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Sources of Satisfaction: A Second Administration of the Program Director Satisfaction Survey

Kevin T. Hinchey, MD,^a Furman S. McDonald, MD, MPH,^b Brent W. Beasley, MD^c

^aDepartment of Medicine, Baystate Medical Center, Springfield, Mass; ^bDepartment of Medicine, Mayo Clinic, Rochester, Minn; ^cDepartment of Medicine, University of Missouri-Kansas City, St. Luke's Hospital, Kansas City.

In the past decade, the short half-life of leaders in academic medicine has been an important issue,¹⁻⁴ but residency program directors have been of particular interest because of their roles in developing and maintaining a high-quality academic environment, ensuring continuous cycles of program and process improvement, and monitoring the development and well-being of physicians-in-training from the time of recruitment to graduation.⁵ Program directors have short job durations and high burnout associated with administrative "hassles," long work hours, dissatisfaction with promotion opportunities, and concerns about resources.⁶⁻⁸

In 1996, 34% of internal medicine program directors reported some degree of "burnout," defined as "the loss of enjoyment or enthusiasm for a job, so that an individual is no longer able to devote emotional energy to its accomplishment."⁹ Among this group of 262 program directors, a 3-year cohort study demonstrated a 29% turnover and mean job duration of 2.4 years. Turnover was highly associated with overall job satisfaction. Program director characteristics that were independently predictive of job turnover included low satisfaction with colleague relationships, high percentages of administrative work time, perceptions of the job

as a stepping stone, and the availability of training to deal with problem residents.⁸

The Association of Program Directors of Internal Medicine (APDIM) Survey Task Force sought to measure the job satisfaction of program directors at routine intervals to monitor issues affecting turnover during years of rapid change in internal medicine education. This knowledge is important for strategic planning among national academic medicine organizations to meet the continuing education needs of academic administrators. The survey also serves to identify potentially remediable variables that affect job turnover. To that end, APDIM repeated the job satisfaction measures used previously to determine changes in satisfaction since the study in 1996 and the characteristics that are most strongly associated with satisfaction.

MATERIALS AND METHODS

Questionnaire Development

The APDIM Survey Task Force developed the Program Director Satisfaction Survey (PD-Sat) to gather information on certain characteristics of the 391 internal medicine residencies in the United States and to address current issues facing residencies and residency directors. In particular, the questionnaire asked about house-staff financing (eg, salaries, benefits), program director job support and satisfaction, and the Accreditation Council for Graduate Medical Education 6 general competencies.¹⁰

The PD-Sat is a reliable and valid facet-specific job satisfaction measure for residency program directors.⁹ A 3-year

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Reprint requests should be addressed to Kevin T. Hinchey, MD, Baystate Medical Center, 759 Chestnut Street, Springfield, MA 01199.

E-mail address: Kevin.hinchey@bhs.org

cohort study demonstrated its predictive validity through its independent association with program director job duration.⁸ Program directors of other disciplines, including obstetrics and gynecology residencies, used the survey as well.⁷ There are 6 facets of the PD-Sat: satisfaction with work with residents, colleague relationships, resources, patient care, pay, and promotion. The total PD-Sat score correlates positively with a standard general job satisfaction measure.⁹

The task force distributed the questionnaire in November 2004 to all residency programs registered with APDIM. Results were collected by the end of March 2005. A program administrator or an associate program director could complete the first section about baseline program characteristics, but the program director was requested to complete the remaining questions containing the job satisfaction. The survey was confidential with respondents tracked by numeric codes.

Data Analysis

Survey responses were entered into a Microsoft Access (Microsoft Corp, Redmond, Wash) database with intentional double-checks to limit entry errors. Multiple questions were used to measure each specific facet of job satisfaction. If a respondent failed to complete one of the questions of a facet, we assigned an average value as calculated using the average value of the other questions of the specific facet questions (mean substitution).

Program directors provided salary data as an ordinal variable, and we used this to calculate a weighted average to compare data between 1996 and 2005 after adjusting for inflation.¹¹ For the top and bottom ordinals, for which there was no range, we used the weighted limit value in the calculation. When provided, exact salary data were used to validate the weighted average of salaries for the larger group.

Continuous variables were examined for evidence of skewing, outliers, and non-normality, and were described using distributions, means, medians, standard deviations, and ranges. We compared data from 2005 with the initial 1996 survey to assess changes in total and facet-specific satisfaction scores. For the sake of presentation, many continuous variables (eg, percent work time) were assessed in tertiles after reviewing frequency distributions. Mean PD-Sat scores were compared using analysis of variance test and Tukey's honestly significant difference test. To account for multiple comparison, we report as significant only those

variables with a *P* value less than .01 (Bonferroni correction). Linear regression analysis with a series of stepwise regressions was used to determine the strongest independent predictors of program director job satisfaction, using the *F* value (entry = .05 and removal = .10) to determine inclusion in the model. All tests are 2 sided.

PERSPECTIVES VIEWPOINTS

- The Program Director Satisfaction Survey was developed and administered in 1996 and 2005 to assess reasons for job turnover and burnout.
- The program director's salary level is the strongest independent predictor of total job satisfaction.
- From 1996 to 2005, program directors report being more satisfied with their jobs.
- Other factors for job satisfaction include academic rank, the number of hospital ward or consult months per year, the travel budget, and the number of full-time equivalent administrative assistants for the program director and associate program directors.

RESULTS

A total of 272 programs responded to the survey, and 5 programs closed during the survey collection period (response rate = $272/(391-5) = 70\%$). The mix of university (30%) and community programs (57%) was representative of programs across the nation (personal communication with Nicole V. Baptista, APDIM Policy Coordinator, APDIM office, April 2, 2007). Nonrespondent programs were not significantly different than respondents in their rolling 3-year (2004-2006) American Board of Internal Medicine certifying examination pass rate (91.4% vs 92.0%, *P* = .44)

Table 1 describes respondents, including the number of years in the position, the academic rank, and salary, along with comparative demographic data from the 1996 survey. The 2005 respondents' mean job tenure was 6.8 years, with more than one third holding this title for 3 years or fewer. Program directors held the rank of associate professor most frequently (41%), working an average of 58 hours per week. The mean yearly salary calculated from the ordinal data was \$169,000, whereas the average of the 118 respondents who provided their exact salary was \$171,439, demonstrating the validity of using a weighted average on the ordinal salary variable.

Table 2 compares the facet-specific job satisfaction measures of the 2005 respondents with the 1996 respondents. Overall, there is a trend toward higher overall job satisfaction (PD-Sat, *P* = .007) and in the individual facets of satisfaction with resources (*P* = .003), colleague relations (*P* = .03), and promotion (*P* = .011). Satisfaction with patient care was significantly higher (11.4 vs 12.0, *P* = .0013) in 2005. Satisfaction with pay trended lower.

Overall program director satisfaction scores are listed in Table 3 for characteristics of both the residency programs and program directors. Although the program di-

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