

The career-changing doctor

Many doctors feel 'trapped' in their jobs by expectations from their colleagues, families and friends. However, perhaps the strongest 'trap' is that of one's expectations of oneself - giving up a respected role in society, pride in one's achievements - and the fear of having 'failed' in medicine and/or not having the skills to do other work.

As a trained medical practitioner you have some of the most highly 'transferable' skills sought after in business and commerce. Your medical degree connotes hard-work, professionalism, education, intelligence, wisdom and life-experience. Have a look at the articles, consider the experiences of others, research your facts and make a decision. Please contribute to our forum and tell us about your experiences.

What motivates career change?

Do a search for 'doctor AND career change' on MEDLINE and it will return to you numerous articles about factors influencing career specialisations that doctors choose within medicine; but you will find very few articles for doctors considering a change to career outside of medicine, and no articles discussing the process of making this difficult decision. In this article I attempt to summarise my own anecdotal findings from conversations with other doctors and my own experience.

A motivation to change careers often develops over many years (if not decades) and may even start while at medical school. For many, a dissonance grows stronger over this time period from a general sense of unease to a strong desire to 'just quit' and 'take my chances'; balanced against this is the sense of responsibility and commitment we feel to our patient's and a hope that one's lot may improve with more advanced specialisation or professional status. This conflict many generate many problems affecting work and social life. In this article, I first identify some factors that motivate doctors to leave medicine, then I identify some other factors that keeps doctors from leaving medical practice. In the last part of the article, I discuss some options available to doctors changing career. Factors influencing doctors to leave medicine -

1. Personality-job role conflict:

Sometimes there is a clash between key personality traits and the expectations/pressures of a doctor's role. Although, the practice of medicine is flexible and there are fields that require varying degrees of particular attributes, for some people there are no common medical specialities that satisfy them. Personality traits that may conflict with the doctor role include:

- narcissism e.g. "I'm too good to waste my time on these #%!@ people", "I'll only see y and z patients; you see the rest"
- high novelty-seeker e.g. "I'm so bored doing this all the time", "How can I spice this up?", "The first 2 months of a new job are fun, but then I need to move on"
- anti-social e.g. "I really don't like being around people", "leave me alone"
- 'laissez-faire' - an attitude of bare-minimalism that places patients and yourself at excess risk e.g. "whatever", "yeah yeah", "it's not the best I could do, but it'll do".
- indecisiveness e.g. "I can't do it, it's too risky", "I can't decide - let's do a TRM MCT scan", "You decide"

2. Disappointment/failed expectations:

Most pre-med students have over-valued conceptions about what it is to 'be a doctor'. Media, societal concepts, and the health profession itself create a very simple and biased schema of a doctor being 'a person who heals people'. The realities of medicine becomes more apparent further into medical training as one receives more clinical experience. There are several areas that doctors frequently feel disappointed by:

- cure-rate is very low for many diseases,
- unreasonable expectations from patients to be cured
- unappreciated by patients
- excessive administration and 'red-tape' requirements in practice

Often these form the basis for a feeling of being dis-illusioned, incompetent, and/or ineffectual.

3. Initial 'wrong' career choice:

I love computers. If I had done some formal computing studies at secondary school I most likely would have studied computer science at University; however, when I arrived at University I had been groomed by family expectations to study a professional degree - so I did. I made a 'wrong' career choice. Now to be truthful, 'wrong' is not the correct word to use, as at the time it was right choice for me (medicine suited my need for assurance of job and income security, and boosted my low self-confidence); however, medicine is not the right career choice for me anymore. For some other doctors, they may discover strong interests in other fields such as music, writing, journalism, politics, I.T., research, or have hobbies that develop into businesses. In these circumstances, doctors may find that their non-medical interest exceeds their interest in medical practice. You don't have to dislike medical practice as a reason to leave it!

Thirty years ago once a person entered a profession it was expected that they would stay in that profession until they retired. Fortunately, the paradigm shift over the past decades has been for people to change jobs as they see fit and that a decision to change careers has become an acceptable option - at least in the commercial world. Leaving medical practice is probably one of the last areas that this concept is becoming acceptable, perhaps because of the special role that doctors have in society. We discuss this some more on the next page.

4. Existential crisis:

Maybe whatever job you are employed in you will always feel 'dissatisfied', because you are searching for fulfilment that is not obtainable by what job you do! People have varying degrees of need for existensial meaning, most workers can find a sense of fulfilment from their jobs, doing the job they do well etc. However, some people frequently change career (or consider it) because they feel that the career they are doing is not 'meaningful' enough. For such people, they find they keep saying to themselves, "why am I here", "why am I alive", "I need to leave a mark on the world", "I want to be famous/ well-known/ important". For some people, the drive to 'find' existential meaning continues throughout their entire lifetime, with numerous job changes, travel, hobbies, religions, relationships, and/or careers. It is critical that you identify if this is you or not, because changing careers may not help. Maybe you need God, not a job change.

5. Lifestyle:

When work interferes with your family or personal relationships, there is often a motivation to cut-down on work or change jobs. In medicine, the competitive training environment can make part-time work/training untenable even though the effects of late hours, missed anniversaries, work stress can be disastrous on your personal life. For these reasons, some doctors look to self-employment, home business or career changes as an alternative, to allow them to accommodate family and lifestyle far more readily.

6. De-registered:

Unfortunately, the vagaries of medicine are that sometimes after years of education and training, events occur that do not allow a doctor to continue medical practice even though they want to. Sometimes a charge of medical negligence or bad decision-making ends a career. Sometimes, doctors move to new countries hoping to continue medical practice but are impeded by registration procedures. Sometimes, ill-health (blindness, injury, GBS, CFS, depression) means that the body or mind will not do the job you want to do.

As you can see, there are many different reasons why doctors may be motivated to change careers. In reality, most doctors will find that they are driven to change by several factors, although one may be more salient than others. Identifying what is driving your need to change careers is crucial. In the next section, we look at factors that motivate us to stay in the medical profession.

What keeps doctors from career change?

Probably even more complex than the motivations to leave medicine are the motivations and pressures for doctors to stay in the profession. Doctors are regarded as having a special role in society as defenders of health - changing careers is seen by some as turning your back on and abandoning the health needs of the community. Feedback from lay people is often one of great puzzlement and an unspoken question about whether you are being forcibly de-registered. Pride, fear of loss, fear of failure, family welfare, poor self-confidence and personal circumstances all affect our decision to commit to change.

1. Pride

This may be family pride or personal pride. In many cultures, a person's profession impacts the prestige of the entire family - losing this status can affect family relations, power holdings and acceptance within and outside of a family. There can be much pressure from family members to remain a medical practitioner for family pride. Personal pride in being a doctor, running a successful practice, having esteemed colleagues, achieving well in one's speciality and/or earning a good salary form a solid foundation for some people's lives.

2. Fear of loss

On the other hand, fear of losing these same things form a strong barrier to moving towards change. Giving up one's medical practice and losing status are an obvious downside to a career change. In non-medical fields, you will no longer be instantly recognised as a 'pillar of society' and people may treat you very differently. Certainly, losing one's regular high income is a difficult loss to tolerate. Fear of losing friends may be a more subtle worry, whether this be from decreased social contact time or loss of friends maintained through your work role or status.

3. Fear of failure

Sometimes, there may be a thought at the back of your mind that you've failed as a doctor because you didn't achieve such and such a level of registration / specialisation. You think that your satisfaction with medicine may improve once you reach a higher status and 'giving up' now is a sign of failure - to your colleagues and yourself.

4. Family welfare

Sometimes it is just not reasonable to give up your current stable job because you have mouths to feed and children's educations to pay for. This was particularly relevant for male doctors in the past millennia, but less so now with blurring of family roles.

5. Poor self-confidence

Insecurity is a powerful barrier to a career change. More often than not it is the fear of the unknown consequences that are associated with change that people with poor self-confidence find difficult to overcome. "I don't know how to do anything else but medicine" "I'm better off with the devil I know than the devil I don't" "If it wasn't for my medical degree no-one would even know I exist" If your self-confidence is pervasive and associated with other affective / cognitive symptoms seriously consider whether you're experiencing a depressive episode.

6. Personal circumstances

There are many other circumstances in a doctor's personal life that may serve as barriers to a career change in varying degrees. e.g. ill health of a family member, high cost of living, age, convenience. For different people these circumstances may be either barriers or motivators to change.

7. Social conscience and responsibility

Commitment and a sense of responsibility to patients will keep many doctors practicing year after year despite becoming burnt-out or chronically stressed. Many doctors have an elevated sense of social conscience that motivated them to take up medicine in the first place. As mentioned in the opening paragraph of this page, it can be difficult dealing with the feeling that you are being selfish for not offering your medical skills to patients.

8. Locus of control

A further psychological factor affecting our motivation to change careers is that of locus of control. Individuals attribute control of their circumstances and their ability to control the direction of their lives along a continuity of external <=> internal control. At one extreme, some people consider themselves to have very little control over their circumstances (discounting their own abilities to alter their environment) and find it difficult to deviate from well-beaten career paths [external locus], they feel that big decisions are not really theirs to make; at the opposite extreme other people attribute control over their lives entirely to their own ability and decisions [internal locus] and readily see a means for change.

Again, for many of us there is some degree of all of these factors influencing our drive to stay in the profession. Having discussed some factors that motivate doctors to change careers and to stay within medicine, it is important to recognise some factors that can support a decision to change careers. These may include (i) positive family support in the form of financial support and/or moral support, (ii) financial independence - being free of debt and having a good financial backup certainly helps, and (iii) clear goal focus and passion.

In the next section, we look at various ways in which people may make the decision to change careers.

You've got a decision to make

People make decisions in different ways. We each use various rules to make decisions, and these rules change depending on the importance of the decision at hand and the current circumstances. As doctors, we like to think that we take a rational scientific approach to all of our decisions - but we don't always. So it is appropriate to consider different ways decisions can be made so that while you ponder your situation you are aware of what internal processes may affect your ultimate decision.

The **importance** of a decision regulates how much mental resource and time we give to addressing it - obviously the more important an issue the more thought we usually put into the decision process, and the longer it will usually take until we ultimately make the decision. Deciding whether or not to make a career change from medicine is clearly a decision of such major importance such that it can take years until we can be satisfied we have thought about it enough.

Often there is pressure on us to make decisions. **Urgency** in our circumstances occurs when we are required to make a decision before a certain time e.g. Do I change career now or wait until after the baby is born? Do I accept my new contract or do I make a career change now? Sometimes it is a less well-defined period of urgency, such as needing to make a career-change decision before menopause, or before my wife leaves me, or before the children go to college. Sometimes urgency can lead to poor decisions especially when the decision is complex. Urgency also tends to favour the less risky option.

Your **mental state** affects impulsivity, concentration, rationality, and risk-aversion to a great degree. Mood and anxiety disorders need to be recognised and accounted for before making a final career decision; although, indecisiveness about career change may be a perpetuating factor in the disorder itself. In general, psychiatrists advise people that they should not make major decisions while experiencing mental illness. Of course, your mental state does not have to meet DSM-IVR criteria to affect your decision-making!

With these elements in mind we can look at some broad decision-making processes. There is a great deal of psychological research about these processes which I will not go into, but I just wish to present the concepts that are relevant to us -

1. Calculated - This is the process we often use when making important non-urgent but 'simple' decisions, such as buying a new house or where to vacation. We weigh up the pro's and con's with each possible outcome in the decision and take the one that comes up with the highest 'score'.

2. Threshold - Often when people are searching for something (whether it be sunglasses, sunblock or iceblocks) they have minimum criteria that must be met before they will accept a particular option. For example, the sunglasses must be mirrored (so 1980's!); the sunblock must be SPF30+; the iceblock must be lemonade. This process usually relates to un-important non-urgent decisions.

3. Exclusion process - Sometimes we exclude a particular decision because it possesses an undesirable quality, for example we might find a BMW convertible for a bargain price but having a lime green paint-work may cause us to reject this car purchase. Similarly, making any career change that would require me to move cities is automatically out for me.

4. Whimsical - For the small stuff, I don't waste time considering too many aspects of the decision. If I want a coffee now, I'll make one. If I feel like going the scenic route home, I will. Not too many people make important decisions on a whim, but sometimes when there is some urgency, decisions can be made on quite superficial grounds.

You can see that these 4 concepts are in fact along a spectrum from calculated to whimsical decision-making. Obviously, some people have a greater tendency to making whimsical decisions while others tend to more calculated decisions. While some decisions never make it past a whimsical consideration, others move back and forth along the whole spectrum according to your current circumstances. For example, although you may draw up benefit-risk analysis for a career change, it may actually be on a whim one day that you decide, "I've had enough - I quit!". So, it is important for us to realise that important decisions are dynamic processes and woe be to the career-changer who makes their decision while telling the CEO that he/she is a \$&#@*!

Making a decision

It is likely that you have already vacillated from carefully weighing up the pro's and con's of making a career change to feeling as though you are going to quit right now - it is natural. It is also natural to take a long time to consider your options. If you have not done so already, write down the advantages and disadvantages of a career change, consider your strengths and weaknesses, consider your passions, do some investigating - and decide!

Remember that a career decision does not have to be 'do I stay or do I go?', it may be a decision to change careers after developing some skills first (e.g. business night school), or reaching a specific financial target (e.g. to return to study), or waiting until a key life event to pass (e.g. have a 2nd child) etc. It might even be continuing part-time medical practice and starting another part-time job - one male flight attendant I met also worked part-time as a family physician in Brisbane, Australia!

What options are there?

Knowing your options is a critical element in making your decision about whether to change careers. Doctors often sell themselves short when they are looking at non-medical careers, because the medical career they first chose is one that requires a high level of specific education (ie a medical degree); however, not that many other jobs really require a specific degree. 'Transferable skills' are the catch-phrase of career-changers. For most jobs, the important abilities and attitudes for job performance are the same. These are the skills that are portable or 'transferable' between jobs; they include (but are not limited to):

- discipline
- being meticulous
- learning quickly
- ability to work independently
- ability to work with a team
- initiative
- flexibility
- hard-working
- customer/patient focus
- decision-making ability
- leadership qualities

Fortunately, a typical doctor will have several of these attribute - making you a valuable player in many employment situations. Mention these to an employer (or bank manager) with your medical background and most will be impressed. If the career you want to change to requires specialised knowledge then you can acquire it. If it needs connections you can make them.

Career changers often find that during the period that they are considering a change they become more introspective and want to find out more about themselves, and maybe make radical changes to what they find. This is an important task that most of us have to tackle at one point or another, whether you want to label it a 'mid-life crisis' is your choice! Although, I'm not a great advocate of online psychometric testing, you might find this simplified jung typology (similar to Myers-Briggs) personality test an interesting fun diversion at <http://www.humanmetrics.com/cgi-win/JTypes2.asp>.

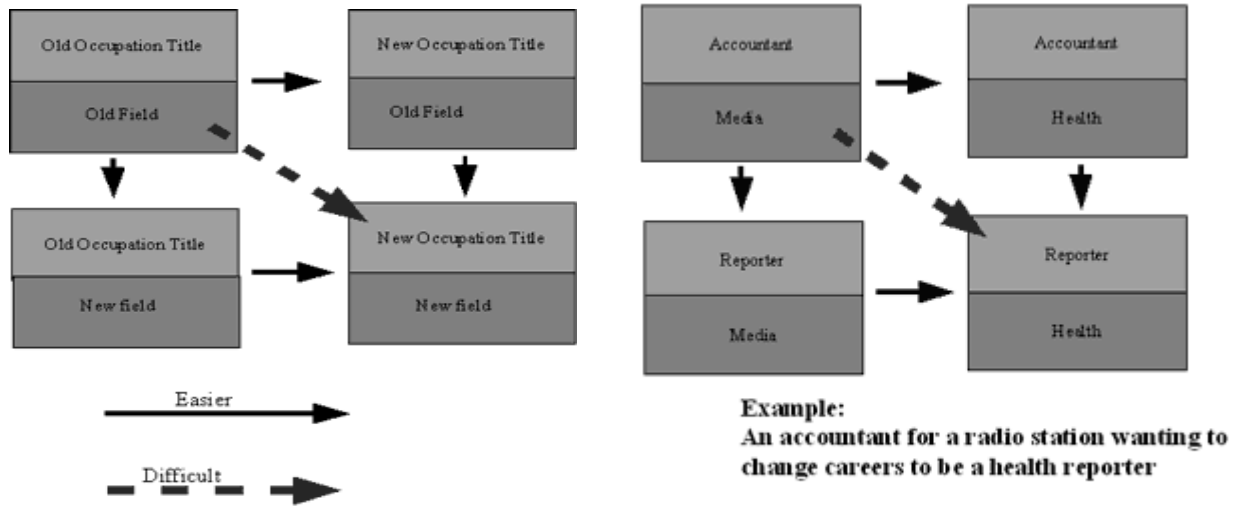
On occasions I have spoken to doctors who have no idea what they might do if they left medicine. Here is a short list of related employment options that may give you some idea of the broad scope of employment opportunities out there for doctors:

- Government e.g. Health Department
- Health-related non-government organisation (NGO) e.g. anti-smoking groups
- Franchise - pick up a Franchise magazine at the bookstore, there are hundreds of good easy to run franchises available
- Own business e.g. developing a hobby into a business
- Project Management
- Writing for a local paper or magazine
- Consumer health information
- Health Information analyst (commercial or government)
- Medical/Health Organisation Administration
- Health recruitment agent
- Teacher
- Health marketing advisor
- Clinical coder
- Medical travel coordinator - e.g. for an airline

- Service coordinator

If you are willing to re-train your horizons will obviously even be broader.

There is a wealth of general career-change information on the internet and many good books on the subject. You have probably heard (or read) R. Bolle's "What Color Is Your Parachute"; however much you might denigrate mass-production pop psychology books like this there are often valuable concepts hidden among the pages. For example, Bolle's describes a method of transitional career-change that indicates that the easier path to a career change is to make one step at time by either changing your occupation field first or occupation title first. See diagrams below.



Finally, I would encourage you to talk to people who have made career changes in what ever field they work in, whether it be health, commerce, or government; there is nothing like some moral support and knowing that other people are making career changes as well.

All the best for the future, wherever your next waypoint may be – Jonathan.