CAREER PLANNING BY THE DOCTORS IN NWFP

Azmat Ullah Khan, Muhammad Shoaib Khan, Arshad Javaid, Waqar-un-Nisa, Anila Basit, Lal Rehman

PMRC Research Centre and Postgraduate Medical Institute, Hayatabad Medical Complex, Peshawar, Pakistan

ABSTRACT

Objective: To determine the extent to which a doctor in NWFP has the knowledge and opportunity to plan his career at right time and reasonable cost.

Material and Methods: This prospective descriptive study was conducted at the Postgraduate Medical Institute, Hayatabad Medical Complex, Peshawar from August 2006 to January 2007. Relevant information's were recorded on a questionnaire prepared in accordance with the objectives of the study.

Results: This study comprised of 82 individuals who responded to the questionnaire, with age ranging from 25-35 years (mean age 28.13 years, SD +/-2.8, median 30 years). Out of 82 respondents, 25 (30.5%) had received some kind of orientation about career planning while 56 (68.3%) had received no orientation so far (one respondent did not answered this question). Out of 82, sixty-two (75.6%) were either self-motivated to attempt a postgraduate exam or were guided by their teachers. In terms of time lost, 29 (35.4%) replied that they had wasted their time in thinking/choosing, while 13 (15.8%) pointed out to have wasted additional time in switching over their career from one field to another. Similarly, in terms of finance, 07 (8.07%) responded to have suffered financially.

Conclusion: In NWFP due attention has not been paid to career planning and even the well educated class (doctors) are wasting their precious time and finances due to lack of guidance in career planning field.

Key Words: Career planning, Career counseling, Medical profession.

INTRODUCTION

Career planning is the process by which one selects career goals and the path to these goals. It is the series of work-related positions which a person occupies through out his life. The main focus on career planning is individual's own responsibility, although the organization can help the individuals to achieve their career-goals. This will facilitate organizations in identifying staffing needs, assess individual potential and training needs, match organizational needs with individual abilities and develop a career system for the organization. Historically, when the vibrant talent was scarce, the mega goal of productivity was achieved through training programmes. But nowa-days career development is an acceptable human resource strategy in order to enhance efficiency and effectiveness of both the employees and the organizations. Career development is considered to be an effective and critical tool through which management can increase productivity, improve

employees' attitude towards work and develop greater worker's satisfaction. In developed nations different organizations offer career planning and orientation programmes right after schooling is over. JA Worldwide incorporates, USA, began in 1919 and has been rooted in the after school arena and since then it is guiding students through curriculum focusing on career development.³ In addition, mentorship was reported to have an important influence on personal development, career guidance, career choice and research productivity especially in medical profession.²

Present study was aimed to find out the extent to which a doctor in our society has the knowledge and opportunity to plan his career at right time and reasonable cost.

MATERIAL AND METHODS

This prospective descriptive study was conducted at the Postgraduate Medical Institute, Hayatabad Medical Complex, Peshawar in 6-

S. No.	Age	n	%	Qualification	n	%
1	Up to 25	01 1.3 MBBS/MD		41	50	
2	25+ to 35	78	95.0	MBBS/FCPS/MRCP	37	45
3	Not replied	03	3.7	Postgraduate Diploma	03	3.7
4	Not replied		Not replied	01	1.3	
Total		82	100	Total	82	100

AGE AND QUALIFICATION n = 82

Table 1

months period of time i.e., from August 2006 to January 2007. Only those doctors who had completed their residency (House job) and are somehow concerned about their career planning, either they have attempted postgraduate examination (FCPS I) or have completed their post graduate diploma/degree. Strict age limitations were not laid down however only those doctors were included in the studies, who were still applying for higher education. They were given a pre-structured questionnaire to respond to a series of a few simple questions about their career Questions were designed in such a planning. fashion so that results could be interpreted quantitatively as well as qualitatively. Their statements were categorized through frequency distribution approach and interpreted regarding differences in age, qualifications and responses. The data obtained was analyzed both qualitatively and quantitatively in PMRC centre, PGMI, HMC, Peshawar.

RESULTS

This study comprised of 82 individuals who responded to the questionnaire, with age ranging from 25-35 years, mean age 28.13 years (SD +/-2.8) and median age of 30 years (Table 1). Out of 82 respondents, 25 (30.5%) had received some kind of orientation about career planning while 56 (68.3%) had received no orientation so far. (Table 2) Sixty two out of 82 (75.6%) were either self-motivated to attempt a post graduate exam or were guided by their teachers. Nine were rendered guidance by their families while four of them were guided by their friends about their postgraduation ((table 3). In terms of time lost, 29 (35.4%) replied that they have wasted their time in thinking/choosing their field of interest for post graduation. Thirteen (15.8%) pointed out to have wasted additional time in switching over their career from one field to another. In total, 62 years of productive life (YPLL) have been wasted by the said respondents (mean 1.47 wasted years per person) (Table 4). In terms of finance, 07 (8.07%) responded to have suffered financially. Two of them accounted their losses up to 50000/- rupees, four of them accounted the losses up to 100000/rupees and one of them rendered it as more than one hundred thousand rupees. In total, +/- seven hundred thousand rupees have been wasted by these 07 respondents, average being one hundred thousand rupees per person (table 5).

DISCUSSION

Individuals choose their careers that are consistent to their interests, self-image, personality and social backgrounds. The individuals must possess the ability of self-assessment and they ought to have a feedback based on reality before setting career goals. It is only then they will be able to plan their careers aptly and efficiently. In the past, the process of developing the young academic surgeons was arguably less strategic, one that was often not deliberately managed and monitored, leading in some cases to academic drift and disillusionment. It was assumed in the past that greatness was genetic, but today, as the complexities and vicissitudes of our work increase, it is practically impossible for even the most gifted young person to be successful without careful

S. No.	Q. No.01 Have yo formal education planning?			Q. No.2. Have y any orientation career planning	about	given	Q. No.03. Have you attended any seminar/workshop?		
	Reply	n	%	Reply	n	%	Reply	n	%
1	Yes	17	22.0	Yes	25	30.5	Yes	19	23.2
2	No	29	36.5	No	56	68.3	No	63	76.8
3	Not replied 36 41.5		41.5	Not replied	01	1.2	Not replied	-	-
Total 82		100	Total	82	100	Total	82	100	

CAREER PLANNING- ORIENTATION

Table 2

S. No.	Q No. 04. I attempted any examinati	postgra	duate	Field atte N=6			Q No. 05. Who guided you to attempt postgraduate exam?			
	Reply	n	%	Field	n	%	Persons guided n		%	
01	Yes	66	80.5	FCPS/MRCP	59	89.4	Family members	09	11.0	
02	No	13	15.9	Postgraduate diploma	02	3.0	Teachers	31	37.8	
03	Not replied	03	3.6	Replied. Yes but not	05	7.6	Friends	04	4.9	
				mentioned any field						
04	-	-	-	0:		-	Self	31	37.8	
05			-	-	-	Not replied	07	8.5		
	Total	82	100	Total	66	100	Total	82	100	

CAREER PLANNING-POSTGRADUATE EXAMINATION

Table 3

attention to career development. Faculty development must be deliberate and strategic, so that every junior faculty member is unique and will require customized career development plan that is well thought out and linked to measurable goals⁴. It has been reported that in some western countries, the medical profession is continuously loosing prestige. Most of the doctors are claiming of high demands, low rewards and difficult structural working conditions. In a prospective cohort study of Swiss medical school graduates on career development in 567 fourth year students showed that most of the students are against a career in medicine. In a recent study Corrigan MA et al have found that overall, the most important factors for career choice were intellectual challenge (95%), academic opportunities (61%), and research opportunities (54%). In another recent study done by Lambert TW and Goldacre MJ it has been reported that more experienced doctors surveyed between 3 and 11 years after graduation, 34% agreed that: "making career choices has been made more difficult by inadequate career advice. They concluded that the great majority of junior doctors want career advice after qualification. It

cannot be assumed that they are able to seek it out for themselves satisfactorily. Career advice needs to be planned into postgraduate work and training.

This study reveals the fact that there are scarce orientation programs, if any, for the medical graduates. They choose their careers based on teacher's advice, their own perceptions, suggestions of family members and friends. No structured career planning and counseling programs or guidance and orientation programs are available to assess, on one hand the interests, personality, constraints and social backgrounds of the medical graduates and on the other the scope, opportunities and the future needs of different medical in order to nurture specialties. the career counseling needs and filling the crucial gap that hinders the speed of the developmental process. One of the sequelae drawn from this study is that on average 1.47 years of productive life, a medical graduate are wasted in choosing a field of one's interest and switching over careers from one field to another. This wastage of time is due to the fact that they are compelled to choose a field without having complete knowledge about the field. This wastage of time can be lessened if they are

S. No.	Q.No.06 Is your time wasted in thinking/ Choosing your postgraduate field?			If yes, how much time wasted? N=29			Q.No.07 Is your time wasted in switching over your career from one field to another?			If yes, how much time wasted? N=13		
	Reply	n	%	Limit of time wasted	n	%	Reply	n	%	Limit of time wasted	n	%
01	Yes	29	35.4	06 m-01 y	19	65.5	Yes	13	15.8	06 m-01y	08	61.5
02	No	50	61.0	01 -02y	04	13.8	No	65	79.3	01-2 y	02	15.4
03	Not replied	03	3.6	02-04 y	02	6.8	Not replied	04	4.9	02-04 y	02	15.4
04	-	-		04 y+	01	3.4	-	-	-	04 y+	01	7.7
05	-	-		Time not	03	10.4	-	-	-	-		
				mentioned								
	Total	82	100	Total	29	100	Total	82	100	Total	13	100

CAREER PLANNING- POSTGRADUATE EXAMINATION

Table 4

S. No.	Q No.08 Have financ		fered	If yes, how m N=0	Q.No.09 Have you faced any other problem regarding career planning?				
	Reply	n	%	Financial loss	n	%	Reply	n	%
01	Yes	07	8.5	Rs.30000/- to 50000/-	02	28.7	Yes	41	50
02	No	67	81.7	Rs.50000/-to Rs100000/-	04	57	No	36	44
03	Not replied 08 9.8		Rs.1000000 +	01	14.3	Not replied	05	06	
	Total	82	100		07	100		82	100

CAREER PLANNING-FINANCIAL LOSS

Table 5

provided with structured and targeted career planning and orientation programs. Financially, the losses incurred are almost one hundred thousand rupees/person. It is the tip of the ice-berg, the overall cost may be more than what is revealed in this study because it is not only the waste of money rather the variables of wasted time and wasted energies make it even costlier. Again this threat can be converted into opportunity if proper relevant programs are initiated in order to facilitate medical graduates to choose the field that are in congruence to their interests and else.

Conclusion

The carrier planning situation is not satisfactory in NWFP and even the well educated class (doctors) are wasting their precious time and finances due to lack of guidance in career planning field. Surprisingly they do not choose their careers in accordance to their aptitude rather they are compelled to opt what ever come across opportunistically in their lives.

REFERENCES

1. William B, Werther TR, Davis K. Human resources and personnel management (series in management). 5th ed. Philadelphia: McGraw-

Hill; 1996: 310-2.

- Robert L, Mathis J, Jackson H, editors. Careers and human resources development. In: Human resources management. 10th ed. South Western: Thompson Learmin; 2004: 248-70.
- 3. Box JM. Twenty first century learning after school: the case of junior achievement worldwide. New Dir Youth Dev 2006; 110: 1417-21.
- Staveley-O' Carroll K, Pan M, Meier A, Han D, McFadden D, Souba W. Developing the young academic surgeon. J Surg Res 2005; 128: 238-42.
- Buddeberg-Fischer B, Dietz C, Klaghofer R, Buddeberg C. Swiss residents argument for and against a career in medicine. BMC Health Serv Res 2006; 6: 98.
- Corrigan MA, Shields CJ, Redmond HP. Factors influencing surgical career choices and advancement in Ireland and Britain. World J Surg 2007; [Epub ahead of print].
- Lambert TW, Goldacre MJ. Views of doctors in training on the importance and availability of career advice in UK medicine. Med Educ 2007; 41: 460-6.

Address for Correspondence: Dr. Azmat Ullah Khan

PMRC Research Centre and Postgraduate Medical Institute, Hayatabad Medical Complex, Peshawar – Pakistan.