Do medical postgraduate trainees care for their children well?
-a quantitative and qualitative assessment

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Abstract

Objective

This study was done to describe parenting experiences of selected medical postgraduate trainees attached to training centres in the district of Colombo.

Methodology

A cross sectional descriptive study with quantitative and qualitative components was carried out on medical postgraduate trainees of eight selected academic disciplines to represent clinical and non-clinical specialities. The study had two components –a self administered questionnaire for trainees and in-depth interviews for a purposive sample of spouses of the trainees.

Results

Two hundred and six trainees participated in the study with a response rate of 88%. Sixty seven percent of the subjects were males and 33% were females. Of all ever-married (n = 206), most (73%, n = 151) of the trainees had at least one child. Average number of children for a family was 1.1. A remarkable proportion (26.7%) had no children. Nearly 50% (n = 26) of the trainees without children (n = 53) had purposefully delayed having children. Postgraduate training of the trainee was the reason given for delaying postponement in 76% of the subjects.

The care arrangement for 42% of the children was done by grandparents or relatives. Non-clinical trainees had more time available to spend with children than trainees in clinical disciplines. Nearly 70% of trainees reported that their childcare was negatively affected due to postgraduate training. Surgery-related trainees (83%) were most affected and non-clinical trainees (36%) were least affected. The majority (62%) of the trainees were not satisfied with their parenting practices. The highest proportion (48%) of the satisfied trainees was in the non-clinical specialities. Forty five percent of the trainees were of the view that their spouses were satisfied with the childcare provided by them..

Findings of the quantitative phase were further substantiated by the qualitative phase (in-depth interviews). Contrary to what postgraduate trainee believed, the majority of their spouses were not satisfied with their spouse's provision of childcare. Most of the spouses had adapted themselves to the negative effects of postgraduate training.

Conclusions and recommendations

Medical postgraduate training has adversely affected parenting of the trainees. Many childless couples had purposefully delayed having children because of their postgraduate training. Flexible training program options may enable medical postgraduate trainees to combine academic and family roles more effectively.

Key words

postgraduate training; parenting; in-depth interviews

Introduction

Medical professionals play multiple roles as physicians, spouses, parents and members of the civil society. The family is the basic unit of the social organization and is considered so important because it responds to fundamental human needs. It is a social group characterized by a common residence, economic cooperation and reproduction and for a majority, the family is the most important source of care, security and satisfaction (1). In the Sri Lankan society a basic element that is to be fulfilled by the family is child parenting which is defined as the rearing of a child or children, especially the care, love, and guidance given by a parent (1).

Postgraduate training in medical science is demanding (2). There is evidence to suggest that the career of medical professionals adversely affects family life (3), (4). The "burden" of being a postgraduate trainee while playing the role as a physician, a spouse and a parent has not been assessed comprehensively among Sri Lankan medical graduates. Parenting, in combination with gender, greatly influences postgraduate choices for young doctors with families (5). Rearing children plays a key role in the life of a medical postgraduate trainee.

More and more medical graduates have opted for pursuing postgraduate training in many disciplines. Information on family lives will facilitate modifying the current and designing the future academic courses to minimize the effect of postgraduate training on the families of trainees. It may indirectly improve the quality of services provided by the doctors.

The objective of this study was to describe some aspects of parenting experience of medical postgraduate trainees currently following postgraduate courses in the district of Colombo.

Methodology

This descriptive cross sectional study included

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quantitative and qualitative components. Eight academic disciplines were selected so that they would represent medicine-related (Medicine, Paediatrics and Psychiatry), surgery-related (Surgery, Obstetrics and Gynaecology and Anaesthesiology) and non-clinical (Community Medicine) disciplines.

Quantitative Component

Enrolment statistics for the period 1st July 2004 to 30th November 2004 were obtained from the Academic Department of the Postgraduate Institute of Medicine. The study was carried out in all postgraduate training centres in the district of Colombo, identified by the PGIM. The study population included ever-married postgraduate trainees currently registered for pre-MD/MS or MSc courses in selected specialities, and who were undergoing training in a centre in the district of Colombo during the period 1st July 2004 to 30th November 2004. Trainees following diploma courses or courses other than MD, MS or MSc were not included. The total number of trainees who fulfilled the above criteria was 231.

They were given a self-administered pre-coded questionnaire. The cage for the serial number was kept blank at the time of administering the questionnaire to the respondent in order to ensure confidentiality. Questionnaires were serially numbered at the time of data entry. A pre-test was carried out prior to the study proper in order to assess its acceptability, clarity and ease of administration.

A comprehensive explanation was given to the respondents before they answer the questionnaire how anonymity would be maintained at every point of the study. Questionnaires were administered in situations where large number of trainees gathered (eg. Lectures or seminars). In other instances when the questionnaire was administered on an individual basis, an appropriate setting where privacy could be maintained adequately was used for meeting respondents. Completed questionnaires were put into envelopes provided by the principal investigator (PI) and sealed by respondents themselves before they were collected into a sealed box.

Data were coded and analysis was performed using the Statistical Package for Social Sciences (SPSS) by the principal investigator.

Qualitative Component

A purposive sample of 12 spouses of postgraduate trainees who participated in quantitative component of the study was selected. The sample included 6 spouses of medical professionals, 4 spouses of non-medical professionals and 2 non-working spouses. Two spouses were medical postgraduate trainees. Of the 12 selected spouses, 8 were females. This study group provided the range and social context necessary for a qualitative study.

An interview guide was prepared based on the questionnaire administered in quantitative component to ensure that all relevant aspects were included. Interviews were conducted by two experienced sociology graduates, one male and one female. In-depth interviews were conducted by same-sex interviewers at the respondent's residence or at a place convenient for both parties where privacy could be maintained optimally and participants could express their responses freely and without a disturbance.

Data analysis was done by the PI based on Giorgi's phenomenological method (6) and used participants' verbatim comments.

Ethical clearance was obtained from the Ethical Review Committee of the Faculty of Medicine, Colombo. Permission was obtained from the Director, PGIM to conduct the research and to obtain relevant information of postgraduate trainees.

Results

Quantitative Component

Of 231 of ever-married eligible trainees, 206 responded with a non response rate of 12%.

Socio-demographic characteristics

Sixty seven percent of the subjects were males and 33% were females. The majority (83.0%, n = 171) of participants were Sinhalese, 13.60% (n = 28) were Tamils and 2.4% (n = 5) of Moors / Malays. Seventy six percent (n = 156) were Buddhists; 12.1% (n = 25) Hindus; 6.8 % (n = 14) Roman Catholic and 2.4% (n = 5) were Islam.

Nearly forty percent (39.8 %) of trainees were in

Table 1 – Frequency distribution of medical postgraduate trainees by the course of study

Course	Frequency	Percent
Medicine (MD)	38	18.4
Psychiatry (MD)	22	10.7
Paediatrics (MD)	22	10.7
Community Medicine (MSc)	24	11.7
Community Medicine (MD)	14	6.8
Surgery (MS)	31	15.0
Obstetrics and Gynaecology (MS)	30	14.6
Anaesthesiology (MD)	25	12.1
Total	**206**	**100.0**

Table 2 – Frequency distribution of medical postgraduate trainees by sex and course of study

Course of study	Sex of the trainee Male (%)	Female (%)	Total
Medicine-related			
Medicine (MD)	29 (76.3)	9 (23.7)	38 (100)
Psychiatry (MD)	13 (59.1)	9 (40.9)	22 (100)
Paediatrics (MD)	11 (50.0)	11 (50.0)	22 (100)
Non-clinical			
Community Medicine (MSc)	9 (37.5)	15 (62.5)	24 (100)
Community Medicine (MD)	6 (42.9)	8 (57.1)	14 (100)
Surgery-related			
Surgery (MS)	31 (100)	0 (0.0)	31 (100)
Obstetric and Gynaecology (MS)	27 (90.0)	3 (10.0)	30 (100)
Anaesthesiology (MD)	12 (48.0)	13 (52.0)	25 (100)
Total	**138 (67.0)**	**68 (33.0)**	**206 (100)**

the medicine-related category while 18.5 % and 41.7 % in non-clinical and surgery-related categories respectively (Table 1).

The majority (67%) of the trainees were males and 33 % were females. In Medicine (MD), Psychiatry (MD), Surgery (MS) and Obstetric and Gynaecology (MS) males predominated, while in Community Medicine and in Anaesthesiology (MD), females predominated. In Surgery (MS) all (100%) were males and in Paediatrics both sexes were equally represented (Table 2).

With regard to the age distribution, a greater proportion (91.3%) was in the 30 to 39 year age category. This was reflected in all the courses of study. Out of all the subjects, 56.3% of the trainees were in the 30 -34 year age group and 35 % in the 35 – 39 year age group. Predominance of 30 – 34 year age group was seen in all courses of study except in Paediatrics (MD) (45.5 %) and in Anaesthesiology (20%) in which the 35-39 years age group was predominant.

Forty eight percent (n = 98) of the spouses were also medical professionals, 31.1% (n = 64) were in non-medical professions and 15% (n =15) were not working. Thirteen (6.3%) had not disclosed their spouse's occupation.

Parenting characteristics

Among all ever-married trainees (n = 206), most (73%) had at least one child. The proportion of trainees having no children was 26.7%. Out of the trainees having children (n = 151), 54% had one child, 41.3% had two children while 4.7% had three children. When the trainees who had children (n = 151) were analyzed, 32.5% had no children at the commencement of the training. Many (45.7%) had one child, 19.9% had two children and only 2% had three children. In 73 (35.4%) families (n=206) either the postgraduate trainee or the spouse had conceived after the beginning of the training.

Of the trainees without children (n = 53), 49% had purposefully delayed having children. Of the trainees who purposefully delayed having children, the reason given for the postponement was postgraduate training in 76%. Another 44% had done so due to higher studies of the spouse. A proportion of 12% had decided not to have children.

A higher proportion (27.8%) of the children was in the age group one to three years. Altogether 47.1% children were less than 3 years. A higher proportion (42%) of trainees had children between one to three years of age. Proportion of trainees having children less than 1 year was 28.8% (Table 3). (Note: Two trainees had not responded).

Table 3 – Frequency distribution of ages of

	Frequency	Percent
Ages of children		
Less than 1 year	43	19.3
1 to less than 3 years	62	27.8
3 to less than 5 years	59	26.45
More than 5 years	59	26.45
Total children	**223**	**100**

Care arrangement for most (41.7%) of the children was by grand parents or relatives. In 24.2% of the children, care provision was done by either trainee or spouse during daytime. Services of a domestic helper had been sought for in 23.3% children. Day care centres provided care only for

9.4% of children (Table 4).

Table 4 – Frequency distribution of care arrangement for children

Care arrangement	Frequency	Percent
Trainee and / or spouse	54	24.4
Day care centres	21	9.5
Grand parents / relatives	93	42.1
Domestic helper	52	23.5
Other	1	0.5
Total number of children	**221**	**100**

Many (69.6 %) of the female trainees spent 2 hours or more per day with their children in comparison with male trainees proportion (42.9%) of time spent more than 2 hours (Table 5).

Table 6 shows that about 8% of the trainees had no time at all to spend with their children. Many (27%) had 2 – 4 hrs while 24% had more than 4 hours. Of the trainees who had no time at all, the majority (58%) were surgery-related trainees. Only 3% of non-clinical trainees had no time at all. Among those who had more than 4 hours, non-clinical trainees constituted the highest proportion (48%). The majority (30%) of the medicine-related trainees had 2 to 4 hours.

Table 7 reflects that most of the trainees (69.4%) reported that their childcare had been affected (46.7% significantly and 22.7% very significantly) due to postgraduate training. For surgery-related and medicine-related trainees these proportions were 82.9% and 72.7% respectively, for non-clinical trainees it was only 35.5%. Very few surgery-related (1.6%) and medicine-related (5.5%) trainees expressed that their childcare was not affected at all. Most (61.3%) non-clinical trainees responded that their childcare had been affected either insignificantly (45.2%) or not at all (16.1%).

When rows 1,2 and 3 together and 4 and 5 together were amalgamated, proportions affected due to postgraduate training; surgery-related

Table 5 – Frequency distribution of average time spent with children by the postgraduate trainee in relation to sex of the trainee

Average time spent with children (per day)	Sex		Total (%)
	Male	Female	
No time	12 (11.4)	0 (0.0)	12 (7.9)
0 hours	21 (20.0)	4 (8.7)	25 (16.6)
1 hour	27 (25.7)	10 (21.7)	37 (24.5)
2 – 4 hours	26 (24.8)	15 (32.6)	41 (27.2)
> 4 hours	19 (18.1)	17 (37.0)	36 (23.8)
Total	**105 (100.0)**	**46 (100.0)**	**151 (100.0)**

Table 6 – Frequency distribution of average time spent with children by the postgraduate trainee in relation to course type

Average time spent with children (per day)	Course type			Total (%)
	Surgery-related (%)	Medicine-related (%)	Non-clinical (%)	
No time	7 (10.9)	5 (8.9)	1 (3.2)	12 (7.9)
0 hours	11 (17.2)	13 (23.2)	1 (3.2)	25 (16.6)
1 hour	18 (28.1)	11 (19.6)	8 (25.8)	37 (24.5)
2 – 4 hours	18 (28.1)	17 (30.4)	6 (19.4)	41 (27.2)
> 4 hours	10 (15.6)	10 (17.9)	15 (48.4)	36 (23.8)
Total	**64 (100)**	**56 (100)**	**31 (100)**	**151 (100)**

Table 7 – Postgraduate trainee's assessment of the effect of their training on childcare in relation to course type

Way of training affecting childcare	Course type			Total *(%)*
	Surgery-related *(%)*	Medicine-related *(%)*	Non-clinical *(%)*	
Not at all	1 (1.6)	3 (5.5)	5 (16.1)	9 (6.0)
Insignificantly	8 (12.5)	6 (10.9)	14 (45.2)	28 (18.7)
No response	2 (3.1)	6 (10.9)	1 (3.2)	9 (6.0)
Significantly	33 (51.6)	27 (49.1)	10 (32.3)	70 (46.7)
Very significantly	20 (31.3)	13 (23.6)	1 (3.2)	34 (22.7)
Total	**64 (100)**	**55 (100)**	**31 (100)**	**150 (100)**

* *Not responded = 1*

(83%), medicine-related (73%) and non-clinical (36%) ($\chi^2 = 22.472$, df = 2, p<0.000). Hence the findings were statistically significant.

Table 8 shows that most (62%) of the trainees were either dissatisfied (39.3%) or extremely dissatisfied (22.7%) over their parenting. Only 31.3% reported as either satisfied (28%) or highly satisfied (3.3%). Of the surgery-related trainees, a higher proportion (65.7%) was dissatisfied, with 18.8% extremely dissatisfied. The proportions of totally dissatisfied trainees in medicine-related and non-clinical categories were 65.5% and 48.4% respectively. The highest proportion (48.4%) of satisfied trainees was in the non-clinical category.

Qualitative Component

Of the selected twelve spouses, two declined to participate. Out of the ten participants four were males and six were females. The course of study of two was non-clinical, three surgery-related and five medicine-related. When occupational categorization was done, five of them were medical professionals, four had occupations other than the medical profession and one respondent was not working. Of the ten respondents seven had at least one child. Two respondents had two children each. Two respondents had no children while one was currently pregnant. Two of the medical spouses were also engaged in postgraduate training.

A factor identified was negatively affected parenting. Most of the respondents described that their parenting aspect had been affected since the commencement of spouse's postgraduate training. Many respondents were not satisfied with the care their spouse provided as a parent to the children.

At its most extreme, this excerpt describes how badly parenting has been affected; *"He does not do anything for the children. I feel sorry for my husband. He wants to spend time with the children, but he can't. When he is at home, he is always with a book and so the children can't go near him. If they disturb him, then he has to read that section again"* (Respondent–6). A sense of sacrifice emerged when they explained how they adjusted. *" Our baby is going to Montessori now. I have not allowed her studies to affect my baby. I do everything; feeding, bathing, dressing, putting to sleep and helping with the homework"* (Respondent–7). *" I understand all this, and I know that we have to go through this difficult time before we have victory"* (Respondent – 6).

Table 8 – Frequency distribution of satisfaction of the postgraduate trainees on parenting

Parenting satisfaction	Course type			Total *(%)*
	Surgery-related *(%)*	Medicine-related *(%)*	Non-clinical *(%)*	
Extremely dissatisfied	12 (18.8)	16 (29.1)	6 (19.4)	34 (22.7)
Dissatisfied	30 (46.9)	20 (36.4)	9 (29.0)	59 (39.3)
No response	6 (9.4)	3 (5.5)	1 (3.2)	10 (6.7)
Satisfied	16 (25.0)	13 (23.6)	13 (41.9)	42 (28.0)
Highly satisfied	0 (0.0)	3 (5.5)	2 (6.5)	5 (3.3)
Total	**64 (100)**	**55 (100)**	**31(100)**	**150 (100)**

* *Not responded = 1*

Several respondents reported that they perceived parenting satisfaction of their spouses to be fluctuating between satisfied and dissatisfied depending on whether spouses had course assessments nearby. Mother of a three months old baby described : " *What he does with the baby is to carry her and fiddle a bit. Once he tried to clean up her after a pooh, but he made such a mess of it that, I did it myself* "(Respondent – 3). Although, few in number, all respondents who had children above the age of schooling expressed that parenting was not affected by higher studies of the postgraduate trainee.

Some respondents have delayed having children purposefully until the postgraduate training is over. One respondent has postponed the first pregnancy while another the second. Another respondent who was six months pregnant elaborated : " *Now I feel that we could have waited some more time to have a baby.*" (Respondent–2).

Judging from the spouses' perspectives, it is obvious that parenting is significantly affected due to postgraduate training. But it was found difficult to speculate as to whether there was any difference with regard to the type of speciality their spouses pursue. The hypothesis developed in first few interviews that parenting is affected by postgraduate training was supported by subsequent interviews. Hence this hypothesis was accepted.

Discussion

During the past decade the number of medical graduates pursuing higher studies has increased. They are burdened with the demands of family responsibilities and the pressure of an academic career. Research data describing how Sri Lankan medical postgraduate trainees balance their training and personal lives are minimal.

As the objectives of the study involved description of the parenting experiences of the medical postgraduate trainees, the best approach was a descriptive cross-sectional study taking the time and resource constraints of this study into account. Of the postgraduate courses conducted in 20 disciplines by the PGIM, only pre-MD/MS and MSc academic streams were included in the study. These disciplines were specifically selected considering the number of trainees enrolled and diversity of the courses. Although the study was restricted to the postgraduate trainees attached to training centres within Colombo district due to logistic reasons, the study population represented an adequate number and variety in disciplines to achieve the objectives of the study.

One of the study designs used in the present research, quantitative component, is self-reports. There is sufficient evidence that when questions are directed and response alternatives are clearly specified, self-report results are meaningful (7). The second approach was qualitative using in-depth interviews. Qualitative research methods involve systematic collection, organization, and interpretation of textual material derived from talk or observation. It is used in the exploration of meanings of social phenomena as experienced by individuals themselves, in their natural context (8). Taken the complex nature of the research topic into consideration, the aim of using triangulation was to increase the understanding of this complexity in the hope that agreement between two different sources confirms validity.

Number of children

The majority (73%) of the married trainees had at least one child. Dassanayake (9) reported similar findings as 67% and 33% respectively. Around 5% had three children and none had more than three. Dassanayake (9) found 61% having only one child and 4% having three children. She also found no couples with more than three children. When compared with findings by Warde (10), there are remarkable differences with regard to child-rearing. How ever Warde's study population included married physicians (10). They found 84% of physicians having children with only 16% having no children.

Nearly 50% of childless couples had purposefully delayed having children. The period of postgraduate training typically coincides with peak child-rearing years. The time pressures of academic work and patient care compete with the biologic imperative of the reproductive years. This could be the reason why they delayed having children. About 76% trainees had done so because of their postgraduate training. Forty four percent had done so due to higher studies of the spouse. Both factors must have contributed to a large proportion of couples. This was further substantiated by spouses in the qualitative component. Other noteworthy factors were decision of the couple not to have children and lack of family support. Many (47%) children were under three years of age. The proportion of trainees having children under one year was nearly 29%. This shows how severely parenting aspect of these children could be affected due to demands of postgraduate training of parents.

Care arrangement for children

Remarkably, a larger proportion (42%) of the children were cared for by grandparents or relatives. Although more than two-thirds of the trainees were males in this study, implying that

two thirds of the spouses were females, only 24% of the children were cared for by either trainee or spouse. This could be explained by the fact that more than 84% of the spouses of the study sample were also occupied having less time to attend for children's needs.

Soyza and Fernando (11) also found that 76% of the children of employed mothers were cared for by grand parents. Samarakkody (12) reported that 66% of the home-cared children were looked after by grand parents. Similar findings were seen in the care arrangement between domestic helpers in the present study – 23.5% – and the study of Soyza and Fernando (11) – 25%. Utilization of day care centres for child care was minimal (9.5%). Samarakkody (12) also reported a similar finding (5.5%) with mothers in administrative or managerial work.

Childcare provision by postgraduate trainee

Non-clinical trainees had more time to spend with their children. Considerable proportion (8%) had no time at all to spend with the children. Badly affected were surgery-related trainees. Many of the medicine-related trainees had only 2 to 4 hours per day for child care. The distribution with regard to time spent with children between surgery-related and medicine-related trainees was statistically significant ($p < 0.05$).

Nearly 70% of the trainees admitted that their childcare had been affected negatively due to postgraduate training. About one-fourth of them reported that it was adversely affected. For surgery-related and medicine related trainees the negative influence on childcare was 83% and 73% respectively. Children of non-clinical trainees were less affected (35%). Only 6% of trainees described that their parenting aspect was not affected at all. The distribution of trainees with regard to affected (surgery-related (83%), medicine-related (73%) and non-clinical (36%)) versus not affected was highly significant statistically ($p < 0.001$). These findings show that postgraduate training clearly impinges on parenting aspect of a medical postgraduate trainee.

Parental satisfaction

A very high proportion (62%) of all postgraduate trainees reported dissatisfaction with regard to parenting. Although majority was dissatisfied, the most highly affected were medicine-related and surgery-related trainees. Of those satisfied, a higher proportion was non-clinical trainees.

Warde et al (10) explained that because children require continuous parental attention as children develop physically and emotionally, for many couples, raising children might be more complex than maintaining their marital relationship.

In the qualitative component, the spouses' feeling of the postgraduate trainee's performance on parenting was contrary to that of the postgraduate trainee. Postgraduate trainees themselves rated that their spouses were highly satisfied with parenting provided by them (trainees) in quantitative component. When views of the spouses were obtained in qualitative component, they expressed dissatisfaction with the contribution of their trainee-spouse in parenting. Spouses knew that trainees wanted to give more care to children, but they (trainees) failed to do so. Most spouses had adapted themselves to the situation. They perceived care provision varying between 'satisfied' and 'dissatisfied' depending on the timing of assessments in the training course.

Conclusion

The findings indicate that postgraduate training adversely affects parenting. The magnitude of the effect varies between disciplines with surgery-related trainees being affected most. Since lack of time for studies and the family activities is the core issue, provision of at least one day-off per week from postgraduate training and work would be beneficial. Provision of responsive curricula through ongoing analysis of needs of the trainees and continued dialogue with the trainees, teachers and health administrators is recommended. The other solution would be availability of day care facilities within the premises of training centres.

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