

Graduating Med-Peds Residents' Interest in Part-Time Employment

Amy L. Fix, MD; David C. Kaelber, MD, PhD, MPH; Thomas A. Melgar, MD; John Chamberlain, MD; William Cull, PhD; Brett W. Robbins, MD

From the Departments of Internal Medicine and Pediatrics, University of Rochester School of Medicine and Dentistry, Rochester, NY (Drs Fix, Chamberlain, and Robbins); Departments of Internal Medicine and Pediatrics, Case Western Reserve University, Cleveland, Ohio (Dr Kaelber); and Departments of Internal Medicine and Pediatrics and Human Development, Michigan State University, East Lansing, Mich (Dr Melgar); and Department of Research, American Academy of Pediatrics, Elk Grove Village, Ill (Dr Cull)
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Address correspondence to Brett W. Robbins, MD, Departments of Internal Medicine and Pediatrics, University of Rochester School of Medicine and Dentistry, 601 Elmwood Ave, Box 777R, Rochester, New York 14642 (e-mail: brett_robbins@urmc.rochester.edu).

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ABSTRACT

OBJECTIVE: As part-time work is becoming more popular among the primary care specialties, we examined the demographic descriptors of med-peds residents seeking and finding part-time employment upon completion of residency training.

METHODS: As part of the 2006 annual American Academy of Pediatrics (AAP) Graduating Med-Peds Residents Survey, we surveyed the graduating residents of all med-peds programs about their interest in and plans for part-time employment. A total of 199 (60%) of the residents responded.

RESULTS: Of the resident respondents applying for nonfellowship jobs, 19% sought part-time positions and 10% actually accepted a part-time position. Female residents were significantly more likely than male residents to apply for part-time jobs (26% vs 7%, $P = .034$). Sixty percent of female residents immediately seeking work and 58% of those going on to fellow-

ship reported an interest in arranging a part-time or reduced-hours position at some point in the next 5 years.

CONCLUSIONS: Part-time employment among med-peds residents applying for nonfellowship positions after graduation is similar to the current incidence of part-time employment in other fields of primary care. A much higher percentage of med-peds residents are interested in arranging part-time work within 5 years after graduation. This strong interest in part-time work has many implications for the primary care workforce.

KEYWORDS: physicians; women; primary health care; professional practice; workforce

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WHAT'S NEW

Part-time employment, although still rare, is increasing, particularly among women and those in primary care specialties. This trend has implications for the Med-Peds workforce: shortages of personnel may need to be anticipated.

MEDICINE HAS CHANGED dramatically over the past few decades. According to the 2005 US Physician Worklife Study, 13% of medical doctors worked less than full-time, with 20% of pediatricians, 12% of general internists, and 10% of family practitioners in part-time practice.¹ One of the primary reasons for the significant number of part-time physicians appears to be the increasing number of women in the physician workforce. In 1980, 12% of physicians were women, compared with 23% in 1998.² In 2003, the number of female medical school applicants surpassed male applicants for the first time; thus, we can expect the percentage of female physicians to continue rising. In fact, nearly 41% of all physicians training in Accreditation

Council for Graduate Medical Education–accredited programs in 2003–2004 were women.³ As the proportion of women pediatricians has increased, so has the percentage of pediatricians working part time. In 1993, 11% of pediatricians were in part-time practice, compared with 15% in 2000, 20% in 2003, and 23% in 2006.^{2,4}

With a large percentage of physicians working part time, it is important to examine how part-time physicians are viewed by their supervisors, colleagues, and patients. Part-time work is not currently universally accepted, but it seems to be gaining acceptance.⁵ In fact, in one study, more advantages than disadvantages were cited by the chairs of academic departments for having part-time faculty, with advantages including “keeping talented people in the workforce,” “leveraging financial resources,” and taking advantage of the “skills of part-time faculty.”⁶ Although 59% of pediatric faculty members in one study believe that part-time faculty members are less committed to their careers than their full-time peers, 69% believe that part-time faculty should be eligible for all academic tracks.⁷ In addition, patients of part-time doctors, when

compared with patients in the care of full-time doctors, are as satisfied, if not more satisfied, with the care they receive.^{8–11} One study of part-time physicians found that these physicians generate 62% more relative value units per clinical hour than full-time physicians,⁸ have higher rates of recommended cancer screening and diabetes endpoints than full-time physicians,¹¹ and are more satisfied with their time and note less stress than full-time physicians.^{1,9,12,13}

Internal medicine-pediatrics (med-peds) has not been as well studied as other fields with regard to part-time practice. Because 55% of med-peds graduates enter primary care,¹⁴ their interest in part-time work will affect primary care most substantially. According to best available published data, med-peds graduates represent approximately 9% of the internal medicine residency graduates entering primary care^{14–17} and approximately 7% of the pediatrics residency graduates entering primary care.^{14,15,17} Although the recent study by Cull and colleagues showed that 38% of graduating categorical pediatric residents sought and 21% accepted part-time employment,¹⁸ it is unclear whether med-peds residents have similarly high levels of interest in part-time work or whether their interest in part-time work is lower, more like that of internal medicine physicians or family physicians.¹ In this study, we examined the plans of med-peds residents for part-time work after the completion of their training and their reasons and barriers for seeking such employment opportunities.

METHODS

This study uses data from the American Academy of Pediatrics (AAP) 2006 Graduating Med-Peds Resident Survey. This annual national survey of graduating med-peds residents from all US residency programs was initiated in May 2003 and was approved by the AAP institutional review board. Residents were identified from an AAP database of graduating residents. The survey was sent to all graduating med-peds residents. Graduating residents were contacted up to 4 times by mail and up to 4 times by e-mail, for up to 8 contacts.

SURVEY DESIGN

The survey included core questions on residents' demographics, training experiences, satisfaction with training, career intentions, job search, and new job. The 2006 Graduating Med-Peds Resident Survey also included a set of questions focused on part-time work. There were 3 primary measures of part-time work that we examined: seeking part-time work, obtaining part-time work, and future interest in part-time work. Respondents were asked, "Did you seek any part-time or reduced-hours positions in your job search?" Those residents responding "yes" were defined as seeking part-time employment. For the obtaining part-time measure, residents were asked, "Is your new job a full-time or a part-time/reduced-hours position?" and residents responding "part time" rather than "full time" or "no job at this time" were indicated. The measure of future interest was based on the question, "What is the

probability that you would be interested in arranging a part-time or reduced-hours position at some time in the next 5 years?" with response options of 0%, 20%, 40%, 60%, 80%, and 100%. Residents indicating a greater than 60% probability were considered to have a future interest in part-time work. In addition to the 3 primary measures of part-time work, residents were also asked, "Which of the following factors would you consider to be important barriers to seeking a part-time or reduced-hours position? (Mark all that apply)" and "How would you use your extra time if you were to arrange a part-time or reduced-hours position? (Mark all that apply)."

DATA ANALYSIS

Residents were divided into 2 groups for data analysis: job seekers and fellowship/delayed job seekers. Residents who were actively seeking nonfellowship positions were included in the group of job seekers, and our analyses focused primarily on them. The remaining residents, who were starting a subspecialty fellowship, becoming chief residents, or delaying their job search for other reasons, were included in the fellowship/delayed job seekers group, and only limited analyses were conducted for this group.

Frequencies or means were computed for various survey questions. Comparisons between residents were made on the basis of several characteristics including gender, age, medical school location (international medical graduates or US medical graduates), US underrepresented minority race or ethnicity (residents who were Hispanic, black, or Native American US medical graduates), marital status, parental status, having a mentor, program size, and educational debt. Chi-square tests for categorical variables and *t* tests for continuous variables were used to examine specific relationships between variables. Because of concern for small sample sizes for some analyses, the Yates correction was applied to 2 × 2 chi-square tests. The number of cases for each analysis varied slightly on the basis of the number of missing cases for each variable. Denominators for the questions are presented throughout to show this variation. A *P* value of .05 or less was considered significant for all inferential analyses.

RESULTS

RESPONSE RATE

Of the 330 graduating med-peds residents from 87 different training programs contacted, 199 (60%) from 78 training programs (90%) responded. Survey respondents were compared to nonrespondents by age and gender in order to assess nonresponse bias, but respondents did not differ significantly by age (respondent mean age = 32.1 vs nonrespondent mean age = 31.5, *P* = .189) or gender (female respondents = 117 of 199, 59%, vs female nonrespondents = 65 of 128, 51%, *P* = .172).

Among the respondents, a total of 107 residents (54%) from 56 different training programs applied for nonfellowship positions and were included in the job-seeking group. There were a total of 92 residents (46%) who fell into the fellowship/delayed job-seeking group for whom limited

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