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Sağlık Dönüşüm Programı Sonrasında Hekimlerin Mesleklerini Nasıl Algıladıkları: Nitel Bir Çalışma

How Physicians Perceive Their Job After the Health Transformation Program: A Qualitative Study

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Abstract

Purpose and Importance of the Research: Healthcare policies affect the working conditions of health professionals, including physicians. The purpose of this qualitative research is to explore how physicians describe and perceive their job, especially after healthcare reforms.

Materials and Methods: The study sample consisted of 182 physicians' answers to an open-ended question. Data were analyzed with MAXQDA 12 software.

Results: The average age of the participants was $35,75 \pm 9,13$, and 56% (n:102) of them were male. 43,9% (n:80). The question of "Could you describe the job you are doing now?" was asked to the physicians, and the codes were created by analyzing the statements. Four main categories are called "definition of the profession", "quality of the profession", "willingness to the profession", and "perceptions of the profession".

Conclusion: The study concluded that physicians working in public hospitals were not satisfied with their jobs, and they do not perceive their profession as they imagined. These results about physicians' perceptions of their jobs can provide useful information to healthcare managers and policymakers in planning and overseeing transformations in health systems.

Keywords: Doctors, Health, Medical Care, Government Policy, Regulation.

1.Introduction

Today, health services are presented in a quite different environment from that of the past, with the effects of neoliberal policies that have been effective globally in the last fifty years. (Navarro, 2020; Numerato et al., 2020). Although neoliberal theory argued that societies will get better with privatization and competitive markets, reduced public spending on social services, and deregulation to increase economic activity, unfortunately, these policies caused unexpected results on the health and well-being of communities (Barnett & Bagshaw,

2020; Navarro, 2020). Not only that, but the policies and the working conditions of health professionals have deteriorated, their professional status has been shaken, and proletarianization processes have started for physicians (Harmancı Seren & Yildirim, 2013; Rasooly et al., 2020).

1.1. Background

Turkiye has become one of the countries where physicians' working conditions have experienced significant changes over the last two decades due to the effect of neoliberal health policy implementations. One basic result of the implementations was an increase in physicians' workload because of the Health Transformation Programme (HTP) in Turkiye. In 2003, the government launched this health reform package, which was supported by the World Bank. The programme encompassed reforms across financing (e.g., unification of various health insurance schemes), service delivery (e.g., enhancement of primary healthcare), and governance (e.g., increased hospital autonomy and the decentralisation of management from the central ministry to regional authorities) (Atun et al., 2013; Espinosa-González & Norman, 2019; World Bank, 2018). Although the health transformation program resulted in more accessible healthcare throughout the country (Atun et al., 2013), it also caused a huge demand for healthcare that could not be supplied by the proletarianization and workload of physicians (Unluturk, 2023).

Among OECD countries, Turkiye ranks sixth from the last with 2.2 physicians per 1000 people (OECD, 2023). The situation becomes even clearer when comparing the number of patient examinations performed by physicians between 2003, considered the beginning of the reforms, and 2019. A total of 91.257.412 patient examinations were conducted by 48.077 physicians in 683 hospitals affiliated with the Ministry of Health in 2003 (Republic of Turkey Ministry of Health, 2004). However, 97.145 physicians performed 387.622.848 patient examinations in 895 hospitals affiliated with the Ministry of Health in 2019 (Republic of Turkish Ministry of Health General Directorate of Health Information System, 2019). In the sixteen years, it is seen that the number of hospitals has increased by .76 times, the number of physicians is 2.02 times, and the number of examinations has increased by 4.25 times. Although it is obvious from the numbers that physicians' patient examination workload has increased, it is also possible to say that physicians have been negatively affected by this process. Reorganizations within healthcare systems and new professional responsibilities within this organization have significantly impacted physicians (Gunvar et al., 2011).

This study is grounded in Lorenz's Chaos Theory, a nonlinear change theory that posits how small, seemingly random variations within a continuously evolving system can significantly influence the long-term behavior of that system and often render future states unpredictable (Lorenz, 1963). As Udod and Wagner (2018) explain, "chaos theory offers a valuable lens through which to understand and structure change processes within complex and dynamic healthcare environments. Despite well-intentioned efforts to enhance organizational functioning and improve the quality and safety of patient care, contextual variables are often insufficiently considered, potentially undermining the intended outcomes of change initiatives. For instance, implementing a new care delivery model may falter if frontline staff lack the necessary resources to support it. Understanding the principles of nonlinear change theories, such as chaos theory, is therefore essential to advancing organizational effectiveness in contemporary healthcare systems." In this context, framing the Health Transformation Program (HTP) as an intervention within a complex adaptive system allows chaos theory to shed light on why Turkiye's health reforms—despite clearly articulated design goals—yielded uneven outcomes, emergent behaviors, and unpredictable feedback dynamics.

Although there have been publications on how policies affect health systems, very little is known from the physician's perspective, and further research has been recommended to deal with the topic and understand physicians' views (Rasooly et al., 2020). Thus, this study was carried out in public hospitals in Turkiye, which

is shown as an example of successful neoliberal health reforms (Atun et al., 2013), to evaluate physicians' practice qualitatively through their perspectives. The research question was: What are the physicians' perceptions about their profession?

2. Materials and Methods

2.1. Aim

The purpose of this qualitative research is to determine the opinions of physicians working in public hospitals about their profession.

2.2. Design and Study Sample

This study, which employed a phenomenological approach, investigated the common meaning(s) of the descriptions of physicians working as specialists and assistants in different public hospitals in the same city based on their own experiences (Creswell & Poth, 2018).

The study was conducted in public hospitals because it was reported that the workload of physicians working in public hospitals increased following the Health Transformation Project and that healthcare professionals were negatively affected by the transformation (Ağartan, 2015; Harmancı Seren, 2014). The study sample consisted of 1,164 physicians employed in the four hospitals: 500, 523, 81, and 60, respectively. 182 physicians who answered the relevant open-ended question were included in the study.

2.3. Data Collection

This qualitative study presents findings from a secondary analysis of responses to an open-ended question included in the data collection form of a previously conducted and published study that aimed to assess the organizational citizenship levels of physicians working in four public hospitals in Istanbul. The questionnaire included items related to the participants' institution, department, position, marital status, monthly personal income, total household income, tenure at the institution, and weekly working hours. In addition, the form contained an open-ended question: "Could you describe your current job?" The results reported in this study are based on an analysis of the physicians' responses to this open-ended question.

2.4. Data Analysis

In this study, physicians' written responses were analyzed using the qualitative data analysis software MAXQDA 12. The transcripts were examined through inductive content analysis, following Elo and Kyngäs's (2003) three-phase framework: preparation, organizing, and reporting. In the preparation phase, the researchers familiarized themselves with the data and identified the unit of analysis. During the organizing phase, they made notes and assigned headings while reading the data, followed by the development of codes and categories (open coding). These categories were then grouped under higher-order headings (grouping and categorization). Categories were created by combining subcategories that reflected similar events or phenomena, a step referred to as abstraction. In the last phase, the results were systematically reported.

2.5. Rigour and Trustworthiness

The two researchers discussed the codes, subcategories, and categories until they reached a consensus on the differences in the analysis. The results were reported after the same two researchers evaluated the appropriateness of the subcategories and categories.

3. Results

Four main categories were identified to describe the physicians' perception of their job: definition of the profession, profession quality, willingness to practice the profession, and job perception.

3.1. Demographic Characteristics of the Physicians

The average age of the participants is $35,75 \pm 9,13$, and 56% (n: 102) of them are male. 43,9% (n: 80) surgery, 32,9% (n: 60) internal, 8,8% (n: 16) pediatrics, 6% (n: 11) obstetrics, 8,4% work in other units. Of the physicians working in a total of four hospitals affiliated with the Ministry of Health, two of which are special branches and two of which are general hospitals, 46,7% are experts, 46,1% are assistants, 3,3% are chiefs, 2,2% are practitioners, and 1,7% are chief assistants. 41,7% of the physicians who answered the open-ended question work in institution number 3, 31,3% in number 4, 16,5% in number 1, and 10,5% in number 2.

3.2. Statements of Physicians' Views About Their Work

Physicians were asked, "Could you describe the job you are doing?" and their answers were analyzed, and codes were created. Based on this analysis, four categories and 38 subcategories were identified to characterize the physicians' views.

3.2.1. Definition of the Profession

The physicians' descriptions of their professional roles were analyzed and yielded a main category, "definition of the profession," which encompasses eight subcategories: drudgery, outpatient clinic, slavery/laborer, workmanship/performing tasks for others, patient-hospital administration, public service, and treatment. Figure 1 presents the subcategories along with illustrative examples of coded statements derived from the physicians' responses. Within the data, expressions related to "workmanship – performing tasks for others" were the most prominently recurrent, forming the dominant code of this subcategory.

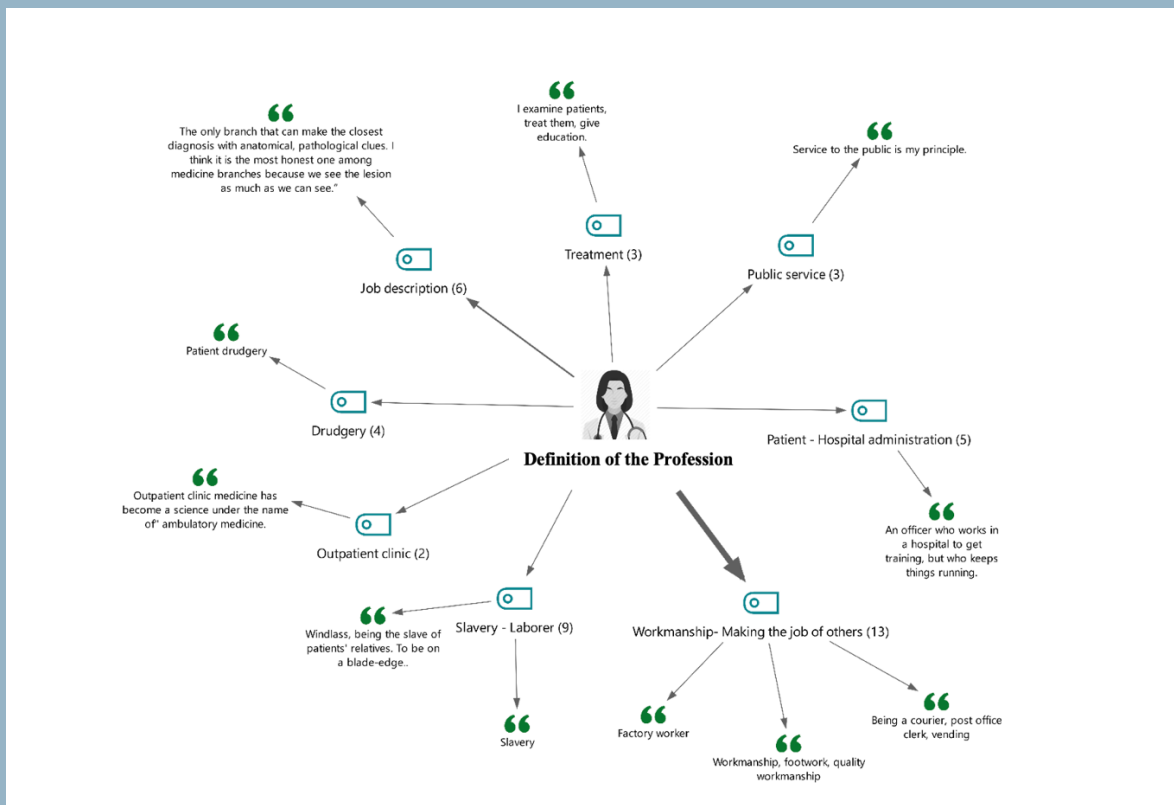


Figure 1. Definition of the profession

Workmanship-Performing tasks of others

Workmanship was a significant part of physicians' views. The expressions collectively point to a professional identity under strain, where physicians feel they are performing tasks designed or dictated by others—such as administrators or policymakers—rather than exercising autonomous medical judgment. Some statements of physicians were as follows:

“Workmanship” (13)

“Being a courier, post office clerk, vending” (18)

“I run a hospital” (48)

“Factory worker” (99)

“Workmanship, footwork, quality workmanship” (128)

“We treat patients as if they are part of a factory process-focusing on shipment” (161)

Slavery-Laborer

They indicated that many physicians experienced their roles not as autonomous healers, but as overworked service providers within a system that demands constant output without adequate recognition, support, or professional authority. Some statements of physicians were as follows:

“Slavery” (58, 108, 172)

“Windlass, being the slave of patients' relatives. To be on a blade-edge” (86)

“Laborer” (93, 169)

“Porter” (165, 166)

Patient-Hospital administration

Physicians' statements regarding the title of “patient-hospital administration” were as follows:

“Patient management, so-called service” (27)

“Patient administration” (28)

“An officer who works in a hospital to get training, but who keeps things running.” (65)

“The system for self-protection, always for point malpractice, patient complaints, and political attitudes.” (78)

Drudgery

Physicians' reflections on the subcategory of “drudgery” reveal dissatisfaction with the non-clinical burdens of their profession. While they express strong commitment and enjoyment in core medical tasks such as patient care and surgery, they resent the excessive administrative and non-scientific demands imposed by the system:

“I like my job; I am not satisfied with the working conditions and environment. I love looking at patients and doing surgery. But other than that, I am not happy to have to deal with too much drudgery that is not up to us. I think our job should only be taking care of patients and performing surgery.” (148)

“It is a non-scientific job, far from medical needs and requirements, trying to catch up with market conditions, acting according to demand, mostly unnecessary.” (176)

Treatment

The statements of physicians regarding the title of “treatment” in defining their profession are stated below.

“I examine patients, treat them, give education” (3)

“I give health” (22)

“Saving life” (105)

Public service

Physicians' statements regarding the title of “public service” in defining their profession are stated below.

“Service to the public” (14)

“Service to the public is my principle” (175)

Outpatient clinic

Physicians' statements regarding the title of “outpatient clinic” in defining their profession are stated below.

“Outpatient clinic medicine has become a science under the name of ambulatory medicine” (10)

“Outpatient clinic” (24)

3.2.2. Quality of the Profession

Physicians' statements regarding the quality of the profession in describing their jobs were coded in five subcategories. They, including the statements of 18 physicians, It is in the form of excellent, medium quality, indescribable, valueless, and low quality work. In Figure 2, there are subcategories and examples of coded expressions created regarding physicians' professional quality statements.

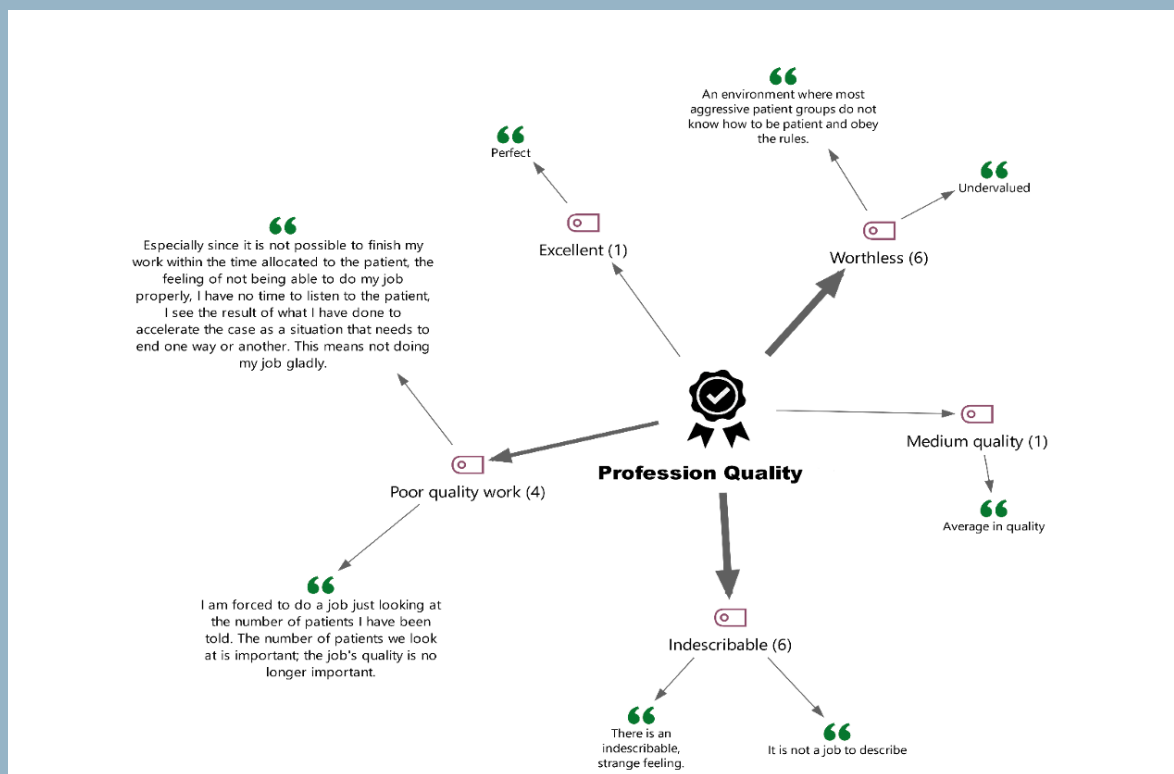


Figure 2. Profession quality

Indescribable

The statements of physicians regarding the “indescribable” title in defining the professional qualities are stated below.

“It is an indescribable situation” (69)

“There is an indescribable, strange feeling” (91)

“It is not a job that can be” (138)

“I can't describe it” (139)

Worthless

Physicians' statements regarding the title of “worthless” in defining the professional qualities are stated below.

“Undervalued” (88)

“Worthless” (134)

“I'm trying to waste” (144)

Low quality work

Physicians' statements regarding the title of “low quality work” in defining the quality of the profession are given below.

“Especially since it is not possible to finish my work within the time allocated to the patient, the feeling of not being able to do my job properly, I have no time to listen to the patient, I see the result of what I have done to accelerate the case as a situation that needs to end one way or another. This means not doing my job gladly.” (157)

“I am forced to do a job just looking at the number of patients I have been told. The number of patients we look at is important; the job's quality is no longer important.” (174)

3.2.3. Willingness to the Profession

The physicians' statements about their desire to enter the profession, in describing their work, were discussed in four groups. These subcategories include “I love/satisfied”, “it suits me”, “I do it to feel comfortable in conscience”, and “I don't want to do it”. In Figure 3, there are subcategories created and examples of coded expressions regarding physicians' expressions about the desire to do the profession.

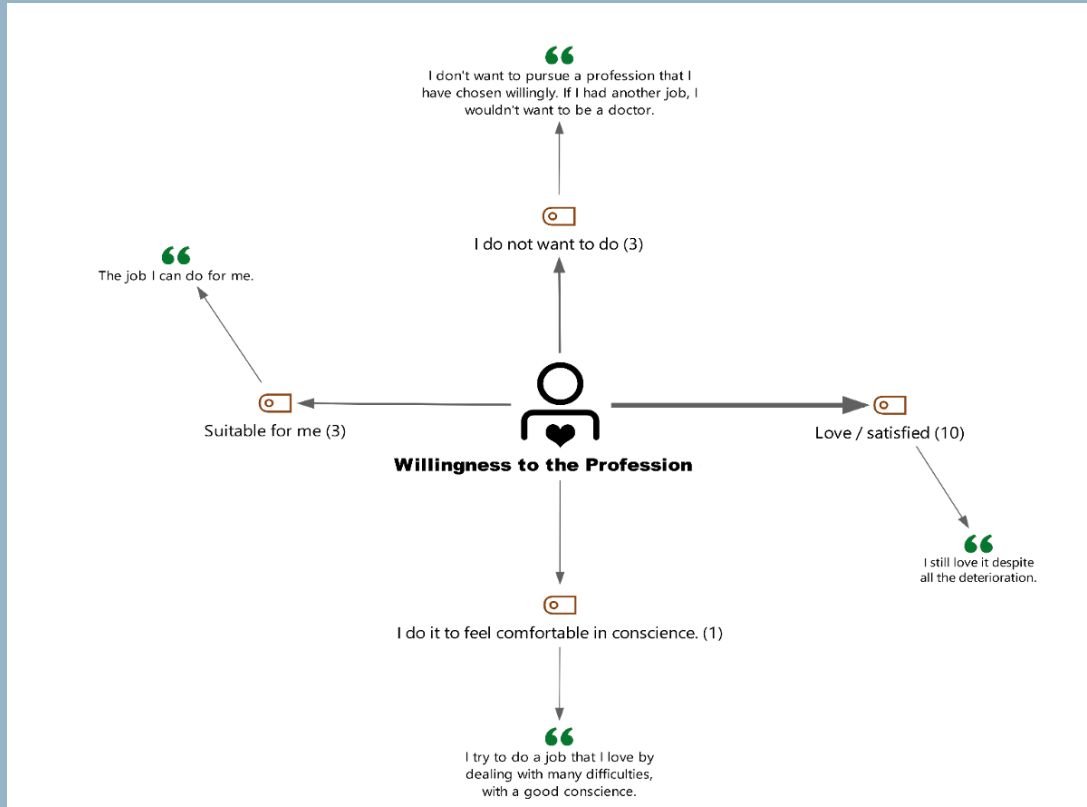


Figure 3. Willingness to the profession

Love-satisfied

Physicians' statements regarding the "love-satisfied" title regarding the desire to practice the profession are stated below.

"I love my job, but I wish the conditions were better" (57)

"I still love it despite all the deterioration" (125)

"I like my job; I am not satisfied with the working conditions and environment. I love looking at patients and doing surgery." (148)

Suitable for me

The physicians' statements regarding the title "suitable for me" regarding the desire to practice the profession are stated below.

"The job I can do for me" (5)

"For me" (126)

I do not want to do

The statements of the physicians regarding the heading "I do not want to do" regarding the desire to practice the profession are stated below.

"I don't want to pursue a profession that I have chosen willingly. If I had another job, I wouldn't want to be a doctor." (26)

"I am at the point of quitting my profession, which I started willingly and fondly, because of disrespectful patients and insensitive people." (36)

3.2.4. Job Perception

The physicians' statements about their perceptions of the profession in describing their jobs are discussed in 21 subcategories. They contain 200 different expressions of 115 physicians: happiness, pleasurable, good, sacred profession, satisfying, sacrifice, corrosive, excessive responsibility, material, and spiritual dissatisfaction-bad conditions, stressful, risky-requiring attention, low esteem-worthless, uncertain, tiring, intense, boring, torment, regret is difficult, troubled, lousy, unhappy. Figure 4 shows subcategories and examples of coded expressions created regarding physicians' expressions about their perceptions of the profession. The thickness of the arrows means that the expression is repeated frequently. Tiring, dissatisfaction-poor conditions, and hectic subcategories include the most frequently repeated statements.

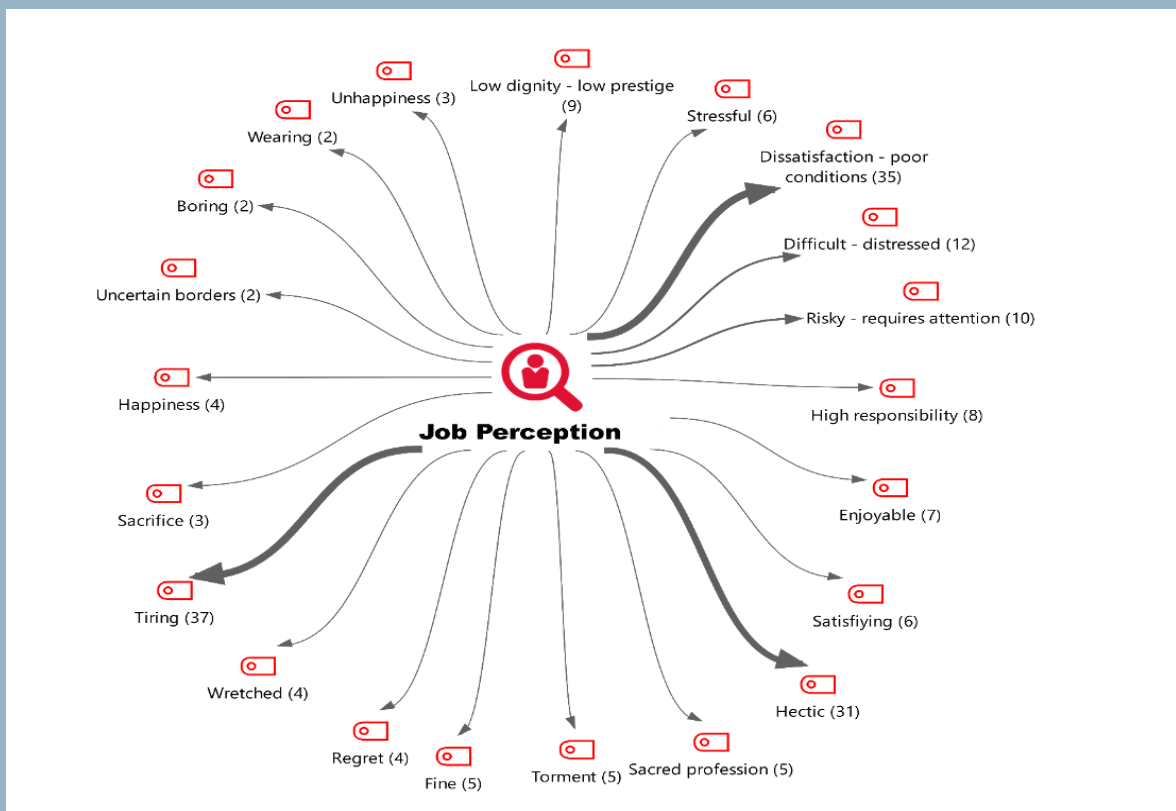


Figure 4. Job perception

Happiness

The statements of physicians regarding the heading “happiness” regarding their perceptions of the profession are stated below.

“It gives happiness” (7)

“...making people happy and being able to help sometimes makes me feel very comfortable.” (15)

“When we can cure patients, it makes us happy” (43)

Enjoyable

The statements of physicians regarding the title of “enjoyable” regarding their perceptions of the profession are stated below.

“...enjoyable to produce.” (33)

“There are some tough but enjoyable aspects.” (34)

“It is enjoyable with its training and surgery.” (56)

“..., enjoyable.” (77, 84, 118, 119)

Fine

The statements of physicians regarding the “fine” title regarding their perceptions of the profession are stated below.

“Fine” (1, 9, 79, 80)

“Useful” (23)

Sacred profession

The statements of physicians regarding the title of “sacred profession” regarding their perceptions of the profession are stated below.

“Our profession is sacred, even if we cannot get it.” (45)

“...but it is a virtuous profession that is sacred and allows people to help. Still respectable.” (129)

“It is a truly sacred profession as long as we get the reward for our labour materially and spiritually.” (132)

“Holy, devoted, and lonely” (133)

Satisfying

The statements of the physicians regarding the “satisfying” heading regarding their perceptions of the profession are stated below.

“I have a morally satisfying job...” (29)

“... but satisfying.” (30)

“Satisfactory” (142)

“Spiritually satisfying but ...” (162)

“High potential to satisfy.” (180)

Sacrifice

The expressions of the physicians regarding the “sacrifice” title regarding their perceptions of the profession are stated below.

“... requires sacrifice” (73)

“Sacrifice” (97)

“... demanding dedication” (133)

Wearing

The expressions of the physicians regarding the “wearing” title regarding their perceptions of the profession are stated below.

“No consumer, material or moral satisfaction.” (12)

“Tiring and wearing (I definitely don't have the work quality and environment I aim for)” (41)

High responsibility

The statements of the physicians regarding the "high responsibility" heading regarding their perceptions of the profession are stated below.

"High responsibility,..." (16, 152)

"I remain under more responsibility than my position requiring more responsibility." (136)

Dissatisfaction-Poor conditions

Some statements under the title of "dissatisfaction-poor conditions" regarding the profession perceptions of physicians are stated below.

"... a job that I am not satisfied financially and morally" (12, 31, 45, 83, 85, 127, 145, 156)

"... a profession that is not very satisfying financially" (73)

"... a job with retirement concerns, where we never get rewarded for our labour" (129)

"I am not satisfied with the working conditions and environment" (148)

Stressful

The statements of physicians regarding the "stressful" title regarding their perceptions of the profession are stated below.

"Stressful" (7, 8, 113, 129, 153, 178)

Risky - Requires attention

The expressions of the physicians regarding the "risky-requires attention" title regarding their perceptions of the profession are stated below.

"Risky" (7, 8, 30, 31, 43, 84)

"Being on the edge of the blade..." (86)

"Its return is very low despite the effort and risk taken." (160)

Low dignity - Low prestige

The statements of physicians regarding the title of "low dignity-low prestige" about the perceptions of the profession are stated below.

"Unfortunately, it has now become a trampled profession. We are not respected as human beings in any way because we are introduced to the public as stingy people." (17)

"... I think I am practising a profession that deserves respect but is not respected." (156)

"...I find it regrettable that the respect for the medical profession has decreased compared to the past. Unfortunately, I find this issue unsolved." (162)

Uncertain boundaries

The statements regarding the "uncertain borders" heading about the profession perceptions of physicians are stated below.

"... without clear boundaries" (19)

"... that harbours too much from life, is open to all kinds of abuse with legislation and regulations" (149)

Tiring

The statements of physicians regarding the title of "tiring" about their perceptions of the profession are stated below.

"Tiring,..." (7, 8, 29, 33, 39, 41, 43, 55, 68, 92, 96, 100, 101, 102, 115, 118, 119, 129, 135, 136, 140, 153, 154, 155, 156, 181)

Hectic

The statements of physicians regarding the “hectic” heading regarding their perceptions of the profession are stated below.

“Hectic” (94, 112, 113, 118, 120, 178)

“Caring for 90 patients daily in the polyclinic. Standalone in the emergency room for 24 hours and looking at 70 patients” (32)

“Following 8-10 patients in the service, and if 70-80 patients are cared for during the polyclinic days, we will stay and leave a patient for 5 minutes in the polyclinic ... At the same time, I am a physician who must take general practitioner duty in the emergency room 2-3 times a month, must take care of around 300 patients in one night and continue to work the next day.” (92)

Boring

An example statement regarding the “boring” title regarding physicians' perceptions of the profession is as follows.

“Boring” (20, 40)

Torment

The expressions of the physicians regarding the “torment” title regarding their perceptions of the profession are stated below.

“...torment, cruelty” (28)

“Torture” (59)

“It is a difficult, demanding job that requires patience, and people have no endurance and no respect.” (123)

Regret

The statements of physicians regarding the “regret” heading about their perceptions of the profession are stated below.

“I wish I weren't a doctor. I do not want to help anyone anymore. These people do not understand anything good, no matter who they are. Nobody should be a doctor. The imported doctor deserves them. Damn it.” (153)

Difficult – Distressed

The statements of the physicians regarding the “difficult-distressed” title regarding their perceptions of the profession are given below.

“...but troublesome.” (1, 43)

“Working in a training hospital is difficult, burdensome.” (50)

Terrible

The statements of physicians regarding the title of “terrible” regarding their perceptions of the profession are stated below.

“We have ruined a very good job.” (37)

“Worst period” (40)

“Terrible” (47)

Unhappiness

The statements of physicians regarding the title of “unhappiness” regarding their perceptions of the profession are stated below.

“... a job that doesn't make me happy anymore.” (85)

“Unhappy, anxious” (164)

4.Discussion

This study focused on the insights into the views of physicians about their profession. It characterized the multifaceted perceptions of the physicians, revealing a profound and often painful conflict between the physicians' foundational professional identity and the contemporary systemic demands of healthcare. The physicians redefined their profession, made statements about the quality of their profession, expressed some doubts about their willingness to practice it, and expressed their perceptions. The results were categorized into four themes such as "definition of the profession", "quality of the profession", "willingness to the profession", and "perceptions of the profession".

Although a few of the physicians gave objective descriptions, most of them described their job subjectively. Most physicians preferred to describe their profession as "workmanship" or "slavery". The most repetitive findings were those pointing toward the loss of clinical autonomy, primarily captured by the subcategories of Workmanship, Slavery-Laborer, and Drudgery. The collective statements—referencing the physician as a "factory worker", a "courier", or someone focused on "shipment" mean that physicians were perceiving their jobs as becoming more proletarianized after neoliberal reforms. Similar to the result of an ethnographic study performed in Colombia (Ardila-Sierra & Abadia-Barrero, 2020), physicians were generally working performance-focused. They were complaining about working like a public officer, just serving the patients. In another study that was conducted in the Israeli healthcare system, they found a professional ethos that views physicians as public servants, and some considered themselves entrepreneurs, managing both as an enterprise and a product (Rasooly et al., 2020). Previous studies reported that neoliberal healthcare reforms mandated physicians to follow new bureaucratic rules and infrastructures that limit physicians' autonomy and patients' access to care (Abadia & Oviedo, 2009; Mulligan & Castaneda, 2018). These findings support the notion that the medical profession is becoming de-skilled and increasing the proletarianization of physicians within today's healthcare environment (Unluturk, 2023). Thus, these results align with theoretical perspectives suggesting that the neoliberal ideology construct that considers the human being as an egotistic, competitive, profit-maximizing being (Leyva, 2018).

Physicians' perceptions about the quality of the profession differed. Some of them highlighted that their job is worthless, indescribable, and of low quality, and some others stated that the job is excellent, of medium quality, or it is the right job that he or she wanted to do. However, most of the physicians preferred to write negative statements.

In a previous study, Ardila-Sierra & Abadia-Barrero (2020) reported that physicians' jobs have turned to work that is productivity-based, therapeutic protocols. Yağar & Soysal (2020) recommended that policymakers use training strategies to introduce the changes, emphasizing that these reforms are considered inevitable in the current global context. Including healthcare professionals in the decisions and reforms may provide more positive perceptions among physicians of the reforms.

Physicians' statements are collected in 21 subcategories under the "perception of profession" category, which includes "hectic", "regret", "difficult", "wretched", "boring", "risky", "torment", etc. The data obtained clearly indicate that the physicians harbor complex and ambivalent feelings toward their profession. The feelings they express include ambivalences between sadness and happiness, boring and enjoyable.

In this study, physicians declared that they were unhappy and were not satisfied with their jobs in the current conditions. In a previous report from Korea, physicians complained of excessive work because of economic reasons and systemic defects. System improvements will help create an environment that keeps social contracts as long as physicians are faithful to their work (Kim, 2019). According to another study, Quebec newspapers gave the impression that physicians are highly selfish, interested in extreme financial gain, never satisfied with

their income, and making a great deal of money (Francoeur, 2019).

4.5. Limitation

This qualitative research's results are limited to the physicians from public hospitals. They can not generally be transferred to other people

5. Conclusion

The study concluded that physicians working in public hospitals were not satisfied with their jobs, and they did not perceive their profession as they imagined. They mostly preferred negative metaphors to describe their job.

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