

Professional Satisfaction and the Career Plans of US Physicians



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Abstract

Objective: To evaluate the relationship between burnout, satisfaction with electronic health records and work-life integration, and the career plans of US physicians.

Participants and Methods: Physicians across all specialties in the United States were surveyed between August 28, 2014, and October 6, 2014. Physicians provided information regarding the likelihood of reducing clinical hours in the next 12 months and the likelihood of leaving current practice within the next 24 months.

Results: Of 35,922 physicians contacted, 6880 (19.2%) returned surveys. Of the 6695 physicians in clinical practice at the time of the survey (97.3%), 1275 of the 6452 who responded (19.8%) reported it was likely or definite that they would reduce clinical work hours in the next 12 months, and 1726 of the 6496 who responded (26.6%) indicated it was likely or definite that they would leave their current practice in the next 2 years. Of the latter group, 126 (1.9% of the 6695 physicians in clinical practice at the time of the survey) indicated that they planned to leave practice altogether and pursue a different career. Burnout (odds ratio [OR], 1.81; 95% CI, 1.49-2.19; $P < .001$), dissatisfaction with work-life integration (OR, 1.65; 95% CI, 1.27-2.14; $P < .001$), and dissatisfaction with the electronic health record (OR, 1.44; 95% CI, 1.16-1.80; $P = .001$) were independent predictors of intent to reduce clinical work hours and leave current practice.

Conclusion: Nearly 1 in 5 US physicians intend to reduce clinical work hours in the next year, and roughly 1 in 50 intend to leave medicine altogether in the next 2 years to pursue a different career. If physicians follow through on these intentions, it could profoundly worsen the projected shortage of US physicians.

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The United States Department of Health and Human Services projects a shortfall of 45,000 to 90,000 physicians by 2025, even after accounting for an influx of advanced practice health care professionals, as the US population ages and the prevalence of chronic disease increases.^{1,2} The United States has begun to address this issue by increasing the flow of physicians into the workforce, establishing 11 new medical schools between 2001 and 2011.³ The factors influencing the flow of physicians out of the workforce and the magnitude of this phenomenon are not fully understood.

National studies suggest that more than half of US physicians are experiencing professional burnout and that this proportion continues to increase.⁴ A host of factors including excessive clerical burden,⁵⁻⁷ inefficiencies related to the

electronic health record (EHR) and computerized physician order entry (CPOE),^{7,8} loss of control and flexibility,⁵ and problems with work-life integration⁹⁻¹⁵ contribute to physician burnout. Single-specialty studies suggest that burned out physicians are more likely to report that they intend to reduce the amount of time they devote to clinical work over the next 12 to 24 months.^{11,16,17} A prospective, longitudinal study within a single institution found that physician burnout and professional satisfaction predict actual reductions in professional work effort independently measured using payroll records.¹⁸ Other studies indicate that professional burnout and satisfaction with work-life integration also impact whether physicians intend to leave their current position in the next 24 months.^{11,19} National studies across all specialties evaluating how burnout and other dimensions of



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professional satisfaction such as satisfaction with work-life integration or the EHR affect career plans have not been conducted to date. To evaluate the career plans of US physicians as well as the personal and professional factors that may influence these plans, we conducted a national survey of US physicians in active practice in 2014.

PARTICIPANTS AND METHODS

We conducted a survey of US physicians between August 28, 2014, and October 6, 2014. A description of the survey administration process, participation rates, and demographic characteristics of the overall survey has been reported previously.^{7,12,20} The physician sample for the survey was assembled using the American Medical Association Physician Masterfile, a nearly complete record of all US physicians independent of American Medical Association membership, which includes physicians of all specialty disciplines. Participation was voluntary, and all responses were anonymous. As previously reported, 6880 (19.2%) of the 35,922 physicians who received an invitation to participate completed surveys.¹² The demographic characteristics of participants relative to all 835,451 US physicians in the Physician Masterfile were generally similar, although participants were slightly older (median age, 56 years vs 51.5 years).¹² Among these 6880 participating physicians, the 6695 (97.3%) who were in active clinical practice at the time of the survey were included in the present analysis on career plans.

Study Measures

The full-length survey included 60 questions. Standardized survey tools were used to assess burnout²¹ and quality of life.²²⁻²⁴ Physician burnout was measured using the Maslach Burnout Inventory, a validated 22-item questionnaire considered the criterion standard for measuring burnout.^{21,25,26} Consistent with convention,²⁷⁻²⁹ we considered physicians with a high score on the depersonalization or emotional exhaustion subscale of the Maslach Burnout Inventory as having at least 1 manifestation of professional burnout.²⁶ Responding physicians provided information regarding basic demographic characteristics (age, sex, and relationship status) and professional characteristics (specialty, practice setting, and hours worked per week). Satisfaction with work-life integration

was assessed by asking participants to rate their level of agreement with the statement, "My work schedule leaves me enough time for my personal/family life" (response options: strongly agree, agree, neutral, disagree, strongly disagree). Individuals who indicated "strongly agree" or "agree" were considered to be satisfied with their current degree of work-life integration. This item has been used to assess satisfaction with work-life integration in other studies of physicians^{11,12,30,31} and studies of the general US population.¹²

Career Plans

Items from previous national physician surveys were used to assess intent to reduce clinical work hours or move to a new position in the near future (Supplemental Appendix, available online at <http://www.mayoclinicproceedings.org>).^{11,19} Based on previous studies,^{17,32,33} physicians who indicated they were "likely" or "definitely" planning to make a change in work hours or move to a new position were considered to be at higher risk to do so.

As previously reported,⁷ responding physicians also provided information regarding characteristics of the electronic environment in which they practiced. Specifically, physicians indicated whether they used an EHR and CPOE. Physicians who reported that they used an EHR and CPOE were asked to rate their level of satisfaction with these tools (response options: very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, very dissatisfied). Individuals who indicated "very satisfied" or "satisfied" were considered to be satisfied with their EHR and CPOE, those who answered "neither satisfied nor dissatisfied" were considered to have a neutral view, and those who indicated "dissatisfied" or "very dissatisfied" were considered to be dissatisfied with the EHR and CPOE. Satisfaction with clerical tasks directly related to patient care was assessed by asking physicians to rate their level of agreement with the statement, "The amount of time I spend on clerical tasks related to direct patient care (eg, order entry, dictation, reviewing lab results, communicating with patients via an electronic portal) is reasonable." Responses were indicated using a standard agreement scale (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree).

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