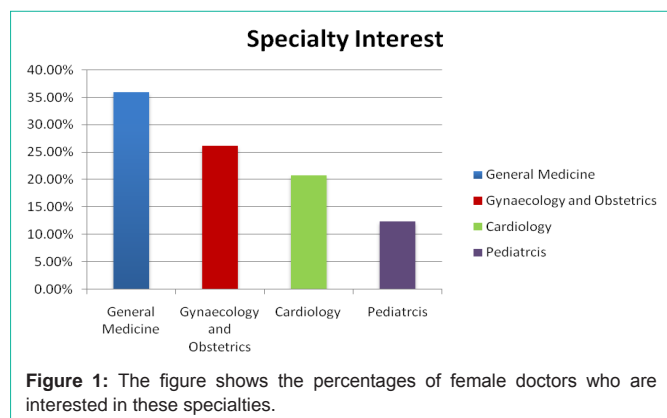
The research protocol was reviewed and accepted by the Ethical Review Board.

Result

The mean age of the participants was 23.66 years ± 2.1. The data reports that female choose medical career because 54.5% liked this profession, 26.2% due to their family wish, 8.3% reported they were good student to be selected on merit whereas 3.4% have no idea why they got the admission in health profession and 1.4% had a thought that this profession has a bright and rich future as shown in Table 1.

50.3% of the participants planned to work abroad, mostly were final year medical students and they preferred to go to United States of America (20%), United Kingdom (12.4%), Middle East (8.3%) and Australia (5.5%). Most of the final year medical students and residents choose to work in General Medicine 35.9% (n=52) followed by Gynaecology and Obstetrics 26.2% (n=38) then Cardiology 20.7% (n=30) and Pediatrics 12.4% (n=18) as shown in Figure 1.

Of the total final year medical students, n=89 were planning to change their career because they were tired of extensive studies (n=26), it is a physically hard profession (n=24), changed due to parental wish (n=17) and some will continue it after stabilizing their families (n=17). Among the total residents, half of them changed their career n=21 within 1st year and 3rd year of post-graduation study (n=9) due to similar reasons, they were tired of extensive studies (n=7), it is being a physically hard profession (n=6), changed due to husband's wish (n=3) and some will continue it after their family (n=3) as shown in Table 2.



Discussion

Career choices are dynamic and likely to change with the progression in one's understandings with medical field, as they move from first to final semester and thereafter [17]. Women at each stage of training were significantly more likely to choose general practice as a field in which they were most likely to practice. The most important determinant of career choice appeared to be the flexibility of training and of practice of medicine: variables such as the opportunity for part-time training, flexible working hours and part-time practice were important determinants of career choice which were of more importance to women than to men [18]. This factor compelled us to conduct a survey among the female final year MBBS students and postgraduates at a government medical college and a public sector hospital just to evaluate a trend among the female medical personnel's in the male dominated society of Pakistan.

Our study comprises of 146 female participants, among them (n=96) were final year MBBS students and (n=46) were postgraduates. The reasons given by participants for choosing medical career are mentioned in Table 1. Parents profession might have influence on one's own career choice as demonstrated by Kumar showing the predominance of medical students (79.9%; n = 2080) from non-medical professional against medical professional parents (20%; n = 522). Surgery was the most opted subject by medical students for post-graduation among non-medical background parents [17].

In the current study, Most of the final year medical students and residents choose to work in General Medicine 35.9% (n=52) followed by Gynaecology and Obstetrics 26.2% (n=38) and Cardiology 20.7% (n=30).whereas numbers remain low for surgery (n=33), pediatrics (n=) and basic sciences. According to Jeff several factors related to life style may be contributing to declining popularity of surgery, comparatively low remuneration and a changing medical student population [19]. Another study reported from India [18], observed male medical students choosing internal medicine and surgery as their preferred specialty, compared to females choosing OBG and pediatrics. Contrary to this Musleh Uddin's study demonstrate female graduates were more interested in surgery subspecialties than obstetrics and gynecology; [20]. Kumar in his study observed that the career choice for basic medical sciences subjects were minimal (56 of 860) for females, possibly shorter work time, flexibility etc could have been responsible for the choice of females in the basic sciences bearing in mind the family commitments [17] The high fees structure for MBBS program causes the medical students to develop a tendency to earn money [21-23] which becomes a matter of preference for

Table 2: The table is a crosstab showing why the females change their career Count.

		Designation		Total
		Final yr Medical Student	Resident	
Change Career due to following reasons	Physically hard	24	6	30
	Extensive Study	26	7	33
	Parental Wish	17	0	17
	In-law Wish/ Pressure	2	1	3
	Husband Wish	0	3	3
	Plan to have Family	3	1	4
	Continue after Family	17	3	20
	No	10	25	35
Total		99	46	145

clinical science subjects in post-graduate and earn more through private practice and repay back the loan for which they are indebted [24]. Our study showed low frequency of females opting for general practice (n=11) contrary to the statement in S Redmen’s study that is Women at each stage of training were significantly more likely to choose general practice as the field in which they were most likely to practice [25]. Gender has a substantial influence on the specialty chosen, as proven by many studies [11,26-30]. Certain cultural and social beliefs are thought to hinder females to become practicing doctors. Some studies demonstrated the new increasing trend of choosing surgical specialties by more female students [31] and graduates [9,10] and it requires special attention by policymakers.

Study conducted in Malaysia on three batches of final-year students from 1992 to 1994 identified that 17%of the female students mentioned surgical specialties as their first, second, or third choice [11], and it was increased to 67% in2003 cohort on medical graduates [9,10]. The researchers said that a “robust, longitudinal study is required to explore how medical students’ career preferences change as they progress through medical school and training to understand the influence of the learning environment on training choice and outcomes.”

Further to mention in our study, 50.3% of the participants were planning to work abroad mostly were final year medical students and they preferred to go to United States of America (20.0%) and United Kingdom (12.4%). A recent study conducted among students, interns, and house officers in Nepal found that almost half of them planned to migrate to a developed country [32]. According to Syed’s study the important reasons for migration among medical final-year students were poor salary structure, poor quality of training, and poor work environment in their home country [33]. Since the cultural values in Pakistan restrict females from living a professional life, it is generally presumed that a large number of girls leave their profession and become housewives [34].

Conclusion

Our study determines that most of the females consider changing their career with the progress in academic level and requires a more flexible and comfort life. But it has been discussed that some of them are always under certain stress due to families or tough professional life. So, it requires a more comprehensive approach requiring counseling of the female doctors and governing bodies should also

play their roles to tackle the stresses so that we could make an equally effective environment for the male and female doctors.

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