

Factors Influencing Career Choices of Medical Students in Obstetrics and Gynaecology

J.E. Stokes, I.M. Shanahan, R.K. Sarkar

Department of Obstetrics and Gynaecology, Rotunda Hospital, Dublin.

Abstract

Introduction

Choice of specialty is an important decision for medical students or newly-qualified doctors with internal and external factors influencing decisions. There has been a fall in doctors pursuing a career in Obstetrics and Gynaecology over recent decades. This study's aim was to ascertain factors influencing individuals interested in pursuing a career in the specialty.

Methods

A survey of attendees at a large National level Medical Careers Day was completed.

Results

A total of 191 individuals attended. The gender breakdown was 60% female (n=115), 40% male (n=76). The majority were medical students (84%, n=160) and the remainder were interns (16%, n=31). Thirteen percent (n=25) of those in attendance visited the Obstetrics and Gynaecology Careers clinic. There was a female majority amongst clinic attendees (85%, n=21). The influencing factors reported included experiences with superb role models and the opportunity to care for vulnerable women.

Conclusion

This study shows there is a small proportion of individuals interested in pursuing a career in Obstetrics and Gynaecology with an array of reasons for doing so. The majority of those who expressed an interest were female. Positive role models and opportunities to care for women appear to be driving interest in the specialty.

Introduction

Choosing a specialty in medicine is a 'critical decision' for medical students and interns.¹ A small number of students may know their chosen area prior to starting medical school however many are influenced during their degree and in the early years of their working lives. The majority are influenced by both internal and external factors throughout their studies.¹

Understanding reasons for choosing specific disciplines can help to determine the composition of current and future work forces. With our changing populations, longer-living elderly patients and more complicated disease processes, healthcare work force planning is vital to maintain and improve services.¹ Obstetrics and Gynaecology is not exempt from these evolving patient populations with higher numbers of high-risk pregnancies, obesity and genetic diversity all playing a role.

There is an abundance of literature identifying the factors leading to certain career decisions amongst medical students.² Studies completed regarding this have identified factors such as personality, gender, potential income, lifestyle and experience with positive role models as being key to specialty choice.^{1,2,3} The idea of a 'controllable lifestyle' was suggested by Schwartz et al. and it has been posited as one of the major influences for career choice among medics.^{2,4} Examples mentioned in this research included dermatology, emergency medicine, anaesthetics, ophthalmology and radiology.^{2,4} Medical graduates in the United States have noted rising levels of competition for the aforementioned areas and it is widely believed that the main reasons for this are the associated lifestyle and financial remuneration.^{2,5} Whether or not the same trends are emerging amongst Irish medical students and newly-qualified doctors remains to be seen but it is highly likely that 'controllable lifestyle' is at the forefront for many trainees.

As correctly discussed by Takeda et al.² American graduates encumber larger amounts of debt than their European counterparts and this financial burden may play a significant role in decision-making processes. The UK and Irish medical school and training body systems are similar in both pathway and financial burden. The UK Medical Careers Research group has been studying over a third of NHS medics spanning a number of decades.^{2,6} To date, enthusiasm for a specialty has been identified as a core factor amongst those choosing ophthalmology and surgery yet the potential for more reasonable working hours influenced those in ophthalmology but less so those in surgery.^{2,6,7,8,9} Interestingly, choosing paediatrics was strongly impacted by individual experiences as a student.¹⁰ Repeatedly, work-life balance has been identified as the most common denominator for individuals when changing their career choice.^{2,11,12,13} In comparison to American students and doctors, inadequate salary was reported as a reason for not pursuing their ideal specialty by only 1.2% of NHS doctors surveyed.^{2,13}

It is important to understand the wider literature regarding this subject whilst also becoming familiar with the factors impacting Obstetrics and Gynaecology trainees, both in Ireland and abroad. Work from 2003 surveying UK doctors found that 75% of those who initially considered and then rejected Obstetrics and Gynaecology cited 'poor career prospects' as their reason.^{14,15}

More recent findings from 2017 show that Obstetrics and Gynaecology trainees in the UK withdraw, or consider withdrawing, from training because of inadequate support, low job satisfaction, low morale and challenges with work-life balance.^{14,16} Interestingly, from a medical student perspective, Australian students ranked the specialty in the bottom three across a total of 19 choices for 'lifestyle friendliness'.^{14,17} In a more positive light, experience of the specialty during medical school and influential role models have been found to affect career choices more in Obstetrics and Gynaecology than in other areas of medicine.¹⁸

The fall in doctors pursuing a career in Obstetrics and Gynaecology has occurred steadily over the last number of decades.^{7,18} Anecdotal trends show men are less likely to choose the specialty in more recent years and this has been proven across many countries and differing healthcare systems and workforces.^{7,18} Suggested reasons for this include a perception that women would choose a female doctor for their Obstetric or Gynaecology needs^{7,19,20} and the potential for gender bias and discrimination against men during their training.²¹ The impact of medico-legal issues within Obstetrics and Gynaecology cannot be ignored. Recent research in Ireland has shown that trainees within the specialty feel that medico-legal issues negatively impact retention and recruitment.²² In addition, this study showed that media scrutiny is also implicated in high attrition rates amongst trainees.²²

As is evident there is an abundance of factors impacting specialty choice, retention and career progression. The aim of this study was to identify the level of interest in Obstetrics and Gynaecology at medical student and intern doctor level as well explore some of the reasons for individuals choosing to pursue a career in this field.

Methods

A survey of attendees at a large National level Medical Careers Day hosted by Forum of Irish Postgraduate Medical Training Bodies in September 2018 was completed. This is a one-day event that is aimed at interns and final year medical students to provide valuable information at this critical career stage. It is focused on specialty training and medical career planning. Data was obtained from the Forum of Irish Postgraduate Medical Training Bodies and by personal interview at the Obstetrics and Gynaecology Career clinic facilitated by two Consultants and three registered trainees, all of whom volunteered to contribute to the clinic.

The survey was deemed Rotunda Hospital Research Ethics exempt.

Age, gender, numbers attending the specialty related careers clinic and factors influencing displayed interest in Obstetrics and Gynaecology were examined.

Responses from the clinic attendees were recorded in real-time via text. This text included questions asked by attendees regarding the specialty, their reasons for attending the clinic, the expectations of the specialty and their concerns around pursuing a career in O&G.

All data was collected in an anonymized fashion and Excel was used for demographics analysis. Thematic analysis was used to examine text excerpts to identify common views and ideas amongst attendees.

Results

The total number of attendees at the careers day was 191. The average age was 23.8 years with the age range between 22 and 35 years. All 6 medical schools in Ireland were represented.

As shown in Figure 1. the gender breakdown was 60% female (n= 115) and 40% (male n=76). Of the attendees, the majority were medical students (84%, n=160) and the remainder were interns (16%, n=31).

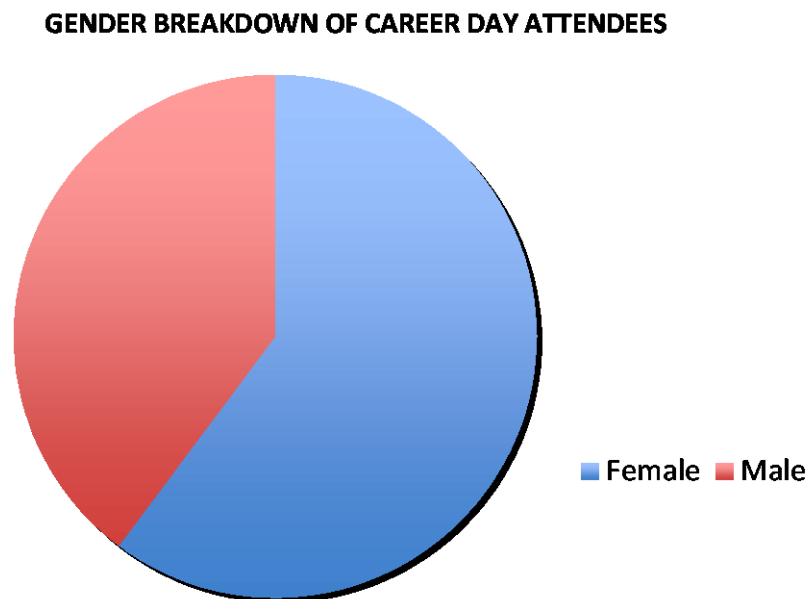


Figure 1. Gender breakdown of careers day attendees.

Thirteen percent (n=25) of those attending the careers day visited the Obstetric and Gynaecology Careers clinic, this is shown below in Figure 2.

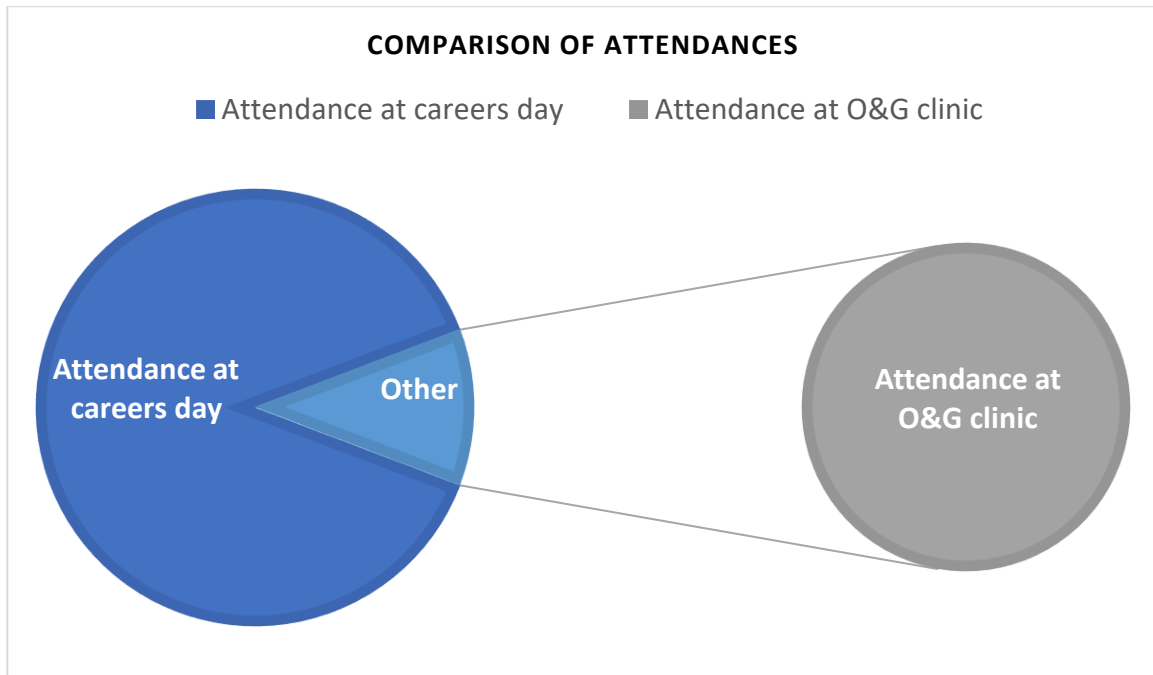


Figure 2. Breakdown of attendance at O&G clinic in comparison to overall careers day attendance.

There was a female majority in attendance making up 85% of clinic attendees (n=21).

Following thematic analysis of text excerpts from interviews, the following factors emerged as influencing interest in Obstetrics and Gynaecology; Experiences with clinicians who were superb role models, the scientific and technical complexity of rapidly evolving diagnostics, medical and surgical treatments, the opportunity to care for vulnerable women both domestically and globally and the opportunity to deliver babies.

Discussion

The careers day and specialty clinic provided interesting information about attitudes towards Obstetrics and Gynaecology in Ireland. There was less interest shown compared to other surgical disciplines. Only 13% of all attendees showed an interest in Obstetrics and Gynaecology. The reasons for this are likely related to perceptions of lifestyle, working hours and the increasing legal issues facing Obstetricians in Ireland. The limited interest shown reflects previous findings regarding this. It is line with the finding that 'poor career prospects' have been associated with the specialty.^{14,15} It also further compounds the finding amongst Australian medical students that Obstetrics and Gynaecology was ranked in the bottom three of nineteen specialities in terms of 'lifestyle friendliness'.^{14,17} As has been highlighted amongst Irish trainees within this field, increasing media scrutiny and medico-legal challenges are related to recruitment and attrition.²²

Eighty-five percent of those who showed an interest were female. It is necessary to note that overall there were more women in attendance than men at the careers day (60% versus 40%). This shows a reassuring trend that women are keen to stay in hospital medicine. It is also reflective of trends over the last number of decades regarding the gender gap within Obstetrics and Gynaecology. Turner et al. report that 0.8% of male graduates chose the specialty in comparison to 4.1% of female graduates.¹⁸ Both men and women can bring different skill sets and breadth of experience which should not be underestimated. Various healthcare systems internationally have noted a fall in men choosing Obstetrics and Gynaecology.^{7,18} The reasons for this range from a perception that women prefer female-led medical care for their Obstetric and Gynaecological needs to the potential for gender bias and discrimination against men.²¹ It is important that both genders are encouraged and supported during their training in an effort to achieve a healthy balance of male and female clinicians.

Based on the findings of this study it is evident there is a small proportion of individuals interested in pursuing a career in Obstetrics and Gynaecology with an array of reasons for doing so. Positive role models, advancing medical and surgical techniques and the opportunity to care for women appear to be driving these individuals. The influence of good role models and student experiences cannot be ignored. These are factors that repeatedly present themselves in research as reasons for choosing this specialty, more so than any other medical discipline.¹⁸ This knowledge is useful, and its power should not be underestimated within recruitment and retention of trainee doctors.

The strengths of the study include the quantitative and qualitative aspects of assessing attitudes towards the specialty. By incorporating direct discussion with individuals who attended the clinic, motivational and influencing factors were understood in more depth. In addition, the population was representative of all medical students in Ireland with all six medical schools represented at the careers day. At the time of writing, this was the first Irish study of its kind, highlighting the knowledge gap regarding career choices. Limitations include the small sample size that attended the specialty clinic. By accessing a larger population, more information could be garnered regarding barriers to choosing Obstetrics and Gynaecology and perceptions of the discipline amongst the wider medical population. Potentially, directly surveying individuals not interested in the field would provide stark contrasts with the positive factors cited by interested trainees.

This study provides a strong foundation for further research including the role of qualitative research to obtain a clearer understanding of individual rationales for their career choice. In addition, assessing motivations and influential factors at varying stages of Obstetrics and Gynaecology trainees' careers could give more insight into how to attract and retain doctors within the specialty.

The findings of this study are in line with international research regarding career decision-making among medical students and doctors. Interest in Obstetrics and Gynaecology remains present with positive factors driving those who pursue this career. However, there are barriers that may be influencing the decline in interest noted over the last number of decades.

The changing demographic and expectations of the current and future workforce needs to be understood in a way that is inclusive and supportive of a healthy work- life balance. This needs to be in tandem with realistic expectations for what we can deliver to women with the workforce available. Both of these factors are crucial in not only attracting doctors, but also retaining and nurturing them within our profession.

Ultimately there is an array of factors influencing career decision-making amongst medical students and intern doctors. Obstetrics and Gynaecology is a unique specialty that marries medicine and surgery whilst also enabling trainees to care for women at various stages of their lives. The driving factors that influence individuals to choose this field have been identified, the next steps should be to optimize and benefit from this knowledge and ultimately attract and retain highly motivated individuals.

Declaration of Conflicts of Interest:

I hereby declare that this research is my own original work under the guidance of Dr. Rupak Sarkar and Dr. Ita Shanahan at the Rotunda Hospital, Dublin. There are no conflicts of interest to declare.

Corresponding Author:

Jennifer Stokes

Registrar in Obstetrics and Gynaecology

Dept. of Obstetrics and Gynaecology,

Rotunda Hospital,

Dublin.

E-Mail: jestokes@tcd.ie

References:

1. Pianosi K. et al. Medical Student Career Choice: A Qualitative Study of fourth year medical students at Memorial University, Newfoundland. CMAJ, 2016 Apr-June; 4(2): E147- E152.
2. Takeda Y. et al. Characteristic Profiles Among Students and Junior Doctors with Specific Career Preferences. BMC Med Educ 2013, 13: 125.
3. Newton DA. et al. The Variable Influence of Lifestyle and Income on Medical Students' Career Speciality Choices: data from two US medical schools, 1998-2004. Acad Med 2005, 80: 809.
4. Schwartz RW. et al: Controllable lifestyle: a new factor in career choice by medical students. Acad Med 1989, 64(10):606–609.
5. van der Horst K. et al: Residents' reasons for specialty choice: influence of gender, time, patient and career. Med Educ 2010, 44(6):595–602.
6. UK Medical Careers Research Group: Cohort studies of doctors' careers. Available from: <http://www.uhce.ox.ac.uk/ukmcrgr/>.

7. Lambert TW, Goldacre MJ, Turner G. Career choices of United Kingdom medical graduates of 2002: questionnaire survey. *Med Educ* 2006, 40(6):514-521.
8. Svirko E, Goldacre MJ, Lambert T. Career choices of the United Kingdom medical graduates of 2005, 2008 and 2009: questionnaire surveys. *Med Teach* 2013, 35(5):365-375.
9. Goldacre MJ, Lambert TW, Laxton L. Career choices made for the hospital medical specialties by graduates from UK medical schools, 1974-2005.
10. Turner G, et al. Career choices for paediatrics: national surveys of graduates of 1974-2002 from UK medical schools. *Child Care Health Dev* 2007, 33(3):340–346.
11. Goldacre MJ, Lambert TW. Stability and change in career choices of junior doctors: postal questionnaire surveys of the United Kingdom qualifiers of 1993. *Med Educ* 2000, 34(9):700–707.
12. Goldacre MJ, Laxton L, Lambert TW. Medical graduates' early career choices of specialty and their eventual specialty destinations: UK prospective cohort studies. *BMJ* 2010, 341:c3199.
13. Goldacre MJ, Goldacre R, Lambert TW. Doctors who considered but did not pursue specific clinical specialties as careers: questionnaire surveys. *J R Soc Med* 2012, 105(4):166–176.
14. Lambert TW, Smith F, Goldacre MJ. Career choices for obstetrics and gynaecology: recent updates from 40 years of national surveys of UK medical graduates. *JRSM Open* 2019, 10(10): 1-12.
15. Lambert TW, Davidson JM, Evans J, Goldacre MJ. Doctors' reasons for rejecting initial choices of specialties as long-term careers. *Med Educ* 2003, 37: 312–318.
16. Gafson I, Currie J, O'Dwyer, S, Woolf K, Griffin A. Attitudes towards attrition among UK trainees in obstetrics and gynaecology. *Br J Hosp Med (Lond)* 2017; 78: 344–348.
17. Creed PA, Searle J, Rogers ME. Medical specialty prestige and lifestyle preferences for medical students. *Soc Sci Med* 2010; 71: 1084–1088.
18. Turner G, Lambert TW, Goldacre MJ, Barlo, D. Career choices for obstetrics and gynaecology: national surveys of graduates of 1974-2002 from UK medical schools. *BJOG* 2006; 113: 350–356.
19. Schnuth RL, Vasilenko P, Mavis B, Marshall J. What influences medical students to pursue careers in obstetrics and gynaecology?. *Am J Obstet Gynecol* 2003; 189: 639–643.
20. Makam A, Mallappa Saroja, CS Edwards G. Do women seeking care from obstetrician-gynaecologists prefer to see a female or a male doctor? *Arch Gynecol Obstet* 2010; 281: 443–44.
21. Zahid AZM, Ismail Z, Abdullah B, Daud S. Gender bias in training of medical students in obstetrics and gynaecology: a myth or reality? *Eur J Obstet Gynecol Reprod Biol* 2015; 186: 17–21.
22. McCarthy CM et al. Medicine, media and the law: The effect on training in Obstetrics and Gynaecology. *Eur J Obstet Gynecol Reprod Biol* 2021; 257: 35-41.