Residents’ perceptions of work environment during their postgraduate medical training in Pakistan

Examining the work environment as perceived by specialty trainees in a developing country: a prerequisite for improvement of workplace satisfaction and local health care.

Unlike post-graduate clinical training in the developed world, working and training conditions for specialty trainees in developing countries has been infrequently examined. Baseline information identifying deficiencies and strengths in the work and training environment in developing countries is an essential precursor to both their correction and reinforcement. In this context, the study by Avan et al[1] in this issue of the Journal, conducted amongst 341 specialty trainees in Karachi Pakistan, is a significant contribution to the knowledge of post-graduate teaching structure in the developing world, with an excellent 75% response rate.

A supervised self-administered questionnaire was applied to a cohort of trainees in four teaching hospitals between July 1999
and January 2001, examining three areas pertinent to trainee work satisfaction, that of excessive work hours, academic satisfaction and work related harassment or abuse. The same cohort have previously been evaluated with respect to communication skills in postgraduate medical training\(^2\) and factors influencing decisions to train in surgery.\(^3\)

In this cohort, surgical trainees, despite working the longest hours, were most satisfied with their clinical training and supervision. Paradoxically medical trainees were least satisfied with their training in spite of having the greatest amount of time for teaching and research activity. These findings reflect complex and unpredictable interactions between the constituents of overall work satisfaction surveyed that could be further explored.

Although a cross-sectional questionnaire survey on self-perception of workplace satisfaction is inherently prone to a multitude of biases associated with qualitative research, it does us well to remember that satisfaction is in itself a subjective and very individual experience. With its potential criminal implications however, a more rigorous definition of abuse within the workplace requires objective and explicit definition in the study questionnaire to improve accuracy of detection.

The relatively low prevalence of abuse in this cohort compared to similar health settings in the developed world may well be accurate or reflect cultural proscriptions, as the authors suggest.\(^1\) However, researcher supervision during questionnaire administration may well curtail what is said of this sensitive topic, leading to its underestimation. As such, the questionnaire and study methodology will require refinement before being considered as a template in other similar health services in the developing world. A validated survey instrument could then be used to measure any changes to workplace satisfaction at the local level after an intervention.

The development of a reliable validated measurement of workplace satisfaction and its baseline “snap shot” are important prerequisites to workplace improvement, which in turn may stem the “brain drain” of doctors from the developing to the developed world.\(^4\) This could ultimately improve the quality of health care delivered to under-resourced communities within the developing world.

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References