WHICH INTRINSIC AND EXTRINSIC FACTORS INFLUENCE THE SPECIALTY CHOICE OF DUTCH SPEAKING DOCTORS IN TRAINING IN FLANDERS AND BRUSSELS?

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1 List of abbreviations

HAIO	Huisarts in opleiding
ASO	Arts-specialist in opleiding
GP	General Practitioner
GPs	General Practitioners
OR	Odds Ratio
EPV	Evens-per-variable

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3 Abstract

3.1 Nederlands

Achtergrond: In België neemt de druk op de eerstelijnszorg toe, met een aanhoudend tekort aan huisartsen en een blijvende belangstelling voor ziekenhuisgerichte specialisaties. Inzicht in factoren die de keuze voor een specialisatie beïnvloeden is belangrijk voor onderwijs en beleid.

Doel: Het identificeren van intrinsieke en extrinsieke motivatoren voor de specialisatiekeuze onder huisartsen in opleiding (HAIO's) en arts-specialisten in opleiding (ASO's) in Nederlandstalig Vlaanderen en Brussel.

Methode: Dit cross-sectionele onderzoek gebruikte een online vragenlijst (Qualtrics). Inclusiecriteria waren Nederlandstalige HAIO's en ASO's in Vlaanderen en Brussel. Intrinsieke eigenschappen werden beoordeeld met de BFI-10 en ingedeeld in eens, neutraal en oneens. Extrinsieke motivatoren werden beoordeeld met een vragenlijst gebaseerd op eerdere literatuur en ingedeeld in laag, neutraal en hoog. Associaties werden getest met X^2- of Fisher's exact-test. Voorspellers van de keuze voor huisarts of specialist werden onderzocht met een multivariabele logistische regressie, met inclusie van enkel significante variabelen uit univariabele analyses.

Resultaten: In totaal namen 263 respondenten deel (47,1% huisartsen; 52,9% specialisten). De universiteit van afstuderen was geassocieerd met de specialisatiekeuze ($p < 0,001$). Bij intrinsieke motivatoren waren stressbestendigheid en 'snel nerveus worden' significant geassocieerd met respectievelijk de keuze voor specialist of huisarts. Meerdere extrinsieke motivatoren vertoonden sterke associaties met de keuze voor huisarts, met name flexibele werktijden, een comfortabele levensstijl en weinig stresserende werkomstandigheden. In de logistische regressie was belang voor weinig stresserende werkomstandigheden geassocieerd met een hogere kans op huisartskeuze, terwijl belang voor wetenschap en subspecialisatie geassocieerd was met een lagere kans op huisartskeuze.

Conclusie: De specialisatiekeuze werd voornamelijk bepaald door extrinsieke motivatoren gerelateerd aan werkorganisatie, stress, levensstijl en academische oriëntatie. Het versterken van de huisartsenpopulatie vereist mogelijk verbeteringen in werkduurzaamheid, flexibiliteit en zichtbare onderzoeksmogelijkheden binnen de eerstelijnszorg.

3.2 English

Background: Belgium faces increasing pressure on primary care, with a persistent shortage of general practitioners (GPs) alongside continued interest in hospital-based specialisations. Insight into factors shaping specialisation choice may inform educational guidance and workforce policy.

Aim: To identify intrinsic and extrinsic motivators for specialisation choice among GPs and specialists in training in Dutch-speaking Flanders and Brussels.

Methods: This study was conducted using a cross-sectional survey using Qualtrics. Eligible participants were Dutch speaking GP or specialist trainees in Flanders and Brussels. Intrinsic traits were assessed with the BFI-10 and recategorized into agree, neutral and disagree. Extrinsic motivators were measured with a questionnaire adapted from prior literature and recategorized into low, neutral, and high. Associations were tested using X^2 or Fisher's exact tests. Predictors of choosing GP or specialist training were examined with multivariable logistic regression including only motivators that were significantly associated in univariate analyses.

Results: In total, 263 respondents completed the survey (47,1% GPs; 52,9% specialists). University of graduation was associated with specialisation choice (X^2, $p < 0,001$). Among intrinsic items, stress resilience and "getting nervous quickly" were associated with the choice for specialisation and general practice respectively in univariate analyses. Multiple extrinsic motivators showed strong associations with the choice of general practice, especially flexible working hours, comfortable lifestyle, and low-stress working conditions. In logistic regression, greater importance of low-stress working conditions was associated with higher odds of choosing general practice, whereas prioritising research opportunities and opportunities to subspecialise was associated with lower odds of choosing general practice.

Conclusion: Specialisation choice in this cohort was driven predominantly by extrinsic factors related to work organisation, stress, lifestyle, and academic orientation. Strengthening the general practice workforce may require improving perceived work sustainability and flexibility and expanding visible research pathways within primary care.

4 Introduction

Medical students' choice for general practice or a specific specialisation is a personal milestone with a major impact on the future organisation of healthcare. In light of a growing discrepancy between the number of doctors within the specialisations and the actual needs in the respective field, this choice is becoming increasingly important in Belgium. In 2023 a project subsidised by the Flemish government, in collaboration with e.g. Domus Medica was set up to develop a data-based tool to map healthcare provision in primary care and healthcare needs at a regional level. This report describes the accessibility of general practice in Flanders using a validated set of indicators. (1) It shows that there were 288 extra active General Practitioners (GPs) in our country in 2023 compared to 2022. But, in order to eliminate the GP shortage, 400 to 500 more GPs are needed each year. This acute shortage of GPs is putting particular pressure on primary care. At the same time the GP corps is ageing considerably, with the outflow of doctors exceeding the inflow; 18% are over 65 years of age. (1) Subsequently, only 40,5% of practices accept patients without restriction; the remaining practices do not accept new patients or only under specific conditions. (1) In addition, there is an uneven distribution of doctors within specialist medicine. Some disciplines, such as surgery and radiology, attract a large number of young doctors, while less popular but crucial specialisms, such as geriatrics and psychiatry, remain understaffed. (2) This uneven distribution leads to regional differences in access to care and increases the pressure on emergency services and hospitals. A 2007 meta-analysis reviewed 73 articles to better understand the determinants influencing the choice of primary care specialties, with the aim of identifying strategies to increase the proportion of trainees selecting primary care. They highlight the importance of greater and earlier exposure to primary care during the curriculum, improving the profession's image and salary, and paying sufficient attention to work-life balance. (3) An American study even stated that "schools that want to increase their production of family physicians should consider admissions policies that select students inclined toward family medicine and rural practice" in order to address this shortage. (4) In addition, some doctors switch discipline during their training or later in their professional life. This may be due to unemployment in their specialism after graduation or due to new personal or profession insights. This trend not only has a major personal impact but also bears a high cost to society. (5) This evolution is also being observed in other countries and is the driving force behind the considerable amount of literature available on this subject worldwide. (6-8)

Against this background, it is essential to gain insight into the motivators that prompt medical students to choose a particular career. A 2019 systematic review and meta-analysis of 75 studies showed that the top three external factors influencing the choice of

specialisation are academic interest (75,29%), necessary competencies (55,15%) and freedom in lifestyle and flexible working hours (50,04%). (9) Recent literature focuses more on whether certain personality traits can be linked to career choice. Kwon et al. investigated the relationship between career choice and five character traits: extraversion, agreeableness, conscientiousness, neuroticism and openness. (6) A similar Polish study found that extravert, intuitive, sensitive, prospecting and turbulent students were more common among those who ultimately choose psychiatry, while introvert, conscientious, sensitive, judging and turbulent students were more likely to choose general practice and paediatrics. (7) In Sweden, a study looked into similar personality traits finding that surgeons scored lower in agreeableness than physicians in primary care, internal medicine and hospital services. Psychiatrists and hospital service physicians showed lower conscientiousness compared with surgeons, supporting the international findings in a Swedish setting. (10)

In Belgium, research on internal motivators remains scarce. However, the Belgian healthcare system faces various challenges, including a growing need for general practice and the need to guarantee specialist care. Understanding the factors that influence doctors' career choices is crucial to ensuring a balanced distribution of medical professionals. As recently graduated GPs in training, we have personally experienced how challenging this process can be. We feel that the guidance provided in our training throughout this process is insufficient. Therefore, we aim to gain insights into the various motivators that play a role in this choice and hope this perspective will help future students making this important decision. This has led us to the following hypothesis:

The choice of a medical specialisation is influenced by both intrinsic motivators (personality traits) and extrinsic motivators.

5 Material and methods

5.1 Study design

This study uses an observational, cross-sectional design based on a quantitative questionnaire.

5.2 Participants

Participants must be a Dutch – speaking GP or specialist doctor in training in Dutch speaking Flanders or Brussels when filling out the questionnaire. Participants who did not complete the survey in full were excluded. Sample size adequacy for multivariable logistic regression was assessed using the events-per-variable (EPV) approach. With nine

predictors, a minimum of 90 outcome events (10 EPV) was targeted, corresponding to a minimum total sample size of 192 participants given an event prevalence of 47% (90/0.47). The final sample comprised N=263 and was therefore considered sufficient for the planned logistic regression analyses. (11)

5.3 Data collection

The survey was developed using the online platform Qualtrics. A call for participation containing an external link to the questionnaire was distributed via email, the ICHO platform and social media. Questionnaires that were not completed in full were excluded. All collected data was stored on the secure SharePoint site of the VUB's general practice research group during the study and on the VUB repository after the study.

5.4 Survey

The study was conducted using a quantitative questionnaire in three parts: (1) Demographic data, (2) Intrinsic motivators and (3) Extrinsic motivators. The intrinsic motivators were assessed using a standardised questionnaire, the BFI-10. This is a shortened version of the Big Five Inventory, a personality test that measures the five major personality traits: extraversion, agreeableness, conscientiousness, neuroticism and openness. (12) The official Dutch translation by the International Social Survey Programme was used. (13) The extrinsic motivators were assessed using a self-developed questionnaire based on a survey from a similar study from Anand R. et al. (14) The items of the survey were translated to Dutch using the forward – backward translation method.

5.5 Outcomes

The primary outcome was specialty choice, defined as the choice for general practice versus a hospital-based specialty. This variable was treated as a binary outcome in the logistic regression analyses, with general practice defined as the event of interest.

5.6 Statistical analysis

Statistical analysis was performed using Stats iQ within the Qualtrics online platform. General Practice was compared with specialist medicine using a Fisher's exact test for gender and a chi-square test for the other categorical variables. A difference was considered significant at a p-value < 0.05. Intrinsic and extrinsic motivators were assessed using structured questionnaires, with all items rated on a five-point Likert scale, with intrinsic motivators (1 = strongly agree to 5 = strongly disagree) and extrinsic motivators (1 = very little to 5 = very much). For analytical purposes, each motivator was

recategorized into three levels: low motivation (scores 1–2), neutral motivation (score 3), and high motivation (scores 4–5). These categorized motivators were included as independent variables in the logistic regression model to estimate the likelihood of choosing general practice versus a hospital-based specialty. Logistic regression was used to determine the extent to which the various factors contribute to the likelihood of a doctor choosing general practice versus another specialisation. We only included motivators that showed a significant relationship with the choice of specialisation according to the X^2 test. Subsequently, motivators with a non-significant p-value, as well as motivators with a relative importance (Odds Ratio, OR) of less than 2%, were excluded from the model. An OR > 1 indicates a higher probability of being a GP with a higher score on that factor, an OR = 1 indicates no difference between GPs and specialists for that factor, and an OR < 1 indicates a higher probability of being a specialist with a higher score on that factor. A p-value < 0.05 was considered significant.

5.7 Ethical considerations

Approval for this study was obtained from the Ethics Committee of UZ Brussels (EC-2024-289). The questionnaire was administered completely anonymously, which meant that no identifying data was collected and the answers could not be traced back to individual participants. Informed consent was obtained at the start of the survey.

6 Results

6.1 Demographic data

Table 1 presents the demographic characteristics of the study population (N=263). A total of 93 responses were excluded due to incomplete questionnaires, resulting in a final sample of 263 respondents.

Slightly more than half of the participants were trainees in specialist medicine (52,9%), while 47,1% were GP trainees. Most respondents were female (70,7%).

Most participants graduated from Ghent University (47,9%), followed by Vrije Universiteit Brussel (32,7%), KU Leuven (16,7%), and the University of Antwerp (2,7%). The large majority (85,7%) graduated between the ages of 23 and 25, while 14,3% were older than 25 at graduation.

Regarding relationship status, 60,5% of participants were in a relationship, 36,5% were single, and a small proportion (3,0%) were married. More than half of the respondents

(57,4%) expressed a desire to have children, whereas 16,0% did not, 24,3% were unsure, and 2,3% already had children.

Table 1: Demographic data.

Feature	**Category**	**N (N=263)**	**%**
Specialisation	Specialist medicine*	139	52,9
	General practice	124	47,1
Gender	Male	77	29,3
	Female	186	70,7
University	UGent	126	47,9
	VUB	86	32,7
	KU Leuven	44	16,7
	UA	7	2,7
Age at graduation	23–25 years old	227	85,7
	> 25 years old	38	14,3
Relationship status	Single	96	36,5
	In a relationship	159	60,5
	Married	8	3,0
Desire to have children	Yes	151	57,4
	No	42	16,0
	No idea yet	64	24,3
	Already has children	6	2,3

* The following specialisations were grouped together under the heading "specialist medicine": youth health care, anaesthesia, internal medicine, dermatology, physical medicine, gynaecology and obstetrics, surgery, clinical biology, neurosurgery, neurology, radiology, ophthalmology, orthopaedics, ear nose and throat diseases, anatomical pathology, paediatrics, plastic surgery, adult psychiatry, child and adolescent psychiatry, stomatology, emergency medicine and urology.

6.2 Relationship between sociodemographic characteristics and choice of specialisation

The relationship between sociodemographic characteristics and choice of specialisation is summarised in Table 2.

Table 2: Relationship between sociodemographic characteristics and choice of specialisation (N=263 respondents).

Variable	**Test**	**p-value**	**Effect size (Cramér's V)**
Gender	Fisher's Exact	0,057	0,122
University	**χ^2**	**< 0,001**	**0,392**
Age at graduation	χ^2	0,457	0,172
Relationship status	χ^2	0,305	0,095
Desire to have children	χ^2	0,338	0,113

There is a significant relationship between university of graduation and choice of specialisation. (X^2, $p < 0,001$, Cramérs V = 0,392). Graduates from UGent and VUB were

more likely to choose a specialisation, while UA and KUL graduates more often choose for general practice (see Table 3).

Table 3: Specialisation choice per university of graduation (percentage ranges).

University	**Specialist**	**GP**
VUB	79,1%	20,9%
UGent	45,2%	54,8%
KUL	29,5%	70,5%
UA	14,3%	85,7%

6.3 Associations between intrinsic motivators and specialty choice

The associations between intrinsic motivators and specialty choice are summarised in Table 4. Motivators were recorded into three levels: agree (1-2), neutral (3) and disagree (4-5).

Table 4: Associations between intrinsic motivators and specialty choice. All motivators were assessed using a X^2 test.

Intrinsic motivator	**p-value**	**Cramér's V**
Being relaxed and stress-resistant (stress resilience)	**0,004**	**0,203**
Getting nervous quickly	**0,006**	**0,197**
Being lazy	0,258	0,101
Being reserved/closed	0,309	0,096
Tendency to blame others for mistakes	0,374	0,087
Few artistic interests	0,389	0,085
Delivering solid work	0,484	0,074
Having a vivid imagination	0,656	0,057
Being sociable/pleasant	0,773	0,044
Being trustworthy	1	0,030

There is a statistically significant relationship between the extent to which participants identify with being relaxed and stress-resistant and the choice for specialisation (X^2, p = 0,004). Conversely, a statistically significant relationship is observed between participants who become easily nervous and the choice for general practice. (X^2, P = 0,006) (see Table 5).

Table 5: distribution of responses for significant intrinsic motivators (row percentages).

Intrinsic motivator	Specialty choice	Agree	Disagree	Neutral
Getting nervous quickly	GP	40,3%	33,1%	26,6%
	Specialist	27,3%	52,5%	20,1%
Stress resilience (being relaxed and stress-resistant)	GP	41,9%	24,2%	33,9%
	Specialist	61,9%	13,7%	24,5%

6.4 Associations between extrinsic motivators and specialty choice

The associations between extrinsic motivators and specialty choice are summarized in Table 6. Motivators were recorded into three levels: low (1–2), neutral (3) and high (4–5). Table 6 shows that several extrinsic motivators are significantly associated with specialty choice (all $p < 0.05$, most $p < 0.001$). The strongest associations (highest Cramér's V values) are observed for flexible working hours (V = 0.519), low-stress working conditions (V = 0.456), comfortable lifestyle (V = 0.470), and free time (V = 0.418). Other significant but weaker associations include research opportunities (V = 0.391), opportunities for subspecialisation (V = 0.371), fewer working hours (V = 0.320), family responsibilities (V = 0.309), high patient contact (V = 0.305), and professional challenge (V = 0.269). Smaller yet statistically significant associations are seen for academic performance, family influence, teaching opportunities, and clinical rotations.

Table 6: Associations between extrinsic motivators and specialty choice. All motivators were assessed using a X^2 test.

Extrinsic motivator	p-value	Cramér's V
Flexible working hours	**< 0,001**	**0,519**
Low-stress working conditions	**< 0,001**	**0,456**
Comfortable lifestyle	**< 0,001**	**0,470**
Free time	**< 0,001**	**0,418**
Research opportunities	**< 0,001**	**0,391**
Opportunity to continue training / subspecialise	**< 0,001**	**0,371**
Family responsibilities	**< 0,001**	**0,309**
High level of patient contact	**< 0,001**	**0,305**
Fewer working hours	**< 0,001**	**0,320**
Professional challenge	**< 0,001**	**0,269**
Grade obtained during training	**0,010**	**0,186**
Family members in the same specialty	**0,016**	**0,177**

Opportunity to teach	**0,018**	**0,175**
Influence of clinical rotations	**0,041**	**0,156**
Advice from others	0,062	0,145
Selection procedure	0,147	0,121
Future salary	0,278	0,099
Societal prestige	0,524	0,070
Role models	0,602	0,062
Interest in the field	0,880	0,031
Sense of calling	0,912	0,027

Table 7 further illustrates these associations by showing response distributions. General practice (GP) choice is strongly linked with lifestyle-oriented motivators, including flexible working hours, comfortable lifestyle, free time, and low-stress working conditions, all of which are rated "high" substantially more often by GP respondents. In contrast, specialty trainees more frequently rate research opportunities, professional challenge, and opportunities for subspecialisation as "high."

Table 7: Distribution of responses for significant extrinsic motivators (row percentages)

Extrinsic motivator	**Specialty choice**	**High (%)**	**Low (%)**	**Neutral (%)**
Flexible working hours	GP	71,0	12,1	16,9
	Specialist	21,6	54,0	24,5
Low-stress working conditions	GP	47,6	25,8	26,6
	Specialist	11,5	67,6	20,9
Comfortable lifestyle	GP	82,3	5,6	12,1
	Specialist	37,4	38,1	24,5
Free time	GP	71,8	15,3	12,9
	Specialist	30,2	43,9	25,9
Research opportunities	GP	2,4	86,3	11,1
	Specialist	27,3	52,5	20,1
Opportunity to continue training / subspecialise	GP	11,3	70,2	18,5
	Specialist	36,7	34,5	28,8
Family responsibilities	GP	49,2	27,4	23,4
	Specialist	21,6	53,2	25,2
High level of patient contact	GP	85,5	3,2	11,3
	Specialist	64,0	24,5	11,5
Fewer working hours	GP	34,7	37,9	27,4

	Specialist	15,8	69,8	14,4
Opportunity to teach	GP	12,1	71,0	16,9
	Specialist	20,1	54,0	25,9
Professional challenge	GP	59,7	12,1	28,2
	Specialist	83,5	6,5	10,1
Grade obtained during training	GP	12,9	68,5	18,5
	Specialist	18,7	50,4	30,9
Family members in the same specialty	GP	6,5	88,7	4,8
	Specialist	3,6	96,4	0,0
Influence of clinical rotations	GP	75,0	8,1	16,9
	Specialist	81,3	11,5	7,2

6.5 Predictors of specialty choice (general practice vs specialist)

A multivariable logistic regression model was developed to identify which motivators were independently associated with choosing general practice (coded as 1) versus specialist medicine. An OR > 1 means a higher chance of choosing general practice over specialist medicine. Motivators were recorded into three levels (low (1–2), neutral (3), high (4–5)) and entered simultaneously. "n (%)" reflects the distribution of responses within each predictor. In the final model, several factors were identified as significant predictors of specialty choice (see Table 8). The logistic regression model demonstrated excellent fit, with a McFadden's pseudo-R^2 of 0,501, indicating strong explanatory power and substantial improvement over the null model.

Table 8: Multivariable logistic regression predicting choice of general practice vs specialist (N = 263)

Predictor	**Category**	**Adjusted OR (95% CI)**	**Standardized β**	**p-value**	**n (%)**
Low-stress working conditions	Low (reference)	1,00	0,00	—	126 (47,9)
	High	1,22 (1,15–1,38)	0,18	<0,001	75 (28,5)
	Neutral	1,06 (0,94–1,26)	0,05	0,010	62 (23,6)
Patient contact	High (reference)	1,00	0,00	—	195 (74,1)

	Low	0,68 (0,65–0,77)	-0,27	<0,001	38 (14,4)
	Neutral	0,90 (0,77–1,13)	-0,07	0,686	30 (11,4)
Research opportunities	Low (reference)	1,00	0,00	—	180 (68,4)
	High	0,74 (0,70–0,84)	-0,22	0,002	41 (15,6)
	Neutral	0,93 (0,67–1,01)	-0,05	0,043	42 (16,0)
Comfortable lifestyle	High (reference)	1,00	0,00	—	154 (58,6)
	Low	0,86 (0,78–0,91)	-0,12	0,014	60 (22,8)
	Neutral	0,94 (0,80–1,03)	-0,05	0,175	49 (18,6)
Flexible working hours	High (reference)	1,00	0,00	—	118 (44,9)
	Low	0,90 (0,86–0,93)	-0,10	0,027	90 (34,2)
	Neutral	0,92 (0,74–1,01)	-0,07	0,013	55 (20,9)
Opportunity to continue training / subspecialise	Low (reference)	1,00	0,00	—	135 (51,3)
	High	0,87 (0,83–0,91)	-0,12	0,027	65 (24,7)
	Neutral	0,81 (0,72–0,96)	-0,18	0,035	63 (24,0)
Influence of clinical rotations	High (reference)	1,00	0,00	—	206 (78,3)
	Low	1,01 (0,87–1,17)	0,00	0,172	26 (9,9)
	Neutral	1,17 (1,07–1,27)	0,10	0,006	31 (11,8)

Grade obtained during training	Low (reference)	1,00	0,00	—	155 (58,9)
	High	1,01 (0,89–1,13)	0,00	0,874	42 (16,0)
	Neutral	0,93 (0,86–1,02)	-0,07	0,028	66 (25,1)
Fewer working hours	Low (reference)	1,00	0,00	—	144 (54,8)
	High	1,01 (0,87–1,07)	0,01	0,008	65 (24,7)
	Neutral	1,04 (0,97–1,29)	0,03	0,764	54 (20,5)

Greater importance attached to low-stress working conditions was associated with higher odds of choosing GP compared to the reference category (high vs low: OR = 1,22, 95% CI 1,14–1,38, p < 0,001; neutral vs low: OR = 1,06, 95% CI 0,94–1,26, p = 0,010). In contrast, valuing patient contact less strongly was associated with lower odds of choosing GP (low vs high: OR = 0,68, 95% CI 0,65–0,77, p < 0,001), while the neutral category was not significant (OR = 0,90, 95% CI 0,77–1,13, p = 0,686). Likewise, participants who rated research opportunities as more important showed lower odds of choosing GP (high vs low: OR = 0,74, 95% CI 0,70–0,84, p = 0,002; neutral vs low: OR = 0,93, 95% CI 0,67–1,01, p = 0,043), indicating a relative preference for specialist training among those prioritising research.

Several lifestyle-related motivators also contributed to the model. Lower importance attached to a comfortable lifestyle (low vs high: OR = 0,86, 95% CI 0,78–0,91, p = 0,014) and to flexible working hours (low vs high: OR = 0,90, 95% CI 0,86–0,93, p = 0,027; neutral vs high: OR = 0,92, 95% CI 0,74–1,01, p = 0,013) was associated with reduced odds of choosing GP. Furthermore, greater importance placed on opportunities to continue training/subspecialise was associated with lower odds of choosing GP (high vs low: OR = 0,87, 95% CI 0,83–0,91, p = 0,027; neutral vs low: OR = 0,81, 95% CI 0,72–0,96, p = 0,035). The influence of clinical rotations in the neutral category (vs high) was associated with higher odds of choosing GP (OR = 1,17, 95% CI 1,07–1,27, p = 0,006), whereas the low category did not reach significance.

Finally, although statistically significant associations were observed for some categories of grade obtained during training and fewer working hours, the corresponding odds ratios were close to 1, suggesting limited actual impact despite statistical significance.

7 Discussion

7.1 Main findings

This study explores how intrinsic and extrinsic motivators relate to the choice between general practice and specialist medicine among doctors in training in Flanders. Overall, the multivariable model indicates that work-related stress, patient contact, research orientation, lifestyle considerations, and subspecialisation opportunities are independently associated with whether respondents choose general practice versus specialist training. Among the sociodemographic characteristics, university of graduation was significantly associated with specialty choice (X^2, $p < 0,001$), whereas gender, age at graduation, relationship status and desire to have children were not significantly related to specialty choice. That the university of graduation plays a significant role should be interpreted with caution, selection bias is likely due to unequal representation across universities and the different recruitment channels.

Only two intrinsic items showed significant associations with specialty choice in univariate analyses: stress resilience and getting nervous quickly. This suggests that personality-linked differences were present but less prominent than extrinsic motivators. These intrinsic traits were assessed using a brief screening tool, the BFI-10. While sufficient for the scale of this project, sensitivity to detect smaller differences may be limited.

Thirdly, a large number of extrinsic motivators showed significant univariate associations with specialty choice, with particularly strong associations for flexible working hours (P <0,001, Cramér's V = 0,519), comfortable lifestyle (P <0,001, Cramér's V = 0,470) and low-stress working conditions (P <0,001, Cramér's V = 0,456). This pattern indicates that lifestyle- and work-organisation–related considerations are important in differentiating GP versus specialist in this cohort.

In the multivariable logistic regression, multiple extrinsic motivators remained independently associated with specialty choice. Interpreting the adjusted odds ratios with general practice as the event of interest, this study finds that the greater the importance attached to low-stress working conditions, the higher the odds of choosing general practice. This in contrast to the finding that lower importance attached to patient contact was associated with lower odds of choosing general practice and thus relatively higher

odds of choosing specialist medicine. Additionally, higher importance attached to research opportunities and opportunities to continue training/subspecialise was associated with lower odds of choosing general practice and higher odds of choosing specialist medicine. Lastly, lower importance for lifestyle-related factors (comfortable lifestyle and flexible working hours) was associated with lower odds of choosing general practice. Overall, these multivariable findings reinforce the univariate results: work conditions, lifestyle considerations, patient contact preferences, research orientation, and subspecialisation opportunities are key factors in the choice for GP or specialist medicine.

7.2 Interpretation in the context of workforce challenges

As explained in the introduction, the pressure on primary care is growing. This calls for better alignment between workforce distribution and healthcare needs in society. This study offers insights in the driving motivators for young doctors choosing their specialisation at the end of their training: respondents choosing general practice were more likely to value lower stress and lifestyle flexibility, while respondents choosing specialist medicine were more likely to prioritise research and subspecialisation opportunities. These patterns are highly plausible and align with the broader international literature that emphasizes lifestyle and work–life balance as key drivers of career choice. Direct cross-study comparisons however should be made cautiously due to differences in populations and measurement. (15-17)

From a health policy and educational perspective, these findings suggest that initiatives aiming to stimulate a choice for GP should focus on improving perceived work sustainability (e.g., manageable workload, administrative support, stress reduction), preserving flexibility (e.g., working hours, practice organisation) and supporting meaningful patient contact. These elements too are consistently identified in international literature as key determinants of career choice, job satisfaction, and retention in general practice. (18-21)

In contrast, making general practice pathways more attractive to students with strong research interests may require increased availability of academic opportunities within primary care, dedicated research time within working hours and structured research mentorship within general practice training. (22)

While these findings largely align, we acknowledge that this may not be a full picture. For example, a recent study in Flanders, Hungary and Estonia concluded that having general practice role models being the most important predictor in student's interest in general practice, a finding that was not supported in our study. (23) Further research will allow a

more nuanced understanding of these choice processes. This will contribute to formulating targeted policy measures aimed at a more balanced distribution of doctors across the healthcare landscape and a smoother choice process for students.

7.3 Strengths and limitations

Strenghts

This study has several notable strengths that support the robustness and relevance of its findings. First, the relatively large sample size (N = 263) met the predefined requirements for multivariable logistic regression based on the events-per-variable approach, ensuring adequate statistical power for the planned analyses. This strengthens the reliability of the observed associations between motivators and specialty choice.

Secondly, the study combines both intrinsic and extrinsic motivators within a single analytical framework. This allows for a more comprehensive assessment of factors influencing career choice compared to studies that focus on either personality traits or external motivators alone.

Finally, the use of both univariate analyses and multivariable logistic regression allows for a stepwise understanding of associations, moving from simple relationships to adjusted effects. This strengthens the internal validity of the findings by identifying which motivators remain independently associated with specialty choice when controlling for other factors.

Limitations

Several limitations of this study should be acknowledged too. Given the cross-sectional design, associations observed here cannot establish causality. Motivators and specialty choice were measured at one time point, when students were already in practice meaning that preferences may have been shaped by experiences during practice. Moreover, recruitment through professional channels and social media may preferentially attract respondents with stronger opinions or specific experiences.

Secondly, the association between university of graduation and specialty choice is noteworthy but should be interpreted with caution. It may reflect differences in curricular exposure to general practice, role models or local training culture. However, given the recruitment strategy (distribution via email, ICHO, and social media) and the small number of respondents from some universities (e.g. UA), this association likely also reflects

selection and participation bias. Therefore, it is safer to report this finding descriptively and recommend confirmation in larger, more representative samples.

Thirdly, motivators were assessed on a 5-point Likert scale and recategorized into three levels. While this facilitates interpretability, it can reduce information and statistical power. In addition, The BFI-10 for measuring intrinsic traits is efficient but concise. Subtle personality differences between groups may remain undetected. (12) Future work could use more detailed validated instruments. Additionally, because a large number of univariate tests were conducted, there is an increased risk of type I error without formal correction. (24)

Lastly, selecting predictors based on univariate significance and removing variables based on p-values and a small OR threshold may introduce instability and optimism in estimates. This does not invalidate the findings but warrants cautious interpretation and external validation. (25-27)

Future research should include larger, more representative samples across universities and adopt a longitudinal design to examine how motivators evolve throughout training. A more detailed assessment of personality traits is recommended. To reduce the risk of Type I error in univariate analyses, corrections such as Bonferroni can be applied. To minimise the risk of overfitting in multivariable logistic regression, careful variable selection methods should be considered, preferably theory driven. (25-27)

8 Conclusion

In this cross-sectional survey among doctors in training in Flanders, extrinsic motivators were strongly associated with specialty choice between general practice and specialist medicine. In adjusted analyses, valuing low-stress working conditions was associated with higher odds of choosing general practice, whereas prioritising research opportunities and subspecialisation was associated with lower odds of choosing general practice and thus relatively greater likelihood of choosing specialist medicine. Preferences regarding patient contact and work-life organisation also played a role in distinguishing between GP and specialist choice.

Intrinsic motivators showed only limited associations with specialty choice, suggesting that - in this cohort and with the instruments used- work- and lifestyle-related considerations outweighed personality-linked differences in explaining the GP versus specialist decision.

These findings encourage the development of targeted educational and policy measures to address workforce imbalances by improving the perceived attractiveness of general practice (e.g., reducing stressors, supporting flexible practice organisation, strengthening primary care research opportunities). (18, 20-22) Future research should confirm these findings in larger, more representative samples, ideally using longitudinal designs and validated, more detailed tools assessing intrinsic traits and extrinsic motivators. (25-27)

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11 Attachments

11.1 Questionnaire

Specialisatiekeuze

Q1 Beste collega's Het maken van onze specialisatiekeuze ging bij velen niet onopgemerkt voorbij. Dit had soms slapeloze nachten en grijze haren tot gevolg. Er werd gewikt en gewogen tussen interesses, work–life balance, patiëntencontact, verloning etc. In kader van onze masterthesis huisartsgeneeskunde, willen wij graag begrijpen welke factoren deze keuze uiteindelijk hebben beïnvloed. Zo hopen wij in de toekomst artsen beter te kunnen begeleiden in hun studiekeuze en deze keuze beter te kunnen afstemmen op de behoeften van de gezondheidszorg. Help jij ons, zowel ASO als HAIO, met enkele vragen omtrent jouw keuzeproces door deze korte en volledig anonieme vragenlijst in te vullen? Bedankt! Ebe Meert, Marguerite De Peuter & Lore Declercq

Q2 Wat is je geslacht?

- ○ Man (1)
- ○ Vrouw (2)
- ○ Niet-binair/derde geslacht (3)
- ○ Ik zeg dat liever niet (4)

Q3 Aan welke universiteit heb je je master behaald?

- ○ VUB (1)
- ○ UGent (2)
- ○ KUL (3)
- ○ UA (4)

Q4 Wat was je leeftijd op het moment van je specialisatiekeuze?

- ○ 23 (1)
- ○ 24 (2)
- ○ 25 (3)
- ○ 26 (4)
- ○ 27 (5)
- ○ 28 (6)
- ○ 29 (7)
- ○ 30 (8)
- ○ 30+ (9)

Q5 Wat was je burgerlijke staat op het moment van je specialisatiekeuze?

- ○ Vrijgezel (1)
- ○ In een relatie (2)
- ○ Getrouwd (3)

Q6 Wat was je kinderwens op het moment van je specialisatiekeuze?

- ○ Ik had al kinderen (1)
- ○ Kinderwens (2)
- ○ Geen kinderwens (3)
- ○ Nog geen idee (4)

Q7 Naar welke specialisatie(s) ging je voorkeur uit VOOR de aanvang van klinische stages? (meerdere antwoorden mogelijk)

- [ ] Huisartsgeneeskunde (1)
- [ ] Jeugdgezondheidszorg (2)
- [ ] Anesthesie (3)
- [ ] Interne geneeskunde (4)
- [ ] Dermatologie (5)
- [ ] Fysische geneeskunde (6)
- [ ] Gynaecologie en verloskunde (7)
- [ ] Heelkunde (8)
- [ ] Klinische biologie (9)
- [ ] Neurochirurgie (10)
- [ ] Neurologie (11)
- [ ] Radiologie (12)
- [ ] Oftalmologie (13)
- [ ] Orthopedie (14)
- [ ] Neus- keel- en oorziekten (15)
- [ ] Anatomopathologie (16)
- [ ] Pediatrie (17)

- [ ] Plastische heelkunde (18)
- [ ] Volwassenpsychiatrie (19)
- [ ] Kinder- en jeugdpsychiatrie (20)
- [ ] Stomatologie (MKA) (21)
- [ ] Urgentiegeneeskunde (22)
- [ ] Urologie (23)
- [ ] Wist ik nog niet (24)

Q8 Wat was je specialisatiekeuze NA het doorlopen van klinische stages?

- ○ Huisartsgeneeskunde (1)
- ○ Jeugdgezondheidszorg (2)
- ○ Anesthesie (3)
- ○ Interne geneeskunde (4)
- ○ Dermatologie (5)
- ○ Fysische geneeskunde (6)
- ○ Gynaecologie en verloskunde (7)
- ○ Heelkunde (8)
- ○ Klinische biologie (9)
- ○ Neurochirurgie (10)
- ○ Neurologie (11)
- ○ Radiologie (12)

- ○ Oftalmologie (13)
- ○ Orthopedie (14)
- ○ Neus- keel- en oorziekten (15)
- ○ Anatomopathologie (16)
- ○ Pediatrie (17)
- ○ Plastische heelkunde (18)
- ○ Volwassenpsychiatrie (19)
- ○ Kinder- en jeugdpsychiatrie (20)
- ○ Stomatologie (MKA) (21)
- ○ Urgentiegeneeskunde (22)
- ○ Urologie (23)

Q9 Welke specialisatie doe je nu?

- ○ Huisartsgeneeskunde (1)
- ○ Jeugdgezondheidszorg (2)
- ○ Anesthesie (3)
- ○ Interne geneeskunde (4)
- ○ Dermatologie (5)
- ○ Fysische geneeskunde (6)
- ○ Gynaecologie en verloskunde (7)
- ○ Heelkunde (8)
- ○ Klinische biologie (9)

- ○ Neurochirurgie (10)
- ○ Neurologie (11)
- ○ Radiologie (12)
- ○ Oftalmologie (13)
- ○ Orthopedie (14)
- ○ Neus- keel- en oorziekten (15)
- ○ Anatomopathologie (16)
- ○ Pediatrie (17)
- ○ Plastische heelkunde (18)
- ○ Volwassenpsychiatrie (19)
- ○ Kinder- en jeugdpsychiatrie (20)
- ○ Stomatologie (MKA) (21)
- ○ Urgentiegeneeskunde (22)
- ○ Urologie (23)

Q12 *Vul deze vraag enkel in indien je specialisatiekeuze NA het doorlopen van klinische stages niet overeenkomt met je huidige specialisatie.* Wat is de reden dat je nu een andere specialisatie doet dan je keuze na de klinische stages?

- ○ Geen plaats gekregen (1)
- ○ Van keuze veranderd tijdens coassistentschap/prespecialisatie (2)
- ○ Wel een plaats gekregen, maar niet wat ik ervan verwachtte (3)
- ○ Wel een plaats gekregen, maar te hoge werkdruk (4)
- ○ Andere, namelijk: (5) _____

Q11 Hieronder zijn een aantal kenmerken opgelijst die al dan niet op jou van toepassing zijn. Ben je het er bijvoorbeeld mee eens dat je iemand bent die graag tijd doorbrengt met anderen? Ik zie mezelf als iemand die…

	Helemaal eens (1)	Eerder eens (2)	Noch eens, noch oneens (3)	Eerder oneens (4)	Helemaal oneens (5)
... gesloten is. (1)	○	○	○	○	○
... goed te vertrouwen is. (2)	○	○	○	○	○
... degelijk werk levert. (3)	○	○	○	○	○
... ontspannen en stressbestendig is. (4)	○	○	○	○	○
... een groot verbeeldingsvermogen heeft. (5)	○	○	○	○	○
... sociaal en prettig in de omgang is. (6)	○	○	○	○	○
... neigt fouten bij anderen te zoeken. (7)	○	○	○	○	○
... neigt lui te zijn. (8)	○	○	○	○	○
... snel nerveus wordt. (9)	○	○	○	○	○
... weinig artistieke interesses heeft. (10)	○	○	○	○	○

Q12 In hoeverre hebben onderstaande factoren bijgedragen aan je specialisatiekeuze?

	Helemaal niet (1)	Niet echt (2)	Neutraal (3)	Redelijk veel (4)	Heel veel (5)
Gevoel van roeping (1)	○	○	○	○	○
Interesse in het vakgebied (2)	○	○	○	○	○
Behaalde graad tijdens de opleiding (3)	○	○	○	○	○
Selectieprocedure specialisatie (bv. examen, interview, ...) (4)	○	○	○	○	○
Flexibele werkuren (5)	○	○	○	○	○
Familiale verantwoordelijkheden (6)	○	○	○	○	○
Vrije tijd (bv. tijd voor hobby's, afspreken met vrienden, ...) (7)	○	○	○	○	○
Comfortabele levensstijl (combinatie werkuren, loon, flexibiliteit, ...) (8)	○	○	○	○	○
Weinig stresserende werkomstandigheden (9)	○	○	○	○	○
Veel patiëntencontact (10)	○	○	○	○	○
Rolmodellen (bv. TV-programma's, docenten, ...) (11)	○	○	○	○	○
Familielid/leden in dezelfde specialisatie (12)	○	○	○	○	○
Mogelijkheid om verder te studeren of te subspecialiseren	○	○	○	○	○

(13)					
Research mogelijkheid (14)	○	○	○	○	○
Professioneel uitdagend (15)	○	○	○	○	○
Mogelijkheid om les te geven (16)	○	○	○	○	○
Minder aantal werkuren (17)	○	○	○	○	○
Toekomstig loon (18)	○	○	○	○	○
Aanzien in de maatschappij (19)	○	○	○	○	○
Advies van anderen (bv. vrienden, familie, ...) (20)	○	○	○	○	○
Invloed door klinische stages (21)	○	○	○	○	○

Q13 Opmerkingen

_____