## **WONCA Young Doctor's Movement**

# Young Doctor Movements: motives for membership among aspiring and young family physicians

### Kenneth Yakubu<sup>1</sup>, Kyle Hoedebecke<sup>2</sup>, Nagwa Nashat<sup>3</sup>

<sup>1</sup>Department of Family Medicine, University of Jos and Jos University Teaching Hospital, Jos, Nigeria, <sup>2</sup>Robinson Health Clinic, Fort Bragg, United States of America, <sup>3</sup>Department of Family Medicine, Menofiya University, Menofiya, Egypt

#### **ABSTRACT**

Background: Over the past decade, young doctor movements (YDMs) have gained recognition for their efforts in promoting the discipline of family medicine. With growth and expansion comes the need for an inquiry into the membership motives of current/intending members. Aim and Objectives: This study was aimed at determining the main reasons why young and aspiring family physicians (FPs) joined their regional YDM. It was also concerned with determining the main factors that will make non-members want to join a YDM as well as assessing for differences in the responses within YDM members on the one hand, and between YDM members and non-members on the other. Materials and Methods: This was a cross-sectional web-based study. Using a list of 11 items generated following a series of discussions and feedback among selected FPs and FP trainees, respondents annotated levels of agreement on reasons for current or desired YDM membership. The Mann-Whitney U test was used to determine the distribution and differences in the mean of rank scores of the responses from YDM and non-YDM members while the Kruskal-Wallis test was used to describe same for the various YDMs. Results: The total number of respondents was 200, out of which 102 (51.0%) were current YDM members, 97 (48.5%) were non-members and 1 (0.5%) respondent did not state his/her membership status. Non-YDM members indicated a predominantly academic/professional motive for membership while YDM members indicated the opportunity to socialise with FPs abroad and in their country as their foremost reasons for membership. A mixture of academic, professional and social motives was observed for respondents from Vasco da Gama; predominantly academic and professional motives for respondents from Spice route. Conclusions: While gaining recognition and improving one's practice may be the ultimate goal of an aspiring FP, socialising within a network of like-minded professionals maybe the young FP's way of coping with demands of the discipline.

Keywords: Family physicians, mentors, social capital

#### Introduction

Over the past 10 years, the World Organisation of Family Doctors (WONCA) has benefited from and supported the development of young doctor movements (YDMs) comprised of individuals within five years of residency completion and family medicine (FM) trainees. Increasingly, these groups are reaching out to medical doctors and students as potential participants.<sup>[1]</sup> Each YDM serves similar to a special interest group. Though each is slightly different, all have a regional Chair as well as representatives for each FM academy/college. Membership is limited to the aforementioned criteria and without dues. The budgets are minimal and are supported by national academies, fundraising, conference attendances, and donations.



The first YDM, Vasco da Gama (VdGM), was conceived as a grassroots movement by junior family physicians (FPs) and general practitioners (GPs) throughout Europe in 2005. After several years of success and rapid growth, this concept spread rapidly throughout the world. First came Rajakumar (Asia Pacific) in 2009, then the Spice Route (South Asia) and Waynakay (Latin America) in 2010, Al Razi (East Mediterranean Region) as well as AfriWon Renaissance (Africa) in 2013, and finally Wonca Polaris in 2014.<sup>[2]</sup>

YDMs promote the discipline by increasing opportunities to acquire new skills, creating a forum for support and information, establishing a communication network, improving the quality of FM training programs by creating a central information database, promoting mentoring, sharing best practices, publishing news about the movements for national colleges and associations, providing access to WONCA international and regional

Address for correspondence: Dr. Kenneth Yakubu, Department of Family Medicine, Jos University Teaching Hospital, P.M.B 2076, Jos, Plateau State, Nigeria. E-mail: danmasani1016@gmail.com

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conferences, developing junior doctors conferences, contributing to the development of new and future FP representation and encouraging foreign exchanges among young FPs.<sup>[2-4]</sup>

Innovation, especially when intertwined with positive social interactions, proves integral and manifests itself through the events performed by their leadership and members. The most popular activities are the pre-conferences, novel adjuncts to standard FP conferences coordinated by YDMs and have occurred in various countries around the globe. [5] Exchanges are another popular item with YDMs collaborating to increase availability and a global standard of exchanges. [6] Still other aims include international research, leadership and teaching opportunities. All of these are likely reasons for expanding YDM popularity and influence.

Though YDMs have gained prominence over the past decade, minimal inquiry into members' motives exists. This is necessary to determine if there is a proper alignment between the expectations of members, would-be members and the stated YDMs' role in family medicine promotion and development.

#### **Objectives**

This study's objectives include: (1) determining major reasons why young FPs (those <5 years of residency completion) and aspiring FPs joined their regional YDM and are involved in their activities, (2) determining the main factors that will make non-members want to join a YDM, (3) assessing for differences in the responses between YDM members and non-members and (4) studying differences in the responses between the YDM members.

#### Materials and Methods

The study population included young FPs (≤5 years after residency completion) and aspiring FPs (FP trainees, medical degree holders and medical students who have chosen family medicine as a career). Using Open Epi version 2.2.1, a 95% confidence interval (CI) was selected on the assumption that 50% of an infinite population of young and aspiring FPs would agree to the listed reasons for joining a YDM. A sample size of 384 was calculated. A convenience sampling method was used by posting the survey link to the online YDM platforms, departments of family medicine websites and online platforms of young doctors in the various WONCA regions. Responses of all those who opted into the survey and met the inclusion criteria were included. Face and content validity for the survey tool was ascertained following two discussion and feedback sessions with a group of nine young FPs (five FP trainees and three FPs in Nigeria with input from a FP from the USA). Five cycles of the survey were sent. Using a five-point Likert scale (i.e. strongly agree, agree, neutral, disagree and strongly disagree), respondents indicated to what extent they agreed to each item as being the possible reason they joined (or may want to join) a YDM. Demographic data included age, gender, specific YDMs and professional status. The Mann-Whitney U

test was used for the distribution of responses and to test for statistically significant difference. The Kruskal–Wallis test was used to describe the distribution of responses by the various YDMs as well as to test for statistically significant difference. The Chi-square test was used to determine association between age groups, gender, professional status and agreement with the listed reasons for joining YDM. SPSS (version 16) was used for the analyses.

#### Results

Respondents were practicing/aspiring FPs from 40 countries across all WONCA regions. The total number of respondents was 200. The mean age (SD) was 32.3 years (4.9) and the largest group by age (41.5%) was between 25 and 30 years. Female respondents were 86 (43.0%) while the male respondents were 84 (42%); 30 (15%) of the respondents did not state their gender. Young FPs who were <5 years post-residency were 80 out of the 200 respondents (40%), FP trainees were 109 (54.5%), medical degree holders about to start family medicine residency were 4 (2%), medical students who had chosen a career in family medicine were 6 (3%); 1 respondent did not state his/her current status.

Further classification of the respondents showed that 102 (51.0%) were current YDM members, 97 (48.5%) were non-members and 1 (0.5%) respondent did not state his/her status. Out of the 102 current YDM members, 49 (48%) were FPs while 53 (52%) were aspiring FPs. Among the 97 respondents who were not yet members of YDM, there were more aspiring FPs (66 out of 97; 68%) than FPs (31 out of 97; 31.9%), which was statistically significant ( $\chi^2 = 4.69$ , df = 1, P = 0.03). Of the 102 YDM members: 38 (39.2%) belonged to Vasco da Gama, 23 (23.7%) to AfriWon Renaissance, 13 (13.4%) to Waynakay, 11 (11.3%) to Wonca Polaris, 5 (5.2%) to Spice Route Movement, 5 (5.2) to Al Razi Movement, 2 (2.1%) to Rajakumar Movement and 5 did not state their YDM. This was a random occurrence as YDM members had equal opportunity to participate.

With regards the annotated reasons for joining a YDM, YDM members had the highest mean rank score on item 6 (i.e., the opportunity to socialise with other FPs abroad) followed by the desire to socialise with FPs within their country. The need for mentorship had the least mean rank score [Table 1]. Non-YDM members had the highest mean rank score on item 4 (i.e., the need for mentorship) followed by the desire to improve their practice. Their least mean rank score was item 6, the need to socialise with other FPs in their country [Table 1]. Statistically significant difference in the mean rank score for YDM members and non-members was noted for item 2 (joining to improve their practice), item 4 (opportunity for mentorship) and item 9 (meeting academic needs beyond what their institutions could) [Table 2].

Respondents from Vasco da Gama had the highest mean rank scores for items 2, 3, 5, 7, 8 and 10; while those from Spice

route had the highest mean rank scores for items 1,4,9 and 11. Respondents from Waynakay had the highest mean rank score for item 6 [Figure 1]. Significant differences for the mean rank scores were seen for items 2, 5, 9 and 10 [Table 3].

Irrespective of the type of YDM, being an aspiring FP was associated with joining/wanting to join a YDM for recognition as a FP ( $\chi^2 = 4.72$ , df = 1, P = 0.03) and the desire to improve practice ( $\chi^2 = 5.89$ , df = 1, P = 0.02), while respondents younger or equal to 32 years of age were associated with joining/wanting to join a YDM for foreign exchange ( $\chi^2 = 4.83$ , df = 1, P = 0.03) [Tables 4–6].

#### Discussion

This survey has provided insight into young/aspiring FPs' motives for current or desired YDM participation. To the

Table 1: Comparing YDM and non-YDM members for each annotated reason for membership

Ranks				
	Part of	N	Mean	Sum of
	a YDM?		rank	ranks
1. Helps me gain recognition	Yes	94	87.27	8203.50
	No	88	96.02	8449.50
	Total	182		
2. Helps me improve my practice	Yes	95	81.94	7784.50
	No	88	102.86	9051.50
	Total	183		
3. Collaborative research	Yes	95	85.86	8156.50
	No	88	98.63	8679.50
	Total	183		
4. Opportunity for mentorship	Yes	95	78.76	7482.50
	No	88	106.29	9353.50
	Total	183		
5. Opportunity for foreign exchange	Yes	96	92.73	8902.00
	No	88	92.25	8118.00
	Total	184		
6. Opportunity to socialize in my country	Yes	95	94.37	8965.00
	No	88	89.44	7871.00
	Total	183		
7. Opportunity to socialize abroad	Yes	95	97.60	9272.00
	No	89	87.06	7748.00
	Total	184		
8. Global opportunities	Yes	94	90.91	8546.00
	No	89	93.15	8290.00
	Total	183		
9. Academic and professional needs	Yes	96	85.00	8160.00
beyond what my institution can meet	No	89	101.63	9045.00
	Total	185		
10. Social needs beyond what my	Yes	96	90.66	8703.50
institution can meet	No	89	95.52	8501.50
	Total	185		
11. Opportunity for medical leadership	Yes	95	92.76	8812.00
	No	89	92.22	8208.00
	Total	184		

<sup>\*</sup>Missing values ranged from 15 to 18 for each of the responses.

Non-YDM members had higher sum of rank scores on all items except 5,6,7,8, 10 and 11. Their two highest mean rank scores was for items 2 and 4. The two highest mean rank scores for the YDM members were on items 6 and 7 while their two least mean rank scores were for items 2 and 4.

authors' knowledge, this is the first study addressing the objectives enumerated above; hence comparisons with similar studies are limited.



Figure 1: Comparing the various YDMs for each annotated reason for membership

Table 2: Difference in the sum of rank scores of the responses from YDM and non-YDM members

Test statistics <sup>a</sup>	Mann-Whitney U Asymp. Sig		
		(2-tailed)	
1. Helps me gain recognition	3738.5	0.243	
2. Helps me improve my practice	3224.5	0.004	
3. Collaborative research	3596.5	0.072	
4. Opportunity for mentorship	2922.5	0.001	
5. Opportunity for foreign exchange	4202.0	0.948	
6. Opportunity to socialize in my country	3955.0	0.497	
7. Opportunity to socialize abroad	3743.0	0.136	
8. Global opportunities	4081.0	0.756	
9. Academic and professional needs	3504.0	0.025	
beyond what my institution can meet			
10. Social needs beyond what my	4047.5	0.508	
institution can meet			
11. Opportunity for medical leadership	4203.0	0.942	
<sup>a</sup> Grouping variable: Are you currently part of a young do	octors movement? $\alpha$ =0.05.		

\*Grouping variable: Are you currently part of a young doctors movement? α=0.05.

Non-YDM members and YDM members differed significantly in the sum of ranks scores for items 2,

Table 3: Difference in mean rank scores of the responses from the various YDMs

Test Statistics <sup>a,b</sup>	Chi-Square	d	Asymp. Sig.
1. Helps me gain recognition	1.164	6	0.979
2. Helps me improve my practice	15.699	6	0.015
3. Collaborative research	7.548	6	0.273
4. Opportunity for mentorship	8.012	6	0.237
5. Opportunity for foreign exchange	16.091	6	0.013
6. Opportunity to socialize in my country	6.098	6	0.412
7. Opportunity to socialize abroad	9.468	6	0.149
8. Global opportunities	4.387	6	0.625
9. Academic and professional needs	14.923	6	0.021
beyond what my institution can meet			
10. Social needs beyond what my	18.558	6	0.005
institution can meet			
11. Opportunity for medical leadership	10.571	6	0.103

 $^a$ Kruskal-Wallis test,  $^b$ Grouping variable: Type of YDM  $\alpha{=}0.05.$  Respondents from the various YDM differed significantly in the mean ranks scores for items 2, 5, 9 and 10

Table 4: A cross tabulation of participant's status and their response to gaining recognition as a reason for joining a YDM

	Helps me gain recognition		Total
	Disagreed	Agreed	
Status			
Young FP	35	40	75
Aspiring FP	33	74	107
Total	68	114	182
Non-responses=18			
Pearson Chi square	$\chi^2 = 4.72$	df=1	P=0.03

α=0.05, YDM: Young doctor movements

Table 5: A cross tabulation of participant's status and their response to improvement of their practice as a reason for joining a YDM

	The desire to improve practice		Total
	Disagreed	Agreed	
Status			
Young FP	24	51	75
Aspiring FP	18	90	108
Total	42	141	183
Non-responses=17			
Pearson Chi square	$\chi^2 = 5.89$	df=1	P=0.02

YDM: Young doctor movements; α=0.05

Table 6: A cross tabulation of participants' age group and their response to foreign exchanges being a reason for joining a YDM

	Foreign exchanges as a reason for membership		Total
	Disagreed	agree	
Age group			
≤32 years	13	86	99
>32 years	22	63	85
Total	35	149	184
Non-responses=16			
Pearson Chi square	$\chi^2 = 4.83$	df=1	P=0.03

YDM: Young doctor movements; α=0.05

Socialising with other FPs abroad and in their country were the two foremost reasons stated by YDM members for their membership. This is not surprising considering the role of the social media in connecting young professionals locally and globally and suggests that YDM members are interested in social networks with other young FPs. These findings support observations made in an article describing young doctors as "Generation X" and "Generation Y" and saying that "being a doctor is interesting and good and I hope I am good at it, but there are a lot of other things in my life that are equally important." This description may well fit these respondents and thus suggests that young FPs/aspiring FPs who are YDM members look beyond work to building relationships with their kind. Anecdotal findings at recent YDM activities have shown that young FPs interact with their cohort across the globe, travel

and attend conferences with interactions transcending academics or research in order to socialise and create bonds. This is in contrast to findings suggesting that physicians tend to work in isolation with 50% of their professional interactions being patient referrals and the remaining 50% consisting of collegial interactions with friends/co-workers and associations within practice groups or hospitals.<sup>[8]</sup>

These findings do not negate the professional outlook of YDMs where respondents appear to have invested in social networks from which academic/professional ideals are developed. This is in contrast with non-YDM members who had a predominant academic/professional motive for wanting to join a YDM. The reason may not be unconnected with the fact that most of the non-YDM respondents were aspiring FPs seeing YDMs as a means to gain recognition and improve their practice. Perhaps a predominant social motive for YDM membership is the young FP's way of coping with the demands of the profession.

Looking for differences among different YDMs, Vasco da Gama participants expressed the greatest interest in: improving their practice, collaborative research, foreign exchange, socialising with young FPs abroad, global opportunities and social needs beyond what their institution could offer. This is not surprising considering that this was the first Movement with the opportunity to grow into a larger organisation compared to other YDMs. It has been successful in its ability to create a brand and "market" FM in unique ways that appeal to young FPs across Europe. [9]

On the other hand, Spice Route respondents indicated their greatest interest in: gaining recognition as FPs, opportunities for mentorship, academic/professional needs beyond what their institution could offer and opportunities for medical leadership. The reasons stated may represent efforts to promote regional FM recognition as a specialty. [10,11] The first 2 of 10 items contained in the mission/vision statement of the Spice Route Movement reads thus: "Foster mentoring between current and future leaders in family medicine in the South Asia Region" and "Promote representation by young family medicine leaders in the South Asia Region." [11] If these are taken as their top priorities, then these findings reflect the unique needs of young FPs in this region. Additionally, the Spice Route stands out in its ability to address these needs.

Interestingly, despite the perceived benefits of mentoring as described by the National College of Physicians, [12] the least number of YDM members indicated the need for mentoring as reason for joining. Mentoring requires a relationship between the less experienced and the battle tested physician. Often times this is hindered by conflicts between the existing generations of doctors. [7] The Spice Route movement may have employed a successful model in helping bridge the generation gap. This may not be unconnected to the societal influence and the respect for elders displayed in this region. Perhaps other regions may benefit from this model or allowing for societal differences, they

may choose to add a peer-based mentoring program to existing models of mentoring. [13,14]

Respondents from Waynakay expressed that their main reason for participation was to socialise within the country. This suggests that young FPs from this YDM preferred a national social network probably as a result of issues of trust and an aversion for risk or a preference for already established identity, practices and norms. It brings to the fore an existing academic discourse on social capital in which bonding social capital was referred to as "inward looking bonds, focusing on relationships and networks of trust and reciprocity that reinforce ties within groups."<sup>[15]</sup> This is in contrast to bridging social capital which "is concerned with outward looking connections amongst heterogeneous groups."<sup>[15]</sup>

This study's strengths include being able to obtain responses from young/aspiring FPs across all WONCA regions and as such achieved good coverage despite being unable to attain the minimum sample size and equal representation of YDM respondents. It also provides useful suggestions on the predominant needs of young and aspiring FPs as well as their motives for YDM membership. This will no doubt guide current and future efforts in providing leadership for this unique group

#### Conclusion

While recognition as a FP and improving one's practice may be the ultimate goal of an aspiring FP; socialising within a network of like-minded professionals, maybe the young FP's way of coping with the demands of the discipline.

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