

Professional Satisfaction Among Canadian Physicians: A Retrospective Look at Survey Results

Melanie Comeau, Lynda Buske, Canadian Collaborative Centre for Physician Resources
Canadian Medical Association

Abstract

A better understanding of what factors influence physician professional satisfaction is needed to ensure a continuing, vibrant and productive physician population. This research primarily uses results of the 2004 National Physician Survey (NPS), complemented by information from other surveys and reports. Various aspects of professional satisfaction were analyzed along with a detailed examination of workload and on-call responsibilities.

Overall professional satisfaction was high but interesting relationships were noted among levels of satisfaction and hours worked, especially when disaggregated by demographic and other characteristics. Geographic differences were evident with some aspects of satisfaction such as relationships with hospitals and non-physician health care workers.

Résumé

Il faut mieux comprendre les facteurs qui jouent sur la satisfaction professionnelle des médecins pour garder une population médicale dynamique et productive. Cette recherche utilise principalement les résultats de l'édition 2004 du Sondage national auprès des médecins (SNM), que viennent compléter des renseignements tirés d'autres sondages et rapports. On a analysé divers aspects de la satisfaction professionnelle et analysé en détail les obligations relatives à la charge de travail et aux périodes de garde.

La satisfaction professionnelle globale était élevée, mais on a constaté des liens intéressants entre les taux de satisfaction et les heures de travail, particulièrement après désagrégation en fonction de caractéristiques démographiques et autres. Les différences géographiques étaient évidentes dans le cas de certains aspects de la satisfaction comme les relations avec les hôpitaux et les travailleurs de la santé non médecins.

Statement of research question

The aim of the research was to bring together physician survey data that has measured various aspects of professional satisfaction and examine differences among physician demographic and practice characteristics.

Methodology

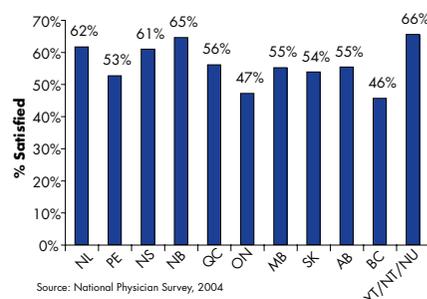
Results of the 2004 National Physician Survey was the main data source complemented by the 1999 and 2001 CMA Physician Resource Questionnaires (PRQ) as well as the CMA Membership Baseline Surveys.

Bivariate analyses were conducted on each aspect of professional satisfaction and physician demographics (e.g., age, sex, children) plus practice characteristics (e.g., setting, method of payment, solo/group). Using the workload data, a maximum hours scenario estimated possible future shortfalls of physicians.

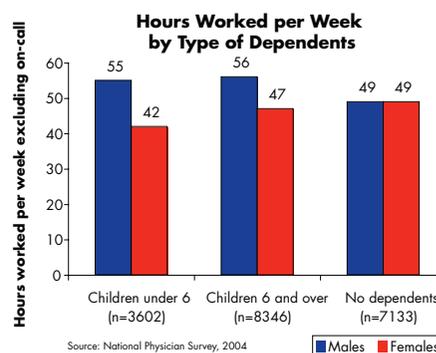
| Professional Satisfaction* n=21296 | % satisfied | % dissatisfied |
|---|-------------|----------------|
| Relationship with patients | 86% | 1% |
| Relationship with FPs | 76% | 3% |
| Relationship with specialists | 76% | 6% |
| Relationship with non-physician health care workers | 75% | 4% |
| Relationship with hospitals | 51% | 20% |
| Current professional life | 69% | 15% |
| Availability of CME/ CPD | 73% | 9% |
| Balance between personal and professional commitments | 54% | 28% |
| Ability to find locum | 16% | 31% |

Source: National Physician Survey, 2004
* "satisfied" includes "somewhat satisfied" or "very satisfied" responses while "dissatisfied" includes "somewhat dissatisfied" or "very dissatisfied" responses

Satisfaction with Relationship with Hospitals by Province and Territory

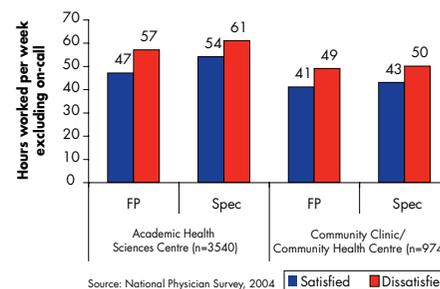


Source: National Physician Survey, 2004



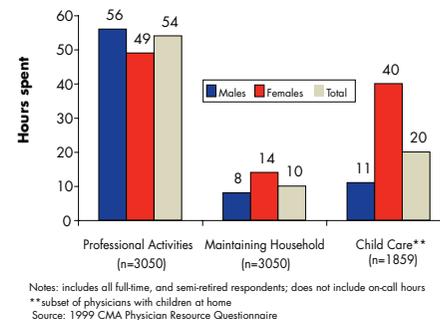
Source: National Physician Survey, 2004

Workload by Satisfaction with Balance between Personal and Professional Commitments: FPs versus Specialists by Patient Care Setting



Source: National Physician Survey, 2004

Hours Spent per Week by Activity and Sex: Canada, 1999



Notes: includes all full-time, and semi-retired respondents; does not include on-call hours
**subset of physicians with children at home
Source: 1999 CMA Physician Resource Questionnaire

Analysis and interpretation of results

Table 1 shows high levels of satisfaction among physicians for most aspects of professional practice. A slight majority (54%) indicated they were satisfied with their balance between personal and professional commitments and only 16% were satisfied with their ability to find a locum (25% if "not applicable" excluded).

Physicians in New Brunswick were among those most satisfied with their relationships with hospitals at 65%. Ontario and BC doctors were among those least likely to express satisfaction with this relationship at around 46%.

Family physicians satisfied with their balance between professional and personal commitments averaged fewer hours/week than did satisfied specialists. Specialists working in community clinics/health centres who were dissatisfied with their balance averaged fewer hours per week than the satisfied specialists in the academic health science centres.

Overall, males with dependents tended to report more hours per week than males without dependents; the opposite was seen for female physicians. Males with children under age 6 averaged 55 hours/week compared with 42 hours for females with young children. This gender gap disappears when the physicians have no dependents.

It is also interesting to look at 1999 PRQ data for physicians with children at home to compare how males and females divide their work and home responsibilities. While males spent 56 hours a week on professional activities with 11 hours on child care, female physicians spent 49 hours a week on professional activities and devoted 40 hours a week to child care.

Impact of findings

Having considered satisfaction as a whole and how it pertains to physician demographics, work/patient care setting, on-call/hours per week, etc., future scenarios can be approached in an informed manner. The awareness of what factors in particular influence a physician's satisfaction as well as detract from it allow planners to prevent burnout among practicing physicians and better prepare for the next generation of Canadian physicians.

Acknowledgements

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