

Time for the Longitudinal or Routine Study of Critical Indicators of Early-Career Doctors in Nigeria

In the last 2 years, the Challenges of Residency Training and Early Career Doctors in Nigeria (CHARTING) study developed and generated critical outputs on various themes relevant to early-career doctors (ECDs), who are essentially postgraduate doctors in residency training, medical and dental interns, and doctors below the rank of principal medical officer or equivalent.^[1,2] The key findings span demographics, workplace issues and psychosocial themes.^[1]

Although the study was not designed to be a longitudinal study of ECDs' challenges or issues related to residency training in Nigeria, it was a cross-sectional study identifying and profiling the various themes and subthemes. The CHARTING study, however, demonstrated the enormous gender disparity among the ECDs, which highlighted contemporary issues of poor representation of women in science, technology, engineering, and mathematics disciplines and gender equity in the health system.^[3] It also showed that about 4 out of 5 ECDs graduated from medical school in the last ten years, which is a key profile of the demography of ECDs in Nigeria.^[3,4] There is also the burden of psychosocial issues, such as the high burden of impaired quality of life and burnout.^[5] There was also an issue of heavy work burden^[6] and a high tendency for migration among them, with serious implications for Nigeria meeting her already low workforce adequacy in the health system.^[4,7,8]

While these issues are revealing in a one-time cross-sectional survey, they would probably provide more insight when there is regular data acquisition with the attendant exploration of the data to generate useful information on ECDs and the trends and relevant outcomes in Nigeria. These outputs would serve as the barometer on crucial issues affecting ECDs in Nigeria and the necessary information to guide relevant policies and guidelines related to this category of workers. We recommend either a longitudinal study to provide insight into the interplay of the relevant themes or a routine collection of relevant variables to observe the trends. The former as the Whitehall model, which examines key variables among British civil servants or like a miniature global burden of disease, which is an annual update on health that allows for a comparison of trends.^[9,10] Evaluating the trends of these indicators is a necessary input into short-, intermediate-, and long-term plans in enhancing the quality and quantity of ECDs in the country. It would be interesting to understand how psychosocial issues such as burnout, stress, and quality of life interplay with workplace activities among ECDs while also understanding how profiles change year on year.

The following critical subthemes from the CHARTING study's Phases I and II are recommended in the next vista in

the research of key trends and variables of ECDs in Nigeria: demography, burnout, stress, practice satisfaction, and perception of workplace equipment and facilities. Additional information in the health and well-being of ECDs. This surveillance may be annual or biennial but should be regular and elicit relevant information, while the longitudinal design maybe over the lifespan of the cohort engagement as ECDs. In all, they should address the current and potential challenges of ECDs.

Towing this line creates awareness of challenges facing ECDs continuously and serves as advocacy tools. The benefit of robust data for planning is not left out. Ultimately, this would help influence better policy on human resources as related to ECDs through the strategic use of better data and information, which would emanate from such routine endeavors.

In conclusion, the time has come for the routine longitudinal acquisition of data on the relevant indicators of ECDs in Nigeria.

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Conflicts of interest

The first author is the Principal Investigator of the CHARTING Study while the Second author is the President of NARD (2020/2021).

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