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Factors influencing female doctors' career decisions at Tshwane District Hospital, Pretoria

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Introduction: Most doctors at Tshwane District Hospital in Pretoria are women who experience difficulty combining a career with family responsibilities because of lack of flexitime or part-time posts. They are also frustrated by the hospital management's apparent indifference to their concerns. Consequently, female doctors tend to leave Tshwane District to pursue their careers elsewhere. This study explored factors that influence the career choices of female doctors at Tshwane District Hospital in Pretoria.

Method: Of sixty-two doctors working at Tshwane District Hospital in Pretoria between January 2008 and July 2011, 47 were traced, and 28 completed a four-part, self-administered questionnaire constructed round eight themes that emerged from a focus group discussion involving six female doctors. Questions on levels of burnout and job satisfaction, based on existing validated questionnaires, were included. Of the 28 doctors who completed the questionnaire, 19 were female and nine male. The median age group was 30–39 years.

Results: Forty-six per cent of doctors reported overall job satisfaction. Female doctors were less satisfied than male doctors. Sixty-four per cent reported symptoms of burnout, while a worrying 18% reported either persisting symptoms or complete burnout. The majority of female doctors would prefer to work flexitime and to have the option of part-time employment in an academically stimulating environment. Many of the doctors who participated in the study at Tshwane District Hospital plan to pursue their careers outside the public sector in order to balance their family responsibilities with their professional lives.

Conclusion: Female doctors at Tshwane District Hospital reported having low job satisfaction, an inflexible work schedule, a heavy workload and being given little recognition for their contribution. Together, these factors probably account for the high turnover of doctors at Tshwane District Hospital. If doctor retention is to be improved in public sector facilities, such as Tshwane District Hospital, the particular needs of female doctors with family responsibilities must be addressed.

Keywords: burnout, family responsibilities, female doctors, flexitime, focus groups, professional

Introduction

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, as opposed 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 healthcare institutions in South Africa had difficulty filling existing posts. There were more than 4 000 vacancies for general practitioners and 32 000 vacancies for nurses.¹ Approximately 63% of South African general practitioners work in the private sector, serving the needs of less than 20% of the population. Clearly, the retention of doctors in the public health sector is crucial to public sector service delivery. Research has shown that doctors leave the public sector and the country for reasons that include poor working conditions, poor benefit packages for medical officers and weak retention policies.²

Early women pioneers in medicine were subjected to many restrictions during their training and in their careers.³ Although improvements have been made since then regarding respect and equal opportunities, discriminatory attitudes and practices still persist. In households where both partners have careers, women still spend more time carrying out domestic work and child care than men.⁴ Women have traditionally reduced their work commitments to look after their children. The medical profession has a long tradition of requiring long hours of clinical work, without regard for career diversity or a work-life balance. Female doctors have difficulty balancing their professional and

their private lives, and this places them under great pressure and diminishes their levels of job satisfaction.⁵

Aim of the study

This study was conducted in Tshwane District Hospital in Pretoria in order to identify factors that influence women medical officers in their choices with regard to furthering their careers in public sector district health and primary care. This study was conducted to learn whether or not female doctors leave the public sector for the same reasons as male doctors, or whether they leave for reasons linking to their roles as women with family responsibilities. The objectives of the study were to:

- Describe the profile of female doctors who worked at Tshwane District Hospital from 2008 to 2011 with respect to their age, relationship status and family responsibilities.
- Explore how they experienced their work and how it related to their family life, and to determine their job satisfaction and job stress levels.
- Compare their job satisfaction levels and the presence of burnout with that experienced by male colleagues at Tshwane District Hospital by means of a validated questionnaire.
- Identify factors that influenced female doctors' career decisions at Tshwane District Hospital.

Method

The study was conducted in two stages, i.e. an initial focus group discussion and a secondary survey through the use of a self-administered questionnaire.

Stage 1: The focus group discussion

Six female doctors employed at Tshwane District Hospital between January 2008 and July 2011 participated in a focus group discussion, intended to explore their work experience, the difficulties they encountered at work and factors that influenced their career decisions. Eight themes emerged from their deliberations: after-hours duty, number of working hours, perceived workload, academic stimulation, hospital management, the management of doctors, the role of consultants, and the reasons given by the female doctors for remaining at or leaving Tshwane District Hospital. These themes were used to construct a self-administered questionnaire for use in stage 2 of the study. The questionnaire was piloted in a community health centre and amended before being utilised in the study.

Stage 2: The four-part questionnaire

Doctors employed at Tshwane District Hospital between January 2008 and July 2011 (excluding interns) were identified. Those who could be traced were invited, either directly or by email, to complete a four-part questionnaire. The obtained sample constituted a response rate of 60% (Table 1).

The questionnaire used to survey doctors at Tshwane District Hospital consisted of four parts. Together, these four elements allowed the investigator to assess their views on the themes generated by the focus group discussion. The survey elements included:

- (1) The demographic details of the female doctors.
- (2) Factors that influenced the doctors' career decisions and their Tshwane District Hospital work experience.
- (3) Burnout, assessed using a tool derived from the Maslach Burnout Inventory.⁶⁻⁸
- (4) Job satisfaction, measured using an adapted Warr-Cook-Wall measurement tool.

Doctors reported their burnout status against the five following statement options:⁶

- (1) 'I enjoy my work. I have no symptoms of burnout'.
- (2) 'Occasionally, I am under stress, and don't always have as much energy as I once did, but I don't feel burnt out'.
- (3) 'I am definitely burning out, and have one or more symptoms of burnout, such as physical and emotional exhaustion'.
- (4) 'The symptoms of burnout that I am experiencing won't go away. I think about frustration at work a lot'.
- (5) 'I feel completely burnt out, and often wonder if I can go on. I am at the point where I may need to make some changes or seek some sort of help'.

Doctors who selected categories 1 and 2 when describing their burnout status were rated as not showing signs of it, while those who opted for categories 3, 4 or 5, were recorded as showing symptoms of burnout.

The focus group discussion data were analysed using the framework approach. Themes and subthemes were identified, indexed and charted. The charts were used to develop theories

and explore conflicting opinions. The recordings of the focus group's deliberations were securely stored. The data obtained from the questionnaires were entered into an Excel® database, and the Mann-Whitney U test was used to compare the different groups. Data confidentiality was maintained at all times.

Results

Qualitative results

Analysis of the focus group data resulted in identification of the following themes: concerns about working after hours and being on call, concerns about flexible working hours, factors perceived to influence the high workload, the need for academic stimulation and career options, as well as lack of support from and open communication with the hospital management.

Concerns about working after hours and being on call

Respondents were ambivalent about after-hours work as on the one hand, the additional income was important, but on the other, they did not want to prioritise being on call over their responsibilities as a mother or caregiver:

'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'.

'I think I stopped because I fell pregnant, and I didn't want to work those kinds of hours, at 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 Pretoria who's in casualty'.

Concerns about flexible working hours

Female doctors felt that the working hours were rigid, and did not allow them any flexibility to enable them to accommodate personal and family responsibilities. It was believed that, if working hours were more flexible, the services of an increasing number of female doctors with family responsibilities would be retained, and more female doctors would be inspired to work there. Female doctors indicated that they would welcome the introduction of half-day posts, 5/8 posts or shared posts. One participant said:

'The flexitime is an issue, I think, specifically for female doctors who are all starting to get pregnant. If they could be a bit more approachable regarding flexitime, I think they would be able to keep more female doctors'.

Factors perceived to influence the high workload

The doctors in the focus group discussion held specific opinions on the factors that they perceived to influence their workload. The participants of the focus group discussion all agreed that there was a heavier workload at Tshwane District Hospital than that at other district hospitals. The location of the hospital, being positioned next to an academic hospital was a factor that affected

Table 1: The sample of doctors surveyed at Tshwane District Hospital

Doctor sample	Female	Male	Total	Currently at Tshwane District Hospital
All doctors employed from January 2008 to July 2011	42	20	62	33
Doctors who were traced and contacted	31	16	47	25
Doctors who completed the questionnaire	19	9	28	19

the workload. Many patients travelled from far away with the hope of being admitted to the academic hospital via the district hospital. One of the identified factors that contributed to the workload was the unequal contribution of doctors to the workload. Action was not taken against doctors who did not perform adequately, so more accountability is needed. 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.'

The need for academic stimulation and career options

The doctors in the focus group indicated that they valued a work environment that was academically stimulating. Having opportunities for further training and development were important in their choice of a workplace:

'I would leave to further my career, to specialise.'

'The main reason I would leave here is that there is no way for me here to further myself.'

Lack of support from and open communication with the hospital management

Doctors were concerned about their working environment and about management's unwillingness to listen to their concerns, as well as the need for guidelines with regard to their performance and discipline. They also noted the importance of teaching and support from consultants. One doctor remarked:

'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 hospital management's failure to consult with them before the addition of new services or making significant changes thereto. Participants reported that management failed to take their concerns seriously, and that they were 'fighting a losing battle'. Lack of support and appreciation from the hospital management caused frustration and anger. As one doctor commented:

'...and then on top of everything else, I would become so angry, because nothing was done, and I exploded two or three or four times, and literally broke down and cried.'

'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.'

Quantitative results

The following results were obtained from the questionnaire, and pertained to the demographic details of the female doctors at Tshwane District Hospital, factors that influenced doctors' career decisions, burnout and job satisfaction.

The demographic details of female doctors at Tshwane District Hospital

Demographic information pertaining to the 19 female doctors who completed the questionnaire is given in Table 2. Thirteen (68%) were currently working and 6 (32%) were previously employed at Tshwane District Hospital. The mean number of years since graduating was 10.

It was noteworthy that eight of the 13 female doctors planned to leave Tshwane District Hospital within a year, and that most of them had family responsibilities.

Table 2: The demographic details of female doctors at Tshwane District Hospital

Demographic information	n	%
Age (years)		
20–29	5	26
30–39	10	53
40–49	3	16
50–59	0	0
≥ 60	1	5
Relationship status		
Married or in a relationship	18	95
Single or 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
Years working at Tshwane District Hospital		
< 1 year	7	37
1–5 years	9	48
> 5 years	3	16
Planning to leave Tshwane District Hospital in the next year		
No	5	38
Yes	8	62

Factors that influenced female doctors' career decisions

An evaluation of the factors that arose from the focus group discussions, and which were thought to influence female doctors' career decisions, is shown in Table 3. More than 90% of the respondents confirmed that the having the option of working on a flexitime basis, choice with regard to whether or not to meet overtime commitments, the opportunity to work part-time, and receiving adequate leave benefits and salary; as well as having access to opportunities for professional growth, were important to them with respect to their career decisions. There was less support for having a predictable daily work schedule and the value of working with patients from underprivileged communities. Other issues raised by respondents in the questionnaires were distance from home ($n = 6$), distance from their children's schools ($n = 1$), being in a safe working environment ($n = 2$) and being part of a team with high standards with regard to its work ethic ($n = 3$).

Thirteen (68%) of the female doctors indicated that they did not want to work after hours, and 7 (78%) of the male doctors concurred. All of the doctors agreed that the calls were physically demanding and 18 (95%) of the female doctors believed that too few doctors were on call to deal with the number of patients seen after hours. At the time of this study, doctors working after hours in the emergency unit at Tshwane District Hospital were responsible for the maternity unit and wards, as well as seeing patients in the emergency unit. Twenty-two (80%) of the doctors indicated that the time that they spent at work after hours adversely affected their families and family responsibilities.

Fifteen (79%) of the female doctors reported that they undertook after-hours work because of the associated commuted overtime payment.

Working hours and workload were both identified as challenges by doctors at Tshwane District Hospital. Sixty-four per cent of the respondents to the questionnaire said that, in their opinion, the workload at Tshwane District Hospital was heavier than that of other district hospitals. The hospital is one of three district hospitals in Tshwane (Pretoria). It is situated in the old buildings of the Pretoria Academic Hospital, and offers primary health care, emergency services, basic surgical services, obstetric and child health care, psychiatric services and general medical care. The medical practitioner corps consists of family physicians, family medicine registrars, medical officers, community service officers and interns.

Regarding academic stimulation, 79% of the respondents to the questionnaire indicated that they could improve their knowledge, mainly through practical experience and advice from senior colleagues. This finding was at variance with the findings from the focus group discussions.

Concerning hospital management and consultants, 33% of respondents reported that management addressed the issues raised by doctors, while 22% were unsure as to whether or not they did so. The day-to-day management of the work performance of the medical officers was also identified as a problem. Doctors were dissatisfied with the lack of clear guidance on what was expected of them, and said that superior performance was not recognised. Consultants received slightly better scores than the hospital management in the questionnaires. Over half of the respondents said that their consultants ensured that they knew what was expected of them and that they were available to help them with clinical problems. With the exception of one consultant, all of the respondents to the questionnaires were medical officers.

Burnout

Nineteen (64%) of all doctors reported symptoms of burnout and 5 (18%) said that they had persistent symptoms of burnout, or were completely burnt out. More female than male doctors reported burnout symptoms, and more female doctors with family responsibilities reported burnout symptoms than female doctors without them.

Job satisfaction

Table 4 presents the results with regard to the male and female doctors' job satisfaction levels. Overall, men were more satisfied in seven of the 12 specific areas, as well as generally.

The overall job satisfaction level of doctors at Tshwane District Hospital was low. Only 13 (46%) of the doctors stating that they were satisfied. The only area where a statistically significant difference was demonstrated was with respect to the degree of responsibility given. Male doctors were more satisfied in this regard.

Discussion

Over 60% of the female doctors currently working at Tshwane District Hospital at the time that the study took place planned to leave the hospital within a year. Female doctors at Tshwane District Hospital reported slightly lower levels of job satisfaction than their male colleagues, although the sample was underpowered to make this comparison. The fact that less than half of the female doctors in this study reported overall job satisfaction is concerning. The possibility of flexibility, with respect to the number of hours worked and the availability of part-time work, was important to female doctors at Tshwane District Hospital. The number of hours worked was a factor that contributed to the low level of job satisfaction among the female doctors. At the time of the study, there were no part-time jobs for doctors at Tshwane District Hospital and the number of working hours was fixed.

Table 3: Factors influencing female doctors' career decisions at Tshwane District Hospital ($n = 19$)

Factors	Not important		Unsure of importance		Important	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Having flexible work hours	0	0	0	0	19	100
Having a choice about the number of after hours worked	0	0	0	0	19	100
Being allowed to work part-time if desired	0	0	1	6	18	94
Salary	1	6	0	0	18	94
Having benefits like annual leave and maternity leave	0	0	0	0	19	100
Having the opportunity to work with under-privileged patients	3	17	5	28	11	56
Having a predictable daily working schedule	2	11	1	6	16	83
Having the opportunity of learning and academic stimulation at work	0	0	1	6	18	94

Table 4: The job satisfaction of doctors at Tshwane District Hospital

Job satisfaction determinants	Satisfied				p-value
	Female doctors, n = 19		Male doctors, n = 9		
	n	%	n	%	
The physical work conditions	1	5	3	33	0.08
Your fellow workers	10	53	4	44	0.74
The recognition you receive for good work performed	3	16	4	44	0.13
Your senior consultant	5	26	5	56	0.25
The amount of responsibility that you are given	10	53	8	89	0.05
Your salary	9	47	3	33	0.82
The opportunity to use your skills	15	79	7	78	0.71
Your chance of promotion	2	11	2	22	0.71
The way in which the hospital is managed	1	5	3	33	0.32
The attention that is paid to suggestions that you make	6	32	5	56	0.56
Your hours of work	9	47	4	44	0.94
The degree of variety in your job	13	68	6	67	0.63
Taking everything into consideration, how do you feel about your job as a whole?	8	42	5	56	0.94

In 2005, 56% of medical graduates in South Africa were women,⁹ and female medical graduates now outnumber male graduates. This was reflected in the gender profile at Tshwane District Hospital. Female doctors are more likely to adopt a patient-centered approach, practise primary care, work among the poor and spend more full-time equivalent years in the public sector than men.^{10,11}

This demographic profile is unlikely to change, and the proportion of female doctors in the childbearing age group could increase in the next few years. These doctors make career choices based on factors such as income expectations, working hours and the availability of part-time work.¹²

More female than male doctors reported symptoms of burnout. Female doctors with family responsibilities were most likely to report burnout symptoms.^{5,13} Female doctors found it challenging to have to balance their professional and personal lives, and this increased the likelihood of developing burnout. Female doctors were more likely than male doctors to suffer from sleep deprivation, and to report being preoccupied with domestic chores. One study reported that role conflict and time stressors reported by female doctors with children led to career conflict, resulting in more of them working part-time.⁴

Doctors increasingly now choose to work part-time and female doctors are more likely to work part-time than their male counterparts.^{14,15} These findings were supported by this study. Ninety-four per cent of female doctors, compared to 67% of male doctors, rated being given the option of working part-time as important. Overall, 85% of all of the participants would have appreciated the opportunity of being able to engage in part-time work. This was primarily owing to family commitments. Part-time work is attractive to physicians who want to pursue academic interests, such as research, as well as to those who wish to balance their careers with family or other interests. Men have historically chosen to work part-time close to retirement, but younger men are increasingly making career choices for family and personal reasons.^{15,16} Doctors working more than 65 hours per week are less likely to be satisfied with their family and personal time.¹⁷ Medical students prefer work environments perceived by them to be flexible, and choose specialties based on this.¹⁸

The finding that most of the female doctors at Tshwane District Hospital who participated in the study did not want to work overtime is supported by a study on final-year medical students in South Africa, in which it was demonstrated that 47% of women were not inclined to work overtime for most of their careers. The new generation of both male and female general practitioners is less career orientated than its predecessors.¹⁹

The work-related challenges reported by female doctors at Tshwane District Hospital are supported by other studies. Interns working in public hospitals²⁰ and doctors working in rural public hospitals^{12,21} report similar stress-inducing factors, such as understaffing, an excessive workload, long working hours and dissatisfaction with the hospital management. Many doctors leave public sector employment and South Africa, principally on account of financial considerations, better job opportunities elsewhere and South Africa's high crime rate.

The traditional medical career structure is unlikely to be a solution to current workforce problems. However, it should be understood that these conclusions carry certain implications. Part-time work reduces service capacity and could escalate costs. It also carries the risk of full-time doctors finding that their capacity is overstretched.²² Alternative work models which recognise female doctors' work preferences, without compromising patient care, should be explored. The ultimate goal should be to increase doctor retention and reduce the shortage of doctors in the overburdened public health sector.

Limitations

All female doctors employed at Tshwane District Hospital during the research period were invited to participate in the focus group discussions. Consideration has to be given to the possibility that those who held strong opinions on, or a special interest in, the subject, would have been more likely to attend, and thus, this could have led to a biased outcome. Two thirds of the respondents to the questionnaires had been working or worked at Tshwane District Hospital for less than two years. The sample size was small and therefore underpowered to make a comparison between male and female doctors, for example.

Conclusion

This research demonstrated that doctors at Tshwane District Hospital value job flexibility, autonomy and income. The majority of doctors at Tshwane District Hospital reported low levels of job satisfaction. Female doctors with family responsibilities are more likely to report burnout symptoms. Most of the doctors did not want to work overtime. The workload at Tshwane District Hospital was perceived to be very heavy by the participants in this study. The relationship between the doctors and the hospital management was less than ideal. An attempt should be made to ensure that the work environment is more attractive for young, female doctors with family responsibilities if the high turnover of female doctors at Tshwane District Hospital is to decrease. The relationship between the doctors and hospital management at Tshwane District Hospital should be strengthened. The particular needs of female doctors need to be addressed and their contribution acknowledged by hospital management if doctor retention in the public sector is to improve.

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