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Which positive factors determine the attractiveness of general practice and retention in clinical practice? A qualitative research in France

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bUNIVERSITE DE BREST - BRETAGNE OCCIDENTALE

Faculté de Médecine & des Sciences de la Santé

Année 2016

**THÈSE DE
DOCTORAT EN MEDECINE
DIPLOME D'ETAT**

Par

M. BRY Jacques

Né le 18/10/1988 à Saint-Brieuc (Côtes d'Armor)

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Which positive factors determine the attractiveness of general practice and retention in clinical practice? A qualitative research in France.

Président : Mr le Professeur Jean-Yves LE RESTE

Membres du jury : Mr le Professeur Bernard LE FLOCH

Mr le Docteur Patrice NABBE

Mme le Docteur Dominique DELAVALD

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Serment d'Hippocrate

Je promets et je jure d'être fidèle aux lois de l'honneur et de la probité dans l'exercice de la Médecine.

Je respecterai toutes les personnes, leur autonomie et leur volonté, sans discrimination.

J'interviendrai pour les protéger si elles sont vulnérables ou menacées dans leur intégrité ou leur dignité. Même sous la contrainte, je ne ferai pas usage de mes connaissances contre les lois de l'humanité.

J'informerai les patients des décisions envisagées, de leurs raisons et de leurs conséquences. Je ne tromperai jamais leur confiance.

Je donnerai mes soins à l'indigent et je n'exigerai pas un salaire au-dessus de mon travail.

Admis dans l'intimité des personnes, je tairai les secrets qui me seront confiés et ma conduite ne servira pas à corrompre les mœurs.

Je ferai tout pour soulager les souffrances. Je ne prolongerai pas abusivement la vie ni ne provoquerai délibérément la mort.

Je préserverai l'indépendance nécessaire et je n'entreprendrai rien qui dépasse mes compétences.

Je perfectionnerai mes connaissances pour assurer au mieux ma mission.

Que les hommes m'accordent leur estime si je suis fidèle à mes promesses. Que je sois couvert d'opprobre et méprisé si j'y manque.

Abstract

Background:

In France, General Practitioners (GPs) were running out and increasingly aging. Stressing the positive aspects of general practice might improve the interest of the future general practitioners. This study was the French part of the Womanpower project conducted by the European General Practitioner Research Network (EGPRN). Which positive factors determined the attractiveness of general practice and retention in clinical practice?

Method:

A secondary qualitative research was undertaken in France. It synthesized four previous qualitative studies with different methods and population of GPs. Using an interview grid of six questions developed by EGPRN, GPs were asked about determinants of job satisfaction in their practice. The transcripts were analyzed in a phenomenological perspective by a thematic analysis using grounded theory based tools.

Results:

3258 verbatim were extracted from the interviews. After being summarized in 37 axial codes, they were grouped into six main themes. The first and central theme was GP as a person. The second theme concerned the special skills and competencies needed in practice. The third one stressed supportive factors for life balance. The fourth one was about freedom of work. All the verbatim concerning doctor-patient relationships were grouped into the fifth theme. The sixth theme was about teaching and learning in everyday practice.

Conclusion:

This research helped to understand the wellbeing of a GP. The six main themes would have to be worked on, in order to ease future installations and enhance GP's retention. Further research in other European countries would be necessary.

Résumé

Introduction:

Les généralistes sont de plus en plus âgés et de moins en moins nombreux partout en France. Mettre en avant les facteurs de satisfaction au travail en médecine générale permettrait d'accroître l'intérêt des jeunes généralistes. Cette étude est la partie française du projet Womanpower mené par l'European General Practice Research Network (EGPRN). Quels sont donc les aspects positifs de la médecine générale?

Méthode :

Une étude qualitative a été menée en France à partir de quatre études qualitatives réalisées auprès d'échantillons variés de généralistes. A l'aide d'une grille de questions établie par un groupe de chercheurs Européens, on demandait aux généralistes quels étaient les aspects positifs de leur métier. Les extraits étaient transcrits en verbatim qui étaient ensuite analysés et classifiés à l'aide d'une analyse thématique utilisant des outils issus de la théorisation fondée.

Résultats :

3258 citations ont été extraites des interviews. Ces citations ont successivement été classées en 37 codes axiaux puis 6 thèmes principaux. L'épanouissement personnel était mis en avant dans le premier thème. Le second thème traitait de la spécificité du métier de généraliste. La qualité de vie était abordée dans le troisième thème. Les notions relatives à la liberté de pratique étaient regroupées dans le quatrième thème. Le cinquième thème traitait de la relation médecin-malade. Le sixième thème abordait l'enseignement et l'apprentissage de la médecine générale.

Conclusion :

L'étude a permis de mieux comprendre le bien-être d'un généraliste. Les six thèmes principaux pourront servir de base de travail en vue d'optimiser et d'augmenter les installations en médecine générale. D'autres recherches à l'échelle Européenne s'avèreraient nécessaires.

Background

The World Organization of Family Doctors (WONCA) definition of general practice emphasizes the specific, important and complex role of family practice to ensure a quality of care for the whole population[1]. Also The World Health Organization emphasizes the central role of general practice in European health care systems[2] .

Across Europe General Practitioners (GPs) are running out and increasingly aging. Young students don't want to become GPs. A lot of research was done about why GPs are leaving the profession but not why most of them stay in their practice, and are happy with their job. Stressing the positive aspects to young doctors might improve the interest of future GPs for keeping them in practice. The European General Practitioner Research Network (EGPRN) was very interested in this concept of positive vision that could help enhance GP's workforce in primary care through Europe[3]. A research team was constituted during the meetings of the EGPRN, and the name chose for the study was "Womanpower".

A systematic literature review was done with the research team to find positives factors links with the practice of Family Medicine. Much of selected research was conducted using questionnaires that will not fit in depth into the problems of general practice. For example, some of these questionnaires were based on the Warr-Cook-Wall job satisfaction scale, which is not specific to general practice[4][5].

A qualitative research was necessary to find witch factor of their job are positive for the GPs. At first, the research was done by the French team in Brittany, and then in the whole of France. The ultimate objective was to do a research in every country of the Womanpower team to try to find a positive model of GP.

Research question:

Which positive factors determine the attractiveness of General Practice and retention in Clinical Practice?

Method

The French Womanpower research team has undertaken four qualitative researches[6]. This study pooled the results of each research.

Participants:

Selections of GPs were conducted to get a purposive sample of the population studied. Some were identified by the French Womanpower research team, being known as enthusiastic for their profession. Others were selected by "snowball effect" with no specific characteristics other than the one to ensure diversity (sex, age, solo or group practice, teaching or having additional professional activities).

GPs were included until data sufficiency was reached.

Procedure:

An interview grid, composed of open questions, was developed and tested by the European research group. The aim was to express the different determinants of job satisfaction of General Practitioners in France: those related to the profession but also the personal determinants. This grid was used for all studies conducted in the Framework of Womanpower project in Europe.

During interview, 6 questions were asked to select GPs, after a short introduction presenting the Womanpower project:

| | |
|------------------------------|---|
| Question 1: « Ice breaking » | In the life of a GP, there are pleasant experiences, could you tell us one? |
| Question 2 | What made you happy in the profession of general practitioner? What made you happy to go to work every morning? |
| Question 3 | What is the magic formula for successful installation? |
| Question 4 | What appeals GP's family? |
| Question 5 | Which 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? |

Table n°1: Interview grid.

Data analysis:

The data collected were analyzed using a thematic analysis process [7]. Two researchers independently listened to the interviews and transcript them in verbatim.

Open coding was the first step of the data analysis. The aim was to gather verbatim under open codes synthesizing their contents. Axial coding was the second step of the data analysis. Open codes with similar concepts were brought together into axial codes. Saturation was achieved when no more relevant axial code emerged from new interviews.

First, axial codes were in French and then translated in English to adapt those of the Antwerp codebook (EGPRN meeting of December 2014). During this meeting, axial codes were collated in six main themes.

Results

The research provided four different qualitative studies with different methods and populations of GPs.

The first study started in 2011. 11 separate GPs were interviewed. They were from different sexes, different ages and different areas (urban, countryside...) but they all worked in the department of Finistère. Saturation on axial codes was achieved after 9 interviews but all the participants were teachers. In consequence, two more interviews of non-teaching GP were included to enable maximal variation of the sample.

In the second study, also done in 2011, interviews were done with five focus group with a total of 38 GPs. Selected GPs met the same criteria as 1st study. Saturation on axial codes was achieved after 3 focus groups. No more axial theme stood out in two additional groups.

The third survey included separate interviews of 6 young doctors (less than five years of installation) in rural areas in the department of Finistère. Saturation on axial codes was achieved after 4 interviews. It was confirmed by two additional interviews.

In the fourth study, sixteen individual interviews of GPs were conducted. They came from different background and from the entire France. Saturation was achieved at the twelfth interview. Four more interviews were registered to obtain maximal variation of the sample.

An overview of all the GPs characteristics is in table 2.

Table n°2: Characteristics of general practitioners interviewed.

| Study N° | Verbatim N° | Gender | | Age | Type of practice | | Practice Location | | | Installation Date | Teaching |
|----------|-------------|--------|---|-----|------------------|-------|-------------------|------------|-------|---|----------|
| | | M | F | | Alone | Group | Urban | Semi-rural | Rural | | |
| 1 | 1 | X | | 61 | | X | | | X | 1981 | Yes |
| | 2 | X | | 63 | X | | X | | | 1977 | Yes |
| | 3 | X | | 51 | | X | X | | | 1994 | Yes |
| | 4 | X | | 61 | | X | X | | | 1978 | Yes |
| | 5 | X | | 55 | X | | X | | | 1985 | Yes |
| | 6 | X | | 55 | | X | X | | | 1982 | Yes |
| | 7 | | X | 53 | | X | X | | | 1988 | Yes |
| | 8 | | X | 55 | | X | | X | | 1982 | Yes |
| | 9 | | X | 55 | | X | | | X | 1986 | Yes |
| | 10 | X | | 56 | | X | | | X | 1985 | No |
| | 11 | | X | 54 | | X | | | X | 1997 | No |
| 2 | 1 | 4 | 6 | | 1 | 9 | 5 | | 5 | < 5 years = 1 5 - 10 years = 5 10-30 = 28 > 30 years = 4 | 10 |
| | 2 | 5 | 3 | | 4 | 4 | 4 | | 4 | | 0 |
| | 3 | 3 | 2 | | 4 | 1 | 4 | | 1 | | 0 |
| | 4 | 0 | 9 | | 3 | 6 | 9 | | 0 | | 2 |
| | 5 | 5 | 1 | | 4 | 2 | 3 | | 3 | | 1 |
| 3 | 1 | X | | 34 | | X | | | X | < 2 years | No |
| | 2 | | X | 34 | | X | | | X | < 2 years | No |
| | 3 | | X | 34 | | X | | | X | 2-5 years | Yes |
| | 4 | X | | 34 | X | | | X | | 2-5 years | No |
| | 5 | X | | 34 | | X | | | X | 2-5 years | No |
| | 6 | | X | 34 | | X | | | X | 2-5 years | No |
| 4 | 1 | X | | 60 | | X | X | | | > 20 years | Yes |
| | 2 | X | | 56 | | X | | X | | > 20 years | Yes |
| | 3 | | X | 55 | | X | | X | | > 20 years | Yes |
| | 4 | X | | 62 | X | | X | | | > 20 years | Yes |
| | 5 | X | | 68 | X | | X | | | > 20 years | No |
| | 6 | | X | 30 | | X | X | | | < 5 years | No |
| | 7 | X | | 40 | | X | X | | | 5-20 years | No |
| | 8 | | X | 42 | | X | | | X | < 5 years | No |
| | 9 | | X | 44 | X | | | | X | 5-20 years | No |
| | 10 | | X | 64 | X | | X | | | > 20 years | No |
| | 11 | X | | 54 | | X | | | X | > 20 years | No |
| | 12 | | X | 37 | | X | X | | | 5-20 years | No |
| | 13 | | X | 38 | X | | | | X | < 5 years | Yes |
| | 14 | X | | 29 | | X | X | | | < 5 years | No |
| | 15 | | X | 52 | X | | X | | | 5-20 years | No |
| | 16 | X | | 58 | | X | | X | | > 20 years | No |

3258 were extracted from the interviews. These verbatim were summarized into open codes, then axial codes following the described method. 37 axial codes were found. During Antwerp EGPRN 2014 meeting, searchers grouped them into 6 themes.

A. GP as a person:

A central theme was the doctor as a person. Becoming a GP was a mission *"Since I am a kid, I always wanted to be a doctor"* (3rd study). They loved their job and were also proud of their profession *"I'm glad to watch myself into the mirror knowing that I am doing this job"* (1st study). A GP needed some qualities like a strong capacity to adapt themselves with different situations and patients *"it's unexpected. And so go on, 30 years after!"* (2nd study). Most of GPs wanted to take care of their personal wellbeing *"being healthy mentally and psychologically is major"* (1st study).

All following themes were related to the first and most important theme, the GP as a person. These themes were conditions needed or supporting to be a satisfied GP staying in clinical work.

B. Special skills and competencies needed in practice:

GPs had a satisfying feeling of having special skills, in a specific low technical context. The intellectual aspect of the profession led to the effective medical management of the patient *"the reward of a good diagnosis or the care of a difficult case"* (4th study). There was a broad scope of activities *"you don't only focus on the medical field but also on relational or social field"* (2nd study). GPs felt that they were the coordinator of care and advocacy for the patient *"it's also nice to know that we had a right call about a case, a right diagnosis"* (2nd study). They had good collaborators, and enjoyed having a good support from other medical specialties *"I have excellent relationships with colleagues, I never had trouble"* (1st study). GPs needed to have good communication skills *"patients confide in GP if they feel willingness from him"* (4th study).

C. Supportive factors for life balance:

One major factor that supported a good work-life balance was the possibility to have a complete family life *"harmonious family life is more and more prioritised"* (1st study). Earning a reasonable salary insured a good work-life balance *"I think that right now I have a good balance between time spend at work and how much I get paid"* (3rd study) and enough security *"It's very convenient not having money issue"*(2nd study).

D. Freedom of work:

Overall the GPs liked to choose their own practice location and their own colleague *“we need to be able choose the right moment and the right place, a place that we love” (4th study)*. Flexibility in work was also one major topic *“you have to create your own practice rules” (3rd study)*. The practice needed a good management with a competent practice support team, a good secretary and necessary technical conditions to work *“working in nice conditions” (1st study)*. GPs wanted to be part of the practice organization and they wanted to influence on the way of working, including their payment method *“it's very interesting to achieve public health goals, it's the future of GP” (4th study)*.

Those were for most of the GPs very important issues and they were part of the freedom in practising.

E. Doctor-patient relationships:

GPs were happy with the rich human relationship with patients *“I like being GP because of the relationship with patients (1st study)*. They learned life experience with patients *“about relationships, it's highly rewarding” (1st study)*. GPs were the real family doctor and often cared for several generations *“there is a whole concept for a GP; I think it's quite interesting to know the children, the grandchildren, the parents... We end up knowing and following a whole family” (4th study)*. Doctors were part of the patient's family *“we are part of their lives and vice versa” (1st study)* and following patients along the years was very rewarding *“the good side of GP is to follow patients on long care” (4th study)*. Finding common ground with them was also very important *“having a relationship with the neighborhood, the seller, the school...” (1st study)*.

These unique doctor patient relationships gave GPs a lot of satisfaction. Satisfied GPs were there for their patients *“general practice is all about being available” (2nd study)*. They tried to be a person centered doctor *“it's about finding solutions for them, the least worst” (4th study)*. This led to patient's gratitude *“just one little compliment is enough to improve my day!” (2nd study)*. There was mutual trust between patients and GPs *“there is a mutual trust between me and my patients” (1st study)*, and a lot of respect *“there is some respect in this relationship” (3rd study)*. It made negotiations with patients easier *“the challenge: how can you make them accept your proposal?” (1st study)*.

F. Teaching and learning:

GPs needed challenges in their work and call for continuous professional development *“continuous medical training? Essential!”*(3rd study). There was mutual enhancement between GPs and trainees *“it gives me a wide open minded, and I have my experience to share with each other, I love it very much!”* (4th study). Teaching was a good way to improve and complete the competences *“to me, the best satisfaction that I have since 5 years is to train students, because I really look into my own practice, and ask myself a lot of questions about my way to do stuffs”* (4th study). This should lead to an academically recognition as a specialty *“if we want to give GP a status, we have to start by giving it a status at the university” JP, 1226 (19).*

Senior GPs had a positive modeling role for residents and young doctors *“I met great GPs; include our GP here in the neighborhood”* (1st study). Respect was encountered in the everyday practice *“there is a lot of respect when it comes to a GP”* (3rd study). Installation conditions had to be attractive *“I tell them that if they want to set up here, we will have new offices coming soon, a flexible schedule, and part-time job possible”* (3rd study). All this ensured positive experiences in the beginning of a career and long-term installation *“after a year I felt like it was my own patients. It feels really nice because it's a very private relationship with people”* (2nd study).

Discussion

One of the main outcomes of this survey was to identify a central theme, GP as a person. Maintaining identity as an efficient doctor was already described as a positive experience for GPs in a 2006 Scottish study[8]. But generally the topic of personal achievement did not clearly appear in previous surveys with similar purpose[9][10]. By contrast, the lack of self-fulfillment in the profession was the main factor decreasing satisfaction at work in studies of opposite purpose [11][12]. Major cause of burnout was a lack of personal achievement [12]. GP as a person appeared as the link between the other themes.

Having a high level of responsibilities, a central role in care, and an ability to adapt in many situations was considered part of the job but very rewarding. The pride they took facing this everyday challenge helped the GPs to stay at work. Same results were found in literature. In Dutch studies [9][10], factors increasing job satisfaction particularly mentioned were the diversity of work and relations and contact with colleagues. In a German study, GP had more satisfaction at work than practice staff because they had more responsibilities[13]. Most frequently nominated themes for satisfaction were job variety, belief in the value of the work and intellectual stimulation in an Australian study [14]. There were particularly high rates of satisfaction with working atmosphere in a 2012 German survey [15]. All this results could easily be associated with the theme special skills and competencies.

Supportive factors for life balance as a reasonable income and enough private time were considered necessary to overcome the fact that GP is a very demanding job. In Dutch studies, factors which decreasing job satisfaction were the low income, heavy workload, and lack of time[9][10]. More than half of GPs interviewed in an Australian survey reported that they were satisfied with the balance between their personal and professional commitments[16]. Also for medical students, as described in a New-Zealand study, there was a need to balance between work and personal time before engaging GP[17].

A GP needs freedom and independence in the way of practicing. Freedom choice of working place and working team were obvious issues for both young and old GPs. Freedom also meant to improve administrative system and to reduce paperwork, as described in many of previous studies[10][14][18]. It is interesting to note that for students too, GP was also related with a concept of freedom[17].

Another item was the doctor-patient relationship. As found in previous European researches, GPs interviewed put this relationship at the center of care. In a Swiss study, most important aspects of GP current work situations were patient care and patient relationship[18]. There were particularly high rates of satisfaction with patient contact in a German survey[15]. In various other studies, rich doctor-patient relationship enhanced satisfaction at work[8][14].

Teaching was one major theme to develop and enhance attractiveness of general practice. Having a positive experience or positive role models were influential factors affecting career intentions for the New-Zealand medical students[17]. Training experiences were essential for undergraduates to promote interest in general practice. Furthermore, investing in other activities like teaching could lead to a different medical approach and might influence GP job satisfaction[19]. The majority of GPs interviewed in an Australian study felt that good overall clinical training exerted a positive effect on their careers[20].

Strength and limitation:

The strength of the study resulted of the low confusing factors. Data extraction was performed with two researchers and validated with a group of researchers. Sampling method allowed maximum variation and avoided bias.

This study reached some limits.

There was some selection bias with first surveys which were done only in Brittany. This area did not include very large cities or very rural areas. But the latest survey studied general practitioners in other parts of France, sometimes with a different culture or way of life. Nevertheless, it was interesting to note that no other major theme emerged from this latest study, which reinforces the validity of previous studies and meta-analysis.

The long time of the process could also be considered as a possible weakness.

Conclusion

This French study found six major positive factors which determine the attractiveness of General Practice and retention in Clinical Practice. The personal fulfilment in being a GP was the central factor. A good life balance was also necessary to stay at work. Freedom and independence, rich relationships with patients, and everyday practice challenge were positive characteristics of the GP job. The possibility to teach or learn at every instant was the last main issue.

Everywhere in Europe, a GP is a person with a private life, who needs a continuous support and professional development of special competences, likes relationships, and wants to have freedom to choose his working environment and organize his practice.

And everywhere throughout France, a positive GP is on the same model.

This research helped to understand the wellbeing of a GP, and enlighten factors that will have to be work on, in order to ease future installations and enhance GP's workforce. Most of the studies realized in other countries corroborate these hypotheses.

However, more analysis in detail and further research in other European countries would be necessary. A research from the EGPRN is currently studying on a wider scale the same question.

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Faculté de Médecine

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X Which positive factors determine the attractiveness of general practice and retention in clinical practice? A qualitative research in France.

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Le Président du Jury de Thèse,



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ABSTRACT :

Background: In France, General Practitioners (GPs) were running out and increasingly aging. Stressing the positive aspects of general practice might improve the interest of the future general practitioners. This study was the French part of the Womanpower project conducted by the European General Practitioner Research Network (EGPRN). Which positive factors determined the attractiveness of general practice and retention in clinical practice?

Method: A secondary qualitative research was undertaken in France. It synthesized four previous qualitative studies with different methods and population of GPs. Using an interview grid of six questions developed by EGPRN, GPs were asked about determinants of job satisfaction in their practice. The transcripts were analyzed in a phenomenological perspective by a thematic analysis using grounded theory based tools.

Results: 3258 verbatim were extracted from the interviews. After being summarized in 37 axial codes, they were grouped into six main themes. The first and central theme was GP as a person. The second theme concerned the special skills and competencies needed in practice. The third one stressed supportive factors for life balance. The fourth one was about freedom of work. All the verbatim concerning doctor-patient relationships were grouped into the fifth theme. The sixth theme was about teaching and learning in everyday practice.

Conclusion: This research helped to understand the wellbeing of a GP. The six main themes would have to be worked on, in order to ease future installations and enhance GP's retention. Further research in other European countries would be necessary.

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