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Organisational membership and professional excellence among medical practitioners

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ABSTRACT

Background: Professional organizations play indispensable role among medical practitioners ensuring gold standard medical care and treatment. Organisational membership effectuates expression of clinical work, scientific understanding and ardour for distinction. Considering ever-exceeding scientific unfurling in clinical horizon and organisations' role in upholding therapeutic excellence, it was decided to construe membership status among certain doctors inter-alia, reckoning allied benefits, if any.

Materials and Methods: Study was conducted among 72 doctors selected semi-purposively from certain consenting medicos connected to scholar through various links during August' 19 - October' 19 incorporating medicos from diverse age-groups, specialities and functional domains. Sample size was calculated on basis of membership percentage observed in pilot study. Structured pre-tested questionnaire was formulated including participants' personal attributes and parameters related to their membership in professional organisations with benefits ensued there-by. Questionnaires were circulated online, collected, analysed and tabulated.

Result: Majority (44.4%) belonged to 41-50 years and overall 59.7% availed organizational membership. Most were male (66.7%), post-graduate (52.7%), private practitioner (30.6%) with 47.2% harbouring 21-30 years expertise. Many benefitted by 'relevant information' (74.4%), 'professional acquaintance' (55.8%) and publication (51.1%). Personal reason (27.9%), scarce time, routine commitments (23.2% each) represented common pretexts for missing membership errands. Post-graduate, middle aged, experienced, male, private practitioners found significantly endowed with wealth of clinical information, publications, clinical acquaintances, professional knowledge and interactive confidence being associative.

Conclusion: Study elicited precious information about elite professionals elucidating orientation towards model clinical society. Further research is recommended to explore factors that could play important role in professional lives to achieve excellence.

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1. Introduction

Professional organizations can play an important role in creating encouraging conditions for ensuring medical care and treatment of the highest quality for the clientele by young as well as elderly doctors. They play an indomitable role in reporting unusual cases, patients of special interest,

drug reactions, newly inducted treatment regime, new medicines of significance, novel interventions and modern line of surgical/medical treatment thereby raising healthcare standards glorifying the public image of the medical profession. Professional organizations are formed when a group of individuals with shared interests collate and collaborate to achieve the professional goals to promote excellence and distinction among medicos nationally and internationally. Such associations can augment their

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members' prospective by capitalizing their professional contribution.

One of the key resources for maintaining professional values and standards is a membership in a professional association, which provides appropriate means of expression for professional work, leading to increased awareness of continuing education and zeal for excellence. Membership and its active continuation lead to the exchange of ideas and viewpoints, the establishment of cooperation with regard to challenging issues and projects, and the promotion of quality in medical care which helps in individual and organisational growth. Considering the ever increasing expansion in the medical science and technologies and the irrefutable role of professional organisations in promoting excellence in medical care and treatment, it was decided to ascertain the membership status among certain medical practitioners apropos, enumerating the allied benefits like possible association of age, experience & competence of the medicos with their publications, professional networking and clinical accomplishment to discern their stand in the clinical domain.

2. Materials and Methods

This descriptive cross-sectional study was conducted by semi-purposive selection of all the young, middle aged and elderly medical practitioners of different specialities who are in contact with the incumbent scholar through various threads of communication. 110 doctors working in different hospitals were contacted online during August '19 to October '19 and invited to participate in this study. 98 doctors condescended and were enlisted in the respondents' roll after taking online consent. A structured self-administered organised questionnaire was prepared which included the participants' personal attributes and parameters related to their membership patronage in professional organisations including membership no. & date and the perceived benefits accrued to them in the long run like scientific publications, presenting papers, self appreciation on updating clinical acumen, registering as reviewer & picking up new line of management for certain diseases. The e-questionnaires were distributed initially among 20 randomly selected participants online to obtain their views in respect to the relevance of the questions in the background of the issue and their suggestions in probable modification of the questionnaire required, if any. The pilot study ascertained that 95% of the medicos were having membership of various organisations. Considering the percentage of membership, the sample size was calculated to be 72 at 95% confidence limit with margin of error at 5%. The modified questionnaires having 3 sections (personal attributes, benefits accrued due to membership patronage & difficulties in continuing membership consisting of 12, 12 & 5 questions respectively)

were distributed online to all 78 enlisted professionals excluding the pilot group, however only 72 subjects responded finally in spite of repeated endeavour. Informed consent was obtained from each participating member before initiation of the study; however, being an e-questionnaire work, ethical clearance was not contemplated. The filled in questionnaires were received, analysed and tabulated. Common statistical instruments like percentage, Chi-square & Fisher's probability were used to determine significance of certain variables as appeared appropriate.

3. Results

Table 1 elicited that majority of the respondents (44.4%) were in the age group of 41-50 years and 31.9% from the same group availed membership of various professional organisations. Most of the subjects (66.7%) were male and significantly enjoyed patronage benefit in large number (48.6%). 52.7% were medical post-graduates and 36.1% of them availed membership. Proportion of super-specialists being member of professional associations was significantly less. Large percent of medicos (30.6% each) were engaged in Govt. health services and private practice respectively; however, private practitioners had membership association significantly higher (23.6%) as compared to others. Majority (47.2%) had professional experience in the range of 21-30 years and 33.3% of such were members of professional bodies. 84.7% were involved in non-teaching work; 50% of them were associated with various associations. Significantly higher proportion of members (30.6%) published papers and majority of surgeons (24%) had enjoyed patronage.

While 74.4% members stated benefitted by relevant professional information due to membership, 55.8% affirmed acquired 'professional acquaintance' through organisational association (Table 2). 51.1% members published papers and 46.5% stated appreciated as abreast and remained updated professionally as a result of being associates to professional bodies. 41.8% asserted achieved confidence in interacting with fellow professionals and 27.9% admitted of gotten groomed as peer reviewers.

Time management and routine commitments (23.2%) were commonly cited impediments to attend the call of responsibilities for membership (Table 3). 27.9% stated inability to attend annual conferences for personal reasons.

Few of the important perceived benefits of membership were corroborated with pertinent socio-demographic attributes of the professionals (Table 4). Post-graduate, middle aged male private practitioners with above 2 decades of experience found significantly accomplished with the wealth of relevant scientific information, publication of papers, actualization of acquaintances, propitious professional accretion and attainment of interactive confidence convincingly as associative to organisation; the

Table 1: Personal attributes of the respondents according to membership patronage

| Personal Attributes | Sub-attributes | Membership Status | | Total No. (%) | Significance p value |
|-----------------------|--|-------------------|--------------------|---------------|---|
| | | Member No. (%) | Not member No. (%) | | |
| Age (n-72) | 30 – 40 years | 09 (12.5) | 14(19.44) | 23 (31.94) | Chi-sq 6.19, df 2, p 0.04, Sig, Phi 0.29 |
| | 41 - 50 years | 23 (31.94) | 09(12.5) | 32 (44.44) | |
| | 51 years and above | 11 (15.28) | 06(8.33) | 17 (23.61) | |
| Gender (n-72) | Male | 35 (48.61) | 13(18.06) | 48(66.67) | Chi-sq 8.84, df 1, p 0.002, Sig, Phi 0.38 |
| | Female | 08 (11.11) | 16(22.22) | 24(33.33) | |
| Religion (n-72) | Hindu | 43 (59.72) | 24(33.33) | 67 (93.05) | - |
| | Muslim | – | – | 03 (4.17) | |
| | Others | – | – | 02 (2.78) | |
| Education (n-72) | Medical Graduate | 06(8.33) | 12(16.67) | 18(25.00) | Chi-sq 6.94,df 2, p 0.03, Sig, Phi 0.31 |
| | Post-graduate | 26(36.11) | 12(16.67) | 38(52.78) | |
| | Super specialist | 11(15.28) | 05(6.94) | 16(22.22) | |
| | Govt health services | 08(11.11) | 14(19.44) | 22(30.55) | |
| Working status (n-72) | Corporate hospitals | 10(13.89) | 05(6.94) | 15(20.83) | Chi-sq 8.13,df 2, p 0.04, Sig, Phi 0.33 |
| | Private Practitioner | 17(23.61) | 05(6.94) | 22(30.55) | |
| | Employed in Govt & practice in private | 08(11.11) | 05(6.94) | 13(18.05) | |
| | 10 – 20 years | 08(11.11) | 14(19.44) | 22(30.55) | |
| Experience (n=72) | 21 – 30 years | 24(33.33) | 10(13.88) | 34(47.22) | Chi-sq 7.20,df 2, p 0.02, Sig, Phi 0.31 |
| | 31 years and above | 11(15.28) | 05(6.94) | 16(22.22) | |
| | Teaching Profession | 07(9.72) | 04(5.56) | 11(15.28) | |
| Line of work (n=72) | Non-teaching | 36(50.0) | 25(34.72) | 61(84.72) | Chi-sq 0.08,df 1, p 0.77, NS |
| | Yes | 22 (30.55) | – | 22 (30.55) | |
| Publications (n - 72) | No | 21(29.16) | 29(40.28) | 50 (69.44) | Fisher's probability p<0.0001, Sig |
| | Medicine | 11(20.37) | 03(5.55) | 14(25.92) | |
| Speciality (n= 54) | Surgery | 13(24.07) | 03(5.55) | 16(29.63) | Fisher's prob 0.04, Sig Chi-sq 8.97, df 3,* p 0.02, Sig * cells in both cols having < 5 freq. were pooled |
| | Gynaecology | 09(16.67) | 03(5.55) | 12(22.22) | |
| | Eye | 02(3.70) | 03(5.56) | 5(9.26) | |
| | Radiologist | 02(3.70) | 04(7.41) | 6(11.11) | |
| | ENT | – | 01(1.85) | 1(1.85) | |

Table 2: Benefits of membership as perceived

| Types of benefit (n-43) | Number (%) |
|---|------------|
| Acquired practical relevant information related to profession | 32(74.42) |
| Gathered acquaintances through organisational thread | 24(55.81) |
| Published papers | 22(51.16) |
| Self appreciation as updated in the subject | 20(46.51) |
| Helped gain confidence in interacting with professionals | 18(41.86) |
| Become peer reviewer | 12(27.90) |
| Learnt importance of communicating with clients | 10(23.25) |
| Attended congress as guest | 10(23.25) |
| Motivated to take membership of more organisations | 09(20.93) |
| Read papers | 08(18.60) |
| Learnt new regime/line of management | 08(18.60) |
| Helped in post-graduate teaching | 06(13.95) |

Table 3: Disadvantages of membership

| Type of disadvantages (n-43) | Number (%) |
|---|------------|
| Not able to attend all conferences/annual meetings for personal reasons | 12(27.90) |
| Time consuming, needs time management | 10(23.25) |
| Often lost interest due to professional commitment | 10(23.25) |
| No leeway given for publications | 8(18.60) |

Table 4: Benefits of membership and important attributes of professional members

| Benefits | Benefits accrued according to important attributes of professionals (n-43) | | | | |
|---|--|--|------------------------------------|-------------------------------------|--|
| | Age No. (%) | Gender No. (%) | Education No. (%) | Working status No. (%) | Experience No. (%) |
| Acquired relevant information | 41-50 years | Male | Post-graduates 22 | Private practitioners | 21-30 years |
| | 21(48.83%) Fisher's prob 0.004, Sig | 30(69.76%) Fisher's prob 0.003, Sig | (51.16%) Fisher's prob 0.005, Sig | 16(37.20%) Fisher's prob 0.011, Sig | 21(48.83%) Fisher's prob 0.015, Sig |
| Published Paper | 41-50 years | Male | *Post-graduates 20 | Private practitioner | 21-30 years |
| | 13(30.23%) Fisher's prob 0.014, Sig | 19(44.18%) Chi Sq 0.73, df 1, NS | (46.51%) Fisher's prob 0.0001, Sig | 13(30.23%) Fisher's prob 0.008, Sig | 17(39.53%) Fisher's Prob 0.015, Sig |
| Gained professional acquaintances | 41-50 years | Male | Post-graduate | Private practitioner | 21-30 years |
| | 13(30.23%) Fisher's prob 0.001, Sig | 23(53.48%) Chi sq 7.47, df 1, Sig | 20(46.51%) Fisher's prob 0.001 Sig | 14(32.55%) Fisher's prob 0.008, Sig | 18(41.86%) Fisher's prob 0.017, Sig |
| Professionally Updated | 41-50 years | Male | Post-graduate | Private practitioner | 21-30 years |
| | 14(32.55%) Fisher's prob 0.03, Sig | 19(44.18%) Chi sq 4.57 df 1, Sig | 16(37.20%) Fisher's prob 0.04, Sig | 13(30.23%) Fisher's prob 0.002, Sig | 16(37.20%) Fisher's prob 0.01, Sig |
| Attained confidence to interact with professional | 41-50 years | Male | Post-graduate | Private practitioner | 21-30 years |
| | 15(34.88%) Fisher's prob 0.003, Sig | 18(41.86%) Fisher's prob 0.02, Sig | 15(34.88%) Fisher's prob 0.03, Sig | 12(27.90%) Fisher's prob 0.01, Sig | 14(32.55%) Fisher's prob 0.04, Sig |

*Most pertinent association is manifested among post-graduates endowed with publication because of membership

finding is statistically significant.

4. Discussion

The study revealed that 59.7% of the professionals were members of various scientific and medical organisations. Significantly, male post-graduate doctors in the age group of 41-50 years savoured membership in high proportions. It has been documented that only 15% of the American physicians possessed membership of American Medical Association (AMA), a low patronage considering the influence and impact of AMA in US.¹ Similarly low levels of membership is expected to plague other medical organisation as well. Data from different sources in India mirrors that out of around 10.22 lakh doctors, 2.79 lakh (27.2%) are members of Indian Medical Association (IMA) which is considered as a premier professional and legal association for Indian medical practitioners.^{2,3} Unfortunately, comparative literature is scanty in Indian context and therefore, scores of references cannot be pitched to ascertain the trend. Large percent of post-graduates (36.1%) and private practitioners (23.6%) were found to have membership alliance as compared to the super specialists and doctors working in corporate hospitals;

possibly paucity of time and burden of professional responsibilities restricted the latter. 30.3% patrons published papers and surgeons (24.7%) contributed more as compared to physicians. In contrary to the general expectation, doctors engaged in teaching profession revealed less patronage. When one associates with other in professional network, he appreciates that his self interest is actually connected to interests of others. That gives an impression of universal good, unified identity and sense of commonality as professional. Those values and a wealth of other related recompenses can be attainable through organizational membership.¹

Majority of the members (74.4%) were rewarded with 'scientific information' followed by 'professional acquaintance' (55.8%) through organisational link. 51.1% published papers and 46.5% stated got updated professionally. 41.8% affirmed gained confidence in interacting with fellow professionals and 27.9% even grew as peer reviewers. Qualitative literature mentions numerous advantages of membership in professional organizations, such as opportunities for increased knowledge and skills, continuing education and increased professionalism.⁴ Associations provide fulfilling relationships, professional

networking, leadership opportunity, career advancement leads and easy access to recommendations, resources and advice on health or patient care topics.¹

Deterrent personal reasons to catch up with annual conferences (27.9%) followed by time management and scheduled commitments (23.2% each) were mentioned as formal drawbacks related to membership allegiance. However, financial constraint, extra-ordinary compensation or intention to discontinue was never expressed by any of the respondents. It has been documented that self-improvement, education, ideations, validation of ideas, improvement of the profession and maintenance of professional standards are few of the many benefits of the membership. However, reasons for not renewing membership were often cost limitation and lack of time.⁵ Individuals join organisations with belief that the benefits gained through membership would surpass the costs; benefits including tangible as well as imperceptible items like ‘socialisation, respect, and other esteemed advantages’ and costs including time, effort and commitment.⁵

5. Limitations

The study has constraint of limited number of respondents selected through existing statistical methodology in the face of paucity of data from similar work in the past; therefore, possibly stands the chances of guarded universal application. Exclusivity of the subject precluded citing of discrete references due to scarcity of literature. However, the effort generated valuable information about the elite medical professionals and illuminated a direction towards the model clinical society.

6. Conclusion

Present intent exposed that post-graduate, middle aged male private practitioners having more than 2 decades of experience were significantly endowed with worthy scientific information, laudable publications, aggregation of acquaintances, professional accretion and acquisition of

interactive confidence creditably being affiliated to distinct organisations. Membership patronage appears facilitative to their professional status and elite standing in the clinical domain commensurate with their age, experience, competence and accomplishment. It is pertinent that such professionals are recognised as role models in clinical society and followed by the future neophytes. Further research is needed to complement this study, which would explore factors that could play important role in professional lives to achieve excellence.

7. Source of Funding

None.

8. Conflict of Interest

The author declares no conflict of interest.

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