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Relationship between Professional Motivations and the Expectation of Staying At the Same Workplace: A Cross-Sectional Descriptive Study with Physicians in Portugal

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Abstract

There is a global trend related to the migration of health professionals, particularly physicians, to the most densely populated areas. In Portugal, the unequal distribution of medical professionals is justified by the fact that in the most favoured areas, there are more career opportunities, better infrastructures and equipment, better working conditions and supervision, more and better social facilities and better salary. The aim of this work was to identify professional reasons associated with the expectation of staying at the same workplace. It was selected a simple random sample of 594 physicians out of a total of 18,711 registered physicians in Northern Regional Section of the Order of Physicians (NRSOP), Portugal.

Most physicians would like to stay at the same workplace due to: the prospect of training and working at the current location, the organizational level of the unit, the level of differentiation of the hospital/health centre, the availability to use the state-of-the-art medical and surgical technology, better rewards, the level of work differentiation in the unit/service, the possibility of reconciling public and private practice, good references of the current unit/working group, avoid unit/workgroup with bad references and the prospect of career progression.

This study revealed that, for physicians, professional motivations/purposes have an influence on the expectations of staying or not at the same workplace. Therefore, the study recommends that policy makers should prioritize professional reasons when formulating and implementing measures to promote the fixing of medical professionals in order to achieve greater equity in access to health care.

Keywords: Physicians; professional motivations; workplace.

Introduction

Health systems goals are to promote the well-being of the populations and, thus contributing to the development of the autonomy, improving living conditions and promoting health of the people (Smaldone and Vainieri, 2016). Insufficient equipment, resources and management structures as well as low staff motivation and the scarcity of human resources for health are factors that weaken health systems and health care (Dagne *et al.*, 2015; GHWA, 2008; WHO, 2001). Human resources are essential to provide services with quality, efficiency and equity (Dagne *et al.*, 2015; Weldegebriel *et al.*, 2016; WHO, 2001). In health professionals, motivation depends on multiple sources and various factors such as: (1) individual factors that relate to, patient care, awareness of the relevance of their work, achievement and agreement of work goals with personal goals; (2) organizational factors involving collaboration and positive team spirit, professional autonomy, good leadership, diversification of work tasks, better remuneration and safety at work; and (3) cultural factors that comprise the characteristics of the population, the family environment and community recognition (Korlén *et al.*, , 2017). Improving motivation and, consequently, staff performance through the use of incentives, such as education/training opportunities, career development, flexibility in working hours, safe work environments, better remuneration among other factors are important issues with impact on the motivation of the professionals and, consequently, on the improvement of the quality of health services.

In an organizational context, motivation can be defined as a behavioral, affective and cognitive process that acts in the determination of workers to perform functions to achieve personal and organizational goals, influencing the effectiveness of work (Franco *et al.*, 2002). Motivation results from the interaction of internal and external factors that stimulate desire and energy in people to keep them continually interested and committed to a job, function, or task or to leverage an effort to achieve a goal (Ganta, 2014). In the last century, there have been several approaches developed on motivation. However, Herzberg's two-factor theory stands out for its applicability and scope. Herzberg (1966) divides motivational factors into two categories, namely, those related to work and those related to the contextual environment (Ganta, 2014). According to Herzberg (1966), satisfaction, achievement, recognition, work content, responsibility, learning and professional growth are satisfaction or motivator factors. In contrast, the policies of organization and management, supervision, working conditions, salary, relationships with co-workers, personal life, status, and job security are dissatisfaction or hygiene factors.

In 2010, the World Health Organization (WHO) issued a set of recommendations and guidelines that included financial, personal and professional support measures targeted at countries with a shortage of physicians. Furthermore, WHO recommended that these countries, considering their needs, should prioritize these recommendations based on their relevance, acceptability, accessibility, effectiveness and impact (WHO, 2010). In this sense, this study aimed to analyse the relation between professional reasons and the expectation of remaining at the same workplace in medical professionals enrolled in NRSOP.

Methods

A cross-sectional design was used and involved physicians, in the active, enrolled in the Northern Regional Section of the Order of Physicians (NRSOP) of Portugal. The sample composed of 594 randomly selected physicians (total: 18,711 doctors).

A questionnaire was developed based on the bibliographical research on the subject, previously scrutinized by eight physicians. A pre-test that involved 31 physicians was carried out. Later, the questionnaire was posted on the NRSOP electronic mailing list from May 29 to June 3, 2018. The questionnaire was anonymous and allows collecting personal and professional data using 12 variables, namely, sex, age, marital status, nationality, region of naturalness, region of residence, workplace region, academic education, employment agreement, type of institution, professional category and functions and professional reasons for staying at the same workplace. The reasons for staying at the same workplace (dichotomous variables with categories “no” and “yes”) were “training and practice of medicine in the intended place”; “the organizational level of the unit”, “the level of differentiation of the hospital/health centre”, “the availability of state-of-the-art medical-surgical devices and equipment”, “better rewards”, “the level of differentiation of the unit”, “the possibility of reconciling public and private practice”, “good references of the current unit/work group”, “avoid unit/workgroup with bad references”, “the expectations of career progression”, “possibility of having a fixed schedule without night shifts or weekends”, “the prospect progression in the specialty”, “training/working in the desired specialty” and “possibility of conciliating academic activity”.

The IBM SPSS 24.0 software was used to analyse the data. Besides the descriptive statistics procedures (the calculation of the relative and absolute frequencies for qualitative variables and the calculation of central tendency and dispersion measures for quantitative variables), cross-reference tables, Chi-Square test (χ^2), Odds Ratio (OR) and their confidence intervals (CI) were calculated at a 95% confidence level.

The present study was reviewed and authorised by the Ethics Committee for Health of the Regional Health Administration of the North, Public Institute.

Results

The physician’s age was between 24 and 85 years old, with a mean age of 44.2 years (SD = 14.233). Most were female (59.9%), married or lived in marital cohabitation (50.3%), born (60.4%), resident (52.9%) and working (53.2%) in the region of Porto, Northern Portugal. They had postgraduate studies (89.5%), worked in public institutions (82.3%), had a permanent contract of employment in civil service (47.8%) (Table 1). The average service time was 17.6 years (SD=14,461).

Table 1: Sociodemographic and professional characteristics (n=594)

Variables	Frequencies	
	Absolute (n)	Relative (%)
Sex		
Male	238	40.1
Female	356	59.9
Age classes		
≤ 44 years	328	55.2
> 44 years	266	44.8
Marital status		

Married	291	49.0
Cohabitation	61	10.3
Divorced	46	7.7
Single	192	32.3
Widowed	4	0.7
Nationality		
Brazilian	2	0.4
Colombian	1	0.2
Cuban	2	0.4
Spanish	5	0.8
Portuguese	582	98.0
British and Portuguese	1	0.2
Russian	1	0.2
Region of naturalness (Portugal)		
Aveiro	39	6.6
Beja	1	0.2
Braga	79	13.3
Bragança	26	4.4
Castelo Branco	2	0.3
Coimbra	14	2.4
Faro	2	0.3
Guarda	3	0.5
Leiria	1	0.2
Lisboa	11	1.9
Porto	314	52.9
Região Autónoma Madeira	6	1.0
Região Autónoma Açores	8	1.3
Santarém	1	0.2
Viana do Castelo	16	2.7
Vila Real	29	4.9
Viseu	11	1.9
Not applicable	31	5.2
Region of residence (Portugal)		
Aveiro	37	6.2
Braga	68	11.4
Bragança	23	3.9
Castelo Branco	4	0.7
Coimbra	9	1.5
Faro	5	0.8
Guarda	1	0.2

Leiria	2	0.3
Lisboa	21	3.5
Porto	359	60.4
Região Autónoma Madeira	3	0.5
Região Autónoma Açores	3	0.5
Santarém	3	0.5
Setúbal	2	0.3
Viana do Castelo	20	3.4
Vila Real	19	3.2
Viseu	11	1.9
Not applicable	5	0.8
Workplace Region (Portugal)		
Aveiro	45	7.6
Beja	2	11.4
Braga	78	13.1
Bragança	23	3.9
Castelo Branco	5	0.8
Coimbra	12	2
Faro	4	0.7
Guarda	1	0.2
Leiria	4	0.7
Lisboa	25	4.2
Porto	316	53.2
Região Autónoma Madeira	2	0.3
Região Autónoma Açores	5	0.8
Santarém	4	0.7
Viana do Castelo	20	3.4
Vila Real	26	4.4
Viseu	14	2.4
Academic education		
Degree / Integrated Master	515	86.7
Master	55	9.3
Postgraduate studies	532	89.6
PhD	22	3.7
Employment agreement		
Provision of services	77	13.0
Full term in civil service	75	12.6
Permanent employment in civil service	284	47.8
Individual to term	12	2.0
Individual indefinitely	146	24.6
Type of institution		

Public-private partnership	29	4.9
Private	76	12.8
Public	489	82.3
Professional category		
Assistant	168	28.3
Graduate assistant	175	29.5
Senior graduate Assistant	78	13.1
Internal year common	24	4
Internal specific training	124	20.9
Doctor without specialty	25	4.2
Functions		
Primary care area	192	32.3
Hospital area	346	58.2
Other	56	9.4

Most physicians considered staying at the same workplace (77.4%) (Fig 1).

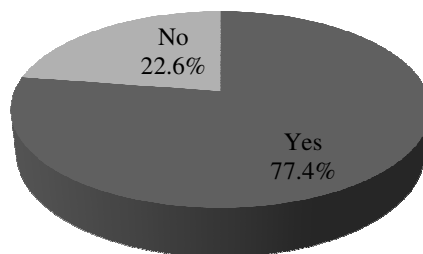


Fig. 1: Expectation of staying at the same workplace

The main professional motivations for staying at the same workplace was “better rewards (86.2%) (Table 2). The second most mentioned reason was “the availability of state-of-the-art medical-surgical devices and equipment” (85.5%) followed by “training and practice of medicine in the intended place” (84.5%) and the “the organizational level of the unit” (84.5%) (Table 2).

Table 2: Professional motives that justify staying at the same workplace

Professional motives	Staying at the same workplace			
	Yes		No	
	n	%	n	%
Training and practice of medicine in the intended place (n = 400)	338	84.5	62	15.5
The organizational level of the unit (n=375)	317	84.5	58	15.5
The level of differentiation of the hospital/health centre (n = 383)	322	84.1	61	15.9
The availability of state-of-the-art medical-surgical devices and equipment (n = 256)	219	85.5	37	14.5
Better rewards (n=167)	144	86.2	23	13.8
The level of differentiation of the unit (n = 362)	300	62.9	62	17.1

The possibility of reconciling public and private practice (n = 228)	192	84.2	36	15.8
Good references of the current unit/work group (n = 418)	339	81.1	79	18.9
Avoid unit/workgroup with bad references (n = 291)	242	83.2	49	16.8
The expectations of career progression (n = 302)	248	82.1	54	17.9
Possibility of having a fixed schedule (without night shifts or weekends) (n = 228)	182	79.8	46	20.2
The prospect progression in the specialty (n = 341)	274	80.4	67	19.6
Training/working in the desired specialty (n = 464)	362	78.0	102	22.0
Possibility of conciliating academic activity (n = 160)	126	78.8	34	21.3

Most physicians would like to stay at the same workplace due to: training and work at the intended place (OR = 3.217; CI: 2.176-4.789); the organizational level of the unit (OR = 2.905; CI = 1.958-4.310), the level of differentiation of the hospital/health centre (OR = 2.792; CI = 1.883-4.141); The availability of state-of-the-art medical-surgical devices and equipment (OR = 2.382; CI = 1.276-2.982); better rewards (OR = 2.199, CI: 1.564-3.628); the level of unit differentiation (OR = 2.177, CI: 1.474-3.216), the possibility of concealing public and private practice (OR = 1.950; CI: 1.276-2.982); good references of the current unit/work group (OR = 1.951; CI: 1.305-2.915); to avoid unit/workgroup with bad reference (OR = 1.926; CI: 1.296-2.862) and the prospect of career progression (OR = 1.733; CI: 1.172-2.562) (Table 3).

Table 3: Association of professional motives with the expectation of staying at the same workplace (n=594)

Professional motives	Statistics	
	OR	IC (95%)
The possibility of training and working at the intended location	3.217	2.176-4.789
The organizational level of the unit	2.905	1.958-4.310
The level of differentiation of the hospital/health centre	2.792	1.883-4.141
The availability of state-of-the-art medical-surgical devices and equipment	2.382	1.276-2.982
Better rewards	2.199	1.564-3.628
The level of differentiation of the unit	2.177	1.474-3.216
The possibility of reconciling public and private practice	1.950	1.276-2.982
Good references of the current unit/work group	1.951	1.305-2.915
Avoid unit/workgroup with bad references	1.926	1.296-2.862
The prospect of career progression	1.733	1.172-2.562
Possibility of having a fixed schedule (without night shifts or weekends)	1.252	0.837-1.873
Expected progression in the specialty	1.473	1.001-2.168
Training/working in the desired specialty	1.159	0.735-1.828
Possibility of conciliating academic activity	1.110	0.715-1.722

The motivating professional factors that had not a truly influential presence in expectation of staying at the same workplace were: possibility of having a fixed schedule (without night shifts or weekends) (OR=1.252; IC: 0.837-1.873), prospect of progression in the specialty (OR=1.473; IC: 1.001-2.168), Training/working in the desired specialty (OR=1.159; IC: 0.730-1.828) and the possibility of conciliating academic and professional activities (OR=1.110; IC: 0.715-1.722) (Table 3).

The results of the χ^2 test demonstrate that there is a relationship between the expectation of staying at the same workplace and the type of institution ($p = 0.000$) as well as the type of employment agreement ($p = 0.002$) and the professional category ($p = 0.000$) (Table 4). Performed functions, namely, primary care area and hospital area were not associated with the expectation of remaining at the same workplace ($p = 0.141$). (Table 4).

Table 4: Relationship between expectation of staying at the same workplace and the type of institution/employment agreement/professional category and the functions

	Staying at the same workplace (n=594)				
	Yes		No		p
	n	%	n	%	
Employment agreement					
Provision of services	64	83.1	13	16.9	0.002*
Full term public functions	55	73.3	20	26.7	
Permanent employment in civil service	212	74.6	72	25.4	
Individual to term	5	41.7	7	58.3	
Individual indefinitely	124	84.9	22	15.1	
Type of institution					
Public-private partnership	27	93.1	2	6.9	0.000*
Private	70	92.1	6	7.9	
Public	363	74.2	126	25.8	
Professional category					
Assistant	128	76.2	40	23.8	0.000*
Graduate assistant	148	84.6	27	15.4	
Senior graduate assistant	71	91	7	9	
Internal year common	14	58.3	10	41.7	
Internal specific training	82	66.1	42	33.9	
Doctor without specialty	17	68	8	32	
Functions					
Primary care area	138	71.9	54	28.1	0.141
Hospital area	276	79.8	70	20.2	
Other	6	75	2	25	

*Statistically significant at a significance level of 5%

Those who in greater proportion state their intention to stay at the same workplace are the doctors who work in private or public-private institutions under a contract of service or individual permanent contract (Table 4).

By type of institution, the professional reasons that displayed an association with the expectation of staying at the same workplace were: the level of differentiation of the hospital/health centre ($p = 0.000$); the expectations of career progression ($p = 0.000$); the prospect progression in the specialty ($p = 0.000$); the possibility of conciliating public and private activity ($p = 0.000$); the training/working in the desired specialty ($p = 0.001$); the possibility of conciliating academic activity ($p = 0.000$) and better rewards ($p = 0.000$). These reasons are regarded as more important for those working in public institutions (Fig 2).

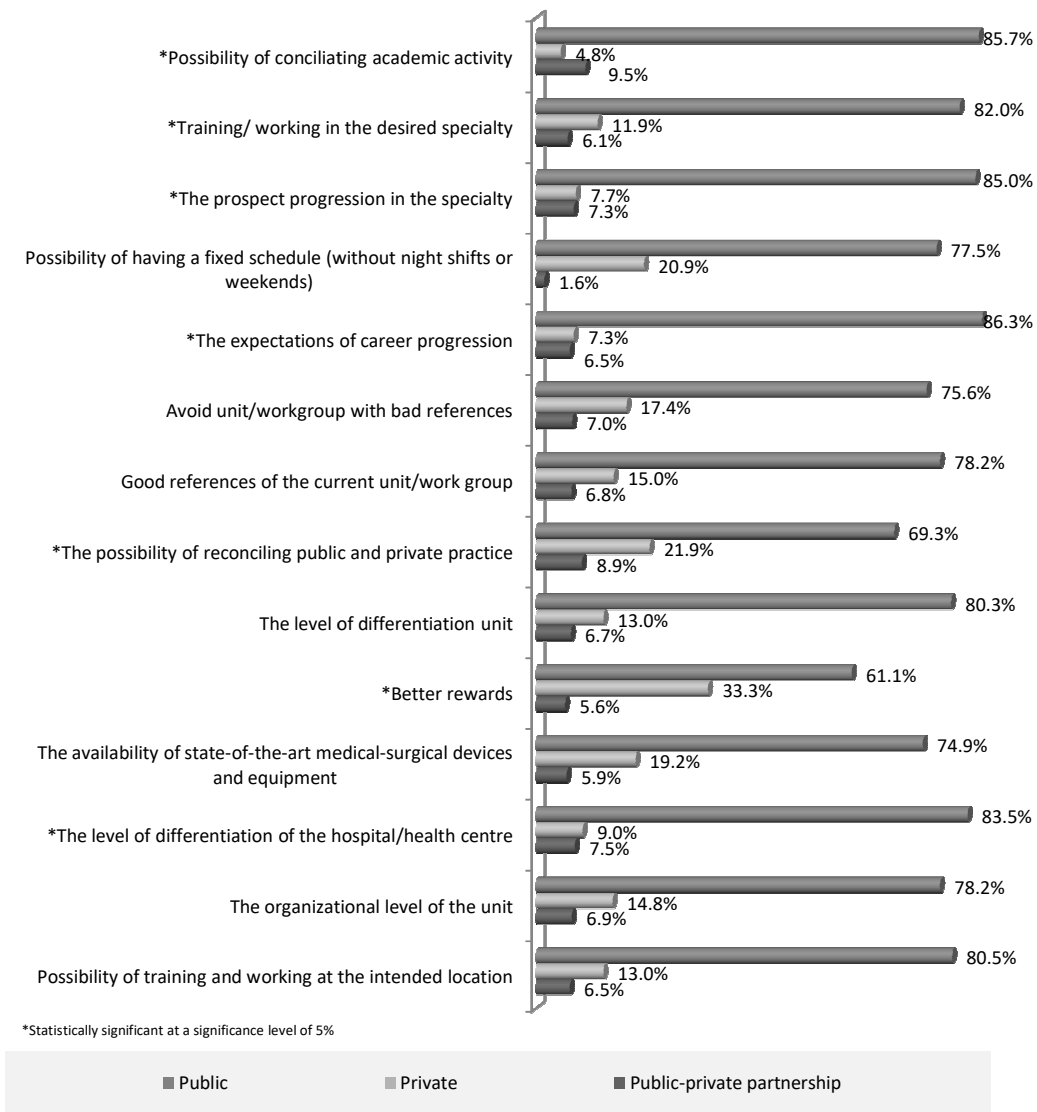


Fig. 2: Professional motives according to the type of institution (n=460)

Taking into account the type of contract, the reasons for staying at the same workplace were: the level of differentiation of the hospital/health centre ($p = 0.000$); the expectations of career progression ($p = 0.000$); the prospect progression in the specialty ($p = 0.000$); the organizational level of the unit ($p = 0.043$); the possibility of conciliating public and private activity ($p = 0.000$); training/working in the desired specialty ($p = 0.001$); the availability of state-of-the-art medical-surgical devices and equipment ($p = 0.002$); better rewards ($p = 0.000$) and the possibility of having a fixed schedule (without night shifts or weekends) ($p = 0.032$). These motives are more important for those who have an permanent employment agreement in civil service (Fig 3).

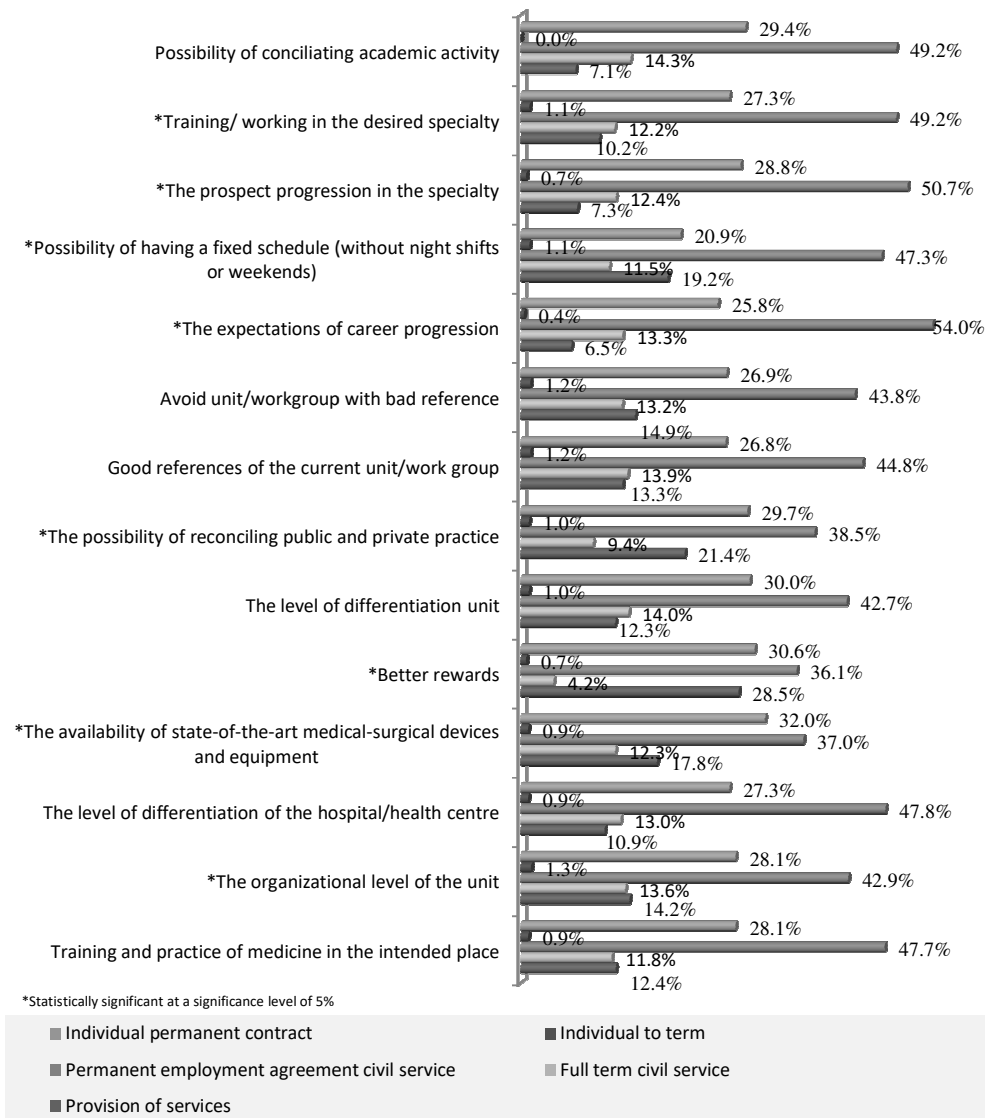


Fig. 3: Professional reasons according to employment agreement (n=460)

For doctors who want to stay at the same workplace, the results prove the existence of a relationship between the functions and the following professional reasons: the organizational level of the unit ($p = 0.000$); the level of differentiation of the hospital/health centre ($p = 0.000$); the availability of state-of-the-art medical-surgical devices and equipment ($p = 0.000$); better rewards ($p = 0.000$); the level of differentiation of the unit ($p = 0.000$); the possibility of reconciling public and private practice ($p = 0.008$); the expectations of career progression ($p = 0.003$); the possibility of having a fixed schedule (without night shifts or weekends) ($p = 0.000$); the prospect progression in the specialty ($p = 0.000$); training/working in the desired specialty ($p = 0.038$); and the possibility of conciliating academic activity ($p = 0.035$). These reasons are more important for those who have a permanent employment agreement in civil service (Fig 3).

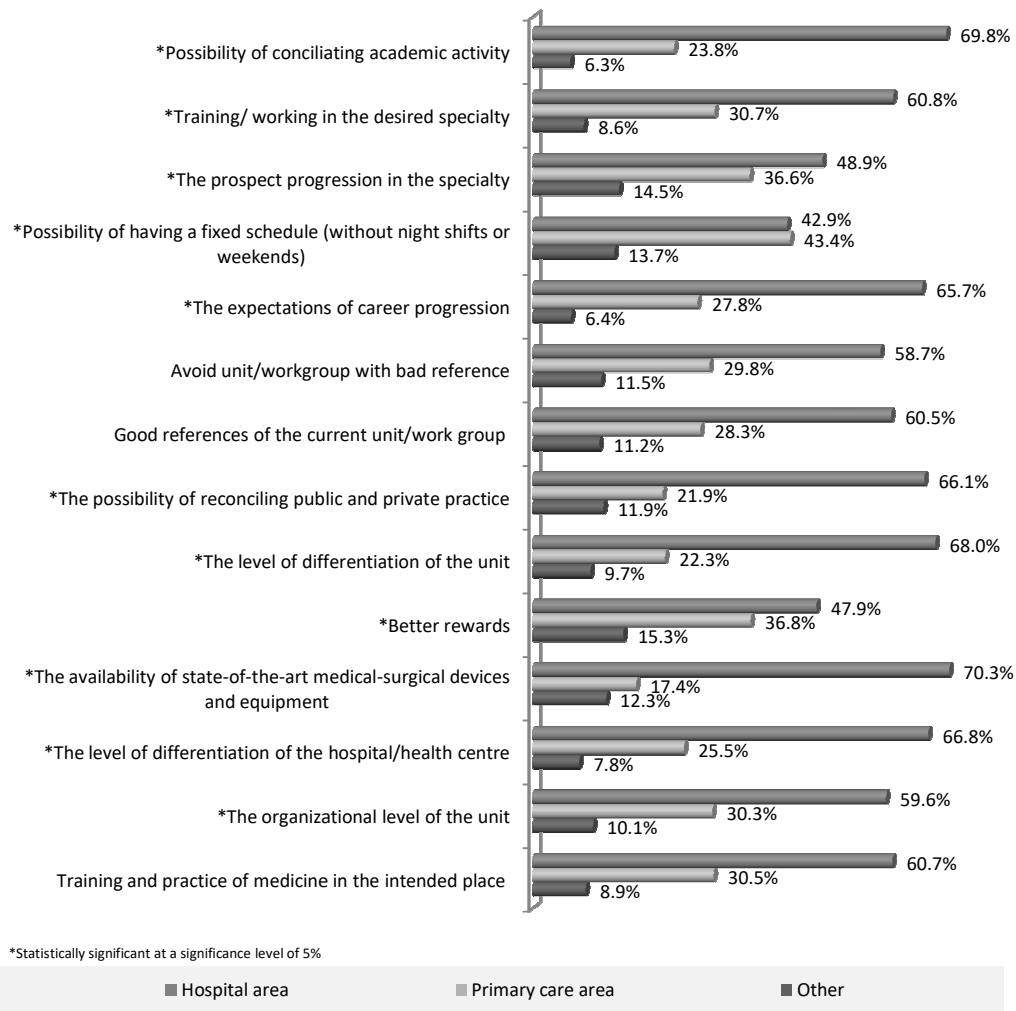


Fig. 4: Professional reasons according to the functions (n=460)

Finally, the professional reasons of staying at the same workplace associated with the professional category were: better rewards ($p = 0.002$); the possibility of reconciling public and private practice ($p = 0.049$); good references of the current unit/work group ($p = 0.036$); to avoid unit/workgroup with bad reference ($p = 0.014$); the expectations of career progression ($p = 0.015$); the possibility of having a fixed schedule (without night shifts or weekends) ($p = 0.003$); the prospect progression in the specialty ($p = 0.000$); training/working in the desired specialty ($p = 0.001$) and the possibility of conciliating academic activity ($p = 0.024$). As for the professional category, senior graduate assistants are those who manifest in greater proportion the intention to stay at the same workplace (Fig 5).

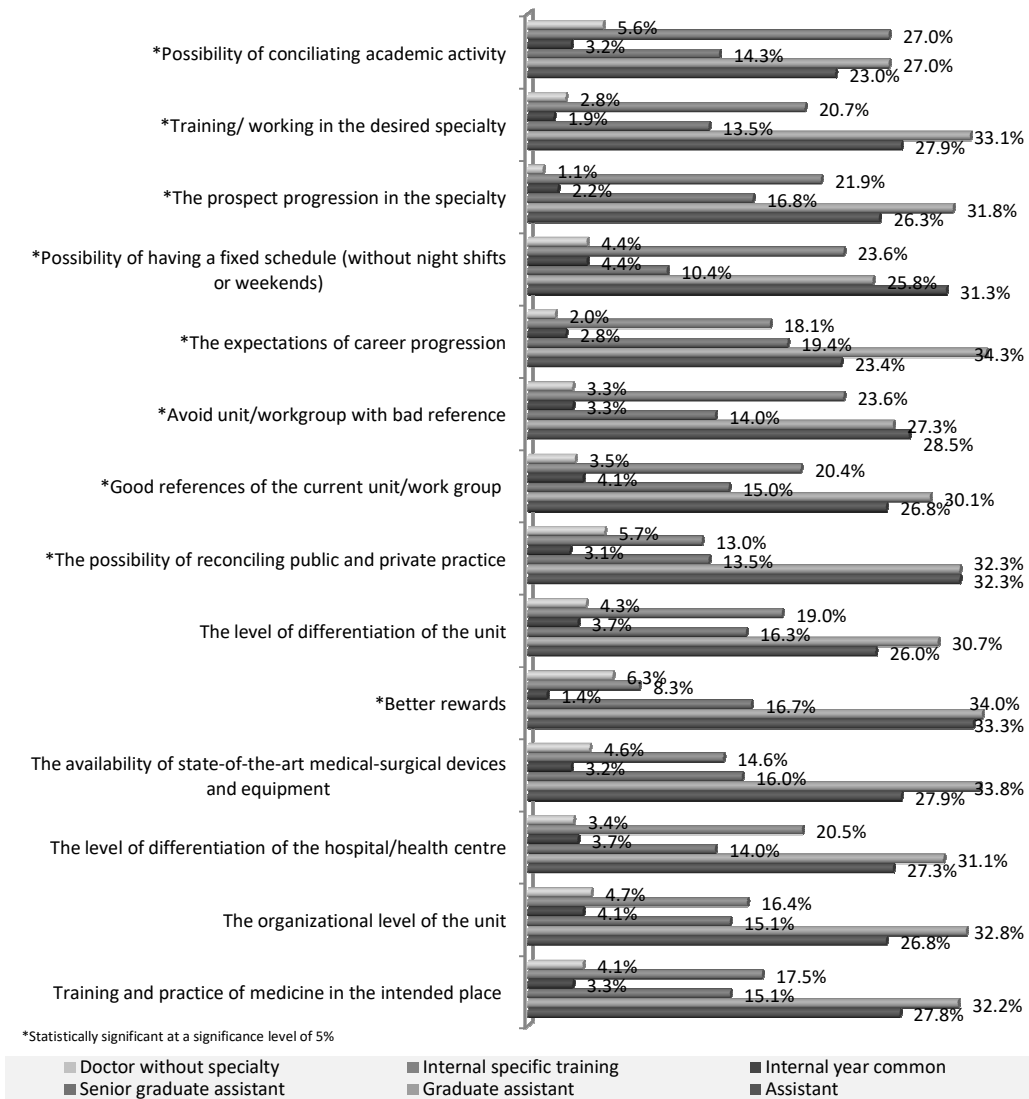


Fig. 5: Professional reasons according to professional category (n=460)

Expectations for career progression are more important for senior’s graduate assistants, while the possibility of reconciling public and private practices and having better rewards are reasons valued by doctors without specialty. The remaining professional reasons are more important for physicians with internal year common.

Discussion and conclusion

A quantitative, observational and cross-sectional study was conducted in the North of Portugal, involving a random sample of 594 physicians, aiming to identify professional factors associated with the expectation of remaining at the same workplace. The majority of respondents expressed their willingness to stay at the same workplace (77.4%). The following factors were associated with the expectation of staying at the same workplace: training and work at the intended place; the organizational level of the unit/the level of differentiation of the hospital/health centre; the availability of state-of-the-art medical-surgical devices and equipment; better reward; the level of unit differentiation; the possibility of concealing public and private; good references of the current unit/work group; to avoid unit/workgroup with bad reference and the prospect of career progression.

Better pay was one of the reasons most often mentioned by those intending to stay at the same workplace, which is consistent with studies developed in Finland, Australia, New Zealand, among others (Agyepong *et al.* 2004; Dagne *et al.*, 2015; Homes and Miller, 1986; Janes and Dowell, 2004; MacIsaac *et al.*, 2000; Purohit and Bandyopadhyay, 2014). According to these studies the practice of satisfactory salaries is one of the reasons invoked by physicians to stay in areas where there is even greater difficulty in recruiting. Moreover, in the present research, the remuneration rewards showed to be associated with the type of institution, the type of contract and the professional category. For physicians who work in public institutions and who have a permanent contract of employment in the public service, the choice of a specialty or the power to exercise in the desired specialty may be strictly related to the choice of workplace and the desire to remain there. According to a study carried out in Finland, the choice of the workplace, especially in the post-specialization stages, can be attributed to the salary remuneration. As in this study, the authors concluded that regarding financial incentives, there were differences between different groups of physicians, namely, taking into account the work sector (Heikkilä *et al.*, 2014).

In the present research, other factors were also considered important and proved to be associated with the expectation of staying at the workplace, namely, the possibility of reconciling public and private activity. According to a study developed by Koussa *et al.* (2016) in both low and high-income countries, physicians working in hospitals and public clinics also practice medicine in the private sector with the aim of increasing their incomes. This practice is very common in many European countries (Eggleston and Bir, 2006). The difference in salaries between the public and private sectors is a determining factor for physicians to choose to reconcile activity in the public and private sectors (Koussa *et al.*, 2016). In addition, the private sector offers more development opportunities and career advancement, as well as better infrastructure, greater availability of equipment/technology and greater autonomy (Abdul-Rahim and Mwanri, 2012). These factors are considered motivation drivers (Zinnen *et al.*, 2012).

In the present study, the availability of state-of-the-art medical-surgical devices and equipment and the prospect of career progression were considered important factors by physicians who were active in private or public-private institutions and who had a service contract or individual permanent employment contract. These results are consistent with those found in the literature (Manafa *et al.*, 2009). Lack of career advancement opportunities has the impact of demotivation and the need to look for other workplaces where such opportunities exist. Evidence suggests that health professionals perform better and higher motivation level when they have at their disposal equipment considered essential to the exercise of their activity (Agabin *et al.*, 2004; 2008; Zinnen *et al.*, 2012). In any organization, regardless of the profession, workers who do not have good working conditions and career progression expectations opt for more accountable and better paid opportunities by changing their workplace (Chamberlain, 2017 and Serour, 2009).

In Portugal, the public sector has a shortage of resources compared to the private sector. In a study developed by Correia *et al.* (2015) an expressive proportion of physicians pointed to the recurrent lack of material and resources in public institutions, especially in the hospital sector, as responsible for the loss of quality in health care delivery.

Contrary to Wibulpolprasert (1999), the results of this study showed that it is in the public sector that there are a greater proportion of physicians who consider that the possibility of reconciling academic activity with their work is easier to develop in the public sector.

The level of differentiation of the hospital/health center and the service were also factors that were related to the expectation of staying at the same workplace, especially for those working in the public sector.

Similarly, the reputation or good image of the unit/workgroup was a factor that weighed on the expectation of physicians remaining at the same workplace. The fact that physicians want to stay in the unit where they work may be related to the work environment and the high prestige that the society holds of the Health Unit (Bajwa *et al.*, 2010; Filho *et al.*, 2016). Good relationship with the work team is the greatest source of satisfaction among physicians (Filho *et al.*, 2016; Gauld and Horsburgh, 2015). On the other hand, challenging work and training/learning opportunities are also factors that increase the motivation and satisfaction of physicians (Peters *et al.*, 2010).

Good leadership is a strong contribution for the team to translate indicators into practices and values in quality for patients and for the Health Unit (Kjellström *et al.*, 2017). The good reputation of the Health Unit or the work team is achieved as long as its employees act towards organizational goals and are able to reconcile with their individual goals (Bajwa *et al.*, 2010; Franco *et al.*, 2002). The best results are, normally, produced by highly motivated individuals. In this context, in Portugal, the differences between public and private sectors are particularly noticeable. Both motivation and job satisfaction tend to decline over the professional career path for public sector physicians until practically near the end of their careers. In the private sector, an opposite situation occurs. In fact, in this sector, physician's motivation and satisfaction with the work increases with the time (Correia *et al.*, 2015). The more motivated a worker is, the greater the likelihood of commitment and identification with the organization, and the greater the expectation of staying at the same workplace (Flowers and Hughes, 1973; Willis-Shattuck *et al.*, 2008). In this research the willingness to remain at the same workplace was manifested in greater proportion by the physicians who worked in public institutions, who had a permanent contract of employment and by those who had the category of graduate assistant.

In view of the above, it can be stated that there are several reasons related to the workplace that are associated with the expectation of physicians to remain at the same place. These reasons may be different depending on the type of institution, the professional category and the duties they perform. In this context and as advocated by various experts, health policies and organizations need to be more flexible, efficient and functional in recruiting physicians, particularly in areas and specialties where there is a marked shortage of these valuable resources (Heikkilä *et al.*, 2014).

Most of the answers correspond to a sample group of professionals who work in the regions of Minho and Douro Litoral, where the population density is substantially higher than in the other regions of the north of the country. In these regions, in addition to having a greater number of hospitals and health centers, there are more differentiated health institutions with a greater concentration of medical and surgical specialties operating with greater suitability and resources for most pathologies, and for this reason also considered end-of-line reference centers. Most of the respondents correspond to physicians who perform in the hospital area (58.2%), in public institutions (82.3%) with hierarchically superior professional categories, corresponding to assistants and graduate assistants (57.8%).

Most respondents intend staying in their current workplace (77.4%) where they consider: being professionally well paid, having the possibility of exercising with up-to-date medical-surgical equipment and exercising at the intended place and in organized service.

It is expected that professionals in these regions feel that the technical quality and "excellence" is higher to any other location in the northern region and that they have more opportunities to grow in

their careers at a technical level. For the reasons mentioned above, it is also expected that these professionals will not consider leaving their workplace.

It should be noted that the conclusions of this research are based on the results of a simple random sample representing 3.2% of the physicians population. In addition, as already mentioned, the response rate in the Minho and Douro coastal areas, namely Porto and Braga, were in relative terms substantially higher compared to other regions that are more in need of human and technological resources. Porto is a region in the North of Portugal where there are hospitals, at the top of the health chain, with more and better resources and that perform differentiated and more complex treatments. Another limitation is related to the fact that this is a cross-sectional study, which makes it a static study developed in a context that is highly modifiable. Despite these limitations, this study revealed that, for physicians, professional motivations have an influence on the expectations of staying or not at the same workplace. Therefore, the study recommends that policy makers should prioritize professional reasons when formulating and implementing measures to promote the fixing of medical professionals.

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