

Quality of Work Life of Family Physicians in Wisconsin's Health Care Organizations: A WReN Study

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ABSTRACT

Problem Considered: Most family physicians in Wisconsin are employed by large health care organizations. Because of its impact on physician recruitment, retention, commitment to the organization, and patient care, the quality of physician work life is an important problem.

Methods: A survey was designed based on a literature review and augmented by focus group data. It was sent to all 1482 members of the Wisconsin Academy of Family Physicians in 2000.

Results: Overall response rate was 47%. Three hundred ninety-seven of the respondents were employed by 18 different health care organizations having 10 or more respondents. There were significant differences among Wisconsin's health care organizations in terms of physicians' satisfaction with their organization. There was a strong significant negative correlation between satisfaction with one's organization and turnover intention and a strong positive correlation between satisfaction with one's organization and ability to achieve one's professional goals. There were also significant, though less strong, correlations between satisfaction with one's organization and satisfaction with being a physician and perceived quality of care delivered.

Conclusions: Some of Wisconsin's health care organizations are doing better than others at working with their

family physicians to maximize these physicians' satisfaction with the organization, reduce the likelihood of turnover, and enable them to reach their professional goals.

INTRODUCTION

Increasing numbers of family physicians (FPs) are employed by large health care organizations (HCOs) such as hospitals, health maintenance organizations, managed care organizations, and other groups that employ large numbers of physicians. In Wisconsin, the large group practice model often associated with vertically integrated HCOs is especially common. Because of concerns voiced by Wisconsin FPs about the quality of their work life (QOWL) in these large HCOs, we decided to explore the QOWL for FPs employed by HCOs. To explore these differences, as they impact on FPs in Wisconsin, the Wisconsin Research Network (WReN), which at the time this study was done was the research arm of the Wisconsin Academy of Family Physicians (WAFP), collaborated with the University of Wisconsin Departments of Family Medicine and Industrial Engineering.

While there have been numerous studies on physician workforce satisfaction, the degree to which various HCOs differ in terms of the QOWL of their physicians has not been specifically explored prior to this study.

METHODS

A cross-sectional survey design was used. The methods used to develop and administer the survey have been previously described.¹ In brief, an extensive literature review was conducted and questions gleaned from that review were augmented with questions derived from focus groups of FPs and their clinical assistants to assure that no major areas of concern were left uncovered. After pilot testing, 2 mailings of the questionnaire and an e-mail reminder were sent to the 1482 members of WAFP during the summer of 2000. The responses were made on Likert scales (0 = very unfavorable, 4 = very

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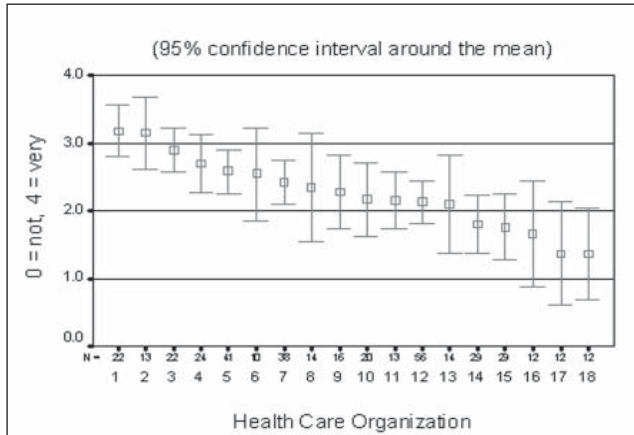


Figure 1. Ranking of Wisconsin health care organizations by satisfaction with HCO. (The boxes represent the mean satisfaction and the whiskers a 95% confidence interval around the mean. Significant differences at the level of $P=.05$ or less exist with #1 being ranked higher than 12, 14, 15, 16, 17 and 18; #2 and #3 being ranked higher than 14, 15, 17 and 18. The other differences are not statistically significant.)

favorable) with the exception of the item “plan to leave the work group soon” for which 0 = strongly disagree and 7 = strongly agree.

Five questions were selected for analysis. These questions and their derivation were:

1. How satisfied are you with your parent organization? (derived from focus groups) (0 = not satisfied, 4 = very satisfied)
2. How satisfied are you with being a physician? (derived from focus groups) (0 = not satisfied, 4 = very satisfied)
3. Given your work situation in total, how would you rate the overall quality of medical care you are able to provide? (Derived from Deckard, 1994) (0 = poor, 4 = excellent)
4. To what extent are you able to achieve your professional goals within your current practice situation? (Derived from DeLisa, 1997³) (0 = not at all, 4 = very much)
5. I plan to leave my work group in the near future. (Derived from focus groups) (0 = strongly disagree, 7 = strongly agree)

A general definition of an HCO that included large group practices, hospital-owned practices, and HMOs was used for data analysis. We excluded smaller practices owned by the FPs themselves, partnerships, and solo practices. The sample used for this analysis consisted of respondents who were employed by HCOs with 10 or more respondents each. For this study, the feedback from 397 respondents representing 18 different HCOs were analyzed.

The statistical analysis of the data was done using SPSS™ version 11.2 software. To determine whether differences existed between the 18 HCOs on the issue of physician satisfaction with their organization, we first aggregated the data on that variable to obtain mean satisfaction ratings for each of the 18 HCOs. We then used 1-way analysis of variance with Tukey post-hoc testing assuming significance at $P=.05$ to determine if significant differences between HCOs existed. To determine the correlations between physician satisfaction with their organization and the other 4 variables, Person correlation with 2-tailed significance was used. Note that for the correlational analysis we analyzed the data at the individual physician level since aggregation would have left only 18 data points for the analysis.

RESULTS

The overall response rate was 47%, with a response rate of 42% for valid responses of practicing FPs. Practice affiliations could be identified for 585 respondents. Eighteen HCOs had responses from 10 or more FPs; from these HCOs, 397 FPs were used in this analysis. Each HCO was assigned a number from 1 to 18, based on its ranking by physician satisfaction with the HCO.

Based on data from the American Academy of Family Physicians for that same period,⁴ the respondents were similar to the general population of Wisconsin FPs with respect to age (56% of respondents and WAFP members were under age 45), gender (32% of respondents vs 28% for all WAFP members were female), and work hours (average of 51 hours [SD=13] for respondents as compared to 48.1 hours for FPs in the Wisconsin region).

Figure 1 shows the results of the analysis comparing the FPs’ satisfaction with their HCO. There are significant differences in the levels of physician satisfaction with the HCOs ($F[17,396] = 4.42, P<0.05$).

The FPs’ satisfaction with being a physician was quite high, with 83.5% responding that they are either satisfied or very satisfied with being a physician. The average levels of FPs’ satisfaction with their HCO and their responses to the other questions are shown in Table 1. It is apparent that FPs are less satisfied with their HCO and their ability to meet their career goals than they are with “being a physician.” Furthermore, women FPs were significantly less satisfied with their HCO than their male colleagues ($T=3.325, P<.001$). Otherwise there are no significant differences. None of the variables show any significant difference based on age.

The relationship between the FPs’ satisfaction with the HCO and the other variables is expressed in Table

Table 1. The Average Levels of Family Physicians' Satisfaction with their Health Care Organization and their Response to the Other Questions for all Respondents Broken Down by Gender

Question	Group	N	Mean	SD	Sig.
How satisfied are you with your parent organization? (0 - 4 scale)	All	389	2.3	1.1	.001
	Males	260	2.4	1.2	
	Females	129	2.0	1.1	
To what extent are you able to achieve your professional goals within your current practice situation? (0 - 4 scale)	All	395	2.4	1.0	NS
	Males	264	2.5	1.0	
	Females	131	2.3	1.0	
How satisfied are you with being a physician? (0 - 4 scale)	All	399	3.3	0.9	NS
	Males	267	3.3	0.9	
	Females	132	3.2	0.9	
Given your work situation in total, how would you rate the overall quality of medical care you are able to provide? (0 - 4 scale)	All	398	3.0	0.6	NS
	Males	267	3.0	0.6	
	Females	131	3.0	0.6	
I plan to leave my work group in the near future. (1-7 scale)	All	186	2.3	1.8	NS
	Males	260	2.3	1.8	
	Females	126	2.3	1.8	

NS = not significant

2. As can be seen from Table 2, there is a strong positive correlation between satisfaction with the HCO and the physician's perceived ability to achieve professional goals and a slightly weaker correlation with the individual's satisfaction with being a physician. There is a strong negative correlation between satisfaction with the HCO and intent to leave the practice. The positive correlation between satisfaction with the HCO and the perceived quality of care is also significant.

DISCUSSION

An increasing volume of research has discussed the issue of physician workforce satisfaction. While physician satisfaction may not be declining as much as is commonly thought,⁵ there are marked regional differences⁶ and consistent evidence that a significant number of primary care physicians are dissatisfied, perhaps nearing burnout, and at risk for leaving their practices.⁷⁻¹² This may be especially problematic for physicians in HMOs.¹³ The physician turnover can be quite expensive to HCOs, costing in the range of \$250,000¹⁴ to replace a physician. Policies that impact lifestyle may significantly impact long-term specialty recruitment.¹⁵

While studying physician QOWL could be seen as merely self-serving, the literature suggests a significant relationship between QOWL for physicians and other health care professionals and patient care variables.¹⁶⁻²⁴ Other work also suggests that measures to reduce stress can improve the quality of care.^{23,25}

There have been a number of studies exploring the relationship between payment systems and physician

satisfaction^{13,26} or between staff-model HMO and other HMO systems. These have somewhat variable results. And while some studies suggest HMOs are having more problems,¹³ there are also reports that employment in a staff model HMO may have no effect²⁷ or be associated with greater satisfaction in some practice areas.^{28,29} One study suggested decreased satisfaction for employed physicians in larger groups.³⁰

Previous work has explored multiple factors, including the impact of managed care on physician worklife^{12,27,31} and factors within different types of funding systems.^{28,29,32-34} However, the question of the extent to which different HCOs that employ physicians differ in the QOWL of their physicians has not been specifically explored prior to this study. The data from the current study indicate that, in fact, there are significant differences between HCOs in physician satisfaction with their HCO. Furthermore, satisfaction with HCO was found to have a strong negative correlation with turnover intention, suggesting that some HCOs are at a higher risk of losing their physicians because, overall, their physicians are less satisfied with them. These results support those of previous studies that showed that general physician satisfaction is related to turnover intention,^{7,8} and the current results extend that finding to show that satisfaction with the physician's particular HCO is also related to turnover intention.

The results of this study are limited by the fact that only family physicians were surveyed. The generalizability of the results to physicians in other specialties is uncertain. There may have been a sampling bias in that those FPs who were more- or less-satisfied may

Table 2. Correlations of Satisfaction with HCO with Selected Variables

Question	N	Correlation
To what extent are you able to achieve your professional goals within your current practice situation?	393	.54
How satisfied are you with being a physician?	397	.37
Given your work situation in total, how would you rate the overall quality of medical care you are able to provide?	396	.27
I plan to leave my work group in the near future.	377	-.41

(All correlations are significant at $P < .001$)

have responded selectively. We were not able to establish a denominator for the number of FPs within each HCO and thus cannot rule out the possibility that some HCOs may have had a higher sampling rate than others. Finally, cause and effect cannot be completely disentangled. For example, it is possible that FPs who are not reaching their career goals for individual reasons become less satisfied with their HCO.

CONCLUSIONS

Most FPs are quite satisfied with being physicians and feel that they are delivering a good quality of care. However, they are much less satisfied with their HCOs and their ability to reach their professional goals. In addition, there are clear differences between some HCOs that employ FPs in how satisfied their FPs are, although it must also be noted that there is considerable variance between FPs within organizations as well. None of the organizations can consistently say that their FPs are, in general, "very satisfied."

It is troubling that women FPs, while equal on 4 of the variables sampled, are significantly less satisfied with their HCOs. It is possible that the fact that this is not reflected in a greater intent to leave is simply due to many other factors (spousal employment, for example) that may affect a decision to move or shift employment.

At the individual level, the differences in satisfaction with the HCO are correlated with the FPs' ability to meet their professional goals and with their satisfaction with being a physician. While many of the factors impacting physician satisfaction are not under the HCOs control, HCOs can work with their physicians to improve their QOWL. This can be expected to reduce physician turnover (thereby saving money) and improve the quality of care in the HCO. Regardless of whether HCOs rank high or low in terms of physi-

cian satisfaction, all HCOs have the potential to work with their physicians to improve the QOWL, which will work to the benefit of the organization and its patients.

Further analysis of this data set will elucidate the differences between FPs who are employed by large HCOs and those who are more independent. In addition, we will explore the specific factors associated with the QOWL in each of these HCOs.

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