

The Medical Career and the Key Factors Driving the Exodus of Doctors from the National Health Service in Portugal

A Carreira Médica e os Fatores Determinantes da Saída do Serviço Nacional de Saúde



Marianela FERREIRA^{1,2}, Alexandra LOPES^{3,4}, Miguel GUIMARÃES^{5,6}, Henrique BARROS^{1,7}
Acta Med Port 2018 Sep;31(9):483-488 ▪ <https://doi.org/10.20344/amp.10121>

Estudo desenvolvido no Instituto de Saúde Pública da Universidade do Porto e no Instituto de Sociologia da Universidade do Porto, em colaboração com o Gabinete de Estudos da Secção Regional do Norte da Ordem dos Médicos (SRNOM).

ABSTRACT

Introduction: This article addresses the organization and management of medical careers in Portugal within the framework of the National Health Service. It focuses, in particular, on some indicators of motivation and professional satisfaction.

Material and Methods: This article is part of a broader research project on the organization of medical careers in Portugal. It draws on the results of a survey carried out to active medical doctors, residents and those that have already abandoned the National Health Service. The sample was drawn from the database of physicians enrolled in the Northern Section of the Medical Association.

Results: A total of 3253 physicians were surveyed. Physician satisfaction levels vary according to age, type of connection to the National Health Service and are associated with expectations regarding the professional future.

Discussion: Despite the close connection with the National Health Service, younger doctors showed higher levels of professional dissatisfaction and uncertainty regarding their professional future. Although with varying degrees of discontent depending on the groups considered, the dissatisfaction of the professionals interviewed is with the physical conditions of the workplace and with the opportunities for career advancement. At the level of interpersonal relations and training, satisfaction is high. The anticipation of retirement and the transfer to the private sector are options that professionals consider as a strategy to respond to professional dissatisfaction.

Conclusion: The study shows that the current functioning of the National Health Service does not diminish the interest in the practice of medicine, but rather motivates the search for more attractive and rewarding working conditions.

Keywords: Job Satisfaction; Motivation; Physicians; Private Sector; Retirement; State Medicine

RESUMO

Introdução: Este artigo aborda a temática da organização e gestão da carreira médica em Portugal no quadro do Serviço Nacional de Saúde. Foca, em particular, alguns indicadores de motivação e satisfação profissional.

Material e Métodos: Este artigo resulta de um projeto de investigação mais alargado sobre a organização da carreira médica em Portugal. Foram aplicados inquéritos a médicos especialistas ativos, a realizar o internato de especialidade médica e que já abandonaram o Serviço Nacional de Saúde. A base de sondagem compreende os médicos inscritos na Secção Norte da Ordem dos Médicos.

Resultados: Foram inquiridos 3253 médicos. Os níveis de satisfação dos médicos variam em função da idade, do tipo de ligação ao SNS e associados às expectativas em relação ao futuro profissional.

Discussão: Apesar da estreita ligação com o Serviço Nacional de Saúde, os médicos mais jovens evidenciaram maiores níveis de insatisfação profissional e incerteza em relação ao seu futuro profissional. Ainda que com graus de descontentamento variáveis em função dos grupos considerados, a insatisfação dos profissionais inquiridos é com as condições materiais de exercício da profissão e com as oportunidades de progressão. No plano das relações interpessoais e da formação, a satisfação é elevada. A antecipação da reforma e a transferência para o setor privado são opções que os profissionais equacionam como estratégia para responder à insatisfação profissional.

Conclusão: O estudo demonstra que as configurações atuais de funcionamento do Serviço Nacional de Saúde não diminuem o interesse pelo exercício da medicina, mas sim motivam a procura de condições mais aliciantes e compensatórias no exercício da mesma.

Palavras-chave: Aposentadoria; Medicina Estatal; Médicos; Motivação; Satisfação no Emprego; Setor Privado

INTRODUCTION

The need for financial sustainability of the Portuguese National Health System [*Serviço Nacional de Saúde* (SNS)] within a financial constraint framework of cost containment

and reduction in public funding (Simões; Campos, 2014) is facing greater demand for high levels in quality and coverage regarding healthcare services. The increasing financial

1. Faculdade de Medicina. Universidade do Porto. Porto, Portugal.

2. Unidade de Investigação em Epidemiologia. Instituto de Saúde Pública da Universidade do Porto. Porto, Portugal.

3. Faculdade de Letras. Universidade do Porto. Porto Portugal.

4. Coordenadora do Instituto de Sociologia da Universidade do Porto. Porto, Portugal

5. Bastonário. Ordem dos Médicos. Lisboa, Portugal.

6. Serviço de Urologia. Centro Hospitalar de São João. Porto, Portugal.

7. Presidente. Instituto de Saúde Pública da Universidade do Porto. Porto, Portugal.

✉ Autor correspondente: Marianela Ferreira. marianela.f333@gmail.com

Recebido: 20 de dezembro de 2017 - Aceite: 04 de julho de 2018 | Copyright © Ordem dos Médicos 2018



vulnerability of the SNS in a wider context of economic crisis and the lack of sustainability of the national social protection systems has led to heavy economic constraints and an increasing pressure on cost-reduction in the functioning of the public healthcare network, namely staff-related costs. Career progression freeze or reductions in overtime wage rate are two examples of this reality. Associated with a decline in working conditions and to precarious labour relations, these measures had an impact on physician's lack of motivation and professional dissatisfaction¹ and therefore it may be assumed that these have induced the intention to leave the public sector.

The Portuguese academic community has been showing some interest towards understanding the reasons underlying this ambivalence by discussing the changes in mechanisms and approaches to the management of medical careers,² namely an increase in the intent to leave the public sector due to retirement and the impact of constraints in admission and progression of younger physicians. We share the arguments of some authors who have been defending the need for the development of active approaches to encourage and build up adequate conditions for the extension of the professional activity of older professionals and, in addition, the ways to attract and retain younger generations of physicians. Some of these approaches have shown that it is possible to extend medical careers and to retain the oldest professionals in a satisfactory way for both the individuals and the employers.³ All the studies on healthcare services and healthcare assessment tend to enhance the relevance of older physicians, of their experience and knowledge in management of the transition between age cohorts of physicians without jeopardising the quality of healthcare services.⁴ Despite an increasing interest on this issue, little has been already analysed on younger physicians and further on the determinants of intent to leave among this group of physicians.

Some organisation and management dynamics of medical careers were discussed in this article, namely those involving the intent to leave among physicians working in the public sector. Three major scenarios were considered in the intent to leave the SNS: retirement, transfer to the private sector and outward migration. This study primarily aimed at understanding the reasons underlying the intent to leave the public sector.

MATERIAL AND METHODS

Only physicians from the Northern region of Portugal and registered at the Northern Section of the Portuguese Medical Association (*Secção Regional Norte da Ordem dos Médicos (SRNOM)*) were included in this study, for the moment.

A total of 13,801 physicians registered with the SRNOM by June 2016 were included in the study, corresponding to approximately 27% of the total of 50,927 physicians currently registered with the Portuguese Medical Association [*Ordem dos Médicos (OM)*] (Source: *Estatísticas por Distrito 2016*, <https://www.ordemosmedicos.pt/?lop=conteu>

do&op=da4fb5c6e93e74d3df8527599fa62642&id=cf040fc71060367913e81ac1eb050aea). This group of physicians was organised into three groups and were asked for the participation in the study within two different stages, each one with a specific data collection methodology, according to the aims of the study. Consultants working in the public sector were included during the first stage and 1,495 valid responses were obtained, corresponding to a 10.8% response rate. Both consultants having left the public sector and registrars were included during the second stage and 707 and 105 valid responses were obtained, respectively, corresponding to 12.9 and 87.1% response rates.

A survey using a questionnaire specifically designed and adapted to each of the three groups has been used in both stages. Despite these specificities, surveys were globally aimed at medical careers and future expectations, working conditions and professional relationships, as well as skill recognition and valuation and wage and incentive plans. The same scenarios were considered with consultant physicians, who may or may not work in the public sector: early or full retirement, outward migration and working full-time in the private sector.

Questionnaires were developed in compliance with all applicable deontological principles and were applied through the site of the *Universidade do Porto*, complying with all the technical requirements and anonymous responses and confidentiality of data archive were ensured. A participation request has been sent over by the *Secção Regional do Norte* of the Portuguese Medical Association and three successive requests have been sent two weeks apart during either stages of the study. An invitation has been initially sent between July and December 2016 to the active general medical community and, in a second stage, between Feb and Jun 2017, to the retired medical community. Similar questionnaires were used during both stages, even though with adaptations regarding time references and verbal times in the case of the questionnaire aimed at retired physicians.

The questionnaires were divided into four or five sections, sequentially focused on the following subjects: (i) medical career and professional expectations; (ii) working conditions and interpersonal relationships at the workplace; (iii) recognition and valuation of skills; (iv) wage and incentive plan; (v) intent to leave the public sector (early of full retirement; outward migration; working full-time in the private sector).

RESULTS

Consultants working in the public sector

Social and professional characteristics

Mostly female (59.5%) physicians were found among those who were enquired during the first stage of the study and working in the public sector, in line with the tendency of feminization of the medical profession. Most physicians held a medicine degree or a master degree (87.2%), complying with the qualifications required for medical practice according to the educational model in force at the time of

graduation. Only 5.4% of the physicians with a PhD were found.

The wide age range found is explained by the fact that physicians starting and ending their career were enquired: 31.0% were aged 31-40 and 32.4% 51-60. Around one third of respondents had started working in the 80s and one third between 2001 and 2010, in line with this age distribution.

Based on what was defined as *Carreira Especial Médica* (Special Career in Medicine), according to the *Decreto-Lei* no. 177/2009, 14 August, 57.4% of respondents worked as junior specialist (*grau de especialista*) and 40.6% as senior consultant (*grau de consultor*); most physicians worked as consultant (*assistente*) (44.3%) and senior consultant (*assistente graduado*) (42.1%); 61.3% of respondents worked with an employment contract in civil service (*contrato de trabalho em funções públicas*) and 38.7% with an individual employment contract (*contrato individual de trabalho*). Around one fifth of respondents held management functions (22.8%), mainly as head of department (41.1%) or other functional units (29.1%).

Two thirds of the respondents worked at the hospital (65.2%) and one third as general practitioners (32.3%) and in public health and occupational health (low percentage). This distribution reflected the remaining centrality of hospitals in the public sector, despite the recent focus on primary care network.

A close relationship with the SNS was described by most respondents throughout their professional career, as 86.9% had always worked in the public sector. Nevertheless, more than two thirds did not work full-time in the public sector (69.1%) and more than half also worked in the private sector (54.4%). Other activities apart from clinical medicine were described by some respondents, mainly teaching (18.8%), research (10.4%) and consulting (5.5%).

Physicians working in emergency medicine (stand-by and in emergency departments, intensive and intermediate care units) mostly worked in 12 or 24-hour shifts (14.2% and 15.3%, respectively). Approximately half of the physicians were not working in those departments (46.9%).

Dimensions of professional satisfaction

A strong dissatisfaction with their work in the public sector, in addition to less spare time for out-of-work activities has been found. Dissatisfaction with working time has been described by 60.5% of respondents and with spare time to spend with the family, friends and social/leisure activities by 74.1%. Despite standard working hours in the public sector (52.8% of respondents on a 40-hour per week contract and the remaining divided between 35 and 42-hour contract), 25.0% have described that their working schedule was overpassed more than once a week or almost every day. Compensatory leave was not met, according to 46.6% of the respondents (17.1% were unaware whether or not this was met). The impact of working time seemed to be related to the fact that pressure from work/exhaustion was described by 39.3% of respondents as a determinant of intent to leave the public sector (early retirement). In addition, less

weekly working hours was in fact described by respondents (31.2%) as one of the aspects that would delay their intent to leave the public sector.

Salary was also described as a relevant aspect in the assessment of professional satisfaction: 76.7% of the participants were dissatisfied or very dissatisfied with their income earned from working in the public sector (around half of the physicians – 46.9% - earned a 3,000.00€ monthly gross income).

Different views were found regarding the evaluation of career opportunities: around 28% of respondents described having been offered good career opportunities, while quite the opposite has been described by the same percentage of respondents; 23.2% neither agreed nor disagreed. As regards future job opportunities, 62.5% of respondents disagreed (strongly disagreed in some cases) with the prospect of good career opportunities.

Conflicting results between satisfaction and dissatisfaction were found as regards respondent's participation in decision making, with dissatisfaction being described by 50.1% (dissatisfied and strongly dissatisfied), 19.4% of respondents remained indifferent and 30.5% were satisfied or very satisfied.

A percentage of 76.6% of participants were globally satisfied/very satisfied with their interpersonal relationship at the workplace.

Intent to leave the public sector

Different views have been described by respondents working in the public sector regarding their intent to leave due to early of full retirement.

Most participants have considered retirement when reaching the age legally defined for such, i.e. at the age of 66 (41.6%) or 65 (18.4%). Nevertheless, it is worth mentioning that an intention of extending clinical activity up to the age of 70 (the maximum retirement allowance in the public sector) was described by 15.3% of respondents. However, early retirement at the near future has been described by 45% of respondents.

A migration option has been roundly rejected by 66.1% of respondents and the remaining were divided between 17.3% who were not sure whether to consider this option and 17.6% who had considered it.

The intent to leave and work in the private sector has been clearly rejected by 48.3% of respondents and the remaining participants were divided on the issue (between 33.5% who were not sure that this was a hypothesis they would consider in the future and 18.2% who would certainly consider this as an option).

Physicians who left the SNS

Social and professional characteristics

Mostly male (55.1%) physicians were among those that already left the SNS and significantly different mean ages were found according to the reason to leave: around 68 years in the group of those who left for retirement, 50 in the group of those who chose to work in the private sector and

40 in the group of those who decided to work abroad.

A 31-year mean age has been found among physicians in training.

Most physicians who left the public sector and retired (43.3%) or went to work in the private sector (36.1%). Only a few (7.1%) chose to work abroad.

Most physicians worked full-time in the public sector, regardless of the reason to leave the public sector, even though around half of all the participants did not work full-time. Among those who left to work in the private sector, 83.6% already worked in both sectors (73.3% of those having retired and only 36.7% of those who left to work abroad).

Some differences were found regarding the type of labour contract with an influence on the intent to leave the public sector: while 92.7% of those who retired had a labour contract in civil service, which was only found in 50% of the remaining. Most (47.9%) retired physicians had worked with a 42-hour per week contract, while the remaining mostly worked with a 35-hour contract (41.5% of those who left to work in the private sector and 59.2% of those who left to work abroad).

Physicians holding management functions in the public sector were mostly found among those who retired (52.5%), while these were found in lower number among the remaining physicians (20.2 and 1.1% of those who left to work in the private sector and to work abroad, respectively).

Dimensions of the professional satisfaction

Most physicians who left the public sector have described a great satisfaction with their relationship with other colleagues. Around 70% of respondents were satisfied or very satisfied with that dimension, within any group of respondents.

Attendance to scientific updating was assessed with variable levels of satisfaction among the three groups: 50% of retired physicians, 40% of those who left to work in the private sector and finally only 30% of those who left to work abroad.

Different views have been found amongst the three groups as regards career progression. A 56.7% percentage of satisfied and very satisfied respondents has been found in the group of those having retired, 16% of those having left to work in the private sector and 6.1% of those who left to work abroad.

Different views have been found between those who retired (divided views between satisfaction and dissatisfaction were found) and those who left to work in the private sector or abroad (dissatisfaction was mostly described, particularly by the latter) regarding the remaining issues. Dissatisfaction was particularly relevant regarding the salary and spare time to spend with the family in the group of physicians having left to work in the private sector and in those who left to work abroad ('dissatisfied' and 'very dissatisfied' responses above 50% on both groups). In addition, the remaining dimensions were also negatively assessed, with percentages around 50% having been found ('dissatisfied' and 'very dissatisfied'). Satisfaction was described by around 30% of

respondents regarding the dimension 'equipment and workplace conditions'.

When a global evaluation of the SNS was asked for, differences between the different groups were in line with those found in each dimension: (i) 15.5% 'dissatisfied' or 'very dissatisfied', 32% 'unresponsive' and 47.2% 'satisfied' or 'very satisfied' – among those who retired; (ii) 30.2, 28.5 and 37.6% in the group of those who left to work in the private sector and 67.4, 16.3 and 8.1% in the group of those who left to work abroad, respectively.

Junior doctors

Junior doctors were asked to give a description on their level of satisfaction with a set of dimensions regarding the access to training (internship). Mean scores fell in a 1-5 range, in which 5 corresponded to the maximum level of satisfaction; the following mean scores were found, by decreasing order (standard deviation in brackets): 3.24 mean score (1.21) in 'disclosure of the vacancy list' dimension; 3.16 mean score (1.12) in 'disclosure of the placement list'; 3.01 mean score (1.17) in 'selection centres'; 2.98 mean score (1.20) in 'selection timing'; 2.67 (1.20) in 'available time for selection' and 2.52 (1.15) in 'vacancy distribution' dimension.

When enquired regarding their future intent to remain in the public sector at the end of the internship, 42.9% of respondents have described not knowing what would happen, 35.3% believed that this would happen and 18.1% did not intend to remain in the public sector.

Remaining in work at the same place of residence upon training has been described as not relevant by more than half of respondents (59% have described it as not at all important).

Nearly half of registrars were considering working abroad upon completion of specialty training (47.2%) and 37.1% of the remaining participants have described not knowing whether or not they would remain in Portugal and only 11.4% have described that no salary would make them leave to work abroad.

DISCUSSION

A close link with the SNS was shown by all the participants in the study, not only as a training site as also throughout their professional career. However, while a clearer and more solid link seemed to exist among older physicians, high levels of uncertainty regarding continuity in the public sector were found among younger physicians, mainly among those currently on training. Dissatisfaction with the current working conditions and uncertainty regarding future opportunities led to the search for other alternatives to the public sector. The accumulation of functions found in the private sector is a good example of this reality, particularly among those who left to work in this sector. Early or full retirement were the options for physicians who intended to leave the public sector, while full-time work in the private sector was the option for physicians who were not eligible for retirement or simply did not intend to do so, as well as

for those in search for new opportunities abroad, mainly younger physicians. The search for more rewarding alternatives, rather than leaving clinical medicine, is what is involved in these two cases. In fact, results showed that the intent to leave the public sector is not related to leaving clinical medicine and rather with the search for more attractive and rewarding working conditions. The increasing intent to leave the SNS is related to any of the situations and to the country's available resources, in the case of outward migration. Staff reduction in the SNS and the potential of those that would become part of it (in the case of registrars) will certainly have an impact on the efficiency and sustainability of the SNS, as well as on the quality of care.⁵ A greater effort and workload will impact those physicians who remain in the public sector and, therefore, an increase in burnout and demotivation may be found.⁶ A relationship between professional satisfaction and the quality of care has been found in studies on physician professional satisfaction, in need for further research and deepening.⁷

Regardless of the reason to leave the SNS, most physicians have shown high levels of satisfaction with interpersonal relationship at the workplace and with attending scientific updating. The negative evaluations of specific dimensions of the functioning of the SNS were described by most respondents, particularly regarding 'working time', 'career progression opportunities' and 'salary', even though with different levels of dissatisfaction according to the different groups. Greater dissatisfaction has been described by younger physicians and those who left the SNS to work abroad, which may be explained by the different conditions for medical practice and by the expectations of professional development that were described by these physicians when compared to the older physicians, who have had significantly different career opportunities. Concerns regarding the professional progression and the introduction of new changes potentially producing poorer work outcomes are factors leading to the intent to leave the SNS and the search for more rewarding options of medical practice. Despite this fact, similar issues have been shown by the different groups of participants in the study. The results have shown the relevance of actions towards reducing the real working time in the public sector (which is significantly longer than what has been contracted, according to the information), a situation that may become potentially deepened by non-compliance with time-off periods, which may have a double effect on (i) reducing the chance of burnout in physicians working in the public sector and (ii) reducing the intent to leave the SNS, regardless of the reason.

It is also worth considering career dissatisfaction, particularly among the youngest physicians who have described low expectations regarding the opportunities in both the short and longer term in the SNS, a situation that may enhance the intent to leave, mainly leaving to the private

sector or abroad in search for more rewarding conditions.

Salary has been described as particularly significant in the intent to leave by physicians having chosen to work full-time in the private sector or by those who went abroad. In fact, results have shown a statistically significant association between these two scenarios and professional dissatisfaction, particularly when the 'salary' dimension is considered. In addition, a significant association was also found with the dimensions 'participation in decision making', 'workload' and 'career perspectives' in the case of physicians who left to work abroad, instead of what has been found in physicians who retired, in whom a statistically non-significant association with professional dissatisfaction has been found. In a previous study, an intent to leave in older physicians was mainly related to disagreement with retirement legal framework and to exposure to situations of age-related negative discrimination.¹

CONCLUSION

A close link with the SNS has been described by all respondents, not only as a training site as throughout their professional career. Generational differences have been found, related to the own dynamics of change and adjustment of the SNS over the past few decades.

Despite different levels of dissatisfaction found between the different groups, dissatisfaction was particularly related to material conditions of medical practice and to the opportunities for career progression. A high satisfaction has been found regarding interpersonal relationships and attending scientific updating. Early retirement and intent to leave to the private sector were considered by physicians in response to professional dissatisfaction. The interest in clinical medicine was not reduced by current structure of the Portuguese SNS, rather inducing the search for more rewarding and attractive working conditions.

HUMAN AND ANIMAL PROTECTION

The authors declare that the followed procedures were according to regulations established by the Ethics and Clinical Research Committee and according to the Helsinki Declaration of the World Medical Association.

DATA CONFIDENTIALITY

The authors declare that they have followed the protocols of their work centre on the publication of patient data.

CONFLICTS OF INTEREST

The authors declare that there were no conflicts of interest in writing this manuscript.

FINANCIAL SUPPORT

The authors declare that there was no financial support in writing this manuscript.

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