CAREER CHOICES OF PHYSICIANS IN MALAYSIA

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ABSTRACT: A survey of career choices was conducted for two batches of physicians applying for a medical speciality course in Malaysian medical schools. There were a total of 952 applications, with 477 males and 475 females. Surgery ranked highest, followed by obstetrics and gynaecology, family medicine and orthopaedic surgery. The minor specialities of otorhinolaryngology, psychiatry and pathology were the least popular choices. Questionnaires were sent to a random sample of 250 physicians in each batch to note factors affecting their choices of speciality. A total of 359 physicians responded, giving a response rate of 71.8%. Fixed hours of work and the ability to have direct contact with patients were relatively important factors for choice of speciality. Working as a clinical consultant was the most popular nature of employment while working in the health office, service consultant in a public hospital, a non-clinical lecturer in a university hospital and working in a private clinic were less popular choices for these physicians. *(JUMMEC 1999; 1:47-50)*

KEYWORDS: Career choice; medical speciality; doctors; Malaysia.

Introduction

The medical profession, presumably like all professions, is a gamut of many specialities. The choice of a speciality is a complex personal decision influenced by a multitude of factors. In the developing world, factors may differ from those operating in the developed countries. Malaysia continues to experience a shortage of doctors in certain specialities. There are shortages in service specialities like anesthesia, radiology and pathology (1). Deficiencies are also felt in the rural areas which involve primary health care and preventive medicine. The medical schools also have difficulties in recruiting medical graduates to non-clinical departments.

In Malaysia, postgraduate training in most of the medical specialities are conducted by the local medical schools. It is a four year program and graduates are awarded a Master of Medicine degree, which is recognised as a medical specialist qualification in Malaysia. Physicians apply to enter these courses through the Central Processing Unit for Universities in the Ministry of Education. The applicants are interviewed by a board comprising of representatives of the universities and the ministry. Presently, out of the four public medical schools, only three are conducting these courses.

This study was undertaken to determine the career preferences of physicians in Malaysia and to identify factors influencing their decisions. The results may be helpful to medical educators and health care planners in designing policies to attract manpower into the high priority specialities and also into the rural areas of the country.

Materials and Methods

A list of physicians applying to pursue a speciality course at one of the medical schools in 1995 and 1996 was obtained from the Central Processing Unit for Universities, Ministry of Education Malaysia. The list contains particulars of the applicants including the contact address of the physicians

A random sample of 250 physicians were selected for each year, giving a total of 500 physicians selected. A structured questionnaire was sent to the selected physicians and a stamped reply envelope was included. The questionnaire carried questions related to career preferences relevant to Malaysia. A Likert scale of 1 to 5 was utilised to score the importance of factors influencing their choices of speciality. Other questions focussed on the nature of employment and permanent station of work. The study involved 2 batches of postgraduate applicants in 1995 and 1996. A total of 359 physicians responded giving a response rate of 71.8%.

Results

There was a total of 952 applications to pursue a speciality course, with 403 in 1995 and 549 applications in 1996. The age range was from 24 to 44 years while working experience as a physician was from 1 year to

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17 years. There were 477 male physicians and 475 female physicians. The number of physicians opting for each speciality is shown in Fig 1. A total of 384 physicians (40.3 %) were attracted to the four established specialities of internal medicine, surgery, paediatrics and obstetrics and gynaecology. Surgery ranked highest amongst the specialities with 117 applications. Family medicine, orthopaedic surgery, public health and anaesthesiology were the other popular choices. The service specialities of pathology and the clinical speciality of psychiatry and otorhinolaryngology were the least popular choices.

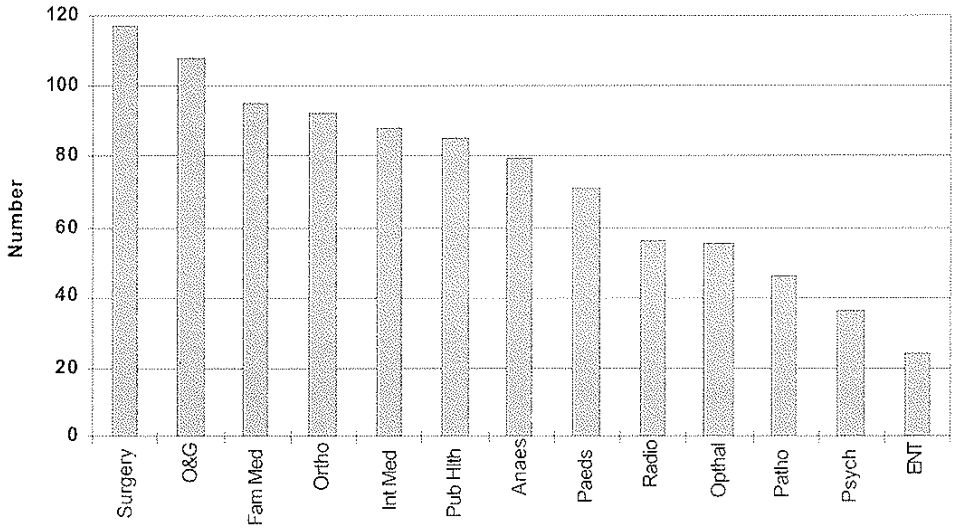

Figure 1. Speciality choices of Malaysian physicians, 1995-96

Fixed hours of work and ability to have direct contact with patients emerged as the most important factors (mean score = 4.2 and 4.1 respectively). Other factors like better financial rewards, and opportunities to do research and teaching were of lesser importance among the physicians, with a mean score between 3.4 to 3.7. Higher social status appears to be the least important for the physicians, with a mean score of 2.9.

When asked to select their desired nature of employment, a distinct bias towards working in the public health service as a clinical consultant in the hospital was noted, where 48.6% of the physicians had this option as the first choice and 21.9% in their top three choices (Table 2). Being a service consultant proved the least attractive, with only 5.1% of the physicians opting for it. The choice of working as an administrator in a hospital or in the health office was relevant only to applicants for public health.

Discussion

This study shows that a majority of physicians choose hospital and clinical-based specialities. Non-clinical specialities were less popular choices, similar to findings in studies done in other countries (2,3). In line with their clinically oriented career choices, clinical and academic careers in general and teaching hospitals were prime choices for vocational settings. 'Ability to have direct contact with patients', 'fixed hours of work" and 'opportunities to do research' were the most important factors in determining their career choice. These two factors may be incompatible with each other as most clinical specialities will involve working at odd hours of the day. A number of studies have shown that 'fixed hours' of work is more important for the female physicians when family commitments were realised (4,5,6). With more female students entering Malaysian medical schools, and the resultant increase in the number of female physicians in Malaysia, this factor will play a major role in career choices. Thus, clinical specialities, which are considered 'light', such as family

Table 1. Factors determining choice of career of Malaysian physicians, 1995-96.

Factors	Importance					
	Low 1	2	3	4	High 5	Mean score
Ability to have direct contact with patients	14	22	54	91	175	4.1
Offering better financial rewards	28	38	114	122	54	3.4
Fixed hours of work	53	56	93	92	62	4.2
Higher social status	58	46	144	84	24	2.9
Opportunities for teaching	29	36	99	117	75	3.5
Opportunities for research	21	37	78	131	89	3.7

Table 2. Choice of nature of employment of Malaysian physicians, 1995-96.

Location	Choices				
	1st	2nd	3rd	Total	(%)
Clinical specialist in a public hospital	173	48	13	234	(21.9)
Clinical lecturer in a university hospital	48	41	18	107	(10.0)
Private medical centre/hospital	55	86	42	183	(17.1)
Private clinic	10	28	20	58	(5.4)
Non clinical lecturer in a university hospital	6	25	26	57	(5.3)
Service specialist in a public hospital	34	15	6	55	(5.1)
Health office	5	7	12	24	(2.3)
Administrator in a hospital	12	80	113	205	(19.2)
Army	13	26	106	145	(13.6)

medicine, are anticipated to be popular choices, especially for the female physicians (7,8).

In terms of speciality choices, ironically, the 'heavy' clinical specialities were the most popular choice. Surgery was the most popular choice followed by obstetrics and gynaecology. Internal medicine, orthopaedics and paediatrics were also popular. Family medicine, public health and anaesthesiology were equally popular with the more established specialities.The response towards the established specialities may be due to several reasons. Medical practice has been and continues to be dominated by performances and personalities of the established clinical disciplines (9). Better financial rewards and opportunity for social prestige , which are important considerations in the choice of career, are fulfilled to a greater extent with the established disciplines.

Another major finding was the relative popularity of family medicine even though this is a new speciality in Malaysia. It was only recently that the Ministry of Health recognised the need for specialists in family medicine and it's postgraduate training has been offered in the local medical schools. This speciality is also a popular choice in Britain where 32% chose this speciality (10). Family medicine is able to provide a compromise between the desire to be a clinician, and opting for a practice which is not too heavy. Anesthesiology was also surprisingly a popular choice. Studies on career choices among Malaysian medical students noted this speciality to be relatively unpopular, together with pathology, and radiology (11,12). Radiology, psychiatry and pathology remain unpopular choices together with otorhinolaryngology. Perhaps the lack of emphasis and inadequate exposure to the 'minor' and 'service' disciplines in the undergraduate curriculum promotes this non-popularity.The chronic shortages in these specialities will certainly minimize the time for teaching, research and promotion of the speciality.

Employment as clinical specialists in the public hospital was the choice of only 21.9% of the physicians while the private hospital/centre is a choice for 17.1% of the physicians. Although the state continues to provide employment facilities, the private sector has provided better financial prospect, especially for clinical specialists over the last few years. The private medical industry has grown tremendously in Malaysia, and keeping physicians in the public sector is a problem. The pre-clinical departments in the universities attracted only 57 physicians (5.3%) while working in the service departments of hospitals attracted only 55 physicians (5.1%). This acute shortage of clinical and service specialists and clinical and pre-clinical lecturers in the universities has made it necessary to employ expatriate physicians on a contract basis from overseas.

Newly recruited physicians are usually posted to the rural clinics during the three years of compulsory national service. The lack of social amenities is responsible for the reluctance of these physicians to continue working in these rural clinics. However, with specialisation, these physicians are able to work in a more urban setting. Training in the communities during medical school will promote the interest in public health and family medicine, and working in a relatively rural area of the country (13,14,15)

The above findings highlight a number of implications in the speciality choice of physicians and the health care system in Malaysia:

- economic or financial incentives may be a viable alternative to be considered in areas of medicine where direct contact and social prestige are deficient to attract physicians. Eventhough the score for 'offering better financial rewards' was found to be low in this study, it will be simple to implement. It will attract those physicians that view financial incentives as important. Such incentives have already been in practice by the Ministry of Health Malaysia for paramedicals serving in the more remote areas of the country.
- Family medicine can fulfill many useful roles. Physicians can be made aware of the full potential that

this speciality can offer in modern medical practice. The speciality should be given its due recognition by the government.

- the role of the service specialities in the multidisciplinary care of patients needs to be emphasised during the training of medical students.
- physicians should be kept informed regularly by the Ministry of Health on manpower needs in the various medical specialities. This would enable the physicians to make realistic choices of careers, based not only on personal interest, but also on the current manpower requirements of the country.

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