

ANAESTHESIA MANPOWER RECRUITMENT AT KORLE-BU TEACHING HOSPITAL - A SURVEY OF HOUSE OFFICERS

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SUMMARY

A survey was conducted among housemen at the Korle-Bu Teaching Hospital to find out young doctors' attitude towards the specialty of Anaesthesia. Out of 83 housemen contacted, there were 56 respondents. Out of the 56 respondents, 15 would consider specializing in anaesthesia and 29 would consider doing a rotation in anaesthesia. Reasons that were thought important in deterring doctors from anaesthesia were the heavy workload and stress in anaesthesia. Factors that were thought would increase interest in anaesthesia were facilities for intensive care and pain clinics and also the possibility of going abroad for part of the anaesthesia training. It is suggested that increased efforts are made to attract young doctors into the specialty of anaesthesia.

Keywords: Anaesthesia, Housemen, Korle Bu Teaching Hospital.

INTRODUCTION

It is well known that lack of adequate anaesthesia services hinders the provision of service in the surgical specialties and curtails greatly the amount of work that can be done in these specialties.

Over the years the Anaesthesia Department at the Korle-Bu Teaching Hospital has had difficulty attracting adequate numbers of medical officers into the specialty and the aim of the survey was to try and find out some of the reasons why young doctors do not find anaesthesia attractive. The survey involved house officers at the Korle-Bu Teaching Hospital.

METHODS

A questionnaire was distributed to all housemen at the Korle-Bu Teaching Hospital. This involved 83 Housemen.

There were 3 main questions with stems. The first inquired about the doctors interest in either specializing in anaesthesia or doing a rotation in anaesthesia. The second was aimed at finding out reasons

why anaesthesia was not very popular. The third asked about factors that might increase doctors interest in taking up anaesthesia. There was a fourth question that asked candidates to list in order, their first three preferences for areas of specialization.

RESULTS

Fifty-six out of 83 housemen returned their questionnaires giving a percentage respondent rate of 67.4%. Out of those that had returned their questionnaires, 41 had trained in UGMS (University of Ghana Medical School) Korle Bu, one had trained at SMS (School of Medical Sciences), Kumasi, 12 had trained abroad, and two did not indicate where they had trained.

Fifteen doctors indicated they would consider specialising (CS group) in anaesthesia, and among these, 9 had trained at UGMS, 5 had trained abroad and one had not indicated where he/she had trained.

Twenty nine doctors had indicated that they would consider doing a rotation (CR group) in anaesthesia for 6-12 months, and among these 21 had trained at UGMS, 1 at SMS, 6 abroad and 1 had not indicated where he/she had trained.

Twelve doctors had indicated that they were not interested in doing a rotation (NR group) in anaesthesia - 11 of these had trained at UGMS and 1 abroad (Table 1).

Table 1 Willingness to work in anaesthesia.

Would consider specializing in Anaesthesia (CS group).	15
Would consider 6-12 month rotation in Anaesthesia (CR group)	29
Not interested in rotation in Anaesthesia (NR group)	12
Total	56

Table 2 gives the results of what respondents felt were the reasons why anaesthesia was not popular.

Thirty-nine respondents indicated that it was not because anaesthesia was not interesting. Of the 39, 14 were from the CS group, 23 were from the CR group and 2 were from the NR group.

Thirty-eight respondents did not feel that anaesthesia was not challenging. Of the 38, 11 were from the CS group, 22 from the CR group and 5 from the NR group.

Thirty-one respondents did not agree that one could not earn much from private practice in anaesthesia. Eight of these were from the CS group, 15 from the CR group and 8 from the NR group.

With regard to the question on opportunities for training abroad the answers were; among the CS group there were 7-yes and 6-no. Among the CR group, 11-yes and 16-no and from the NR group, 3-yes and 7-no.

Twenty-eight respondents felt the workload was too heavy. Eleven of these were from the CS group, 12 from the CR group and 5 from the NR group.

Twenty-six respondents indicated that anaesthesia was too stressful. Of the 26, 8 were from the group that considered specializing in anaesthesia (CS), 13 from those who considered a rotation in anaesthesia (CR) and 5 from those who were not interested in anaesthesia (NR).

Table 2 Factors contributing to decreased popularity of anaesthesia.

Anaesthesia not popular because:	Number indicated		
	Yes	No	Not Indicated
Not interesting	9	39	8
Not Challenging	8	38	10
Cannot earn much from private practice	16	31	9
Not many opportunities for further Training abroad	21	29	6
Workload too heavy	28	23	5
Too stressful	26	25	5

Table 3 shows factors that might increase a doctor's interest in anaesthesia. Twenty-six respondents felt that incentives such as accommodation and exemption from rural posting would not make the specialty more attractive. Four were from the CS

group, 15 from the CR group and 7 from the NR group. Of the 19 that felt these factors would increase interest in anaesthesia, 6 were from the CS group, 10 from the CR group and 3 from the NR group.

Forty-two respondents felt that intensive care and pain clinics would increase interest in anaesthesia. Of these, 14 were from the CS group, 22 from the CR group and 6 from the NR group.

Thirty eight respondents felt that going abroad for part of the training would increase interest in anaesthesia. Eleven of these were from the CS group, 21 from the CR group and 6 from the NR group.

Table 3 Factors increasing interest in anaesthesia.

Interest in Anaesthesia increased by:	Yes	No	Not Indicated
Incentives such as accommodation/exemption from rural posting	19	26	11
Having intensive care and pain clinics as part of work	42	8	6
Going abroad for part of training	38	13	5

The fourth question in the questionnaire asked respondents to list in order of preference, their first three choices for areas of specialization. The results are shown in table 4.

Table 4 Choice of area of specialization.

	Number indicated			
	1 st Choice	2 nd Choice	3 rd Choice	Total
Internal medicine	12	11	11	34
Surgery	15	6	3	24
Paediatrics	6	8	4	18
Obstetric/Gynaecology	11	8	5	24
Anaesthesia	1	5	8	14
Community health	7	7	11	25
Pathology	0	1	3	4
Ophthalmology	1	1	0	2
General Practice	1	0	0	1
Microbiology	0	0	1	1
Psychiatry	0	1	0	1
Radiology	1	0	0	1
Radiotherapy	1	0	0	1
Anatomy	0	1	0	1
Dermatology	0	0	1	1
Total	56	49	47	

DISCUSSION

Although anaesthesia is not a very popular specialty, the survey indicates that a fair number of housemen are prepared to rotate through anaesthesia provided the conditions are right. Fifteen respondents would consider specializing in anaesthesia and 29 would consider doing a rotation for 6-12 months. It is the responsibility of both the department of anaesthesia (in ensuring the department is a pleasant and stimulating place to work in) and the Korle Bu Hospital Administration (in providing accommodation and other incentives) to make sure the conditions are right.

One thing that stands out in this survey is that most housemen feel that having an intensive care unit and having pain clinics would increase interest in anaesthesia. A general intensive care unit for the Korle-Bu Teaching Hospital is long overdue, and a concerted effort by all the clinical specialities and the hospital administration is needed to set up an intensive care unit as soon as possible. Naturally this unit should administratively be under the department of anaesthesia.

Another factor to increase interest is to make it possible for doctors to go abroad for part of their training. This is important to expose them to recent advances and techniques that are either not available or are limited here. This should be pursued seriously.

The results of the survey show a fair amount of emphasis on the heavy workload and stress in anaesthesia. Unfortunately, the workload situation is a vicious cycle; because the workload is heavy, few medical officers want to come into anaesthesia and therefore those left in anaesthesia have a heavy workload. This is one of the reasons why it is important to inject resources and effort into recruiting medical officers into anaesthesia so that the workload decreases and the specialty becomes more attractive.

This survey did not involve doctors working in anaesthesia and therefore it is not possible from this survey to find out reasons why doctors in anaesthesia in Ghana choose to work in this specialty. However, in a survey done in 1993 among Canadian residents in anaesthesia¹, the following four

reasons were the most frequently selected principle reasons for choosing anaesthesia:

- a. 'Hand on' specialty - Anaesthesia is a very practical specialty and those who practice anaesthesia find this very attractive.
- b. 'Time off' - in general, an anaesthetist's time off is truly his/her own. When he/she is off duty, he or she is unlikely to be called into the hospital for a problem.
- c. Physiology/Pharmacology - anaesthesia, more than any other specialty, relies directly on basic physiology and pharmacology. Anaesthetists' routine practice involves management of deranged physiology and maintenance of homeostasis².
- d. Immediate results in one's work - Anaesthetists most often see immediate effects of therapeutic manoeuvres, which is very satisfying when things go well.

In conclusion, it appears that provided effective steps are taken, the anaesthesia manpower situation in Korle-Bu can be improved. This is so because there are a fair number of doctors who would be prepared to either do a rotation in anaesthesia or specialize in anaesthesia. It is important that efforts are made to attract young doctors into anaesthesia, because achieving the full potential of surgical manpower in Ghana will depend significantly on the availability and quality of anaesthesia manpower.

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