

Evaluation of Department Preferences of Faculty of Medicine Assistants: The Case of Ordu

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Abstract

Objective: Professions are tools for individuals to realize their expectations and wishes about life according to their own dynamics, and medicine differs from other professions in that it essentially includes human life. This study aimed to examine the department preferences of Medical Faculty Assistants and to determine the factors affecting these preferences.

Methods: The sample for the study was made up of 105 assistants who agreed to participate voluntarily. The study utilized a survey as a data collection tool that contains the demographic variables and the ‘Physicians' Preference Tendencies of Specialty Branch Scale’.

Results: Although gender, marital status and the time spent in the profession changed the answers given to the survey questions, it was determined that the general practitioners were not effective factors in the choice of specialty branch, and the significant change occurred depending on the age factor. The preference of branch due to the importance given to status showed a significant change in those aged 30 and over.

Conclusion: Those who are older make their choices by considering the position and prestige of the physician both in the working environment and in society. The age of a general practitioner has been determined as the most effective factor when choosing a specialty department due to the concerns that can be gathered under the title of status.

Keywords: Specialization in medicine, career choice, branch preference

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INTRODUCTION

The preferences for specialty education both affect and are affected by the educational and living conditions of assistant physicians. Physicians who graduate with the title of "medical doctor" after 12 semesters of medical education in our country have the right to choose according to the score they get in the Medical Specialization Exam – Tıpta Uzmanlık Sınavı (TUS), which is held twice a year, if they aim to specialize in any field under the conditions of our country. According to the results of this exam, the "Assistant Physician" who completes the minimum assistantship training period of the relevant department in the branches in which (s) he is placed is entitled to use the title of "Specialist Doctor" after the Specialist Thesis (s) he will defend and the Specialist Exam (s) he will take. In our country, there are not only these two titles after graduation, but also the title of "Minor Specialist" in many branches, and within this title, the specialist physician is subjected to examination before and after. While the total number of physicians working in hospitals affiliated to the Ministry of Health, university hospitals and private hospitals was 171,259 in 2020, it increased by 7.2% to 183,569 in 2021. About 37,017 physicians within the scope of this issue work as "Assistant Physician" (1).

Within the framework of the Health Transformation Project, which was put into

practice in Türkiye in 2003, the preferences of physicians began to vary due to factors such as the full-time law numbered 5947 and the increase in malpractice lawsuits and penalties (2). In a study conducted among medical faculty assistants, 85.4% (n=1381) thought that the health policies implemented in Türkiye were effective in choosing a specialty career, while 14.6% (n=236) thought that they were not effective; It was found that 72.4% (n=1170) think that violence in health is effective in choosing a specialty career, and 27.6% (n=447) think that it is not effective (3). In addition to the individuality of living conditions, the workload intensity and the variability of the dynamic processes within the branches themselves can cause significant anxiety in physicians. It is seen that this state of anxiety also affects the preferences according to the available resources. There are many studies showing that women in many countries prefer female obstetricians (4,5,6).

As in the whole world, the effect of developing technology and changing cultural structures is experienced in our country. When we look at the health sector in particular, the fact that the changing expectations of service delivery today have serious differences between the parties is added to the part of the reasons that the physician should think about the field to be chosen during the decision to be made by the physician. Job satisfaction levels among employees are becoming more and more

important (7). In cases where this level is below what it should be, the quality of the service provided may also decrease (8). The opposite of this proposal is also possible (9). Job satisfaction is affected by multifactorial reasons. According to the "Job Characteristics Theory" defined by Hackman and Oldham; Job satisfaction can be mentioned with the combination of skill variety, task integrity, task importance, autonomy and feedback scales (10).

In many studies, it is thought that asking medical school assistants' opinions about medical education, evaluating their satisfaction, and conducting surveys in this area to freely express their thoughts about specialty education will increase the quality of medical education and professional satisfaction, and the results obtained in this respect are also shared (11, 12). In the study of Yıldırım and Marakoğlu, 62.6% (n = 114) of the participants chose internal sciences, 34.1% (n = 62) surgical sciences, and 3.3% (n = 6) basic sciences as their field of specialization in medicine. When the departments desired by the participants as a result of TUS were compared according to their gender, it was determined that girls wanted internal sciences more than boys, and boys wanted surgical sciences and basic sciences more than girls, statistically significantly (p=0.001) (11).

Recently, the "feminization of medicine" has attracted attention in many regions. Especially

in departments such as pediatrics, obstetrics and gynecology, dermatology, psychiatry (13).

There are studies in the literature examining the factors affecting the choice of specialty in medicine after graduation (14,15,16,17). In a study, the motivations that affect assistants to choose to be experts in the field they think about after graduation are respectively; interest, love and thinking that it is appropriate (45.2%; n=81), being a comfortable department (20.1%; n=36), professional satisfaction (14.0%; n=25), academic career thinking (11.7%; n=21) and financial gain (2.2%; n=4). It is known that the TUS scores of such departments have decreased significantly over the years due to the fact that departments with more difficult working conditions such as malpractice anxiety and frequent seizures, especially surgical sciences, are less preferred (18).

In the study conducted on senior assistants of Akdeniz University Faculty of Medicine, the first among the factors affecting the choice of specialization was their own interests (80.3%), while TUS scores (72.1%) were found to be the second most common reason (19). Professions are a tool for individuals to realize their expectations and wishes for life according to their own dynamics. The profession of medicine differs from other professions in that it contains human life in its essence. The dynamics experienced in the field of health in our country in recent years are more than ever. It is seen that preferences have changed in many

areas, especially in parallel with the changing world order and education system with the pandemic. Some statistics also point to radical changes in branch choices. For this reason, in our study, we aimed to reveal the department preferences of the specialty assistants of our province Training and Research Hospital and the factors that may be effective in these preferences.

METHODS

Population and Sampling

The study was approved by Ordu University Clinical Research Ethics Committee (Approval no.: 2023/213). The population of this study consisted of medical doctors working as a specialty in medicine assistants at the Ordu University Training and Research Hospital. No sampling method was used in the study because of aimed to reach the entire population. 105 assistants who volunteered to participate in the study constituted the sample of the study.

Study Design and Data Collection Tools

An online cross-sectional survey was conducted in August 2023 by filling out the online questionnaire prepared via Google Forms. The study utilized a survey as a data collection tool that contains the demographic variables and the “Physicians’ Preference Tendencies of Specialty Branch Scale”. Demographic data such as age, gender, marital status, and time spent in residency training were recorded. The “Physicians’ Preference Tendencies of Specialty Branch Scale” was

developed by Nazife Öztürk and consists of 42 items and 7 dimensions (Table 3) (20). Responses to the statements in the scale were structured as a 7-point Likert type, and they were listed as 1: Strongly disagree, 2: Disagree, 3: Somewhat disagree, 4: Neither agree nor disagree, 5: Agree a little, 6: Agree, 7: Strongly agree.

Statistical Analysis

Descriptive statistics were calculated as mean, standard deviation and mean rank values for continuous data, and frequency (n) and percentage (%) for categorical variables. The Mann-Whitney U test was used to compare subscale scores in groups of independent variables. For statistical significance, p-values ≤ 0.050 at the 95% Confidence interval were considered significant. IBM SPSS v28 (Chicago, IL, USA) was used for data analysis.

RESULTS

A total of 105 specialty in medicine assistants, 57.1% male and 42.9% female, participated in the study. 1.9% of the assistants were continuing their specialization education in the Department of Basic Medical Sciences, 82.9% in the Department of Internal Medicine Sciences, and 15.2% in the Department of Surgical Medical Sciences. While 51.4% of the assistants were in the 24-29 age range, 48.6% of them were 30 years or older, and the mean age was $30.57 \pm 4.57(24-44)$ years (Table 1).

Table 2 shows the responses of the assistants to the “What are the first 3 branches you want

to choose as a result of medical specialty exam question. When the answers were examined, it was seen that the most preferred departments in the first preferences of the assistants were Family Medicine (25.7%), Dermatology (9.5%), and Emergency Medicine (8.6%), respectively. Family Medicine was the most preferred department in the 2nd and 3rd preferences (7.6% and 9.6%).

Table 3 shows the frequency distribution of the answers to “Physicians' Preference Tendencies of Specialty Branch Scale”. It is noteworthy that in most of the scale items, the

participants tended towards positive statements such as "Agree a little", "Agree" and "Strongly agree". This is particularly evident in the "risk" subscale.

The subscale scores of the Physicians' Preference Tendencies of Specialty Branch Scale were compared according to the demographic characteristics (Table 4-7).

It was tested whether the subscales of the scale changed according to gender (Table 4). The subscales scores did not differ statistically significantly between men and women ($p>0.05$).

Table 1. Basic characteristics of the participants

		n	%
<i>Gender</i>	Male	60	57.1
	Female	45	42.9
<i>Married Status</i>	Single	43	41.0
	Married	62	59.0
<i>Time spent in residency training (year)</i>	≤1	39	37.1
	>1	66	62.9
<i>Age group</i>	24-29	54	51.4
	≥30	51	48.6
<i>Department</i>	Basic Medical Sciences	2	1.9
	Internal Medicine Sciences	87	82.9
	Surgical Medical Sciences	16	15.2

It was tested whether the subscales of the scale changed according to age groups (Table 5). The "Status subscale" scores did differ statistically significantly by age groups ($p=0.027$). Assistants aged ≥ 30 years gave more positive answers to questions in this subscale (“*Since I think that specialist physicians look at general practitioners*

negatively, I will choose a branch”, “*I will choose a branch because I think being a specialist is prestigious.*”, “*I prefer a branch to go to the compulsory service later.*”, “*I will choose a branch because of the social pressure on physicians.*” And “*I will choose a branch because I do not want to stay as a general practitioner.*”) than those aged 24-29 years.

Table 2. Responses of the participants to the “What are the first 3 branches you want to choose as a result of medical specialty exam question

Department	1. Preference		2. Preference		3. Preference	
	n	%	n	%	n	%
Unanswered	1	1.0	22	21.0	34	32.4
Emergency Medicine	9	8.6	6	5.7	3	2.9
Forensic Medicine	2	1.9	2	1.9	0	0.0
Family Medicine	27	25.7	8	7.6	10	9.6
Anesthesia	6	5.7	5	4.8	2	1.9
Brain Nerve Surgery	1	1.0	1	1.0	2	1.9
Biochemistry	7	6.7	2	1.9	1	1.0
Child Psychiatry	2	1.9	3	2.9	1	1.0
Internal medicine	1	1.0	4	3.8	3	2.9
Dermatology	10	9.5	5	4.8	6	5.7
Infectious Diseases	4	3.8	4	3.8	3	2.9
Physiology	0	0.0	0	0.0	2	1.9
Physical Therapy Rehabilitation	3	2.9	7	6.7	4	3.8
Interventional radiology	1	1.0	0	0.0	0	0.0
General Surgery	0	0.0	1	1.0	0	0.0
Genetic	0	0.0	1	1.0	1	1.0
Eye diseases	2	1.9	4	3.8	2	1.9
Chest Diseases	0	0.0	2	1.9	4	3.8
Public Health	0	0.0	3	2.9	2	1.9
Histology	0	0.0	0	0.0	1	1.0
Obstetrics	0	0.0	3	2.9	2	2.0
Cardiology	2	1.9	2	1.9	1	1.0
ENT*	1	1.0	1	1.0	5	4.8
Cardio Vascular Surgery	1	1.0	0	0.0	0	0.0
Microbiology	1	1.0	4	3.8	1	1.0
Neurology	1	1.0	0	0.0	1	1.0
Orthopedics	4	3.8	1	1.0	1	1.0
Pathology	2	1.9	0	0.0	1	1.0
Pediatrics	1	1.0	1	1.0	3	2.9
Plastic surgery	2	1.9	4	3.8	0	0.0
Psychiatry	7	6.7	3	2.9	4	3.8
Radiation oncology	0	0.0	0	0.0	1	1.0
Radiology	4	3.8	4	3.8	2	1.9
Sports Medicine	1	1.0	0	0.0	0	0.0
Urology	2	1.9	2	1.9	2	1.9

*ENT: Ear Nose Throat

Table 3. Frequency distribution of “Physicians' Preference Tendencies of Specialty Branch Scale”

Subscale	Items	1		2		3		4		5		6		7	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
Risk	I prefer branches with fewer seizures.	9	8.6	6	5.7	5	4.8	11	10.5	15	14.3	22	21.0	37	35.2
	I prefer branches with a low probability of encountering difficult patients.	12	11.4	15	14.3	6	5.7	13	12.4	11	10.5	19	18.1	29	27.6
	I prefer branches where the probability of encountering an administrative investigation due to the treatment or procedure applied to the patient is low.	4	3.8	7	6.7	7	6.7	13	12.4	20	19.0	19	18.1	35	33.3
	I prefer branches with low risk of malpractice in patients.	3	2.9	4	3.8	6	5.7	17	16.2	14	13.3	19	18.1	42	40.0
	I prefer branches where I will not be exposed to hostile attitudes from patients.	8	7.6	2	1.9	2	1.9	7	6.7	6	5.7	17	16.2	63	60.0

	I prefer branches where the possibility of paying compensation for the treatment or procedure applied to the patient is low.	4	3.8	7	6.7	9	8.6	7	6.7	13	12.4	24	22.9	41	39.0
	I prefer branches where the probability of being judged due to the treatment or procedure applied to the patient is low.	4	3.8	7	6.7	6	5.7	7	6.7	15	14.3	26	24.8	40	38.1
	I prefer branches that do not have emergency services.	13	12.4	7	6.7	9	8.6	6	5.7	11	10.5	22	21.0	37	35.2
	I prefer branches with low risk of complications in patients.	7	6.7	1	1.0	10	9.5	15	14.3	9	8.6	19	18.1	44	41.9
	I prefer branches with a low mortality rate in their patients.	10	9.5	10	9.5	8	7.6	12	11.4	11	10.5	22	21.0	32	30.5
	I prefer branches where I am less likely to be verbally insulted.	10	9.5	1	1.0	6	5.7	10	9.5	6	5.7	18	17.1	54	51.4
	I prefer branches where I am less likely to make mistakes.	2	1.9	6	5.7	7	6.7	18	17.1	8	7.6	26	24.8	38	36.2
Comfort	If I get a high score in the TUS exam, I prefer comfortable branches.	8	7.6	6	5.7	2	1.9	10	9.5	12	11.4	15	14.3	52	49.5
	In order to increase the performance score, I prefer branches in which I will not exert much effort.	11	10.5	6	5.7	8	7.6	21	20.0	20	19.0	17	16.2	22	21.0
	Today, as a result of the TUS exam, I choose the branches most preferred by the physicians.	19	18.1	9	8.6	7	6.7	21	20.0	19	18.1	12	11.4	18	17.1
	I prefer branches with a light workload.	8	7.6	11	10.5	7	6.7	10	9.5	15	14.3	22	21.0	32	30.5
	I prefer branches with comfortable assistantship training.	5	4.8	11	10.5	6	5.7	12	11.4	10	9.5	17	16.2	44	41.9
	I prefer branches where I do not need to develop a dialogue with the patient.	15	14.3	9	8.6	17	16.2	15	14.3	17	16.2	15	14.3	17	16.2
	I prefer branches where the performance score is fixed every month.	15	14.3	18	17.1	9	8.6	33	31.4	15	14.3	10	9.5	5	4.8
Health problems	I prefer branches that do not require much physical strength.	4	3.8	13	12.4	7	6.7	11	10.5	15	14.3	28	26.7	27	25.7
	I prefer branches that do not require me to run all the time.	10	9.5	12	11.4	11	10.5	15	14.3	18	17.1	18	17.1	21	20.0
	I prefer branches that do not require me to stand for a long time.	6	5.7	11	10.5	5	4.8	13	12.4	17	16.2	22	21.0	31	29.5
	I prefer branches where I will be less physically tired.	4	3.8	6	5.7	7	6.7	10	9.5	23	21.9	25	23.8	30	28.6
Status	Since I think that specialist physicians look at general practitioners negatively, I will choose a branch.	21	20.0	16	15.2	9	8.6	17	16.2	16	15.2	13	12.4	13	12.4
	I will choose a branch because I think being a specialist is prestigious.	10	9.5	8	7.6	11	10.5	20	19.0	17	16.2	23	21.9	16	15.2
	I prefer a branch to go to the compulsory service later.	38	36.2	20	19.0	10	9.5	22	21.0	6	5.7	2	1.9	7	6.7
	I will choose a branch because of the social pressure on physicians.	21	20.0	10	9.5	13	12.4	15	14.3	18	17.1	17	16.2	11	10.5
	I will choose a branch because I do not want to stay as a general practitioner	15	14.3	10	9.5	6	5.7	18	17.1	18	17.1	14	13.3	24	22.9
Emotional Involvement	I prefer branches that have the opportunity to do research.	12	11.4	4	3.8	8	7.6	25	23.8	22	21.0	17	16.2	17	16.2
	I prefer branches that require my lifelong reading and research.	15	14.3	12	11.4	12	11.4	28	26.7	22	21.0	7	6.7	9	8.6
	I prefer branches that suit my personal abilities.	0	0.0	0	0.0	1	1.0	10	9.5	23	21.9	30	28.6	41	39.0
	I always prefer branches that are in my ideal.	10	9.5	6	5.7	8	7.6	25	23.8	16	15.2	11	10.5	29	27.6

	I prefer branches that I think will work with high-level technology in the future.	15	14.3	9	8.6	7	6.7	36	34.3	19	18.1	9	8.6	10	9.5
	I prefer the branches of my professors that I was influenced by during my medical education.	18	17.1	13	12.4	11	10.5	18	17.1	19	18.1	17	16.2	9	8.6
	I prefer branches that suit my personality.	2	1.9	0	0.0	1	1.0	7	6.7	14	13.3	22	21.0	59	56.2
Earning	I prefer branches with high performance gain.	11	10.5	11	10.5	10	9.5	22	21.0	24	22.9	12	11.4	15	14.3
	I prefer branches with high performance scores.	12	11.4	10	9.5	13	12.4	21	20.0	22	21.0	12	11.4	15	14.3
	I prefer branches where I will earn more.	7	6.7	6	5.7	5	4.8	19	18.1	29	27.6	21	20.0	18	17.1
Gender and Marital Status	Gender is effective in choosing the branch of physicians.	9	8.6	4	3.8	5	4.8	9	8.6	40	38.1	26	24.8	12	11.4
	Male physicians tend to choose surgical branches.	9	8.6	7	6.7	6	5.7	16	15.2	39	37.1	20	19.0	8	7.6
	The number of shifts is important in the branch preference of female physicians.	7	6.7	6	5.7	6	5.7	10	9.5	23	21.9	31	29.5	22	21.0
	It is important that spouses are guided by the choice of branch of married physicians.	7	6.7	5	4.8	4	3.8	19	18.1	31	29.5	27	25.7	12	11.4

1: Strongly disagree, 2: Disagree, 3: somewhat disagree, 4: Neither agree nor disagree, 5: Agree a little, 6: Agree, 7: Strongly agree

Table 4. Comparison of subscales of “Physicians' Preference Tendencies of Specialty Branch Scale” by gender

Subscale	Female				Male				p ^a
	n	Mean	SD	Mean Rank	n	Mean	SD	Mean Rank	
Risk	45	5.36	1.46	54.38	60	5.25	1.47	51.97	0.687
Comfort	45	4.62	1.38	52.27	60	4.62	1.37	53.55	0.831
Health problems	45	5.14	1.59	57.01	60	4.81	1.57	49.99	0.241
Status	45	3.72	1.50	48.98	60	3.99	1.40	56.02	0.241
Emotional Involvement	45	4.68	1.05	51.18	60	4.75	0.96	54.37	0.595
Earning	45	4.53	1.43	54.76	60	4.36	1.77	51.68	0.607
Gender and Marital Status	45	4.61	1.49	50.62	60	4.97	1.03	54.78	0.486

^a: Mann-Whitney U test

Table 5. Comparison of subscales of “Physicians' Preference Tendencies of Specialty Branch Scale” by age groups

Subscale	24-29year				≥30year				p ^a
	n	Mean	SD	Mean Rank	n	Mean	SD	Mean Rank	
Risk	54	5.26	1.43	51.85	51	5.34	1.50	54.22	0.690
Comfort	54	4.62	1.27	51.91	51	4.62	1.47	54.16	0.705
Health problems	54	4.92	1.62	52.43	51	4.99	1.55	53.61	0.842
Status	54	3.63	1.42	46.60	51	4.14	1.44	59.77	0.027
Emotional Involvement	54	4.75	1.07	54.09	51	4.69	.92	51.84	0.705
Earning	54	4.52	1.49	54.11	51	4.34	1.78	51.82	0.699
Gender and Marital Status	54	4.74	1.30	50.74	51	4.89	1.21	55.39	0.432

^a: Mann-Whitney U test

It was tested whether the subscales of the scale changed according to married status

(Table 6). The subscales scores did not differ statistically significantly between single and married ($p>0.05$).

It was tested whether the subscales of the scale changed according to time spent in

residency training (Table 7). The subscales scores did not differ statistically significantly ≤ 1 year and >1 year ($p>0.05$).

Table 6. Comparison of subscales of "Physicians' Preference Tendencies of Specialty Branch Scale" by married status

Subscale	Single				Married				p ^a
	n	Mean	SD	Mean Rank	n	Mean	SD	Mean Rank	
Risk	43	5.24	1.34	50.57	62	5.34	1.54	54.69	0.495
Comfort	43	4.71	1.09	52.93	62	4.56	1.53	53.05	0.984
Health problems	43	4.74	1.60	48.71	62	5.10	1.56	55.98	0.228
Status	43	3.89	1.32	52.49	62	3.86	1.54	53.35	0.886
Emotional Involvement	43	4.69	1.05	51.24	62	4.74	0.96	54.22	0.622
Earning	43	4.72	1.40	57.58	62	4.24	1.76	49.82	0.197
Gender and Marital Status	43	4.87	1.11	53.48	62	4.77	1.35	52.67	0.893

^a: Mann-Whitney U test

Table 7. Comparison of subscales of "Physicians' Preference Tendencies of Specialty Branch Scale" by time spent in residency training (year)

Subscale	≤ 1 year				>1 year				p ^a
	n	Mean	SD	Mean Rank	n	Mean	SD	Mean Rank	
Risk	39	5.40	1.26	54.15	66	5.24	1.57	52.32	0.765
Comfort	39	4.89	1.17	58.47	66	4.46	1.45	49.77	0.156
Health problems	39	5.17	1.46	56.42	66	4.82	1.64	50.98	0.374
Status	39	4.09	1.36	57.15	66	3.75	1.49	50.55	0.282
Emotional Involvement	39	4.64	1.12	50.87	66	4.77	.92	54.26	0.582
Earning	39	4.41	1.57	53.12	66	4.45	1.68	52.93	0.976
Gender and Marital Status	39	4.92	1.16	55.69	66	4.75	1.31	51.41	0.484

^a: Mann-Whitney U test

DISCUSSION

It has been determined that there are not enough Family Medicine Specialists in the Family Medicine Practice process, which started with the pilot application in 2010 in our country. As a result, the increase in both family medicine clinics and "Assistant Physician"

quotas has become inevitable (2,21,22). As we stated in Table 2, Family Medicine was the department that took the most place among those who answered the questions of the first 3 branches that they wanted to choose among the participants in our study. This was followed by Dermatology and Psychiatry in the 1st

preferences, Physical Therapy and Rehabilitation and Emergency Medicine in the 2nd preferences, and Dermatology and Ear, Nose, Throat (ENT) departments in the 3rd preferences. Although the number of positions opened in any of the available resources is not included in the reasons for choosing the department, the factors affecting the choice of specialization in the study of Göktaş Dörtyol et al., is stated as the intensity of working hours (57.9%), financial return (51.9%) and malpractice risk (42.6%) (19).

In Hungary, the most important factor in the professional career has been identified as high income (23). It has been observed that general practice in England has a positive effect on medical graduates due to working conditions and hours (24).

Bowman and Halasy's research among medical school assistants resulted in Family Medicine, Emergency Medicine and Anesthesia (25). In another study in which 137 medical faculty assistants participated, ENT (27.7%), Ophthalmology (23.3%), Internal Medicine (20.5%) and Cardiology (20.4%) were the four most ideal branches. The least preferable department. General Surgery (43.0%). This was followed by Physical Therapy and Rehabilitation (26.3%) and Internal Medicine departments (24.9%) (26). Özveren listed the branches preferred by medical residents as 68% cardiology, 37.9% plastic, reconstructive and aesthetic surgery and

24.6% ophthalmology. The undesirable branches in the medical specialty exam are general surgery with 62.3%, neurosurgery with 25.3% and gynecology and obstetrics with 23.7% (27). There are similarities and differences between the results of our study and the literature. In both cases, it may be due to differences in the number of participants and varying working conditions according to the regions and regions where the studies were designed.

According to the Branch Preference Tendency Scale of the physicians we used in our study, there are subscales of the risk status attributed to the individual, the comfort of the branch in question, the health problems that may be encountered, the status differences that may be experienced due to the branch, the relationship of the branch with the personal mood, financial gain, gender and marital status. 57.1% male and 42.9% female, participated in the study. And a very high rate of training was received in internal branches (82.9%) As stated in Table 4, the subscale scores of the physicians did not differ according to gender (19). In a study evaluating the lecturers working in the Department of Obstetrics and Gynecology in our country, 42.62% of all employees were found to be women. Accordingly, it has been determined that the gender of the head of the department is female, which significantly increases the female dominance in the cadres (28). In the study in question, this difference

may have been detected in the relevant branch compared to other branches due to sociocultural reasons. In the study of Yılmaz et al., 49.2% female and 50.8% male assistant physicians were identified. More than half of them (54.5%) were working in internal medicine (29). In another study, it was concluded that male physicians preferred to specialize in surgery and female physicians preferred to specialize in internal medicine and basic medical sciences (30). In a study involving 368 people in Japan and examining gender differences in specialty preference, 227 of the participants were male. In the same study, women preferred internal medicine more than men, except for obstetrics and gynecology (31). In the study conducted in Saudi Arabia, it was determined that not only the decisions of individuals but also their social environment are effective in making branch selections according to gender (32). There are similarities between studies at the national level and differences at the international level. This may be due to the differences in sociocultural structures.

Medical assistants' preferences have evolved over time with quality of life or technological advances (33). The first two factors affecting the choice of specialization in Budapest are; while it is material gain and social status (34); Göktaş Dörtüol et al., concluded that specialization should be done for the reasons of professional satisfaction, career opportunity, economic comfort and

status, similar to the reasons for preferring the medical faculty (19). In the study conducted in Denizli, "professional satisfaction" with 71.5% among the reasons for the desire to become a specialist physician resulted in "better materiality" with 52.2% (35). Açıkgöz and colleagues declared the reasons for assistants' specialization goals as professional satisfaction, status opportunity and economic reasons (36). Takeda et al also reported that the choice of specialty will be affected by factors such as the characteristics and feasibility of the healthcare system or the reimbursement policies of the authorities (37). In the meta-analysis of Querdio et al., they divided the factors affecting the choice of specialty into 5 groups. Decisions made according to this classification are based on the education received at the faculty (e.g. curriculum structure), the characteristics of the assistants, the assistants' values (personal preferences), the characteristics they need to be satisfied (e.g. income, status, work life balance), the perception of their areas of specialization (e.g. extracurricular or internal experiences) are affected (38). In our study, there was a significant relationship only between the specialization status and age according to the subscales of the scale we used, but no significant correlation was found between the variables categorized with the other subgroups. In another study, it has been determined that the most common factors affecting the reasons for choosing the Histology

and Embryology branch of the physicians participating are those such as ‘setting aside time for oneself’, ‘number/ intensity of shifts’, ‘patient intensity’, ‘number of standby duty’ and ‘probability of exposure to violence’ (39). These differences between studies may be due to differences in study populations and designs.

Study Limitations

The study limitations include the use of a specific group in the community and a moderate sample size.

CONCLUSION

Due to multi-factorial changes, preferences for specialization areas change in processes that can be considered dynamic all over the world. Accessible national data is not yet fully sufficient, and there is a need for studies that are inclusive of the whole country and all areas of expertise. On a biopsychosocial basis, it is clear that everyone's dynamic is to work comfortably and harmoniously with teammates, without forcing the person. Based on the knowledge that preferences changed even faster after the pandemic that affected the whole world, we examined the specialty assistants in Ordu in our study. Gender, marital status, age and time spent in residency slightly changed the answers given to the survey questions, but a significant change occurred depending on the age factor. Those who are older make their choices by considering the position and prestige of the physician both in the working environment and in the society. As a result, the age of a general

practitioner appears to be an effective factor when choosing a specialty branch due to the concerns that can be gathered under the title of status.

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