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Medical Doctors and Leadership Positions in Abuja, Nigeria: A Gender Perspective

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Abstract

Background: Physicians generally serve as leaders and advocates at several levels within health facilities, communities and societies but few occupy authoritative and consultative positions. This study aims to determine the leadership positions, barriers to occupying leadership positions, and training received for leadership positions among medical doctors by gender in Abuja, Nigeria. Methodology: A cross sectional, descriptive study carried out among medical doctors in Abuja over four months. Results: Questionnaires from 162 doctors consisting 103 males and 59 females were analysed. The mean age was 36.23 SD ± 8.867 years. Leadership positions held were higher among the males for all categories except Chief Medical Advisory Committee (1.9%:3.4%). The commonest leadership position occupied was chairman of a subcommittee (n=30; 18.5%), the leadership setting being mainly in hospitals (n=71; 43.8%) and leadership position obtained mainly by appointment (n=76; 47%). The commonest barrier to obtaining a leadership position was "not interested" (n=30; 18.5%). Sixteen (27%) of 59 female doctors were not interested in occupying leadership positions. Seventy-five (46.3%) doctors had received formal training on leadership which was mainly in classrooms in Nigeria (n=49; 30.2%). Conclusion: More doctors, especially females should be encouraged to occupy positions of leadership that come with authoritative and consultative powers.

Key words: Medical doctors; leadership positions; gender; Abuja

1. Background

Physicians have generally served as leaders and advocates at several levels within health facilities, various communities and societies. The modern doctor is faced with even more challenges from the increasing cost of healthcare, increasing complexities in organizations and an increasing complex world of medicine and healthcare (Carsen and Xia, 2006). A lot is expected from doctors who generally hold privileged positions in society but this privilege is not without responsibility. Therefore doctors should also train to be leaders (Carsen and Xia, 2006). In recognition of this need, the United Kingdom General Medical Council has endorsed the medical leadership curriculum for all its subspecialty training programmes (Wilkie, 2012). Likewise in Nigeria, the leadership and management course offered by the National Postgraduate Medical College of Nigeria (NPMCN) is a prerequisite for doctors in residency programmes in order to attain its fellowship degree. It is reported that Nigeria, like many other countries has a shortage of medical practitioners occupying authoritative and consultative positions (Donald, 2015). This shortage occurs even more among female doctors. Women are still marginalized despite that they make up 49.2% of the Nigerian populace (National Bureau of Statistics, 2018).

Marginalisation of women also occurs in the western world. A study by the National Diversity Council (2016) reported that only 14% of the leadership executive positions were occupied by women. Women are also reported to earn less than their male counterparts for doing the same job. This is despite women being better overall leaders with better skills in leadership effectiveness, initiatives, self-development, collaboration and team work, and better ability to inspire and motivate others among other competencies (Sherwin, 2014).

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This study aims to determine the leadership positions occupied by medical doctors in Abuja, Nigeria, identify if any formal training has been received for leadership roles and identify barriers to occupying a leadership role.

2. Method and Methodology

This was a cross sectional survey carried out among medical and dental doctors in Abuja, the Federal Capital Territory (FCT) of Nigeria using convenience sampling. It involved doctors filling in a self-administered questionnaire which contained questions on socio-demography, duration of service, leadership position previously occupied and formal leadership training. A leader was defined as a medical doctor who held any leadership position(s) in a professional organization, main setting of practice, academic department (Cajigal et al., 2015) or political office. The questionnaire had been pretested prior to the study. These questionnaires were distributed during meetings were doctors from various specialties and disciplines were expected to be present such as continuing medical education programmes and Nigerian Medical Association (NMA) and NMA affiliates' meetings. To ensure anonymity, after completion, the questionnaires were put in a box located close to the exit of the hall.
Data was analysed using SPSS version 21.

3. Results

3.1 Characteristics of the Doctors

One hundred and sixty-two question papers out of one hundred and eighty-six distributed were returned completely filled giving a response rate of 87.1%. There were 103 males and 59 females ranging in age from 28 years to 69 years. The mean age was 36.23 SD ± 8.867 years. The years of service since graduation ranged from 1 year to 38 years with a mean of 9.99 SD ±7.472 years. There were 135 (83.3%) Christians and 27 (16.7%) were Muslims. Most participants were medical officers (n=58; 35.8%). The other cadres were made up of resident doctors (n=44; 27.1%), Consultants (n=32; 19.8%) Interns (n=12; 7.4%) and others (n = 16; 9.9%).

3.2 Leadership Positions Occupied By Doctors

The most common position occupied was that of the chairman of a subcommittee (n = 30; 18.5%) next being the Chief resident (n = 23; 14.2%) and local organizing committee (LOC) chairman (n = 23; 14.2%). No physician sampled had occupied the position of Vice Chancellor, Provost or Dean; or House of Representative member, Counselor or Local Government Area (LGA) Chairman which are mainly political offices. The hospital was the most common place for occupying a leadership position (n= 71; 43.8%). Other major settings included were religious (n = 39; 24.07%), medical associations (n=42; 25.9%) and academic (n = 24; 14.8%).
The physicians mainly got the leadership positions by appointment (n = 76; 47%).

Table 1: Leadership positions occupied by doctors

Variables	Males n (%)	Female n (%)	Total
Gender	103 (63.6)	59 (36.4)	162 (100)
Previously occupied leadership positions			
Chairman of subcommittee			
Chief resident	30 (18.5)	7 (4.3)	37 (22.8)
Local Organising Committee Chairman	23 (14.2)	5 (3.1)	28 (17.3)
President of an Association	23 (14.2)	2 (0.7)	25 (15.4)
Chief Medical Director	21 (13)	1 (0.6)	22 (13.6)
Chairman Medical Advisory Committee	9 (5.6)	2 (0.7)	11(6.8)
Deputy Dean	2 (1.2)	2 (0.7)	4 (2.5)
Senator	1(0.6)	0	1 (0.6)
	1 (0.6)	0	1 (0.6)
Setting of leadership position			
Hospital	53 (32.7)	18 (11.1)	71 (43.8)
Medical association	37 (22.8)	5 (3.1)	42 (26)
Religious	29 (17.9)	10 (6.2)	39 (24.1)
Academic	18 (11.1)	6 (3.7)	24 (14.8)
Others	8 (4.9)	6 (3.7)	14 (8.6)
Politics	1 (0.6)	0	1 (0.6)
How leadership position was obtained			
Appointment	53 (32.7)	23 (14.2)	76 (47)
Election	37 (22.8)	12 (7.4)	49 (30.2)
Hierachy	14 (8.6)	7 (4.3)	21 (13)

3.3 Proportion of Leadership positions occupied by doctors according to gender Leadership positions were occupied more by the male doctors compared with their female counterparts except for the CMAC position (1.9% to 3.4%) where the females had a higher proportion. This is seen in Figure 1.

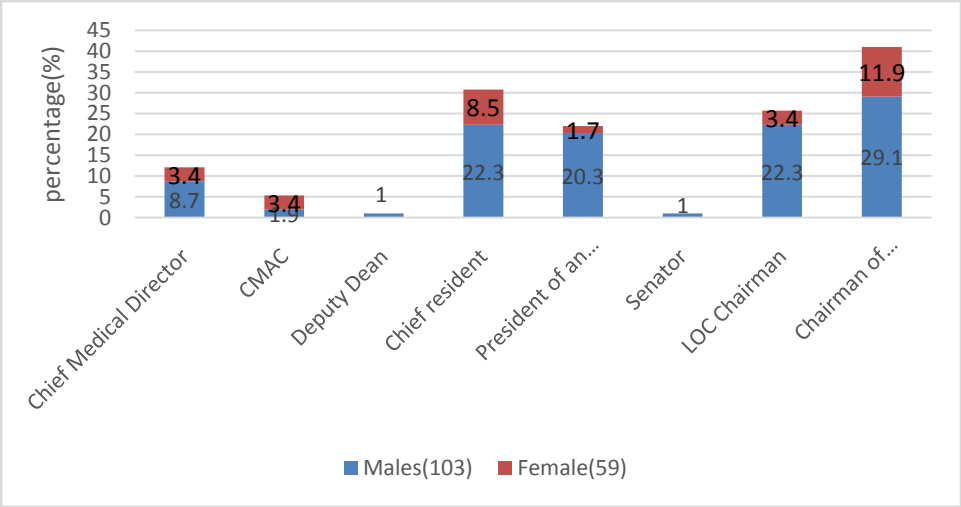

Figure 1. Proportion of Leadership positions occupied by doctors according to gender

3.4 Proportion of Leadership position settings occupied by doctors according to gender

This is similar to the setting of leadership position occupied which was also higher among male doctors excluding the "other" category where females were more (7.8% to 10.2%) as seen in Figure 2.

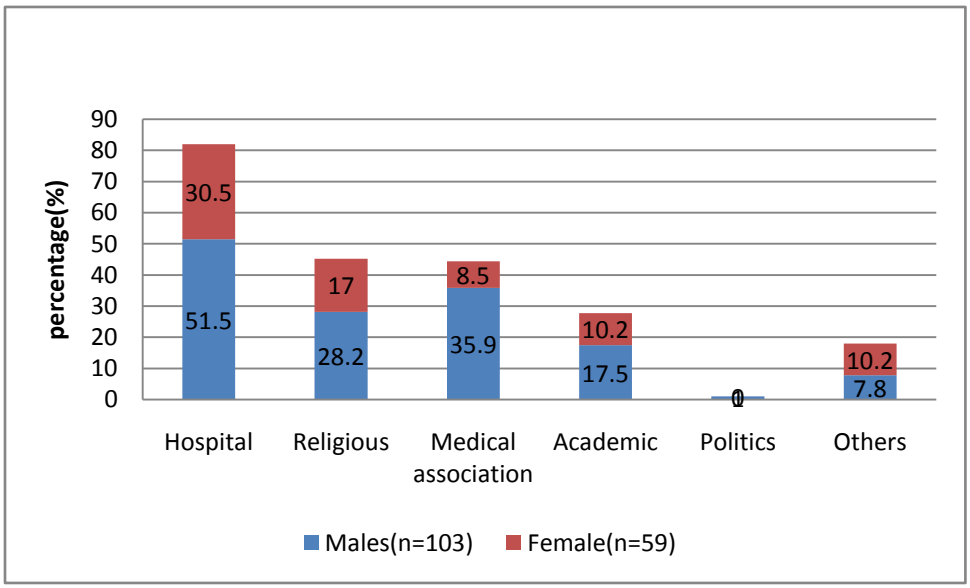

Fig. 2: Proportion of Leadership position settings occupied by doctors according to gender

3.5 Proportion of Leadership position and how they were obtained by doctors according to gender
Leadership positions were also obtained more among the male doctors by appointment, election and hierarchy. These are depicted in Figure 3.

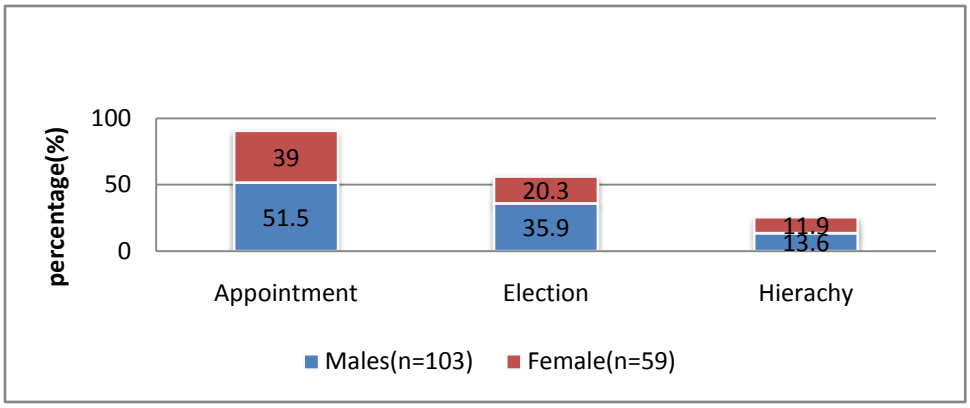

Fig. 3: Proportion of Leadership position and how they were obtained by doctors according to gender

3.6 Barriers To Not Occupying A Leadership Position

For those who had not occupied a leadership position, the main reason for not occupying such a position was lack of interest (n=30; 18.5%). The second being lack of time (n=17). The reasons for not occupying leadership positions are shown in Table 3.

Table 3: Reasons for not occupying leadership positions.

Reason for not occupying a leadership position	Males	Females	Total
Not interested	14	16	30 (18.5%)
No time	9	8	17
Others	6	3	9
Not nominated	5	6	7
Lost an election	5	1	6

3.7 Gender comparisons for reasons for not occupying leadership positions.

Sixteen (27.1%) of the 59 females sampled were not interested in occupying leadership positions compared with 14 (13.65) of the 103 males sampled. The reasons reported for not occupying leadership positions were proportionally higher among females compared with the males. This is as shown in Figure 4.

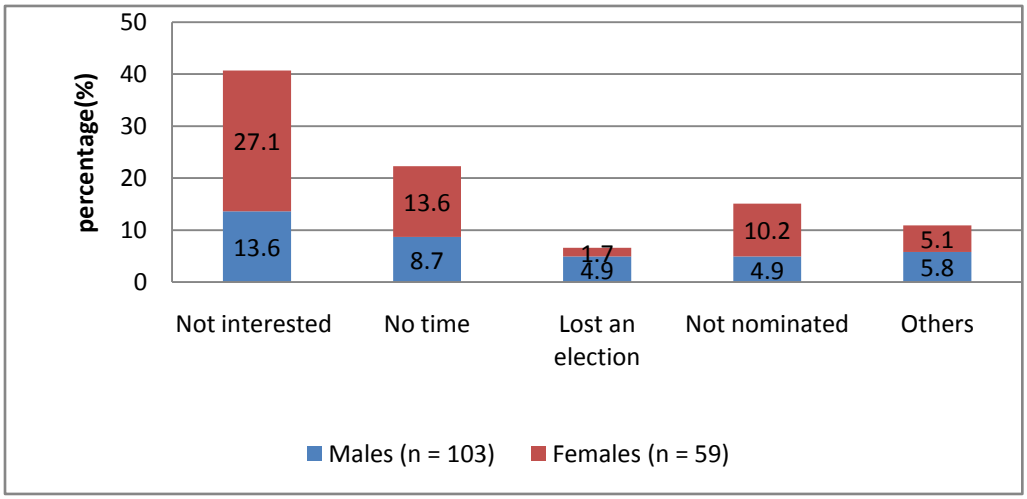

Figure 4: Gender comparisons of reasons for not occupying leadership positions.

3.8 Formal Training for Leadership

Seventy-five (46.3%) doctors had received formal training on leadership for which a certificate had been issued. The trainings were done mostly in the traditional setting of a classroom and teacher (n=49; 30.2%).

The least popular method was via the local online route (n=7; 4.3%). However, 150 (92.6%) participants agreed that undergoing a formal leadership training course was important to becoming a good leader as shown in Table 3.

Table 3: Formal training for leadership

Formal training for leadership	Male n (%)	Female n (%)	Total n (%)
Ever received training on leadership	54 (33.3)	21 (13)`	75 (46.3)
Type of training received			
Classroom (local)	39 (24.1)	10 (6.2)	49 (30.2)
Online (International)	16 (9.9)	8 (4.9)	24 (14.8)
Classroom (International)	7 (4.3)	5 (3.1)	12 (7.4)
Online (local)	7 (4.3)	0	7 (4.3)
Is formal training important for good leadership?			
Yes	95 (58.6)	5 (3.1)	150 (92.6)
No	4 (2.47)	1 (0.6)	5 (3.1)
No response	1 (0.6)	1 (0.6)	2 (1.2)

4. Discussion

The most common leadership position occupied by the doctors was that of chairman of a subcommittee. None had occupied the coveted position of the vice chancellor of a university. This may be because of the limited number of people that can occupy this position at a time and the length of time for such a position. Each tenure has a duration of four years and is renewable for another four years.

Only one doctor, a male, had occupied the position of a Senator in the Nigerian Senate, the highest legislative arm in Nigeria. This is not surprising as Nigeria ranks 181st position for number of women representatives in parliament, occupying only 20 (5.6%) of the 359 seats in the lower house and 7 (6.4%) of the 109 seats in the upper house (Inter-parliamentary union, 2019). This demonstrates that very few doctors occupy authoritative and consultative leadership positions as reported by Donald, 2015. Politicians make decisions that affect the health sector, therefore more doctors should be encouraged to go into politics as this may finally achieve the much needed 15% budgetary allocation to health as agreed during the Abuja Declaration in 2001 (WHO, 2011) and increase overall government investment in health.

The hospital was the most common setting for leadership positions occupied by the doctors but then these were mainly positions lower that the Chief Medical Director or the CMAC which are the number one and number two positions in the hospital. The CMD and CMAC positions can only be occupied by doctors and the positions are also tenured for a period of four and two years, respectively and renewable for only one term. There is increasing evidence that doctors in leadership positions is critical for the future of high quality clinical and administrative services (Wilkie, 2012)

These leadership positions were mainly obtained by appointment. This may suggest that doctors shy away from elective positions which require elections.

The proportion of females who had occupied leadership positions was lower than that for males. This is similar to what was reported in other countries where more women occupied lower level positions in most organisations but the number gradually decreased as one moves up the ladder (Sherwin, 2014).

Most doctors were not interested in occupying leadership positions. This was worse among the female doctors as more than half (n=16; 27% out of 59 females) of the female doctors sampled were not interested compared with about three-quarter (13.6%) of the males. More work needs to be done to encourage doctors especially the females to go into leadership positions. The interest and push are required to attain the 35% affirmative action as allocated for women's political empowerment in order to reduce gender inequality as agreed during the Beijing Declaration to which Nigeria is a signatory but is yet to achieve (Nwogbaga and Chinyere, 2017).

Lack of time was also a barrier to occupying a leadership position among the female doctors. Women are typically saddled with the work of keeping the home and when this is added to that of the office including the long hours spent in the hospital can be quite challenging. The work load is worse among those with children (Rich et al., 2016). A study among 96 trainees and 41 trainers involved in the United Kingdom postgraduate medical training reported that female trainee doctors suffered more from work-life imbalance and tended to chose specialties that appeared more favourable to achieving a work-life balance (Rich et al., 2016). Also, female doctors are more likely to develop burnout syndrome compared with their male counterparts (Amoafo et al., 2015). Finding time for other activities can be quite difficult. Women need to be taught time management and work-life balance skills as well and men encouraged to provide more support. Most of the participants reported that obtaining formal leadership training was important to being a good leader. Leadership training courses should be offered early in the medical career preferably starting from medical school.

Conclusion

In conclusion, more doctors especially female doctors should be trained and encouraged to occupy positions of leadership that come with authoritative and consultative powers.

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