

Expectations and Challenges of Generation Y Female Doctors: Findings from a Tertiary Teaching Hospital, North Central Nigeria

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ABSTRACT

Background: There is increasing number of women joining the medical profession and the expectations and challenges they face are unique to their profession and role as homemakers. Notable are the “Generation Y” female doctors, whose peculiar characteristics distinguished them.

Objectives - This study aimed to identify the expectations and challenges faced by female millennial doctors, brought about by misunderstanding of their peculiar needs as a generation.

Methods: This was a descriptive, cross sectional study, involving 108 participants selected by cluster sampling technique. A pre-tested, interviewer administered questionnaire was used to collect data that was analyzed using Epi-info statistical software; version 3.4.5. A p value < 0.05 was considered statistically significant.

Results: They had a mean age of 30.54 ± 3.96 years and 46 (42.6%) of them were aged 26-30 years. Majority 75(69.4%) of the respondents were House Officers, Medical Officers and Junieur Registrars. Ninety eight (90.7%) of them had less than 120 months working experience. Senior Registrars and Consultants totaled 33 (30.6%), while those with work experience greater than 120 months were 10 (9.3%). Most; 60 (55.6%) of them had fulfilled work expectations, while 48 (44.4%) did not.

There were statistically significant relationship (p= 0.0208) between the cadres of the Doctors and the negative effect of work on the family and between long working hours and its negative effects on the family; (p=0.0500). More; 67 (89.3%) Junieur doctors had negative work related effects on their family p=0.0170.

Conclusion: The study demonstrated that some work related challenges impact negatively on the family. This includes general quality of family life including happiness and family health. Therefore, the Government and relevant institutions at all levels should revise policies that promote work family balance for the female worker. A culture of interactions and mentorship between the older and younger doctors; particularly female doctors should also be encouraged.

KEYWORDS: Expectations, Challenges, Generation Y female doctors

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Introduction

“Generation Y” (Gen. Y) is a term used to describe the people born between the 1980's to the early 2000's. They are a younger generation compared to the generation X (1965-1980), baby boomers (1946-1964) and traditionalists (born before 1946).^{1,2} They are also known as the “millennial generation” and compared to these older generations, they have a greater number of professional women; doctors inclusive.¹ Within this period, it has become increasingly common



around the world for women to study what was previously known as a “man's profession”.

The modern medical workplace is a complex environment. This is evidenced by several advances in technology and the constant acquisition of new skills by the physician. The case of the Gen. Y female physician is peculiar because in addition to these, other challenges which are gender related greatly influence her work effectiveness and efficiency. The reasons for the challenges in this group include technological advancements and the generational gap between them and the older generations.¹

Millennials are the newest generation to enter the workforce and this has been associated with certain expectations and challenges peculiar to this unique group.¹ Ignorance of the different learning needs of this group of individuals tends to lead to misunderstanding and frustration, especially in the workplace. Core workplace values for millennials include team work, free expression, close relationship with authority, creativity, work-life flexibility, use of technology and online social connectedness.³ However, most of their employers belong to the older generations and tend to have an invalid perception, mostly due to differences in work ethics and culture. These include; millennials are spoiled, entitled and lazy, with poor work ethics, little respect for authority, not committed to work, have no loyalty to employers, are self-centred and individualistic. This has led to a barrage of problems for millennials in the work place, especially young female professionals; including doctors. Some of these challenges include assuming a minority status, discrimination, paucity of mentors and role models, sponsors and role strains.⁴

This study aimed to identify the expectations and challenges faced by female millennial doctors, brought about by a misunderstanding of their peculiar needs as a generation. It is

anticipated that working conditions, relationships at the workplace and realization of professional goals for female Gen. Y doctors, the institutions that hire them and their patients will be improved with an overall effect of increased productivity, satisfaction and effectiveness.

The challenges faced by female Gen. Y doctors have a profound effect on their work productivity and as shown by global studies, are important problems in the medical sector. A number of studies have been carried out on the female millennial doctors globally. In a case study in the United States of America (USA), the dramatic demographic change in the medical sector in the last century has been studied and an attempt has been made to answer the question of whether the experience of female doctors to date bears out the optimistic view of decreased barriers to opportunity for women in the health sector and the world at large.³ In another study conducted in the USA on the stresses on women physicians it outlined the stressors female physicians face as discrimination, lack of role models and support, role strain, overload, high rates of successful suicide and divorce, slow promotion, lower salaries, fewer resources, pressures of childbearing and conflicts of balancing married life and motherhood with career.⁴

Similar Asian studies were conducted. In 13 private Japanese medical schools' alumni associations with 359 female doctors as participants, it was concluded that the challenges faced by them include long working hours, shortage of childcare facilities in the workplace and low confidence in balancing a physician's job with personal life, leading to low levels of professional pursuit.⁵ In East China, a study in the journal for equity of health, measured by Nottingham health profile, sampled young doctors aged 15-45 years in 18 public hospitals of 3 cities in east China (Shanghai, Nanjing and Hangzhou, n=762). According to the results, “being



female, with low salary and long working hours are factors associated with doctors' poor quality of life⁶. A study in Mumbai was carried out on residents in a tertiary care hospital and the results showed that, "stress is experienced by 37.3% of the study participants and is significantly associated with the clinical branch, first year post graduation, sleep deprivation, fatigue and dyspepsia⁷.

In Australia, a similar study has been carried out by the national mental health survey of doctors and medical students, in October 2013. The sample comprised 42,942 doctors and 6,658 medical students with a final response percentage of 27% for both groups. According to the survey, though the general work experience for the Australian doctor is demanding, "young doctors and female doctors appeared to have higher levels of general and specific mental health stress and reported greater work stress⁸.

In Nigeria, a study on "the challenges and realities of work-family balance among Nigerian female doctors and nurses was conducted. It described the challenges these women faced in the work place as enormous and difficult and having negative effects on both their jobs and their families^{9,10}. In a similar study carried out in Lagos among doctors in Lagos university teaching hospital, it was discovered that 56% of female doctors were more stressed when compared to the male doctors (44.8%).¹¹ However, there was no statistically significant association between the gender of a doctor and the presence of stress.¹¹ A study in Great Britain showed that most of these doctors are in their late 20's to mid-40s.¹² This is also similar to a study in Nigeria, where female doctors, who are mostly married, are less than forty years of age.^{13,14}

Satisfaction in the workplace is synonymous to increased productivity at work and several retrospective and prospective studies have shown that women who are fulfilled in the

workplace have greater productivity. The direct link between perceived satisfaction and productivity necessitates the need for assessment of satisfaction or fulfilment in the workplace and the expectations and challenges to attaining this.

The Gen. Y female doctors of the Jos University Teaching Hospital (JUTH) are members of a larger community of doctors in Nigeria and in the world at large who face problems related to gender discrimination and balancing work stresses and home management. Because of the poor awareness of these problems, this study seeks to assess their expectations and challenges, increase awareness on these problems and make recommendations based on the findings to improve the situation of the subjects in view. Therefore, the study aimed at presenting a picture of the expectations and challenges faced by these women in a changing world.

No similar studies have been conducted in this centre and the choice of female physicians was made after carefully considering the fact that the challenges doctors face has been viewed holistically before now, with no particular reference to gender. They also face challenges related to their peculiarities in being perceived as the "weaker sex", with numerous socially assigned roles and responsibilities within the household.

Materials and Methods

This descriptive, observational, cross sectional, facility-based study was conducted among 108 female doctors. Data collection and entry was conducted between December 2016 and February 2017 working in the JUTH. They were selected using total cluster sampling following a pre-survey of these respondents that fit the Gen. Y category; born between the 1980's and early 2000's who have been working in JUTH for at least 1 month prior to the commencement of the study.

The hospital, JUTH, where the study was



conducted is a major tertiary hospital located in Jos the capital of Plateau State, in the north central geopolitical zone of Nigeria.

The data collection instrument was an adapted, pre-tested and self-administered questionnaire that consisted of 4 sections on socio demographic data, expectations of female Gen. Y doctors, their challenges and proffered recommendations they made.¹¹

Ethical considerations

A letter of introduction was obtained from the Department of Community Medicine, University of Jos, as this was part of the undergraduate final project. This was used to collect permission from the hospital authority, relevant Heads of Department and Chief Residents. All participants were assured of confidentiality, after the reason for the study was explained to them. Written, informed consent was then obtained prior to data collection and participants were given the option to opt out of the study if they so wished.

Statistics

The data obtained was entered and analysed using the statistical software Epi Info version 3.5.4. Qualitative data such as marital status and cadre were presented using frequencies and percentages, while quantitative data such as age was presented using means and standard deviation. Chi square test was used to determine statistically significant relationships between cadre of the respondents and their perception of the workload, cadre of the doctors and effects of work on the family and between marital status and patient and job satisfaction.

A confidence interval of 95% was used in this study and a p value of 0.05 was considered statistically significant.

Results

The mean age of the respondents was 30.54±3.96 years. Majority of the doctors 36(42.6%) were within the age range of 26-35

years, while doctors less than 25 years of age were the least with a total of 8 (7.4%) respondents. Most doctors; 62 (57.4%) were married and 42 (37.8%) had less than 3 children. They were mostly, 75 (69.4%) junior doctors (House Officers, Medical Officers or Registrars) with less than 120 months working experience out of 98 (90.7%) of them.

Senior doctors (Senior Registrars and Consultants) totalled 33 (30.6%), while those with greater than 120 months' work experience were 10 (9.3%). Of the 62 (57.4%) married respondents, 34 (31.5%) of them were married to non-medical personnel, while 28 (26.0%) of them were married to medical personnel [Table 1].

Majority, 60 (55.6%) of the respondents had fulfilled work expectations, while 48(44.4%) of them did not have their work expectations met. The top three expectations at the beginning of their professional career included patient and job satisfaction; 63 (57.8%), improved skill and medical expertise; 63 (57.8%) and job/financial security; 43 (39.4%). All 108 (100%) of the respondents agreed that training programmes are important in the fulfilment of their job expectations.

Sixty four (59.3%), said that the institution provides such training opportunities for them, while 44 (40.7%) disagreed with this [Table 2].Majority, 18 (72%) of the respondents stated the reasons for the unfriendly environment at work as overworked and stressed staff, while 2(8%); stated the reason for an unfriendly environment as poor pay.

One hundred and one doctors (93.5%), the majority, said that the attitude of their superiors towards them had a direct effect on their productivity while 7 (6.5%) said the attitude of their superiors had no effect on their work output [Table 3].Some of the challenges acknowledged by the respondents were the workload, of which 52 (48.2%) doctors said was heavy; the work hours of which 55(50.93%)



perceived it as too long and 53(49.07%) as not too long. Call duties were not desired due to physical stress, 15 (13.9%), emotional stress, 15 (13.9%) or a combination of both physical and emotional stress, 39 (36.1%). Most; 85(78.7%) had difficulty with professional exams, while others were not active in social 48 (44.9%), or religious 31(29.0%) activities. Twelve (11.1%) were not going to continue in the practice of medicine for greater than 10 years, 7 (6.5%) were unsure if and for how long they would practice medicine, while majority; 89 (82.4%) said they would continue practicing medicine for more than ten years. Majority, 90 (83.3%) attested to the fact that their work had an effect on their family, 57 (69.5%) said it interfered with their ability to function on the home front negatively, 13 (15.9%) said it affected their relationship with their spouses, while 12 (14.6%) said it affected their relationship with their children [Table 4].

There was a statistically significant relationship; $p=0.0208$ between the cadre of the

respondents and their perception of the workload, as majority 37 (49.3%) of the junior doctors tagged the workload as very heavy, while 14 (43.8%) of the senior doctors viewed it mostly as appropriate and 14 (43.8%) of them viewed it as heavy [Table 5].

Most 90 (84.1%) of the doctors attested to the effect of work on their families. There was a statistically significant relationship, $p=0.0170$ between the cadre of the doctors and effects of work on the family as more junior doctors, 67(89.3%), had work related effects on their family (Table 6).

Thirty eight (61.3%) of the 62 (100%) married respondents felt satisfied with their jobs and their patients were satisfied with their services as well. Twenty five (54.3%) of the 46 (100%) unmarried respondents felt the same way. There was a statistically significant relationship; $p= 0.0500$ between marital status and patient and job satisfaction.



Table 1: Sociodemographic characteristics of respondents

Characteristics	Frequency	Percentage (%)
Department		
Community medicine	10	9.3
Family medicine	19	17.6
Internal medicine	19	17.6
Obstetrics and gynaecology	23	21.3
Ophthalmology	13	12.0
Paediatrics	16	14.8
Pathology	4	3.7
Psychiatry	2	1.9
Surgery	2	1.9
Cadre		
Junior doctor	75	69.4
Senior doctor	33	30.6
Duration on the Job		
<120 months	98	90.7
Age (Years)		
21 – 25	8	7.4
26 – 30	36	42.6
31 – 35	45	41.7
36 – 40	9	8.3
Marital status		
Married	62	57.4
Unmarried	46	42.6
Occupation of spouse		
Medical practitioner	28	26.0
Non-medical practitioner	34	31.5
Number of children		
<3	42	37.8
>3	8	7.5
None	58	54.7
Ethnicity		
Hausa	4	3.7
Igbo	19	17.8
Yoruba	16	15.0
*Others	69	63.5
Religion		
Christianity	102	94.4
Islam	6	5.6

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Table 2: Top three expectations and perception of importance of training programmes and activities in fulfilling job expectations among respondents

Characteristics	Frequency n=108	Percentage (%)
Patient and Job Satisfaction		
Yes	63	57.80
No	45	41.70
Improved Medical Expertise		
Yes	63	57.80
No	45	41.70
Job and financial security		
Yes	43	39.40
No	65	60.60
Fulfilment of Job Expectations by Training Programmes / Activities		
Yes	108	100.0
Provision of Training Opportunities by Current Institution		
Yes	64	59.30
No	44	40.70

Table 3: Reasons for unfriendly work environment and effect of superiors' attitude on output

Characteristics	Frequency	Percentage
Reasons		
Overworked and stressed staff	18	72.0
Poor pay	2	8.0
Poor work equipment	5	20.0
Total	25	100.0
Effect of Superiors Attitude on Output		
Yes	101	93.5
No	7	6.5
Total	108	100.0

Table 4: Work and family -related challenges among female generation Y doctors in Jos university teaching hospital

Characteristics	Frequency (n=108)	Percentage (%)
Perception of Workload		
Appropriate	29	26.8
Heavy	52	48.2
Very heavy	27	25.0
Long Work Hours		
Yes	55	50.9
No	53	49.1
Perception of Call Duties		
Not desirable due to emotional stress	15	13.9
Not desirable due to physical stress	15	13.9
Not desirable due to physical and emotional stress	39	36.1
Very Desirable	39	36.1
Difficulty with professional exams		
Yes	85	78.7
No	23	21.3
Estimated Duration of Practice		
Unsure	7	6.5
<10 years	12	11.1
Effect of work on the family		
Yes	90	83.3
No	18	16.7
Negative effects		
Affects Interaction with Children	12	13.3
Affects Interaction with Spouse	21	23.3
Affects Ability to Function on the Home Front	57	63.3



Table 5: Relationship between cadre and perception of workload

Cadre	Perception of the workload			Total
	Appropriate	Heavy	Very heavy	
Junior Doctor	15(20.0%)	37(49.3%)	23(30.7%)	75(100%)
Senior Doctor	14(43.8%)	14(43.8%)	5(12.5%)	33(100%)
Total	29(27.1%)	51(47.7%)	28(25.2%)	108(100%)

$\chi^2 = 7.75; df = 2; p = 0.0208$

Table 6: Relationship between cadre and effect of work on family

Cadre	effect of work on family		Total
	Yes	No	
Junior Doctor	67 (89.3%)	8(10.7%)	75(100%)
Senior Doctor	23(71.9%)	10(28.1%)	33(100%)
Total	90(84.1%)	18(15.9%)	108(100%)

$\chi^2 = 5.1157; df = 1; p = 0.0170$

Table 7: Relationship between marital status and job satisfaction

Marital status	job satisfaction		Total
	Yes	No	
Married	38 (61.3%)	24 (38.7%)	62 (100%)
Unmarried	25 (54.3%)	21 (45.7%)	46 (100%)
Total	63 (58.3%)	45 (41.7%)	108 (100%)

$\chi^2 = 0.52; df = 1; p = 0.0500$

Discussion

The sociodemographic findings of this study were similar to one carried out among female doctors in Great Britain with Majority (70.4%) of respondents aged between 27-45 years, all but one were married and most had children.¹² It was also similar to a study in Nigeria, where majority of the respondents were 40 years and below and were married (59.6%)^{13,14}. This may be as a result of the emphasis the Nigerian culture has on marriage and children as being achievements for women. Most respondents were junior doctors, as obtained in a similar

study conducted in south eastern Nigeria and Lagos in which all (150) and half of respondents respectively were junior doctors^{11,15}. The British study however had majority (60%) of the doctors with had higher medical qualifications¹².

The differences in the Nigerian studies and the study in Great Britain is most likely due to the fact that western culture has a high regard for education and thus provides opportunities for its people, including women, to further their



studies. In Nigeria, the female professional workforce is just beginning to increase due to improved awareness and opportunity. In this study, majority of the respondents had fulfilled work expectations, while less than half, did not have their expectations met at the beginning of work. The reason why female doctors in this centre have these expectations may be due to their desire to add value to the profession obtaining better skills and to live comfortably. This is similar to a study among female professionals in Nigeria which enumerated the expectations of young women starting work as better policies 32 (4.4%), closing early 79 (10.8%), provision of a company crèche 41 (5.6%), compression of work hours 81(11.1%), employment of more hands 86 (11.8%), flexible starting time 14 (1.9%), granting leave requests 37 (5.1%), increasing leave durations 37 (5.1%), increased payment 22 (3%), motivation 23 (3.2%) and reduced work load 136 (18.7%).¹³ These results show that across the country, women are aware of better work policies that are gender sensitive and women- friendly. These are attainable in other work settings, especially in the western society and they are desirous of these policies in their own settings, which could lead to better work expectations and increased output. All; 108(100%) of the respondents also expressed their desire to have new activities, training programs and seminars that expand their skills in meeting their job expectations. Most; 64 (59.3%) of them did not feel the institution provided them with enough of these opportunities and some of the reasons they gave were time and financial constraints. The institution organized only few of these programmes making it difficult for them to balance such activities with work, as they had to leave to other distant institutions with consequences on their jobs and families. In a qualitative study in Nigeria, majority of the women described their understanding of work-family balance as being able to engage in their daily paid work as well as having ample time to attend to their family responsibilities and also have time for social and religious activities.¹⁰ They also placed emphasis on being

able to cater for their children. The similarities in the expectations of the African doctors can be traced to the influence of culture in a developing world which makes these doctors desire some form of professional stability and progress without neglecting their “primary” roles as African women. This influences most of the expectations of these women to be aligned towards policies that improve both their family lives and their working experiences.^{9,10}

In this study, work load was said to be heavy and long with undesirable calls due to both physical and emotional stress. A statistically significant relationship was found between the cadre of the doctors and their perception of the workload with the more junior ones reporting heavier workload. This finding could be due to the junior doctors responsible for the day to day activities, while the more senior doctors have more of a supervisory role in this institution and in the medical practice in general. This corresponds to a study in Australia where doctors aged 18-30 years reported significantly more working hours than the older doctors.⁸ It is also similar to the aforementioned study in Lagos State, where most 106 (48.7% of the respondents, reported work overload, 167 (76.6%) bad working conditions and 172 (78.9%) inadequate staffing level as stressors at work.¹¹ In this study, majority; 33 (36.6%) of the doctors who responded attested to the fact that their work interfered negatively with their ability to function on the home front, affecting their relationship with their spouses; 21 (23.3%) and children; 12 (13.3%). There was a statistically significant relationship between the number of working hours and its effects on the family; Fischer's' exact=0.00004. This may be attributed to little or no time left for other family activities such as child training, daily chores and interaction with other family members. They mentioned challenges such as being separated from their families for long periods of time and inadequate study time. A similar study



reported that 95% of its respondents stated that work demands had negative impacts on their family lives and these respondents “shared experiences in relation to stress and burnout attached to the very demanding medical job”.^{9,10} Doctors in a Mumbai study gave answers for factors contributing to stress as heavy work load with long hours among 132 (48.3%) respondents, poor accommodation and feeding 101 (32%), low stipend 112 (41%) and lack of social and family life.⁷ This is not similar to the index study where majority of the study population are active in religious and social activities. The reason for this could be attributed to the value that the African society places on religious and social activities as compared to other societies, which may be due to cultural differences. This study has been able to demonstrate that work related challenges in the study location are related to cadre of the respondent, as a statistically significant relationship; $p=0.0208$ was found between these two and between the number of

working hours and the negative effects of work on the family; $p=0.0170$. Therefore, the Government and relevant institutions at all levels should revise policies that promote work family balance for the female worker, such as extending maternity leaves, increasing the workforce to lessen the challenges and sponsoring refresher, update and revision courses for its staff to enable them improve their skills. Additionally, a culture of interactions and mentorship between the older and younger doctors; particularly female doctors should be encouraged. Mentorship programmes for junior female doctors can be a valuable tool to achieving better work and family balance. Emerging gender issues can be discussed and how to achieve a balance without losing the essence of gender equality in terms of contribution to work, general trainings that can help to enlighten on salient issues that can affect productivity at the work place and considering peculiarities of the different ages and stages of life.

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