**Additional File 1: Theme tables emerged from the analysis of focus groups**

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| --- | --- | --- | --- | --- |
| **Context** | **Theme** | **Sub-theme** | **Code** | **Manifestation** |
| Physician-patient relationship | Negative impacts on the physician-patient relationship | Impairment of the physician-patient communication | Feeling anger towards patients | Anger |
| Physician’s being nervous/intolerant in his/her relationship with patients | Intolerance |
| Physician’s behaving timidly his/her relationship with patients | Timidity |
| Physician’s being subjected to inappropriate behaviors | Impertinent expectations of the service recipients’ from physicians | Decrease in professional satisfaction |
| Being subjected to intolerance from patients |
| Being subjected to aggressive behavior from patients |
| Service recipients’ complaining about the physician (to the administration) |
| Disparagement of the physician | Not being respected by the patients |
| Physician-patient relative relationship | Negative impacts on the physician-patient relative relationship | Impairment of the physician-patient relative communication | Feeling anger towards patient relatives | Anger |
| Physician’s being subjected to inappropriate attitude | Being insulted by the patient relatives | Decrease in professional satisfaction |
| Not being understood by the patient relatives |
| Disparagement of the physician | Not being respected by the patient relatives |
| Superior-subordinate relationship | Negative impacts on the superior-subordinate relationship | Feeling less respect for superiors | Residents’ witnessing unethical attitude/behavior/decisions of the superiors | Derogation of the superiors |
| Faculty members’ losing their value in the eyes of young physicians |
| Feeling anger towards superiors | Superiors’ effort to cover up/ignore the tension between the physician and the patient | Isolation |
| Superiors’ seeing residents as instruments | Anger |
| Relationships among health professionals | Disturbance of peace at the workplace | Impairment of the relationships in the team | Feeling embarrassed before teammates | Feelings of loneliness  Feeling unsupported  Feeling under threat  Distrust  Anxiety |
| Feeling anger towards teammates |
| Unrest in the team because of subordinates’ earning more than superiors |
| Relationships in the team being negatively affected by increased workload |
| Cases of “stealing patients” within the department |
| Deterioration of the relationships among physicians | Attempt of physicians at the same institution to snatch points from each other |
| Physicians’ accusing each other of theft |
| Conflict arising from the deformation of income distribution |
| Colleagues’ being nervous at the workplace |
| Feeling less respect for the colleagues |
| Rise of distrust among colleagues |
| Deterioration of the relationships among health professionals | Difference of opinion among health professionals on the payment received |
| Deterioration of the relationships among departments | Rise of competition among different departments |
| Breakdown of the relationships between the physicians working in different departments |
| Cases of “stealing patients” among the branches |
| Impairment of the solidarity among health professionals | - | Prevention of health professionals’ acting together |
| Rise of competition among physicians |

Table 1: Thematic pattern of the “relationships at work” concept

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Context** | **Theme** | **Sub-theme** | **Code** | **Manifestation** |
| Family life of the physician | Negative impacts on family relationships | Decrease in the frequency of seeing family members | Family relationships’ fading into the background | Being destitute of social support |
| Physician’s not being able to spare time for his/her family |
| Decrease in the quality of communication with the family | Being intolerant even of the littlest things in family life |
| Overworking leading to tension in physician’s family life |
| Family relationships’ getting superficial |
| Feeling responsible to family members |  | Not being able to take care of the health of family members | Feelings of guilt |
| Worrying about the family members |
| Family’s adopting a supportive attitude | Need for family support | Family members understanding the exhaustion the physician experience | Needing social support |
| Family support providing the strength to withstand professional challenges |
| Making sacrifices for the spouse who is a physician |
| Expecting sympathy from family members |
| Family members’ showing patience |
| Social life of the physician | Impairment of social relationships/life | - | Shrinking of the social circle | A barren social life |
| Limitation of the social life due to workload |

Table 2: Thematic pattern of the “family and social relationships” concept

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Context** | **Theme** | **Sub-theme** | **Code** | **Manifestation** |
| Working conditions of the physicians | Increase in the workload of the physicians | Increase in the number of patients | Booming of the number/circulation of patients | Burnout  Not being able to refresh himself/herself |
| Seeing too many patients in little time |
| Administrative tendency to have all the patients see a physician |
| Patients’ seeing more than one physician for the same medical problem |
| Extended bureaucratic procedures | Workload caused by the obligation to enter the performed procedures into the database |
| Physician’s sparing too much time for the records of medical procedures |
| Understaffing | Insufficient number of health professionals other than physicians |
| Reduction of the number of health professionals in an attempt to cut the costs |
| The attempt to keep the system operating with a limited number of personnel |
| Increase in the physicians’ workload because of the personnel on leave |
| Being forced to perform duties that are not in the job description | Physicians’ performing secretarial tasks |
| Doing other people’s tasks all the time |
| Trying to perform a number of tasks at the same time |
| Worrying over losing points | Overworking to earn the optimum income |
| Not taking a leave in order not to lose points |
| Worrying about maintaining the quality of service | Physician’s working off-the-clock |
| Not wanting to be the person who impedes completion of the works |
| Increase in the number of the medical procedures performed | Increase in the number of test orders |
| Administration of unnecessary treatments |
| Lack of time |  | Having difficulties in taking a leave due to busy work | Not being able to refresh himself/herself |
| Loss of pay due to leave |
| Having no time left for patient examination |
| Desire to get away from the workload by becoming a specialist |
| Working under pressure | Pressure put by the administration of the institution on the physicians | Working under the pressure of seeing patients all the time | Being exposed to mobbing  Feeling under threat  Anxiety |
| Health institution’s encouraging the physician to prioritize procedures which would award more points |
| Physicians’ being pressured into looking out for hospital income |
| Being warned against admitting complicated patients |
| Being pressured into juggling with the figures in the database |
| Being subjected to bureaucratic pressure | Feeling under the pressure of prosecution for malpractice |
| Being warned against admitting the patients in need of treatment which would cause budget overrun |
| Inspection of clinics by the hospital administration |
| Hospital administration lecturing the clinics on profitability |
| Clinics being warned against making loss |
| Being pressured into standardizing the outpatient length of stay in clinics |
| Superiors’ pressure on the physicians | Being accused of not having worked efficiently before the performance system was introduced |
| Being pressured over performance records |
| Competition pressure | Different disciplines inspecting each other |
| Worrying over increasing the efficiency of the hospital |
| Pressure coming from the colleagues | Being pressured by the colleagues into seeing more patients |
| Exclusion of the physicians who try to act properly |
| Worrying over being complained about | Working under the risk of being complained about by the patients |

Table 3: Thematic pattern of the “working conditions” concept

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Context** | **Theme** | **Sub-theme** | **Code** | **Manifestation** |
| Residency training | Decline in the quality of the residency training | Residency training fading into the background | Reduction in the time spared for residency training | Not being able to develop competence |
| Physician’s not being able to find time to learn from his/her superiors |
| Decline in the quality of the residency training due to work overload |
| Decline in the quality of the case-based residency training | Not being able to see patients together with superiors (outpatient clinic) | Being destitute of the guidance of an educator |
| Not being able to discuss the medical cases with superiors |
| No occurrence of bedside learning/training |
| Not being able to consult superiors about the condition of patients |
| Physicians’ not being able to develop themselves professionally | Physician’s not being able to participate in academic meetings/professional courses | Not being able to develop competence |
| Not being able to see/learn varied medical practices |

Table 4: Thematic pattern of the “quality of the residency training” concept

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Context** | **Theme** | **Sub-theme** | **Code** | **Manifestation** |
| Healthcare services provided by the physician | Decline in service quality | Physician’s not being able to provide patients with proper care | Not being able to examine patients properly | Feelings of professional incompetence  Losing self-esteem in professional terms |
| Not being able to find time to make necessary explanations to the patient |
| Not being able to make time for the treatment the patient needs |
| Not being able to follow up his/her patients |
| Physician’s not being able to pay proper attention to patients | Not being able to listen to the patients properly |
| Not being able to provide life style guidance to the patients |
| Not being able to meet the basic expectations of patients |
| Ignoring the differences between patients |
| Examining more than one patient in the outpatient clinic |
| Physician’s not being able to practice his/her profession properly | Automation in service provision |
| Making medical errors more frequently |
| Excessive number of requests for consultation |
| Decrease in time allocated by the physician to each patient |
| Healthcare services received by the patients | Decline in service quality | Negative impacts on patients’ health | Delayed/late diagnosis | Feeling responsible to patients  Feeling embarrassed |
| Failure to follow basic medical procedures (Physical examination, anamnesis) |
| Delayed recovery process |
| Some patients’ being deprived of treatment due to package overrun |
| Difficulties in accessing the physician to ask for advice |
| Negative effects of the decline in the physicians’ quality of life on patients |
| Positive opinions of the patients | - | Patients’ thinking that they receive better care than before | Professional satisfaction |

Table 5: Thematic pattern of the “quality of healthcare services” concept

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Context** | **Theme** | **Sub-theme** | **Code** | **Manifestation** |
| Effects of the performance system | Positive aspects of the performance system | Improvement in the efficiency of healthcare services | Acceleration of the service-related processes | Neutral |
| Making those who do not want to work work | Professional satisfaction |
| Income growth | The idea that the performance system increases the income |
| Increased access to physicians | Increase in patient access to physicians |
| Negative aspects of the performance system | Decline in the quality of healthcare services due to standardized diagnoses | The fact that the required medical procedures cannot be performed due to limited insurance coverage | Witnessing unruliness |
| Difficulty in standardizing the tests requested |
| Negative impacts on teamwork | Disruption of the coordination among departments |
| Disruption of team functioning due to exhaustion | Getting tired unnecessarily |
| Problems with time management | Decrease in the examination time due to entering the procedures into the database |
| Disruption of the organization of healthcare services | Disruption of a well-functioning system for the sake of unearned income | Witnessing unfairness  Witnessing unruliness |
| Disruption of the functioning staff organization |
| Arbitrary/unruly behaviors of the new administration |
| Defunctionalization of the competent staff |
| Corruption | Disregard for merits |
| Decline in the quality of healthcare services |
| Flouting of ethical values in healthcare settings | Witnessing unethical behaviors  Being a part of unethical practices |
| Encouragement of inappropriate behaviors by the system | Increased rate of record-keeping violations |
| Prompting people to engage in wrong behaviors |
| Being encouraged to resort to effortless practices |
| Being encouraged to resort to practices that would award points |
| Dysfunctioning of the healthcare system | The healthcare system providing no benefit for anyone | Sense of meaninglessness |
| Decline in the efficiency of healthcare services |
| Increase in healthcare costs | Emergence of the need for extra labor force in healthcare |
| Deformation of income distribution among health professionals | Underpayment to health professionals’ other than physicians | Witnessing unfairness |
| Unfair payments when compared to other occupational groups |
| Unfairness of the salary system | The disproportion between the heavy working conditions and the amount paid in return | Being subjected to unfairness |
| Preference of adequate and fixed income over additional payments |
| No increase in the total amount paid to the physicians |
| Additional payments’ having no effect on pension receivables |
| Insufficient fees assigned for each unit of practice |
| One not being fairly paid in return for his/her work |
| Decrease in additional payments in the course of time |
| Inadequacy of physician salaries |
| Thinking that the payment being received is already well-deserved |
| Physicians’ turning into laborers | Residents’ turning into cheap labor | Being subjected to exploitation |
| Interns being considered as cheap labor |
| Cheapening of the physician’s labor |
| Impoverishment of the physicians |
| Melting down of the physician salaries |
| Disparagement of the physicians | Physicians’ being looked down upon as potential imposters | Being labeled  Derogation |
| Physicians’ losing their social status |
| Politicians’ not respecting physicians |
| Politicians’ disparaging the physicians |
| The profession losing its reputation in the society |
| Repudiation of the effort put in by the physician |
| Violence against physicians | Threats/insults directed by patient relatives at physicians | Being concerned about the security of life |
| The fact that the system enables the service recipients to let out their accumulated rage at physicians |
| Physicians’ being pointed as targets by the politicians |
| Commercialization of healthcare | Commercialization of the service provision | Sense of meaninglessness |
| The fact that professional success is measured by the profit generated for the institution |
| Evaluation of the profession merely with reference to money |
| Physicians’ being evaluated over the revenue they generate for the institution they work for | Being exploited/ Derogation |
| Paradigm shift in the provision of healthcare services | Performance system dictating the services to be provided | Sense of meaninglessness |
| The fact that the points have become the assessment criterion for service quality |
| Shifting professional priorities towards gaining more points |
| Money becoming a key determinant in healthcare service |
| Disintegration of the tradition of care |
| Distortion of the facts about performance system | Failure to offer service recipients an insight into the performance system | Facing false accusations |
| Misinformation of public about the remuneration process |
| The idea that physicians are mispresented to the society | Fostering the idea that the unfavorable situations are caused by physicians |
| Accusation of physicians of being money-grubber |
| Misrepresentation of the physicians’ working conditions to the public |
| Placing the burden of the problems created by the system upon physicians |
| The system pushing people into competition | Encouragement of competition by the system | Being subjected to exploitation |
| Competition among individuals due to unfair distribution of income |
| Thinking that the system is wrong | Finding it wrong that the additional payments exceed the base salary | Witnessing unfairness |
| The fact that the performance system is based upon unfair distribution of income |
| The fact that the system has been launched without a well-conceived plan | Being a part of wrong practices |
| The fact that the system has been introduced as part of a populist agenda |
| Not believing in the parameters of the performance system | Unfairness of the standards of the scoring |
| Not scoring the good medical practice |
| Not measuring the quality of healthcare services |
| Breakdown of solidarity among physicians | Absence of struggle for the rights lost | Loneliness |
| Rise of indifference among physicians | Insensitivity to existing problems | Cynicism |
| Depoliticization |
| Physicians’ expressing their objections | Physicians’ not being able to have a say in the decision-making process related to their profession | Solution seeking |

Table 6: Thematic pattern of the “healthcare-system related consequences” concept

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Context** | **Theme** | **Sub-theme** | **Code** | **Manifestation** |
| Estrangement of the physician | Changes in the physician’s perception of the profession | Physician’s estrangement from his/her profession | Decrease in the physician’s faith in his/her profession | Physician’s estrangement from the production process |
| Decrease in the physician’s respect for the profession |
| Erosion/shaking/breaking down of the professional ideals |
| Professional practices’ becoming monotonous |
| Professional dissatisfaction |
| Losing control over the profession as a physician |
| Estrangement from the objectives of the profession |
| Pessimism about the future of the profession |
| Not wanting to be a physician/not wanting to practice medicine anymore |
| Changes in the physician’s perception of other people | Physician’s estrangement from the patients | Anger towards the public | Physician’s estrangement from human relationships |
| Distrust in the public |
| Feelings of anger towards patients |
| Physician’s being nervous/intolerant in his/her relationship with the patient |
| Physician’s estrangement from other people | Decrease in the desire to meet friends |
| Desire to be alone |
| Quest for silence |
| Changes in the physician’s perception of his/her self | Physician’s estrangement from himself/herself as a professional | Physician’s losing self-confidence | Physician’s estrangement from his/her own labor process |
| Physician’s losing self-esteem |
| Physician’s not being able to protect his/her dignity |
| Not being able to meet professional requirements |
| Physician’s estrangement from himself/herself as a human being | The feeling of not being effective in his/her own life | Physician’s estrangement from his/her own existence |
| Not being the same person anymore/Being transformed |
| Not having a life outside of work/Detachment from life |
| Not being able to interpret what one is going through due to work overload |
| Not being able to develop consciousness due to work overload |

Table 7: Thematic pattern of the “Estrangement of the physician” concept

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Context** | **Theme** | **Sub-theme** | **Code** | **Manifestation** |
| Psychology of the physician | Negative impacts on the physician’s mental health | Increase in professional anxiety | The fact that the possibility of overrunning the package causes stress | Decrease in the quality of life of the physician |
| Fear of being complained about |
| Experiencing work-related anxiety on days off |
| Anxiety arising from the competition among the physicians |
| Physicians’ experiencing anxiety about maintaining their lives |
| Breaking of the peaceful atmosphere at the workplace |
| The anxiety of feeling that anything can change at any time |
| Not being able to resign due to fear of insecurity |
| Burnout | Physicians’ not being able to find time rest on workdays |
| Forgetting/failing to follow routine/daily activities |
| Physician’s not being able to meet his/her basic needs due to work |
| Weariness arising from solving problems ceaselessly |
| Feeling of suffocation due to the fact that everyone has a demand from the physician |
| Becoming a more angry/intolerant person |
| Physicians’ not being able to maintain the part of his/her life which falls outside of work |
| Not taking a leave in order not to lose points |
| Depressive mood | Not being able to enjoy life |
| Desire to keep away from people |
| Not wanting to see people |
| Getting bored of people |
| Pessimism |
| Anger | Feeling anger due to having to perform duties that are not in the job description |
| Disappointment | Not being able to achieve professional ideals |
| Disappointment due to unfair income distribution |
| Disappointment about the expectation of a comfortable life |
| Frustration | Frustration due to misinformation of public about the payment that the physicians receive |
| Indifference/Nonchalance | Indifference towards unfavorable situations/wrongdoings | Becoming cynical |
| Nonchalance due to having to perform duties that are not in the job description |
| Physicians’ accommodating themselves to unfavorable situations |
| Desire to shift the responsibility off |

Table 8: Thematic pattern of the “Detrimental effects on physician’s psychology” concept

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Context** | **Theme** | **Sub-theme** | **Code** | **Manifestation** |
| Physician’s perceptions of the life in the future | Uncertainty about the future | Not being able to make any predictions about the future | Not being able to make long-term plans | Uncertainty |
| Thinking that there is a risk of unemployment in the future | Anxiety |
| Feeling an urge to improve oneself continuously not to be unemployed |
| Pessimism about the future | Thinking that the future changes will be negative | Thinking of changing/leaving the job in the future | Pessimism |
| Prediction of being like the people they are criticizing now in the future |
| Thinking that the healthcare institutions will be privatized in the future |
| Being afraid of having to live away from the family and friends in the future | Anxiety |
| Not wanting to receive news of any more changes |
| Feelings of despair about the future | Desire to flee abroad in the future | Hopelessness |
| Not having the hope that things will change in the future |
| Hope that things will change in the future | - | Desire to work in an isolated working environment in the future | Hope |
| Enduring present hardships with the hope of being at ease in the future |

Table 9: Thematic pattern of the “Physician’s perception of their life in the future” concept

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Context** | **Theme** | **Sub-theme** | **Code** | **Manifestation** |
| Case of the physician as a moral subject | Drifting away from professionalism | System’s prompting the physician to engage in unethical conduct | Entering the procedures that have not been performed into the database | Not being able to put/not putting ethical codes into practice |
| Preferring the tests/treatments awarding more points in a shorter time |
| Picking the patients with higher points |
| Failure to protect/violation of patient confidentiality |
| Taking over the patients that he/she did not examine on the system |
| Meeting inappropriate demands of the patients |
| Performing off-label interventions |
| Performance system’s making it hard to comply with scientific criteria | Flexing the scientific standards for the sake of collecting points |
| Taking performance points into consideration in indication evaluations |
| Physician’s displaying inappropriate behavior to cope with work overload | Physician’s having to ask subordinates to carry out the works he/she does not believe in |
| Examining more than one patient at the same place (outpatient clinic) |
| Physicians’ performing interventions for which they are not competent enough |
| Not being able to find time to report the problems witnessed |
| Changes in the attitude and behavior of the physician | Physician’s behaving like a shopkeeper who tries to please his customer in his/her relationship with the patient |
| Physician’s making money over the patient |
| Changes in the values/priorities of the physician | Caring more about the money to be earned than the quality of the service | Moral erosion |
| Money taking precedence over the wellbeing/caring of the patient |
| Seeing patients as points/money |
| Justifying inappropriate conducts people engage in to gain more points |
| Physicians’ desire to make more money by seeing more patients |
| Cognitive dissonance | Physician’s feeling the weight of not being able to do what is professionally right on his/her conscience | Feeling bad due to being a part of wrong practices | Moral burden of behaving in a way that he/she finds unethical |
| Feeling bad due to making false declarations |
| Not being able to practice medicine with dignity |
| Thinking that patients get harmed due to the off-label interventions |
| Being caught in between taking proper care of the patients and gaining more points |
| Giving up on his/her own principles |

Table 10: Thematic pattern of the “Physician as a moral subject” concept