RESEARCH ARTICLE

HOUSE JOB - A MESS OR A SUCCESS

Shabnum Sibtain, Huma Tahseen, Muhammad Atif Qureshi, Muhammad Zahid Latif

Azra Naheed Medical College, Lahore Pakistan

ABSTRACT

Objectives: *To explore the perceptions of doctors undertaking house jobs and the factors affecting their future career decisions.*

Study design: *Descriptive cross-sectional study.*

Place and duration of study: *Chaudhary Muhammad Akram Teaching and Research Hospital Lahore Pakistan, January to June 2024.*

Participants & Methods: *Three hundred and seventy-eight house officers from the private teaching hospital were surveyed using an online questionnaire. The questionnaire included 22 items.*

Results: *The results showed that 69.6% (263) of respondents were male and 30.4%(114) female, with 47.9% (180) having 10-12 months of training. Only 28.3%(106) were satisfied with their training, and 57.2% (216) reported not receiving an induction. A significant portion 78% (294) felt their salary was inadequate and 70.8% (267) stated they spent more time on clerical work than clinical duties. Additionally, 64.7% (244) expressed dissatisfaction with their emergency experience, while 65.2% (246) felt unsupported during night shifts. Harassment was reported by 47.1% (178). 66.8% (252) viewed the house job system as disorganized. Regarding career preparation, 43.6% (164) found the house job helpful, but 50.9% (192) lacked confidence in applying their knowledge. Most respondents, 90.7% (342) were satisfied with the 12-month duration and 94.7% (358) favoured three-month specialty rotations. Furthermore, 85.4% (322) preferred a 40-hour work week.*

Conclusion: *The study identifies; inadequate induction, limited emergency exposure and insufficient night support as key gaps in junior doctors' training.*

Keywords: *House officer, intern, residents, satisfaction, trainee*

INTRODUCTION

The structure of a house job is challenging to assess due to its constantly evolving and often confusing nature. A lack of clear guidance and standardized training protocols further complicates the process, leaving many young doctors uncertain about their professional development. Understanding how doctors perceive their house job training is essential for identifying gaps and areas that require improvement. By gathering insights from those in the system, we can determine whether current training practices effectively prepare them for their future careers. The work done by house officers has been explored by various methods such as questionnaires, surveys, interviews, direct observation, and diary keeping. According to PMDC (Pakistan Medical and Dental Council) guidelines, the house job is one year with, six months in medicine and allied sciences, and six months in surgery and allied sciences.[1] Previously the house job used to be six months in any key specialty. After five months of training in a specialty, the young doctor had comparable competencies. Modifications in training may affect the performance and competence of young doctors. Doctors must be well trained, so patient safety and healthcare functioning are not compromised.

The healthcare system is experiencing instability due to rapid societal changes.[2,3] As the population grows and advances in medical knowledge continue, there are shifting demands in healthcare delivery, including the prevention, diagnosis, and management of health

Correspondence:
Dr. Shabnum Sibtain
Department of Obstetrics and Gynecology
Azra Naheed Medical College, Raiwind. Lahore Pakistan
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issues.[4,5] This evolution necessitates a restructuring of both the health system and medical training.[6,7] High-quality education and training are crucial for achieving optimal outcomes, especially as negative lifestyle and environmental changes increasingly affect public health.

Doctors need to begin their clinical practice with a strong knowledge base, as they are responsible for human lives. The transition from medical student to junior doctor is complex and challenging, requiring training that prepares them for the demands of modern medical practice. Effective training ensures that junior doctors can provide high-quality care and meet the evolving needs of the healthcare system.

While extensive research has been conducted on preparing junior doctors for clinical responsibilities, evidence on training newly qualified doctors remains limited due to the inherent challenges of such studies. There are significant variations in trainees' perceptions of their initial training experiences, and ongoing debate persists regarding what constitutes high-quality training.[8] The house job experience plays a critical role in helping young doctors decide their career paths and develop the skills needed to meet the current challenges in healthcare.

This study aimed to capture the perceptions of house officers regarding their training experience and to evaluate whether adjustments are necessary to ensure a higher standard of medical education. If deficiencies are identified, revising and enhancing the house job structure may be required to provide a more comprehensive and supportive learning environment. This, in turn, would not only benefit the doctors but also improve the quality of healthcare they deliver. The study's findings could serve as a foundation for potential reforms aimed at maintaining a high standard of medical education and professional competence in the early stages of a doctor's career.

PARTICIPANTS AND METHODS

This study was conducted from January 16, 2024, to June 30, 2024, in Lahore, Pakistan, in Chaudhary Muhammad Akram Teaching and Research Hospital (a private hospital) affiliated with Azra Naheed Medical College, Raiwind, Lahore. The Institutional Ethics Review Committee of Azra Naheed Medical College issued its approval on January 15, 2024. The ERB number is ANMC/IRB/2024/006. A carefully designed, self-administered questionnaire comprising 22 questions was distributed to house officers in the hospital through various social media platforms.

The questionnaire included two questions related to demographic information, 14 Likert-scale questions (ranging from 1 to 5), and six suggested questions soliciting suggestions. The total scores ranged from 14 to 70, with satisfaction levels classified as follows: scores from 56 to 70 indicated satisfaction, while scores from 14 to 55 indicated dissatisfaction.

A pilot study involving ten recent medical graduates was conducted to pre-test the “House Job: A Mess or Success” questionnaire. Participants completed the survey under main study conditions, followed by short interviews to assess clarity, relevance, and flow. The tool was re-administered after two weeks to evaluate test–retest reliability. Analysis of pilot data confirmed the planned five-domain structure, with good internal consistency (Cronbach's $\alpha = 0.79–0.87$) and stable scores over time ($r = 0.78–0.86$). Minor wording changes, additional response options, and removal of one redundant item were made before finalizing the questionnaire for the main study.

The study employed a quantitative, descriptive research design. Data were analysed using Microsoft Excel. The sample size was determined using an online calculator (calculator.net), with a 5% margin of error and a 95% confidence level. Medical students, house officers working outside Lahore, and those with any psychiatric issues were excluded from the study. Three hundred and seventy eight house officers actively participated in the survey, providing valuable insights that enriched the overall quality and depth of the research findings.

RESULTS

Among the respondents, 69.6% (263) were males and 30.4% (114) were females . Most respondents 47.9% (180) had been in training for 10-12 months, while 32.9% (124) were in training for 7-9 months, 16.7% (63) for 3-6 months, and only 2.7% (10) for over 12 months. Regarding induction, 42.8% (161) had one at the start of their training, whereas 57.2% (216) did not.

Regarding satisfaction with the training, 28.2% (106) were satisfied, while 71.8% (271) were not. Additionally, 78% (294) felt their salary did not reflect their working hours. When it came to emergency experience, 35.2% were satisfied (133), while 64.7% (244) were dissatisfied. Moreover, 31.1% (117) felt they had adequate opportunities to raise concerns with seniors or consultants, but 68.9% (260) did not. Similarly, 35.5% (134) felt their work was appreciated by seniors or

consultants, while 64.5% (243) did not feel appreciated.

Approximately forty percent of respondents (39.8%, n = 150) reported receiving adequate supervision during training, whereas the remaining 60.2% (n = 227) felt they did not receive sufficient supervision. Regarding the perceived benefits of house jobs for future career selection, 43.6% (164) believed it was beneficial, whereas 56.4% (213) disagreed.

Among the participants, 34.7% (n = 131) reported adequate senior support at night, while 65.2% (n = 246) did not. Furthermore, 47.2% (178) felt harassed during their training, while 52.8% (199) did not. A significant portion, 66.8% (252), felt that the house job system was chaotic, while 33.2% (125) did not share this sentiment.

When asked about confidence in applying what they learned, 49.1% (185) felt confident, while 50.9% (192) did not. Additionally, 70.8% (267) indicated they spent more time on clerical tasks than on clinical duties, while 29.2% (110) did not feel this way.

Regarding working hours, 85.4% (322) expressed a preference for a 40-hour workweek for optimal performance, while 14.6% (55) were willing to work more than 40 hours.

Additionally, 57.8% (218) wanted to shadow seniors for one month in their final year, 21.7% (82) for two months, 15.9% (60) for three months, and 4.5% (17) for more than three months.

DISCUSSION

House job is a period of supervised work that solidifies the clinical competencies of the beginner in the medical practice. The short rotation in different specialties with different clinical teams during house jobs shapes their perceptions of professional roles and decides their future career.

The data provides an insightful overview of the experiences and perceptions of trainees regarding their training duration, quality, support, and workload. This suggests a potential gap in mentorship and guidance, which could hinder the professional development of trainees. Many studies have shown positive effects of

Table No. I: Specialty rotation schedule for comprehensive training (months).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3 months	358	95.0	95.0	95.0
	4 months	11	2.9	2.9	97.9
	5 months	1	0.3	0.3	98.1
	6 months	7	1.9	1.9	100.0
	Total	377	100.0	100.0	

Table No. II: Specialty rotation schedule for comprehensive training (hours).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	> 10 hrs	3	0.8	0.8	0.8
	10 hrs	4	1.1	1.1	1.9
	6 hrs	310	82.2	82.2	84.1
	8 hrs	60	15.9	15.9	100.0
	Total	377	100.0	100.0	

Table No. III: Doctors' self-reported interest in shadowing senior physicians.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	> 4 weeks	24	6.4	6.4	6.4
	1 week	33	8.8	8.8	15.1
	2 weeks	130	34.5	34.5	49.6
	3 weeks	15	4.0	4.0	53.6
	4 weeks	175	46.4	46.4	100.0
	Total	377	100.0	100.0	

supervision and constructive feedback.[9,10,11] The lack of proper induction, reported by 57.2%, also reflects a missed opportunity for setting clear expectations and preparing trainees at the outset. The induction is important for those to practice and improves patient outcomes.[12,13]

Additionally, 78% of respondents felt that their salary was insufficient for their workload, highlighting a common issue of dissatisfaction with remuneration in the healthcare sector. This, coupled with the finding that 70.8% of trainees spent more time on clerical tasks than on clinical duties, points to inefficiencies in task distribution that could undermine the training experience. Job satisfaction is important for motivation and efficiency as it improves employee performance regarding patient care. Job dissatisfaction can harm the organization and patients.[14,15] The lower job satisfaction rates have been associated with stress, burnout, and perceptions about the workplace, and have been shown to affect not just the doctor's health and quality of life, but also patient satisfaction, patient care, and patient safety.[16] The feedback regarding emergency experience and night support was equally concerning, with 64.7% and 65.2%, respectively, expressing dissatisfaction. This indicates a significant lack of support in critical areas essential for trainee confidence and competence in high-pressure situations. Poor supervisory interactions are identified as negatively affecting newly graduated doctors' clinical experience.[8] Supervision is an important pillar in healthcare for the new doctors exposed to patient care to provide safe and quality patient care. Working the night shift without supervision carries an additional risk to patients and doctors. Those who work at night have disturbed their body's circadian rhythms, and fatigue makes them prone to making mistakes and poor decisions regarding the management of patients.[17,18,19,20] The exhausted junior training doctor and financial issues have a major impact on patient care.[21] There is a need for research and development regarding the training of junior doctors. In literature, there are marked variations in terms of perceptions of initial training from one trainee to the next.[8] Both personal and organizational factors are pertinent to managing the transition from student to junior doctor.

Harassment remains an issue, as 47.2% reported experiencing it during training. This reflects the need for more robust policies and support systems to create a safer and more positive working environment. Junior doctors are reluctant to report harassment because of fear of reprisal. A study surveyed surgical trainees across the UK and Ireland and found that 55% experienced bullying, 78% witnessed it, 24% reported sexual harassment, and a high proportion did not report incidents.[22] A systematic review of articles published between 2010 and 2020 of 25 studies found high prevalence rates of harassment experienced by residents.[23] According to the General Medical Council's (GMC) annual national training survey 27% have experienced microaggressions, negative comments, or oppressive body language from colleagues.[24] The most recent and comprehensive study regarding harassment in junior doctor training was in Australia in the 2024 Medical Training Survey (MTS). This national survey, conducted by the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA), gathered feedback from nearly 25,000 doctors in training to assess the quality of medical training and identify areas for improvement. MTS revealed concerning statistics about workplace harassment. 33% of doctors in training reported experiencing and or witnessing bullying, discrimination, harassment, sexual harassment, and or racism. Twenty one percent of all trainees experienced bullying, harassment, racism, or discrimination in the past 12 months, 73% of those who experienced such behaviour did not report it. The survey also highlighted that senior medical staff were the most common source of these behaviours, followed by patients and/or their families. Despite the prevalence of these issues, many trainees did not feel comfortable reporting them due to concerns about potential repercussions and a belief that nothing would be done if reported.[25]

Despite these challenges, the study received positive feedback, with 90.7% satisfied with the 12-month house job duration and 94.7% agreeing on the need for a three-month specialty rotation for effective training.

In terms of future career development, 43.6% felt that the house job was beneficial, though a larger percentage (56.4%) disagreed. Enthusiasm and self-appraisal of skills are key factors in doctors' career choices. This indicates that the house job structure may need to be reassessed to better align with the career goals of trainees. Furthermore, only 49.2% felt confident in applying what they learned during their training, highlighting areas where practical, hands-on experience may be lacking. The lack of confidence in clinical skills may be reflected in assessing and managing patients.[26] The switch from classrooms to a work-based

environment with responsibilities is a challenging task for young graduates, which, if not facilitated efficiently, may lead to burnout and produce doctors with compromised skills and compassion.

This study has several limitations that should be kept in mind when interpreting the findings. First, the data were collected through self-reported perceptions, which are vulnerable to recall bias, social desirability bias, and subjective interpretation of experiences. Second, the cross-sectional design only captures views at one point in time, making it difficult to assess changes in perceptions throughout the house job or to determine causal relationships between variables. Third, the pilot and main study samples were drawn from specific institutions and may not represent the diversity of internship experiences across different hospitals, specialties, or regions, thus limiting how broadly the results can be applied.

CONCLUSION

The study identifies key gaps in junior doctors' training, including inadequate induction (57.2%), limited emergency exposure (64.7%), and insufficient night support (65.2%). These findings reflect global concerns regarding trainee supervision, workload, and well-being. Comprehensive restructuring is needed to promote supportive learning and readiness for independent practice.

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Authors' Contribution

Shabnum Sibtain: Conception of study/ Designing/ Planning, Experimentation/ Study Conduction, Analysis / Interpretation / Discussion, Manuscript Writing, Critical Review, Facilitated for Reagents / Material Analysis

Huma Tahseen: Conception of study / Designing / Planning, Experimentation / Study Conduction, Analysis / Interpretation / Discussion, Manuscript Writing

Muhammad Atif Qureshi: Manuscript Writing, Critical Review, Facilitated for Reagents / Material Analysis

Muhammad Zahid Latif: Critical Review, Facilitated for Reagents / Material Analysis

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