

FACTORS INFLUENCING JOB SATISFACTION AMONG RECENTLY QUALIFIED RESIDENT DOCTORS: A QUALITATIVE STUDY

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ABSTRACT

INTRODUCTION:

Public health systems throughout the world are constantly being confronted with serious shortages of doctors. The Saudi health system acknowledges the risks involved in its heavy dependence on non-Saudi doctors and has gradually expanded its efforts to nationalize its medical staff by improving the capacity of the medical education system through increasing the number of medical colleges. The objective of this study was to explore the most crucial factors that influence job satisfaction among recently qualified resident doctors in Saudi Arabia.

METHODS:

The study used a qualitative approach, with in-depth interviews that were conducted with recently qualified resident doctors to gather information on the factors that were the most critical in affecting their job satisfaction early in their careers. Twenty-five qualified resident doctors were purposively selected for interviews. The participants were selected from various areas of specialization, such as internal medicine, surgery, pediatrics, obstetrics, gynecology, and emergency medicine.

RESULTS:

This study emphasized the importance of improving the satisfaction levels of recently qualified resident doctors with respect to a range of job-related factors. The following seven themes emerged from the data: education and development, recognition and respect, professionalism, workload, healthcare facilities, patient adherence, and salary.

CONCLUSION:

An increased investment in medical education is recommended to improve educational outcomes. The satisfaction that recently qualified resident doctors have with regard to their salaries should be monitored continuously, and further evidence is needed to determine whether modifications are required. Improving the satisfaction levels of the resident doctors in the seven specific areas of their jobs can result in greater retention.

KEYWORDS

Early career, Job satisfaction, Resident doctors, Retention, Saudi Arabia

INTRODUCTION

Many healthcare systems across the globe are vulnerable due to serious shortages of doctors. Some countries are aware of this issue and try to mitigate its severity by taking measures to increase job satisfaction, and thus ensure retention of medical staff. [1] In 2016, the doctor-population ratio in Saudi Arabia (per 10,000 population) was 23.9, which is comparable to developed countries such as the United States and Canada whose ratios were 25.9 and 26.1, respectively. [2] However, according to the Saudi Arabian Ministry of Health, expatriate doctors comprise about two-thirds of the total number of doctors who work in its facilities. [3] This reliance on non-Saudi nationals poses potential threats to the sustainability of healthcare delivery in the country, as these foreign doctors work on a temporary basis. The Saudi healthcare system acknowledges its lack of doctors and has gradually expanded efforts to nationalize its medical staff. One major step that has been taken to achieve this goal is to improve the capacity of the medical education system by increasing the number of medical colleges. In the past two decades, there has been a substantial increase in the number of medical colleges across the country, of which there are now over 30. This upsurge in medical educational capacity is aimed at securing the future of the health system and meeting the demands of the population. Therefore, although the number of medical college graduates has increased as a result of this expansion, it is important to investigate the outcomes that have accompanied this.

One of the most important reasons for this investigation is to learn about the perspectives that recently qualified resident doctors have regarding their jobs. The expanded system also needs to be able to assess the capacity of its graduates to meet the demands of the health services. Another aspect that needs to be explored is the level of job satisfaction of the doctors early in their careers. It is fundamental to understand whether these doctors are satisfied or not and explore the factors that affect their satisfaction levels. Likewise, it is critical to shed light on their professional experiences and develop strategies to mitigate any barriers that may affect their performance in the workplace. Findings from such research can have positive implications for the overall healthcare system, including improved job satisfaction, staff retention, and quality of care. [4] In terms of job satisfaction in general, a meta-analysis showed a positive relationship between job

satisfaction and the health of employees in various industries and occupations. [5] However, little research has been conducted into recently qualified resident doctors in the Gulf States, an area that relies heavily on expatriate doctors. Although a few studies have focused on the early career stages of doctors, it is imperative to examine previous international studies that have explored factors associated with their job satisfaction. In a review of studies conducted with physicians in the United States, Scheurer et al. found that age, colleague support, income satisfaction, and incentives were positively associated with job satisfaction. [6] Another study in the United States revealed that doctors who continued to practice while being burned out had a higher tendency to commit medical errors and a diminished quality of medical practice and professionalism. [7] Devoe et al. suggested that satisfied doctors were positively associated with high quality of care and patient satisfaction, less self-reported suboptimal patient care practices, and less self-reported likelihood of making errors. On the other hand, dissatisfied doctors were less likely to advise medical students to pursue further studies toward a specialization. [8] From these studies, it is clear that job satisfaction has consequences on the physical and physiological state of doctors, and ultimately, patient outcomes.

Prior research has typically focused on all types of doctors at all career stages rather than specifically focusing on resident doctors in the early stage of their careers. A recent study in Korea suggested that 45% of physicians were dissatisfied with their jobs, and another study conducted by Hess et al. in different non-clinical work settings recommended that career concerns should be explored in relation to each career stage. [9,10] Indeed, it is crucial to meet the expectations and needs of doctors who are in the early stage of their profession, as what they might face at this stage can have an impact on their contribution to healthcare over the long term. In addition, it is necessary to take into account the uniqueness of each health system, including its structures and components. This is especially important in contexts that deviate significantly from Western or Asian societies, such as the Saudi Arabian health structure, with its reliance on expatriate doctors, the expansion of its medical education system, and its recent increase in medical graduates. There remains a need for further research, particularly on resident doctors early in their careers. Therefore, this study aimed to explore the most crucial factors that influence job satisfaction among

recently qualified resident doctors in Saudi Arabia. An in-depth understanding of these factors can be used to develop practical initiatives and policies to retain doctors and, in turn, improve patient care. Findings from this study can also contribute to the literature on doctors' satisfaction with their residencies, and suggested implications can be useful in both Saudi and other Gulf states that share relatively similar economic, cultural, and health system structures.

METHODS

This study employed a qualitative approach. In-depth interviews were conducted with recently qualified resident doctors to gather information on the most crucial factors affecting their job satisfaction. Their personal experiences, opinions about their current workplace roles, and professional aspirations were of interest in this research. The study design was in alignment with the phenomenological research methodology, which explores the who, what, and where of experiences and seeks to obtain insights into a phenomenon that needs to be explored to be understood. [11] This design allowed the respondents to discuss the most crucial factors affecting their job satisfaction in their own words without the constraints of close-ended questions typical of quantitative research. To meet the inclusion criteria, the resident doctors were required to be Saudi nationals with valid medical licenses and one to three years of professional experience at the time of participation. A purposive sample of 25 participants from different departments in three hospitals, including internal medicine, surgery, pediatrics, obstetrics, gynecology, and emergency medicine were included in the study. The sample size was determined when the information obtained from the interviews appeared to have reached saturation, with no new themes emerging.

Prior to the commencement of each interview, the protocol and purpose of the interview were explained to each participant. Each participant was asked to read the participant information sheet and informed that the interview was being voice recorded, participation was voluntary, and they would have the right to withdraw at any time. All participants were happy to proceed in the interview and signed a consent form indicating their willingness to participate. The ethical approval for this study was granted by the Ethics Committee, University of Ha'il, Saudi Arabia (Ethics number H-2019-093). In-depth interviews were conducted with each participant. The

interviews were designed to gather information regarding job satisfaction among recently qualified resident doctors. Initial wide-ranging questions were asked about what attracted them to the profession. An open-ended main question related to the aim of the study asked the recently qualified resident doctors to explain factors influencing their job satisfaction. Follow-up questions were based on their answers to the interview questions and asked about their personal experiences in their current role and their broader experience working in hospitals.

Data were collected over a two-month period between December 2019 and January 2020. All the audio-recorded data obtained from the interviews was transcribed using computer word processing to enable computerized storage and organization of the data. Thematic analysis was performed in this study to identify themes. Thematic analysis is considered well-suited for phenomenological research, wherein it can focus on participants' experiences and sense-making. [12] According to Dapkus et al. thematic analysis has long been used in phenomenological research, as it primarily focuses on participants' perceptions, opinions, and experiences. [13] Braun and Clarke provided a step-by-step framework for leading thematic analysis that was followed in this study. [14] This framework involves six steps: becoming familiar with the data, generating initial codes, looking for themes, reviewing those themes, defining and naming discovered themes, and writing a report. [14] The participants' exact quotations support the interview excerpts as these have provided adequate descriptions and will permit the readers to judge the quality of the data interpretation. The MAXQDA 12 software (Verbi Software, Berlin, Germany) was used for the text coding and storage.

RESULTS

The recently qualified resident doctors addressed a range of factors that influenced their job satisfaction in Saudi Arabia. Seven themes relative to these factors emerged from the 25 interviews: education and development, recognition and respect, professionalism, workload, healthcare facilities, patient adherence, and salary.

Education and development

Education and development were indicated by almost all the participants to critically affect their job satisfaction and growth. The participants stated that most Saudi hospitals lacked specialty programs for residents to join, which they attributed to a lack of consultants to allow hospitals to

open residency programs to prepare new consultants and specialists. The participants also noted that some subspecialties were only available in a few major hospitals in Saudi Arabia, as these hospitals had enough medical consultants to provide such programs. According to the participants, insufficient numbers of consultants and specialists in some hospitals can also affect patient care.

It is difficult to join specialty programs in some areas. The only available areas in our hospital are internal medicine, pediatrics, obstetrics, gynecology, and surgery. There are no specialty programs for other areas. This limitation is due to insufficient consultants in other departments that can allow the hospital to offer specialty programs. Some sub-specialties, such as dermatology, plastic surgery, and ophthalmology, are only available in a limited number of hospitals within the kingdom. (Participant 6, Female)

Residents who were unable to join a specialty residency program in their preferred area claimed that they were being assigned to other areas of very high demand, such as emergency departments. According to the participants, this coverage does not consider the future interests of resident doctors and can generate job dissatisfaction and undermine patient care.

I am used to covering in emergency, where there is a shortage of doctors and high demands from patients. I am interested in other areas. I know I was unable to join the residency program, but I want to work in areas that I prefer. They do not take into account my interests. I think this is not ideal for my career development and quality of care. (Participant 14, Male)

Recognition and respect

recently qualified resident doctors viewed a lack of recognition and respect from their consultants and specialists as a critical factor that influenced their perceptions of their jobs. According to some participants, this lack of recognition and respect even involved being humiliated by some consultants, which, in turn, reduced job satisfaction.

When I call other departments for opinions about some cases, they do not recognize us. I remember one day I called the surgery department, and when I introduced myself as a first-year resident in

the residency program... to residents in their third year, the response was: "Can you let someone who is in the third or the fourth year... ask my opinion?" (Participant 3, Male)

Some medical consultants do not respect us. In some situations, medical consultants embarrassed specialist registrars and newly employed physicians. They said things like, "How could you graduate from medical college?" This behavior by some consultants is causing burnout and job dissatisfaction. (Participant 9, Male)

Some medical consultants and specialists were viewed by some participants as too focused on completing their duties without caring about educating resident doctors. The senior medical staff at some hospitals lack motivation to educate these resident doctors.

Some consultants do not care about the career development of resident doctors. They simply want to complete their duties and their rounds. They are not providing sufficient education for us. (Participant 12, Female)

Professionalism

A lack of professionalism among some employees in the workplace, including those in nursing, pharmacy, administration, and bed management, was seen as a crucial factor that influenced job satisfaction. Examples of unprofessionalism included interference in medical jobs by requesting physicians to combine two patients in the same room, which is medically inappropriate, and embarrassing, unnecessary requests, such as doctors offering ineligible sick leave to their family members.

Some workers make awkward requests. Some employees in bed management asked to combine two patients in the same room without understanding their medical conditions. Some ask me to give sick leave to some relatives, which is embarrassing. I will be accountable for that. Also, some doctors in other departments are not fully cooperating with us when we ask for their opinions. (Participant 1, Male)

Workload

Resident doctors in some areas, especially emergency departments, experience heavy workloads that influence their satisfaction. Participants working in emergency

departments reported handling too many patients during their shifts. Some participants argued that although some cases are not urgent, patients still visit emergency departments due to the limited role of primary healthcare centers. Moreover, some participants noted that doctors in emergency departments have to see all patients and cannot reject any case, even if it is not urgent.

Even when patients simply feel cold, I must see them. I cannot refer them back to their primary health centers. I must see them. I think primary healthcare centers should take more responsibility in dealing with this situation. (Participant 17, Male)

Healthcare facilities

Recently qualified resident doctors argued that the lack of some clinical and non-clinical facilities influenced their job satisfaction. Some participants reported an unsatisfying level of management in maintaining some medical devices and a lack of some medical procedures at their hospitals. In addition, some participants reported a lack of non-clinical facilities related to the work environment, such as limited options for dining and limited convenient places for studying.

Some medical procedures are not available at our hospital. We do not have rheumatology or biopsy procedures for discovering the presence, or causes, of a disease. (Participant 4, Female)

The work environment and facilities should be improved. We do not have a room where we can sit and read. There should be a room for us, where we can go to take a break or read when we don't have patients. Also, we only have a small grocery store at our hospital and limited options for dining. (Participant 10, Female)

Patient adherence

Some participants saw patient adherence as a crucial factor that influenced their job satisfaction. Those participants noted that the lack of adherence of some patients can undermine the quality of the care they receive. According to participants, some patients do not follow medical instructions as they should, and others demand unnecessary medical procedures for their conditions.

Some patients do not follow medical instructions. They do not take their medications as requested.

Other patients and relatives want to undergo unnecessary procedures for their conditions. Sometimes they want to get MRIs [magnetic resonance imaging], which the cases do not require. Sometimes, it is difficult to convince these patients. (Participant 11, Male)

Some patients refuse to sign the informed consent for some procedures. I had a patient refuse to sign the informed consent form that is needed for a procedure, such as fluoroscopy. (Participant 13, Female)

Salary

A final factor that recently qualified resident doctors perceived to influence their job satisfaction was salary. Some participants noted that their salaries were insufficient compared to the amount of time spent studying and preparing. They believed that their jobs were more difficult than other professions.

The salary is competitive, but our job is considered one of the hardest jobs. It is more difficult than many professions. It took seven years to graduate from the college of medicine. I think the reward needs some adjustment. (Participant 16, Male)

DISCUSSION

This study applied a qualitative approach to explore the most crucial factors that impact the job satisfaction of resident doctors in Saudi Arabian government hospitals. The study found that the most crucial factors were education and development, recognition and respect, professionalism, workload, healthcare facilities, patient adherence, and salary. Education and career development were regarded by the majority of recently qualified resident doctors as the most crucial factors influencing their satisfaction. Shanafelt et al. indicated that 45.8% of American doctors were dissatisfied with their professional development opportunities. [15] The target population in Shanafelt et al.'s study was not limited to recently employed doctors but included all types of doctors. In this study, however, recently employed resident doctors reported a lack of specialty programs available for them to join because there are insufficient consultants who can contribute to opening residency programs to promote new consultants and specialists in these areas. Having an insufficient number of consultants and specialists in some hospitals can negatively affect the career growth of

recently qualified doctors. Gruppen et al. found that institutions had a higher influence than specialties on residents' ratings of satisfaction with their learning environment and workload. [16] On the basis of the findings of this study, increased investment in medical education is recommended to improve the educational process and prepare more medical consultants who can meet the needs of resident doctors working in high-need specialties.

The results of this study reveal that it is critical for resident doctors to receive recognition and acknowledgement of the value of their contributions from their consultants. These results are consistent with those of Steinberg et al. who found that encouraging and motivating the values involving merit recognition, employee respect, autonomy, and job security provoke employee satisfaction. [17] Survey results suggest that a minority of healthcare workers and doctors experience workplace bullying or harassment each year, the prevalence of which is high compared to that in other sectors and professions. [18] Eliacin et al. found that hospitals that foster trust, mutual understanding, and shared aims among workers and enable them to perform cooperatively have a positive impact on the job satisfaction of these employees. [19] Enhancing collaboration satisfaction among colleagues requires support and communication from practice leaders, and physicians reported reduced satisfaction when these elements were lacking. [20] In this study, some resident doctors indicated that a lack of professionalism at their workplace is an issue and tends to have a negative impact on their job satisfaction. Such findings are congruent with the results of Fang et al., who revealed that a lack of professionalism influences job satisfaction, workplace autonomy, professional status, relationships, and institutional governance. [21] A professional work environment and enhanced monitoring seem imperative in allowing resident doctors to work within their scope of practice. Health leaders should ensure that their staff follow evidence-based practice to guarantee that unprofessional requests do not interfere with medical jobs. Additionally, policy makers should take measures to enhance professionalism, including motivating and rewarding high performance.

The findings of this study suggest that the status of clinical and non-clinical facilities can impact doctor satisfaction. Some participants argued that healthcare quality can be affected by conditions in clinical facilities, such as the supply and availability of equipment. Some participants reported a lack of rooms to study and inadequate catering

and dining facilities in hospitals as factors that affect the job satisfaction of recently qualified resident doctors. These issues experienced by participants reflect the shortcomings in managing some aspects of care in these hospitals. It is not unusual for the lack of supply and unavailability of some resources to become an issue in hospitals in middle- and low-income countries. In China and India, for instance, doctors have low job satisfaction due to medical equipment shortages even though high-quality resources are available. [22-23] This study suggests that the burden of clinical work is a critical problem affecting job satisfaction among employees in emergency departments. According to some participants, primary healthcare centers are not functioning as expected by the Saudi health system. Participants indicated that some patients paid to visit the hospital emergency department for cases that could be managed at primary health centers. In response to this issue, health leaders should review the expected role of primary health centers and monitor their performance to address any issues with the use of resources and ensure the efficient distribution of patients through appropriate health facilities. This study reveals that lack of patient adherence (in the form of disregarding medical instructions and demanding unnecessary procedures) can hinder resident doctors in providing better care and reduce satisfaction levels. Martin et al. discussed the challenges of patient adherence and concluded that no single intervention strategy can improve the adherence of all patients, suggesting that the doctor-patient partnership should remain at the center of all successful attempts to improve patient adherence. [24] Salary also influences job satisfaction among recently qualified resident doctors. This is an expected result because monetary compensation has long been regarded as a major contributor to job satisfaction across all professions and has even been viewed as a basic work motivation need in Maslow's hierarchy of needs. [25] Satisfaction with salary among resident doctors should be monitored continuously, and the gathered evidence should be used to make necessary modifications.

STRENGTHS AND LIMITATIONS OF THE STUDY

This qualitative study has enhanced knowledge regarding factors affecting recently qualified resident doctors. All the issues related to these factors have been discussed in detail. This qualitative study followed the framework used by O'Brien et al. to report qualitative research. [26] However, the main limitation of this qualitative corpus analysis is that the results cannot be generalized to all populations. This limitation is typical for a qualitative

approach, as this approach is often related to a lower sample size and does not make use of the probability sampling technique.

CONCLUSION

This study explored the most crucial factors impacting recently qualified resident doctors' job satisfaction in Saudi Arabian government hospitals. The findings of the study reveal that the most critical factors are education and development, recognition and respect, professionalism, workload, healthcare facilities, patient adherence, and salary. These contributing factors can be used to develop effective strategies for improving the job satisfaction of resident doctors. Increased investment in medical education is needed to improve the educational process and to prepare more qualified medical consultants who can contribute to meeting the demands of the population. The heavy workloads in emergency departments should be further assessed, and those who manage primary healthcare centers should ensure that their expected roles are fulfilled. Professional work environments and enhanced monitoring are imperative in allowing recently qualified resident doctors to work within their scopes of practice. Improving satisfaction with these aspects of resident doctors' jobs can result in increased retention. To enhance the available knowledge, it is recommended that further research be conducted on a larger scale by considering the themes explored in this study.

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References

1. Lu Y, Hu XM, Huang XL, Zhuang XD, Guo P, Feng LF, Hu W, Chen L, Zou H, Hao YT. The relationship between job satisfaction, work stress, work-family conflict, and turnover intention among physicians in Guangdong, China: a cross-sectional study. *BMJ Open*. 2017 May 12;7(5):e014894.
2. Health Workforce: Density of physicians (total number per 1000 population) World Health Organization Web site. 2020; Available: https://www.who.int/gho/health_workforce/physicians_density/en/ Accessed 14/05/2020.
3. Ministry of Health, Health Statistical Year Book, Riyadh, Kingdom of Saudi Arabia: Ministry of Health; 2018.
4. de Oliveira Vasconcelos Filho P, de Souza MR, Elias PE, D'Ávila Viana AL. Physicians' job satisfaction and motivation in a public academic hospital. *Hum Resour Health*. 2016 Dec 7;14(1):75.
5. Cass MH, Siu OL, Faragher EB, Cooper CL. A meta-analysis of the relationship between job satisfaction and employee health in Hong Kong. *Stress and Health: Stress Health*. 2003 Apr;19(2):79-95.
6. Scheurer D, McKean S, Miller J, Wetterneck T. U.S. physician satisfaction: a systematic review. *J Hosp Med*. 2009 Nov;4(9):560-568
7. Ariely D, Lanier WL. Disturbing trends in physician burnout and satisfaction with work-life balance: *Mayo Clin Proc*. 2015 Dec;90(12):1593-1596.
8. DeVoe J, Fryer GE Jr, Straub A, McCann J, Fairbrother G. Congruent satisfaction: is there geographic correlation between patient and physician satisfaction? *Med Care*. 2007 Jan;45(1):88-94.
9. Oh YI, Kim H, Kim K. Factors Affecting Korean Physician Job Satisfaction. *Int J Environ Res Public Health*. 2019 Jul 30;16(15):2714.
10. Hess N, Jepsen DM. Career stage and generational differences in psychological contracts. *Career Dev Int*. 2009;14(3):261-283.
11. Kim H, Sefcik JS, Bradway C. Characteristics of Qualitative Descriptive Studies: A Systematic Review. *Res Nurs Health*. 2017 Feb;40(1):23-42.
12. Guest, G, MacQueen, K. M. Namey, E. E. *Applied Thematic Analysis*. Thousand Oaks: Sage; 2011.
13. Dapkus MA. A thematic analysis of the experience of time. *J Pers Soc Psychol*. 1985 Aug;49(2):408-419.
14. Braun V, Clarke V. Using thematic analysis in psychology. *Qual. Res. Psychol*. 2006;3(2):77-101.
15. Shanafelt TD, Boone S, Tan L, Dyrbye LN, Sotile W, Satele D, West CP, Sloan J, Oreskovich MR. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med*. 2012 Oct 8;172(18):1377-1385.
16. Gruppen LD, Stansfield RB, Zhao Z, Sen S. Institution and Specialty Contribute to Resident Satisfaction With Their Learning Environment and Workload. *Acad Med*. 2015 Nov;90(11 Suppl):S77-S82.
17. Steinberg BA, Klatt M, Duchemin AM. Feasibility of a Mindfulness-Based Intervention for Surgical Intensive Care Unit Personnel. *Am J Crit Care*. 2016 Dec;26(1):10-18.
18. British Medical Association. Workplace bullying and harassment of doctors. A review of recent research and policy recommendations. London, British Medical Association. 2017

19. Eliacin J, Flanagan M, Monroe-DeVita M, Wasmuth S, Salyers MP, Rollins AL. Social capital and burnout among mental healthcare providers. *J Ment Health*. 2018 Oct;27(5):388-394.
20. Bogue RJ, Downing NR. Research on physician burnout and wellbeing: a solution-oriented perspective. In McCallister DE, Hamilton T (eds.) *Transforming the Heart of Practice: An organizational and personal approach to physician well-being*. Switzerland, Cham; 2019:9-47.
21. Fang P, Liu X, Huang L, Zhang X, Fang Z. Factors that influence the turnover intention of Chinese village doctors based on the investigation results of Xiangyang City in Hubei Province. *Int J Equity Health*. 2014 Nov;13(1):7-24.
22. Wu D, Wang Y, Lam KF, Hesketh T. Health system reforms, violence against doctors and job satisfaction in the medical profession: a cross-sectional survey in Zhejiang Province, Eastern China. *BMJ Open*. 2014 Dec 31;4(12):e006431.
23. Ahuja P, Pathak R, Panda M. Assessment of job satisfaction level among doctors: a comparative study of public and private hospitals in Punjab, India. *Associate Editor*. 2019;5(1):11-17.
24. Martin LR, Williams SL, Haskard KB, Dimatteo MR. The challenge of patient adherence. *Ther Clin Risk Manag*. 2005 Sep;1(3):189-199.
25. Maslow AH. A theory of human motivation. *Psychol Rev*. 1943;50(4):370-396.
26. O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. Standards for reporting qualitative research: a synthesis of recommendations. *Acad Med*. 2014 Sep;89(9):1245-1251.