Success attitudes of young ophthalmologists in the first decade of their career

ATITUDES DE SUCESSO DE JOVENS OFTALMOLOGISTAS NA PRIMEIRA DÉCADA DA CARREIRA

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ABSTRACT

Purpose: To describe the main success attitudes of young ophthalmologists in the first decade of their career.

Methods: This descriptive study comprised subjects selected from a sample of ophthalmologists who were participating in a congress, using a semi-structured questionnaire. The inclusion criteria were as follows: ophthalmologists under the age of 40 years, within 5-10 years from ophthalmology residency conclusion. The subjects were asked about the three main success attitudes in their personal experience during the first years of ophthalmology practice. After the initial results, the 10 most frequently mentioned attitudes were listed and volunteers were again interviewed to choose, within the latter list, the three main attitudes.

Results: Forty-eight ophthalmologists were interviewed, 24 (50%) were male; the mean age was 37 years (SD: 2 years, range: 33-40 years) and the mean time from ophthalmology residency conclusion was 8 years (SD: 1 year, range: 5-10 years). The frequency of such mentioned success attitudes were as follows: to invest in professional updating (22.9%), to have a good relationship with patients and professional partners (18.8%), to prioritize individual and family happiness (12.5%), initially to work in an established group (11.1%), to work in public service (9.7%), to have their own business with a homogeneous group (7.6%), to save money (7.6%), to be ready to resume work (4.2%), to get business administration skills (4.2%), and to have professional insurance (0.7%).

Conclusions: The three main success attitudes consisted in investing in professional updating (22.9%), maintaining a good relationship with patients and professional partners (18.8%), and prioritizing individual and family happiness (12.5%). Although these results should not be generalized, they are helpful not only for those ophthalmologists at the beginning of a career but also those who want to reflect on what to prioritize in their professional practice.

Keywords: Professional practice, Education, Medical, Continuing, Ophthalmology/ manpower, Job market, Health management

RESUMO

Objetivos: Descrever as principais atitudes de sucesso de jovens oftalmologistas na primeira década de exercício da profissão.

Métodos: Tratou-se de um estudo descritivo. Os sujeitos da pesquisa foram selecionados a partir da amostra de participantes de congresso de oftalmologia, utilizando-se questionário semi-estruturado. Os critérios de inclusão foram: médico oftalmologista com menos de 40 anos e que tivesse entre 5 e 10 anos de conclusão da residência médica. Questionou-se sobre quais foram as três principais atitudes de sucesso na experiência pessoal durante esses primeiros anos do exercício da medicina. Após os resultados iniciais, foram relacionadas as dez atitudes mais citadas e os voluntários foram mais uma vez entrevistados para que escolhessem, dentro dessa última listagem, as três principais atitudes.

Resultados: Foram entrevistados 48 oftalmologistas, destes 24 (50%) eram do gênero masculino, a média da idade foi 37 anos (DP 2 anos, intervalo de 33 a 40 anos) e a média do tempo de conclusão do curso de 8 anos (DP 1 ano, intervalo de 5 a 10 anos). A frequência de citação das atitudes de sucesso foi: investir continuamente na formação profissional (22,9%), manter bom relacionamento com pacientes e colegas de profissão (18,8%), priorizar a felicidade individual e familiar (12,5%), inicialmente prestar serviço para grupo estabelecido (11,1%), ingressar no serviço público (9,7%), manter conselheiro ao lado de amigos (7,6%), hábito de poupança (7,6%), estar pronto para o reconhecimento profissional (4,2%), investir na formação complementar em administração (4,2%), e contratação de seguro profissional (0,7%).

Conclusões: As três principais atitudes foram: investir continuamente na formação profissional, manter bom relacionamento com pacientes e colegas de profissão, priorizar a felicidade individual e familiar. Embora estes resultados não devam ser universalmente generalizados, eles ajudam não apenas aos ingressantes na profissão, mas todos os oftalmologistas a desejarem refletir sobre a que priorizar em seu exercício profissional.

Descritores: Prática profissional, Educação médica contínua, Oftalmologia/recursos humanos, Mercado de trabalho, Gestão em saúde

INTRODUCTION

Ophthalmologists face the challenge of reconciling a good clinical practice, focused on respect for the patient and the constant updating of their knowledge, with the need to occupy their place in the job market and promote their social relationship1,2. Perhaps this is most evident in the early years of professional activity, when good decisions will have a positive effect on success as a physician and as an individual within a social context. This study aimed to describe the main attitudes to achieve success that the young ophthalmologists considered to be important during the first decade of their profession.

METHODS

We conducted a descriptive study with physicians from all over Brazil, who participated in a Congress of Ophthalmology in June 2011, using semi-structured interviews. Inclusion criteria were as follows: being medical ophthalmologist under 40 years of age, having completed more than 5 and less than 10 years of specialization in ophthalmology (accredited by the Ministry of Education and Culture of Brazil - MEC – and/or the Brazilian Council of Ophthalmology – CBO).

From the database entries of the congress, participants who met the inclusion criteria were randomly invited to answer two questionnaires. In the first questionnaire, by e-mail, we collected data on
gender, age, time of completion of specialization, and answer to
the following question: what were the three main success attitudes
in your personal experience during the exercise of ophthalmology?
Success attitudes were defined as the personal choices made at
the beginning of the career that contributed positively to professional
success. After accounting for initial results, the 10 most frequently
cited attitudes were listed.

In the second questionnaire, the same volunteers were once
again interviewed by e-mail and asked to choose, within this new
10-item list, the three main attitudes in their experience. The order of
presentation of the options was randomly different for each respond-
ent to provide equal exposure of each item. The study protocol was
approved by the Research Ethics Committee/Investigational Review
Board, under number CAAE 0842.0.146.000-11.

The results of these analyzes were presented with descriptive
statistics using SPSS software. The central tendency was determined
by the mean and standard deviation. Categorical data were analyzed
using Chi-square test and Fisher’s exact test, and p<5% was conside-
red significant.

RESULTS
Forty-eight ophthalmologists were interviewed, with a mean age
of 37 years (SD: 2 years, range: 33-40 years) and a mean completion
time of specialization in ophthalmology of 8 years (SD: 1 year, range:
5-10 years). Twenty-four (50%) were male and all of them agreed to
participate in the study. Table 1 details the frequency of mention of
success attitudes (144 citations = 3 per respondent).

DISCUSSION
The item most often mentioned in the study was to invest in
professional up to dating. When we looked up at the literature, we
concluded that with increasing access to information, professionals
have been evaluated not only by their initial training but also their
capacity to keep updated and to adapt to new demands.

One of the ways to invest in professional up to dating is conti-
uining medical education (CME). Despite CME does not have an exact
match in the official Brazilian educational system, it has become in-
creasingly familiar to professionals in medicine, and is an important
form of ongoing education for professionals in the 21st century, espe-
cially in the health field, where the volume of scientific information
grows exponentially. Unfortunately, as the time since graduation
in Medicine increases, updated knowledge of healthcare decreases,
showing a statistically significant negative correlation between these
variables. A study with three groups of former residents, all gradua-
tes from the same institution, with titles of specialists in ophthalmol-
ogy from the Brazilian Council of Ophthalmology (CBO), acquired one,
5, and 10 years before, respectively, showed a significant decrease in
retention of theoretical knowledge over the years.

Maintaining good relationships with patients and professional
colleagues was the second most frequently mentioned item, while
having professional insurance received one single mention. This ratio
faithfully represents what is found in the literature regarding civil
responsibility of the physician.

Legal aspects have become increasingly important after the
adoption of the Law # 8078 in the consumer protection code, dated
September 11th, 1990, with implications for modification of social
behavior and consequences in the practice of citizenship. First of all,
the law changed the physician into a medical provider, the patient
into a consumer, and the practice of medicine into provision of medi-
services. The deterioration of the physician-patient relationship has
contributed greatly to the increased number of medical liability
lawsuits and a significant proportion of complaints of alleged mal-
practice before the Medical Council.

However, the generally expensive insurance professionals can give
a false sense of security, which, in practical terms, does not always cor-
respond to the reality of facts. When there is good communication
and demonstration of respect for the patient’s feelings and opinions,
he/she participates in decisions and consequently more readily ac-
cepts the results of treatment, even when not satisfactory.

Thus, despite professional insurance having its importance in
protecting medical activity in a context of possible adverse events,
the physician-patient relationship still assumes the lead role in mana-
ging unwanted events during the therapeutic process.

Relationships between co-workers also had great importance for
a considerable number of study participants. The work environ-
ment provides numerous personal and professional interactions
with potential mutual benefits among individuals who invest in this
relationship. Networking, therefore, becomes extremely relevant
to professional ascension. In a society where solutions are required
immediately and there is no time for failed attempts, the practice of
resorting to those one already known prevails in more than 90% of
cases. Most success stems from long-term relationships, and this
represents a competitive advantage that cannot be overlooked.

The third most-mentioned item was to prioritize individual and
family happiness. Studies suggest that individuals who consider
themselves happy set more ambitious goals, perform better at work,
and continue longer in tasks that require persistence.

Table 1. Success attitudes of young ophthalmologists in the first decade of their career

<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency N (%)</th>
<th>Male N (%)</th>
<th>Female N (%)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>To invest in professional up to dating</td>
<td>33 (22.9)</td>
<td>18 (25.0)</td>
<td>15 (20.8)</td>
<td>0.55*</td>
</tr>
<tr>
<td>To have a good relationship with patients and professional partners</td>
<td>27 (18.8)</td>
<td>8 (11.1)</td>
<td>19 (26.4)</td>
<td>0.02*</td>
</tr>
<tr>
<td>To prioritize individual and family happiness initially to work in an established group</td>
<td>18 (12.5)</td>
<td>4 (5.5)</td>
<td>14 (19.4)</td>
<td>0.02*</td>
</tr>
<tr>
<td>To work in public service</td>
<td>16 (11.1)</td>
<td>8 (11.1)</td>
<td>8 (11.1)</td>
<td>0.99*</td>
</tr>
<tr>
<td>To have an own business with a homogeneous group</td>
<td>14 (9.7)</td>
<td>11 (15.3)</td>
<td>3 (4.2)</td>
<td>0.04*</td>
</tr>
<tr>
<td>To save money</td>
<td>11 (7.6)</td>
<td>9 (12.5)</td>
<td>2 (2.8)</td>
<td>0.05*</td>
</tr>
<tr>
<td>To be ready to resume work</td>
<td>11 (7.6)</td>
<td>5 (6.9)</td>
<td>6 (8.4)</td>
<td>0.75*</td>
</tr>
<tr>
<td>To get business administration skills</td>
<td>7 (4.9)</td>
<td>2 (2.8)</td>
<td>5 (6.9)</td>
<td>0.44*</td>
</tr>
<tr>
<td>To have professional insurance</td>
<td>6 (4.2)</td>
<td>6 (8.4)</td>
<td>0 (0)</td>
<td>0.03*</td>
</tr>
<tr>
<td>Total</td>
<td>144 (100)</td>
<td>72 (100)</td>
<td>72 (100)</td>
<td>0.99*</td>
</tr>
</tbody>
</table>

*a= Chi-square test, b= Fisher’s exact test
The challenge of balancing life events with a career trajectory is an important determinant leading to premature dropout or slower career advancement. Family-friendly policies may increase career satisfaction(10).

In Brazil, many physicians are dissatisfied with their career. In a research conducted with these professionals, 80% of respondents considered the medical practice overwhelming due to factors such as overwork, low payment, excessive professional responsibility, poor working conditions, physician-patient relationship turmoil, and loss of autonomy(11,12).

Among the forms of entry into the job market, some factors were highlighted, such as working in established private groups and public service. A study conducted in 2002 with 7,008 physicians active in public health care in northeastern Brazil showed that 69.7% work in public sector, 59.3% in private sector, and 74.7% in private offices; in other words, physicians often maintain more than one type of insertion into the job market. As a rule, entry into the career occurs by the public sector, and wage earning (public and private) is usually associated with professional work(12).

Office management for several physicians forming a homogeneous group appears as a competitive advantage, as long as principles like impartiality and professionalism among members in all segments and sectors of the clinic/company are adhered to(13). This includes combating nepotism and adopting corporate behavior over personal choices.

A lack of financial literacy can affect people's quality of life(14), as well as postpone the formation of pension savings and cause increased uncertainty regarding the risk and profit of investment products(15,16). Controlling personal and professional compulsive consumption and making savings a habit represent the two major challenges in the management of personal finances(17,18).

The failure situation provides valuable information about actions to be avoided to pursue opportunities in the future and successfully reach goals. Difficulty in achieving a goal can be the result of inability to control certain variables. Giving up an initial goal might not mean failure, but rather the chance to concentrate on projects with more feasible levels of control(19).

As in any venture, young physicians should be prepared to implement changes in their professional careers, ranging from job relocation to changes in the area of professional work. Sometimes, despite having a subspecialty, such as retinal surgery, opportunities arise in general ophthalmology. A study was carried out to identify factors influencing graduating ophthalmology residents to pursue subspecialty training or a career in comprehensive ophthalmology. They concluded that several factors influenced career choices among graduating ophthalmology residents. A desire to acquire special skills and perceived prestige and job market were major factors influencing ophthalmology residents to seek subspecialty training. Lifestyle considerations were more important to residents choosing a comprehensive ophthalmology career(20).

The need to professionalize healthcare administration and the frequent problems with receipts of payment of health plans, hospitals, and users have led to an increase in the number of physicians and other professionals seeking to learn from the basics of administration, such as it is offered by Sebrae, to advanced specialization courses, such as an MBA in health management(10).

Although the sample of this study has not been programmed to test gender differences, some interesting findings merit a more detailed analysis. Female physicians value good relationships with patients and colleagues as well as individual and family happiness more than male physicians. Conversely, male physicians value further training in administration, participation in public service, and setting up their own clinic.

One of the main limitations of this study lies in the fact that it was conducted in an environment of an academic conference, which may have selected physicians who prize continuing medical education. In addition, the sample was not designed to assess differences in the territorial region of operation, post-academic specialization, or subspecialization within the field of ophthalmology.

The authors are unaware of similar descriptive studies that evaluate success attitudes of young ophthalmologists in the first decade of their career in Brazil. Although these results should not be generalized, they not only help those at the beginning of their careers but also every ophthalmologist who wants to reflect on what to prioritize in their professional practice.

REFERENCES