

A SOCIOLOGICAL STUDY ON THE QUALITY OF LIFE OF YOUNG MEDICAL RESIDENTS IN FLORIDA



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A SOCIOLOGICAL STUDY ON THE QUALITY OF LIFE OF YOUNG MEDICAL RESIDENTS IN FLORIDA

Thesis submitted to St. Teresa's College (Autonomous), Ernakulam in *fulfillment of the
requirements for the award of the degree of **Master of Arts in Sociology***

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CERTIFICATE

I certify that the thesis entitled “**A SOCIOLOGICAL STUDY ON THE QUALITY OF LIFE OF YOUNG MEDICAL RESIDENTS IN FLORIDA**” is a record of bonafide research work carried out by **AMRUTHA ELZA PREM**, under my guidance and supervision. The thesis is worth submitting in fulfillment of the requirements for the award of the degree of Master of Arts in Sociology.



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DECLARATION

I, AMRUTHA ELZA PREM hereby declare that the thesis entitled “A SOCIOLOGICAL STUDY ON THE QUALITY OF LIFE OF YOUNG MEDICAL RESIDENTS IN FLORIDA” is a bonafide record of independent research work carried out by me under the supervision and guidance of Dr. SAJITHA J KURUP. I further declare that this thesis has not been previously submitted for the award of any degree, diploma, associateship, or other similar title.

ERNAKULAM

MARCH



AMRUTHA ELZA PREM

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CHAPTER 1

INTRODUCTION

“After a 16-hour shift, I wouldn’t even have the energy to take a shower” – Dr S, An Internal Medicine Resident from Florida.

Quality of life (QoL) is a multidimensional theme which encapsulates the overall sense of well-being of an individual. It goes beyond the mere possession of materialist resources or achievement and encapsulates the intricate relationship between physical, psychological, social, environmental, material, and spiritual factors in the lives of the individual. Physical well-being can be understood as one of the central notions of QoL. It means not just the absence of illness but also vitality and resilience. This is said so because individuals with a good physical well-being are usually equipped to navigate life’s challenges and engage in a wholesome fullness of daily activities. Another sphere of well-being is the psychological well-being encompassing the emotional and mental stability. QoL is integrated closely with psychological well-being because it involves managing stress effectively to foster a positive outlook on life. Psychological well-being mainly incorporates self-esteem, emotional intelligence, and the ability to cope with adversity. Social connection is another cornerstone of QoL as it provides a sense of belonging and support. An individual with a good and healthy social support will have the possibility of a better QoL as strong relationship with family, friends and community members foster feelings of acceptance and companionship which will help the individual avoid the feeling of loneliness and enhance the overall satisfaction of life. QoL is also deeply connected with environmental factors as it plays a vital role. A conducive environment with access to clean air and water, safe neighborhood and recreational spaces contributes to the well-being of individuals which help them to thrive in their surroundings. Material resources such as income, employment, access to healthcare and education, can influence the QoL of individual as it is essential for meeting basic needs of individuals and for pursuing their goals. Adequate acquirement of material resources can ensure a certain standard of living to enhance the overall satisfaction of life for individuals. One of the most underrated aspects of QoL is spiritual well-being as it encompasses a sense of purpose and connection to something greater than one self. Spiritual well-being often takes another realm of existential question, values and beliefs that

provide meaning to life. Spiritual well-being can be possessed through religious faith, philosophical inquiry, or an intrinsic relationship with the natural world.

Even though Quality of life can inherently be subjective in nature as it varies from one person to another, it serves as a guiding principle for individuals and communities. Understanding QoL and promoting QoL is essential to foster a more equitable and compassionate society. Delving into the aspect of young doctors, quality of life is a diverse topic that influences their overall well-being and satisfaction of life and profession. The demanding landscape of medical profession, like long working hours and high stress level can often hinder the basic quality of life an individual of their social status can have. It is often challenging to balance the demands of their professional life and their personal life which possess a significant challenge in shaping their aspirations in profound ways.

Given the demands of the nature of work of doctors, physical well-being is crucial as they must maintain an optimal health to provide quality patient care. Irregular sleeping patterns and exposure to infectious microbials can impact their physical health. Therefore, it is necessary to prioritize self-care practices and to have access to healthcare services. Along with physical well-being, psychological well-being is also crucial for young doctors who often face high levels of stress, anxiety, and burnout as they go about their medical career. They can easily feel overwhelmed by the pressure to excel academically, perform competently in clinical settings, and by managing the emotional toll during patient care. Seeking support to prioritize their mental health is vital for their overall well-being. Because of the emotional distancing they practice with their patients in a clinical setup, they often find it hard to have an emotional social connection. But social connection plays a vital role in the lives of young doctors. It is necessary to build strong relationships with colleagues, mentors, friends, and family members as it provides a sense of support which will help to mitigate the feelings of isolation and loneliness. Having a supportive work environment that understands the need of an overall well-being of young doctors can help them have a better quality of life along with the material considerations like financial stability and access to resources. Generally, material aspects of well-being are covered for doctors as they have higher job security and financial stability. The quality of life is not at its peak for young doctors but despite the challenges they face, many young doctors find fulfillment in making a positive impact on the lives of their patients.

The practice of medicine transcends mere profession as it carries a sacred covenant between the doctor and the patient. Young doctors enter on a path full of obstacles and goals, emerging within this venerable tradition as the torchbearers of compassion and creativity. Their journey from the harsh environment of medical school to the harsh environment of clinical practice is a life-changing experience where goals clash with reality and the need for healing becomes entwined with the demands of the workplace. The well-being of young doctors serves as an important indicator of the over vigour of the healthcare workforce. QoL holds immense significance for young doctors as they strive to harmonise the demands of their profession and personal life. Extended work hours, increased stress levels and emotional fatigue can lead to burnouts, depression, and other mental health challenges among doctors. Prioritizing their mental health is vital to prevent all of these. Along with this, the quality of life of doctors' influences patient care. When doctors are emotionally stable and satisfied with their work, they are in a capacity to fully pay attention to taking care of their patients. In contrast to that, if they are experiencing dissatisfaction and emotional uneasiness, the quality of their work will also be affected which leaves the patients' health at stake.

It is fundamental to have balance between the responsibilities of medical practice and their personal well-being. Work-life balance is seen as a crucial element of the wellbeing of individuals in the contemporary culture and it is especially important for young doctors to have a proper work-life balance as their field of work is demanding with the management of conflicting demands of patient care, professional duties, and personal commitments. But obstacles like paperwork, rules, and moral quandaries can take away from the inherent benefits of practicing medicine, which can make new doctors feel frustrated, disillusioned, and morally distressed. A thorough examination of the various aspects affecting young doctors' well-being in the healthcare environment can be found by doing sociological research on their quality of life. This method explores a wide range of topics, from personal experiences to more general societal, organizational, and cultural aspects that influence young doctors' lives as they pursue careers in medicine. Through the examination of these sociological factors, scholars are able to acquire important knowledge regarding the obstacles, inequalities, and prospects that affect the standard of living of aspiring physicians. Examining the institutional and organizational settings in which young doctors practice is essential to sociological research. Healthcare organizations have a significant influence on the cultures, norms, and work environments that impact the wellbeing of

aspiring physicians. Investigating the organizational structures, power relationships, and institutional practices—such as workload distribution, hierarchies, and institutional norms—that shape their experiences is the aim of sociological study. It is essential to understand these organizational dynamics in order to pinpoint areas that need to be improved in order to promote young doctors' well-being and career fulfilment.

The well-being of the young medical residents is highly influenced by the hierarchical nature of healthcare. The experiences of the young doctors might be impacted by the power imbalances and organizational cultures that arise within the hierarchical dynamics. For example, in a rigid hierarchical setting, young doctors find it more difficult to express their concerns or to participate in the decision-making process. This can make them frustrated and powerless. Cultural norms and values influence the well-being of the young medical residents. Sociological analysis tries to understand how these social variables shape the well-being and quality of their life. For instance, the responsibilities of a medical doctor may conflict with the social perception of work-life balance which makes it hard for the young doctors to adjust their personal and professional life. Furthermore, there is a cultural perception of femininity and masculinity and it can affect the career decisions and aspirations of the young doctors. Sociological study provides a sophisticated insight of sociocultural processes by highlighting the ways in which social norms and value affect the quality of life of young doctors.

SIGNIFICANCE OF THE RESEARCH

It is important to investigate this aspect of medical field through the lens of sociology as it helps to comprehend the wide range of minute yet significant aspects that influences their experiences in the field of medicine. Sociological study examines the social interaction, cultural norms, organizational aspect and structural inequities which can help in intervention and policy creation to make the situation better so as to support the doctors. Healthcare field is a very crucial field in a social setup and it plays a pivotal role in the overall well-being of the society. Therefore, the medical field must be more welcoming and encouraging in nature. There is a shortage of healthcare professionals worldwide and it is important to have many more frontline workers. To achieve that, the medical environment should be healthier and nurturing. Through this study we will be able to analyze the shortcomings of the medical setting in providing a nurturing environment for the doctors to work in. In this study, we will be delving into the various aspects that influence the well-

being of young doctors in a healthcare environment. We will have a greater understanding about the obstacles, inequalities and opportunities that affect young medical residents' quality of life by examining the sociological factors. The findings from this study can later be used to inform interventions and policies that support young doctors' resilience, well-being and career fulfilment in the field of medicine.

CHAPTER 2

LITERATURE REVIEW

Conducting a literature review involves a thorough evaluation of a specific portion of existing knowledge, achieved through summarizing, categorizing, and comparing previous research studies, literature reviews, and theoretical articles. Engaging in this process allows the researcher to gain additional insights into different facets of their study. (University of Wisconsin Writing Centre, 2020)

From the work “Quality of Working Life on Residents Working in Hospitals” by M Hosseini Zare, B Ahmadi, A Akbari, M Arab and E Movahed Kor it was understood that the residents of the study showed their level of satisfaction in relation to the professional existence such as opportunities for career advancement and professional development, the expertise and attitude of their seniors and their personal living arrangements. It was understood that the quality of working life was high or moderate in the majority of residents working at TUMS. A direct relation was found out between their salary and the quality of their professional performance. Sleep deficiency, night shifts, inadequate salary, low access to senior residents reduced the quality of working life. It was stated by the residents that their occupation does not allow them to spend enough time with their family. They do not have adequate time to perform any other social role that they are supposed to perform in a social setting. Another determinant of the quality of working life is the nature of employment. Self-employment family physicians enjoyed a greater quality of working life (Zare et al. 2012)

A study was conducted in China on the quality of working life of medical doctors. According to “Quality of working life of medical doctors and associated risk factors: a cross-sectional survey in public hospitals in China” by Changmin Tang, Cuiling Guan and Chaojie Liu, it was revealed that the medical doctors in China experience a comparatively low quality of working life than their counterparts in other industries such as schoolteachers and oil-drilling workers. Even those the profession of medicine is highly respected and rewarded there are challenges like patient safety risks, high patient expectations and long working hours that can affect the quality of working life of the doctors. According to this study, the factors affecting the quality of working life are long

working hours, frequent night sleep deprivation, medical violence encounters and low salaries. Regional disparities were also evident in this study. Doctors in the more developed eastern region of China reported higher quality of working life than those in the central and western regions. This disparity reflects the overall regional imbalances in China in relation to resource allocation and investments in healthcare. In this study, increasing reports of violence against healthcare workers in China was examined. This increased the desire among health workers to leave the industry. Interestingly, medical workers in the rural areas seem to maintain a higher work passion which can possibly be due to the lower expectations in a rural setting (Tang et al. 2022)

According to “Gender differences in the perception of quality of life during internal medicine training: a qualitative and quantitative analysis” by Renata Kobayasi, Patricia Zen Tempski, Fernanda Magalhaes, Arantes- Costa and Milton Arruda Martins gave insights about the challenges experiences by female residents during the phase of residency program. This study was conducted at a medical school in Brazil that aimed to investigate the gender differences while studying the quality of life among first year internal medicine residents. 28.4% of the participants were female medical residents with a predominance of medical residents in this particular Brazilian medical school. Female residents consistently reported lower quality of life in contrast to their male colleagues. Even though the transition from a medical student to a resident physician is challenging for both male and female residents, this study indicates that the level is more pronounced in female residents. Female residents also conveyed their guilty feeling related to their inability to allocate time for their family, friends, and leisure activities. Work- life balance is challenging for women as they are expected to play a prominent role in a family setting and the stress of time management is emotionally exhausting their quality of life. Female residents face a conflict between their work and personal life because of the traditional societal expectations on women including marriage and motherhood. This conflict leads to the dissatisfaction and low quality of life (Kobayasi et al. 2018)

The work, “Anxiety, depression and quality of life of medical students in Malaysia” by G G Gan and H Yuen Ling was conducted among senior medical students in Malaysia and it revealed significant insights into the prevalence of anxiety and depression symptoms among the students and the impact on the quality of life. The research indicated that approximately 33% of the students’ exhibited symptoms of anxiety and around 14% displayed significant levels of anxiety.

The findings of this study were compared to other Asian countries, Malaysia demonstrated a lower prevalence of anxiety with Pakistan reporting an alarmingly high 60%. It was seen that female medical students reported lower scores in the psychological domain, possibly due to heightened sensitivity and emotional responses to stress. Furthermore, the ethnicity of the medical students seriously impacted the overall quality of life scores. Chinese students reported a lower score when compared to others. This might be because of the different expectations in relation to their cultural settings where academic achievement carries strong familial and societal obligations. This study also revealed that students who chose medicine as a career for the income and social status exhibited a higher risk of developing depression (Gan et al. 2019)

According to the research, “Long working hours and burnout in healthcare workers: Non- linear dose- response relationship and the effect mediated by sleeping hours- A cross sectional study” there is a strong relationship between the number of hours worked by healthcare professionals and their vulnerability to burnout. This is indirectly related to their quality of life as well. It was suggested to introduce intervention aimed at extending sleep duration so as to mitigate the risk of burnout that is associated with prolonged work schedule. Addressing this issue is extremely challenging as there is an ongoing shortage of medical personnel exacerbated COVID-19 pandemic. Prioritizing the promotion of healthy lifestyle and emphasizing the importance of adequate sleep are crucial strategies in caring the mental well-being of healthcare workers. By fostering a culture that value and supports sufficient rest, healthcare institutions can contribute to safeguard the well being of their workers in the midst of demanding nature of work (Lin et al. 2021)

“Challenges facing medical students’ satisfaction in the Middle East: A report from United Arab Emirates” was a study conducted in Dubai to assess the satisfaction of medical residents in Dubai residency program. Respondents showed a substantial level of satisfaction during their residency training program. Majority of the residents stated that their residency program curriculum and rotation was effective and helpful. Even with the high satisfaction, there were areas of dissatisfaction including salary, excessive paperwork during rotations and harassment faced during the residency training years (Abdulrahman et al. 2015)

According to the research work, “Burnout and satisfaction with work-life balance among US physicians relative to the general US population” by Tait D Shanafelt, Sonja Boone, Litjen Tan,

Lotte N Dyrbye, Wayne Sotile, Daniel Satele, Colin P West, Jeff Sloan, and Michael R Oreskovich frontline specialties' doctors such as family medicine, general internal medicine and emergency medicine, experience higher symptoms of burnout. When compared to other working US adults, physicians displayed higher rates of burnout and dissatisfaction with their work-life balance. Also, it was found out that doctors with an MD or DO degree faced an increased risk of burnout whereas those with bachelor's, master's or other doctoral degrees had lower risks (Shanafelt et al. 2012)

A qualitative study, "Job satisfaction of rural medical interns" by Anton N Isaacs, Anita Raymond, Angela Jacob, and, Philippa Hawkings was conducted at Victorian Rural Intern Training program to study the reasons for job satisfaction and dissatisfaction among interns. From this study they found out few reasons for job satisfaction. The support they get from their workplace contributed the major percentage along with quality supervision, teaching, and clinical exposure. They also found out reasons for job dissatisfaction as well. Poor access to administration, stressful working situations, lack of mental health support and well-being and poorly organized teaching sessions (Isaacs et al. 2020)

A web-based-cross-sectional study, "Burnout level and job satisfaction in Chinese pediatrics residents" by Li Ji, Zhang Xiaowei, Juang Ling, Fu Yao, Song Qingkun, and Zhao Jun was conducted via WeChat. This was done for an investigation into burnout prevalence and job satisfaction among Chinese pediatrics residents. Findings of this study revealed that a majority of the respondents exhibited higher levels of career burnout. Notably, residents between the age of 24 to 29 years demonstrated a lower burnout rate compared to those above the age of 30. Residents earning a lower annual salary showed higher levels of burnout. Another significant factor that caused burnout was sleep deprivation. Residents with sleep deprivation faced higher chances of burnout. Residents aged 30 and above are four times more likely to experience burnout. It would increase if they experience sleep deprivation. According to this study, burnout is related to age, income, and sleep quality (Ji 2020)

CHAPTER 3

METHODOLOGY

OBJECTIVES

The purpose of this study was to attain an insight into the following objectives:

The general objective of the study was to analyze the quality of life of young medical residents in Florida.

The specific objectives include:

- To study the socio- economic profile of the young medical residents
- To understand the nature of work of the young medical residents
- To analyze the challenges faced by the young medical residents
- To examine the satisfaction level of young medical residents

CLARIFICATION OF CONCEPTS

THEORETICAL DEFINITION

- **QUALITY OF LIFE:** According to the National Library of Medicine, Quality of life (QoL) is a concept which aims to capture the well-being, whether of a population or individual, regarding both positive and negative elements within the entirety of their existence at a specific point in time.
- **MEDICAL RESIDENT:** According to the Medical University of the Americas, A medical resident is a medical school graduate with a Doctor of Medicine (MD) degree who is taking part in a post- graduate training program accredited by the Accreditation Council for Graduate Medical Education (ACGME)

OPERATIONAL DEFINITION

- **YOUNG MEDICAL RESIDENT:** Male or female doctor between the age category of 25-35 years who is a medical resident in HCA, Florida
- **QUALITY OF LIFE:** the degree to which the young medical residents have a proportionate work-life balance, financial stability, satisfaction of job and satisfaction of life.

VARIABLES

The independent variables in this study are age, gender, nationality, and marital status. The dependent variable in this study is the satisfaction level of young medical residents.

UNIVERSE

In this study the population includes medical residents in the state of Florida, US.

SAMPLE

The universe consists of 50 medical residents between the age group of 25-35 years in the state of Florida, US.

SAMPLING METHOD

This study uses the method of snowball sampling which is a non-probability sampling method.

TOOL OF DATA COLLECTION

Two tools of data collection used in this study are Questionnaire that was uploaded as Google Form and Telephonic interview

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

Data analysis is a crucial step in every research. In this chapter it is explained how the collected data is used to understand the objectives of the study. The data was collected from 50 medical residents who are working in Florida, USA.

4.1. AGE OF THE RESPONDENTS

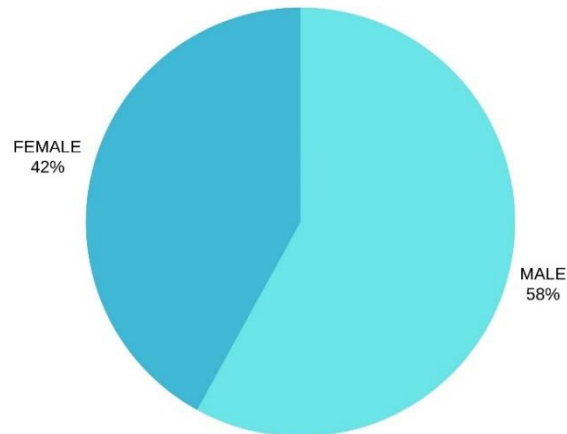
TABLE 4.1

AGE	FREQUENCY	PERCENTAGE
25-30	29	58%
31-35	21	42%
TOTAL	50	100%

In this study we have considered medical residents between the age category of 25- 35 years. Out of the 50 respondents, 58% comes between the age category of 25-30 years.

4.2. GENDER OF THE RESPONDENTS

FIGURE 4.1



Out of the 50 respondents, 58% are men and 42% are women. Even though there is a numerical increase of men, it might not necessarily mean that it is a male-dominated sector as it was in the early beginning of medicinal practices (Cleghorn,2021). Female doctors are also significantly increasing in number as per the analysis.

4.3 MARITAL STATUS OF THE RESPONDENTS

TABLE 4.2

MARITAL STATUS	FREQUENCY	PERCENTAGE
SINGLE	48	96%
ENGAGED	2	4%
MARRIED	0	0
TOTAL	50	100%

Out of the 50 respondents, 96% are single and 4% are engaged. Considering the fact that they are all above the age of 25 and below the age of 35, none of them are married. The absence of marriage is probably influenced by the stress they must deal with during their medical residency period and financial strain. Young doctors' decisions to put off marriage are further influenced by the emphasis placed by Western culture on personal development rather than conventional family values, which reflects shifting cultural standards.

4.4 NATIONALITY OF THE RESPONDENTS

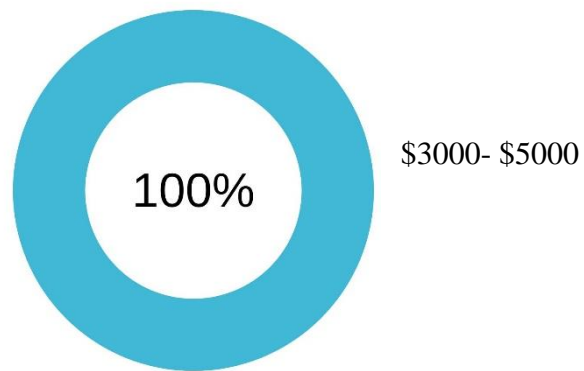
TABLE 4.3

NATIONALITY	FREQUENCY	PERCENTAGE
AMERICAN	17	34%
INDIAN	7	14%
BRITISH	6	12%
CANADIAN	6	12%
OTHERS	14	28%
TOTAL	50	100%

Out of the 50 respondents, 34% are Americans, 14% are Indians, 12% of British and Canadians and the other 28% are Africans, Germans, Nigerians, Filipino and Sri Lankans. There is a mix of nationalities doing their medical residency in Florida as seen per the study.

4.5 MONTHLY INCOME OF THE RESPONDENTS

FIGURE 4.2



Out of the 50 respondents, 50 of them earn the same monthly income and that is between \$3000-\$5000.

4.6 STUDENT LOAN UPTAKE AMONG RESPONDENTS

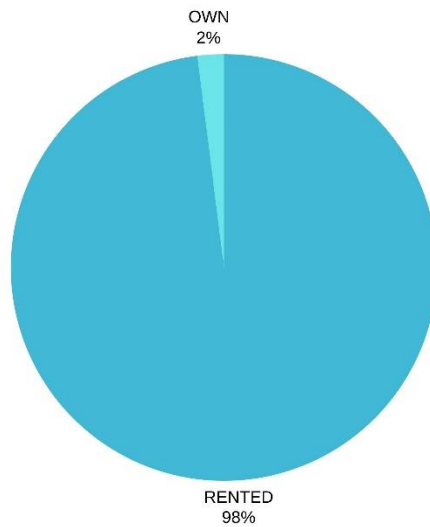
TABLE 4.4

LOAN AMOUNT	FREQUENCY	PERCENTAGE
LESS THAN \$10,000	24	48%
\$10,001- \$30,000	21	42%
ABOVE \$30,000	5	10%
TOTAL	50	100%

Out of the 50 respondents, 48% of them have taken a student loan which is less than \$10,000, 42% have taken a student loan that is in between \$10,001 and \$30,000 and, 10% have taken a loan amount that is above \$30,000. The variances in respondents' student loan debt amounts point to inequalities in their financial circumstances and possible fear of long-term repercussions. Greater debt might cause problems for a person, like delayed savings, fewer employment possibilities, or increased financial strain.

4.7 TYPE OF RESPONDENTS' HOUSING

FIGURE 4.3



Out of the 50 respondents, 98% of them stay in a rented house during their medical residency period and only 2% own a house. This can reflect on their transient nature of residency, financial constraints, and preference of mobility over property ownership.

4.8 TIME TAKEN TO COMMUTE TO THE HOSPITAL

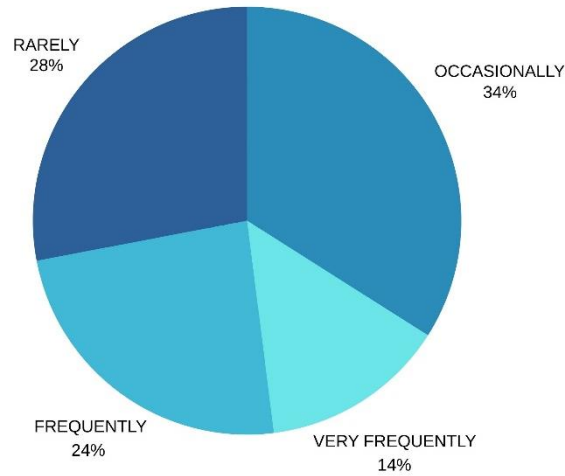
TABLE 4.5

TIME TAKEN	FREQUENCY	PERCENTAGE
LESS THAN 15 MINUTES	47	94%
15-30 MINUTES	2	4%
30-45 MINUTES	1	2%
TOTAL	50	100%

Out of the 50 respondents 94% of them take less than 15 minutes to reach the hospital, 4% of them take 15-30 minutes to reach the hospital and, 2% of them take 30-45 minutes to reach the hospital. From this we can understand according to the demands of their residency they tend to stay close by the hospital so that they can reach the hospital quickly during emergencies.

4.9 FREQUENCY OF NON-ESSENTIAL SPENDING HABITS

FIGURE 4.4



Out of the 50 respondents, 34% of them occasionally spend money for non-essentials (movies, concerts, travel, trendy fashion supplies, gaming consoles, workout gear, bars, and clubs etc.), 28% of them do that rarely, 24% of them do that frequently and 14% of them do that very frequently.

4.10 IMPACT OF SOCIO-ECONOMIC BACKGROUND ON THE NATURE OF WORK

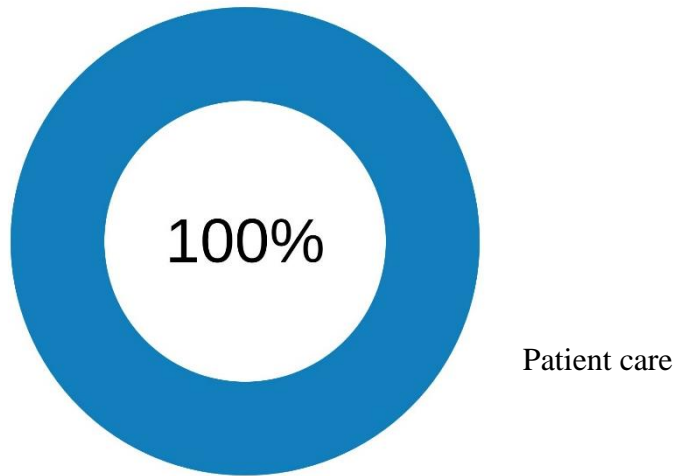
TABLE 4.6

IMPACT	FREQUENCY	PERCENTAGE
SIGNIFICANT	8	16%
MODERATE	35	70%
MINIMAL	7	14%
TOTAL	50	100%

Out of the 50 respondents, 70% feel that there is a moderate impact of their socio- economic background on the nature of work, 16% feel that there is significant impact and 14% feel that there is only a minimal impact.

4.11 PRIMARY RESPONSIBILITY OF A MEDICAL RESIDENT

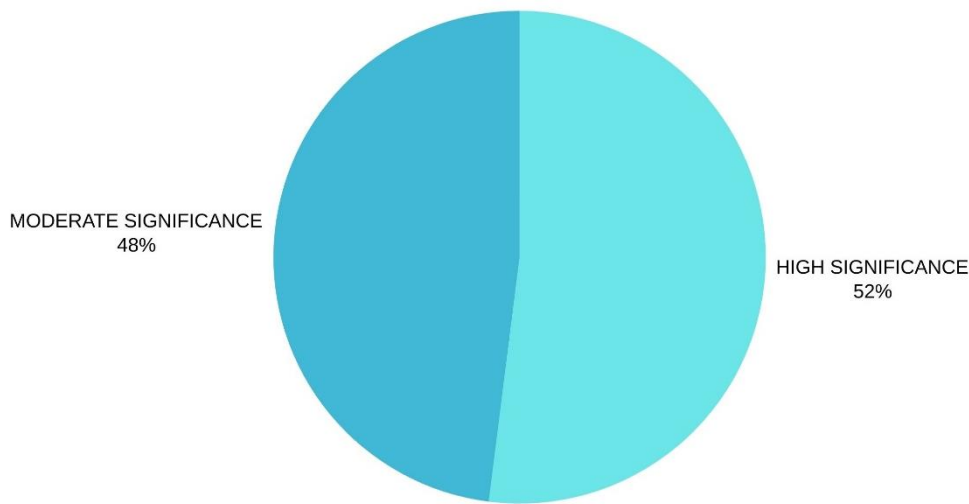
FIGURE 4.5



Out of 50 respondents, all of them suggested that Patient Care is the primary responsibility of a medical resident. Medical residents are primarily responsible for patient care in hospitals. They diagnose, treat, and keep an eye on patients while being supervised, which helps them improve their clinical abilities and acquire real-world experience. Residents work closely with attending physicians to ensure the safety and recovery of their patients.

4.12 SIGNIFICANCE OF THE ROLE OF MEDICAL RESIDENTS IN A HOSPITAL SETTING

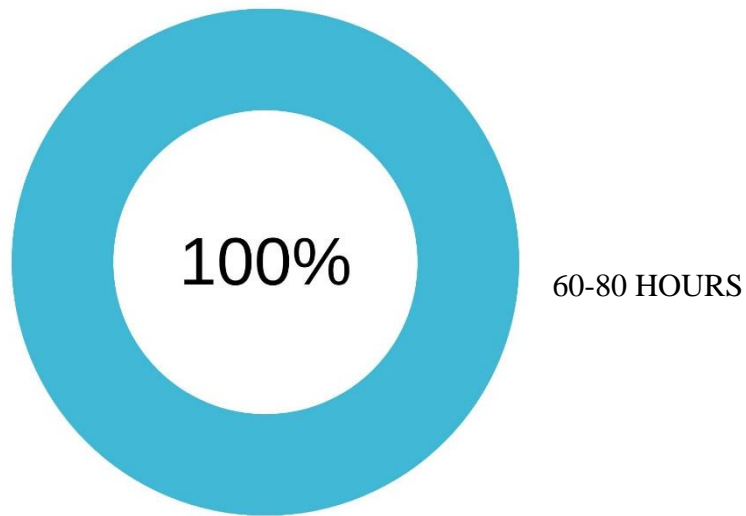
FIGURE 4.6



The figure indicates that 52% of the respondents feel that the role of a medical resident is highly significant in a hospital setting and the other 48% feel that it is of moderate significance. Medical residents are essential to hospitals. They provide direct patient care while gaining clinical expertise through hands-on training conducted under supervision. Residents work in unison with healthcare teams to provide comprehensive patient care. As future physicians, their training influences the trajectory of healthcare.

4.13 AVERAGE HOURS PER WEEK DEDICATED TO WORK

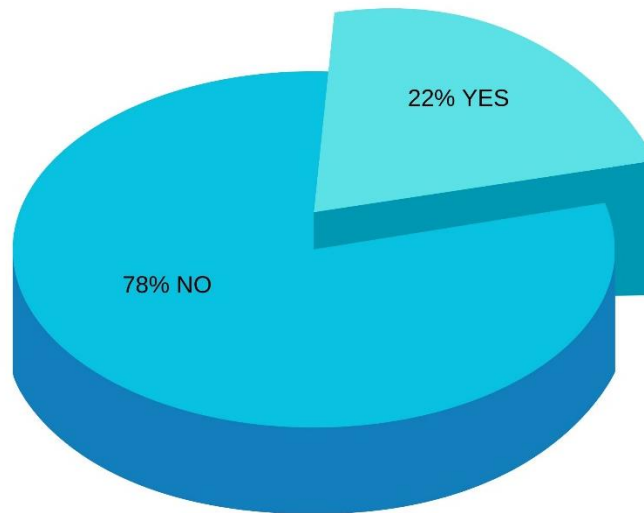
FIGURE 4.7



All the respondents who are medical residents stated that they work for 60-80 hours per week in the hospital. In many healthcare settings, medical residents spend 60–80 hours a week on average. But because of the long hours, intense workload, and psychological toll that patient care takes, it may be quite draining.

4.14 HEALTHY WORK-LIFE BALANCE

FIGURE 4.8



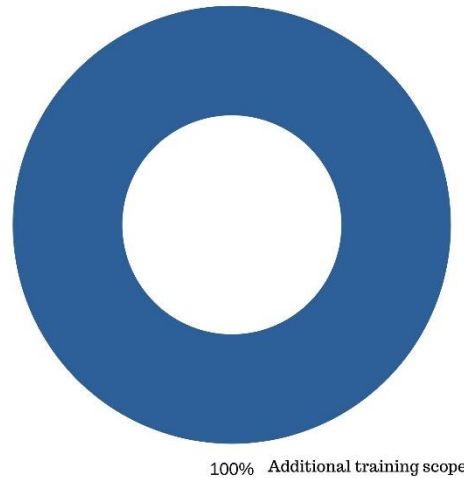
The figure shows that out of 50 respondents, 39 of them stated that their work schedule does not allow them to have a healthy work- life balance. The high percentage of medical residents who report having a poor work-life balance highlights how difficult their training is and how it negatively impacts their health. In order to address issues like long work hours, high stress levels, and a lack of personal time, interventions and support networks are essential for promoting individuals' physical and emotional well-being.

They were asked to state the reasons for feeling that there is no healthy work-life balance and they are:

- Long working hours
- High workload
- High stress level
- Limited autonomy
- Inadequate time management

4.15 OPPORTUNITIES FOR ADDITIONAL TRAINING IN THE RESIDENCY PROGRAM

FIGURE 4.9



This figure shows that there is a 100% scope for additional training in the residency program. More training scope availability in specialties like cardiology, oncology, neurology, or surgery may be provided by a residency program, enabling residents to acquire deeper experience and knowledge in these domains. It shows how residents can customize their training to fit their unique interests and professional goals because of the residency program's flexibility and wide range of training options that go beyond the basic requirements.

4.16. LEVEL OF SUPERVISION AND MENTORSHIP RECEIVED

TABLE 4.7

SUPERVISION LEVEL	FREQUENCY	PERCENTAGE
HIGH	8	16%
MODERATE	42	84%
LOW	0	0
TOTAL	50	100%

According to the 50 respondents, 84% of them feel that there is moderate level of supervision and mentorship in their residency program and 16% of them feel that there is high level of supervision. Supervision and mentorship in a residency program are necessary for the professional growth and skill development of the resident physicians along with the fostering of the residents' well-being. Experiences mentors will guide them on clinical decisions, professional challenges and personal development which would enhance the overall quality of life of the residents.

4.17 INVOLVEMENT OF RESPONDENTS IN PATIENT CARE

FIGURE 4.10



This figure suggests that all the 50 respondents feel that their work during the medical residency period is very much involved in patient care. The primary responsibility of a resident physician is patient care. In order to gain real-world experience, improve their clinical abilities, and apply their theoretical knowledge to real-world situations, medical residents actively engage in patient care. Their involvement under supervision promotes learning, gives them a chance to participate in the provision of healthcare, and gets them ready for independent practice, which will guarantee competent and compassionate patient care while furthering their professional growth.

4.18. PERCEPTION OF WORKLOAD IN RELATION TO INCOME

TABLE 4.8

WORKLOAD RELATION TO INCOME	FREQUENCY	PERCENTAGE
VERY CHALLENGING	4	8%
SOMEWHAT CHALLENGING	43	86%
REASONABLE	3	6%
TOTAL	50	100%

Out of the 50 respondents, 86% perceive that the workload in relation to their income is somewhat challenging, for 8% of them it is very challenging and for 6% it is reasonable. From the study it is understood that generally medical residents feel that they are underpaid when compared to the workload. Their work involves long working hours, frequent on-call shifts, patient care responsibilities, study time and work stress. Even though their monthly income comes between \$3000- \$5000 it is over perceived to be challenging in relation to the workload.

4.19 WORKLOAD OF THE RESIDENCY PROGRAM

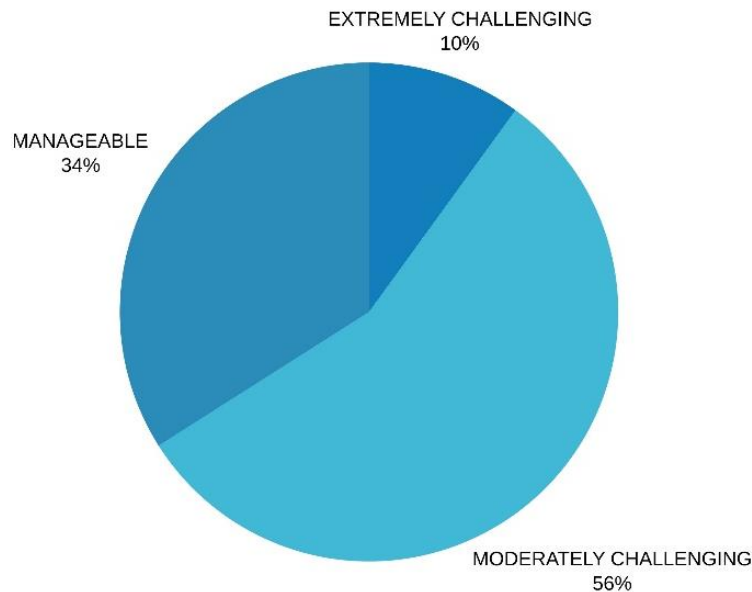
TABLE 4.9

WORKLOAD	FREQUENCY	PERCENTAGE
EXTREMELY DEMANDING	7	14%
MODERATELY DEMANDING	20	40%
MANAGEABLE	23	46%
TOTAL	50	100%

The workload perceptions of the respondents are shown in the provided table. According to the data, 14% of workers describe their job as "Extremely Demanding," 40% as "Moderately Demanding," and 46% as "Manageable." Therefore, while most consider their task to be manageable, a significant portion finds it to be challenging.

4.20 EFFECTIVE TIME MANAGEMENT IN RELATION TO THE WORK

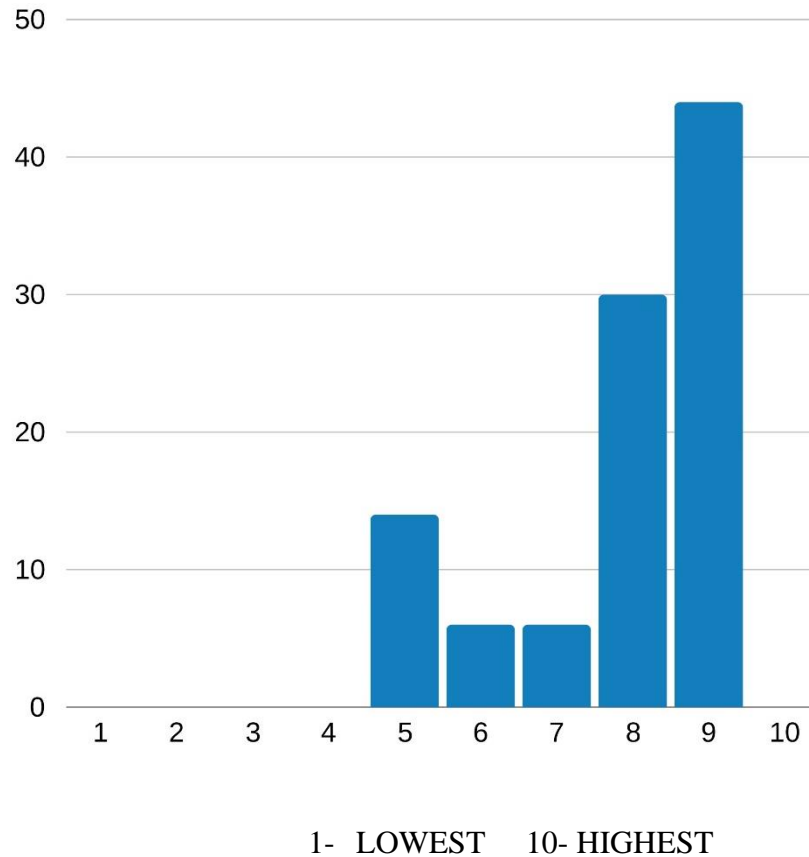
FIGURE 4.11



This figure shows that 56% of the respondents feel that it is moderately challenging to manage time effectively in the role of a resident physician, 34% of them feel that it is manageable and 10% feel that it is extremely challenging. The demanding nature of medical training often requires the residents to juggle multiple responsibilities such as patient care, study, research, and administrative tasks within limited frame. The unpredictable nature of healthcare can further complicate effective time management.

4.21 LEVEL OF BURNOUT

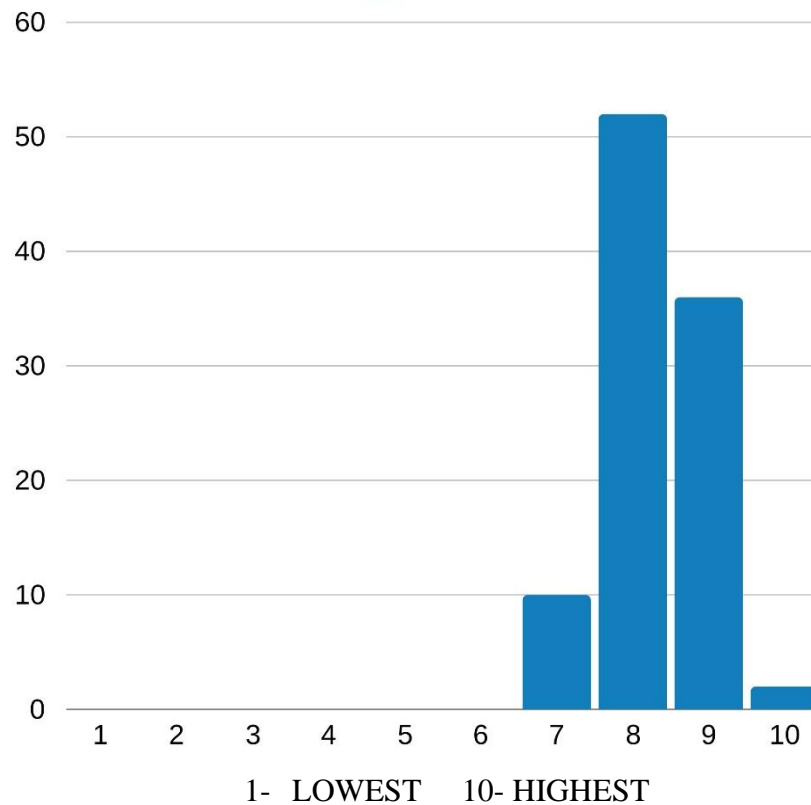
FIGURE 4.12



Out of the 50 respondents, 44% indicates a level of 9 on a scale of 1 to 10, with 1 being the lowest, to express their level of burnout, 30% indicates a level of 8, 6% each indicates a level of 7 and 6, 5% indicates a level of 5. These findings suggest that a significant number of the respondents have high degrees of burnout, pointing to a concerning trend in the emotional and mental stress that medical professionals face. It is critical to address this issue as soon as possible, highlighting the need for supporting policies and efficient treatments to reduce burnout in the healthcare industry.

4.22 JOB SATISFACTION LEVEL

FIGURE 4.13

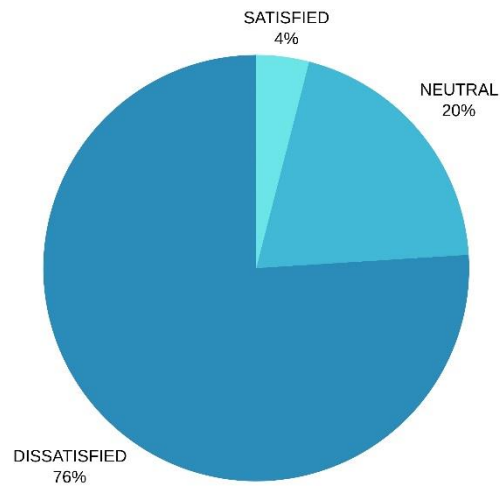


This figure shows that out of the 50 respondents, 10% indicates a level 7 on a scale of 1 to 10, with 1 being the lowest of job satisfaction, 52% indicates a level of 8, 36% indicates a level of 9 and 2% indicates a level of 10. Even while burnout is more common among medical residents, they usually report better levels of job satisfaction. Their favourable overall experience during residency training can be related to their sense of purpose, learning opportunities, supportive work settings, professional aspirations, and resilience in overcoming obstacles.

4.23 LEVEL OF SATISFACTION

4.23. a. WORK-LIFE BALANCE SATISFACTION

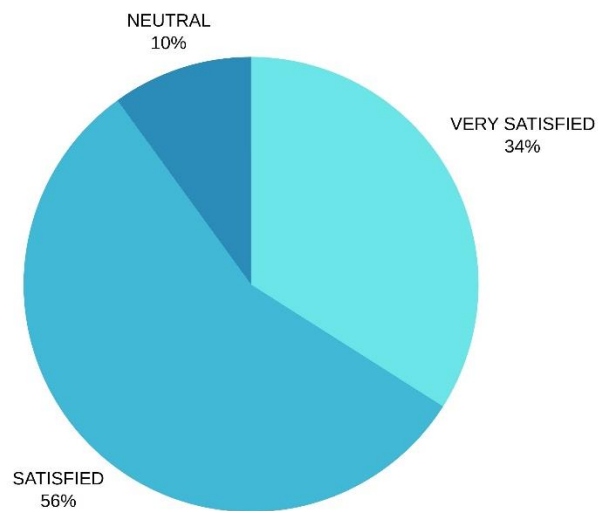
FIGURE 4.14



Out of the 50 respondents, 76% of them are dissatisfied with the work-life balance, 20% are neutral about it and 4% are satisfied.

4.23. b. PATIENT CARE INVOLVEMENT SATISFACTION

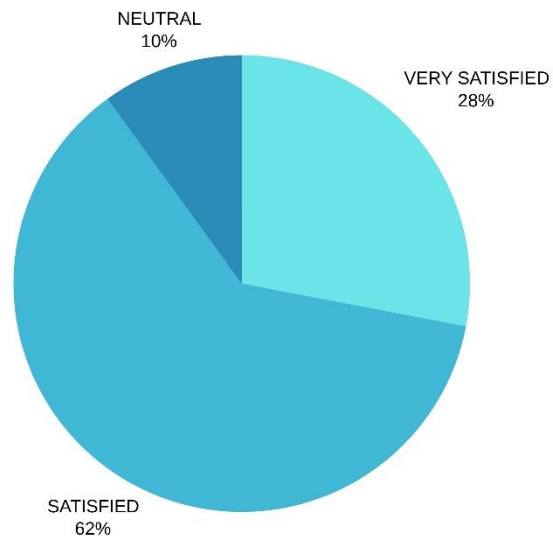
FIGURE 4.15



This figure states that 56% of the respondents are satisfied with their involvement in patient care, 34% are very satisfied and 10% feel neutral about it.

4.23. c. CAREER PROGRESSION SATISFACTION

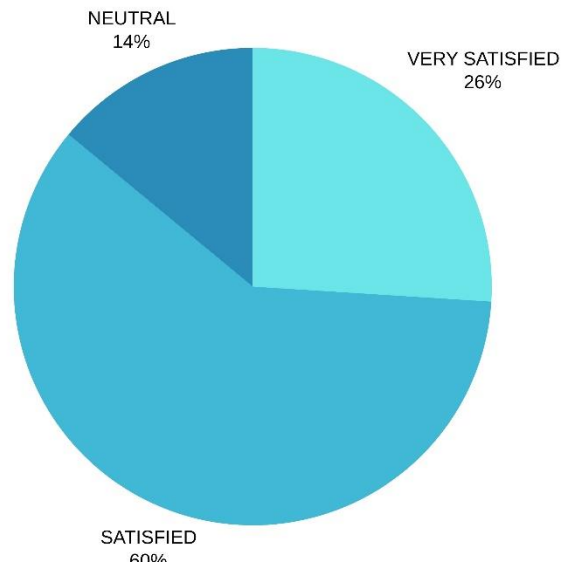
FIGURE 4.16



Among the 50 respondents, 62% are satisfied with the progression of their medical career during residency, 28% are very satisfied and 10% feel neutral about it.

4.23. d. SOCIAL SUPPORT SATISFACTION

FIGURE 4.17



When it comes to the availability of social support within the residency program, 60% of the respondents are satisfied with the social support, 26% are very satisfied and 14% feel neutral about it.

4.24. ASPECTS OF JOB SATISFACTION

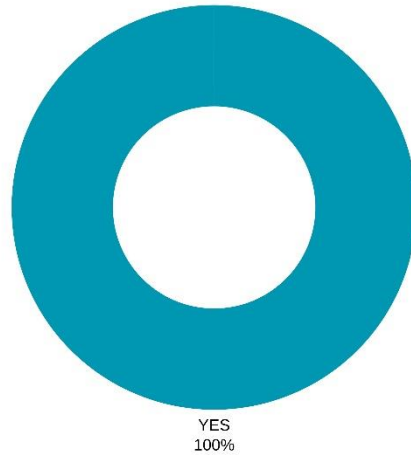
TABLE 4.10

ASPECTS	FREQUENCY	PERCENTAGE
PATIENT CARE	19	38%
JOB SECURITY	12	24%
STABLE INCOME	9	18%
SUPPORTFROM COLLEAGUES	4	8%
SOCIAL STATUS	4	8%
ACT OF SERVICE	2	4%
TOTAL	50	100%

This table shows that medical residents give priority to several areas of their professional and personal well-being. They convey their happiness with the attention they receive from patients, which demonstrates their dedication to improving patients' lives. Anxieties over future career stability are brought to light by worries about income and employment security. Residency experiences could be enhanced by emphasizing the social and humanitarian aspects of medicine and strengthening peer support.

4.25 RECOMMENDATION OF THE MEDICAL PROFESSION

FIGURE 4.18



Every respondent expressed unanimity in recommending the medical profession while highlighting certain conditions. These include being passionate and dedicated, appreciating job stability, proving a dedication to medicine and patient care, being driven to help others, displaying the ability to manage a workload, and placing a high priority on job happiness.

CHAPTER 5

FINDINGS AND CONCLUSION

Social science research on young medical residents' quality of life in Florida is important because it is important to acknowledge that healthcare professionals, like everyone else, should have their well-being considered. In the middle of the pressures and expectations placed on them by their line of work, we frequently forget that doctors are also people with needs, feelings, and vulnerabilities that need to be acknowledged and understood. This study intends to provide light on the difficulties faced by medical residents in juggling the demands of their jobs with their pursuit of balance and personal fulfilment by concentrating on their experiences. By selecting Florida as the research location, the study gives a unique cultural viewpoint that sheds light on doctors' lives in a Western culture. This geographic decision allows for easier comparisons with other areas and expands our knowledge of the variables affecting medical professionals' quality of life. After thorough investigation and analysis, this study has revealed a few important findings. These observations cover a wide range of life topics for the inhabitants, such as their desire for a profession, emotional health, and work-life balance, as well as their social support systems. Our aim in providing an explanation of these results is to enhance comprehension of the complex nature of the medical field and guide initiatives aimed at promoting the overall health of healthcare personnel in Florida and other regions.

The first objective of this study was to examine the socio-economic profile of the young medical residents. Fifty participants aged between 25 and 35 were specifically chosen for this study. Individuals in this age bracket, particularly doctors, undergo a notable transition from their medical training to establishing themselves within the healthcare field. The selection of this age group provides valuable insights into the socioeconomic factors influencing the lives of emerging medical professionals. This period is marked by significant personal and career growth, encompassing challenges related to career advancement, financial stability, and maintaining a healthy work-life equilibrium. Out of the 50 respondents 58% are men. While men slightly

outnumber women in this cohort, the gap is not insurmountable as per this study. This can be viewed as a result of the ongoing efforts towards gender diversity within medical profession. As this study was based on the state of Florida, it was identified that 34% of the respondents were Americans, while 14% were Indians. Many other nationalities were also identified such as, Britishers, Canadians, Nigerians, Sri Lankans etc. This reflects the diverse cultural backgrounds present within the medical community of Florida. Another interesting finding was the absence of married respondents. The absence of married people among young doctors (ages 25 to 35) mirrors the Western cultural norms that delay marriage in order to further one's career and personal life. This trend is influenced by variables such as shifting relationship norms and job objectives. Healthcare organizations must acknowledge these cultural factors to create support systems that cater to the diverse interests and life trajectories of their employees and promote career satisfaction and work-life balance.

This study's data on student loan uptake among young physicians sheds important light on the financial requirements of medical school. 48 percent of the respondents, or nearly half of them, say they owe less than \$10,000 on their student loans. From this it can be understood that a major percentage of these physicians have not taken a bigger student loan. The loan loads are relatively low. But 10% of the respondents stated that they have a student loan of more than \$30,000.

According to this study, 34% of participants occasionally spend money on non-essentials like games, movies, travel, clothing etc. This implies a sensible approach to discretionary spending that puts both financial responsibility and lifestyle satisfaction first. On the other hand, 28% seldom incurred such costs, suggesting a more cautious approach. In the meantime, 14% engaged in leisure activities very frequently, and 24% reported spending money on them frequently. These results demonstrate varying degrees of financial restriction and lifestyle preferences, as well as a range of opinions among young doctors toward discretionary expenditure. Even with the rigors of their line of work, a significant proportion of participants demonstrate a readiness to make time for leisure and personal growth in addition to their work obligations.

The choice made by 96% of the young physicians surveyed, to rent housing underscores their inclination towards mobility and being near hospitals, crucial for handling emergencies and on-call duties. Preferring renting over owning property demonstrates their flexible way of life and commitment to their medical duties. Remarkably, 94% of the participants live within a 15-minute

distance from the hospital, guaranteeing quick reactions to critical situations. This nearness not only enhances effectiveness but also emphasizes the significance of accessibility in their professional capacities. These findings highlight the practical and flexible approaches young doctors utilize to fulfil the requirements of their medical professions.

The second objective of the study was to study the nature of the work of medical residents. A majority of the medical residents in this survey stated that they felt the workload was reasonable despite the challenges mentioned. This comment seems to be a bit ironic given the difficulties mentioned by the medical residents as a part of their work. This perspective might reflect the high level of professionalism that permeates the medical field. In order to make their workload more manageable, medical residents should prioritize their professional commitments, frequently by compromising on their personal interests. This devotion to their work highlights the sacrifices and commitment made by medical professionals, highlighting how crucial it is to provide high-quality patient care and uphold their professional duties. When it comes to effective time management in relation to the work load, 66% of the residents stated that it is very challenging. It is difficult for them to allocate time efficiently by maintaining productivity. The time management is further disrupted by the unpredictable nature of healthcare including emergencies and unexpected interruption. This can contribute to feelings of frustration, overwhelm and a sense of being “behind” in their work.

The third objective was to examine the challenges faced young medical residents. From this study, it was found out that there are multiple challenges that young medical residents face during their residency period. Medical residents work often exceeds 80 hours per week. This can lead to mental and physical exhaustion. Respondents of this study claimed that they have no extra time to take care of their personal life because of the demanding work schedule. The overall wellbeing and quality of life of young medical residents is affected by this. Due to the tight workload, they often have interrupted sleep patterns which leads to chronic sleep deprivation. Lack of adequate sleep can contribute to the dysfunction of cognitive functions, and physical as well as mental health. Every respondent stated that there is high stress involved in their work. The high pressure in the medical residency environment along with the critical decision making and responsibilities of patient care, the stress level of these young medical residents are elevated. Balancing work and

life are certainly challenging for the medical residents in this study as they often have limited time for hobbies, relaxation and spending time with family and friends. This again can reduce the quality of their lives. Another crucial finding is the social isolation they face due to the demanding nature of their work. They have limited time to socialize with peers outside of work. This feeling of isolation can further exacerbate stress and decrease the overall quality of life.

The last objective was to comprehend the overall satisfaction levels of young medical residents, and surprisingly, it was discovered that they are content with their jobs. Within the 50 respondents, there was a notable variation in job satisfaction levels. While 10% rated their satisfaction at level 7, a majority of 52% expressed a significantly higher satisfaction level, rating it at level 8. Additionally, 36% reported even higher satisfaction levels at level 9, with only 2% claiming the highest level of satisfaction. This data is particularly ironic considering the challenging environment of medical residency, known for high rates of burnout. Despite these challenges of a less satisfactory work-life balance, residents often report substantial levels of job satisfaction. Various factors contribute to this phenomenon. Firstly, the valuable sense of purpose in the medical profession may offer residents strong motivation and fulfilment in their work. Moreover, the ample learning opportunities and supportive work environments during residency, along with the pursuit of professional objectives, likely positively influence overall satisfaction. Furthermore, the ability of medical residents to exhibit resilience in the face of obstacles may also significantly impact their job satisfaction. This study indicates that despite the hurdles of medical residency, a considerable portion of residents still express satisfactory levels of job satisfaction.

In conclusion, this study reveals the intricate challenges faced by young medical residents during their residency tenure. The data highlights a range of obstacles, including demanding work schedules, sleep deprivation, heightened stress levels, and a precarious work-life balance. These difficulties not only impact the physical and mental health of residents but also contribute to feelings of isolation and a diminished overall quality of life. Despite these adversities, it is noteworthy that most young medical residents express satisfaction with their profession. A majority of respondents reported significant levels of job satisfaction, showcasing the resilience and commitment of these professionals. Various factors contribute to this contentment, such as the inherent sense of purpose in medicine, ample learning opportunities, and supportive work

environments. Additionally, the ability of residents to persevere in the face of challenges plays a pivotal role in maintaining job satisfaction.

However, fostering a culture of open communication and prioritizing self-care and mental health resources can mitigate the negative impacts of residency training. By addressing these challenges and supporting the holistic well-being of medical residents, healthcare organizations can ensure the long-term success and satisfaction of their workforce. To conclude, while medical residency presents numerous challenges, this study underscores the resilience and dedication of young medical professionals. Understanding the complex factors influencing their quality of life and job satisfaction is crucial for implementing targeted interventions to support residents and improve healthcare delivery overall.

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APPENDIX
QUESTIONNAIRE

1. NAME

2. AGE

3. GENDER

- a) Male
- b) Female
- c) Other

4. MARITAL STATUS

- a) Single
- b) Married
- c) Engaged

5. NATIONALITY

6. WHAT IS YOUR MONTHLY INCOME AFTER TAXES?

- a) Less than \$3000
- b) \$3000- \$5000
- c) Above \$5000

7. STUDENT LOAN (if any)

- a) Less than \$10,000
- b) \$10,001- \$30,000
- c) Above \$30,000

8. WHAT IS YOUR TYPE OF HOUSING

- a) Rented
- b) Own
- c) Provided by the hospital
- d) Other

9. HOW LONG DOES IT TAKE FOR YOU TO COMMUTE TO THE HOSPITAL?

- a) Less than 15 minutes
- b) 15- 30 minutes
- c) 30-45 minutes
- d) More than 45 minutes

10. WHAT IS YOUR MEANS OF TRANSPORTATION?

11. HOW OFTEN DO YOU SPEND MONEY FOR THINGS OTHER THAN THE ESSENTIALS?

- a) Very frequently
- b) Frequently
- c) Occasionally
- d) Rarely
- e) Almost never

12. DO YOU FEEL CONNECTED TO YOUR CURRENT LOCAL COMMUNITY?

- a) Very connected
- b) Connected
- c) Somewhat connected
- d) Not connected at all

13. DO YOU PERCEIVE ANY IMPACT OF YUR SOCIO-ECONOMIC BACKGROUND ON THE NATURE OF YOUR WORK OR CAREER OPPORTUNITIES?

- a) Significant
- b) Moderate
- c) Minimal
- d) None

14. AS FOR YOU, WHAT IS THE PRIMARY RESPONSIBILITY AS A MEDICAL RESIDENT?
- a) Patient care
 - b) Research
 - c) Student mentorship
 - d) Others
15. HOW DO YOU PERCEIVE THE SIGNIFICANCE OF YOUR ROLE WITHING THE HOSPITAL SETTING?
- a) High significance
 - b) Moderate significance
 - c) Minimal significance
16. ON AN AVERAGE, HOW MANY HOURS PER WEEK DO YOUD EDICATE TO YOUR WORK?
- a) Less than 40 hours
 - b) 40-60 hours
 - c) 60-80 hours
 - d) More than 80 hours
17. DOES YOUR WORK SCHEDULE ALLOW YOU TO HAVE A HEALTHU WORK-LIFE BALANCE?
- a) Yes
 - b) No, if not, why?

18. ARE THERE OPPORTUNITIES FOR ADDITIONAL TRAINING, WORKSHOP OR CERTIFICATIONS IN YOUR RESIDENCY PROGRAM?

- a) Yes
- b) No

19. HOW WOULD YOU DESCRIBE THE LEVEL OF SUPERVISION AND MENTORSHIP YOU RECEIVE IN YOUR CURRENT ROLE?

- a) High
- b) Moderate
- c) Low

20. HOW DIRECTLY ARE YOU INVOLVED IN PATIENT CARE?

- a) Very involved
- b) Moderately involved
- c) Limited involvement

21. WHAT IS YOUR PERCEPTION OF YOUR WORKLOAD IN RELATION TO YOUR INCOME?

- a) Very reasonable
- b) Reasonable
- c) Somewhat challenging
- d) Very challenging

22. HOW WOULD YOU DESCRIBE THE CURRENT WORKLOAD IN YOUR RESIDENCY PROGRAM?

- a) Extremely demanding
- b) Moderately demanding
- c) Manageable
- d) Not demanding

23. HOW CHALLENGING DO YOU FIND MANAGING YOUR TIME EFFECTIVELY IN THIS ROLE?

- a) Extremely challenging
- b) Moderately challenging
- c) Manageable
- d) Not challenging

24. ON A SCALE FROM 1 TO 10, HOW WOULD YOU RATE YOUR LEVEL OF BURNOUT? (1 being the lowest)

25. HOW DO YOU FEEL ABOUT THE CURRENT WORKLOAD IN RELATION TO YOUR TRAINING AND PROFESSIONAL DEVELOPMENT?

- a) Abundant
- b) Adequate
- c) Limited

26. HAVE YOU FACED CHALLENGES IN TEAMWORK OR COMMUNICATION WITHIN YOUR CURRENT ROLE?

- a) Yes
- b) No

27. ON A SCALE FROM 1 TO 10, HOW SATISFIED ARE YOU WITH YOUR
OVERALL JOB AS A MEDICAL RESIDENT? (1 being the lowest)

28. HOW SATISFIED ARE YOU WITH THE BALANCE BETWEEN YOUR WORK
AND YOUR PERSONAL LIFE?

- a) Very satisfied
- b) Satisfied
- c) Neutral
- d) Dissatisfied
- e) Very dissatisfied

29. HOW SATISFIES ARE YOU WITH YOUR INVOLVEMENT IN PATIENT CARE
AMD THE IMPACT YOU CAN MAKE?

- a) Very satisfies
- b) Satisfied
- c) Neutral
- d) Dissatisfied
- e) Very dissatisfied

30. HOW SATISFIED ARE YOU WITH THE PROGRESSION OF YOUR MEDICAL
CAREER DURING RESIDENCY?

- a) Very satisfied
- b) Satisfies
- c) Neutral
- d) Dissatisfied
- e) Very dissatisfied

31. HOW SATISFIED ARE YOU WITH THE AVAILABILITY OF SOCIAL
SUPPORT WITHIN YOUR RESIDENCY PROGRAM?

- a) Very satisfied
- b) Satisfied
- c) Neutral
- d) Dissatisfied
- e) Very dissatisfied

32. WHAT ASPECTS OF YOUR WORK CONTRIBUTE TO YOUR JOB
SATISFACTION AND ARE THERE AREAS THAT MAY DISTRACT FROM IT?

33. WOULD YOU SUGGEST THIS PROFESSION TO ANYONE ELSE?

34. IF YES, EXPLAIN.

35. IF NO, EXPLAIN.