RESEARCH ASSIGNMENT

PROJECT TITLE

FACTORS INFLUENCING CAREER DECISIONS OF FEMALE DOCTORS AT TSHWANE DISTRICT HOSPITAL

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Declaration

I, the undersigned, hereby declare that the work contained in this assignment is my original work and that I have not previously submitted it, in its entirety or in part, at any university for a degree.

Signature: .....……..... Date: …….....

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Abstract: Factors influencing career decisions of female doctors at Tshwane District Hospital

Background: There is a shortage of medical doctors in the public sector in South Africa and retaining doctors is crucial. The gender profile of medicine is changing with more female than male graduates in South Africa. Research identified some of the reasons why doctors leave the public sector, but the factors influencing career decisions of female doctors at a district hospital have not been explored.

Aim: To identify the factors that influence career choices of female doctors Tshwane District Hospital (TDH).

Objectives: To describe the profile of female doctors at TDH, to explore how they experience their work and the relation it has to their family life, compare their level of job satisfaction and burnout with those of their male colleagues and to identify the factors that influence their career choices.

Methods: The setting for the research is Tshwane District Hospital (TDH). A combination of qualitative and quantitative research techniques was used. Work-related challenges and factors influencing career decisions of female doctors were identified in an open in-depth focus group interview. The identified factors were validated through a self-administered questionnaire. Levels of job satisfaction and symptoms of burnout in female doctors were compared to those of males

Results: Overtime duty, the workload at TDH, and problems with management were some of the identified challenges facing female doctors. Eight factors influencing career decisions of female doctors were identified. These include: having flexible working hours, being allowed to reduce overtime or work part-time, the salary, having benefits like maternity leave, having a predictable daily work schedule, the opportunity to work with under-privilege patients and having opportunity for academic stimulation and learning. The job satisfaction level of female doctors at TDH is comparable to those of males and both groups reported symptoms of burnout.

Discussion: Young female doctors comprise the majority of the workforce at TDH. The challenges they face at work and at home contribute to diminished job satisfaction and a high incidence of symptoms of burnout. The resulting high turnover of doctors can negatively impact patient care.

Recommendations: Improving working conditions and hospital management at TDH is needed. Considering work models that allow flexible work hours and part time work is recommended.

Background

There is a nationwide shortage of healthcare workers in all disciplines in South Africa. The public health sector provides medical care for an estimated 35 million people compared to the seven million

patients who have access to private medical care. An assessment by the World Health Organization in 2003 found that more than 60% of health care institutions in South Africa struggled to fill existing posts, with more than 4 000 vacancies for general practitioners and upwards of 32 000 vacancies for nurses throughout all provinces[1]. An estimated 63% of general practitioners are working in the private sector, nearly twice as many as in the public sector, despite this sector catering to the needs of less than 20% of the population. Retaining doctors in the public health sector is crucial and several studies have been done to determine the reasons why doctors leave the public sector as well as the country. The findings include poor working conditions, inadequate remuneration packages for medical officers and insufficient retention policies, to name a few. [2]

The problem of the shortage of doctors in the public sector is compounded by the changing gender profile of medicine. The proportion of females entering medical schools has increased since 1970 and in South Africa female medical graduates began to outnumber males at undergraduate level in 2000.[3] This follows the worldwide trend of an increase in the number of female medical students. The effect of this feminization of the medical workforce has been widely researched and debated in recent years. The bulk of original research was done in the United Kingdom and the USA. Their findings agree on key aspects namely that women are more likely to work part time, they tend to favor certain specialties and they are less likely to choose to work after hours.[4,5] Because of the amount of part-time they work, women provide less service than men. A study found that women who graduated from WITS spent 75% of their working years in full-time practice compared to 91% for their male counterparts.[6]

Although women provide less service than men, they appear to spend more full-time equivalent years working in the public sector than men.[6] Several studies also found that women choose general practice more frequently than men.[7] Women are also more likely to work in poorer communities. [3,8] Thus, it is likely that primary care in the public sector benefits more from female doctors than male doctors.

The challenges faced by female doctors have evolved over the years. The early women in medicine were subjected to many restrictions during their training and career.[9] Much ground has been gained in the battle for respect and equal opportunities, but in some instances the discriminatory attitudes and behaviours remain. Studies have shown that in dual-career households, women put in more hours on domestic and child-related unpaid work than men.[10] Women traditionally reduced their work commitment to look after children. The medical profession has historically been part of a

culture that requires long hours of clinical work without career diversity or work-life balance. The balancing act of professional and private life puts female doctors under enormous pressure leading to diminished job satisfaction.[11]

This study wants to explore the specific factors that influence female medical officers in their choices about a future career in primary health care in the public sector, specifically at Tshwane District Hospital (TDH). It aims to establish whether female doctors leave the public sector for similar reasons than male doctors, or whether they are influenced by challenges specifically related to their gender-specific family responsibilities.

Aim of the study

The aim of this study is to identify the factors that influence female medical officers working at Tshwane District Hospital in their choices about a future career in primary health care in the public sector.

Objectives

- To describe the profile of female doctors who worked at Tshwane District Hospital from 2008 to 2011 in terms of age, relationship status and family responsibilities.
- To explore how they experience their work and the relation it has to their family life, also including job satisfaction and job stress.
- To compare the identified job satisfaction levels and presence of burnout with those of the male colleagues at Tshwane District Hospital with the use of existing validated questionnaires.
- To identify the factors that influences career decisions of female doctors working at Tshwane District Hospital.

Methods

A combination of qualitative and quantitative research techniques was used. The initial step was to identify factors that female doctors feel influence their decisions about their career. This was done by conducting an open in-depth focus group interview using a hermeneutic approach. Qualitative research methods are most effective in explaining social phenomena. The beliefs, opinions and feelings of the doctors were explored. The factors motivating a female doctor when making a career decision were described.

A quantitative survey then incorporated the identified issues into a questionnaire to confirm the importance of each of these issues. Aspects on burnout and job satisfaction were included using existing validated tools.

1. Setting

The setting for the research project is Tshwane District Hospital in Pretoria. The hospital is one of the district hospitals in the greater Tshwane (Pretoria) area. It is situated in the old buildings of the Pretoria Academic Hospital. It delivers primary health care, emergency services, basic surgical services, obstetric and child health care, psychiatric services and medical care. The hospital opened in 2006 after the services of Pretoria Academic Hospital (now Steve Biko Academic Hospital) vacated the premises. The old buildings, relative young age of the hospital and proximity to a tertiary hospital have a unique influence on the functioning of the hospital.

The medical practitioner corps consists of family physicians, medical officers, community service officers and interns and recently also registrars in Family Medicine.

2. Sampling/Selection

The study population includes all doctors, male and female, who were employed at Tshwane District Hospital form January 2008 to July 2011. All female doctors employed at Tshwane District Hospital from 2008 to June 2010 were invited to the focus group. Interns were not included as they only spend a four month rotation at the hospital.

The questionnaire was distributed to all the doctors who worked at Tshwane District Hospital form January 2008 to July 2011. Male doctors were included in the sample to compare certain aspects specifically related to job burnout and job satisfaction with the help of existing validated assessment tools. The study population of 62 doctors is relatively small, therefore all doctors were included and no selection was done.

3. Data collection

The collection of data was done in two steps. The first step was the conduction of a focus group interview with female doctors. The aim of the focus group was to identify factors that the female doctors feel influence their decisions about their career at TDH. The question to the group was: What are the challenges or problems they face at Tshwane District Hospital that will or have compelled them to leave the hospital? They were encouraged to discuss personal and work-related issues. An audio recording of the focus group discussion was made and transcribed for analysis.

The analysis of the focus group interview was done using the framework approach. After a process of getting familiarized with the data, themes and sub-themes were identified. These were re-organized into an index. The entire transcript was then coded according to the index of themes and sub-themes. A chart for each theme was created and all the data that received the same coding was entered into the chart with a reference to the data source. The charts were used to develop theories and explore conflicting opinions.

The final step of data collection was a self-administered questionnaire. The questionnaire had subsections on job satisfaction, burnout, factors influencing career decisions, work experiences at Tshwane District Hospital and demographic detail. Job satisfaction was assessed by using an adaption of the Warr-Cook-Wall Job satisfaction measurement tool. This tool has been validated for the measurement of job satisfaction in physicians. A 5-point Lickert scale asked respondents how satisfied they are with several aspect of their job including the physical work environment, salary and possibility of promotion. For the measurement of burnout, a single question was used. The measurement of burnout among physicians is important because physician well-being has the potential to affect workforce stability and quality of care. A commonly used measure of career-related burnout among health care providers is the Maslach Burnout Inventory. This instrument has been tested among a variety of human services professions including physicians. The single question for measurement of burnout among physicians where emotional exhaustion is the primary sub-scale of interest, has been validated against the Maslach Burnout Inventory. The single-item measure is simple to use because it consists of only one question and does not require scoring calculations. The brevity of this tool compared to the Maslach Burnout Inventory assisted in keeping the questionnaire relatively short to improve participation among physicians who have traditionally low response rates.

During the focus group, the female doctors mentioned employment conditions they consider when deciding about a job offer. The next section of the questionnaire tested the importance of each of these conditions on a five point Lickert scale. Respondents were further asked to agree or disagree with statements made about after-hours duty and the management of the hospital. Questions on the opportunity for learning and who assisted this at the hospital completed this section of the questionnaire. The final section of the questionnaire gathered demographic information on the participants including work experience and family responsibilities. It also asked where doctors who have left the hospital are currently working, and if those still at the hospital have plans to leave in the next year.

The questionnaire was piloted to doctors at a community health centre. Minor adjustments were made to improve clarity. The questionnaire was handed out to doctors at Tshwane District Hospital and distributed electronically via e-mail to doctors working elsewhere who are included in the study sample.

4. Analysis of data

The data from the questionnaire was entered into an Excel Database and the Mann-Whitney U Test was used for analysis to compare different groups.

Ethical considerations

The project was approved by the Health Research Ethics Committee (HREC) from Stellenbosch University. Informed consent was obtained from each participant using an approved consent form. Participation was entirely voluntary and participants could withdraw at any point without any consequences. The tape recordings of the focus group interview are kept in a save by the researcher. The responses from the participants were handled with confidentiality. Anonymity was maintained throughout by using a coding system. The questionnaires did not contain the names of the participants.

Results

A total of sixty-two doctors were identified who worked at Tshwane District Hospital in the selected time period of January 2008 to July 2011. The study population comprised of 42 (68%) females and 20 (32%) males with 33 (53%) of the doctors currently working at the hospital and 29 (47%) previously working at the hospital.

The hospital could not provide correct contact detail for all the doctors in the study population and the questionnaire was distributed to only 47 doctors. The sample that received the questionnaire is comparable to the total study population in terms of gender (66% female and 34% male). The response rate to the questionnaire was 60% (N=28) with 68% female (N=19) and 32% male (N=9). The profile of the female doctors in the study sample is illustrated in table I.

The focus group interview was attended by six female doctors. Three of them are currently, and three were previously employed at Tshwane District Hospital. One of the participants was a family physician. The average time since graduating from medical school is 8 years. Of the three doctors that are no longer working at the hospital, one is in private practice, one is specializing internal medicine and one is working for an NGO.

Table I: Demographic details of female doctors at Tshwane District Hospital

	N	%
Age		
20-29	5	26%
30-39	10	53%
40-49	3	16%
50-59	0	0%
Older than 60	1	5%
Population group		
Black	5	26%
Colored	1	5%
Indian	1	5%
White	9	47%
Other	3	16%
Relationship status		
Married/in a relationship	18	95%
Single/divorced	1	5%
Family responsibilities *		
Children	12	63%
Taking care of parents	4	21%
Taking care of other family members	1	5%
No family responsibilities	5	26%
Other	0	0%
Years of work experience since graduating		
Average (in years)	10	
Years working at TDH		
Less than 1 year	7	37%
1 to 2 years	5	26%
2 tot 3 years	2	11%
3 to 4 years	0	0%
4 to 5 years	2	11%
More than 5 years	3	16%
Currently working at TDH	13	68%
Planning to leave TDH in the next year		
No	5	38%
Yes,	8	62%
Planning to work in:		
Private Practice	1	13%
Specializing	5	63%
Working overseas	1	13%
Not working	0	0%
Public sector health facility	1	13%
Previously working at TDH	6	32%
Currently working at:		
Private Practice	0	0%
Specializing	3	50%
Working overseas	1	17%
Not working	0	0%
Public sector health facility	2	33%

** Total family responsibilities are 22. Three doctors indicated two family responsibilities.*

Analysis of the data of the focus group identified eight major themes with several sub-themes. (Table II)

Table II: Index of Themes and subthemes

1. **After-hours duty/calls**
    - 1.1. Workload during after-hours duty
    - 1.2. Impact on family/personal life
    - 1.3. Physical demands of after-hours duty
    - 1.4. Financial implications
2. **Working hours**
    - 2.1. Flexibility of working hours
    - 2.2. Alternative structuring of posts
3. **Factors perceived to influence workload**
    - 3.1. Poor performance by colleagues
    - 3.2. Lack of resources/infra-structure
    - 3.3. Support from higher levels of care
    - 3.4. Problems unique to Tshwane District Hospital
4. **Academic stimulation/career options**
    - 4.1. Learning opportunities
    - 4.2. Stimulating working environment
5. **Hospital management**
    - 5.1. Resources/working environment
    - 5.2. Consulting with doctors
    - 5.3. Handling of concerns from doctors
6. **Management of doctors**
    - 6.1. Guidelines governing doctors' performance/work ethics
    - 6.2. Discipline of doctors
    - 6.3. Accommodating individual needs
    - 6.4. Recognizing good performance
7. **Role of consultants**
    - 7.1. Availability and support from consultants
    - 7.2. Teaching and clinical input
8. **Internal motivation for working at/leaving Tshwane District Hospital**
    - 8.1. Personal life
    - 8.2. Work-related

After-hours duty or overtime was one of the most commonly mentioned issues. One doctor said: "I don't want to do calls either, if I can at all. I don't want to have to work a full day and I will fall significantly in my pay if I can get the times that I want to work, because that's important to me." Another female doctor agreed: "I think, I stopped because I fell pregnant, and I didn't want to work

those kinds of hours, in that time of night and because you're exhausted enough. And then afterwards when the baby is born, you don't want your husband to take care of him and give him a bath because you are sitting here looking after the rest of the Pretoria that's in the Casualty."

The statements made during the focus group about overtime were validated through the questionnaire. Most of the female doctors (68%) indicated that they do not want to work after-hours and even more of the male doctors (78%) concurred. All the doctors agreed that the calls are physically demanding and 95% of female doctors felt that the number of doctors on call is not enough to deal with the number of patients seen after hours. Male and female doctors feel that the time they spend at work after hours have a negative impact on their family and family responsibilities (78% and 79% respectively). A total of 79% of female doctors indicated that they are doing after-hours work because of the commuted overtime remuneration.

The second theme identified was working hours, specifically the flexibility of working hours. Female doctors feel that work hours are strict and do not allow them any flexibility to accommodate personal and family responsibilities. They hypothesized that, if work hours were more flexible, more female doctors with family responsibilities would be retained. Limited hour posts such as half–day, 5/8 posts or posts-sharing would be welcomed by the female doctors. They think that having posts with reduced hours would attract doctors to the hospital. A participant said: "The flexi time is an issue I think, specifically for female doctors that are all starting to get pregnant. If they could be a bit more approachable regarding flexi time I think they would be able to keep more female doctors."

The workload at Tshwane District Hospital was identified as a challenge by the doctors. A total of 64% of respondents to the questionnaire said that, in their opinion, the workload at Tshwane District Hospital is heavier than that of other district hospitals. The doctors in the focus group had specific opinions about the factors that they perceive influence the workload. One of the identified factors contributing to workload is the unequal contribution of doctors to the workload. No action is taken against doctors who do not perform adequately. One doctor described her view of the situation: "Even though they try to be so stringent, they monitor some doctors and other doctors they don't give two hoots about. So some people work their 40 hours and above and other people I don't think they work 40 hours." This was validated through the questionnaire with 67% of doctors disagreeing with a statement that said that doctors who perform poorly are disciplined by management. All participants of the focus group agreed that Tshwane District Hospital has some unique properties that make the workload heavier than that of the average district hospital. These include the location

of the hospital next to an academic hospital with many patients travelling from far with the hope of getting admitted to Steve Biko Hospital via Tshwane District Hospital

Female doctors identified the lack of academic stimulation at TDH as a work-related challenge but most respondents to the questionnaire (79%) indicated that they had opportunity to increase their knowledge while working at TDH. This was mostly done through practical experience and by input from senior colleagues.

The management and consultants at TDH received negative commentary in the focus group. One doctor stated:"And I think, and I am sure everybody will agree, if you want to get anything done at Tshwane you have to beg, cry and scream. You either do that or you give up. And you end up by normally giving up." Doctors were specifically unhappy with the failure of hospital management to consult with doctors before adding services or making big changes. All doctors in the focus group mentioned that management does not take concerns raised by the doctors seriously. Only 33% of respondents to the questionnaire feel that management addresses the issues raised by doctors and 22% were unsure if they do. The doctors who attended the focus group discussion feel that they are fighting a losing battle. The lack of support from the hospital management causes extreme frustration and anger: ". . . and then on top off everything else I would become so angry, because nothing was done, and I exploded 2 or 3 or 4 times and literally broke down and cried." The day to day management of the work performance of the medical officers was also identified as a problem. The doctors are dissatisfied with the fact that they do not have guidelines or rules to govern their performance. Only 26% of doctors feel that management accommodate the challenges that individuals face related to family responsibilities and personal issues. Management is seen as unapproachable. Doctors do not feel appreciated. "I feel personally, that you are not appreciated for what you do. For that extra mile that you walk or the time you take to sort out the problem that's been here for years." Above average performance is not recognized. The consultants received slightly better scores than the hospital management in the questionnaires. Half of the respondents (52%) said that their consultant ensures that they know what is expected from them and that their consultant is available to help when they have a clinical problem.

The overall job satisfaction level of doctors at TDH is low (46%). (Table III) Participants were asked to indicate how satisfied or dissatisfied they are/were with each item using a 5-point Lickert scale. The job satisfaction level of female doctors is less than those of male doctors although not statistically significant for most areas. (P-value <0.05)

Table III: Job satisfaction in female and male doctors at Tshwane District Hospital.

	Dissatisfied				Unsure				Satisfied				P-value
	Female		Male		Female		Male		Female		Male		
	N	%	N	%	N	%	N	%	N	%	N	%	
The physical work conditions	14	74	4	44	4	21	2	22	1	5	3	33	0.08
Your fellow workers	3	16	2	22	6	32	3	33	10	53	4	44	0.74
The recognition you get for good work	11	58	2	22	5	26	3	33	3	16	4	44	0.13
Your senior\consultant	8	42	2	22	6	32	2	22	5	26	5	56	0.25
The amount of responsibility you are given	5	26	0	0	4	21	1	11	10	53	8	89	0.05
Your salary	6	32	3	33	4	21	3	33	9	47	3	33	0.82
Your opportunity to use your skills	1	5	0	0	3	16	2	22	15	79	7	78	0.71
Your chance of promotion	9	47	3	33	8	42	4	44	2	11	2	22	0.71
The way the hospital is managed	11	58	3	33	7	37	3	33	1	5	3	33	0.32
The attention paid to suggestions you make	7	37	2	22	6	32	2	22	6	32	5	56	0.56
Your hours of work	8	42	3	33	2	11	2	22	9	47	4	44	0.94
The amount of variety in your job	4	21	2	22	2	11	1	11	13	68	6	67	0.63
Taking everything into consideration, how do you feel about your job as a whole?	7	37	4	44	4	21	0	0	8	42	5	56	0.94

The results of the assessment of burnout in the doctors at Tshwane District Hospital show that 64% (N=18) have symptoms of burnout ranging from having one or more symptoms (46%), having persistent symptoms of burnout (14%) to being completely burned out (4%). More female doctors than male doctors reported having symptoms of burnout (P-value 0.35) (Figure 1).

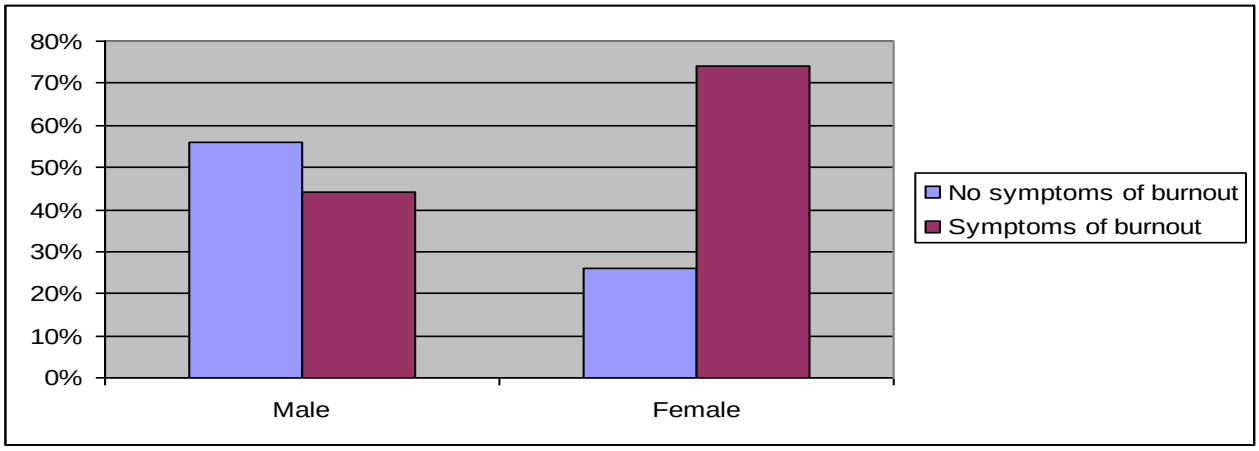

Figure 1: Reported symptoms of burnout in doctors at Tshwane District Hospital

The results further show that female doctors with family responsibilities at TDH are more likely to report symptoms of burnout than their female colleagues with no family responsibilities (Figure 2).

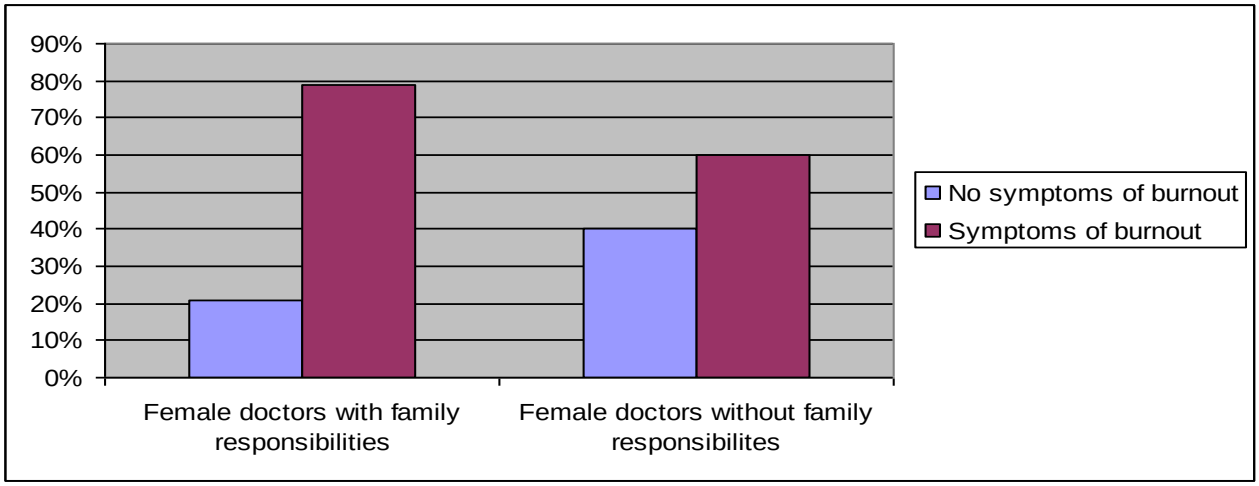

Figure 2: Reported symptoms of burnout in female doctors Tshwane District Hospital

Analysis of the data from the focus group revealed eight factors that female doctors consider when deciding about a specific job. All these factors have been validated as important through the questionnaire. (Table IV) Male doctors also rated all eight factors as important but added less value than female doctors to having flexible work hours and being able to work part time. Other factors that were included by respondents to the questionnaires are: distance from home (N=6), distance from children's schools (N=1), safe work environment (N=2) and being part of a work team with high standards of work ethics (N=3)

Table IV: Factors influencing career decisions of female doctors at TDH *

	Not important		Unsure of importance		Important		Total
	Females		Females		Females		
	N	%	N	%	N	%	
Having flexible work hours	0	0%	0	0%	19	100%	19
Having a choice about the amount of after hours	0	0%	0	0%	19	100%	19
Being allowed to work part-time if you choose to do so	0	0%	1	6%	18	94%	19
The salary	1	6%	0	0%	18	94%	19
Having benefits like annual leave and maternity leave	0	0%	0	0%	19	100%	19
Having the opportunity to work with under-privileged patients	3	17%	5	28%	11	56%	19
Having a predictable daily working schedule	2	11%	1	6%	16	83%	19
Having opportunity for learning and academic stimulation at work	0	0%	1	6%	18	94%	19

** TDH=Tshwane District Hospital*

Discussion

More than two thirds of doctors at Tshwane District Hospital are female. The majority of the female doctors are younger than 40 years, are married or in a relationship, and have children or other family responsibilities. Most of the female doctors have worked at TDH for less than two years and of the female doctors currently working at the hospital, 62% plan to leave TDH in the next year. This indicates a high turnover of doctors and could have a negative impact on patient care. The gender profile at TDH is explained by evidence that female graduates in South Africa have increased to 56% of medical graduates in 2005.[3] Some of the advantages of female doctors are that they are more likely to adopt a patient-centered approach, and to practice in primary care and among the poor.[8] A study exploring career trends of WITS medical graduates found that there is a clear trend indicating that doctors spend the early part of their careers in the public sector and then move to the private sector. Female doctors tend to spend more full-time equivalent years in the public sector than men.[6]

Female doctors at TDH have slightly lower levels of job satisfaction than their male colleagues. A study on the career satisfaction of US women physicians reported that younger physicians, and those having least work control or most work stress, reported the most work dissatisfaction.[12] However, the fact that less than half of female doctors in this study reported overall job satisfaction is reason for concern.

More female than male doctors reported symptoms of burnout. Female doctors with family responsibilities were most likely to report symptoms of burnout. Several studies have found that female physicians are struggling to find a balance between their career and personal life, increasing the probability of burnout.[11,13] Female doctors are more likely than males to suffer from sleep deprivation and to report being preoccupied with domestic chores. One study reported that the role conflicts and time stressors reported by female doctors with children appeared to create career conflicts, resulting in more females working part time.[10]

Structure of work hours, specifically flexible work hours and availability of part-time work, are important to female doctors at TDH. Work hours are one of the factors contributing to the low

level of job satisfaction of female doctors. There are no part time jobs for doctors at TDH and work hours are fixed.

The literature shows that an increasing number of physicians are now choosing to work part-time.[14,15] Female doctors are more likely to work part time than male doctors. This is primarily due to family commitments. Most studies of part-time work in medicine have been done in academic settings. Part-time work is attractive to two general groups of physicians: those who want to pursue academic interests such as research and those who want to balance a career with family or interests outside medicine. Men have historically chosen to work part-time close to retirement, but younger males are increasingly making career choices for family and personal reasons.[16] Studies that compared full time physicians to part-time physicians suggest that part-time physicians have higher job satisfaction and productivity, equal or higher-quality performance and similar patient satisfaction.[15] Physicians working more than 65 hours per week are less likely to be satisfied with their family and personal time.[17] Flexibility of work hours are also rated as important. Studies have found that medical students prefer work environments they perceive as more flexible and choose specialties based on this.[18]

The finding that most female doctors at TDH do not want to do overtime is supported by a study among final year medical student in South Africa that showed that 47% of females were not inclined to work overtime during most of their careers.[19] The new generation of general practitioners, both male and female, are less career-orientated.[20] They value a well-balanced integration of professional and private life.

The work related challenges reported by female doctors at TDH are supported by other studies. Interns working in public hospitals[21] and doctors working in rural public hospitals[22,23] report similar stress inducing factors namely understaffing, excessive workload, long working hours and dissatisfaction with hospital management. Many doctors are leaving the public sector and the country. The main reasons for doctors leaving are financial factors, better job opportunities and the high crime rate. Doctors feel that there is a decline of health services at state hospitals and that they are powerless to change the factors causing this decline. As a result of the lack of senior medical practitioners, district hospitals rely heavily on interns and community service doctors.[24]

Limitations of study

A limitation of the study is the relative small size of the study sample. The setting of the study is limited to one district hospital and findings cannot be extrapolated to other urban district hospitals or rural district hospitals. The data was not analyzed for different age cohorts. No differentiation was made in the analysis of job satisfaction or burnout between doctors currently or previously employed at the hospital. Recall bias might exist for doctors who are not currently working at the hospital.

Invitations to participate in the focus group were sent to all female doctors in the study sample. The purpose of the discussion was explained in the invitation. Although some doctors were probably prevented from attending due to other obligations, one has to consider the possibility that people who have strong opinions about the subject, or special interest in the topic, made a more concerted effort to attend. This could have resulted in a biased view of the situation.

The strengths of the study are the diversity of the participants of the focus group and the representative gender profile of the respondents to the questionnaire.

Conclusions

Young female doctors comprise the majority of the workforce at TDH. The demographic profile is unlikely to change, and the proportion of female doctors in the childbearing age group will probably increase in the next few years. Young doctors make career choices based on factors such as income expectations, working hours, and availability of part-time work.[24] They value job flexibility, autonomy and income. Doctors at TDH have low levels of job satisfaction. Female doctors with family responsibilities are most likely to suffer from burnout. Most doctors do not want to do overtime work. The workload at TDH is perceived as very heavy by the participants in this study. The relationship between doctors and the hospital management are not optimal.

Recommendations

An attempt should be made to make the work environment more attractive for young female doctors with family responsibilities if the high turnover of female doctors at TDH is to be decreased.

A strengthening of the relationship between the doctors and hospital management at TDH is needed. The fact that female physicians have to fulfill multiple roles must be appreciated and accommodated. Recognition for the work of female doctors at TDH should be given.

The traditional medical career structure is unlikely to be the solution for the current work-force problems. However, these conclusions carry certain implications. Part-time work reduces service capacity and has cost implications. It also carries the risk that full-time doctors, both male and female, might feel that their capacity is being overstretched.[25] Alternative work models that recognize the work preferences of female doctors without compromising patient care should be explored. The ultimate goal is to reduce the shortage of doctors in the overburden public health sector. Further studies to determine the way this could be accomplished are needed.

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