

## Career Plan of Junior Doctors in a Tertiary Healthcare Institution of West Bengal, India.

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### Abstract:

**Background:** Making career plan creates strong motivation in students. A study of a comprehensive career plan of young doctors also helps to assess the healthcare needs of the nation. **Objectives:** The objectives of the present study was to describe socio-demographic and academic profile, details of career planning, obstacles and motivation in career path of young doctors included in the study. **Methodology:** It was a descriptive epidemiological, cross-sectional study, conducted among 83 Internee of R. G. Kar Medical College, during August – October 2019. A pre-designed and pre-tested questionnaire was used to collect data. Data was compiled in Excel worksheet in computer, calculation of statistical averages and proportions, tabulation, chi-square were done for examining statistical significance at  $p < 0.05$  significance level. **Result:** Among 83 Junior Doctors 42.17% were female, mean age of the participants was  $23.31 \pm 1.80$  years, 90.36% belonged to West Bengal, 97.59% were unmarried. 19.28% had some doctor member or relatives in the family. 81.93% junior doctor came in this profession by choice. All the junior doctors had aspiration for post-graduate studies except 1.20%; 50.60% had aspiration for medicine and 48.19% had interest in surgical discipline. 33.73% of the Junior Doctor aspired to study abroad and 14.46% wanted to settle abroad. 68.67% wanted to do job in both Private and Government sectors, 18.07% wanted to work in Government sector and 13.25% wanted to work in Private sector only. Regarding career positions, 57.83% wanted to see themselves doing or completed post-graduation after five years; 20.48% wanted to either pursue or complete higher degree after ten years; all wanted to work successfully as doctor after fifteen years; all wanted to see themselves as successful doctor after twenty years and few wanted to make some advancement in their field after twenty five years. 27.71% had some role model for career aspiration. 33.73% faced some obstacle in career path including enormous pressure, faulty education and examination system, reservation quota, or Government's policy in health care delivery. **Conclusion:** Slightly more than half of the participant junior doctors made career plan and very few of them made it on paper. One quarter of the participants had some role model and one third had faced some obstacle in career path. Despite many obstacles, most of the doctors wanted to complete post-graduate and even further qualifications and wanted to see themselves as good medical practitioners.

**Key words:** Career plan, junior doctors, West Bengal

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### I. Introduction

Career is a position in the life of a person in which the person wants to see himself/herself in future. Career is a fundamental aspiration of most human beings. Career aspiration increases with professional studies. On one side showing career can show prospect and motivate a person to pursue the career ladder, on other hand career plan creates strong internal motivation among the incumbent. There are limited studies on career aspiration aspects of the medical students; however, they are not comprehensive including motivators and barriers in career path.

With this background, the present study was planned with the objective of describing socio-demographic and academic profile of the junior doctors, details of career planning, obstacles and motivation in career path of young doctors included in the study.

### II. Methodology

It was a descriptive epidemiological study, cross-sectional in design, conducted at R. G. Kar Medical College, during August – October 2019. All the Internee of R.G. Kar Medical College posted during the period of study constituted the population under study. All the Internee posted in different departments who consented to participated in the study considered as the samples. 83 such junior doctors were found as sample. A pre-

designed and pre-tested questionnaire was used to collect data. Variables included in the questionnaire were – socio-demographic information, intension to get entry in this professional study, academic aspiration in future, future aspiration of marriage and its details, carrier projection at 5,10,15,20 and 25years, role model for pursuing career and anticipated obstacles during their career persuasion. Data was compiled in Excel worksheet in computer, calculation of statistical averages and proportions, tabulation, chi-square were done for examining statistical significance at  $p < 0.05$  significance level.

### **III. Result**

83 Junior Doctors had participated in the study; among which 48(57.83%) were male and 35(42.17%) were female. Mean age of males was  $23.4 \pm 1.64$  years, range being 22-25 years, mean age of females was  $23.17 \pm 1.96$  years, range 21-26 years and mean age of the whole group was  $23.31 \pm 1.80$  years, range being 21-26 years. 68(81.93%) of the junior doctors were Hindu, 12(14.46%) were Muslim and other 3(3.60%) were Jain, Sikh and Atheist. Among Hindu more male than female (87.50% and 74.29%) and among Muslim more female than male junior doctors (22.86% and 8.33%) were found. 70(84.34%) junior doctors were from general caste and 13(15.66%) were from the SC/ST/OBC category. The Medical College placed in West Bengal had 75(90.36%) junior doctors from West Bengal, followed by 3(3.61%) from Uttar Pradesh, 2(2.41%) each from Bihar and Maharashtra and 1(1.20%) from Rajasthan. Among participants under study 47(56.63%) had residence in municipality area, 20(24.10%) lived in corporation area and 16(19.28%) in Panchayat area. 66(79.52%) participants had Bengali mother tongue, 15(18.07%) had Hindi and 1(1.20%) each had Punjabi and Urdu mother tongue. (Table -1) All the participants were unmarried (97.59%) except 1 married male and 1 married female.

16(19.28%) junior doctors had some doctor member or relatives in the family. 2(2.41%) had both parents, 3(3.61%) had father, 2(2.41%) each had sister, grand-father, uncle/ uncle & aunt, 3(3.61%) had cousin, 1 (1.20%) had cousin and uncle doctor in the family, 1(1.20%) had not specified the doctor member in the family. 68(81.93%) junior doctors came in this study and profession by choice and rest 15(18.07%) needed persuasion to join the medical profession. 5(6.02%) were pushed by both parents, 6(7.23%) by father, 2(2.41%) by mother, 1(1.20%) mentioned as financial condition of the family and 1(1.20%) not mentioned the person who had persuaded the participant to join this profession. All the junior doctors had aspiration for post-graduate studies except 1(1.20%); 42(50.60%) had aspiration for medical/ medicine and 40(48.19%) had surgical discipline. Among medical discipline 26(61.90%) had choice for medicine, 6(14.29%) opted pediatrics, 3(7.14%) for dermatology, 2(4.76%) for psychiatry, 1(2.38%) each for pathology, radiodiagnosis, radiotherapy, emergency medicine and family medicine, 2(4.67%) did not mention about their medical speciality discipline and 1(2.38%) was yet to decide his medical discipline. Among surgical post-graduate discipline 22(55.00) opted general surgery, 8(20.00) – gynae & obs, 6(15.00) - orthopaedics, 2(5.00) each in eye and ENT, 1(2.50) had not yet decided (Table 2).

Regarding highest academic aspiration, 1(1.20%) wanted to complete graduation only, 20(24.10%) as Masters in medical discipline, 18(21.69%) as Masters in surgical discipline, 21(25.30%) each wanted to do DM and MCh in some discipline, 1(1.20%) each wanted to pursue MRCP and PhD (Table 3).

28(33.73%) of the Junior Doctors wanted to study abroad, 53(63.86%) did not want so and 1(1.20%) each had yet not thought in this matter and was not sure. 71(85.54%) did not want to settle abroad, 12(14.46%) wanted to settle abroad.

57(68.67%) wanted to do job in both Private and Government sectors, 15(18.07%) wanted to work in Government sector and 11(13.25%) wanted to work in Private sector only.

Regarding plan for marriage, 52(62.65%) expected to marry, 8(9.64%) said that they will not marry, 22(26.51%) were undecided about marriage, 1(1.20%) was already married. Among those who wished to marry, 23(44.23%) want to marry a doctor, 10(19.23%) - working in other profession/occupation, 2(3.85%) - homemaker, 15(28.85%) had not thought and 2(3.85%) had not mentioned.

Among 52 junior doctors who decided to marry, 50 said that they can marry at an average of  $29.02 \pm 2.92$  years of age and 2 had not mentioned about their age of marriage. Mean age of males was  $29.24 \pm 3.08$  years and for females it was  $28.56 \pm 2.42$  years. The difference is not statistically significant at  $p < 0.05$ .

Junior doctors under study were enquired about their career aspiration after 5, 10, 15, 20 and 25 years. After five years 32(38.55%) wanted to see themselves doing post-graduation, 16(19.28%) – completed post-graduation, another 16(19.28%) – practising doctor/ good physician, 4(4.82%) – practising surgeon, 1(1.20%) – working in private hospital, 1(1.20%) – settled abroad and 13(15.66%) – had not mentioned their career vision (Diagram 1).

After ten years 1(1.20%) wanted to see him completed post-graduation, 4(4.82%) – doing residency, 9(10.84%) – DM/ MCh trainee/ pursuing higher degree, 8(9.64%) – completed DM/MCh, 21(25.30%) –

practising doctor/ successful clinician, 6(7.23%) – practising surgeon, 14(16.87%) – doing Government/ private job, 4(4.82%) – studying/settled abroad and 16(19.28%) – had not mentioned their career position (Diagram 2).

After fifteen years 29(34.94%) wanted to see themselves as successful/ good clinicians, 15(18.07%) – doing Government/ private job/ own clinic, 6(7.23%) – successful surgeon in varied area (arthoscopic & sports injury consultant, orthopaedic surgeon, cardiac surgeon), 4(4.82%) – teacher doctor, 1(1.20%) – completed MRCS, 1(1.20%) – publication in a reputed medical journal and attained recognition, 3(3.61%) – practising/settled abroad, 1(1.20%) – as a family man and 23(27.71%) – had not mentioned their career position (Diagram 3).

After twenty years 27(32.53%) wanted to see themselves as successful/ good clinicians, 12(14.46%) – doing Government/ private job/ own clinic, 6(7.23%) – teacher/ senior professor, 2(2.41%) – surgeon, 2(2.41%) – settled/ practising abroad, 5(6.02%) – well settled/ and successful, 1(1.20%) – satisfied guitarist, 1(1.20%) – married with child and 27(32.53%) – had not mentioned their career position (Diagram 4).

After twenty-five years 27(33.73%) wanted to see themselves as good clinicians/doctors, 5(7.23%) – doing Government/ private service/ own clinic, 5(6.02%) – senior teacher, 3(3.61%) - surgeon, 1(1.20%) – own a nursing home at affordable price, 1(1.20%) – made some advancement in his field, 3(4.82%) – retired, 2(2.41%) – settled abroad, 4(4.82%) – satisfied person/ in a position of choice and 29(34.94%) – had not mentioned their career position (Diagram 5).

Among junior doctors 62(74.70%) wanted to retire at a mean age of  $61.65 \pm 13.30$  years, range being 45-90 years, 13(15.66%) wanted to work lifelong and 8(9.64%) either had not mentioned, or not thought or didn't know the retirement age.

47(56.63%) junior doctors made career plan at some time in their life, 4(4.82%) made it in ink & paper and 43(51.81%) made it mentally. Among 35 young female participant doctors 18(51.43%) made career plan whereas among 48 male doctors 29(60.42%) had made career plan ever and this difference of proportion among two gender is not significant statistically. (Chi-square=0.67, d.f.=1,  $p > 0.05$ )

Among 83 Junior doctors under study, 23(27.71%) had some role model for career aspiration. For 2(8.70%) - parent, 4(17.39%) – other family member/ relative, 1(4.35%) – friend, 9(39.13%) - renowned/ senior doctor, 2(8.70%) – celebrities of other profession and 1(4.35%) – everyone in career path acted as role model.

Among participants, overall, 28(33.73%) faced some obstacle in career path. Among female Junior doctors, 9(25.71%) and among male 19(39.58%) faced obstacles. This gender-wise difference was found insignificant statistically ( $p > 0.05$ ).

The nature of obstacles in career cited by the junior doctors were overlapping and multiple responses were found. 15(53.57%) cited enormous pressure, education system, syllabus, examination system especially tough post graduate entrance examination, biased examiner, less no. of post graduation seats, high competition, reservation quota, lack of amenities to learn advanced medical field, no guide, Government's policy in health care delivery, rowdy politician and crowd, societal constraints; 8(28.57%) found it family problem, family financial condition, loans etc.; 5(17.86%) found problem in self like fanatic mind, lack of motivation, recent marriage affecting study work-life imbalance; 1(3.57%) blamed bad influence of friends and 2(7.14%) had not mentioned the nature of obstacles.

#### **IV. Discussion**

The results of the present study give an overview on the socio-demographic profile, inclination to pursue higher studies, long term career plan as well as motivators and obstacles in the career path of 83 junior doctors from a tertiary care hospital in West Bengal, India. Currently there are 70,978 MBBS seats in 529 colleges in India. Of this, 269 colleges run by the government account for 35,688 seats, and the remaining 260 colleges in the private sector account for 35,290 seats. Accordingly, it is important to understand the disposition interest of emerging doctors in the context of time and arrive at meaningful conclusions to develop future perspectives in healthcare. A review of research publication in the last five years in Pubmed indicate that there is no direct data in this accord. Sreekar et al. (2014)<sup>1</sup> analysed students' intentions to undertake postgraduate training, geographic location of intended training and clinical practice intentions in a total of 1648 final year MBBS students from 53 medical colleges. However, the study did not include long term career path plan or possible motivators and obstacles in the projected path. The results of the present study indicate that all study participants except one planned to undertake post graduation studies. 50.6 % wanted to study medical whereas 48.2% preferred surgery. The specific interest in medical was also derived from the study participants (Table 2). This can be important data to understand the specialization distribution trend of medical professionals and the national requirement. Accordingly, specific mentorship programs<sup>2,3</sup> can be planned and undertaken to achieve objectives. Regarding motivators and obstacles in the career path of doctors there are studies focussed on specific sex category and specific branches of healthcare.<sup>4,6</sup> Our study includes a comprehensive listing of both motivators and obstacles in the context of medical profession in general.

## V. Conclusion

Slightly more than half of the participant junior doctors made career plan at some point in their life and very few of them made it in ink & paper. One quarter of the participants had some role model for career aspiration and one third had faced some obstacle in career path. Enormous pressure, faulty education and examination system, reservation quota, Government's policy in health care delivery were some of the major obstacles. Despite these obstacles, most of the junior doctors want to complete post-graduate studies, add more qualification and want to see themselves as good medical practitioners.

Motivating medical students with appropriate motivator may encourage junior doctors to make career plan in more numbers and that may guide them to reach their future destinations.

## References

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## Tables & figures:

**Table 1: Distribution of study subjects according to religion, caste, state of origin, residence & mother tongue. (n=83)**

Socio-demographic conditions	Male(n <sub>1</sub> =48) No.(%)	Female(n <sub>2</sub> =35) NO.(%)	Total(n=83) No.(%)
<i>Religion</i>			
Hinduism	42(87.50)	26(74.29)	68(81.93)
Islam	4(8.33)	8(22.86)	12(14.46)
Jain	--	1(2.86)	1(1.20)
Sikhism	1(2.08)	--	1(1.20)
Atheist	1(2.08)	--	1(1.20)
<i>Caste</i>			
General	38(97.17)	32(91.43)	70(84.34)
SC	7(14.58)	2(5.71)	9(10.84)
ST	1(2.08)	--	1(1.20)
OBC	2(4.17)	1(2.86)	3(3.61)
<i>State of origin</i>			
West Bengal	48(100.00)	27(77.14)	75(90.36)
Uttar Pradesh		3(8.57)	3(3.61)
Bihar		2(5.71)	2(2.41)
Maharashtra		2(5.71)	2(2.41)
Rajasthan		1(2.86)	1(1.20)
<i>Residence</i>			
Corporation	11(22.92)	9(25.71)	20(24.10)
Municipality	23(47.92)	24(68.57)	47(56.63)
Panchayat	14(29.17)	2(5.71)	16(19.28)
<i>Mother tongue</i>			
Bengali	43(89.58)	23(65.71)	66(79.52)
Hindi	4(8.33)	11(31.43)	15(18.07)
Panjabi	1(2.08)	--	1(1.20)
Urdu	--	1(2.86)	1(1.20)

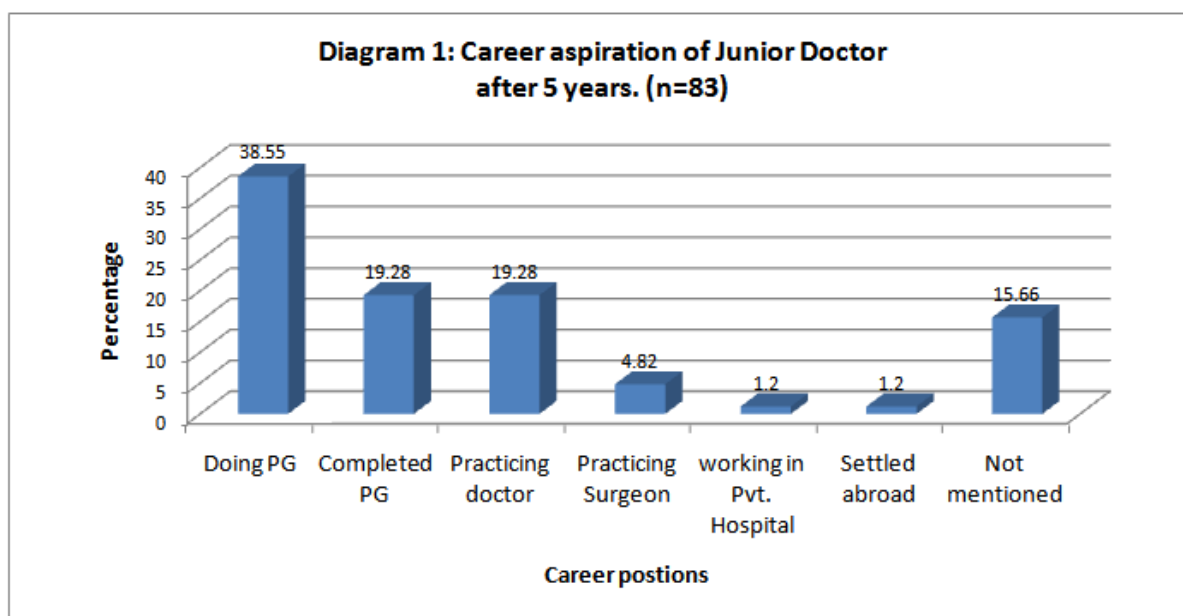
**Table 2: Choice of Junior doctors about Post-Graduate discipline.**

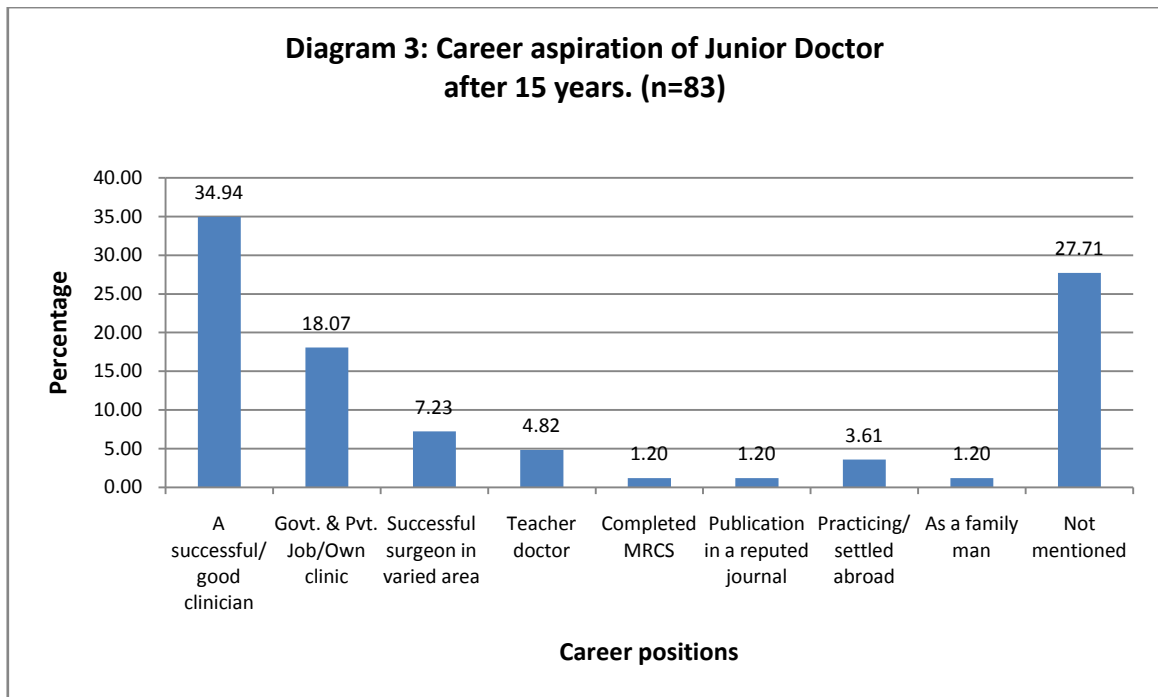
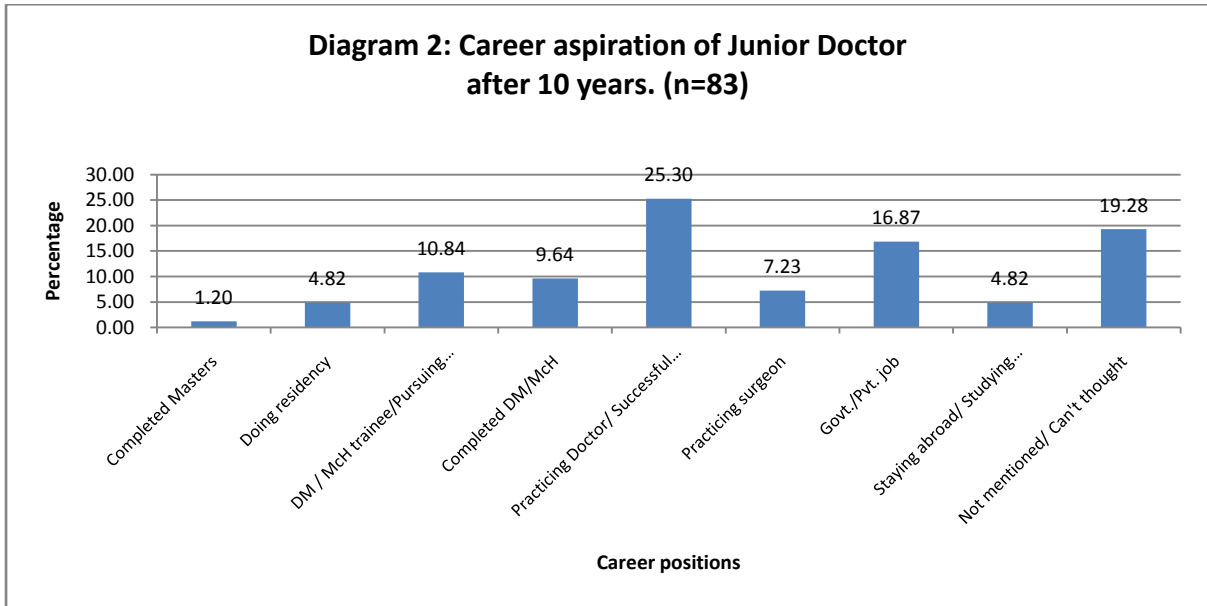
PG Discipline	No.	%
<b>MD</b>	<b>42</b>	<b>100.00</b>
Medicine	26	61.90
Pediatrics	6	14.29
Dermatology	3	7.14
Psychiatry	2	4.76
Pathology	1	2.38
Radiodiagnosis	1	2.38
Radiotherapy	1	2.38
Emergency Medicine	1	2.38
Family medicine	1	2.38
Not mentioned	2	4.76
To be decided	1	2.38
<b>MS</b>	<b>40</b>	<b>100.00</b>
General surgery	22	55.00
Gynae & obs	8	20.00

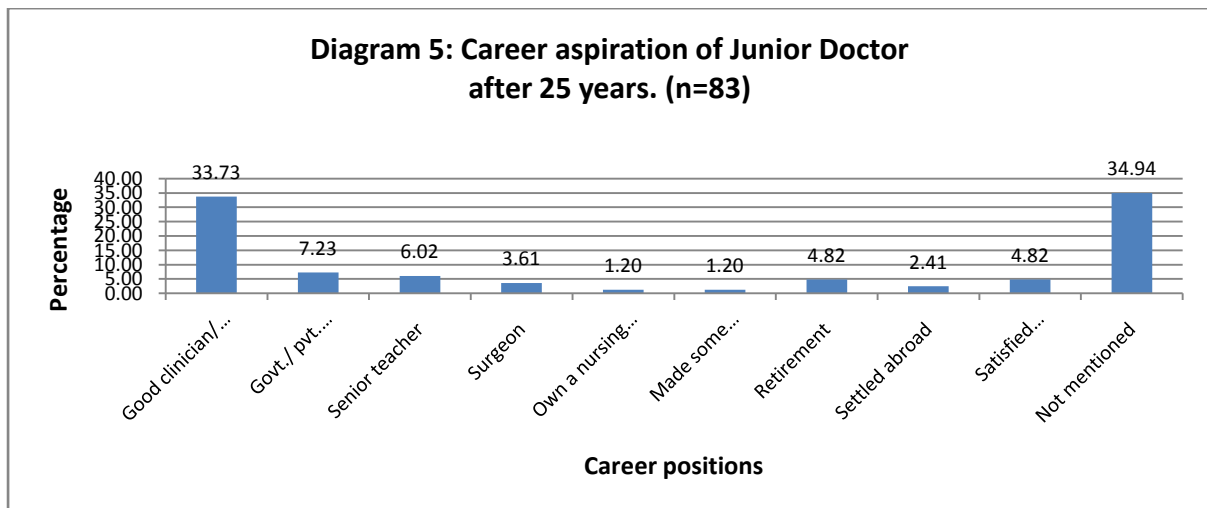
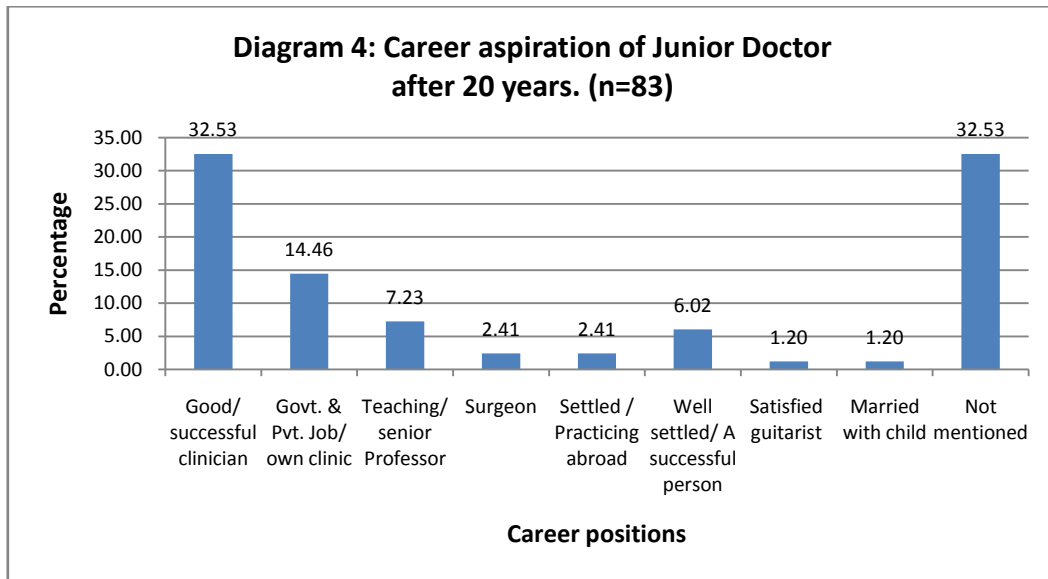
Orthopedics	6	15.00
Ophthalmology	2	5.00
ENT	2	5.00
Not mentioned	1	2.50
<b>Not applicable</b>	<b>1</b>	<b>100.00</b>
<b>Grand total</b>	<b>83</b>	<b>100.00</b>

**Table 3: Highest academic aspiration with speciality of the Junior Doctor under study.**

Highest academic aspiration with discipline	No.	%
<b>MBBS</b>	<b>1</b>	<b>1.20</b>
<b>MD</b>	<b>20</b>	<b>24.10</b>
Dermatology	3	15.00
Medicine	9	45.00
Medicine/ Family medicine/Pathology	1	5.00
Paediatrics	4	20.00
Psychiatry	1	5.00
Radiotherapy	1	5.00
To be decided	1	5.00
<b>MS</b>	<b>18</b>	<b>21.69</b>
General Surgery	8	44.44
Gynae & Obs	5	27.78
Orthopaedics	3	16.67
Ophthalmology	1	5.56
ENT	1	5.56
<b>DM</b>	<b>21</b>	<b>25.30</b>
Cardiology	4	19.05
Cardio/ Gastro/ Endocrinology	1	4.76
Cardiology or Gastro	1	4.76
Endocrinology	1	4.76
Nephrology	1	4.76
Not mentioned	13	61.90
<b>MCH</b>	<b>21</b>	<b>25.30</b>
Neurosurgery	1	4.76
Not mentioned	18	85.71
Not thought yet	1	7.76
Oncosurgery	1	7.76
<b>MRCP</b>	<b>1</b>	<b>1.20</b>
<b>PhD</b>	<b>1</b>	<b>1.20</b>
<b>Grand Total</b>	<b>83</b>	<b>100.00</b>







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