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TITLE PAGE

**Should I migrate or should I remain?
Professional satisfaction and career decisions of doctors who have undertaken specialist
training in Fiji**

**Thesis Submitted by
Kimberly Marie OMAN MD (USA), MPH, FRACP, FAFPHM
in August 2007**

**For the degree of Doctor of Philosophy
James Cook University
Townsville, Queensland
Australia**

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I declare that this thesis is my own work and has not been submitted in any form for another degree or diploma at any university or other institution of tertiary education. Information derived from the published or unpublished work of others has been acknowledged in the text and a list of references is given.

3 August 2007

Signature

Date

Statement on the contribution of others including financial help and editorial help

This PhD was supervised from August 2001 until early 2004 by Professors Richard Hays and Craig Veitch, both from the School of Medicine at James Cook University (JCU) in Townsville, Australia. In early 2004, Professor Rob Gilbert from the School of Education at James Cook University took over as principal supervisor, and he continued in this role until the end of my candidature, including after his move to the School of Education at the University of Queensland in October 2006. Professor Kim Usher from the School of Nursing Sciences at James Cook University was an associate supervisor from April 2004 until October 2006, when she took on a shared role as principal supervisor with Rob Gilbert until the end of my candidature.

I have not received statistical support, editorial assistance (other than feedback on drafts from my supervisors), or research assistance. I have not entered into any research collaborations during the course of writing this thesis. I have not made use of infrastructure external to JCU, or made use of infrastructure external to the Schools of Medicine, Education or Nursing Sciences within JCU, with the exception of minor administrative support from the Fiji School of Medicine during my fieldwork visits.

Because of my position as a Senior Lecturer at James Cook University, I have not been required to pay tuition-related fees during my PhD candidature, and in this regard have been fully supported by the university. I have received overall logistical support from the School of Medicine, and have funded some of my travel and miscellaneous expenses through a professional development fund that has been made available to me through the School. This fund ranges from \$3000 to \$5000 per year and was also accessed for non-PhD related activities. In addition, I have had access to the following sources of funding:

Year	Source of funding	Comments	Amount
2002	Royal Australasian College of Surgeons	Consultancy fees – Long term advisor follow-up visits to the Fiji School of Medicine	\$9000
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2005	Faculty of Arts, Education and Social Sciences	Grant – Graduate Research Scheme	\$3000
2006	Faculty of Arts, Education and Social Sciences	Grant – Graduate Research Scheme	\$1086

I have acknowledged the important contributions of others in the acknowledgement section. Additionally, I have co-authored a paper with a number of colleagues from the Fiji School of Medicine (see Appendix K). The reference for the paper as well as the contributions of the co-authors are as follows:

Reference: Oman K, Bale S, Baravilala W, Malani J, McCaig E, Rodgers E, Moulds R. Donor countries may unintentionally become major beneficiaries of their own aid: the case of postgraduate specialist training at the Fiji School of Medicine. *Fiji Medical Journal* 2006;27(2):11-18¹.

Contributors: K Oman was responsible for combining and analysing data, for statistical analysis and for primary authorship of the paper. R Moulds made major contributions to writing and revising the paper. S Bale, W Baravilala, J Malani, E McCaig and E Rodgers provided and verified information, and kept track of the whereabouts of the postgraduate enrolees. They also reviewed the drafts of the paper and provided input on accuracy, content and interpretations.

Declaration on Ethics

The research presented and reported in this thesis was conducted within the guidelines for research ethics outlined in the National Statement on Ethics Conduct in Research Involving Human (1999),

the Joint NHMRC/AVCC Statement and Guidelines on Research Practice (1997), the James Cook University Policy on Experimentation Ethics. Standard Practices and Guidelines (2001), and the James Cook University Statement and Guidelines on Research Practice (2001). The proposed research methodology received clearance from the James Cook University Experimentation Ethics Review Committee (approval number H1743). The proposed research methodology has also received clearance from the Fiji National Research Ethics Review Committee (approval number 005-2004).

Kimberly Oman

6 August 2007

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Abstract

Introduction

Fiji is a Pacific Island nation that prior to the mid-1990s relied mostly on expatriates for its specialist workforce, and few Fiji doctors who obtained overseas specialist qualifications returned home to work. To address this problem, regional specialist training for the Pacific was established at the Fiji School of Medicine (FSMed) in 1998, and it was assumed that local training along with a non-exportable specialist qualification, would lead to improved retention. After several years, it became apparent that many doctors who started training resigned from the public service, with most migrating. While this accelerated around the time of the coup of 2000, it has continued since then. This coincided with a worldwide increase in the migration of health workers. The purpose of this study was to determine why doctors who undertook specialist training at FSMed chose to migrate or stay, with a focus on the issues of professional satisfaction and dissatisfaction. It was hoped that a deeper understanding of the situations of these doctors would suggest interventions that could improve their retention and overall satisfaction.

Methodology

The research was carried out as a mixed method, though predominantly qualitative study. The study focused on the “case” of the establishment of postgraduate specialist training in Fiji. Altogether, 47 Fiji doctors were interviewed, including 36 of 66 doctors who attained an FSMed Diploma or higher. Doctors in the public sectors, in private practice, as well as migrants were included. Semi-structured exploratory interviews were carried out between 2004 and 2006 and were taped, transcribed, coded and analysed using a constant comparative method, with the identification of emerging themes from the interview data.

Results

The results are presented over 3 chapters exploring professional satisfaction, migration, and career pathways. A model of professional satisfaction was developed that included three major elements of professional growth, service and recognition. Professional dissatisfaction could be conceptualised as the absence of or the blocking of the elements of professional satisfaction. Dissatisfaction was particularly directed at the Ministry of Health, and a failure to reliably provide

basic medications and supplies, as well as problems with career advancement, were frequently mentioned. Of the 66 doctors, 20 had migrated permanently and the 7 who were interviewed cited family security (mainly related to the coup of 2000) or spousal career or family issues as being central to their decision-making. Fijian but not Indo-Fijian doctors also cited the contributing factors of limited career advancement opportunities, low salaries and poor working conditions. Nine of these doctors entered private practice in Fiji. The four who were interviewed generally cited desires to spend more time with their families and gain control of their working lives, though frustrations with career advancement were also mentioned. No doctor who resigned cited higher salaries or improved training opportunities as the predominant factors in their decision-making. The doctors who remained in the public sectors usually mentioned a service ethic, often grounded in religious belief, as well as close attachments to family, extended family and culture. Overall, while many spoke positively about postgraduate training, most cited significant stress from managing their academic loads on top of very busy public hospital postings. Some trainees, mainly in the procedural disciplines, complained about inadequate clinical supervision. Of the 42 doctors who left training with a Diploma as their highest qualification, only 13 have remained in the public sectors. Family issues predominated as reasons for leaving training, especially time pressures for female doctors, and difficulties in supporting families on low salaries for male doctors, though some resigned in order to migrate. Of the Masters graduates, 18 of 21 (plus three current students) are still in the public sectors, some of whom still remain at the lowest career grades. Overall, doctors complained of unpredictable career advancement, with a Masters or Diploma seeming to have little impact, as well as bottlenecks from limited numbers of senior postings.

Discussion

A constructivist approach to these interviews suggested that overall these doctors saw public hospital work as an expected “norm” that offered many satisfying career aspects, while other career options were to some extent compromises. One of the few “justifiable” reasons for leaving the public system seemed to be family welfare. The blocking of professional development and advancement was cited by doctors who considered resigning, but by fewer who actually resigned. This suggested a centrality of the professional values of service, patient welfare and treating patients regardless of their ability to pay, and these values overlapped considerably with the elements of professional satisfaction. The findings from this study fit with and expand on previous research from Fiji, and also fit well with the world literature, where there was agreement on the frustrating elements of lack of infrastructure support (especially drugs and supplies), difficult

working conditions, staff shortages and problems with career advancement. Salaries in Fiji are modest though arguably “liveable”, and were less of an issue than elsewhere. This study expanded somewhat on satisfying aspects of medical practice, including camaraderie, mentoring, being of service and making a difference. While health worker motivation is widely mentioned in the literature, there was at best an uncomfortable fit with existing theories, possibly related to much of the literature being focused on worker alignment with organisations, while health workers are more likely to be aligned to their professions. This study was limited by having studied only specialist doctors from a small country, and this may limit applicability elsewhere. Overall, the study suggested that retention in Fiji could be increased through improved provision of basic medications and supplies as well as through the development of transparent career pathways, through tying advancement to postgraduate training, and through trying to make workloads for trainees more tolerable in order to increase Masters completions. While in other countries the provision of a liveable wage may be more important, these interventions may also prove to be effective elsewhere in the world.

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Abbreviations, definitions and timelines

Abbreviations

Abbreviation	Description
FSMed or FSM	Fiji School of Medicine (“FSMed” introduced in 2006 to replace “FSM” in order to avoid confusion with the Federated States of Micronesia – also abbreviated as “FSM”)
MOH	Ministry of Health (Fiji)
CWM	Colonial War Memorial Hospital, Suva (the capital of Fiji) This is the main teaching hospital for the Fiji School of Medicine
Masters or MMed	Master of Medicine awarded by the Fiji School of Medicine
Diploma	Postgraduate Diploma (in Anaesthesia, Child Health - Paediatrics, Internal Medicine, Obstetrics and Gynaecology, or Surgery) awarded by the Fiji School of Medicine
HRH	Human resources for health (sometimes called health resources management)
WHO	World Health Organization
JLI	Joint Learning Initiative
MDGs	Millennium Development Goals
BMJ	British Medical Journal

Abbreviations - Fiji Civil Service career grades for doctors

Abbreviation	Career grade (highest to lowest)	Comments
Consultant	Consultant	Senior grades / postings (consultant-level roles)
CMO	Chief Medical Officer	
PMO	Principal Medical Officer	Mid-level grades / postings
SMO	Senior Medical Officer	Junior grades /postings
MO	Medical Officer	

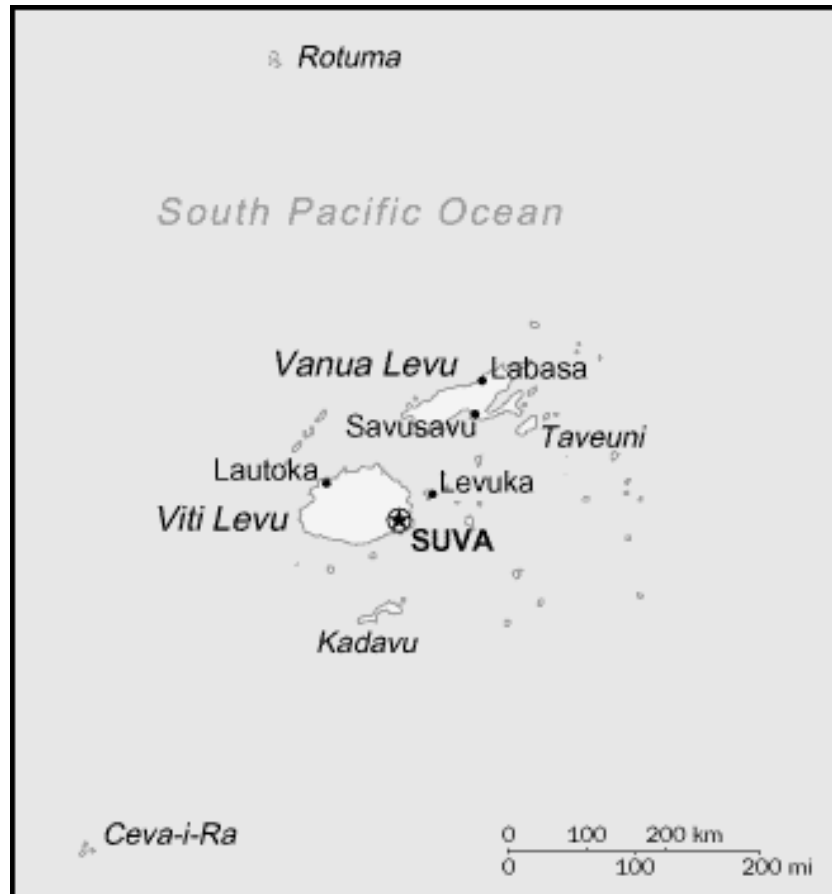
Definitions

Term	Definition
Public system	Working for the Fiji Public Service Commission (PSC) under the Ministry of Health, in a hospital or other public facility
Public sectors	Working in the public system, for the Fiji School of Medicine, or for the United Nations. These are considered to be “preferred” working locations for Diploma or Masters graduates as they facilitate service to all of the population in Fiji, regardless of ability to pay
Fiji doctors	Doctors who are citizens of Fiji or permanent residents (usually spouses of Fiji citizens), regardless of race
Fijians	Individuals of indigenous Fijian ethnicity
Indo-Fijians	Individuals who live in or are from Fiji whose ancestry is from the Indian subcontinent
Others	Individuals from Fiji who are neither Fijian nor Indo-Fijian (such as Europeans, Chinese, and other Pacific Islanders)
Regional	Refers to other Pacific Islands other than Fiji
Diploma cohort	The year that Diploma training was completed. For doctors who undertook their Diplomas through other programs, the cohort year is the year before they entered the first year of Masters training (in other words, the year they would have entered Diploma training had they undertaken it through FSMed and entered Masters training without interruption).
Motivation (organisational context)	An individual’s degree of willingness to exert and maintain an effort towards organisational goals. (This thesis discusses or proposes other definitions for doctor motivation related to professional values.)
Health reform	A restructuring of health services characterised by decentralisation, contracting out of services, and promotion of diversity and competition in the provision of health services ² (this approach is particularly promoted by the World Bank)
Professionalism	While there are a number of definitions, a general definition is used here, and refers to putting patients first, maintaining a good standard of care, showing respect, being honest and trustworthy, and keeping up-to-date with knowledge and skills. ³

Timelines before and during thesis

Event	Dates
Fiji independence from the United Kingdom	1970
Fiji coups	1987 (2), 2000, 2006
Establishment of postgraduate specialist training in Fiji	1998 (1996 for anaesthesia)
Diploma cohort years included in study	1997 - 2004
My employment at the Fiji School of Medicine	1998-2001 (3 years)
PhD candidature (part time)	August 2001 to August 2007
Confirmation of candidature seminar	12 November 2003
Visits to Fiji	Consultancy work: 4/02 and 10/02 Fieldwork: 4/04; 9-10/04; 8-9/05; 8-9/06
Presentations at the Fiji Medical Association Annual Meetings	August 2005 and August 2006
Pre-completion (exit) seminar	14 December 2006
Cut-off date for quantitative data collection on whereabouts and highest educational attainment	31 December 2006
Dates of main (comprehensive) Medline-based literature reviews	September 2003; February 2007
Cut-off date for ongoing literature review	16 April 2007

Map of Fiji



Main Islands: Viti Levu and Vanua Levu

Main cities: Suva (capital), Lautoka, Labassa

Source: Central Intelligence Agency: The World Factbook⁴

This image is in the public domain.