



Physician and Trainee Morale

IMWC 2008: Session 2

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“You’re sick of this? Just try to imagine how we feel.”



Defining Morale

- not defined in medical dictionaries.
- the mental state or condition as related to cheerfulness, confidence, and zeal. Mosby's Dental Dictionary, 2nd edition. © 2008 Elsevier, Inc
- the level of individual psychological well-being based on such factors as a sense of purpose and confidence in the future. Merriam-Webster, 2008



Defining Satisfaction

- the fulfillment or gratification of a desire, a need, or an appetite.
- the pleasure or contentment that is derived from such gratification. The American Heritage® Medical Dictionary Copyright © 2007, 2004 by Houghton Mifflin Company
- a source or means of enjoyment. Merriam-Webster, 2008



Assumptions –

some possibly misplaced?

- Morale is Satisfaction and vice-versa
- Morale is causal
 - Morale impacts quality and performance
 - Morale influences practice patterns
 - Morale impacts patient relationships
- Morale is generational and changes over time
- Satisfaction is necessary



Perspectives

- Economic Theory (Utility)
- Organizational Theory (Herzberg)
- Decision Theory
- Political/Policy Theory
- Workforce Planning
- Self versus System



Authors

- Australia
 - Professor Anthony Scott
- Canada
 - Dr. Mamta Gautam
 - Dr. Todd Watkins
- United Kingdom
 - Dr. Neil Douglas
- United States
 - Dr. Paul Rockey
 - Clese Erikson, Catherine Welcher, Ed Salsberg



Overview

- Data
- Thematic Domains
- Challenges
- Forces
- Breakout Topics
- Report Outs



DATA

- Limited and Not Longitudinal
- Few common metrics
 - Warr-Cook-Wall
- Measures assume “satisfaction” is morale
- Query practitioners not trainees
- No understanding of expectations prior to practice entry



DATA – Some Nuances

- All – Specialty as Independent Variable
- Explicit (asked) versus Inferred (observed) Measures
- UK – Exploration of Training Satisfaction
- US – Age and Gender Seem to Matter
- Canada – Burnout/Psychological Wellbeing – *Health as Morale*
- AUS – More emphasis on determining bases for Satisfaction



DOMAINS

- Policy and Regulatory Environment
 - Loss of Autonomy
 - Too Little Time with Patients
 - Too Many Practitioners (UK)
 - Too Few (CA)
 - Crowding out with Others/MidLevels
 - Malpractice (US)
 - Situational Spikes (UK)



DOMAINS

- **Financing and Pay**
 - Dissatisfaction with Reimbursement
 - Concern for Paperwork, Administration
 - Focus on Personal “Rewards”
 - Little Perspective for the System
 - More in universal coverage countries
 - Measures of “dissatisfaction” seem higher in the two extreme versions – US/UK
 - What is the threshold for “satisfaction”



DOMAINS

- Practice Setting and Demographics
 - Work-Life Balance
 - Family and Leisure Time
 - Career Satisfaction if not Job
 - Age and Gender Matter (but why – and what direction)
 - Specialty Matters (more so in US)
 - Intrinsic versus Extrinsic Motivators



DOMAINS

- Education and Training
 - Little Discussion (save for UK)
 - Debt Influence (more of US concern)
 - Training – Practice Mismatch?
 - The Need for Team Preparation
 - Practice Modeling
 - Education/Research to Help Restructure
 - Who enters this workforce?



CHALLENGES

- Data is presently limited
 - Inconsistent and inconclusive
- Is it Physician Morale or Changing Attitudes Generally?
- Does it matter?
- Demand for practice entry is still strong
- What else could they do?



FORCES

- Shrinking Financing
- Performance and Quality Expectations
- Education Costs
- Expanding Practice Roles
- Anchor the Physician-Patient Relationship
- Perceptions of Physicians
- Expectations of Physicians



VARIATIONS

- AUS – Geography as Influence and recognition of multivariate complexity
- CA – Shortages are severe and contributing to burnout, health centric
- UK – NHS Restructuring and fear of insufficient work
- US – Strong focus on government/external intervention



BREAKOUT TOPICS

- Data and Measurement (Tony)
- Education and Training (Paul R.)
- Financing (Todd/Mamta)
- Practice Setting and Demographics (Paul G.)
- Policy Environment (Valerie)



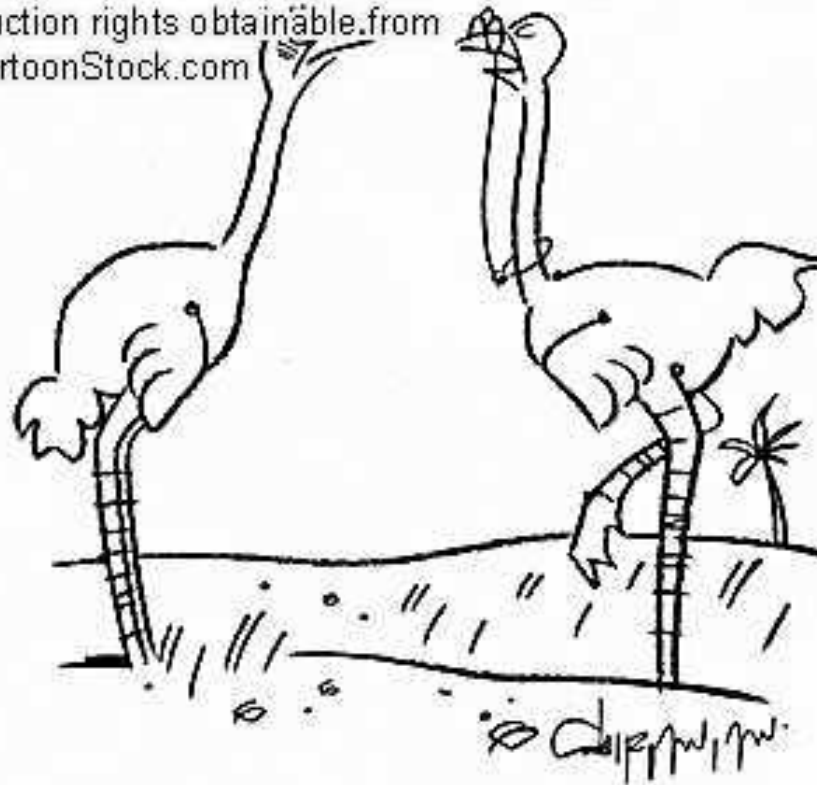
REPORT OUT PLANS

- Key Themes
- Suggested Strategies
- 5 minutes per group
- Facilitator or Other Designee
- 10 minutes for group exchange
 - What strategies hold promise?
 - What did we miss?



Focus on Needed Change Not Solely Problem Identification

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"Take two aspirins and stick your head in the sand."