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|  | **ORIGINAl ARTICl F**    **CAREER SATISFACTION AMONG PAKISTANI WORKING AND NON-WORKING FEMALE DOCTORS & THE REASONS TO DISCONTINUE MEDICAL PROFESSION**  **MUHAMMAD IQBAL AFRIDl1 DANIYA KHAN2, SUBAS ALl3, RAKSHANDA SIDDIQ14, MARIAM ABDUL RAUF5**  **, •**  'Department of Psychiatry and Behavioral Sciences, JPMC, Karachi.  2.3.s Dow Medical College, Karachi 'Sindh Medical College, Karachi.  Submitted: March 20, 2016  Accepted: July 20, 2016  **CORRESPONDENCE: MUHAMMAD IQBAL AFRIDI,** E-mail: [driqbalafridi@yahoo.com](mailto:driqbalafridi@yahoo.com)  **ABSTRACT INTRODUCTION**  **OBJECTIVE** Medicine has long been one of the most attractive and  To analyse the satisfaction level among practicing and non practicing Pakistani respectable professions among Pakistani female doctors on the basis of age groups and marital status and to know the females'.Over the recent years, the country has been reasons for non practice in not practicing female doctors. churning out far more female doctors than male doctors but 75% of the women doctors abandon their  **STUDY DESIGN** work after graduating due to which our health care  Descriptive cross sectional study. system is suffering'. The most important determinant of career choice in previous studies appeared to be  **PLACE AND DURATION OF THE STUDY** personal interest, opportunity, flexible working hours  The study was conducted from October 2012 to June 2013 in four teaching and part-time practice'. Despite increased numbers of hospitals, two public and two private sector hospitals, in Karachi. Not practicing women in medicine, issues of gender continue to have female doctors were addressed through their contact numbers which were a substantial impact on the medical education of obtained randomly from the hospital administration. female students'.  **SUBJECTS AND METHODS** Studies have found that workers' satisfaction with only 255 working female doctors and 150 non working doctors participated in the some aspects of work correlates with turnover5• study through purposive convenient sampling.A semi structured Performa was Physicians are increasingly dissatisfied with their designed. It was based on four factors including subjective reports on having medical profession and are leaving their profession. psychological problems, interference between personal and professional life, Job satisfaction and intention to leave the profession desire to be a physician again if given chance and satisfaction with the career. paint a gloomy picture of attitude towards medicine6•  **RESULTS** As it has been established that most of the female  Data was split into two halves, each containing approximately 50% of the cases. physicians are abandoning the practice of medicine', First half of the sample was used to conduct exploratory factor analysis (EFA) the phenomenon needs to be investigated in details whereas second half of the sample was used to confirm the factor structure since the reasons of abandoning are not well reported resulting from EFA using confirmatory factor analysis (CFA). Results from EFA in the literature. A few studies have indicated that revealed a two factor solution with accumulated 43.8% percent of variance.As in career satisfaction may be the cause of leaving the the original scale out of the total 14items, 8 items loaded onintrinsic religious orientation *(a=* work5, but no local studies are available on the topic.  .84) and 6 itemsconstituted extrinsic religious orientation ( *a=* .69) scale. The scale showed This study was designed to fill in this gap in the  good reliabilities. Confirmatory Factor Analysis on the remaining sample showed scientific literature. The objective of the study is to indices of model fit. analyze the satisfaction level among female doctors on the basis of age and marital status. and to know the  **CONCLUSION** reasons for quitting practice in non practicing female  Doctors continuing their profession were more satisfied as compared with doctors. 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 **SUBJECTS AND METHODS**  satisfied irrespective of their professional continuation.  This study was approved by institutional Ethical  **KEYWORDS** Committee of JPMC. Total 700 female physicians (400  Career satisfaction, Female doctors, Age/marital status. |
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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 (SO %) 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 27years while mean age of nonworking female physicians was 32 years with a range of 23-52years.

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 36-40years agreed thattheir personal life interfereswith 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(0¾) | 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(0¾) | Neutral **(33.3%)** |
|  |  | Disagree **(0%)** |  | Dissatisfied **(0%)** |
| **46-52** | Yes **(0%)** | Agree **(33.3%)** | Same **(100** %) | Satisfied **(100%)** |
|  | **No(l00%)** | Neutral **(0%)** | Other(0¾) | 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%)** |
| ''' | 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(0¾) | 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%)** |
| **<<'"b** | 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

55.70%

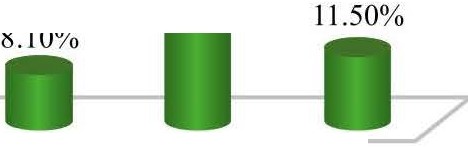
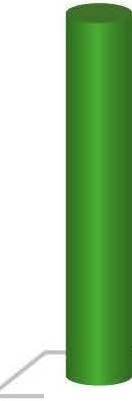
17.40%

negligence husband in laws

■7.40%

to family pressure pressure

difficult to other manage



# 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 field'.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 physicians'. 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• ln our study, all participants aged 36-40years 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 choice'. 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 careers".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 doctors".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 acceptance 13•

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 circumstances". 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 evolvement, 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.

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