Work life and work control in academic primary care physicians: differences with the private sector Rriar I Duffy¹ Linda Baier Manwell¹, Roger Brown², Mark Linzer¹ SCHOOL OF MEDICINE AND PUBLIC HEALTH

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Introduction

Background

Physician stress and job dissatisfaction are increasingly recognized concerns. Both are associated with increased burnout and increased intent to leave the current practice.

General practice physicians are at particular risk of these stressors.

Poor work control has been linked to physician stress. It is unclear if differences in work control exist between academic and private practice physicians.

Objective

To determine how academic physicians differed from their private practice colleagues in perceptions of control of their work lives, and in their stress, satisfaction, burnout and intent to leave the practice

Methods

MEMO (Minimizing Error, Maximizing Outcome) Study Cohort

4-year longitudinal study of the healthcare work environment, its effects on quality of care, and role of physicians as mediators of the effects.

Primary care physicians in Chicago, Madison, Milwaukee, New York City, and rural Wisconsin

Participation rate: 56%

Physicians completed a 15-minuteself-administered survey querying:

- Work control (14 questions, 4-item scale)
- Stress, (4-item scale)
- Job satisfaction (5-item scale),
- Burnout (single question with 5 choices)
- Intent to leave the current practice within 2 years (single question with 5 choices)

Analyses

Data analyzed with a MIMIC (Multiple Indicator Multiple Cause) model, also known as covariate factor analysis, using Mplus Version 5.1. Model covariates included physician age, sex, specialty, and academic-private practice status.

Results

Sample Characteristics

422 physicians (219 General Internal Medicine and 203 Family Practice) at 97 ambulatory clinics

Age: mean 42.9 years (SD 9.6)

Gender: 44% female

Medical Control

Selecting referral physicians x

Determining length of stay x

Deciding when to admit

Choosing medications

Workplace Control

Office/clinic schedule

Volume of paperwork

Patient load/panel size

Work space/facilities

Time allotment for

Preauthorization for tests

challenging patients

Work interruptions

Work hours

Work pace

Choosing diagnostic tests

Race: 77% white

Academic physicians: 63% General Internal Medicine, 56%

Work Control Differences

Private Practice Academia

female

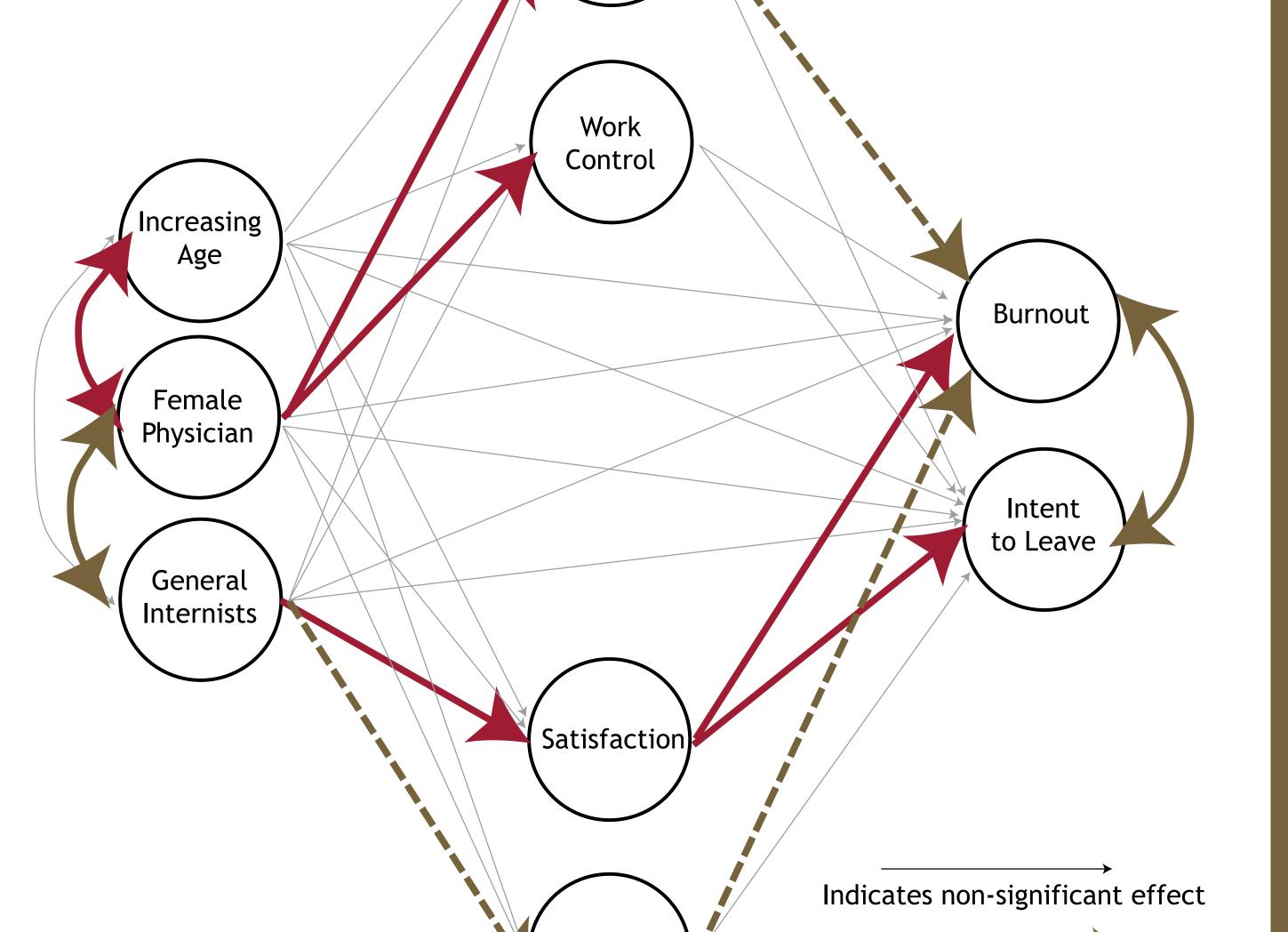
Academic General Physicians

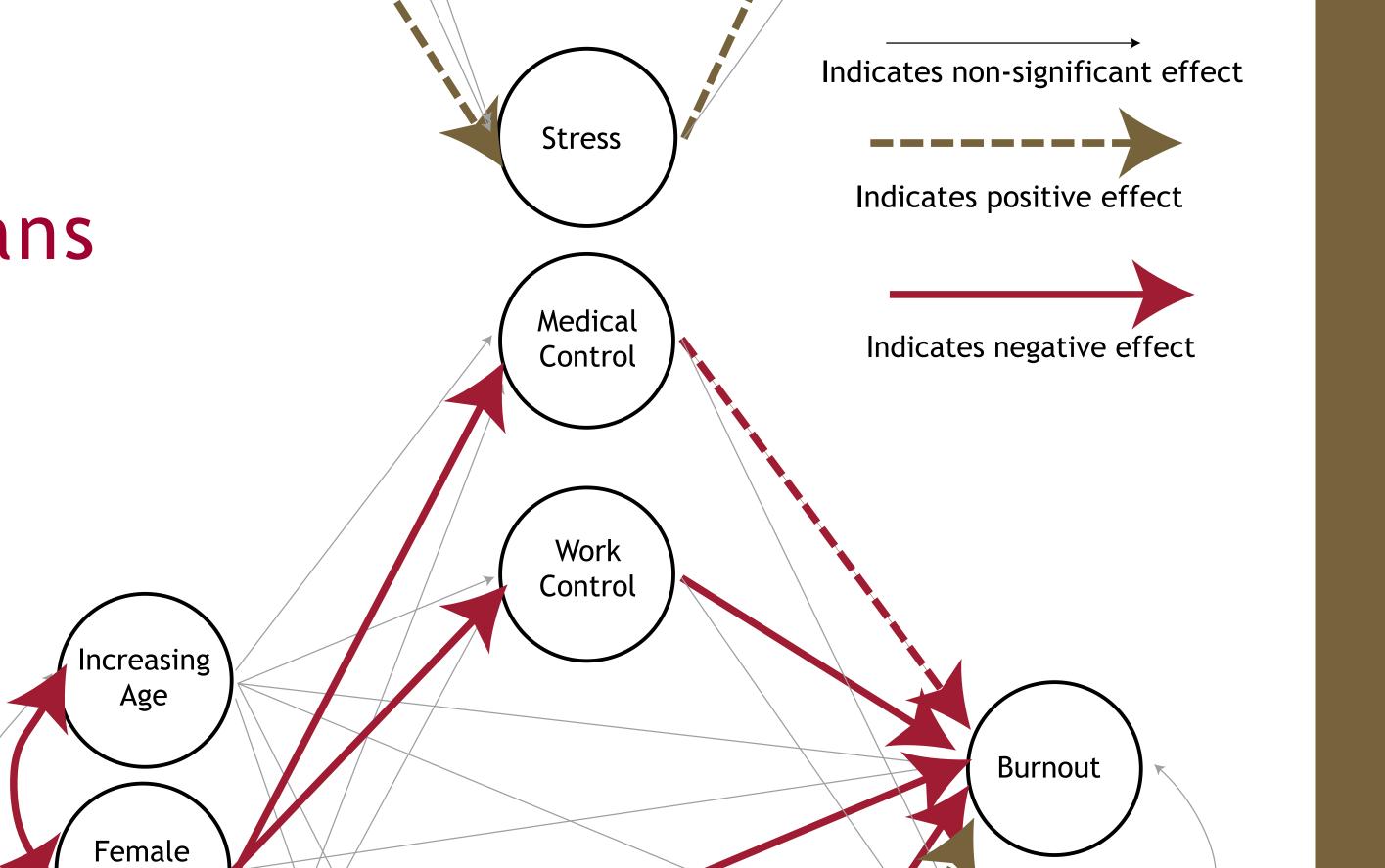
Highlighted Findings

- Female physicians have less control over workplace and medical issues
- GIM is associated with higher stress and lower satisfaction than Family Medicine
- High satisfaction is associated with low burnout and intent to leave
- Stress is associated with burnout
- Burnout is linked to intent to leave
- Control over medical issues worsens burnout
- Stress and satisfaction may mediate the influence of specialty on burnout and intent to leave

Figure: Inclusive regression based models

General





Intent

to Leave

Better in P value Private Practice General Physicians

Highlighted Findings

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- Female physicians have less control over workplace and medical issues
- GIM is associated with less burnout than Family Medicine
- No relationship between burnout and intent to leave
- Control over medical issues worsens burnout
- Control over workplace issues reduces burnout

Discussion

To improve physician worklives, interventions should target work conrol factors associated with specific populations:

Academic work life could be improved by enhancing physician control over:

- schedule
- patient load/panel size
- pace of work
- work interruptions
- workplace space and facilities

Further investigations could investigate:

- why academic internists are less satisfied and have more stress than academic family medicine physicians
- why female physicians perceive less medical and work control

Limitations

Onlly primary care practices Only five regions (New York City and upper Midwest) Data are self-reported Cross-sectional analysis

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