

POSTER ABSTRACT

Financial determinants of career path selection among future physicians in the concept of reducing medical deserts in Poland

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Background: Funding alone is not enough for effective healthcare systems. Low salaries lead to deregulated working conditions, resulting in healthcare disparities. Conversely, limited financial expenditure on developing and maintaining the healthcare system is a significant factor in the emergence of medical deserts. One important consequence of dysfunctional healthcare systems is the deregulation of medical personnel's working conditions, which are influenced by relatively low salaries. This results in growing disparities in access to healthcare in the form of medical deserts.

Approach: The study determined financial expectations and external incentives regarding professional choices for future physicians. Literature review, quantitative study using a questionnaire for analysis of the attitudes and career plans of future physicians and individual in-depth interviews with system experts was accomplished.

Results: The mean expected net monthly salary after specialization was 18 342 PLN ($\approx$ €4 270). Male students expected higher pay than females (20 022 PLN $\approx$ €4 660 vs 17 361 PLN $\approx$ €4 040; $p = 0.03$). Financial expectations increased with family affluence ($p = 0.0004$) but were unrelated to place of origin or preferred workplace. Preferred specialization strongly differentiated expectations: plastic surgery (33 166 PLN $\approx$ €7 710) ranked highest, whereas family medicine (9 250 PLN $\approx$ €2 150) and haematology (10 000 PLN $\approx$ €2 330) were lowest.

The research demonstrated that the financial expectations of future physicians were relatively high, yet still achievable under Polish conditions. Interestingly, students interested in family medicine expected lower salaries than those very often earned in this specialization in Poland.

Implications: Limited interest in family medicine may stem not only from working conditions but also from misperceptions of inadequate remuneration. Ensuring competitive pay in this field—and communicating evidence on possible and actual income levels to students—could enhance recruitment and retention in primary care. Aligning perceived and real income levels may therefore help counteract the development of medical deserts.