

CAREER SATISFACTION AMONG PAKISTANI WORKING AND NON-WORKING FEMALE DOCTORS & THE REASONS TO DISCONTINUE MEDICAL PROFESSION

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Submitted: March 20, 2016

Accepted: July 20, 2016

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ABSTRACT

OBJECTIVE

To analyse the satisfaction level among practicing and non practicing Pakistani female doctors on the basis of age groups and marital status and to know the reasons for non practice in not practicing female doctors.

STUDY DESIGN

Descriptive cross sectional study.

PLACE AND DURATION OF THE STUDY

The study was conducted from October 2012 to June 2013 in four teaching hospitals, two public and two private sector hospitals, in Karachi. Not practicing female doctors were addressed through their contact numbers which were obtained randomly from the hospital administration.

SUBJECTS AND METHODS

255 working female doctors and 150 non working doctors participated in the study through purposive convenient sampling. A semi structured Performa was designed. It was based on four factors including subjective reports on having psychological problems, interference between personal and professional life, desire to be a physician again if given chance and satisfaction with the career.

RESULTS

Data was split into two halves, each containing approximately 50% of the cases. First half of the sample was used to conduct exploratory factor analysis (EFA) whereas second half of the sample was used to confirm the factor structure resulting from EFA using confirmatory factor analysis (CFA). Results from EFA revealed a two factor solution with accumulated 43.8% percent of variance. As in the Original scale out of the total 14 items, 8 items loaded on intrinsic religious orientation ($\alpha = .84$) and 6 items constituted extrinsic religious orientation ($\alpha = .69$) scale. The scale showed good reliabilities. Confirmatory Factor Analysis on the remaining sample showed indices of model fit.

CONCLUSION

Doctors continuing their profession were more satisfied as compared with doctors who had discontinued practice. Female doctors (single) were more satisfied while practicing. Female doctors (married) were more satisfied while not practicing. However, those between the ages of 46-52 years were highly satisfied irrespective of their professional continuation.

KEY WORDS

Career satisfaction, Female doctors, Age/marital status.

INTRODUCTION

Medicine has long been one of the most attractive and respectable professions among Pakistani females¹. Over the recent years, the country has been churning out far more female doctors than male doctors but 75% of the women doctors abandon their work after graduating due to which our health care system is suffering². The most important determinant of career choice in previous studies appeared to be personal interest, opportunity, flexible working hours and part-time practice³. Despite increased numbers of women in medicine, issues of gender continue to have a substantial impact on the medical education of female students⁴.

Studies have found that workers' satisfaction with only some aspects of work correlates with turnover⁵. Physicians are increasingly dissatisfied with their medical profession and are leaving their profession. Job satisfaction and intention to leave the profession paint a gloomy picture of attitude towards medicine⁶.

As it has been established that most of the female physicians are abandoning the practice of medicine⁷, the phenomenon needs to be investigated in details since the reasons of abandoning are not well reported in the literature. A few studies have indicated that career satisfaction may be the cause of leaving the work⁸, but no local studies are available on the topic. This study was designed to fill in this gap in the scientific literature. The objective of the study is to analyze the satisfaction level among female doctors on the basis of age and marital status. and to know the reasons for quitting practice in non practicing female doctors.

SUBJECTS AND METHODS

This study was approved by institutional Ethical Committee of JPMC. Total 700 female physicians (400

working and 300 non-working) were approached. 587 female doctors participated in the study. 255 (62.5%) working doctors including house officers, Resident Medical Officers, Postgraduates and consultants responded while 150 (50 %) non working doctors responded. The participants were approached in four teaching hospitals, two public and two private sector hospitals, in Karachi. Not practicing female doctors were addressed through their contact numbers which were obtained randomly from the hospital administration. Purposive convenient sampling was done.

A semi structured Performa was designed. It was based on four factors including subjective reports on having psychological problems, interference between personal and professional life, desire to be a physician again if given chance and satisfaction with the career. This self-administered questionnaire based on Likert scale was handed over to the female doctors. For those who were not practicing were approached via telephone and interviewed as per questionnaire. informed consent was sought beforehand. The results were calculated using SPSS 17.0 and tabulated in terms of ages, marital status, psychological problem, and personal life interference, opinion about changing profession and satisfaction level.

RESULTS

The mean age of working female physicians was 27 years while mean age of nonworking female physicians was 32 years with a range of 23-52 years.

66.7% working female physicians aged 41-45 years revealed to have psychological problems (anxiety/depression), those aged 36-40 years agreed that their personal life interferes with their professional life. 100% of the physicians aged 36-40 and 46-52 years wanted to be a physician again if given the choice. Among older physicians, aged 46-52 years were very satisfied with their careers (see table 1).

On the basis of marital status, 58.3% of the singles reported to be facing psychological problems, 61.1% of the married physicians agreed that they had personal life interference. 64.1% of the unmarried physicians wanted to be a physician again if given the choice. 72.4% of the unmarried females were satisfied with their careers (see table 1).

Among non-working physicians, 83.3% of the physicians aged 36-40 years reported psychological problems, 83.4% of the physicians aged 36-40 years agreed that their personal life interferes with professional life. 100% of the physicians aged 41-45 years wanted to be a physician again if given the choice. 75 % of female doctors aged between 46-52 years reported to be satisfied with their careers (see table 2).

On the basis of marital status, 50% of the non working married physicians reported to be facing psychological problems, 29.4% of the married females agreed that their personal life interferes with their professional life. 84.6% of the unmarried wanted to be a physician again if given the choice. 39.7% of the married females were satisfied with their careers (see table 2).

55.7% of the non working female physicians reasoned to discontinue their profession due to negligence to their family while 17.4 % left practice due to difficulty to manage their personal and professional life simultaneously (see figure 1).

Table 1

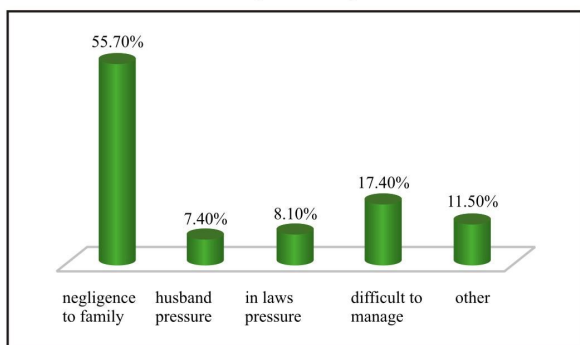
Working female doctors; analysis on the basis of age and marital status

Age in years/ Marital status	Psycho-logical problem because of your profession	Personal life interference with professional life	Chance to change your profession?	Level of satisfaction
20-25	Yes (35.8%)	Agree (52%)	Same (61.8%)	Satisfied (72.3%)
	No (64.2%)	Neutral (26.8%)	Other (38.2%)	Neutral (19.5%)
		Disagree (21.1%)		Dissatisfied (8.2%)
26-30	Yes (53.3%)	Agree (69.4%)	Same (65.3%)	Satisfied (65.3%)
	No (46.7%)	Neutral (16.0%)	Other (34.7%)	Neutral (18.7%)
		Disagree (14.7%)		Dissatisfied (13.3%)
31-35	Yes (40.9%)	Agree (50%)	Same (59.1%)	Satisfied (77.3%)
	No (59.1%)	Neutral (27.3%)	Other (40.9%)	Neutral (9.1%)
		Disagree (22.7%)		Dissatisfied (13.6%)
36-40	Yes (0%)	Agree (100.0%)	Same (100%)	Satisfied (75%)
	No (100%)	Neutral (0%)	Other (0%)	Neutral (25%)
		Disagree (0%)		Dissatisfied (0%)
41-45	Yes (66.7%)	Agree (66.7%)	Same (100%)	Satisfied (66.7%)
	No (33.3%)	Agree (33.3%)	Other (0%)	Neutral (33.3%)
		Disagree (0%)		Dissatisfied (0%)
46-52	Yes (0%)	Agree (33.3%)	Same (100%)	Satisfied (100%)
	No (100%)	Neutral (0%)	Other (0%)	Neutral (0%)
		Disagree (66.7%)		Dissatisfied (0%)
Single	Yes (41.0%)	Agree (55.1%)	Same (64.1%)	Satisfied (72.4%)
	No (58.3%)	Neutral (23.1%)	Other (35.2%)	Neutral (18.6%)
		Disagree (21.2%)		Dissatisfied (8.3%)
Married	Yes (46.3%)	Agree (61.1%)	Same (66.3%)	Satisfied (69.5%)
	No (53.7%)	Neutral (24.2%)	Other (33.7%)	Neutral (18.9%)
		Disagree (14.8%)		Dissatisfied (11.6%)

Table 2
Non-working female doctors; analysis on the basis of age and marital status

Age in years/ Marital status	Psychological problem because of your Profession	Personal life interference with professional life	Chance to change your profession?	Level of satisfaction
20-25	Yes (6.3%)	Agree (6.3%)	Same (87.5%)	Satisfied (43.8%)
	No (93.7%)	Neutral (31.3%)	Other (12.6%)	Neutral (0%)
		Disagree (62.5%)		Dissatisfied (56.3%)
26-30	Yes (58.1%)	Agree (14.9%)	Same (74.3%)	Satisfied (25.7%)
	No (41.9%)	Neutral (29.7%)	Other (25.7%)	Neutral (18.9%)
		Disagree (55.4%)		Dissatisfied (55.5%)
31-35	Yes (40%)	Agree (20%)	Same (90%)	Satisfied (30%)
	No (60%)	Neutral (35%)	Other (10%)	Neutral (10%)
		Disagree (45%)		Dissatisfied (60%)
36-40	Yes (83.3%)	Agree (83.4%)	Same (16.7%)	Satisfied (0%)
	No (16.7%)	Neutral (0%)	Other (83.3%)	Neutral (16.7%)
		Disagree (16.7%)		Dissatisfied (83.3%)
41-45	Yes (62.5%)	Agree (62.5%)	Same (100%)	Satisfied (62.5%)
	No (37.5%)	Neutral (0%)	Other (0%)	Neutral (0%)
		Disagree (37.5%)		Dissatisfied (37.5%)
46-52	Yes (40%)	Agree (70%)	Same (95%)	Satisfied (75%)
	No (60%)	Neutral (5%)	Other (5%)	Neutral (5%)
		Disagree (25%)		Dissatisfied (20%)
Single	Yes (15.4%)	Agree (0%)	Same (84.6%)	Satisfied (23.1%)
	No (84.6%)	Neutral (30.8%)	Other (15.4%)	Neutral (15.4%)
		Disagree (69.2%)		Dissatisfied (61.5%)
Married	Yes (50%)	Agree (29.4%)	Same (77.9%)	Satisfied (39.7%)
	No (50%)	Neutral (27.2%)	Other (22.1%)	Neutral (14%)
		Disagree (43.3%)		Dissatisfied (46.3%)

Figure 1
Reasons to discontinue medical profession by female doctors



DISCUSSION

some age groups of working female doctors reported facing psychological problems. Studies have proved that poor mental health has a negative impact on the quality of work in any field⁷. Poor mental health was significantly associated with anxiety/depression and this was highest among physicians aged 41-45 years and 26-30 years in our study. The reason could be that physicians of these age groups have family liabilities and responsibilities as a similar research in U.S showed the total identified poor mental health days per month was significantly associated with work and home stresses, any history of depression, career dissatisfaction and rising percentages of all these factors can lead to lower than satisfactory levels among working physicians⁸. Work-life imbalance is observed in almost every field. This imbalance can be an important factor contributing to career dissatisfaction, and disingenuous absence from work⁹. In our study, all participants aged 36-40 years agreed that they experienced interference of personal life with professional life. While on the basis of marital status, 61.1% married physicians faced inference of their work in personal life. Similarly, another research showed that 52% of their female participants were dissatisfied with work life balance¹⁰. This imbalance can also lead to different stress related disorders. Likewise our study showed that a large number of married physicians were suffering from anxiety and depression.

Our study demonstrated that almost 100% of middle age and older physicians in age group of 36-52 years were definitely not changing their specialty. The participants aged 20-35 years and 26-30 years, 61.8% and 65.3% wanted to become a physician again respectively. Our results are comparable with the results of a study in U.S where 62% of participants aged 30-39 years desired to be a physician again while 81% of physicians aged 50-59 years definitely wanted to be a physician again if given a choice⁸. Increased percentage of older physicians desiring no change in profession may be attributable to having attained a more satisfying job. While slightly lower percentage is observed in younger physicians may be because of increase in work stress.

Satisfaction of physicians increased with the age but all age groups were satisfied overall. A research in Australia demonstrated that about 85.7% of physicians were satisfied with their careers¹¹. Looking for reasons why younger physician were less satisfied than older ones a study reported that sleep deprivation and long working hours were the important reason of career dissatisfaction among junior doctors¹². In summary all of these results could be hypothesized that the high level of job satisfaction among young is presumably because of the initial euphoria of a job, which comes as a package deal with financial autonomy, security and self-esteem. But as years passed, the incremental gains appear smaller; social pressures and familial liabilities loom larger; and inputs seem to be disproportionate to output. Subsequently, as age increases, expectations decrease and are replaced by gradual acceptance¹³.

Results of our study demonstrated that, unfortunately, about 83.3% of non practicing female physician aged 36-40 years reported psychological illnesses due to the choice of their profession. As we have above discussed that poor mental health is associated with work home stresses and career dissatisfaction, a research in India concluded that non-working women have higher stress levels as compared with working women which may be due to the reason that

non-working women play multiple roles which are usually incongruent and can create inconsonant circumstances¹⁴. Non practicing female physicians aged 36-40 years reported work-life imbalance (83.4%), however physicians of the age group 20-25 years strongly disagreed (62.5%) about interference of professional life with personal life. Similarly, almost all the unmarried participants denied any work life imbalance (69.2%). This can be due to the fact that older age group and married females have higher sense of responsibilities making it difficult to create a favorable work-life balance. The results in our study also revealed that about 83.3% women aged 36-40 years want to change their profession if given a choice while most of the participants (87.5%) from the younger age group (20-25) showed no desire to change their medical profession. Furthermore, a higher percentage (84.6%) of participants preferring to be a doctor again was unmarried. 55.7% of the doctors discontinued this profession due to negligence to their families. This is greatly evaluated by a similar research which concluded that despite of all the worldwide involvement, women physicians still struggle to maintain their multiple roles, conflicts between career and lifestyle choices and also difficulties in timing of pregnancies¹⁵. All these factors can lead an individual to discontinue their profession.

It was found that the younger age groups were moderately satisfied (43.8%), nonetheless 83.3% of the middle aged doctors (aged 36-40) were found to be highly dissatisfied. Older physicians aged 46-52 had satisfaction for their careers. The reason may be that middle aged physicians strive hard to maintain the stability of their work life balance and discontinue their profession often, which makes them the most unsatisfied group in our study. However older physicians were most satisfied as although not working as a physician, they have justified their role for their families and their children have also reached a responsible age.

Over all working doctors were more satisfied as compared with non-working doctors and the findings are similar to another study in which 74% of the working physicians were satisfied with their career¹⁶. The reason could be that they have achieved their respectable and honorable positions in society and in comparison to non-working physicians; they are living a stable and a successful life.


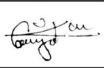


CONCLUSION

The study suggested that most women were satisfied with their careers but some percentage of the physicians were not greatly satisfied and even desired to change their profession. Therefore these findings can be helpful to provide suggestion to the current policies so that changes can be made according to physician's satisfaction and more attention should be made to the associated factors such as level of income, working schedules and variety in work and practice conditions in order to improve the overall female physician satisfaction.

REFERENCES:

1. Shakir S, Ghazali A, Shah IA, Zaidi SA, Tahir MH. Job satisfaction among doctors working at teaching hospital of Bahawalpur, Pakistan J Ayub Med College Abbottabad 2007 (3):42-5.
2. . Whats the point of medical school if you are just hunting for husbands The Express Tribune, Published on August 23rd, 2012.

3. Redman DS, Saltman D, Straton J, Young B, Paul C. Determinants of career choices among women and men medical students and interns. Med Educ 1994;28:361-71.
4. Babaria P, Abedin S, Nunez SM. The effect of gender on the clinical clerkship experiences of female medical students: results from a qualitative study. Acad Med 2009;84:859-66.
5. Lichtenstein RL. The job satisfaction and retention of physicians in organized settings: a literature review. Med Care Rev. 1984 Fall;41(3):139-79.
6. Van Dijk D, Schweid KH, Bin NG, Kushnir T. Job satisfaction, intention to leave and leaving the practice of medicine among physicians in Israel: a survey of physicians receiving their licenses in 2000, 2002, 2004, 2006. Harefuah. 2011 Apr;150(4):310-3,422
7. At a glance 48: Mental health, employment and the social care workforce, October 2011 <http://www.scie.org.uk/publications/ataglance/ataglance48.asp> (accessed on 20 March 2016)
8. Frank E, McMurray JE, , Elon L. Career satisfaction of US women physicians: results from the Women Physicians' Health Study. Society of General Internal Medicine Career Satisfaction Study Group. Arch Intern Med. 1999 Jul 12;159(13):1417-26.
9. Fiona V. Laura W. Work-life balance: Rhetoric versus reality?, An independent report commissioned by UNISON December 2006.
10. DeCastro R, Griffith KA, Ubel PA, Stewart A, Jagsi R. Mentoring and the Career Satisfaction of Male and Female Academic Medical Faculty, Acad Med, 2014 Feb 89; (2): 301-311.
11. Catherine MJ, Stefanie S, Anthony S, John H, Guyonne K. Australian doctors' satisfaction with their work: results from the MABEL longitudinal survey of doctors. Med J Aust 2011; 194 (1): 30-33.
12. Mawardi BH. Satisfactions, dissatisfactions, and causes of stress in medical practice. JAMA. 1979;241:1483-6.
13. Nirpuma M. Job Satisfaction among Doctors in a Tertiary Care Teaching Hospital. JK SCIENCE Vol. 9 No. 3, July-September 2007.
14. Singh SK. Life Satisfaction and Stress Level among Working and Non-Working Women The International Journal of Indian Psychology., 01 (04): ISSN 2348-5396
15. Women in medicine Br Med J (Clin Res Ed). 1982 Jun 19; 284 (6332): 1889.
16. Sharma M, Goel S, Singh SK, Sharma R, Gupta PK. Determinants of Indian physicians' satisfaction & dissatisfaction from their job. Indian J Med Res. 2014 Mar; 139(3):409-417.

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