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Research Letter

The attractiveness of family medicine among Polish medical students

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KEY MESSAGE:

- With the advance of medical studies, the proportion of medical students intending to choose family medicine as a career option was increasing.
- One third of Polish sixth year medical students intend to start postgraduate specialization in family medicine.
- The most influential factor in career choice was opportunity for professional development.

ABSTRACT

Background: In many developed countries tuning supply and demand of medical doctors is a continuous challenge to meet the ever changing needs of community and individual patients. The long study period for medical doctors creates the opportunity to observe the current career preferences of medical students and evolution in time.

Objectives: To investigate the career choices of Polish students in different stages of their medical education.

Methods: Medical students at five Polish medical universities were questioned about their career aspirations in the first, third and sixth year.

Results: A total of 2020 students were recruited for the survey. Among first year students 17% preferred family medicine as final career option, compared to 20% in the third year, and 30% in the sixth year (significant trend, $P < 0.0001$). In particular, female students prefer family medicine: 71% women versus 62% women in the group with a preference for a non-family medicine orientation ($P = 0.008$). Medical students rejecting a career as a family doctor stated that the impossibility to work in a hospital environment was the determining factor.

Conclusion: The opportunity for professional development seems to be an important determining factor in the choice of a medical specialty in Poland. The proportion of Polish students choosing family medicine increases during their progress in medical education, with one third of students interested in a career in family medicine by year six.

Keywords: medical students, career choices, family medicine

INTRODUCTION

Many countries are confronted with the challenge of a shortage of primary health care physicians (1). Particularly the growing and lifelong care for patients with chronic conditions will accentuate the current imbalance between offered and needed health care workers. A crucial point is the number of medical students entering the postgraduate specialization of family medicine (2–4). To estimate the future entrance of medical doctors in the family medicine discipline, an accurate insight in job career choices of medical students is necessary.

In most European countries, family medicine is considered a specialty, with a postgraduate training similar to this in other specialties. In Poland, family medicine is a recently introduced medical discipline. In 1995, the first family practices were developed and founded: internists, paediatricians, and family doctors worked in primary health care teams. Currently, there are about 6000 family doctors (10% of all specialists), working in primary health care facilities (5). The different physicians working in primary health care received a heterogeneous training. The family medicine concept and model of family doctors

providing health care for individuals, their families, and over a long period is not well established in Poland.

The orientation of medical students to their final specialty and clinical job is a consequence of a continuous balance between personal preferences, clinical experiences, cultural background and job status. However, the orientation to family medicine is embedded in the particular socio-political and cultural background of a country. Consequently, successful solutions in one country cannot be automatically translated to another country. Students' opinions about career choices are good predictors of their definitive choice (6,7). Therefore, the knowledge of potential career choices of medical students is essential information for policy makers to maintain a balanced manpower of medical professionals to meet the needs of the community. This study explores career preferences of first, third, and sixth year medical students in five Polish universities.

METHODS

Although in Poland there are 11 medical universities, the system of medical education is quite uniform: an introduction to family medicine in the first year, one month of summer internship in family medicine in the third year, and a proper course in family medicine in the sixth year. In five universities (Bialystok, Bydgoszcz, Katowice, Krakow and Poznan), medical students in their first, third and sixth year of their education were questioned about their career aspirations during a formal lecture of the regular curriculum. The questionnaire contained

personal characteristics and seven closed questions about future career plans. The questions were developed by the authors and pilot-tested among 20 undergraduate students.

Calculations were performed using the Statistica 8.0 (StatSoft) or StatXact3.0 (Cytel Software Corporation) statistical packages. The chi-square test or the Fisher–Freeman–Halton test was used. Statistically significant results were considered at a P -level of < 0.05 .

RESULTS

A total of 2352 medical students were selected for the survey and 1999 questionnaires were available for analysis (response rate 85%). Gender characteristics are presented in Table 1. Among first year students, 95 (17%) preferred family medicine as a career option; among third year and sixth year students the numbers increased to 111 (20%) and 272 (30%), respectively (statistically significant trend, $P = 0.0001$). In the group of the sixth year students considering family medicine as a career option, more females were present as compared to the group of students for whom family medicine was not an option: 71% versus 62% ($P = 0.008$). The most important factors influencing student's career choices are summarized in Table 1.

Financial income is mentioned by 18%. An opportunity for professional development is indicated by 67% as the most determining factor in their final professional choice, especially for a career in a hospital environment. Professional prestige and status were more frequently

Table 1. Preferred work environment and job conditions for all questioned medical students.

	I	III	VI	
	<i>n</i> = 559 (%)	<i>n</i> = 537 (%)	<i>n</i> = 903 (%)	<i>P</i> -value
Number of women	351 (63)	331 (62)	586 (65)	
What is your preferred environment to work?				< 0.0001
District hospital	64 (11)	136 (25)	439 (49)	
Inpatient clinic	303 (54)	226 (42)	296 (33)	
Outpatient clinic	72 (13)	76 (14)	65 (7)	
Primary care	9 (2)	8 (1)	24 (3)	
Private practice	111 (20)	91 (17)	79 (9)	
How would you like to do your specialty?				< 0.0001
Residency settings	287 (51)	375 (70)	728 (80)	
Full-time job	177 (32)	104 (19)	127 (14)	
Opportunities for professional development	89 (16)	50 (9)	42 (5)	
Voluntary work	6 (1)	4 (1)	6 (1)	
Which factor most determines your choice to a specific medical specialty?				< 0.0001
Professional development	355 (63)	357 (67)	631 (70)	
Income	98 (17)	102 (19)	155 (17)	
Prestige	82 (15)	52 (9)	32 (3)	
Convenient working hours	24 (4)	26 (5)	85 (9)	
Would you like to work abroad?				
Yes	205 (37)	211 (40)	264 (29)	0.00014

I, first year students; III, third year students; VI, sixth year students

indicated by first year students, 14.7%; compared to 9.7% and 3.5% in the third and sixth year, respectively.

The most frequently indicated reason to reject family medicine as a career option was the impossibility to work in a hospital: 24.6%. Overload with administrative work was a reason to make a choice for another specialty for 17.5% of the students, especially among sixth year students. Finally, the limited possibilities to orientate to another specialty, after starting a career in family medicine, was for 10.6% of the students the most prominent reason to reject a choice for family medicine.

DISCUSSION

Main findings

Two-thirds of the medical students see the opportunity for professional development as most determining factor for their final specialty orientation, resulting in a preference for a specialty in a hospital environment. During the course of the medical curriculum, the influences of income and prestige are declining as a determining factor in the course of the medical curriculum. At year six of their medical education, 30% of the medical students consider family medicine as their preferred career option. Barriers for medical students to make a choice for family medicine are outpatient work, administrative overload and the impossibility to change during the course of their professional career to another medical specialty.

Strengths and limitations

This study shows that student' preference for family medicine is increasing in Poland as they progress through the medical curriculum. A limitation of this survey is that the study sample was not randomly selected, but based on active recruitment of universities interested in taking part in the study.

Comparison with literature

The proportion of medical students with a preference for family medicine in the study (30%) is comparable with findings from the USA (37%) and is higher than in the UK, where 20% of final year students were considering family medicine (1,7).

The main reasons for rejecting a career in family medicine differ widely in different countries (2,4,7,8). Professional prestige influences students' choices, especially in the first years of the medical education. In the USA and the UK, family medicine has a long tradition and it is developed together with other specialties. As a consequence, family physicians are seen as 'specialists,' with equal prestige. In countries such as Poland, Japan, Greece, and Jordan, many doctors working in

primary health care do not have postgraduate education in family medicine, resulting in lower prestige and attracting medical students away from primary health care and family medicine (2,8).

Another factor discouraging students from family medicine is the negative opinion about primary health care presented by clinicians, especially during clinical classes in the undergraduate curriculum (2,3). When such 'demonstrations of incompetent primary health care' are not compensated by examples of the strengths of family medicine, medical students might retain a negative attitude to primary health care providers.

Expected income is an important factor in a medical career choice (2,9). However, income is dependent on the type of practice, efficiency of organization, and other factors not considered by students (8). In Poland, family medicine residents' salaries are financed by the Ministry of Health and are usually higher than those paid by the hospitals.

The increasing number of women studying medicine is a global trend (7,9). Are female medical students more interested in so-called female specialties? In reality, more women choose typically male specialties (9). However, gender, social background and family situation have a limited effect on career choices (8).

Implications

The number of students choosing a career in family medicine does not meet the needs of the health system for primary care doctors (10). Encouragement for choosing family medicine is needed. Courses in primary health care and family medicine in the core curriculum should ameliorate the perception of the discipline. In addition, opportunities have to be created for practical training in high quality primary care facilities. Offering career perspectives and professional development for family doctors will make family medicine more competitive with other specialties. Finally, income and work-life balance must become comparable to other medical disciplines.

Conclusion

The opportunity for professional development seems to be an important determining factor in the choice of a medical specialty in Poland. The proportion of Polish students choosing family medicine increases during their progress in medical education, with one third of students interested in a career in family medicine by year six.

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