

Today's doctors: What do men and women value in a training post?

Tan Shane, Yu Jiahuan, Xavier Lim Yongxuan
Supervisor: Professor Jennifer Anne Cleland
(Lee Kong Chian School of Medicine, Nanyang Technological University)

INTRODUCTION

- In the United Kingdom, the Foundation Programme is a generic 2-year vocational training programme to bridge the gap between medical school and specialty training. However, the number of foundation doctors who head straight into residency upon completion of Foundation Year 2 (FY2) decreased over the years, with now more than ½ of FY2 choosing to take gap years.
- There also appears to be a shift in preferences between male and female doctors regarding what they value in their job¹.
- The National Health Service (NHS) was interested in understanding why this phenomenon was happening and how the system could be improved.
- The objective of the study is to find out what are the criteria influencing foundation doctors in their choice of specialty or job, and their intentions to take time off medical training.
- Are there still “traditional” differences between male and female doctors in terms of their work-related preferences?

METHODOLOGY

- A discrete choice experiment (DCE), which is a forced choice questionnaire, was conducted on FY2 doctors. It was embedded in the UK-wide Careers Destination survey 2017 and the link to survey and DCE was distributed by all 21 Foundation Schools to 2016-17 FY2s from June to September 2017.
- 5 qualitative attributes were identified to be important influences^{2,3} → respondents were presented choice sets (*Figure 1*) to choose between two or more similar alternatives or scenarios.

Job Characteristics	Position 'A'	Position 'B'
Geographical location	Undesirable location	Desirable location
Familiarity with specialty	Quite familiar	Unfamiliar
Culture of working and learning environment	Unsupportive culture	Supportive culture
Potential earnings	10% Above average	20% Above average
Working conditions	Excellent conditions	Poor conditions
Opportunities for professional development	Average opportunities	Poor opportunities

Figure 1: example scenario choices in the survey

- The preference for different attributes was calculated in terms of monetary compensation required for accepting less favourable conditions → denoted as “willingness to accept” (WTA) values.
- Respondent choices were analysed using a conditional logistical regression.
- WTA values were calculated based on the probability that a specialty post was preferred, based on attributes and levels presented within choice sets.
- Models were estimated separately by gender to identify gender differences.
- Ethical approval was granted by College of Life Sciences and Medicine Ethical Research Board (CERB), University of Aberdeen and also NHS Research Scotland (NHS Research and Development).

STRENGTHS AND LIMITATIONS

- All FY2 doctors in the UK were surveyed with a phenomenal 83% response rate and thus the results are a fair representation of this group and avoids selection bias.
- The study was conducted near the end of the selection process for specialty training, hence participants would have already been considering their future career.
- Specialty choice was not considered in this study → no insight into whether value placed on certain factors vary across trainees or residents of different specialties.
- DCE used a forced choice study design with no opt-out alternative → FY2 doctors who choose not to apply to specialty training immediately may have found the DCE more hypothetical and less relevant, and thus selected the best option on offer but one that they would not choose in real-life setting.

CONCLUSION

- No significant differences between UK male and female FY2 doctors in terms of their ranking of important considerations in making their medical career choices.
- Geographical location and supportive working culture were the two most important considerations.
- Further research can be conducted on countries such as Singapore, with vastly different geography and culture, to investigate how such differences affect doctors' work-related preferences.

REFERENCES

1. Smith F, Lambert TW, Goldacre MJ. Factors influencing junior doctors' choices of future specialty: trends over time and demographics based on results from UK national surveys. J R Soc Med. 2015;108(10):396-405.
2. Sivey P, Scott A, Witt J, Joyce C, Humphreys J. Junior doctors' preferences for specialty choice. J Health Econ. 2012;31(6):813-823.
3. Thompson CA, Beauvais LL, Lyness KS. When work-family benefits are not enough: the influence of work-family culture on benefit utilization, organizational attachment, and work-family conflict. J Vocat Behav. 1999;54(3):392-415.
4. Rife R, Schneider T, Hillard A, et al. A mixed methods study of gender, stem department climate, and workplace outcomes. J Women Minorities Sci Eng. 2013;19(3):227-243.
5. Owen JA, Hayden GF, Bowman RC. Influence of places of birth, medical education, and residency training on the eventual practice locations of family physicians: recent experience in Virginia. South Med J. 2005;98(6):674-675.

RESULTS AND DISCUSSION

- 73% (n = 5005) of responses were analysed with the conditional logistical regression.

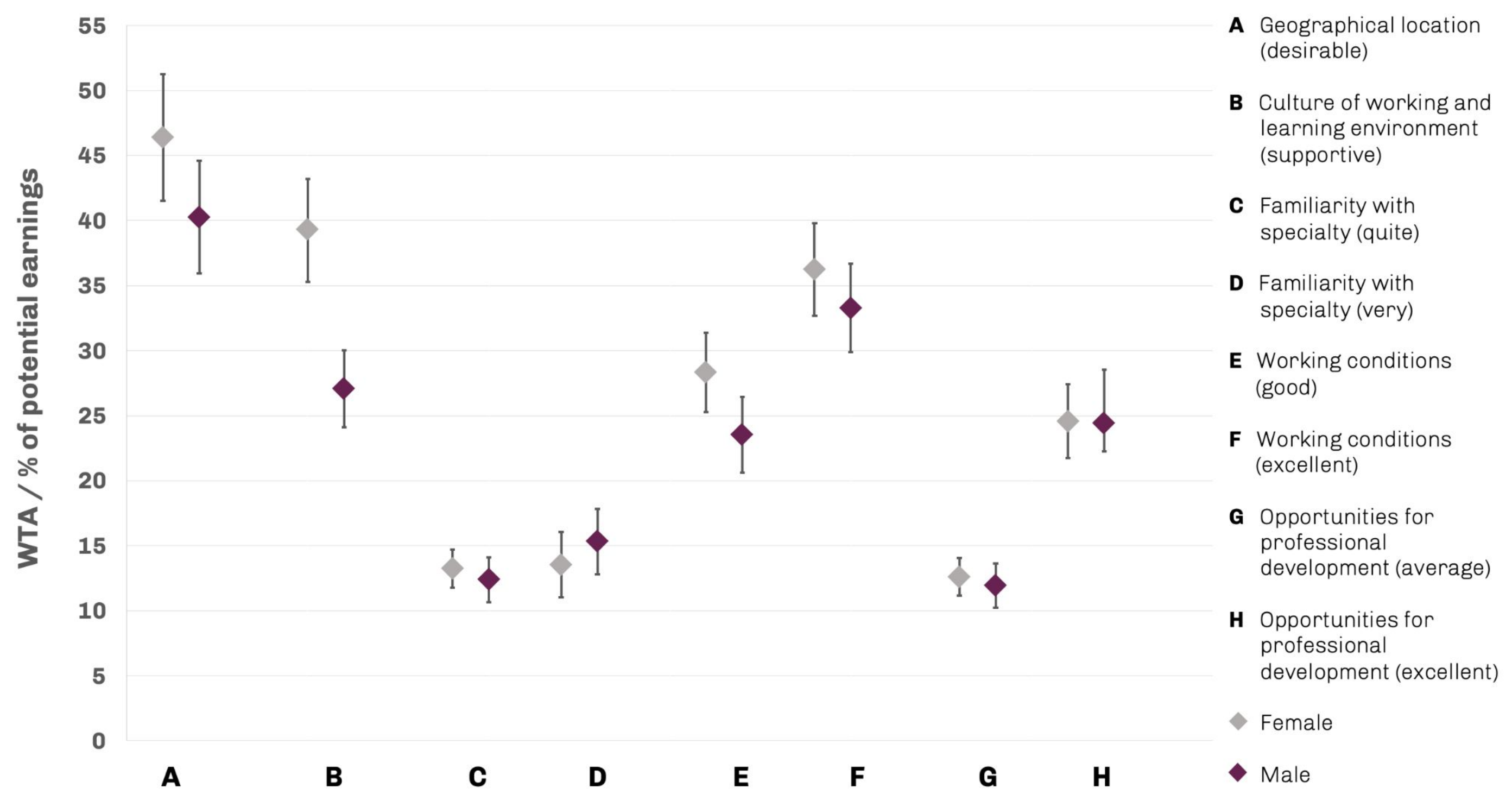


Figure 2: Mean willingness to accept (WTA) and 95% confidence intervals

Findings

- All coefficients of preferences were as expected (e.g. excellent working conditions preferred over good working conditions).
- No significant differences between genders in ranking of preferences.
- The relative value of each attribute was similar between the genders.
- Females generally required more compensation as opposed to males to accept less favourable attributes.
- Geographical location was ranked the highest importance, with females valuing it higher than males, requiring a 46% increase in potential yearly earnings to accept an undesirable location, compared to a 40% increase for males.
- Supportive working culture was of second most importance, with females requiring 36% increase in yearly earnings and males 27%.

Discussion

- Main finding: No significant difference between male and female foundation doctors' ranking of preferences.
- Previous studies showed that there were differences → this study may be an indication of how things are changing and that the impact gender had on work-related preferences are diminishing.
- Consistent with existing literature which indicate that geographical location is important not only due to commuting but also better social support from family and friends to help cope with negative work experiences and stressors, especially for female doctors.⁴
- Consistent with existing literature which indicate that female doctors place stronger emphasis on supportive working culture than men.
- NHS added medical schools in areas where it was difficult to attract doctors as people preferred to study and train near where they are from.⁵

To watch the presentation, please click on the video below:

