Health Policy 114 (2014) 109–117

Contents lists available at ScienceDirect

Health Policy

journal homepage: www.elsevier.com/locate/healthpol

How do doctors choose where they want to work? – Motives for choice of current workplace among physicians registered in Finland 1977–2006

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ARTICLE INFO

Article history:
Received 19 May 2012
Received in revised form 29 October 2013
Accepted 1 December 2013

Keywords:
Physicians
Medical work
Career choice
Workplace
Health care policy and planning

ABSTRACT

Though there are a number of studies investigating the career choices of physicians, there are only few concerning doctors' choices of workplace. A random sample ($N = 7758$) of physicians licensed in Finland during the years 1977–2006 was surveyed. Respondents were asked: "*To what extent did the following motives affect your choice of your current workplace?*" Respondents were grouped based on several background variables. The groups were used as independent variables in univariate analysis of covariance (ANCOVA). The factors *Good workplace*, *Career and professional development*, *Non-work related issues*, *Personal contacts* and *Salary* were formed and used as dependent variables. There were significant differences between groups of physicians, especially in terms of gender, working sector and specialties. The association of *Good workplace*, *Career and professional development*, and *Non-work related issues* with the choice of a workplace significantly decreased with age. Female physicians were more concerned with *Career and professional development* and *Non-work related issues*. Since more females are entering the medical profession and there is an ongoing change of generations, health care organizations and policy makers need to develop a new philosophy in order to attract physicians. This will need to include more human-centric management and leadership, better possibilities for continuous professional development, and more personalized working arrangements depending on physician's personal motives.

1. Introduction

Physicians choose their workplaces for different reasons. For younger physicians, career development motives may be important, as the choice of a specialty may be strictly related to choice of workplace. However, especially in the later stages the choice of workplace may be attributable to other motives such as salary or family-life. Therefore, by clarifying these motives employers should be better placed to recruit physicians and policy-makers can be assisted in devising policies in which will guarantee an adequate and satisfied health care workforce.

While many studies have examined career choices, there are only a few studies which have investigated the choices of workplace. For example, we know that diversity

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http://dx.doi.org/10.1016/j.healthpol.2013.12.001

of work is the most important motive for doctors when choosing a medical speciality, and that also the first clinical and working experiences have a significant effect [1,2]. It has also been reported that job satisfaction and dissatisfaction play a role in physicians' intentions to switch their working sector [3]. On the other hand, differences in on-call work and work–family balance have a considerable impact on physicians' career choices [2]. It has also been previously emerged that flexible working, control over working pattern and personal time are all important factors that influence young doctors in their career choices [4]. Family life affects the career decisions of female doctors more than their male colleagues. In particular the transition to part-time work is primarily an accommodating strategy with regard to family responsibilities, however this is clearly influenced by variations in the work flexibility structure in the different specialties [5].

In Finland, most physicians work as salaried employees in public hospitals and health centers. In 2012, 22% of Finnish physicians were working mainly in health centers, 46% in hospitals, 28% in the private sector, and 3% for the state [6]. Physicians may work in the public and private sectors at the same time. Working in the private sector increases with age. The majority, 60%, of Finnish working age physicians are specialists, and of those, 15% are general practitioners (GP), 11% surgeons, 10% psychiatrists, and 10% internists [7]. The proportion of female physicians has increased during recent years, and in 2012 58% of working age physicians in Finland were female. This follows the trends in other Western countries [8]. At the beginning of 2013 there were 320 municipalities in Finland [9]. The municipalities have the responsibility for organizing health care services. They usually provide primary health care services in health centers [9,10]. In order to provide specialized medical care, the municipalities are organized into 20 hospital districts, in five of which there is a university hospital. Nearly three out of every four (73%) of Finnish working physicians are working in university hospital districts [7]. In 2012, the number of working age doctors in Finland were 3.6 per 1000 inhabitants, being 4.4–5.1 in university hospital districts, and 1.8–2.8 per 1000 inhabitants in other hospital districts. Approximately 2500 physicians, 13% of the current workforce, will have retired by the year 2020. With the current number of medical graduates, around 600 per year, the total number of physicians would still be expected to increase [6]. However, since the population is also aging, there are predictions that it will be difficult to meet the increasing need for health care services in the near future, as is the case in many other countries [6,11–13].

There are 50 specialities in Finland, with also general practice (GP) being classified as a specialty. The specialist-training programme lasts 5–6 years in all specialities. One particular feature in specialist training in Finland is that all training programmes include nine months' service in primary health care. Doctors in specialist training can also choose their working place quite freely, the only restriction being that at least half of the specialist training programme has to be carried out outside a university hospital.

In Finland, the work situation of physicians has been rather good during the first decade of the 21st century. There has been a shortage of physicians, especially in smaller health centers and hospitals. In 2012, the shortage of physicians in health centers was estimated as 4.7% of available posts in university hospital districts, and 8.5% in other hospital districts. In the five hospital districts with the greatest shortages, the shortage-rate has ranged from 12% up to 21%. [14]. There is a shortage of physicians also in many specialties, especially in psychiatry, although the situation varies widely from one specialty to another [6,15]. Moreover, there are large regional differences within specialties [16]. In general, the situation is much worse in districts situated further away from the university hospitals and larger cities.

The difficulties to recruit physicians to remote or rural areas have been a matter for debate for years in several countries [17–20]. There are studies reporting that the distance away from friends and family and the limited possibilities for education for children were common reasons for leaving rural practice [21–23]. Reasonable on-call hours, flexible working, satisfying salaries, and access to specialists and referral networks have been stated by physicians as reasons for staying in rural areas [24–26].

The 'inverse care law' states that the availability of good medical care tends to vary inversely with the need for it in the population served [27]. This means that the availability of primary care is especially poor in declining areas. A range of factors has been found to lie behind difficulties in recruiting medical personnel in the most deprived areas [28]. However, it has been recently suggested that many deprived practices appear to have a better match between need and supply than practices serving affluent but aging populations, and practices serving the oldest and most deprived populations have the worst availability of all, because of the heavy workload imposed on their physicians [29]. Thus, this is very challenging for policy-makers who must try to provide a health care system that gives equal access to health services to all citizens. If this policy is to be a reality, then it is essential to attract physicians to work also in more deprived locations.

At the moment there is a major health care reform in progress in Finland, in which the responsibilities for organizing health care services are being evaluated. The reform will most probably lead to a new organisational structure of health care services throughout the nation. There is also an ongoing need to identify the important elements to ensure sufficient and equal health care services in Finland. It is thus important to ascertain how physicians choose where they want to work. This is of utmost importance especially in areas, both geographical and clinical, where there is currently a shortage of physicians. It is also an important consideration for all health care decision- and policy-makers in developing new structures and modernizing workplaces in the health care sector, while facing the challenges to provide satisfactory health care services in the near future.

2. Materials and methods

The Physician 2008 Study was undertaken as collaboration between the University of Eastern Finland, the University of Tampere and the Finnish Medical Association.