A Study of Hostility, Career Choice and Job Satisfaction Among Surgeons

Maj (TA) Rajiv Gupta^{*}, Dr AK Vohra⁺, Dr Arunima Gupta[#], Maj (TA) SL Singla^{**}

Abstract

The present study has been carried out to study the hostility pattern of surgeons and compare it with other specialties. 100 teachers working in different specialties in Post Graduate Institute of Medical Sciences (PGIMS) Rohtak (Surgery and allied specialties 21, Medical and allied specialties 14, Non-clinical specialties 30) were given Hostility and Direction of Hostility Questionnaire (HDHQ) along with questions regarding their choice of career and job satisfaction. Hostility pattern did not differ statistically among these groups. Surgeons showed strong aptitude for the field and were contented with their choice of speciality but their job satisfaction was low. Possible explanations and implications of the study are discussed.

MJAFT 2002; 58 : 210-213

Key Words :Hostility; Job satisfaction; Surgeons.

Introduction

Medical profession has witnessed tremendous change in the last 4 decades. With the advent of other attractive careers there is a decline in interest in medical career in India as it is considered more taxing and less rewarding as compared to other careers. The choice of medical career has been extensively studied and linked to physician's personality traits, political attitudes and socio-demographic factors. Upto 1970's, lot of stress was given on the possible connection between professional choice and personality variables but later studies emphasized more on other factors viz. clerkship experiences, mentors attitude, financial considerations, prestige, availability of residencies and family traditions etc., thus over riding the purely intrapersonal factors [1].

Interest in the study of personality variables has again been renewed because of the recent changes seen in the medical profession. First, Medical Council of India has emphasized on psychosocial factors and personality attributes [2]. Second, because of alternative attractive careers, people are seen leaving medical careers (for IAS and MBA etc), thus making choice of career and job satisfaction valid reasons for research. Third, there is tremendous growth in personality research providing us with better measuring instruments for personality. Finally, there is a stiff competition for postgraduate seats where choosing of speciality is need or availability based rather than personality or fitness based.

Many studies have shown that medical education is fairly stressful. The doctors involved in the direct care of patients are significantly, more anxious and tense than their counterparts of non-clinical side [3]. The rise in the level of anxiety and neuroticism in doctors is a result of their assuming clinical responsibility. The most stressful factors for the doctors working on the clinical side are failure of treatment, diagnostic difficulties, death of young patients, keeping update with the recent advances and legal responsibilities especially in context of growing awareness in the public and consumer laws. Zoccolillo et al (1986) observed that medical students develop depression more frequently as compared to general population [4].

Kritzer and Zinet (1967) found considerable difference in surgeons on measures of parental socioeconomic status, religious involvement and religious affiliation [5]. In a recent study surgeons were found significantly different on five variables viz. locus of control, masculinity, depression, parent physician and age of student at onset of medical school [1]. Earlier psychodynamic view held that surgery is chosen by persons as a result of sublimating their aggressive drives as Wallace writes "Becoming a surgeon may sublimate aggressive trends" [6]. In a previous study on postgraduate students, it was felt that during residency training which itself is a stressful period, when the career is shaping up, it may not be an ideal period for undertaking such study [7]. Therefore, the present study has been undertaken on medical teachers who have become relatively stable in their professional career.

^{*}Associate Professor, Department of Psychiatry, Post Graduate Institute of Medical Sciences, Rohtak, Maj General Hospital Territorial Army, Rohtak, ⁺Professor and Head, Department of Psychiatry, Post Graduate Institute of Medical Sciences, Rohtak, [#]Lecturer, Department of Psychology, University College, Maharshi Dayanand University, Rohtak, ^{**}Associate Professor, Department of Surgery, Post Graduate Institute of Medical Sciences, Rohtak, Maj General Hospital Territorial Army, Rohtak.

Material and Methods

Objectives

1. To study hostility levels in surgeons
2. To study level of job satisfaction and reasons for choosing the speciality.

Tools : The following tools were used :

1. HDHQ (Hostility and direction of hostility questionnaire) [8].

It consists of 51 items which are as under :

- (i) SC - Self Criticism} Measures of
- (ii) G - Guilt} Intropunitiveness

(iii) AH - Acting out Hostility}

(iv) CO - Criticism of others} Measures of

(v) PH - Delusion Projection} Extropunitiveness
of Hostility.}

Apart from 5 sub scale scores, it gives two additional measures

a) Total Hostility = SC+G+AH+CO+PH

b) Direction of Hostility (D) = (2SC+G)-(AH+CO+PH)

- 2) Questionnaire to assess career choice and job satisfaction

Data Collection

100 medical teachers working at PGIMS Rohtak were approached and were requested to fill up HDHQ and a questionnaire to assess career choice and job satisfaction. Out of 100, 65 completed the questionnaires, and hence were included in the study. 35 teachers had to be dropped because 25 did not fill up the questionnaire and 10 refused to participate because of their busy schedule

and feeling of discomfort with such studies.

Results

For the purpose of analysis the sample was divided into following three groups.

1. Surgery and allied specialities, (Surgery, Obstetrics and Gynaecology, ENT, Ophthalmology) n=21.

2. Medical and allied specialities, (Medicine, Psychiatry, Skin and VD, Radiotherapy) n=14

3. Non clinical specialities, (Anatomy, Physiology, Biochemistry, Pathology, Forensic, Pharmacology) n=30.

These three groups were statistically compared over 5 sub scales of HDHQ, Total Hostility and Direction of Hostility score by 't' test. No significant differences were observed (Table 1). The data was also analysed by combining medical and surgical groups and comparing them with non clinical group. But even then 't' values did not approach any acceptable level of significance (Table-2). In this sample, surgeons expressed strong aptitude for their field (78%), were satisfied by their career choice (85%) and had good professional satisfaction (Table-3).

Discussion

After passing from a medical college, a medical graduate has a variety of career options. Subsequent career differentiation depends on different talents, personality attributes, family circumstances and motives. Medical profession is comparatively tough, requires strong aptitude, integrity, moral character, commitment to service, high level of motivation, energy and

TABLE 1

Scores of surgical, medical and non-clinical teachers on hostility and direction of hostility questionnaire sub scales

Group		SC	G	AM	CO	PH	H	D
Surgical (n=21)	Mean	2.85	1.38	4	6.45	2.57	17.23	-5.93
	SD	1.56	1.36	1.61	2.36	1.83	6.15	3.95
Medical (n=14)	Mean	2.21	1.57	3.71	6.21	2.39	16.7	-6.43
	SD	1.21	1.17	1.75	1.89	2.02	5.93	12.7
Non-clinical (n=30)	Mean	4.37	2.13	3.87	5.87	3.33	18.4	-2.33
	SD	2.63	1.65	1.73	2.47	2.55	7.57	4.85
Comparison								
Med V/S Surg	t	0.576	1.505	0.195	0.83	0.327	0.221	0.330
Med V/S NC	t	3.087	1.102	0.392	-0.666	2.329	2.242	3.687
Surg V/S NC	t	1.450	2.092	-0.271	0.81	2.175	1.887	2.453

t = not significant (2 tailed); NC = non clinical

TABLE 2

Scores of combined clinical V/S non clinical teachers on hostility and direction of hostility questionnaire sub scales

		SC	G	AM	CO	PH	H	D
Non-clinical (n=30)	Mean	4.37	2.13	3.87	5.87	3.33	18.4	-2.33
	SD	2.63	1.65	1.73	2.47	2.55	2.55	4.85
Combined Clinical	Mean	2.59	1.45	3.88	6.35	2.48	17	-6.14
	SD	1.44	2.27	1.65	2.15	1.76	5.88	4.01
Clinical Sur+Med (n=35)								
Comparison		2.208	2.032	0.231	0.540	2.096	1.895	2.515

t - not significant (2 tailed)

TABLE 3
Career choice and job satisfaction

	Surgery and Allied Specialities (n=21) M=20, F=1	Medical and Allied Specialities (n=14) M=14, F=0	Non-Clinical (n=29) M=17, F=12
A: Factors leading to selecting the career			
• Passive decision	2	2	7
• Ignorance of other fields	2	1	0
• Easy competition	0	3	2
• Strong aptitude	16 (76%)	7 (50%)	19 (61%)
• Just for obtaining degree	1	1	1
B: Do you think you are in right profession			
Yes	18 (85%)	11 (78%)	23 (80%)
No	3		6
C: Are you satisfied with your job			
0-25	1	1	2
26-50	4	1	5
51-75	5	5	14
76-100	11 (50%)	7 (50%)	8 (28%)

emotional stability, in addition to ability to assimilate and sustain by continued learning of vast knowledge and critical thinking [9]. Many students shift to alternative careers like administration, business management etc. after their medical degree. This was also reported in an earlier study where 27% reported major medical career change out of which majority were specialists. Main reasons for the change were general dissatisfaction, life style incompatibility and their training and practice experiences in medical career [10]. However, in our study group, specialists expressed strong aptitude for their speciality and majority were contented with their speciality though their job satisfaction was low. This low job satisfaction may be due to increasing stagnation, litigation, undesired political and administrative interference and poor working conditions in teaching hospitals as compared to private set up which offers better working conditions with better pay. The importance of conducive work environment with job satisfaction is highlighted by Daniel and Shields (1980) who reported that demographic and family origin variables were not related with job satisfaction [11].

Since statistical differences were not found in any of the groups (Tables 1,2) it may mean that hostility (affective/personality) has little contribution for choosing a speciality and probably the factors like achievement, motivation, undergraduate performance, peer evaluation during medical college, availability of seats in different specialities, prestige of various specialities, family responsibility, attitude towards private practice and life style may be other factors responsible for choosing the particular speciality. Similar views were expressed in an earlier study where apart from

personality factors or intrinsic factors such as motivation, attitudes, values and expectations, extrinsic factors like financial consideration and teaching faculty members role modelling effect had major influence on speciality choice [12]. However, personality profile of surgeons has shown distinct pattern in previous studies and Zeldow and Daugherty (1991) found surgeons to be highly aggressive and tough minded [1].

One limitation of this study is that it focussed just on one aspect of the personality. It would be more useful if studies are done by using more comprehensive tools to assess personality and job satisfaction on large samples and in different institutes in order to examine the problem in a more enlightened way.

Another limitation of this study is that the gender composition of the sample was dominated by males and there was only one female in the clinical group (Table 3). This is in contrast to the current trends where more females are entering the medical profession and specialising in clinical branches. The clubbing of Obstetrics-Gynaecology, ENT and Ophthalmology in surgery and including Paediatrics, Skin and VD and Radiotherapy in medicine is not compatible with contemporary research and is not valid. At present each speciality has grown in knowledge and has different public image and mode of practice. Even doctors working in Government or Private set up have different motivational factors. So, speciality and set up have to be taken care of before any inference can be drawn from such studies.

In summary, we did not find any distinctive hostility pattern for surgeons but seeing the limitations of small sample size, clubbing of specialities and sample confined from one government set up, these findings

cannot be taken as true reflection of the hostility pattern and job satisfaction of surgeons. Perhaps, a well planned study in evaluating personality factors, career choice and job satisfaction taking care of the above limitations with comprehensive instruments might give us an insight into the role of personality factors not only in selection but also practice of different specialities and job satisfaction.

References

1. Zeldow PB, Daugherty SR. Personality profiles and speciality choice of students from two medical school classes. *Acad Med* 1991;66:283-7.
2. Medical Council of India, Proceedings of the National Workshop on need based curriculum for graduate medical education 1992;28-9.
3. Rucinbki J, Cybulaska E. Mentally ill doctors. *Journal of Applied Medicine* 1986;12:159-65.
4. Zoccolillo M, Murphy GE, Wetzel RD. Depression in medical students. *Journal of Affective Disorders* 1986;11:91-6.
5. Kritzer H, Zinet CH. Retrospective view of medical speciality choice. *Med Edu* 1967;42:47-53.
6. Wallace ER. Conflict character and psychopathology. In : Wallace ER, editor. *Dynamic Psychiatry in theory and practice*. Philadelphia : Lea and Febiger 1983;83-118.
7. Gupta RK, Kulhara P, Verma SK. A study of hostility among postgraduate medical students. *Journal of Personality and Clinical Studies* 1988;4(1):43-6.
8. Caine TM, Foulds GA, Hope K. *Personality questionnaire (HDHQ)* University of London Press Ltd. Warwick Lane-London ECA;1967.
9. O'Brien R. Hard choices, No easy solutions (commentary) *Acad Med* 1990;65:739.
10. Jennett PA, Kishinevsky M, Bryant H, Hunter KL. Major changes in medical careers following medical school graduation : When, how often and why. *Acad Med* 1990;65:48-9.
11. Mc Daniel SH, Shields CG. Job satisfaction of behavioural scientists in family medicine (letter) *Acad Med* 1990;65:741.
12. Paiva REA, VuNV, Verhulst SJ. The effect of clinical experiences in medical school on speciality choice decisions. *J Med Edu* 1982;57:666-74.

JOURNAL INFORMATION

The journal is indexed/abstracted by ExtraMED, Index Medicus of Southeast Asia, International Abstracts of Biological Sciences, Abstracts of World Medicine, IndMED, Hygiene and Tropical Disease Abstracts and EMBASE.

The IndMED database is accessible on internet at the website <http://indmed.nic.in>

Guidelines for authors appear in January issue every year.

Authors' Index, Subject Index and Contents of the Volume appear in October issue every year