



Physician Morale in the United States

Results of Two Recent Surveys and a Review of the Literature

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Abstract

There is a growing consensus that the United States (U.S.) will face physician shortages in the coming years due to the growth and aging of the population, as well as the aging of the physician workforce. More than one third (36%) of U.S. physicians in practice are age 55 or older and likely to retire in the next 10 to 15 years. Furthermore, women are now 50% of medical students, 44% of residents, and 27% of the total U.S. medical workforce. Based on prior studies of physician productivity, women are likely to work less than men. It is important to understand the career plans and expectations of the changing physician workforce.

In 2006, the Association of American Medical Colleges (AAMC), in collaboration with the American Medical Association (AMA) and eight other specialty societies conducted a survey of physicians over 50 (N=8,800) to better understand the career satisfaction, work effort, and retirement plans of older physicians. In 2007, the AAMC and AMA also conducted a survey of physicians under 50 (N=4,143), to better understand current activity, work preferences, and career satisfaction of younger physicians. The results presented here focus exclusively on physicians that are active in medicine (either full time or part time).

Overall, active physicians over 50 are satisfied with their careers (83%), and satisfaction increases with age. Of currently active physicians age 50 or older, 61% anticipate they will stop providing patient care by the age of 65. When thinking about retirement plans, active physicians over 50 cite increasing regulation of medicine, decreasing clinical autonomy, and rising malpractice costs as important factors in their decision to retire.

Physicians under 50 are less likely to be satisfied with their careers (75%) than physicians over 50. Most (71%) indicated time for family/personal pursuits was very important in a desirable practice setting. Half (50%) agreed they can balance work and home life to their satisfaction, and 85% indicated they would like to retire from medicine by the age of 65.

OVERVIEW

How satisfied are American physicians? Gauging physician satisfaction in the United States (U.S.) is critical to medical workforce research and planning. There is growing evidence linking physician dissatisfaction to retirement.¹⁻³ In addition, studies of the younger generation of physicians link career satisfaction with their ability to have time for home and personal interests outside of medicine.⁶⁻⁹ Maintaining physician morale will be essential to attract qualified applicants to U.S. medical schools; to influence their choice of specialties, practice arrangements, and locations; and for doctors to achieve meaningful work-life balance and to make appropriate retirement decisions. Research also suggests that higher physician morale is associated with better quality medical care and higher patient satisfaction.¹⁰

METHODS

In an attempt to better understand physician morale in the United States, the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA) surveyed two cohorts of physicians: 1) physicians aged 50 and older, and 2) physicians under the age of 50. For each survey, a random sample was drawn from the AMA Physician Masterfile and a \$2 bill was included in the initial mailing as an incentive to participate. The results presented here focus exclusively on responses of physicians who indicated they were active in medicine either full time or part time at the time they completed the survey and excludes responses from any physicians who indicated they were retired or on temporary leave from practice. Analyses of response likelihoods were conducted across a number of variables, including age, gender, specialty, and location of medical education. Standard response weighting procedures were implemented to reduce identifiable response bias. Comparisons between groups are only reported where chi-square tests (for percentages) or t-tests (for means) reveal statistical significance at $p < .05$.

For purposes of comparative analysis, physician specialties were grouped into 4 broad categories:

- **Adult primary care** (General Internal Medicine, Family Medicine, General Practice)
- **Internal medicine subspecialties** (Cardiology, Endocrinology, Gastroenterology, Geriatrics, Hematology, Oncology, Infectious Disease, Nephrology, Pulmonary, Critical Care, Rheumatology, Sports Medicine)
- **All surgical specialties** (including General Surgery)
- **Specialties with a “controllable lifestyle”** (Anesthesiology, Dermatology, Emergency Medicine, Neurology, Physical Medicine and Rehabilitation, Pathology, Psychiatry, and Radiology)

Survey of physicians over 50 years old

A national survey of a random sample of physicians over the age of 50 was conducted in 2006 in collaboration with the American Academy of Family Physicians (AAFP), American College of Cardiology (ACC), American College of Physicians (ACP), American College of Obstetrics and Gynecology (ACOG), American Society of Clinical Pathology (ASCP), and American Society of Plastic Surgery (ASPS). There were 8,800

respondents (a 53% response rate); 16% were female and 84% male; 63% indicated they were active in medicine full time, 13% were active in medicine on a part-time basis, 22% were retired, and 2% were temporarily inactive in medicine. This survey focused on current activity, satisfaction, and retirement plans.

Survey of physicians under 50 years old

In 2007, the AAMC and AMA surveyed a random sample of practicing physicians under the age of 50. There were 4,143 total responses (35.7% response rate); 38% were female and 62% male; 87% indicated they were active in medicine full-time, 10% were active in medicine on a part-time basis, 2% were temporarily inactive in medicine, and 2% were permanently inactive in medicine. This national survey also documented current activity, work preferences and career satisfaction.

RESULTS OF SURVEY OF PHYSICIANS OVER 50 YEARS OLD

General satisfaction

Understanding the career satisfaction, work effort and retirement plans of older physicians is important since 36% of active U.S. physicians are age 55 or older. In our survey, 83% of physicians over the age of 50 were satisfied with medicine as a career (52% very satisfied, 31% somewhat satisfied); 95% were satisfied with their specialty or subspecialty (61% very satisfied, 34% somewhat satisfied), and 80% were satisfied with their current position (45% very satisfied, 35% somewhat satisfied). However, fewer (61%) were satisfied with the amount of time they had with each patient (30% very satisfied, 31% somewhat satisfied).

Only 46% of adult primary care physicians were very satisfied with their specialty compared with 73% of internal medicine sub-specialists, 67% of physicians in specialties with controllable lifestyles, and 64% of surgical specialists.

Retirements and retirement plans of physicians over 50 years old

On the survey of physicians over 50, we asked: *At what age do you plan to stop providing patient care?* Sixty-one percent indicated they plan to stop patient care activities by age 65. Eighty-eight percent plan to stop patient care by age 70 and less than 2% anticipated they would be seeing patients into their 80s and beyond. We also asked: *If you could afford it, would you retire from medicine today?* One out of three (36%) of all physicians over the age of 50 and more than 40% of active physicians in their 50s said they would retire now if they could afford it. However, the percentage of active physicians ready to leave the field of medicine declined markedly in older age groups. For example just 25% of active doctors ages 65 to 69 and only 13% of active doctors over 74 would prefer to retire if financial circumstances permitted.

Our survey also explored reasons for retirement. We provided a list of potential causes and asked: *When you think about your future retirement, how important are the following? not important, somewhat important, very important, and uncertain.* Factor analysis revealed three main themes influencing retirement decisions: 1) professional dissatisfaction, 2) work-life balance, and 3) remaining competitive in the specialty. (See table 1.) Nearly half (49%) cited *Increased regulation of medicine and Insufficient*

reimbursement as very important to their decision to retire. *Stress of practice* (45%), *Decreasing clinical autonomy* (43%), and *Rising malpractice costs* (42%), were also frequently cited as very important factors. Fewer physicians cited work-life factors or the need to remain competitive in the field as very important to their decision to retire.

Table 1: Factors Rated as Very Important in the Decision to Retire

	N	%
Professional Dissatisfaction		
Increased regulation of medicine	2,913	48.7%
Insufficient reimbursement	2,909	48.5%
Stress of practice	2,908	45.2%
Decreasing clinical autonomy	2,588	43.2%
Rising malpractice costs	2,512	41.8%
Lack of professional satisfaction	2,142	33.4%
Work-Life Balance		
On-call responsibility	2,471	38.4%
Interest in pursuits not related to medicine	1,731	27.0%
Personal health issues	1,521	24.0%
Increased family responsibilities	930	14.6%
Remaining Competitive		
Effort to keep clinically current	1,256	21.1%
Recertification requirements	908	15.2%
Increasing competition within my specialty	572	9.6%

Source: 2006 AAMC/AMA Survey of Physicians Over 50 – Active physicians only.

How to keep older physicians in the workforce

More physicians cited *Career satisfaction* (68%) than *Current financial needs* (60%) or *Good income* (50%) as motivating them to remain active in medicine. As age increased, active physicians over 50 were more likely to be working part time. Although fewer than 10% of physicians between 50 and 59 were working part-time, 18% of physicians 60 to 64, 34% aged 65 to 69 and 53% aged 70 to 74 were working part-time. Likewise, the percent reporting that they were very satisfied with their medical career also increased with age. Just 44% of active physicians aged 50 to 54 and 47% aged 55 to 59 reported being very satisfied, but 53% of active physicians aged 60 to 64, 61% aged 65 to 69, and 67% aged 70 to 74 were very satisfied with their careers. Furthermore, active physicians over 50 affirmed that the *Availability of part-time work or more flexible scheduling* (53%) and *Less paperwork* (34%) would entice them to remain in practice beyond planned retirement. In summary, active physicians in their 60s and 70s are more likely to be working part-time and are more likely to be satisfied than active physicians in their 50s who may be working more but are also more interested in retiring or scaling back.

RESULTS OF SURVEY OF PHYSICIANS UNDER AGE 50

Work satisfaction

In our survey of physicians under the age of 50, 75% were satisfied with medicine as a career (36% very satisfied, 39% somewhat satisfied); 80% were satisfied with their specialty or subspecialty (51% very satisfied, 29% somewhat satisfied); and 72% were satisfied with their job/position (34% very satisfied, 38% somewhat satisfied). However, fewer were satisfied with work schedule (62%—26% very satisfied, 36% somewhat satisfied) or income (59%—22% very satisfied, 37% somewhat satisfied). Only 36% of adult primary care physicians were very satisfied with their specialty compared to 56% to 62% in the other three physician groups.

Balance

As a group, physicians under the age of 50 place a higher value on their personal and family time than their older colleagues. We listed 15 factors and asked: *How important are the following factors when you think about a desirable professional practice?* (Responses were on a 5-point Likert scale from *not important* to *very important*). Factor analysis revealed three main themes in a desirable practice: 1) work-life balance, 2) income, and 3) practice features. (See table 2.) *Time for family/personal pursuits* was graded as very important by 71% of respondents. None of the other 14 factors were ranked as very important by more than half of the respondents. The next highest factors ranked as very important were: *Adequate support staff and services* (43%), *Long-term income potential* (42%), and *Practice income* (39%). The *Opportunity to advance professionally* was ranked by only 28% of respondents as very important.

We asked physicians under age 50 if they would work more hours to earn more money and conversely if they would reduce their hours if they could afford to. Two thirds (66%) were not willing to work longer hours for increased compensation. Likewise, 80% would reduce their work hours if they could afford to. We also explored retirement plans by asking physicians under age 50 to complete the following statement: *Ideally, I would like to stop practicing medicine when I reach the age of ___*. Almost two thirds (63%) expected to retire by age 60 and the vast majority (85%) by age 65.

Table 2: Factors Rated as Very Important in a Desirable Practice Setting

	N	%
Work Life-Balance		
Time for family/personal	2,823	71.4%
Flexible scheduling	1,441	36.5%
No or very limited on-call	1235	31.2%
Minimal practice management responsibilities	505	12.8%
Income		
Adequate support staff and services	1683	42.5%
Long-term income potential	1651	41.6%
Practice income	1559	39.3%
Health insurance coverage	1381	34.9%
Adequate patient volume	1166	29.5%
Practice Features		

Opportunity to advance professionally	1123	28.4%
Availability of electronic medical records	495	12.5%
Teaching opportunities	407	10.3%
Ability to serve the underserved	342	8.7%
Research opportunities	256	6.5%
Opportunity to work with NPs/PAs	101	2.6%

Source: 2007 AAMC/AMA Survey of Physicians Under 50 – Active physicians only.

“Controllable lifestyle” specialists have more work-life balance than other physicians

A significant majority (58%) of specialists with a “controllable lifestyle” agreed they could balance their work and personal life to their satisfaction compared with 49% of adult primary care, 41% of surgical and 40% of internal medicine sub-specialist physicians. However this work-life balance did not appear to come from control over their professional schedule. Only half (49%) of specialists with a “controllable lifestyle” agreed that they were able to control their work hours and schedule. A comparable percentage (47%) of adult primary care physicians also agreed that they were able to control their work hours. However, only 37% of internal medicine sub-specialists and 36% surgical specialists agreed that they were able to control their work hours.

Women in the U.S. medical workforce

Women are now 50% of medical students, 44% of residents and 27% of the total U.S. medical workforce. Furthermore, women are more likely than men to go into primary care. In 1985, women were 15% of the internists, pediatricians and family physicians in the U.S., but by 2005, they constituted 32% of these specialties. Because of their growing number in medicine, especially in primary care, we compared the responses of women to those of men.

An overwhelming majority (82%) of women under the age of 50 ranked *Time for family/personal pursuits* as very important compared to 66% of men under 50. Similarly, 54% of women ranked *Flexible scheduling* and 44% ranked *No or very limited on-call, night, or weekend responsibilities* as very important compared to 26% and 25% of men. Conversely, men were more likely to rank *Long-term income potential* and *Practice income* as very important (45% and 43%) compared to women (36% and 33%). There was no statistical difference between men and women in ranking the *Opportunity to advance professionally* as very important (29% vs. 27%).

Younger women work part-time to achieve satisfactory work-life balance

Only 72% of female physicians under age 50 were active in medicine fulltime compared with 97% of men. As a result, women worked fewer hours on average (46.2 per week) than men (56.8). However, these results hold even when comparing hours for full-time physicians only (52.3 vs. 57.3). Slightly over half of women agreed (41%) or strongly agreed (12%) that they were able to balance their work and personal life to their satisfaction. However, 71% of women who worked part time agreed they were able to satisfactorily balance their work and personal life compared to only 45% of women who worked full time. In addition to working less, women were more likely to take an

extended leave from the practice of medicine: 29% of women compared with only 5% of men had taken an extended leave of 3 months or greater.

HISTORICAL TRENDS

Physician Morale Over Four Decades

A review of the literature on physician satisfaction reveals that the concerns of today's practicing physicians are not dissimilar to the ones identified in prior studies. Dissatisfaction with the amount of free time, lack of autonomy, malpractice, stress of practice, and decreasing time with patients emerge as common themes across the years, though the intensity of U.S. physician dissatisfaction appears to have been increasing during the past four decades.

1960 to 1979

In 1966, *Medical World News* reported that physicians, as a whole, were content with their practices and their lives. They enjoyed relationships with patients and their families and "being needed" gave them the greatest satisfaction.¹¹

The AAMC conducted a longitudinal study of the class of 1960 from 28 medical schools. Data from 1956 through 1976 showed a high level of satisfaction among physicians with nearly all aspects of their professional life.¹² Most physicians (95.5%) agreed that their jobs were interesting and very few (4.2%) were disappointed with their medical career. However, only a little more than half (55.4%) were satisfied with their amount of free time.

A 1979 study of Case Western Reserve School of Medicine graduates from 1956 to 1965 identified the time pressures of work, lack of leisure time, and excessive workloads as causes of physician stress and dissatisfaction.¹¹ In addition, malpractice had become a major issue and peer review and maintaining competency were described as new stresses.

1980 to 2000

A 1985 study in the *Journal of the American Medical Association* compared academic and clinical faculty in five realms: (1) clinical competence and interpersonal relations; (2) the realities of medical practice; (3) anxiety about the future; (4) time pressures; and (5) dealing with difficult patients.¹³ Physicians were most satisfied with the diversity of patients they were caring for, day-to-day practice issues, relationships with patients and colleagues, and their educational stimulation.¹³ However, they were less satisfied with their finances, future opportunities for promotion and/or success, workload, patient volume, the personnel resources available to them, their ability to remain knowledgeable and current, and their role in making organizational and administrative decisions.

In 1987, the AMA surveyed 3,183 physicians over age 40 or in practice for at least 5 years. They were asked: "Given what you know about medicine as a career, if you were in college today, would you go to medical school?" Almost half (44%) said no. Clinically active physicians under the age of 40 who had been out of residency training between 2 and 5 years were asked the same questions as part of a survey conducted by the Robert

Wood Johnson Foundation; of the 4,574 respondents, 35% indicated they would not choose a medical career again.¹⁴

In a 1988 Group Practice Qualitative Study, physicians emphasized concerns about the negative impact of managed care on relationships with colleagues and patients as well as a deterioration of the quality of care due to an intensified focus on cost containment and productivity.¹⁵

In the 1980s and 90s, decreased professional autonomy over clinical decisions and decreased time with patients emerged as important causes of dissatisfaction among U.S. physicians.¹⁶ Two surveys of Massachusetts physicians examined a shift in physician satisfaction from 1986 to 1997. Overall, physicians in 1997 were less satisfied in every aspect of their professional lives compared with physicians in 1986. Differences were significant in three areas: time spent with individual patients, autonomy, and leisure time.

Physicians became increasingly dissatisfied with their practices and with managed care during the 1990s. Physicians were more likely to be subjected to profiling, utilization review, and pre-approval requirements as well as being expected to follow guidelines and to use decision tools. In 1999, 33.4% of physicians were somewhat or very dissatisfied with their current practice situation vs. 19.8% in 1996 (an increase of more than 50%), while overall dissatisfaction with managed care increased from 28.3% to 62.2%.⁸

Practice setting, gender, and race present additional challenges to career satisfaction. McMurray et al¹⁵ reported the following concerns from their Physician Job Satisfaction Study:

- Physicians participating in managed care were hassled with paperwork and concerned about continuity when patients switched plans.
- Women physicians sought satisfaction by providing “total care” to their patients, but were concerned about workload, case mix, work-life balance, and delayed professional advancement.
- Minority physicians sought like-minded colleagues and discussed the added pressures of being a role model.
- Inter-city physicians expressed a strong sense of mission but had concerns about isolation and the “burden of caring.”

Leigh et al compared career satisfaction between specialties with a focus on age, income, and region.¹⁸ Their data showed:

- Obstetrician-gynecologists reported high levels of dissatisfaction, related to rising expectations for perfect birth outcomes and high medical-legal risks.
- Dermatology was one of the most attractive specialties owing to its controllable lifestyle, relatively narrow focus, and burgeoning scientific knowledge base.
- A relatively high proportion of physicians practicing certain “procedural” specialties (e.g., ophthalmology, pulmonary medicine, otolaryngology, and orthopedic surgery) were dissatisfied.
- Physicians practicing some “cognitive” specialties (e.g., infectious diseases, geriatrics, and pediatrics) were less likely to be dissatisfied.

- IMGs were much more likely to be dissatisfied than U.S. graduates.
- Higher incomes were associated with increased likelihood of being very satisfied.

Stevens et al¹⁹ studied 210 physicians in 17 medical departments of university hospitals and showed that professional attitudes and formal structuring of work activities have a positive effect on physician satisfaction. This study also showed that certification was a strong positive predictor of work load satisfaction.

In the study, “Year 2000 Survey of Physicians 50 Years Old and Older,” physicians pointed to managed care as a significant factor in their decision to change their style of practice and reported Medicare/Medicaid regulations as their primary frustration.²⁰

DISCUSSION

Physicians in the U.S. appear to be generally satisfied with their careers as evidenced by the historical literature review and the survey results presented here, though the younger generation of physicians in our two surveys is slightly less satisfied than their older peers. However, across studies, there is a consistent undercurrent of dissatisfaction, which is generally centered around a lack of control. Throughout the decades, physicians have expressed dissatisfaction with lack of control over their schedules, autonomy, reimbursement, and malpractice. Understanding and responding to these concerns will be paramount to developing effective recruitment and retention strategies.

Career satisfaction is cited by two out of three physicians as an important factor in motivating them to remain in practice. Career satisfaction also increases with age, and interest in retiring today decreases with age – likely because those who are dissatisfied have left the workforce and those who remain working in their late 60s and 70s are doing it because they enjoy it.

Physicians who remained active beyond age 60 were increasingly likely (as their age increased) to be working part time. Likewise, for physicians over 50 who were still working, it appeared that flexible scheduling and decreased paperwork would delay their retirement. However, it is difficult to know what the net effect on future workforce would be as some may reduce hours sooner than planned if part-time hours become increasingly available to them.

Our study found that work-life balance was imperative for younger doctors. As physicians gain more negotiating power in the marketplace due to shortages, employers of physicians will have to develop new practice models that can accommodate flexible and part-time schedules as part of their recruitment and retention strategies. Younger physicians are not interested in working longer hours to make more money and would scale back if they could afford it. Furthermore as a group, younger physicians are contemplating retiring at earlier ages than that at which older physicians have actually retired, or are planning to retire.

Women, who make up a growing percentage of younger physicians, were more likely than men to work part time to achieve a satisfactory work-life balance. Women also appear to be willing to accept the trade-off of lower income as they were also less likely than males to cite income as an important factor in a desirable practice setting.

Overall, adult primary care physicians in the U.S. were significantly less likely to be very satisfied with their specialty than other physicians. Given the anticipated shortages in primary care, it will be important to develop more rewarding career options for physicians to enter this field. Specialty choice in recent years is largely explained by the influence of controllable lifestyles.²¹ Although few medical students are probably aware that primary care offers controllable hours, most are clearly aware of the income gap between primary care and other specialties.²² Burgeoning medical student debt may magnify these differences, though the relationship between debt and specialty choice is somewhat inconclusive.²³ If appropriate reimbursement were available, the patient-centered medical home could become an attractive practice option in adult primary care.²⁴

Limitations of our study were a result of it being a cross-sectional survey. The response rates were disappointing, especially for the survey of physicians under 50. A longitudinal cohort study could have provided more information—but it would have taken longer and required more resources.

SUMMARY

Physician morale in the U.S. has waned over the last 40 years. Our surveys showed physician angst was multi-factorial. Like previous studies, external factors (such as increasing regulation and insufficient reimbursement) contributed greatly to physician dissatisfaction. Our surveys, however, also revealed that the changing composition of the U.S. physician workforce was increasingly important. A growing number of women (as well as the younger generation in general) are seeking greater job flexibility and more work-life balance. It may be that a career in medicine has become viewed less as a deeply satisfying, long-term vocation worthy of personal sacrifice and more of a job with significant perks and responsibilities. Based on our data, improving physician morale should become a key priority but will require multiple interventions.

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