CAREER CHOICE OF FINAL-YEAR FEMALE MEDICAL STUDENTS AT UNIVERSITI KEBANGSAAN MALAYSIA (UKM)

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SUMMARY

In recent years, female enrollment into medical faculties almost all over the world has increased tremendously. In the UKM, female medical students constitute 47.6% of the total enrollment for 1985; in the first year, they form 61.1% of the medical class. Once accepted, a woman has an equal if not better chance of graduation. However, it is during the later years of the career of female doctors that cause most concern because it has been shown that fewer women than men acquire additional qualifications. In view of their increasing enrollment, career aspirations of female doctors will have an important impact on the health services.

A survey was conducted among 149 final-year medical students in 1985. This study revealed that irrespective of sex, the majority of medical students do wish to pursue postgraduate education. However, of those who do not wish to undergo further training, the majority are female students. The pattern of choice of speciality also differs in that females do not choose surgical-based disciplines.

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INTRODUCTION

The extent to which women who qualify in medicine practise professionally is a matter of national concern. From two postal surveys of over 7,000 women doctors done in Britain,[1] it was found that only half were employed full-time, 20% were not in practice and the rest were doing part-time work. Those who were unemployed were mainly in the child-bearing age group. It was only as late as 1965 that a woman had only a slightly lesser chance (4.6%) of admission to medical school as compared to a man (6.4%).[2] However in recent years educational opportunities for women wishing to study medicine have improved and female enrollment has increased tremendously. This trend is worldwide.[3]

In the Universiti Kebangsaan Malaysia's (National University of Malaysia) medical school, 47.6% of all students in 1985 were females. Within a span of 13 years, the proportion of female first-year students had increased from slightly less than 20% to 61.1%. Once accepted, a woman has an equal if not better chance of qualification and registration.[4] It is however the later career of women doctors which cause most concern. Although more female medical students completed the undergraduate course without failing any examination and fewer failed on two or more occasions, only 30% of the women when compared to 42% of men acquired additional qualifications.[5]

In view of the increasing proportion of female medical undergraduates and the apparent eternal medical manpower shortage, it seems important that we know what their career aspirations are like because these will have a direct and profound effect on the health services with implications on the direction of both under- and postgraduate medical education in Malaysia.

This study was carried out to assess whether students had any career plans and to identify underlying reasons for their choice.

MATERIALS AND METHOD

A questionnaire designed to determine factors influencing career choice was given to 149 final-year medical students at the end of the professional examination. Three students did not indicate their sex and were taken out of the study. Of the rest, 36.9% were females. About one-fifth (19.8%) of the students were already married. Among the female students, 28.3% were married, one-fifth of them with children. Married male students comprised 16.1% of the group; about one-fifth (21.4%) had children.

RESULTS

Students were divided into three groups (Table I).

TABLE I
CAREER CHOICE DECISIONS BY FINAL-YEAR MEDICAL STUDENTS
UNIVERSITI KEBANGSAAN MALAYSIA
(NATIONAL UNIVERSITY OF MALAYSIA)

	Male (No.)		Female (No.)		Total
	Married	Single	Married	Single	
Speciality decided	7	37	3	16	63
Speciality not decided	6	34	7	15	62
No postgraduate ambition	1	7	5	8	21
Total	14	78	15	39	146

Students who had already decided on their career

By the time they sat for the final examinations, 43.6% of the students had already decided on their career; 30.2% were females and 15.3% were married students.

The most popular speciality chosen by the students was Internal Medicine followed by Obstetrics and Gynaecology, General Practice, Paediatrics, Surgery, Public Health, Orthopaedics, Ophthalmology, and Psychiatry. This trend was also true for the male students. Among the females, Obstetrics and Gynaecology was the most popular speciality, followed by Internal Medicine, Paediatrics, General Practice and Psychiatry. The surgical-based disciplines were not chosen by the girls at all.[1]

Most students cited interest in the subject as the reason for their choice. Some indicated that the clinical posting was very interesting and challenging. Many who chose Paediatrics stated that they loved children and that it was less hectic compared to other specialities. Most female students who chose Obstetrics and Gynaecology said they preferred to work with female patients. Negative reasons such as dislike for Surgery and Operations were also given by students who chose Internal Medicine.

The majority of the students decided on their career during the last two years of the course, with more than 70% deciding in the final year itself.

Students who had not decided but were thinking of several possibilities

Almost an equal number of students (42.4%) had not yet chosen a speciality. Female students formed 35.4% of this group. Regarding options, 12.9% stated only one choice, 41.9% had two options, while 45.5% had three or more options.

Medicine was again the most popular choice followed by Obstetrics and Gynaecology, Paediatrics, Public Health, Surgery and General Practice. Again, female students did not choose the surgical disciplines.

Students who stated they had no further ambitions

This group comprised 14.0% of the students, the majority (61.9%) being female students; more than one-third were married. Most said they were happy to continue as medical officers either in hospitals or the rural health services of the Ministry of Health. Two students reported that they would be dropping out of professional practice, one to go into "business" and the other to become a full-time housewife.

The Chi-square analysis revealed that the gender of the student had no significant influence ($p > 0.05$) over certainty of decision to pursue postgraduate medical education. However, the certainty of **not** wanting to pursue additional qualification was significantly higher in women ($p < 0.02$) who formed 61.9% of this group. Marital status had no significant relationship with career decisions although there seemed to be a higher proportion of married females in the group with no further ambitions. No analysis was done on students with children because the numbers were too small.

DISCUSSION

Most studies done on women in Medicine were conducted on graduates and the results usually indicate that marriage and motherhood are the major reasons qualified women are either lost temporarily or permanently to Medicine or else fail to pursue higher qualifications. This study in addition indicates that this problem could be further aggravated by the lack of decision on career choice even during undergraduate years. This does not mean women are less motivated. Studies have shown that 87–91% of women physicians remain active professionally and that they work on the average 40–45 hr/week.[6]

The reason probably lies in their psychosexual identification. They have the skills to become physicians but their notion of their abilities is diametrically opposed by the threat to their psychosexual role. The psychological dynamics has been described as one of anxiety development over the consequences of success in competetive achievement situations, that success would be followed by negative consequences like social rejection, feelings of being unfeminine or inadequate as a woman.[7]

The choice of Obstetrics and Gynaecology as the main speciality by female medical students is an interesting contrast to findings of other studies where a concentration of women in Paediatrics, Psychiatry, Internal Medicine and General Practice in that order has been reported.[8] Married women tend to choose Paediatrics and Psychiatry which have flexible training programmes and working hours. A high proportion of single women reported specializing in Internal Medicine, Family Practice, or Obstetrics and Gynaecology. The trend in the UKM medical school suggests that there may be factors other than interest and time-flexibility that are influencing the speciality choice of female undergraduates.

It has come to the notice of the UKM Medical Faculty that a number of female undergraduates are showing signs indicating that they believe that as far as possible they should work only with patients of the same sex. Right or wrong, they must have concluded that this can be achieved by choosing Obstetrics and Gynaecology. However, how far this belief is going to be practised remains to be seen as up to 1985, there was only one female trainee in the Obstetrics and Gynaecology Department, UKM. However, trends which are founded on beliefs which could prove damaging to society, to which these doctors have the noble intention of serving, should not be left unchecked. This becomes more important as female enrollment in medical school increases. It will be good if we have more obstetricians and gynaecologists, especially female ones. It is the motive for the choice that is questioned. In this respect, preselection interviews and counselling during under-

graduates training can have major roles in heightening the awareness of the code of medical ethics.

There will always be some women who will seek, and attain, the highest professional achievements alongside their male colleagues. There will also be some women whose circumstances will cause them to relinquish professional responsibilities and devote all their energies to children and husband. Most women doctors, however, will want and need to combine professional and domestic life in differing proportions at different times.

It is in the interest of this group and the interest of the taxpayers who have supported their training that solutions must be found to the problem of the women doctor with domestic responsibilities who want to continue working and maybe even undertake postgraduate medical training. Some of the ways could be through the provision of creches at the place of work, appropriate tax relief, reorganization of the medical services to allow part-time work, job sharing and temporary stoppage of work without loss of seniority, and other privileges. Refresher courses must also be made available for those intending to return to service and postgraduate training programmes currently conducted by the universities must have some flexibility in the duration and time required to complete the course.

CONCLUSION

This study has revealed that 43.6% of final-year medical students had decided on what speciality they would like to pursue; a similar number also had indicated they would like to do postgraduate studies but had not decided on the speciality. A smaller proportion expressed no further ambitions for training and female undergraduates formed a significant proportion of the group. The pattern of choice of speciality also differed in that girls preferred to take up Obstetrics and Gynaecology.

However the motive for the selection is questioned. The psychosexual identification and the need to take on domestic responsibilities are possible causes of the indecision. Some suggestions on how to help the woman doctor with domestic responsibilities to achieve her professional potentials are offered.

REFERENCES

1 Lawrie J E, Newhouse M L, Elliot P M. Working capacity of women doctors. *Br Med J* 1966; 1:409–412.

2 Jefferys M, Gauvain, S, Guleson O. Comparison of men and women in medical training. *Lancet* 1965; 1:1381.

3 Bretos C T. Women in the medical profession. *Research and Development Monograph.* Univ New South Wales, Sydney, 1980.

4 Aird L A, Silver P H S. Women doctors from the Middlesex Hospital Medical School (University of London) 1947–1967. *Brit J Med Educ* 1971; 5 : 232–241.

5 Stanley G R, Last J M. Careers of young medical women. *Br J Med Educ* 1968; 2 : 204.

6 Williams P A. Women in medicine: Some themes and variations. *Br J Med Educ* 1971; 46 : 584.

7 Horner M. Feminine personality and conflict. In Walker FI(ed). *Contemporary Psychology series.* Belmont Calif: Brooke Cole, 1970.

8 USA Department of Commerce. *Women in Medicine: a survey of professional career interruptions and conflict resolutions.* Yale University, 1975.