



UNIVERSITI PUTRA MALAYSIA

***ASSOCIATION OF SOCIO-DEMOGRAPHIC FACTORS AND
LEADERSHIP STATUS TOWARDS RETIREMENT PLAN OF FEMALE
DERMATOLOGISTS AND PATHOLOGISTS IN MALAYSIA IN 2013***

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KESHMEER KAUR A/P HARJEET SINGH**

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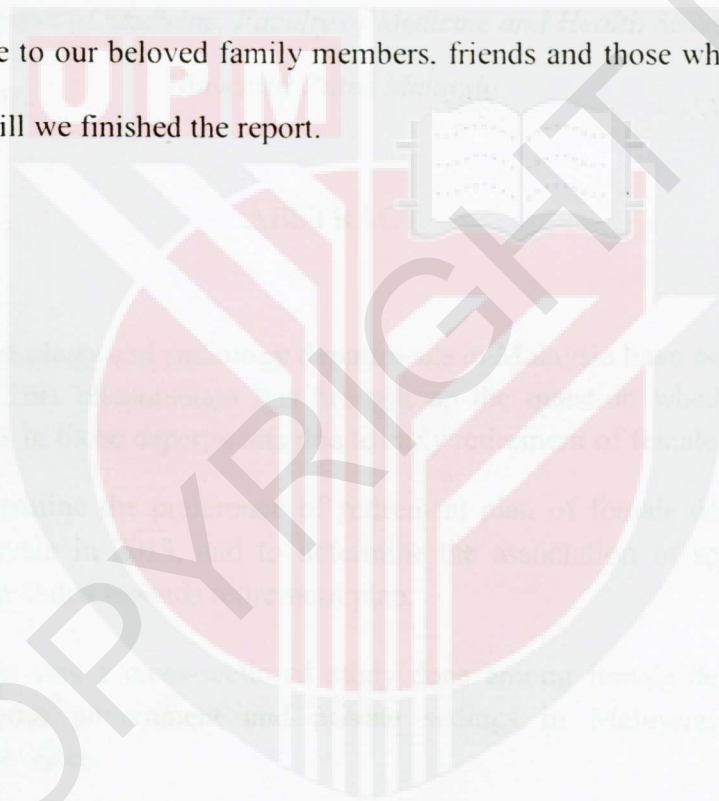
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ASSOCIATION OF SOCIO-DEMOGRAPHIC FACTORS AND LEADERSHIP STATUS TOWARDS RETIREMENT PLAN OF FEMALE DERMATOLOGISTS AND PATHOLOGISTS IN MALAYSIA IN 2013

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ABSTRACT

Background : Dermatology and pathology departments in Malaysia have been predominated by women doctors. This phenomenon has brought up the question whether it will cause shortage of specialists in those departments due to early retirement of female specialists.

Objectives : To determine the preference of retirement plan of female dermatologists and pathologists in Malaysia in 2013, and to determine the association of socio-demographic factors and leadership status towards retirement plan.

Method : This study was a cross-sectional study done among female dermatologists and pathologists from both government and private settings in Malaysia; by using self-administered questionnaires.

Results : A total of 52 respondents participated in this study, which was 50.98% from the targeted subjects. Out of the number, 17 (32.7%) of them preferred to retire early. There were no association found between socio-demographic factors and retirement plan. Meanwhile, there was strong association found between leadership status and retirement plan.

Conclusion : Most female dermatologists and pathologists in Malaysia prefer to retire at pension age. There was a strong association found between leadership status and retirement plan ($p=0.08$, Cramer's $V = 0.370$).

Keywords: *Dermatologists, Pathologists, Retirement plan, Feminization, Leadership status*

KAITAN ANTARA FAKTOR SOSIO-DEMOGRAFI DAN STATUS KEPIMPINAN TERHADAP PELAN PERSARAAN BAGI DOKTOR DERMATOLOGI DAN PATOLOGI WANITA DI MALAYSIA PADA 2013

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ABSTRAK

Latarbelakang : Jabatan Dermatologi dan Patologi di Malaysia telah didominasi oleh doktor wanita. Hal ini telah membangkitkan persoalan sama ada ia akan menyebabkan kekurangan pakar-pakar di jabatan-jabatan berkenaan disebabkan oleh persaraan awal.

Objektif : Tujuan kajian ini dijalankan adalah untuk mengetahui pelan persaraan doktor dermatologi dan patologi wanita di Malaysia pada tahun 2013, dan untuk menentukan kaitan faktor sosio-demografi dan status kepimpinan terhadap pelan persaraan mereka.

Kaedah : Kajian ini adalah kajian keratan rentas yang dijalankan di hospital-hospital kerajaan dan swasta, klinik dan makmal swasta di Malaysia dengan menggunakan borang soal selidik yang dilengkapkan oleh responden sendiri.

Keputusan : Seramai 52 responden terlibat dalam kajian ini, iaitu 50.98% daripada subjek yang disasarkan. Daripada jumlah itu, 17 (32.7%) memilih untuk bersara awal. Tiada kaitan didapati antara faktor-faktor sosio-demografi dan pelan persaraan. Sementara itu, terdapat kaitan yang kuat ditemui di antara status kepimpinan dan pelan persaraan.

Kesimpulan : Majoriti doktor dermatologi dan patologi wanita di Malaysia memilih untuk bersara pada umur persaraan. Terdapat kaitan rapat antara status kepimpinan dan pelan persaraan ($p=0.08$, Cramer's $V = 0.370$).

Kata kunci : *Dermatologi, Patologi, Pelan persaraan, Status kepimpinan*

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CHAPTER 1

INTRODUCTION

1.1 Background

The proportion of female medical students has increased almost all around the world over the past three decades. In 2010, almost 56% female students entered medical courses in England. At this current rate, Britain is expected to be dominated by women in medical profession by 2017(Carvajal D.,2011).

This has brought up the questions whether feminization in the medical fields will lead to negative implications in specific departments. Considering the maternity leaves and changing to part-time work which are often done by female doctors who are trying to balance her professional work and family responsibility, does the country need to produce more doctors in order to fill the gap they left?(Carvajal D., 2011) With the rising of young female medical students, there will be a dramatic increase of female doctors within childbearing age (Boseley S., 2009)

Women are said to retire earlier than men. The studies of retirement behaviour have so far mainly concentrated on the behaviour of men. Among the very few studies that actually consider women's retirement patterns are Pozzebon and Mitchell (1989), and Vistnes (1994), which state that married women appreciate non-work years highly, especially if their husband is older than they are.

1.2 Problem Statement

In this study, our respondents was from dermatology and pathology departments because those department have been predominated by female doctors. From our readings, we found that woman are more likely to have an early retirement if compared to man. There are many reasons to this decision. For example, marriage life, children responsibilities, job dissatisfaction, negative attitude towards work and poor health (Kubicek B., Korunka C., Hoonakker P., Raymo J., 2010).

Women are also said to retire early due to leadership status. Woman are less likely to be selected as a leader. This would leads to job dissatisfaction. In contrast, if they are chosen to be a leader, some of them may experience increase of workload and loss of personal time. If most of the female dermatologists and pathologists chose to retire early, this would cause shortage of specialists in those departments.

Hence this study was conducted to determine the current association of socio-demographic factors and leadership status towards retirement plan of female dermatologists and pathologists in Malaysia.

Hopefully, this study would tell the current retirement plan of female dermatologists and pathologists in Malaysia. Thus we can analyse the associated factors of the retirement plan made. We also hope that this study would explain whether the departments will be in risks of having shortage with specialists.

1.3 Objectives

1.3.1 General Objectives

To determine the preference of retirement plan of female dermatologists and pathologists in Malaysia in 2013.

1.3.2 Specific Objectives

- i. To determine the association of socio-demographic factors(age, marital status, children responsibilities, years of working experience, employment sector, family combine income per month, average working hours weekly) and retirement plan of registered female pathologists and dermatologists in Malaysia.
- ii. To determine the association of leadership status and retirement plan of registered pathologists and dermatologists in Malaysia.

1.4 Hypothesis

1. N_{01} : There is no association between socio-demographic factors(age, marital status, children responsibilities, years of working experience, employment sector, family combine income per month, average working hours weekly) and retirement plan of registered pathologists and dermatologists in Malaysia.

N_{A1} : There is an association between socio-demographic factors(age, marital status, children responsibilities, choice of career, years of working experience, employment sector, family combine income per month, average working hours weekly) and retirement plan of registered pathologists and dermatologists in Malaysia.

2. N_{01} : There is no association between leadership status and retirement plan of registered pathologists and dermatologists in Malaysia.

N_{A1} : There is an association between leadership status and retirement plan of registered pathologists and dermatologists in Malaysia.

1.5 Conceptual Framework

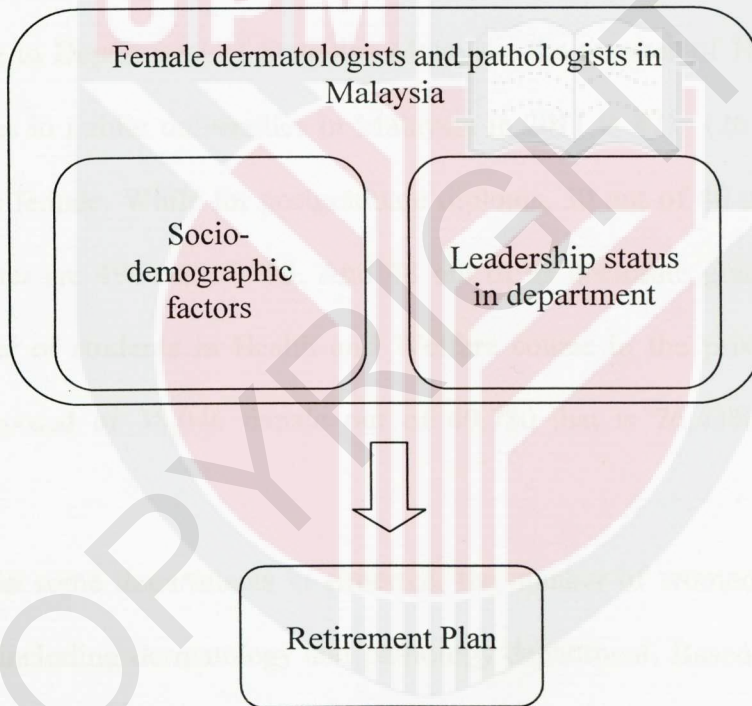


FIGURE 1

This study was done based on Figure 1, where the association of socio-demographic factors and leadership status towards retirement plan of female dermatologists and pathologists in Malaysia was analysed.

CHAPTER 2

LITERATURE REVIEW

2.1 Socio-demographic facts

Female doctors will soon exceed the number of male doctors. They are expected to go over the number of male doctors in 2017 as female doctors are being continued to be produced. The numbers of female medical student are sharply increasing, while the number of male medical students shows a declining pattern.

According to Department of Statistics Malaysia, the number of Health and Welfare bachelor graduates in public universities in Malaysia in 2011 is 871 (26.1%) are male and 2469 (73.9%) are female. While for postgraduate diploma, 30 out of 40 are female. Female graduates in master are 496 out of 753. And 48 out of 93 doctorate graduates are women. While the number of students in Health and Welfare course in the private universities in Malaysia is composed of 38,046 female out of 49,780 that is 76.43% (Social Statistics Bulletin, 2012).

Whereas in some departments in America, the number of women has exceeded the number of men, including dermatology and pathology department. Based on Association of American Medical Colleges, in 2011, percentage of women specialized in dermatology rose from 55.1% (2001) to 63.5% in America. Whereas, in pathology speciality, it increased from 48.6% (2001) to 54.0% (Jolliff L., Leadley J., Coakley E., 2012).

In addition, women hold 11 chairs out of 64 chairs in dermatology department all around the world. In Asian countries, women hold 0 chair(s) out of 4 chairs in dermatology department. In pathology (basic sciences) department, women hold 6 chairs out of 40 chairs all around the world. In Asian countries only, women hold 0 chair(s) out of 1 chair(s).

In pathology (clinical) department, women hold 11 chairs out of 70 chairs all around the world. In Asian countries only, women hold 1 chair out of 5 chairs (Vultée P., Axelsson R., Arnetz B., 2004). So, we can conclude that, even though the number of women enrolled in dermatology and pathology speciality are increasing over time and has outnumbered men, men still are given the trust to hold high position in these departments.

There are also patterns suggesting that many female doctors opt for early retirement or resignation. Gender plays a role in these patterns, with female doctors leaving the workforce sooner than male doctors. The attrition rate for War and Depression females by age 65–69 years was 55%, compared with 35% for males. For the pre-Depression group, the attrition rate by 70–74 years was about 80% for females and about 60% for males. In the similar study, wives are on average said to be younger than husbands, and may shorten their working life to align their retirement with that of their spouse (J Schofield D., R Beard J., 2005).

On the whole, the proportion of general practitioners who were under 65 years of age and intending to quit direct patient care in the next five years rose from 14% in 1998 to 22% in 2001. Their findings suggest that the most important factor associated with intention to quit in both 1998 and 2001 were increased age, job dissatisfaction, having no children less than 18 years of age, and ethnic minority status (Sibbald B., Bojke C., Gravelle H., 2003).

For both men and women, future income and health are important determinants of the retirement decision, but healthy women value retirement more than healthy men. Whereas the retirement decision of men is mainly determined by income and health, women's retirement decision is also affected by education and unemployment experience. These are the general determinants. Hence this study is done to focus on female doctors and early retirement or resignation.

2.2 Leadership and retirement

One of the factors that causes early retirement is leadership. Leadership in medicine is mostly given to men as women are more likely to be physically and emotionally exhausted faster than men (Rita H., and Rosalie S., 1976). It is a universal phenomenon that organization boards are composed mostly of men. If there is a female leader, she will be discouraged to speak her mind. Unconsciously, women are put aside and left behind (Jakobsh, Doris R., 2004). Being a female leader surrounded by male leaders cause women to be discourage to speak up because of anxiety (Ritchie L., Piterman H., 2011). This is one reason why female doctors who hold a position retire or resign early. They cannot handle the pressure of being unheard.

In addition, if a man and woman have the same level of knowledge, experiences and skills, man generally progress faster in climbing to a higher position than woman (Jakobsh, Doris R., 2004). Women are not moving into a higher position because they lack training and education. Even if they are being offered to go for a leadership development courses, it is often held offsite (Ritchie L., Piterman H., 2011). Most of them are unable to follow the trip because of family responsibility and some other reasons. This restricting them to attain a work liking and it causes early retirement.

To our knowledge there is no study done yet to find out the direct association between leadership acceptance and early retirement or resignation. Hence, this study is done to determine whether is there any direct association and this may help in the development of the department and thus the nation.

2.3 Factors towards retirement plan

2.3.1 Marriage life

Looking back, it is acknowledgeable that female doctors were often not married or if they were married, they tended to have fewer children than male doctors. If they did have a family, they often did not specialize (Tesch B, Osborne J, Simpson D, Murray S, Spiro J., 2010). Nowadays, most female doctors complete a specialty qualification, live in a relationship with a partner and have children as often as their male colleagues (Gjerberg E., 2003). But the impact of it is different than male doctors. As in Asian countries, mostly the children responsibilities are taken cared by the mother.

Spouses who have a close relationship, live in a satisfactory marriage and appreciate the amount of time they spend together are more likely to retire early than couples in conflict-laden marriages (Henkens and Tazellar 1997; 26). The latter may perceive work as a getaway from stressful family situations (Hochschild 1997) and may hence seek to postpone retirement. Moreover, a spouse's poor health can promote earlier retirement due to the burden of caregiving (Hayward, Friedman, and Chen 1998), or it can encourage delayed retirement due to the high costs of the spouse's disability (O'Rand and Farkas 2002; Pienta 2003; 26).

Hence, models applying a life-course perspective to retirement behavior imply that retirement is influenced by an individual's experiences in the family domain, including marital satisfaction (Moen 1996), which itself is another quality of life indicator. One benefit of retirement is that it enables spouses to spend more time together, as evidenced by the propensity of spouses to retire simultaneously (Henkens 1999; O'Rand and Farkas 2002). Such considerations are most likely to prevail among couples who are satisfied with their marriage. Similarly, spouses living in satisfactory marriages were found to hasten their transition to retirement, whereas spouses whose marital relationships were already under

strain tended to postpone retirement (Kubicek B., Korunka C., Hoonakker P., M. Raymo J., 2010; Szinovacz, M. E., & DeViney, S., 2000).

Women think of their careers as embedded in a web of relationships, have a more fluid view of the boundaries between work and no work, and develop a sense of self that is tied both to their work and non-work roles (O'Neil and Bilimoria, 2005). This may be why women appear more likely than men to think of retirement as an opportunity to fulfill roles that they neglected during their work years (Anson et al., 1989).

2.3.2 Children responsibility

In a study, 4 women were on formal maternity leave, implying that they would shortly return to work. Only 7 women solely looked after their family, three of these regarded themselves as being on informal maternity leave. Two had no jobs promised, but intended (and expected) to find something to return to when their baby was a few months old. None of these doctors regarded themselves as being involuntarily unemployed. 33 women doctors had been unemployed for three months or longer in the past. The most respondents' reason for unemployment is for domestic reasons. The 105 women who expected to interrupt their careers in the next 10-15 years were asked what factors might stop them doing this and cause them to work continuously. Infertility, or not having any more children, was the most frequent answer (33); the death of their existing family or partner was also suggested by 20 women. Being offered a very desirable job (14) or it being the only way to get or keep any job (10) was mentioned. 29 women said that nothing would make them work straight through (Wakeford R., Warren V., 1989).

Female doctors, especially those with children, have lower rates of employment than male doctors. In addition, parenthood has a negative impact on career factors. In terms of work-life balance, female doctors are less career-oriented and are more inclined to continue their professional career following a break to bring up their family. Parenthood means less career-orientation. Compared to their male colleagues, female physicians are less advanced in their specialty qualification, are less prone to choosing prestigious surgical fields, more often work at small hospitals or in private practice and aspire less often to senior hospital or academic positions. Any negative impact on career path and advancement is exacerbated by parenthood (Buddeberg-Fischer B., Stamm M., Buddeberg C., Bauer G., Hämmig O., Knecht M., Klaghofer R., 2010). Aware with the situations, some organizations offer part-time work to their female employee. But, some complained that the part-time work offered, had very little flexibility (Ritchie L., Piterman H., 2011).

Role theory suggests that women's caregiving roles impact their expected retirement age. Multiple roles lead to role strain, because they make competing demands on time, deplete energy, and require incompatible behaviours (Greenhaus and Beutell, 1985). For working women, one of the consequences of their role as primary caregivers is that they often find themselves working a second shift regardless of their income level (Hays, 1996). Given the various strains involved with their dual roles as workers and caregivers, women seem to perceive more gains than men in exiting the workforce (Anson et al., 1989; Frieze et al., 2011). Role theory also proposes that self-worth derived from performing a particular role is contingent on one's investment in that role (Ashforth and Mael, 1989). Employees heavily involved in multiple roles (e.g. work, family) tend to view retirement more positively than those invested only in their work role (Wheaton, 1990), because the prospect of identity loss is less threatening when multiple roles define one's identity.

2.3.3 Job Satisfaction

In a study, 50% of the female doctors in this study, both in the intervention and reference groups reported that they had contemplated leaving their current job, even though they experienced an increasing work satisfaction during the time of the study. Whether they were expecting to leave for a better position or leaving due to poor work conditions is not known. The increased desire to leave might be a serious problem, not only for the female physicians, but also for their organizations, in terms of decreased productivity and insufficient well-being (Vultée P., Axelsson R., Arnetz B., 2004)

Mein et al. (2000) found that female (but not male) civil servants in psychosocially demanding jobs opt for early retirement more often than their colleagues in less psychosocially strenuous jobs. In the case of British civil servants, poor levels of self-assessed health, low levels of job satisfaction and relatively high job status were found to be predictors of early retirement (Mein et al., 2000).

According to the Job Demands-Resources (JD-R) model proposed by Bakker and Demerouti (2007), work characteristics can be divided into two global categories, job demands and job resources. Job demands refer to aspects of the job “that require sustained physical and/or psychological effort and are therefore associated with certain physiological and/or psychological costs” (Bakker and Demerouti 2007: 312). Therefore, these demands include burdens such as overload or time pressure. Studies consistently indicate that physical job demands are related to earlier retirement. Jobs which are physically demanding or involve working in uncomfortable positions have been shown to increase the risk of disability and early retirement, even after controlling for socioeconomic and health factors (Karpansalo et al. 2002;Salonen et al. 2003). In line with these findings, Blekesaune and Solem (2005),

Hayward (1986) and Quinn (1978) reported that workers in physically strenuous occupations were more inclined to retire early than those in less demanding jobs.

Another factor which is working in a repetitive or non-challenging job has repeatedly been demonstrated to encourage early exits from the labor force (Henkens and Tazellar 1997; Reitzes, Mutran, and Fernandez 1998).

Low job satisfaction and negative attitudes toward work cause people to fasten their time to retirement (Reitzes, Mutran, and Fernandez 1998; Topa et al. 2009) and increase the likelihood of early retirement (Mein et al. 2000) or disability retirement (Krause et al. 1997). The rise in intentions to quit was due mainly to a reduction in job satisfaction (1998 mean 4.64, 2001 mean 3.96). The mean job satisfaction in the study declined from 4.64 in 1998 to 3.96 in 2001 (Sibbald B., Bojke C., Gravelle H., 2003). This is a rising concern.

In 1998, higher job satisfaction was associated with a rural practice location, being white, female, older, and without children under 18 years of age. In 2001, the picture was slightly different. Higher job satisfaction was associated with serving populations with low deprivation, working fewer hours, and being white and young. Only the coefficients for working hours and age were significantly different between years, suggesting that their relation to job satisfaction had changed over time (Sibbald B., Bojke C., Gravelle H., 2003). Hence we would like to determine the factors affecting retirement in Malaysia among female doctors to further understand the association.

High workload is the principal source of job related discontent among British doctors, including general practitioners. As in previous research, men generally experienced higher levels of job dissatisfaction than women. Our findings also show that ethnic minority doctors and those serving urban and deprived populations may experience lower job satisfaction (Sibbald B., Bojke C., Gravelle H., 2003).

2.3.4 Poor health

Another important quality of life factor that may accelerate labor force withdrawal is poor health. Recent longitudinal analyses (Dwyer and Mitchell 1999; Karpansalo et al. 2004; McGarry 2004; Rupp and Davies 2004) have shown that health complaints exert a strong influence on encouraging early retirement (Kubicek B., Korunka C., Hoonakker P., M. Raymo J., 2010). Health greatly influences the retirement decisions of older workers (Topa et al., 2009). Typically, individuals who self-report health problems also expect to retire earlier (Dwyer and Mitchell, 1999). Because poor health may impair work performance and because poor health may be a consequence of work demands, we anticipate poor health to be associated with earlier expectations of retirement. Conversely, we anticipate that individuals who perceive themselves to be healthy expect to retire later than those who perceive themselves to be in poor health. The more satisfied people are with their jobs, the less likely they are to retire (Topa et al., 2009) or to plan for retirement (Kosloski et al., 2001)

Poorer health, lower salary and higher pension benefits have been associated with retirement preferences, but in addition being more productive and having a spouse still active in the labor market have been found to be important factors in decisions not to retire (Kim and Feldman, 1998).

CHAPTER 3

METHODOLOGY

3.1 Study location

This study was carried out in government and private hospitals, clinics and private laboratories in Malaysia.

3.2 Study design

This study was a cross-sectional study.

3.3 Sampling

3.3.1 Study population

The sampling population of this study was all female pathologists and dermatologists in Malaysia who registered in National Specialist Registry (NSR).

3.3.2 Study sample

3.3.2.1 Inclusion criteria

The inclusion criteria included all female pathologists and dermatologists Malaysia who registered in National Specialist Registry (NSR).

3.3.2.2. Exclusion criteria

Dermatologists and pathologists who are registered in NSR but does not working in Malaysia.

3.3.3 Sampling frame

It included a list of respondents who fulfilled the inclusion criteria from the National Specialist Registry.

3.3.4 Sampling unit

It included female pathologist and dermatologist who fulfilled the inclusion criteria.

3.3.5 Sampling methods

In our study, universal sampling was applied.

3.4 Instruments and data collection

3.4.1 Instruments /questionnaire

The data was collected by using a completed questionnaire. The questionnaire consists of socio-demographic profile, their leadership status, and also the retirement plan of the respondents.

3.4.2 Data collection techniques

Data was collected through self-administered questionnaire in English that was sent via fax. Those who did not in one week were sent an email and another email was sent a few days later as a reminder.

3.4.3 Quality control

The questionnaire was an adaptation of questions from other previous related research studies. Supervisors from the Dermatology and Pathology department of UPM was

consulted during the construction of the questionnaire. The questionnaire was prepared in English only as all doctors are well versed in English.

3.4.3.1 Pre-test

The questionnaire was pre-tested for face validity. The pre-test was done among 10 respondents including five dermatologists and five pathologists in UPM. Any revision and modification of the questionnaire was done based on the pre-test responses. The aim of doing this is to ensure respondents understand the questions easily.

3.5 Data Analysis

All statistical analysis was performed by using Statistical Package for Social Sciences (SPSS 20.0 software). Descriptive test, Chi squared test, Fischer's Exact test, and Cramer's V test was used in analyzing the data. The level of significance for all statistics were set $p < 0.05$. All the data were summarize in tables.

3.6 Study Ethics

Prior to commencement of the study, ethical clearance and approval letter were obtained from University Research Ethics Committee, Universiti Putra Malaysia, and National Medical Research Register (NMRR).

3.7 Variables

3.7.1 Dependent variable

Retirement plan

3.7.2 Independent variable

Socio-demographic factors

Leadership status

3.8 Definition of Terms

Socio-demographic factors - we focused on age, marital status, children responsibility, employment sector, family combine income per month, working experience, and average working hours weekly.

Children responsibilities - whether the respondents have children or not.

Family combine income per month - the sum of the respondent's income and her husband's income(if have).

Leadership status - means the highest position hold by the respondent in her current practice.

Retirement plan - it is divided into two categories; early retirement and not early retirement. Early retirement means the respondents plan to quit the job before age of 58. Not early retirement is further divided into two categories; normal and late retirement. Normal retirement is when the respondents want to retire at pension age (58-60 years old). Late retirement apply to those who plan to retire above 60 years old.

CHAPTER 4

RESULTS

4.1 Response Rate

Based on National Specialist Registry, the expected number of respondents which are female dermatologists and pathologists in Malaysia in 2012 is 102. However, there were only 52 respondents that participated in this study, which includes a number of 18 dermatologists and 34 pathologists. Those subjects participated in this study gave a response rate of 50.98%.

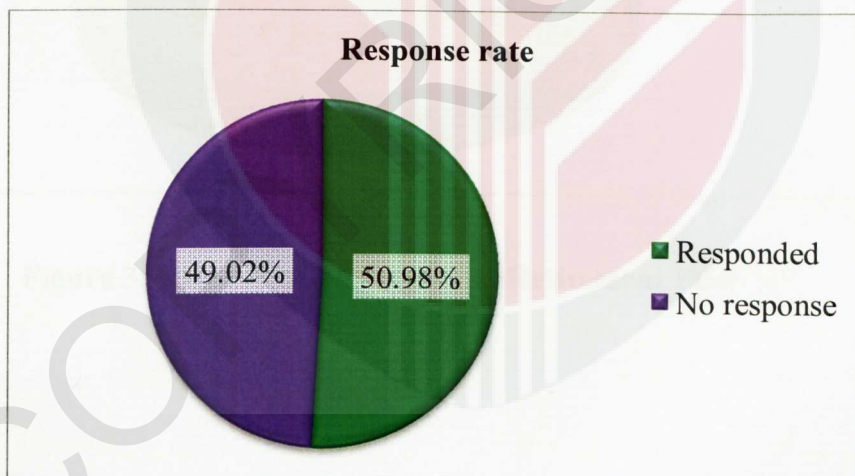


Figure 2: Division of response rate

4.2 Preference of Retirement Plan

The number of participated respondents is 52. Out of 52 respondents, 17 of them prefer to retire early which is 32.7% whereas 35 of them chose not to retire early which is 67.3%. Not early includes normal retirement and late retirement.

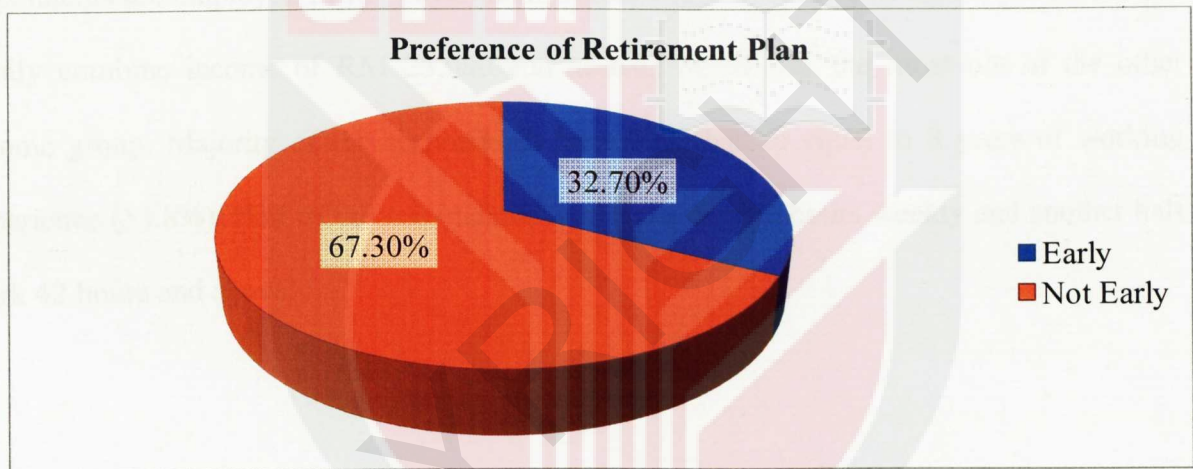


Figure 3: Division of Preference of Retirement Plan

4.3 Descriptive Analysis

4.3.1 Distribution of Respondents by Socio-demographic Factors

Table I shows the summary for socio-demographic factors of the respondents involved in this study. Out of 52 participated respondents, 50.0% (n=26) of the respondents were less than or equal to 44 age group. Most of the respondents were married (78.8%). 40 of them have at least a child which comprises 90.9% of the respondents. Majority of the respondents are employed in the government sector (86.5%). 51.9% of the respondents have family combine income of RM 25,000 and above, which was the most out of the other income group. Majority of the respondents have less than or equal to 8 years of working experience (53.8%). Half of the respondents work less than 42 hours weekly and another half work 42 hours and above.

Table I: Descriptive statistics of respondents by socio-demographic factors

Socio-demographic Factors	Frequency	Percentage (%)
Age		
≤ 44	26	50.0
≥ 45	26	50.0
Marital status		
Married	41	78.8
Non-married	11	21.2
Employment sector		
Government	45	86.5
Private	7	13.5
Family combined income(RM)		
< 25,000	25	48.1
≥ 25,000	27	51.9
Working experience (years)		
≤ 8	28	53.8
≥ 9	24	46.2
Average working hours weekly(hours)		
< 42	26	50.0
≥ 42	26	50.0

4.3.2 Distribution of Respondents by Leadership Status

Table II illustrates the distribution of respondents by leadership status. The leadership status is determined by the position acquired by the respondents in their respective employment sector. The four positions are head of department, consultant, senior specialist and junior specialist. Out of 52 respondents, 40.4% are senior specialist which is the most compared to any other position.

Table II : Descriptive statistics of respondents by leadership status

Leadership status/ position	Frequency	Percentages (%)
Head of department	12	23.1
Consultant	17	32.7
Senior specialist	21	40.4
Junior specialist (< 2 years)	2	3.8

4.4 Bivariate Analysis

4.4.1 Association of Socio-demographic factors and Retirement Plan

4.4.1.1 Association of Age and Retirement Plan

In this study, the total number of respondents is 52. Among those who chose early retirement, 34.6% are less than or equal to 44 years of age whereas 30.8% are more than or equals to 45 years of age. Those less than or equals to 44 years of age shows a higher percentage than those who are more than or equals to 45 years of age. However, there is no statistical association between age and retirement plan.

Table III: Association of age and retirement plan

Age	Retirement plan		Total	<i>d.f.</i>	χ^2 value	<i>p</i> value
	Early	Not early				
≤ 44	9 (34.6%)	17 (65.4%)	26 (100.0%)			
≥ 45	8 (30.8%)	18 (69.2%)	26 (100.0%)	1	0.087	0.768
Total	17 (32.7%)	35 (67.3%)	52 (100.0%)			

4.4.1.2 Association of Marital Status and Retirement Plan

Table IV exhibits the association of marital status and retirement plan. The respondents that were non-married had a greater likelihood for an early retirement (45.5%) than respondents who were married (29.3%). Statistically, there is no association between marital status and retirement plan.

Table IV: Association of marital status and retirement plan

Marital status	Retirement plan		Total	<i>d.f.</i>	χ^2 value	<i>p</i> value
	Early	Not early				
Married	12 (29.3%)	29 (70.7%)	41 (100.0%)			
Non-married	5 (45.5%)	6 (54.5%)	11 (100.0%)	1	1.033	0.310
Total	17 (32.7%)	35 (67.3%)	52 (100.0%)			

4.4.1.3 Association of Having Children and Retirement Plan

Table V illustrates that respondents who have children had a lower probability of an early retirement (26.3%) and those without children had a higher probability of an early retirement (50.0%). However, there is no association between having children and retirement plan.

Table V: Association of having children and retirement plan

Having children	Retirement plan		Total	<i>d.f.</i>	χ^2 value	<i>p</i> value
	Early	Not early				
Yes	10 (26.3%)	28 (73.7%)	38 (100.0%)			
No	7 (50.0%)	7 (50.0%)	14 (100.0%)	1	2.608	0.106
Total	17 (32.7%)	35 (67.3%)	52 (100.0%)			

4.4.1.4 Association of employment sector and retirement plan

Table VI indicates that 35.6% of respondents who are in the government sector chose early retirement whereas 14.3% of respondents in the private sector chose early retirement. But Fischer's Exact Test is used because 2 cells (50%) have expected counts less than 5. The minimum expected count is 2.29. Hence there is no association between employment sector and retirement plan.

Table VI: Association of employment sector and retirement plan

Employment sector	Retirement plan		Total	<i>d.f.</i>	χ^2 value	<i>p</i> value
	Early	Not early				
Government	16 (35.6%)	29 (64.4%)	45 (100.0%)			
Private	1 (14.3%)	6 (85.7%)	7 (100.0%)			0.404
Total	17 (32.7%)	35 (67.3%)	52 (100.0%)			

4.4.1.5 Association of family combined income per month and retirement plan

Table VII shows the association of family combined income per month and retirement plan. There is a very slight difference between those respondents who has a family combined income of less than RM 25,000 (32.0%) and those respondents who has a family combined income of more than RM 25,000 (33.3%) who opted for an early retirement. Statistically, there is no association between family combined income per month and retirement plan.

Table VII: Association of family combined income per month and retirement plan

Family combined income	Retirement plan		Total	<i>d.f</i>	χ^2 value	<i>p</i> value
	Early	Not early				
< RM25,000	8 (32.0%)	17 (68.0%)	25 (100.0%)			
≥ RM25,000	9 (33.3%)	18 (66.7%)	27 (100.0%)	1	0.010	0.918
Total	17 (32.7%)	35 (67.3%)	52 (100.0%)			

4.4.1.6 Association of years of working experience and retirement plan

Table VIII indicates the working experience in years of the respondents and its association with retirement plan. In regard to working experience, the options were broken down to less than or equals to 8 years and more than or equals to 9 years. Those who have a working experience of less than or equals to 8 years and chose early retirement is 39.3% and those who have a working experience or more than and equals to 9 years and chose early retirement is 25.0%. Statistically there is no association between years of working experience and retirement plan.

Table VIII: Association of years of working experience and retirement plan

Working experience(years)	Retirement plan		Total	<i>d.f.</i>	χ^2 value	<i>p</i> value
	Early	Not early				
≤ 8 years	11 (39.3%)	17 (60.7%)	28 (100.0%)			
≥ 9 years	6 (25.0%)	18 (75.0%)	24 (100.0%)	1	1.199	0.274
Total	17 (32.7%)	35 (67.3%)	52 (100.0%)			

4.4.1.7 Association of average working hours weekly and retirement plan

Table IX indicates the average working hours weekly and the association with retirement plan. It can be noted that respondents who work more than or equal to 42 hours weekly and chose early retirement is higher (38.5%) than respondents who work 42 hours weekly and chose early retirement (26.9%). There is no statistical association between average working hours weekly and retirement plan.

Table IX: Association of average working hours weekly and retirement plan

Average working hours weekly	Retirement plan		Total	<i>d.f.</i>	χ^2 value	<i>p</i> value
	Early	Not early				
< 42 hours	7 (26.9%)	19 (73.1%)	26 (100.0%)			
≥ 42 hours	10 (48.5%)	16 (61.5%)	26 (100.0%)	1	0.787	0.375
Total	17 (32.7%)	35 (67.3%)	52 (100.0%)			

4.4.2 Association of Leadership Status and Retirement plan

Table X exhibits the association of leadership status and retirement plan. Group A comprises of head of department and consultant. Group B comprises of senior specialist and junior specialist. Group B who has an early retirement plan is 52.2% which is higher compared to Group A who has an early retirement plan (17.2%). Our results show that there is a strong association between leadership status and retirement plan.

Table X: Association of leadership status and retirement plan

Leadership status	Retirement plan		Total	<i>d.f.</i>	χ^2 value	<i>p</i> value
	Early	Not early				
Group A	5 (17.2%)	24 (82.8%)	29 (100.0%)			
Group B	12 (52.2%)	11 (47.8%)	23 (100.0%)	1	7.113	0.008*
Total	17 (32.7%)	35 (67.3%)	52 (100.0%)			

*Significant, $p < 0.05$

Cramer's V = 0.370

CHAPTER 5

DISCUSSIONS AND CONCLUSION

5.1 Discussion

The questionnaire in this study focused on the socio-demographic factors, choice of career, leadership status, description of current practice, preference of retirement plan and reasons for the preference.

We computed the association of socio demographic factors and retirement plan after getting to know the age, marital status, children responsibilities, years of working experience, employment sector, family combine income per month, average working hours weekly and their preference of retirement age.

However before going into the discussion of association, we will discuss about the choice of career, as in why they chose to be dermatologist or pathologist? From the choices given which are interest in subject, lack of specialist in hospital, more flexible hours and good remuneration, most of them stated that they interested in dermatology or pathology subject.

In this study, response rate was less than 80% probably due to the busy schedule of the specialists or due to unreceived fax or emails. Low response rate may affect the results of this study which they might be vary from the actual value.

We could not find any research specific for dermatologist and pathologist to compare the findings. A study which stated that 50% of the female physicians in the study, both in the

intervention and reference groups, reported that they had contemplated leaving their current job. Whether they were expecting to leave for a better position or leaving due to poor work conditions is not known (Vultée P., Axelsson R., Arnetz B.). In another study, the total number of female hospital doctors and general practitioners who did not intend to work until normal retirement is 111 out of 599 which is 18.5% (Davidson J., Lambert T., Goldacre M., 1977). Early retirement is always a choice if there is a negative atmosphere at work or a positive atmosphere at home. Sometimes it also can be due to external factors which will be discussed in the following paragraphs.

Since the comparison was between specialist and general practitioners and also between Malaysian and non-Malaysian studies, we cannot really do a direct comparison. But we can conclude from our study that Malaysian female dermatologist and pathologist prefer a normal retirement which is between the age of 58 and 60. This is mostly because of pension age, monetary gain, job satisfaction, and good health.

We also asked their description of current practice. From the scale of 1 to 4, 1 being poor and 4 being excellent, we asked them to rate their working hours, stress at work, income, time with family, relationship with family, time for recreation and hobby and also overall health. Majority of the respondents rate their working hours as good(59.6%), stress as fair(50.0%), income as good(65.4%), time with family as good(82.7%), family relationship as good(80.8%), time for recreation as fair(46.2%) and good(46.2%), and overall health as good(75%).

From 17 respondents who chose early retirement, 7 of them chose to retire early because of family responsibilities. 6 of them chose long hours as the reason, and 4 of them chose pressure or stress at work. As a professional woman and also an housewife, they are bonded to both work and non-work roles.

There was no association between age and retirement plan. Looking through our data, the age difference between the respondents was not too big. As mostly all specialist go through the same time frame to complete studies and become a specialist. Specialist who are in the older age group chose to retire at normal or late probably because they are already close to the retirement age and are comfortable in their working environment.

Non-married respondents prefer earlier retirement probably because there is no burden of childcare, spouse-care or other expenditure due to a marriage. We found that mostly the non-married specialist fall into the single category, rather than the divorced and widowed category. Hence, being single, the term free bird is often used. They want to explore the world and experience many things. Normally those who are single would like to travel after retirement so they save till they have enough for the vacation. According to another study which focuses on single men and women and early retirement, stated that, for both single men and women, future income and health are important determinants of the retirement decision, but healthy women value retirement more than healthy men (Danø A., Ejrnæs M., Husted L. 2004). Although there is no statistical association from our study, it is proven that non-married women prefer earlier retirement compared to married women.

A child plays an important role in every mother's life. A respondent who does not have children prefer an earlier retirement because there is no extra cost to support the child. The age of our respondent's youngest child vary from 1 to 26 years old. From the article "Baby boomer doctors and nurses: demographic change and transitions to retirement", it is noted that baby boomers are likely to retire later due to the burden of the child (J Schofield D., R Beard J., 2005). The age of the child is also an important factor. From our study, we can see that most of the youngest child is under 18 years old. Hence, having children younger than 18 years were associated with a reduced likelihood of quitting (Sibbald B., Bojke C., Gravelle H., 2003).

Mostly those working in the government sector have better pension incentives for retirement. Pension plays a very important role in planning for retirement. The results of a study pointed that significant incentive and wealth has effects on retirement through the pension system. The occupational pension incentives are found to encourage early retirement (Blundell R., Meghir C., Smith S., 2002).

Although there was no statistical association, income plays a very important role in planning for retirement. Generally, those with a higher income will prefer an earlier retirement because they can support their future spending's with the money accumulated over the years. Those in the lower income category would want to work a few more years to save enough money for the future.

Respondents with lesser working experience had a higher percentage of choosing an early retirement. Working experience reflect the amount of affection for the job. With more working experience, they are likely to be more familiar with the job and are already well suited with the place.

Respondents with longer working hours had a higher percentage of choosing an early retirement. Job dissatisfaction rose with increasing working hours (Sibbald B., Bojke C., Gravelle H., 2003). As more time is spent at work, there is lesser time to relax and time to wind down. This leads to early retirement as it increases stress. Some of them also work in the weekend, sacrificing their time for family activities and their personal recreational activities.

Findings suggest a strong association between leadership status and retirement plan. Respondents with lower position (junior specialist and senior specialist) opted for early retirement higher than the other (consultant and head of department) group. Leadership in medicine is mostly given to men as women are more likely to be physically and emotionally

exhausted faster than men (Rita H., and Rosalie S., 1976). Hence, dissatisfaction can arise from the situation. Mostly respondents who prefer to retire early are from the lower position. From here we can see that, those who are in an unsatisfactory position would want to leave their job for a better position elsewhere or would want to retire early due to the emotional stress.

5.2 Limitations

In this study, there were a few limitations. First, the non-response rate was more than 20%. So we did not obtain 80% response rate. Second, this study also does not represent all female dermatologist and pathologist in Malaysia because we only included the ones from National Specialist Registry (NSR). Third, self report bias could have occurred because respondents answered their own questionnaires.

5.3 Recommendations

If future research is done regarding this topic, a better response rate should be achieved by interviewing them face to face. Therefore, the study results could be more convincing and less bias. There may also be association found between socio-demographic factors and retirement plan.

Improvement can be done by include the ones who does not registered under NSR. Thus, the research would be represents all the female dermatologists and pathologists in Malaysia.

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5.4 Conclusion

From this study, we conclude that most female dermatologists and pathologists in Malaysia prefer to retire at pension age. There were no association found between socio-demographic factors and retirement plan. In contrast, we found there was a strong association between leadership status and retirement plan.



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Appendix 2 : Budget Planning

Items	Calculation	Total
Photostats		
1. Proposal and ethic forms	RM 3.00 × 5	RM 15.00
2. Report write-up	RM 5.00 × 6	RM 30.00
Fax		
Questionnaires	RM 0.50 × 460 pages	RM 230.00
Hard Cover Report	RM 20.00 × 4	RM 80.00
Total		RM 355.00

Appendix 3 : Questionnaire

Please tick in the appropriate box. Thank you for your cooperation.

1. Age : _____ years old
2. Marital status : Single Married Widowed Divorced
3. Do you have any children : Yes No
4. If yes, what is the age of the **YOUNGEST** one? _____ year(s) old
5. Employment sector :
 Government Private Public university Private university
6. Family combine income per month : RM _____
7. Year(s) of working experience since graduated as dermatologists/pathologists :
_____ year(s)
8. Average working hours **weekly** : _____
9. What made you choose being a dermatologist/pathologist as a career?
 Interest in subject
 Lack of specialist in hospital
 More flexible hours
 Good remuneration
10. Position : Head of department Consultant
 Senior specialist Junior specialist (<2 years)

For question 11-17, please circle the most appropriate in describing your current practice.

- | | 1 | 2 | 3 | 4 |
|--|---|------|------|--|
| | Poor | Fair | Good | Excellent |
| 11. Working hours | | | 1 | 2 3 4 |
| 12. Stress at work | | | 1 | 2 3 4 |
| 13. Income | | | 1 | 2 3 4 |
| 14. Time with family | | | 1 | 2 3 4 |
| 15. Relationship with family | | | 1 | 2 3 4 |
| 16. Time for recreation or hobby | | | 1 | 2 3 4 |
| 17. Overall health | | | 1 | 2 3 4 |
| 18. If you had the ability, would you resign/retire today? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. If yes, what is the MOST influencing factor? | | | | |
| | <input type="checkbox"/> Long hours / Lack of personal time | | | |
| | <input type="checkbox"/> Pressure / Stress | | | |
| | <input type="checkbox"/> High workload | | | |
| | <input type="checkbox"/> Family responsibility | | | |
| | <input type="checkbox"/> Poor health | | | |
| | <input type="checkbox"/> Job Dissatisfaction | | | |
| | <input type="checkbox"/> Negative attitude towards work | | | |
| | <input type="checkbox"/> Close relationship with spouse | | | |
| | <input type="checkbox"/> Others (please specify) _____ | | | |

20. If no, when do you plan to retire? _____ year(s)

21. What is the **MOST** influencing factors for you to choose the above?

- Pension age
- Job satisfaction
- Conflict laden marriage
- Infertility / no children
- Good health
- Monetary gain
- No other responsibility at home (eg. bored)
- Others (please specify) _____

22. Are you planning to leave your current job for a different employment sector?

(Government to private, or Private to government)

- Yes No

23. If yes why?

© THANK YOU FOR YOUR RESPONSE ©

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Members of the JKEUPM who reviewed the documents:

Prof. Dr. Wan Omar Wan Abdullah

Date of approval: 21/5/2013

Endorsed at JKEUPM Meeting on 7/6/2013, attended by:

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