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What causes trainees to leave oral and maxillofacial surgery? A questionnaire survey

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Abstract

Understanding what causes trainees to leave OMFS is essential if we are to retain them within the specialty. Although these factors have been defined for medicine, we know of no previous study for OMFS. An online survey was distributed to roughly 1500 people who had registered an interest in OMFS during the past seven years. Personal information and details of education and employment were gathered along with personal factors that attracted them to OMFS. Of 251 trainees who responded, 50 (30%) were no longer interested. Factors that significantly correlated with an interest in OMFS included male sex ($p=0.020$), dual qualification ($p=0.024$), and (only for women) being single ($p=0.024$) and having no dependants ($p=0.005$). We used qualitative analysis to identify work-life balance, duration of training, and financial implications, as significant factors. Identification of key factors that affect OMFS trainees allows us to develop ways to keep them in the specialty. The predominant factor is work-life balance, and for women this included having children and being married. Financial issues related to the junior doctors' contract and competition ratios to second degrees, are also factors for both sexes. Also important are the "sunk costs" fallacy that causes some trainees to stay in training. This information can be used to help develop higher training, in negotiations of contracts, and to attract and retain future OMFS trainees.

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Keywords: Motivation; Oral and maxillofacial surgery; Training

Introduction

Medicine in general faces a recruitment crisis: almost half the foundation doctors in 2014 decided not to apply for specialty training in medicine or surgery.¹ Some authors have blamed trends such as increasing numbers of women in the profession^{2–4} and the growing perceived need for a work–life balance, including part-time training and working.^{5–7} OMFS has not been immune to these changes, and in recruitment cycles in 2014 and 2015 at ST3 there were unfilled posts. Here we review the factors that discourage trainees from OMFS.

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Methods

The methods were described in detail in our previous paper.⁸

Results

The online survey was distributed to about 1500 email addresses, and we had 251 responses. It was impossible to calculate an accurate overall response rate, though 56 of 125 UK-based OMFS registrars responded (45%). Demographic characteristics were presented in the previous paper.⁸

Fifty respondents (20%) were no longer interested in a career in OMFS, while 177 (71%) were interested, and 24 (10%) were not sure. Factors that significantly correlated with

Table 1
Relationships by sex, and interest in career in OMFS.

	Female	Male
Interest in OMFS career:		
Cohabiting	6	20
Married	14	64
Single	24	43
Not interested in OMFS career:		
Cohabiting	4	4
Married	15	14
Single	4	9

being interested included dual qualification ($p = 0.020$), male sex ($p = 0.024$), and for women (but not men) being single ($p = 0.021$) (Table 1).

Among those who were no longer interested in OMFS, 15 women and 14 men were married, whilst in the group who were still interested in OMFS, 14 women and 64 men were married. Twenty four women interested in OMFS were single compared with only 43 of the men. For women there was a significant correlation between being in a relationship and no longer being interested in OMFS ($p = 0.021$). This was not the case for men ($p = 0.52$) (Fig. 1).

Seventy-seven respondents had at least one dependant and, as expected, there was a significant correlation between number of dependants and type of relationship, with most dependants belonging to married trainees ($p = 0.00$). Among women there was a correlation between having dependants and no longer being interested in OMFS ($p = 0.005$), but this correlation was not present among the men ($p = 0.564$). Groups with the most dependants were married men who were interested in OMFS and married woman who were no longer interested in OMFS (Table 2).

Answers to the question “Please give at least three reasons why you are no longer interested in OMFS surgery?” were analysed by coding and by phrase and word frequency analysis (Table 3). Broad themes that put people off OFMS included work/life balance. For example, representative comments included “Difficulty in holding down a family life” and “. . .balancing careers with wife, unwilling to move regularly with family, unsociable hours, work-life balance”. “Work-life balance” was the most frequently-used phrase by this group.

Secondly, the financial implications of OMFS were also important, with phrases such as “cost of second degree” and “moved to ENT over cost of second degree”. The junior doc-

Table 2
Sex by interest in a career in OMFS and number of dependants.

Interested in a career in OMFS	No of respondents	No with dependants	Total No of dependants
No:			
Female	23	12	19
Male	27	7	15
Not sure:			
Female	8	2	2
Male	16	5	6
Yes:			
Female	46	7	12
Male	131	45	78

Table 3
Reasons for loss of interest in OMFS, when this happened, and alternatives.

	No of respondents (n = 50)
Reason for loss of interest: [*]	
Work-life balance	22
Finances	17
Duration of training	17
Family or children	16
Geographical movement	9
Lack of support or mentoring	8
Other specialty preferred	7
When did you change your mind?	
Medical foundation training	11
Not accepted for second degree	7
Not accepted for registrar training	4
Offered alternative registrar training	2
Other	26
Your alternative career:	
General dentistry	15
Oral surgery	8
Radiology	3
ENT	2
Staff grade OMFS	2
Plastic surgery	2
Other	18

* Respondents were allowed up to three reasons.

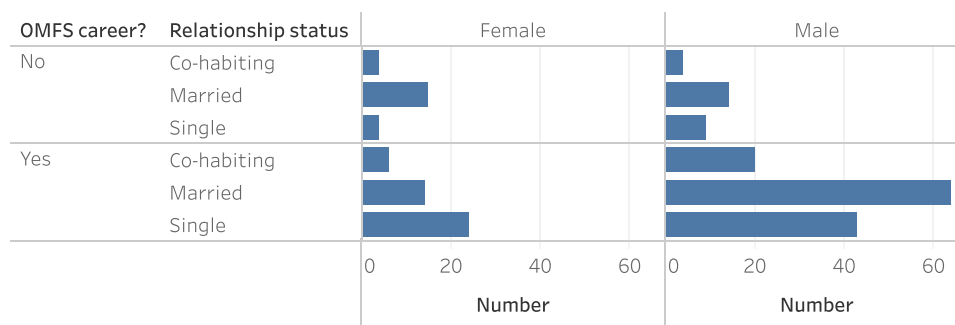


Fig. 1. Interest in a career in OMFS split by sex and relationship status. Note that there are more married men than woman interested in OMFS. Graph does not show those who were ‘not sure’ if they were interested in OMFS, and those who were widowed, divorced and separated.

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