A study of junior doctors to investigate the factors that influence career decisions

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SUMMARY

Both pre-registration house officers and general practitioner (GP) registrars agree on several desirable and undesirable factors that define their ideal career. These relate to fulfilling clinical work and preservation of a meaningful personal life. Many young doctors regret their choice of medicine as a career because of poor job conditions and stress and perceive career advice as inadequate. GPs' influence over junior doctors at the time of their career decision making is very limited compared with that of consultants.

Keywords: pre-registration house officers; general practitioner registrars; career advice.

Introduction

COHORT studies have demonstrated a decline in the proportion of medical graduates intending to enter general practice (from 45% in 1983 to 26% in 1993).[1] This decline is greatest among men. The reasons for the disaffection of young doctors with general practice are uncertain. There are significant numbers of ex-general practitioner registrars (GPRs) who are not practising as principals in general practice.[2] A study in the south-west of England suggested that increased workload, out-of-hours work, and erosion of professional autonomy were seen as disincentives.[3] A study of GPRs in Trent revealed that few were willing to become principals, with a significant proportion reporting stress-related illness and sick leave.[4]

Career advice is not attuned to movement of young doctors across specialities and lacks accessibility and structure.[5] Our aims were to identify the major factors that determine the career choice of pre-registration house officers (PRHOs) and GPRs and to identify those that are either attractive or discouraging to potential entrants to careers in medicine, and general practice in particular.

Method

Group discussions with GPRs in the Northumbria vocational training scheme generated a range of issues, which were incorporated into a pilot questionnaire offered to a convenience sample of registrars from across the Northern region. Refinement and further piloting led to the final instrument, which was issued to all GPRs and all PRHOs working in the Northern Deanery in January 1997. The data were analysed using the SPSS package.

Results

Responses were received from 76% of the 147 GPRs and 63% of the 100 PRHOs in the region. Of those PRHOs encouraged towards a medical career, 79% (95% CI = 66 to 91) were encouraged by consultants and 7% (95% CI = -0.7 to 14.7) by general practitioners (GPs).

Twenty-four per cent (95% CI = 15.6 to 32.4) of PRHOs were considering a career in general practice, with a further 27% 'unsure'. Of these two groups, 20% (95% CI = 8.1 to 30.5) did not intend to apply to vocational training schemes and 57% (95% CI = 43.3 to 70.5) were uncertain (62% still considering other careers).

Nine per cent (95% CI = 3.8 to 14.4) of GPRs had decided not to pursue a career in general practice. Regrets about choosing a career in medicine were expressed by 48% (95% CI = 38.2 to 57.8) of PRHOs and 70% (95% CI = 61.3 to 78.7) of GPRs. Both groups cited working conditions and stress as the main reasons.

Many PRHOs (80% [95% CI = 71.9 to 87.7]) and GPRs (83% [95% CI = 76 to 90]) had not learned enough about career options in medical school. Both groups wanted more input, preferably with group teaching (66% of PRHOs and 75% of GPRs) and personal contact (83% of PRHOs and 84% of GPRs).

Eight factors defining attractiveness of career (clinical freedom, teamwork, varied tasks, continuity of care, flexible working, control over working pattern, personal time, family life) were shared by 80% of both groups. Three factors (management work, professional isolation, paper work) were identified by over 50% of both groups as unattractive.

Discussion

Our sample covered a high percentage of the PRHOs and GPRs in the Northern Deanery. While the two groups studied are not directly comparable, the inclusion of both provides breadth to the study and permits greater generalisability.

Few PRHOs had felt encouraged towards general practice, and initiatives to create more contact with GPs are desirable. Pre-registration posts in general practice and attachments to general practice for interested house officers could help recruitment. Vocational training schemes should encourage undecided junior doctors to sample the speciality without committing to complete vocational training. Identification and support of those GPRs uncertain about their career choice could improve retention of recruits to general practice.

Both groups of doctors studied expressed concerning levels of regret about their choice of medicine as a career, citing reasons of working conditions and stress. Professional support for junior doctors should be improved, for example through the provision of mentoring opportunities. Careers advice should also become more responsive to the needs of undergraduates and young doctors. Group discussions, involving GPs and allowing exploration of attitudes and concerns, should be introduced.

The factors that junior doctors consider attractive in their careers form two groups. First, the vocational aspect (clinical freedom, team work, varied clinical tasks, continuity of care); and secondly, the protection of the personal–professional bound-

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Table 1. Factors seen by GPRs as making career choice more or less attractive.

	Degree to which attractive (%)					n
	1[a]	2	3[b]	4	5[c]	
Level of expected income	9	45	42.3	1.8	1.8	111
Possibility of flexible work pattern	75.7	19.8	4.5	-	-	111
Amount of administration involved	5.5	11	35.8	32.1	15.6	111
Degree of clinical freedom	29.7	51.4	17.1	0.9	0.9	111
Length of postgraduate training	18.2	28.2	42.7	8.2	2.7	110
Consumerism in health care	-	3.7	39.3	32.7	24.3	107
Varied range of tasks	40.5	53.2	5.4	0.9	-	111
Personal continuing care of patients	68.5	28.8	1.8	0.9	-	111
Amount of management work involved	2.7	5.5	24.5	42.7	24.5	110
Degree of control over way you work	42.3	46.8	9	1.8	-	111
Holistic patient care	50.5	30.6	18	0.9	-	111
Prestige of speciality	2.7	14.4	59.5	13.5	9.9	111
Career structure	15.3	46.8	35.1	0.9	1.8	111
Working within a close team	37.8	44.1	16.2	1.8	-	111
Anticipated level of stress	14.4	17.1	19.8	36	12.6	111
Anticipated emotional demands	10.8	22.5	30.6	29.7	6.3	111
Possibility of professional isolation	1.8	4.5	16.2	39.6	37.8	111
Degree of professional support	13.6	50	21.8	10	4.5	110
Protection of personal time	50	30	11.8	4.5	3.6	110
Amount of evening, night, weekend work	39.1	20.9	12.7	15.5	11.8	110
Length of routine working day	18.3	32.1	28.4	17.4	3.7	109
Ability to accommodate family life	58.2	26.4	11.8	2.7	0.9	110
Interest in seeing other countries	22.7	24.5	37.3	7.3	8.2	110
Amount of paperwork	4.5	1.8	29.1	40	24.5	110

[a]Very attractive; [b]neutral; [c]not at all attractive.

Table 2. Factors seen by PRHOs as making career choice more or less attractive.

	Degree to which attractive (%)					n
	1[a]	2	3[b]	4	5[c]	
Level of expected income	6.2	42.3	42.3	3.1	6.2	97
Possibility of flexible work pattern	48.5	42.3	6.2	2.1	1	97
Amount of administration involved	10.3	17.5	33	25.8	13.4	97
Degree of clinical freedom	30.9	52.6	16.5	-	-	97
Length of postgraduate training	12.5	27.1	36.5	19.8	4.2	96
Consumerism in health care	1.1	10.3	54	17.2	17.2	87
Varied range of tasks	50	42.9	7.1	-	-	98
Personal continuing care of patients	51	34.7	9.2	3.1	2	98
Amount of management work involved	2	7.1	24.5	44.9	21.4	98
Degree of control over way you work	32.7	58.2	8.2	1	-	98
Holistic patient care	29.5	26.3	35.8	5.3	3.2	95
Prestige of speciality	4.1	20.4	51	16.5	8.2	98
Career structure	8.2	64.3	19.4	8.2	-	98
Working within a close team	39.8	53.1	5.1	2	-	98
Anticipated level of stress	11.2	25.5	34.7	21.4	7.1	98
Anticipated emotional demands	9.2	20.4	48	17.3	5.1	98
Possibility of professional isolation	2.1	5.2	26.8	41.2	24.7	97
Degree of professional support	19.6	54.6	20.6	4.1	1	97
Protection of personal time	52	35.7	5.1	7.1	-	98
Amount of evening, night, weekend work	23.7	25.8	14.4	29.9	6.2	97
Length of routine working day	19.8	35.4	29.2	13.5	2.1	96
Ability to accommodate family life	50	36.7	8.2	5.1	-	98
Interest in seeing other countries	35.7	37.8	23.5	1	2	98
Amount of paperwork	2.1	11.3	22.7	33	30.9	97
Your partner's work	8.7	31.5	54.3	4.3	1.1	92

[a]Very attractive; [b]neutral; [c]not at all attractive.

aries (opportunity for flexible working, control over working pattern, personal time, accommodation of family life).

The unattractive factors involve a distaste for management and concern about professional isolation. Young doctors clearly prefer careers where they can apply their clinical skills rather than attempt to become managers. The other call from these young doctors is for recognition of their personal needs. If general practice is to attract more recruits these issues must be addressed.

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