

Understanding Perspective and Context in Medical Specialty Choice
and Physician Satisfaction

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The Institute of Medicine (IOM) 2004 spring report posits that Behavioral Sciences provides a perspective that can assist physicians in understanding their patients as embedded in a larger social and environmental context.¹ The IOM report further indicates that perspective and context is crucial to patient care in terms of understanding the interaction between biological, cognitive, and learning processes to produce behavior, illness and health. Perspective and context is equally important in understanding physician satisfaction. The authors present findings from a qualitative research study in which they explored factors influencing physician satisfaction. The authors describe responses from practicing physicians and how qualitative responses regarding satisfaction with specialty choice were categorized into twenty one (21) themes.

Method

Three hundred alumni from one northeastern medical college volunteered to participate in this study and were asked to respond to a survey regarding physician career satisfaction. Participants completed the survey and returned it using a postage paid addressed envelope which was mailed along with the survey.

The one-page survey comprised demographic and physician satisfaction questions (see Table 1). Demographic questions included age, ethnicity, years in practice, specialty, gender, year graduated, and whether the physician practiced full-time or part-time. The survey also included six statements about job satisfaction from The Job Satisfaction Scale,² which yields a global determination of job contentment, includes six statements pertaining to job enjoyment, liking one's work, boredom with work, changing jobs, job enthusiasm, and job satisfaction. Participants used a Likert scale to indicate

whether they strongly agreed, agreed, disagreed or strongly disagreed with the statements. The scale is reported to have an alpha reliability coefficient of .88 and has been previously used to study job satisfaction of physicians.³

Qualitative questions regarding expectations and the actual practice of the specialty area were also included on the physician satisfaction survey. The basis for these questions came from a study conducted by Warren and Wakeford.⁴ The authors of the present study independently reviewed the responses to the questions and developed themes which identified key concepts. These themes were then synthesized into 21 major themes and definitions were created to describe these themes (see Table 2). Responses were reviewed independently by the authors a second time and were coded using the themes. The authors met a third time to review the statements they coded and to resolve any discrepancies. Participant's responses to the questions were typed into MSWord and then loaded into the QSR NUD*IST software program. This program was selected because it allowed for the analysis of qualitative data. The 21 themes were entered into the software program and the responses were coded using the themes. Responses were sorted by the 21 themes, as well as by specialty, ethnicity, and gender.

Results

Further analysis of the results from the demographic and physician satisfaction questions is ongoing. Categorized themes from the qualitative questions in the study provide ample information relative to perspective and context in medical specialty choice and physician satisfaction. Qualitative comments from study participants were categorized into the twenty one themes. The themes and their definitions are found in

Table 2. “Rich” examples of context and perspective from the various themes are found in the quotes from physicians (see Table 3).

Discussion

The IOM recent report recommends that medical students demonstrate competency in one of six domains, including physician role and behavior. Physician well-being is one of the high priority topics for inclusion in medical school curricula. Understanding physician satisfaction and assisting medical students in making informed choices about specialty choice is an important area for medical schools to examine. Including physician satisfaction and medical specialty choice in the behavioral sciences curriculum can also provide perspective and context about the complexity of medicine - a positive step towards physician well-being.

What are the implications of this study, specifically as it relates to behavioral science departments in American medical colleges? Participants in the study offer advice to medical students and faculty which are found in Table 4. The authors share this advice and solicit further reactions to and suggestions for behavioral sciences from conference participants.

Table 1
Study Survey

Graduation Year from COM: _____ Age: _____ Gender: M F

Racial/Ethnic Background:

_____ Asian or Pacific Islander _____ Hispanic/Commonwealth Puerto Rican
 _____ Native American _____ Hispanic/Other
 _____ African American _____ Hispanic/Mexican American or Chicano
 _____ Caucasian, not of Hispanic Origin _____ Hispanic/Mainland Puerto Rican
 _____ Other Self Description

Specialty: _____

Years in Specialty: _____ Full Time: _____ Part Time: _____

Size of City in Which You Practice:

_____ Rural Practice _____ 100,000-500,000
 _____ <50,000 _____ 500,000-750,000
 _____ 50,000-100,000 _____ >750,000

**For the following questions, please think about your daily routine as a physician in general.
How much do you agree or disagree with each of these statements?**

Please answer using the following scale: STRONGLY AGREE, AGREE, DISAGREE, STRONGLY DISAGREE

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
I find enjoyment in my practice.				
I like my practice better than the average physician does.				
I am seldom bored with my practice.				
I would not consider taking another practice.				
Most days I am enthusiastic about my practice.				
I feel fairly well satisfied with my practice.				

**How closely have your expectations matched with the actual practice of your specialty area?
Describe the match and your reactions to it. (Please continue on backside of paper, if necessary).**

Table 2
Definitions of Themes Regarding
Physician Specialty Choice and Career Satisfaction

Themes	Definition of Themes
Academic Medicine	Issues identified relate to academic medicine and may include teaching and/or research. Expressed desire to work in academia or currently work in academia.
Advice	Issues identified relate to suggestions and/or advice the physician provides regarding specialty choice and/or satisfaction with medicine.
Balancing Personal and Professional Life	Issues identified relate to how the physician balances time, schedules, and/or family responsibilities with professional responsibilities as a physician.
Business Side of Medicine	Issues identified relate to the business practice of medicine. Commonly mentioned items include: dealing with "excessive" paperwork and/or documentation, Health Maintenance Organizations (HMOs) and insurance companies, feeling inadequately prepared for this task, and takes time away from more important physician responsibilities (i.e., seeing patients).
Clinical Issues in Medicine	Issues identified relate to the clinical practice of being a physician (i.e., patient care activities or specialty activities).
Dissatisfaction with Medicine	Issues identified relate to feeling unhappy or dissatisfied with the practice of medicine and/or specialty area.
Expectations	Issues identified relate to the following question on the survey "How closely have your expectations matched with the actual practice of your specialty area? Responses ranged from closely, perfectly, to not at all.
Gender	Issues identified relate to being either a woman or man in medicine.
Geography	Issues identified relate to a geographical area where the physician practices.
Match	Issues identified relate to the Residency Match and/or commented on the outcome of the Match in response to the question "How closely have your expectations matched with the actual practice of your specialty area?"
Monetary Rewards	Issues identified relate to compensation (adequate or inadequate) for physicians services.
Personal Rewards and Satisfaction	Issues identified relate to physician feeling personally rewarded or satisfied with a career as physician.
Politics of Medicine	Issues identified relate to the hierarchal system and/or status within medicine, power differentials, environmental constraints (i.e., office problems between physicians and specialists, tension between hospital administration and

	physicians).
Practice of Medicine	Issues identified relate to the mix or variety of tasks/jobs in the physician's work.
Pressures and Demands Associated with Medicine	Issues identified relate to the feeling of pressure associated with the many demands pertaining to medicine.
Stress Associated with Medicine	Issues identified relate to feeling stress due to medicine.
Switching Specialty or Quitting Medicine	Issues identified relate to having switched or considered switching specialty areas or quitting medicine all together.
Time Commitments Associated with Medicine	Issues identified relate to schedules and time associated with being a physician.
Training Issues	Issues identified relate to the physician being in training. Physician could be in resident training or fellowship.
Working Full Time or Part Time	Issues identified relate to being a full time physician or a part-time physician.
Other circumstances: A. Military B. Locum Tenums C. Saturation/Shortage D. Research	A. Issues identified relate to practicing medicine within the military. B. Issues relate to being involved in the locum tenums program (i.e., practicing medicine in different geographical areas for specified periods of time). C. Issues identified relate to the level of saturation and/or shortage of a particular specialty area. D. Issues identified relate to the physicians interest in research activities.

Table 3
Quotes from Study Participants

I expected a “laid back” lifestyle and I do have that compared to my peers (i.e., less call more humane working hours). I also expected to build close relationships with my patients, which I had the opportunity to do. I did not expect the role of managed care to be so pervasive but it has been, even in residency.

Comment from one participant

I chose internal medicine for 3 reasons:

- (1) *Keep my options open to sub specialize – very happy still feel I can control my career;*
- (2) *Option to mold my career around my life, not my life around career – very happy. I now work two mornings a week only until my children get older. My choice;*
- (3) *Complex diagnostic problems keep me challenged – because I’ve limited my practice so much temporarily I don’t get much satisfaction from working, but it’s amazing how much variety I do see for such a small investment in time.*

Comment from another study participant

I like variety – I practice with ages: newborn to adult. I like diagnostic challenge – I am the first line diagnostician. I am not bored and solving puzzles. I like connecting with people and knowing what happens to them long term – I get this for the most part, except for HMO contract switches.

Comment from another study participant

My practice is more rewarding than I have expected. The ability to have an impact in the life of another is exceedingly satisfying.

Comment from another participant

Table 4
 Comments from Study Participants
 Regarding Advice on Specialty Choice or Physician Satisfaction

I find Emergency Medicine extremely stressful. I carry a chronic high level of anxiety within myself related to my work. On top of the stress of being ready to hand anything, there are the increasing pressures to see more patients in less time and make decisions with less information. We are even coding our own charts now. There are few financial rewards – salary hasn't changed in five years. The morale amongst my coworkers is poor. Few patients thank me. Most are upset they had to wait. No, it is not what I thought it would be. I have three small children and am seriously considering giving up my career, at least temporarily, to raise my kids and perhaps pursue another area of medicine. ER docs are undervalued and don't get much respect. The hours appear great at first but the night, weekends, and holidays get old. You never feel like an expert in anything but are expected to be one in everything. I wish I had not chosen this specialty. I do not feel that I got any true advice or counseling on this specialty in 1989-1990.

Emergency Medicine female physician, with 10 years experience

My specialty allowed for teaching, research as well as clinical service. Intellectual challenge and subject matter is wonderful. Gives great opportunity for life-long learning and mental stimulation. I truly enjoy helping doctors make difficult diagnosis and helping patients behind the scenes. Unfortunately, because of lack of reimbursement and budget tightening, I have been laid off two times and the remuneration is less than 5% of all physicians after four years of training. I was not prepared for the political intrigue, gender bias, and class structure of academics medicine by my med school experience.

I realize I made a rather serious error in pursuing a specialty I enjoyed and was well-suited for rather than one that allows for mobility, independence and financial security for my family. I am the only person in my graduating residency class that has not retrained to do a different specialty due to lack of employment opportunities. I would encourage any guidance of students to include truly realistic employment potential and income potential rather than the types of data (i.e., Pfizer booklets (that are grossly unrealistic, and presented to students in my era.

Clinical Pathologist, female physician, age 35 years

I very much enjoy dermatology. When choosing a specialty you have to look at it as if you would be happy doing this 10-15 years from now. Have to take into consideration your family life. Before jumping into a specialty, try to spend a week or so at the outpatient setting with staff. This enables you to see what day to day life would be for you. Research it well. I have seen too many people change specialty because they didn't have a clear idea of 1 that they really enjoy it 2. how labor intensive it is, but also keep in mind that you are never stuck doing something. You can always change.

Third year resident in Dermatology, in a moderate sized city

References

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