Secrets of Physician Satisfaction

Study identifies pressure points and reveals life practices of highly satisfied doctors

By Richard J. Bogue, PhD, John G. Guarneri, MD, Monica Reed, MD, Kenneth Bradley and Jay Hughes, MD

“I’m working too hard.”
“Malpractice insurance is killing my practice.”
“I don’t get enough time with my family.”
“I spend too much time on paperwork and not enough with my patients.”

Sound familiar?

It’s no secret that physicians today face myriad challenges and changes—from increased medical malpractice litigation to shrinking reimbursements, from cost containment to privacy, security and patient safety concerns. The country’s health care system remains perpetually in a state of flux, and physicians often feel caught in a cyclone of new missions and mandates.

Research supports that many physicians experience high levels of dissatisfaction with their profession, and that dissatisfaction may be on the rise. The ramifications of this are quite serious and pose threats to health care providers and patients alike.

Physician career dissatisfaction has been found to be associated with physician stress, disruptive behavior, burnout and career exit, medical errors, reduced patient care quality, reduced patient compliance with medical instructions and higher health care costs.1-9

How can doctors not only survive, but thrive in this ever-changing environment? While some physicians are quick to place blame, fall “victim” and even lash out due to the challenges they face, others facing the exact same challenges persevere, remaining dedicated, determined and closely connected to their passion and commitment to serve.

What is their secret? And what can physician executives do to anticipate and help physicians address these emerging challenges?

The bigger picture

A recent Physician-to-Physician Satisfaction Study conducted by The Center for Health Futures at Florida Hospital in Orlando, Florida, in collaboration with the hospital’s Physician Support Services and research partners at the University of Central Florida attempted to answer some of these questions.

The study examined a common concern—physician satisfaction—with a new approach. Instead of focusing only on traditional workplace satisfaction indicators, the two-year project took a more holistic view—looking at physicians as human beings. It broke down all of the factors both within and outside physicians’ work environments that play key roles in their stress levels and ultimately, their career satisfaction.

The crux of the survey asked the doctors to rate their satisfaction in 17 different areas of their lives as physicians. Of the 17, 10 items were rated below average or less satisfying than the average rating for all 17 items (Table 1). The lower the satisfaction rating, the more dissatisfied physicians were with that item.

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This age-old challenge for physicians and hospitals will no doubt persist in some form, and physician executives are caught right in the middle. However, the level of dissatisfaction with this item strongly suggests substantial opportunities for better communication about cost containment measures.

Executives should continue to explore innovative ways to engage physicians in these discussions and efforts so that this consistently dissatisfying factor might become a basis for improved mutual understanding and better balance between physicians’ passion and management imperatives.

The other factors at the top of the list, including the amount and quality of physicians’ personal time (Figure 2) as well as opportunities for research and training (Figure 3) were statistically significant and should also be carefully considered as opportunities for improving physicians’ lives.

How, for example, can physician executives help doctors find more opportunities for the collegiality and stimulation that result from research and teaching? How can they work with physicians and their families to improve the amount and/or quality of physicians’ personal time?

Even a slight difference in one or two of these factors could yield great improvements in a physician’s outlook and feeling of well-being.

Where then can physicians and executives build upon and maximize their successes?

The areas that contributed most to doctors’ happiness with their lives as physicians seem to focus on the people they work with, the people they live with, and most of all, the people for whom they provide medical intelligence and care (Table 2, Figures 4-6). The higher the satisfaction rating, the more satisfied physicians were with that factor.
Physicians were trained to take care of patients. Therefore, it should be no great surprise to anyone that the greatest sources of satisfaction in their work are people.

So how can executives take advantage of these bright spots? Are there ways to adjust practice patterns to permit doctors just a bit more of the patient contact they enjoy so much?

Can executives help physicians work together to create and maintain better collegiality without attempting to substantially shift how they must spend their time to meet patient care goals and needs? How can executives foster and facilitate more direct patient feedback to physicians?

The boiling point

In addition to understanding the factors that lead to physician satisfaction and dissatisfaction, it is important to examine the pivotal role that stress plays in doctors’ daily lives. Physician stress can lead to career dissatisfaction, disruptive behavior, burnout and career exit, substance abuse, health concerns, personal and family problems and in the worst cases, suicide.10-17

The Center for Health Futures study measured stress with one self-report item, “How would you rate your overall stress level?” The responses ranged from 1 to 9, with 1 being “very low.” The average score was 6.0.

Researchers compared demographics such as gender, age, ethnicity, marital status and number of children as well as work environment factors like specialty, physician satisfaction, hours worked and payment sources to determine which items differentiated those with higher versus lower levels of stress.

What led to stress? It was not gender, marital status, race/ethnicity or payer source.

In fact, variables related to physician satisfaction with their personal lives predicted levels of stress well beyond that accounted for by personal, demographic and work-related characteristics. Hours worked per week and age also came into play.
Physician satisfaction was by far at the top of the list,” said researcher Brian Fisak with the Department of Psychology at the University of Central Florida. “It predicted stress almost three times as much as hours worked per week, the second factor on the list.”

When it came to age, the study revealed that older physicians experienced the least amount of stress. Specifically, physicians over the age of 59 reported lower levels when compared to younger physicians.

“The more senior physicians may benefit from increased financial stability, decreased workloads and well-established practices within the community,” commented researcher Herdley Paolin, director of Physician Support Services at Florida Hospital.

Levels of stress for those younger than 45 and those between 45 and 59 did not differ significantly.

As might be expected, physicians who worked a greater number of hours per week reported higher levels of stress. In addition, highly stressed physicians were less satisfied with the quality of their personal time, workload, personal growth and family issues.

Based on the survey findings, it also appears that doctors’ satisfaction with their personal lives may indeed serve as a buffer between

### Table 2: What Factors Make Doctors MORE Satisfied?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Satisfaction Rating (scale of 1-9)</th>
<th>Percent Rating High (7-9)</th>
<th>Percent Rating Medium (4-6)</th>
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<tbody>
<tr>
<td>Relationships with patients</td>
<td>7.45</td>
<td>81.1%</td>
<td>15.2%</td>
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<tr>
<td>Relationships with colleagues</td>
<td>6.98</td>
<td>68.9%</td>
<td>25.5%</td>
</tr>
<tr>
<td>Family issues</td>
<td>6.97</td>
<td>67.5%</td>
<td>23.1%</td>
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<tr>
<td>Personal growth</td>
<td>6.7</td>
<td>63.4%</td>
<td>27.2%</td>
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<tr>
<td>Freedom to provide quality care</td>
<td>6.3</td>
<td>57.2%</td>
<td>30.1%</td>
</tr>
<tr>
<td>Availability of office &amp; hospital resources</td>
<td>6.18</td>
<td>50.2%</td>
<td>38.6%</td>
</tr>
<tr>
<td>Prestige for role as physician</td>
<td>6.1</td>
<td>49.1%</td>
<td>36.2%</td>
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stressors and the experience of stress or strain.

“When physician satisfaction goes up, stress levels go down,” notes Fisak.

A game of “Survivor”

The survey not only examined factors that lead to doctors’ satisfaction and stress, but also took a hard look at the role experience plays and how satisfaction levels may change across various career stages.

No doubt, life has become more difficult for physicians over the past 25 years. It may be possible to get an idea of how things have changed by looking at which factors are more satisfying to physicians at different points in their careers.

Overall, late-career physicians (21 or more years) rated themselves significantly higher in satisfaction than middle (12-20 years) or early career (less than 12 years) doctors. Other research has documented a similar phenomenon.

Some experts speculate that this may be partly due to a “survival” function—physicians who have found more ways to maintain their satisfaction are more likely to survive an entire career as a physician. They argue that the apparently higher satisfaction of doctors in later career stages results from “weeding out” the less satisfied physicians.

Others suggest that physicians are not merely victims of their circumstances but can and do learn coping mechanisms. According to this view, physicians discover and learn through the course of their careers how to adapt to their environments and keep in closer touch with the values that attracted them in the first place.

Finally, toward the end of one’s career, some experts argue, financial stability has already been established, children are out of college and these “freedom factors” may
Among other factors, doctors currently at later career stages developed their expectations about a satisfying medical career decades before physicians who are now early in their careers. So, how they rate their satisfaction may be, in part, related to those expectations. For example, in the “Physician-to-Physician” study, physicians early in their careers were less satisfied with the availability of hospital and office resources than doctors in the middle or later stages of their careers.

This may reveal that expectations developed during medical school about the equipment and staff that should ideally be available do not square with the somewhat harsher realities new physicians face in practice. It may also indicate that doctors with more experience learn more about how to adapt to cost and time pressures and/or how to acquire the resources they desire.

Life practices of highly satisfied physicians

When all is said and done, physicians themselves hold many of the answers to their own career challenges. Since some physicians, facing the same challenges as their colleagues, find higher levels of satisfaction, it stands to reason that doctors do have some degree of control over how they feel about and cope with the obstacles and pressures.

To find out how physicians might help themselves, the study’s researchers conducted in-depth, semi-structured interviews with 26 of the more highly satisfied physicians. The doctors interviewed were selected to represent all those who responded to the survey in terms of gender, race and ethnicity, medical specialty and career stage.

The interviews were designed to identify specific and concrete things that those highly satisfied physicians do—choices they made and strategies they implemented both in their personal and professional lives—that might explain their satisfaction. In all, researchers collected 108 “life practices” of highly satisfied physicians. These were then organized in ten types (Table 3).

Developing a new game plan

Practical applications hold the key to meaningful change. So, how can physician executives translate all of these findings into a plan of action that addresses both prevention and intervention? What specific strategies will foster greater physician satisfaction leading to improved collegiality, retention and recruitment?

No one has all the answers. However, based directly on the survey and interview results, here are a few initial suggestions and recommendations for physician executives to explore further:

- Help physicians recognize the detrimental effects of working excessive hours and involve them in developing creative solutions and systems that encourage and allow them to find ways to realistically limit the number of hours they work.
- Develop more predictable and consistent physician scheduling systems.
- Encourage physicians to focus on their personal growth and on ways to enhance the quality of their personal time. Make interventions and offer services that foster this, such as therapy, retreats and workshops.
- Create collaborative arrangements whereby late-career physicians gradually reduce their overall workload, easing into retirement while at the same time, help to reduce the workload burden on early- and mid-career physicians.
Table 3

<table>
<thead>
<tr>
<th>Life Practice Category</th>
<th>Example</th>
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</table>
| Designing a Satisfying Medical Practice: Implementing choices about how to organize and operate the practice of medicine itself | “I never ran my own practice from the business side. I let them worry about the hiring, firing and the business side so I can concentrate on what I do best – taking care of patients.”  
— Late-Career Pediatrician |
| Engaging with Patients: Taking steps to connect with, understand, and create positive sentiments within patients and their families | “I do home visits on my lunch break …. I love seeing patients in their home setting. That is the best way. I started doing home visits, and it healed me. I could relate to what others are going through … some of the physicians I work with think I am crazy going to the homes. I tell them you just have to open your eyes. You don’t have to be in a box.”  
— Early-Career Internal Medicine & Geriatric Physician |
| Regulating Thoughts and Feelings: Observing how one is responding to stress and taking steps to overcome it | “When my cheek starts feeling flushed, I know my stress level is getting too high, and I need to do something now…then I do something to relax.”  
— Early-Career Physical Medicine and Rehabilitation Physician |
| Seeking Balance in Life: Making a point of having other interests and activities to help balance the challenges of being a physician | “If you get out of the United States and visit outside countries, and you go and do surgery outside of this country and see their medical way of doing things, you come back and you refresh yourself, and you remind yourself that it could be a lot worse.”  
— Mid-Career Podiatrist |
| Engaging with Family Members: Setting boundaries around family time, protecting those boundaries, and making the most of family time | “I try to keep on a regular schedule so I have a set time with my family. When I’m on call, I don’t make plans, I don’t try to get away with going out and then get called in … so I don’t disappoint my family. Last night I went to Cub Scouts with my oldest son … two of my three kids are in karate. Friday night we’re all home. That is a family night.”  
— Early-Career Emergency Medicine Physician |

• Develop cost-and labor-effective mentoring programs that pair older, highly satisfied physicians with younger physicians to help them develop strategies to cope with stress.

• Conduct career advice workshops during which later-career physicians offer guidance on specific approaches to career planning for early- and mid-career doctors.

• Help physicians find ways to enhance the quality of their personal relationships and family life. Provide practical services that assist them with family challenges: on-site daycare centers, links to qualified child care providers and resources, flexible hours, etc. Make family therapy and related interventions readily available and accessible to physicians. Find creative ways to involve physicians’ children and spouses in various activities.

• Identify opportunities and encourage physician participation in research and training.

• Adjust practice patterns to allow more patient contact.

• Facilitate more patient feedback to physicians.

• Offer and build awareness of stress prevention and management programs. Make them accessible and an acceptable part of the organization’s culture.

• Provide physician wellness programs targeted to doctors’ specific needs and develop incentives to encourage use. Provide easy, flexible access to on-site or nearby exercise facilities.

While the daily challenges doctors face can no doubt be daunting at times, they have choices and control over their own destinies. Perhaps one of the physicians inter-
Table 3 …continued

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<tr>
<th>Life Practice Category</th>
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<tr>
<td>Connecting to a Larger Purpose: Practices that imbue one’s life with a larger purpose, such as meditation, prayer or taking good care of one’s employees</td>
<td>“I think the spiritual life is important, too - believing in something higher than yourself, knowing that I am never going to be given something more than I can handle. I have great faith in that. I am the person I am because God made me that way.”</td>
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<td>— Early-Career Family Medicine/Urgent Care Physician</td>
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<tr>
<td>Enjoying Creativity in the Art of Medicine: Finding the opportunities in medical practice to stimulate one’s creative and artistic potential</td>
<td>“I liked drawing and the art part of architecture, but not the engineering part that went with it. But I still liked the science in it and gravitated toward medicine. I wanted to be a pediatrician and loved my pediatrics rotation. But when I did my obstetrics rotation, I knew I had found my home. It became an outlet for my artistic talent. My creative side is to do surgery. I have a good ability to see and think in three dimensions, which is very applicable to surgery. And that has been my forte. My career has focused on doing minimally invasive surgery. It is a creative outlet. In fact, the nurses all kid me because I put extra effort into trying to make all the scars look pretty. That’s the artist in me.”</td>
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<td>— Mid-Career OB/GYN</td>
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<td>Exercising the Body: Physical exercise, good nutrition and adequate rest balance against stress and depression.</td>
<td>“When I built my office, I put in a gymnasium so I’ve got an exercise opportunity. Typically I’ll come in the morning, and I’ve got a buddy that I meet up with. We do a little weight lifting and do a little running to kinda get the blood flowing in the morning before we start to see patients.”</td>
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<td>— Mid-Career Surgeon</td>
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<td>Engaging with Community: Establishing manageable ways to meet and accomplish things with neighbors and other community members</td>
<td>“I think the issue is to stay long enough in one community. If you’re living in the community you work in, and you’re participating in your church, you get the strokes … you took care of my nephew, and he’s doing well.’ There’s stability in living and working in a community and being part of the community.”</td>
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<td>— Mid-Career Pediatrician</td>
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viewed for the study, a mid-career general surgeon, said it best:

“I wish doctors had a little more time to slow down and reflect on what they’re doing and why. Reality is reality, and we just gotta deal with it. Change your attitude and move on. Look around at the people you are treating, and you can kind of get some inspiration from that.”

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John Guarneri, MD, FACOG, is president-elect of the medical staff at Florida Hospital and has been president of the medical staff at Winter Park Memorial Hospital. He has practiced obstetrics and gynecology in Winter Park, Florida for the past 25 years.
Monica Reed, MD, is senior medical officer for Florida Hospital’s seven-campus facility in Orlando, Florida.

Kenneth W. Bradley, MBA, is senior vice president of Florida Hospital and administrator at Winter Park Memorial Hospital, a Florida Hospital. He can be reached at 407-646-7495.

Jay M. Hughes, MD, is a retired internist. He was formally medical director of quality for Philip Crosby Associates and continues to teach quality management principles and implementation to outpatient facilities throughout the country.

References:


Survey Details

Researchers surveyed 1,849 active Florida Hospital medical staff members from throughout this large, seven-hospital, community health system resulting in 705 completed surveys (a 38 percent response rate).

Those who responded closely mirrored the gender, race/ethnicity and age breakdowns of physicians throughout the country. Thirty-three specialties were represented. A slightly higher proportion of primary care physicians (45.5 percent) responded.

The main body of the survey asked doctors to rate their satisfaction in 17 different areas of their lives as physicians. These factors were selected and synthesized after an extensive literature review on the subject. Based upon the survey responses, these factors were then grouped into two categories: what makes physicians less satisfied and what makes them more satisfied.

The Physician-to-Physician Satisfaction Survey also assessed physician stress, and the researchers probed the characteristics that best explained varying physician stress levels. In addition to examining stress, the survey respondents were broken into three career stages to better determine the role experience may play in their satisfaction.

Finally, to help provide practical interventions and better understand what can be done to positively engage and empower physicians to change the “negative” as well as to put more of the “positive” into their lives, the researchers conducted in-depth interviews with 26 of the more “highly satisfied” physicians. The study gleaned their individual “life practices” and secrets to satisfaction.