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Facteurs de satisfaction des médecins généralistes en Pologne : étude qualitative par entretiens semi-dirigés

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UNIVERSITÉ de BRETAGNE OCCIDENTALE
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N°

THÈSE D'EXERCICE

**Pour le
DOCTORAT DE MÉDECINE
DE SPÉCIALITÉ MÉDECINE GÉNÉRALE**

**Par Mme Katarzyna Daria WON-FAH-HIN (née STOLC)
Née le 21 septembre 1986, à Hajnowka (Pologne)**

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Facteurs de satisfaction des médecins généralistes en Pologne.
Etude qualitative par entretiens semi-dirigés.

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Professeur Bernard LE FLOC'H

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RESUME

Introduction : Comme la plupart des pays européens, la Pologne souffre d'une crise des vocations vers la Médecine Générale. Les facteurs de désintérêt vers la discipline sont largement étudiés, mais n'apportent pas de solution au problème. Cette étude réalisée en Pologne fait partie d'un projet international appelé WOMANPOWER qui vise à mettre en évidence les facteurs positifs déterminant l'attraction vers la Médecine Générale dans différents pays. L'objectif de l'étude était de déterminer les facteurs de satisfaction des médecins généralistes polonais.

Méthode : Etude qualitative a été réalisée de novembre 2012 à janvier 2014. Le consentement des médecins généralistes polonais a été recueilli et ils ont été interrogés selon la grille d'entretien contenant six questions, élaborée par le groupe européen WOMANPOWER. Les résultats ont été analysés procédant par trois étapes : codage ouvert, axial puis sélectif, ceci en double aveugle et par 2 chercheurs.

Résultats : 14 entretiens ont été analysés, 417 verbatim extraits de ces entretiens ont été utilisés pour créer des codes ouverts, qui ont été ensuite classés en 60 codes axiaux puis en 6 thèmes. Les facteurs positifs de la pratique quotidienne des médecins généralistes polonais ont été mis en évidence.

Discussion : Les facteurs de satisfaction mis en évidence grâce aux entretiens polonais ont été comparés avec le livre de codes international, qui a été validé d'abord à Barcelone, puis modifié à Anvers en 2014. La grande majorité des facteurs positifs retrouvés en Pologne étaient les mêmes que dans les différentes populations étudiées en Europe. Cette étude permet aux décideurs d'avoir des pistes pour améliorer l'image et la démographie de la Médecine Générale en Pologne.

ABSTRACT

Introduction: Poland is suffering from the crisis of vocations to family medicine, like most of European countries. The factors of lack of interest for the discipline have been widely studied but are not helpful to solve the problem. This study conducted in Poland is part of the international project called WOMANPOWER which aims to highlight the positive factors determining the attraction to general practice in different countries. The aim of this research was to determine the satisfaction factors of Polish General Practitioners (GPs).

Method: The qualitative study was conducted from November 2012 to January 2014. The consent of participating General Practitioners was collected, then they were interviewed using an interview guide containing six questions, elaborated by the European group WOMANPOWER. The results were analysed according to the method in 3 steps: open coding, then axial and selective coding, this double-blind, by two researchers.

Results: 14 interviews were analysed, the 417 verbatim from these interviews were used to create open codes, classified into 60 axial codes, then into 6 themes. Positive factors in everyday practice of Polish General Practitioners were brought out.

Discussion: The satisfaction factors found in Polish interviews were compared with the international codebook validated in Barcelona, then modified in Antwerp in 2014. The vast majority of positive factors were the same in different populations studied in Europe. The

study may give the decisions makers ideas helpful to improve the image and the demographic situation of general medicine in Poland.

STRESZCZENIE

Wstęp: Jak większość krajów europejskich, Polska cierpi na niedobór lekarzy pragnących specjalizować się w medycynie rodzinnej. Wiele badań zostało przeprowadzonych w celu zidentyfikowania czynników wpływających na brak zainteresowania tą dyscypliną, ale nie pomagają one w rozwiązaniu problemu. To przeprowadzono w Polsce badanie jest częścią międzynarodowego projektu WOMANPOWER, który ma na celu zidentyfikowanie pozytywnych czynników wpływających na zainteresowanie medycyną rodzinną w różnych krajach. Celem badania była analiza czynników wpływających na satysfakcję polskich lekarzy rodzinnych.

Materiał i metody: Badanie jakościowe przeprowadzono od listopada 2012 do stycznia 2014. Wywiady z lekarzami rodzinnymi, którzy wyrazili zgodę na udział w badaniu, zostały przeprowadzone według listy sześciu pytań stworzonej przez europejską grupę WOMANPOWER. Wyniki zostały przeanalizowane według metody trzech etapów: kodowanie otwarte, osiowe i selektywne, wykonane w formie podwójnie ślepej próby, przez 2 badaczy.

Wyniki: Przeanalizowano 14 wywiadów, 417 verbatimów z tych wywiadów użyto do stworzenia kodów otwartych, które sklasyfikowano w 60 kodów osiowych a następnie w 6 głównych kodów. Zidentyfikowano pozytywne czynniki związane z praktyką polskich lekarzy rodzinnych.

Wnioski: Czynniki wpływające na osiągnięcie satysfakcji zawodowej zidentyfikowane w polskich wywiadach porównano z międzynarodową książką kodów, zatwierdzoną w Barcelonie, następnie zmodyfikowaną w Antwerpii. Zdecydowana większość czynników pozytywnych pokrywa się w różnych populacjach przebadanych w Europie. To badanie może być przydatne osobom podejmującym w kraju decyzje dotyczące medycyny rodzinnej, w celu poprawy wizerunku tej specjalizacji i sytuacji demograficznej.

INTRODUCTION

As many European countries, Poland has a problem with lowering GPs' workforce. The few last years in Poland the number of doctors interested in general practice and starting this speciality is systematically decreasing (1). One of the reason may be the fact that medicine students are getting to know the family medicine very late in their studies programme. The attractiveness of general practice seems to be decreasing because of multiples problems that General Practitioners (GPs) are facing. The rules of signing the contracts with the national health insurance fund are constantly changing which is not easy for the practitioners, as well as financial issues. The family medicine seems still to be a low prestige speciality in comparison to the other medical specialities in Poland. The GP's have although a lot of responsibilities.

From 2009 to 2013, the number of GPs in Poland decreased from 28225 to 26792. The total number of GPs consultations increased slightly from 2009 to 2012 but the number of home visits, well-child visits and new-born visits are decreasing (2), which is preoccupying. The reason is probably the lack of time, even the time per regular consultation being too short.

There are about 2.2 practitioners for 1000 patients in Poland, which is one of the lowest number of doctors per capita among European countries (3).

Many studies has already broached the subject of general practice but mostly focused on negative factors and burnout was frequently highlighted (4). There were only few research that searched to define positive factors in general practice, factors that encourage medicine students to choose this speciality and the General Practitioners to keep working in this speciality. That's why the European General Practice Research Network has open a research program. The project is called « WoManpower » and the participating countries are: France, Belgium, Germany, Poland, Israel, Bulgaria, Finland and Slovenia. The aim of the study is to highlight the positive factors that are determining attraction for family medicine and also reasons of staying in general practice of practitioners already exercising this profession. This research could be helpful for the governments to develop some strategies to improve the demographic situation in general practice. There were already different populations interviewed in France (medicine students and general practice trainees as well as different populations of GPs) and groups of GPs in other countries. This research is conducted in Poland, based on interviews with Polish GPs.

METHOD

The Ethic Committee of University de Bretagne Occidentale approved the study.

The study was conducted from November 2012 to January 2014.

The Polish GPs contacted in order to realise the interviews were GPs involved in practitioners' education centre and other GPs having their own practices, chosen randomly.

The consents of participating General Practitioners were collected.

This qualitative research (5,6) was realised by using an interview guide used in all countries participating in WOMANPOWER project. There were 12 interviews realised by a Polish GP, some of them were realised by meeting the participating GP in person, some of them were realised by Skype® (an application to make video and audio calls via internet) because of the geographic distance. Eventually the first interview wasn't analysed because it wasn't exactly conformed to the interview guide, considered as a "test interview". Then 3 others interviews were realised by a Polish medical intern by Skype. Eventually 13 interviews were needed to achieve saturation. The 14th interview has not added any new data to the research so was not included in the codebook. The aim of study was explained to the participants and the interviews were recorded with their consent in order to transcribe the interviews.

The international interview guide contained 6 questions, which were translated to Polish.

Question 1	In the life of a GP there are pleasant experiences, could you tell me one?
Question 2	What makes you happy in the profession of General Practitioner and what makes you happy to go to work every morning?

Question 3	What is the magic formula for successful practice?
Question 4	What appeals to GP's family?
Question 5	What environment makes a GP happy?
Question 6	We discussed a lot about satisfaction. Is there anything we haven't mentioned and that makes you happy?

The first question was an ice breaker to start the conversation with GPs. The last question was to make sur that GPs mention all factors making them happy in their profession.

The interviews were then analysed by two researchers independently and validated by the research team. A thematic qualitative analysis was performed, following the process described by Braun and Clarke (7). First the verbatim were extracted from the interviews. Then the verbatim were classified into open codes. The open codes were classified into axial codes and these ones into selective codes (themes).

RESULTS

14 GPs with different characteristics were interviewed (table 2). There were 8 women and 6 men, aged between 32 and 59.

Interview N°	Gender		Age	Practice Location			First year in general practice
	M	F		Urban	Semi-rural	Rural	
1	X		58	X			1996
2		X	32	X			2006
3		X	56	X			2002
4		X	32	X			2006
5		X	40	X			2001
6	X		45			X	1993
7	X		45		X		2000
8	X		53		X		1992
9		X	45			X	2000
10	X		53			X	1999
11		X	54			X	1987
12		X	59	X			1995
13		X	46	X			1999
14	X		44			X	2001

The analysis found 417 open codes which were merged into 60 axial codes. The codes were organized into 6 themes (codebook in annexe). The six themes were the following: GP as a person, special skills or competencies needed in practice, supportive factors for life balance, freedom of work organization, doctor-patient relationships and teaching and learning.

The themes and axial codes with one verbatim example (number of interview given in brackets) translated in English for each code are listed below:

1. GP as a person: This theme contained the codes related to GP's feelings about his profession and the choice of general practice. The central theme was the doctor. A GP was someone with intrinsic and special characteristics.

- Being proud of his profession: GPs were proud to have such an important profession
« *I feel that this is an important profession. I feel like I'm doing something important* » (interview N° 9)
- Love his job: GPs were passionate about their job
« *I'm glad to have this job, a job that gives me satisfaction* » (interview N° 9)
- Like to go to work: Taking pleasure in going to work every morning
« *I like going to work, waiting for the patient, when he comes in, speaking with him* » (interview N° 8)

- Self-fulfilment in the profession of GP: Being satisfied with the achievement of your professional ambition

« *I think I achieved what I wanted* » (interview N° 11)

- Having time for personal activities besides profession: Having free time for hobbies and leisure

« *I can travel a lot* » (interview N° 1)

- Money is not the most important: GP's found it's important to focus on quality of work rather than money they earn

« *Do not expect a lot of money right away* » (interview N° 6)

- Intrinsic characteristics to become General Practitioner: There were some special psychological characteristics needed to become a good GP

« *The most important thing for success is the will and determination* » (interview N° 1)

- Mission to be a GP: Vocational choice of becoming a doctor

« *You need to have a calling for that* » (interview N° 11)

- Control level of involvement with patients: Putting some limits in the relationship with your patient in order to stay objective and not get too emotional

« *I try not to get in too close relationships with patients* » (interview N° 1)

- Maintain personal health, physical and mental: Taking care of your health as well.

« *I have access to large recreation centres, I can go quickly play tennis, exercise at the gym* » (interview N° 1)

- Being a doctor to help people: Being able to help people was a major satisfaction factor

« *I feel that I help them* » (interview N° 1)

- Ability to be a positive thinker: Staying optimistic in spite of difficulties.

« *Everybody feels blue sometimes but I stay optimistic in general* » (interview N° 5)

2. Special skills/competencies needed in practice: Different skills and competencies. A good GP needed to be satisfied and successful in his job.

- Feeling in power in general practice: Feeling competent and versatile, not being limited to a speciality

« *Incredible versatility* » (interview N° 6)

- Being proud of making a good diagnosis: Being able to make a good diagnosis was rewarding and satisfying

« *Satisfaction is every moment when I succeed to diagnose something* » (interview N° 9)

- Being proud of good communication skills: Satisfaction of being able to communicate well with different patients

« *Know how to talk with the patient to make him open himself* » (interview N° 4)

- Comprehensive approach: Taking into consideration all of your patient's problems

« *To understand what he expects from me* » (interview N° 4)

- Opportunity to provide care from a holistic approach: Taking into consideration all of your patient's life domains: physical, psychological, cultural, social and existential

« *I like to ask patients about the psychological and sociological problems* » (interview N° 1)

- Opportunity to reflect with colleagues: Possibility to discuss difficult cases with your colleagues

« *Possibility to take decisions alone but also in group* » (interview N° 12)

- Primary care: wide range and heterogeneous activities: Having different patients, a varied activity, all health problems

« *A good practice is a good community of patients of all ages, from paediatrics to geriatrics* » (interview N° 4)

- Intellectual stimulation: The intellectual aspect of the profession

« *Great pleasure to diagnose and accurate diagnosis* » (interview N° 4)

- Effective medical management of patient: Being successful in treating your patient

« *I have this personal satisfaction of healing patients* » (interview N° 4)

- Harmonious professional relationships: Having good relationship with the professional community, with colleagues

« *The work is much easier thanks to the contacts we have* » (interview N° 13)

- Work with happy colleagues: Having a good work atmosphere in practice

« *Everyone should feel comfortable in this team* » (interview N° 12)

- GP as a coach for life style changes: Being a doctor can change the patient, the society

« *Help someone to find the right way* » (interview N° 5)

- Coordination of care and advocacy: GP being in the centre of health care system, link with specialists as patient's interests' defenders

« *I think we are like guides of the health system* » (interview N° 12)

3. Supportive factors for life balance: Different factors that helped a GP to be happy and to have a good life balance

- Fair balance between money and workload: Finding personal satisfying balance between workload and the amount of money you want to earn

« *I can decide myself how I work, how many hours a day* » (interview N° 1)

- Separate professional and private life: GP's didn't want to take work at home, they needed to separate clearly professional and private life

« *You need a lot of different activities and interests to not only focus on work* » (interview N° 6)

- Being part of the community: Living in a community and having good social contacts in it helped to have a broader vision on your patients

« *Yes, I've worked there for 30 years* » (interview N° 12)

- Family and social support: The GP's family being involved in the professional choice and having a good influence

« *I could have my family, my wife involved* » (interview N° 1)

- Benefits for GPs family: Different benefits for the family thanks to this profession

« *Financial benefits for the family* » (interview N° 6)

- Complete family life: GP's appreciated the possibility to have quality time with their families

« *Beneficial for the family for sure, I'm free to plan my work schedule* » (interview N° 2)

- Opportunity to have nice holidays: money, time: Being able to travel and have some nice holidays

« *I can spend few times a year holidays in the tropics* » (interview N° 1)

- Job security: The security of having a good income and no unemployment problem

« *I have a peaceful and prosperous life* » (interview N° 7)

4. Freedom of work organization: GP being free to organize the practice the way he wanted, being his own boss, choosing also the practice location and colleagues

- Free choice of living neighbourhood: Free choice of living near your practice or not
« *It's close to my home, my practice is near my home* » (interview N° 1)
- Opportunities to engage in other professional activities besides being a GP: Additional professional activities that change the normal activity of primary care
« *Management of your practice it's like an alternative activity that changes from medicine and gives you satisfaction too* » (interview N° 13)
- Free choice of practice colleagues: Possibility to decide who do your work with in group practice
« *You need to choose wisely your practice colleagues* » (interview N° 12)
- Free choice of your practice location: Opportunity to choose where you work, by personal preferences, by origin or opportunities
« *These days localisation is very important* » (interview N° 8)
- GPs want to be involved in how they are paid: Being involved in your remuneration type
« *The possibility of negotiating fees* » (interview N° 4)
- Having a competent practice support team: Having a competent team working for you and with you
« *There must be another person like a nurse who "brings" some patients* » (interview N° 3)
- Independence of work organization: Having the autonomy and freedom in work organization (includes the work schedule, equipment, how to treat patients)
« *No one forces me to do things* » (interview N° 1)
- Organized out of hours service: GP's didn't want to be disturbed after hours, they appreciated having other healthcare professionals working nights and Sundays
« *The fact that I didn't have to do night shifts* » (interview N° 10)
- Having necessary technical conditions to work: Having necessary technical conditions to work (in the practice but also support from others medical specialists, paramedics)
« *It's better if you have in your practice an ultrasound, an ECG machine, an otoscope* » (interview N° 2)
- Choose whether to care friends and family: Possibility to choose to be your friends' and family's doctor or not
« *My children don't have to go to another doctor* » (interview N° 13)

- Working in a good managed practice: Satisfaction of a good managed practice

« *That we have a good organization* » (interview N° 3)

- How to decorate your practice room: Being free to do a nice personalised decoration

« *We have a nice office, I think it's important* » (interview N° 13)

5. Doctor-patient relationships: The special relationship a GP had with their patients who he knew for years

- GP as a part of the patient's family: Having an exceptional relationship with the patient, being his confidant and knowing him well

« *The most pleasant is that it feels like a big family* » (interview N° 11)

- Having common ground with patients: Having things in common with the patient and get along well with

« *Get along well with the patient* » (interview N° 9)

- Patients' gratitude: Satisfaction when patient showed how thankful he was

« *The patient arrives and thanks me for the good diagnosis* » (interview N° 4)

- Longitudinal care: Long term commitment for the patients and enhanced relationship over time

« *Constant contact with the patient, I see him regularly* » (interview N° 2)

- Trying to be a person centred doctor: Thinking of the patient like an individual human-being, not a "case"

« *They are not "cases", every patient is an individual person* » (interview N° 12)

- Being there for the patient: Empathy and availability for patients

« *I try to meet the patient's expectations* » (interview N° 4)

- Rich human relationship: Having a close relationship with the patient

« *It is a pleasure to speak with most of the patients* » (interview N° 1)

- Respect in doctor patient relationship: Mutual respect and partnership with the patient

« *The partnership with the patient* » (interview N° 8)

- Being a doctor of the whole family: Possibility of being a GP of several members of the same family, sometimes for several generations

« *Parents and their children, who I know from birth* » (interview N° 9)

- Mutual patient-GP trust: Relationship with the patient based on mutual trust.

« *Patients wait and trust me* » (interview N° 4)

- Patients are free to choose their GP: GPs thought it's good that the patient get to choose the GP he wants and can change too

« *The patient comes here voluntarily and when he wants* » (interview N° 8)

6. Teaching and learning: Being able to teach and learn while practicing

- Positive experiences in the beginning of GP career: Importance of making a good start in the general practice, having then more chances to continue

« *The most important thing is that this is something that I created and it's still working* » (interview N° 10)

- General practice as a respected profession: Social and medical community respects GPs

« *Esteem of your environment* » (interview N° 6)

- Learning while practicing: Experience enhance professional skills

« *As a family doctor I have such a wide range of knowledge* » (interview N° 2)

- Continued professional development: Continuing medical education to acquire or complete new skills

« *I have a very strong motivation to learn, to explore, to take new lessons* » (interview N° 1)

DISCUSSION

The main result of the study was finding how numerous the satisfaction factors mentioned by Polish GPs are and how similar they are in comparison to their European colleagues.

Another main result was finding that teaching students and trainees was not mentioned by Polish GPs as a satisfaction factor. Including more GPs in students' teaching process may not only make them happier and more satisfied but also promote this discipline.

These satisfaction factors give a real positive vision of the profession of GP in Poland. A strong and positive identity of Polish GP could be highlighted in order to solve some medical demographic problems in Polish Primary Care.

The study showed how much Polish GPs appreciate their profession. Satisfaction factors are related to their profession in many spheres of their lives. The liberty of work organization in their own practices is a major positive factor for most of the doctors interviewed. Possibility to practice medicine the way they want, to choose their practice colleagues and practice localisation seem to be very important for most GPs. The variety of job in primary care and

the intellectual stimulation are satisfaction factors. Polish GPs highlighted the special relationship with their patients, following them for several years and getting to know them like they were part of their family. Knowing well the patients is helpful to have a holistic approach with them. The general practice is considered as a speciality that allows them to find a satisfying balance between professional and private life. Thanks to the possibility of flexible hours the GPs can have time to spend with their families and for different leisure activities. The job security with a good income that allows them to have a peaceful and prosperous life is highly appreciated.

The positive factors found in Polish interviews joined the six core competencies of General Practitioner defined by WONCA Europe (8) which are primary care management, person-centred care, specific problem solving skills, comprehensive approach, community orientation and holistic modelling.

The Polish codebook was compared with the international codebook, validated first in Barcelona during EGPRN (European General Practice Research Network) meeting, then modified in Antwerp in 2014. The comparison showed a lot of similitudes. In spite of differences in health systems and people mentality in the participating countries, the vast majority of satisfaction factors are exactly the same.

In comparing with the international codebook where 78 axial codes were listed, there were 18 international axial codes that were not found by analysing the Polish interviews. Still every of the 6 themes that were listed in international codebook were represented in Polish codebook.

International axial codes missing in Polish codebook were:

- From the theme « GP as a person » :
 - Ability to cope
 - Possibility to stay an ordinary person
 - A doctor who knows his professional limits
 - Improving the world
- From the theme « Special skills/competencies needed in practice » :
 - Challenging situations in general practice
 - Dealing with the care management and ethical questions.
 - Patients' education in practice rules
- From the theme « Supportive factors for life balance » :
 - Outsources the house work
- From the theme « Freedom of work organization » :
 - Opportunity to change GP practice
 - Support for quality of care in practice without controlling

- From the theme « Doctor-patient-relationships » :
 - Doctors learn life experience with patients
 - Successful negotiation with patients

- From the theme « Teaching and learning » :
 - Mutual enhancement of GPs and trainees
 - Relationships with students and trainees
 - Teaching and doing research
 - Positive role modelling of senior GPs
 - Be attractive for young GPs
 - Recognition of general practice (as a speciality)

Different reasons may explain why these codes were missing. Polish codebook was based only on 13 interviews when the international codebook assembled a much bigger GPs population. The codes related to teaching were not found in Polish interviews. The reason may be that general practices were created in Poland only in 1992. Students' teaching process is still mostly based on University Departments and Hospital Departments, not on general practices. Probably the GPs having started their own practices have not seen direct profits from teaching the students and trainees because of multiple problems they were facing like financial problems, necessity to buy medical equipment, to complete their list of patients or to sign contracts. The teaching by GPs was important in the other European countries. Taking action to promote the teaching in primary care in Poland would certainly be a good measure to encourage general medicine.

Limits and strength of the study:

The study has limitations. The sample bias was limited with the use of maximal variation for selecting the GPs. There may be a self-selection bias because the motivation to participate in the study could have been influenced by a strong positive feeling about general practice. The interpretation bias was limited thanks to the fact the analysis of the results was double-blinded.

CONCLUSION

In spite of different difficulties in everyday life of Polish GPs, they are in general satisfied and happy in their profession. Performing the core competencies defined by WONCA are actually satisfaction factors for them.

Teaching by Polish GPs needs to be developed and encouraged because it could become a strong satisfaction factor for them and encourage the general practice.

Everywhere throughout Europe the GPs seem to share the same vision of general practice. They experience the same positive factors making them happy in their profession and keeping them in general practice. Factors like freedom in practice, having a rich human relationship with the patient, a good work-life balance or being part of the community are some of highly appreciated characteristics of general practice.

This research could be used in modifying medicine students' education in order to encourage them to get to know the general practice and possibly choose it for their medical career. It could be helpful for decision makers to develop strategies to promote family medicine and improve the demographic situation in general practice in Poland.

BIBLIOGRAPHY

- Lukas W. Medycyna rodzinna. 2011. Available from: http://www.mz.gov.pl/data/assets/pdf_file/0003/7653/19_medycyna_rodzinna_13072011.pdf. Accessed 25 April 2015.
- Tyszka N. POZ na stronie. 2013. Available from: http://www2.nfz.gov.pl/download/gfx/nfz/pl/.../370/.../1/poz_na_strone.pdf. Accessed 25 April 2015.

- OECD. Health at a Glance 2013. 2013. Available from: <http://www.oecd.org/els/health-systems/Health-at-a-Glance-2013.pdf>. Accessed 25 April 2015.
- Soler JK, Yaman H, Esteva M, et al. Burnout in European Family Doctors: The EGPRN Study. *Family Practice* 2008;25(4):245-65.
- Aubin Auger I, Mercier A, Baumann L, Lehr-Drylewicz A, Imbert P, Letrillart L, et al. Introduction à la recherche qualitative. *Exercer* 2008;84:142-5.
- Pope C, Ziebland S, Mays N. Qualitative Research in Health Care. Analysing Qualitative Data. *BMJ* 2000;7227:114-6.
- Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006;3(2):77-101.
- Allen J, Gay B, Crebolder H, Heyrman J, Svab I, Ram P. The European Definition of General Practice / Family Practice. 2011. Available from: [http://www.woncaeurope.org/sites/default/files/documents/Definition 3rd ed 2011 with revised wonca tree.pdf](http://www.woncaeurope.org/sites/default/files/documents/Definition%203rd%20ed%202011%20with%20revised%20wonca%20tree.pdf). Accessed 1 May 2015.
- Organization WH, Lerberghe W van. The World Health Report 2008: Primary Health Care : Now More Than Ever. 2008. Available from: <http://books.google.com/books?hl=fr&lr=&id=q-EGxRjrIo4C&pgis=1>. Accessed 6 August 2015.
- Czachowski S, Pawlikowska T. "These reforms killed me": doctors' perceptions of family medicine during the transition from communism to capitalism. *Family Practice* 2011;0:1-7.
- Durska G, Salacka A, Safranow K, et al. An evaluation of the job satisfaction of family doctor based on survey. *Fam Med Prim Care Rev* 2009;11(3)299-302.
- Czachowski S, Buczkowski K, Jeka S. Student's preferences towards family medicine specialization. *Fam Med Prim Care Rev* 2006;8,1:82-87.
- Czachowski S, Buczkowski K. Social factors of choice to be GP. *Kultura i Edukacja* 2006;nr 1/2006.

Katarzyna Daria WON-FAH-HIN (née STOLC): Facteurs de satisfaction des médecins généralistes en Pologne. Etude qualitative par entretiens semi-dirigés.
Thèse de Médecine Générale : Brest 2015

RESUME :

Introduction : Comme la plupart des pays européens, la Pologne souffre d'une crise des vocations vers la Médecine Générale. Les facteurs de désintérêt vers la discipline sont largement étudiés, mais n'apportent pas de solution au problème. Cette étude réalisée en Pologne fait partie d'un projet international appelé WOMANPOWER qui vise à mettre en évidence les facteurs positifs déterminant l'attraction vers la Médecine Générale dans différents pays. L'objectif de l'étude était de déterminer les facteurs de satisfaction des médecins généralistes polonais.

Méthode : Cette étude qualitative a été réalisée de novembre 2012 à janvier 2014. Le consentement des médecins généralistes polonais a été recueilli et ils ont été interrogés selon la grille d'entretien contenant six questions, approuvée par le groupe européen WOMANPOWER. Les résultats ont été analysés procédant par trois étapes : codage ouvert, axial puis sélectif, ceci en double aveugle et par 2 chercheurs.

Résultats : 14 entretiens ont été analysés, 417 verbatim extraits de ces entretiens ont été utilisés pour créer des codes ouverts, qui ont été ensuite classés en 60 codes axiaux puis en 6 thèmes. Les facteurs positifs de la pratique quotidienne des médecins généralistes polonais ont été mis en évidence.

Discussion : Les facteurs de satisfaction mis en évidence grâce aux entretiens polonais ont été comparés avec le livre de codes international, qui a été validé d'abord à Barcelone, puis modifié à Anvers en 2014. La grande majorité des facteurs positifs retrouvés en Pologne étaient les mêmes que dans les différentes populations étudiées en Europe. Cette étude permet aux décideurs d'avoir des pistes pour améliorer l'image et la démographie de la Médecine Générale en Pologne.

MOTS CLES :

GENERAL PRACTICE
FAMILY MEDICINE
SATISFACTION FACTORS
POLAND

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