Dissatisfied Hand Surgeons: What Causes Them to Change Jobs?

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Abstract Because physician turnover, especially during the first 5 years after joining a practice group, has been reported to be as high as 54%, we sought to identify and quantify the factors that lead hand surgeons to leave their practices. An eight-question practice survey was administered to 10 hand surgeons, all of whom had left their practices under various circumstances. All respondents were men (mean age, 43.2 years). Nine surgeons were in their first practice and one was in his second. Time in the practice ranged from 4 months to 6.5 years (mean time, 3.4 years). Questions about surgical practice issues were asked of all survey participants, who were then asked to quantify the influence of the issue on their decision to leave their own surgical practice with a Likert scale ranging from 1 (no influence) to 5 (greatly influenced the decision to leave). The strongest influences on the decision to leave a practice were interpersonal conflict (mean, 4.7 points) and lack of decision-making ability within the practice (mean, 4.2 points). The influence

of partnership determination (mean, 3.3 points) was mixed, whereas staff support (mean, 2.9 points), salary agreements (mean, 2.4 points), employment contracts (mean, 1.6 points), and retirement benefits (mean, 1.0 points) played a lesser role in the surgeons' decisions to leave their practices.

Keywords Career development · Hand fellowship · Transition to practice

Introduction

According to a 2004 survey, 68% of all medical practice groups projected that physician turnover would increase in the next 2 years and that 54% of all physician departures would occur in the first 5 years after physicians joined a group [2]. Other studies have projected an even worse turnover, indicating that 50% of physicians will leave their first job within 2 years [2]. The tendency toward greater physician turnover, especially soon after joining a practice, highlights that neither residency nor fellowship prepares young surgeons for the transition to their first practice. Nationally, the top five reasons for physicians to leave a group are reported as practice issues (31%), compensation (20%), location (13%), spouse's career (10%), and pressure of clinical practice (10%) [1]. Although these data are available for a broad range of primary care specialties, little information is available that specifically addresses the graduating hand surgeon about to start a career. To address this area of concern to our specialty, we surveyed 10 surgeons who had left a practice. Our objective was to identify and quantify the factors that lead first to disharmony in a hand surgery practice and then to eventual separation.

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Materials and Methods

Ten hand surgeons known to have made recent changes in their practice situation were recruited to fill out a practice survey (Fig. 1). The purpose of the survey was to identify and quantify the variables that cause practice disharmony and to determine what might have gone wrong in a practice. The emphasis of the survey was on the employee–employer relationship, as all surgeons left their practices based on a breakdown of this relationship. Although practice location, spousal concerns, lifestyle issues, and call or case volume are important to every surgeon, these issues were not questioned because they should have been satisfactorily considered before employment.

A series of seven (two-part) survey questions addressed specific surgical practice issues (i.e., employment contracts, salary agreements, retirement benefits, decision-making responsibility, support of other staff members, partnership determinations, and interpersonal relationships with other surgeons in the practice). In the first part of each two-part question, participants were asked to provide information about their own experience with each practice issue. In the second part of each two-part question, they were asked to quantify the influence of the surgical practice issue on their decision to leave the surgical practice. For this response, a 5-point visual analog scale was used, ranging from 1 (no influence) to 5 (greatly influenced the decision to leave). Finally, all participants were asked an open-ended, wrap-up question about what they had learned from their experience: “Knowing what you know now, what advice would you give to a hand surgery fellow seeking employment as a hand surgeon?”

Results

All 10 surgeons (mean age 43.2 years; range 36–54 years) who were contacted agreed to participate. Seven of the 10 surgeons were board-certified or board-certified-eligible orthopedic surgeons and had completed 1-year hand surgery fellowships. Three surgeons were board-certified or board-certified-eligible plastic surgeons who had also completed hand surgery fellowships. Six surgeons were in single-specialty private practices, two in multispecialty group practices, and two in university academic practices. All 10 surgeons had previously left a surgery practice under less-than-ideal circumstances. Nine of the 10 surgeons had been in their first surgical practice, including one surgeon who left a private practice that he joined after leaving the military. One surgeon was in his second practice. The time in the practice ranged from 4 months to 6.5 years (mean time in practice, 3.4 years).

All 10 participants responded to all questions on the survey. Their responses to the first three open-ended questions ranged from a few words to several sentences. Their responses to questions 4 to 7 (all two-part visual analog scales) were summed and averaged to determine the mean influence for each practice issue on the preceding paired question. The final question (question 8) was an open-ended wrap-up question about what they had learned from their experience.

Employment Contracts

Respondents reported that their salary agreements had ranged from 1 to 6.5 years (mean, 2.2 years). The influence of these initial agreements on their decision to leave the practice ranged from 1 to 5 points (mean, 1.6 points). The only respondent who gave this issue a 5-point ranking (greatly influenced) was in a practice where partnership was first delayed and then later withdrawn.

Salary Agreements

Nine of the 10 surgeons indicated that their income had been a base salary plus a bonus that was linked to their productivity. The salary of the other surgeon, in a second practice experience, had been determined solely on the basis of his productivity. The influence of salary considerations ranged from 1 to 5 points (mean, 2.4 points). One respondent commented that up-front money (i.e., starting salary) was not as important to him as the potential long-term compensation.

Retirement Benefits

In four cases, retirement funding was provided to the surgeons by the practice matching their own contribution to the fullest extent allowed by federal law. Three surgeons had their retirement contribution funded solely by their practice income. Of the other three surgeons, two had no retirement funding and one surgeon did not know how his retirement contribution had been funded. Overall, there was no variance in how the 10 respondents ranked retirement funding. All 10 ranked it at just 1 point (no influence on their decision to quit the practice).

Decision-making Responsibility

The level of responsibility that the surgeons had for making decisions within the practice they had left was reported to be fairly low by all 10 respondents (range, 1–4 points; mean, 2.1 points). In contrast to the minimal influence the surgeons attributed to employment contracts, salary agreements, or retirement benefits on their decision to leave a practice, they ranked the influence of the lack of decision-making authority rather high (range, 2–5 points; mean, 4.2 points).

- 1) Generally, when joining a practice, initial contracts put the new surgeon on a salary, with the initial salary arrangement reevaluated in the future. What was the length (years) of this initial agreement in your old practice?
- 1a) Did the length of time of this initial salary agreement influence you to leave the practice?
Not at all				Greatly
1	2	3	4	5
		(Circle one)		
- 2) Income in a practice generally falls into three categories: straight salary, base salary plus a bonus based on productivity, or salary based entirely on productivity. In the practice you left, how was salary determined?
- 2a) Did salary considerations cause you to leave the practice?
Not at all				Greatly
1	2	3	4	5
		(Circle one)		
- 3) Pension (retirement) benefits in a practice range from no benefits provided to all benefits funded by the practice. How was the retirement funded in the practice you left?
- 3a) Did these benefits (or the lack thereof) influence you to leave the practice?
Not at all				Greatly
1	2	3	4	5
		(Circle one)		
- 4) How a practice is run and who “makes the decisions” is important in any practice. Were you able to influence decision making in your previous practice?
Not at all				Greatly
1	2	3	4	5
		(Circle one)		
- 4a) Did your role (or lack thereof) in decision making in your old practice influence you to leave?
Not at all				Greatly
1	2	3	4	5
		(Circle one)		
- 5) Support of practice activities by nurses, clinical assistants, schedulers, and billers can make a practice run smoothly or just the opposite. How well was your practice supported?
Poorly supported
minimal help				Plenty of support
at all levels
1	2	3	4	5
		(Circle one)		
- 6) Acquiring an equity position through partnership is important in joining any practice. This can be automatic after a period of service, or it can be quite complicated with negotiations and a cash buy-in. At your prior practice, how was partnership determined? (This may be nonapplicable for certain practices.)
- 6a) Did the rigors of becoming a partner influence your decision to leave?
Not at all				Greatly
1	2	3	4	5
		(Circle one)		
- 7) Interpersonal conflicts are frequently the undoing of practice arrangements. How well did the surgeons “fit together” at your previous practice?
Close-knit group				Constant conflict
1	2	3	4	5
		(Circle one)		
- 7a) What role did these interpersonal conflicts have in your decision to leave your prior practice?
No influence				Great influence
1	2	3	4	5
		(Circle one)		
- 8) Knowing what you know now, what advice would you give to a new surgeon joining an established practice?

Figure 1 Practice survey.

Staff Support

Support for the surgeons by other staff members within the practice was reported to vary widely (mean, 2.9 points; range, 1–5 points). Respondents ranked the influence of this support on their decision to leave at similar levels (mean, 2.8 points; range, 1–5 points). One participant commented that inefficient staff can lead to excessive overhead.

Partnership Determinations

For three surgeons, partnership required a cash buy-in. For one surgeon, passing boards and time in service or so-called “sweat equity” were necessary for partnership. Two surgeons had “other” (undefined) partnership arrangements. The issue of partnership did not apply to four surgeons. The influence of the type of partnership arrangement for the six surgeons in clinical practices with partnerships varied widely (mean, 3.3 points; range, 1–5 points). One participant commented that posthiring changes about the how and when of partnership should raise a red flag.

Relationships with Other Surgeons

The question dealing with interpersonal conflicts as a practice satisfaction issue elicited strong responses from all 10 participants (mean, 4.7 points; range, 3–5 points). The highest ranking of dissatisfaction on the scale was 5 points, with the respondent indicating that there had been “constant conflict” with colleagues. The influence of these interpersonal conflicts was equally strong (mean, 4.7 points; range, 2–5 points).

Lessons Learned

All 10 surgeons provided responses to the final question about how they would advise a new surgeon joining an established practice. Their advice is examined in detail in the [next section](#).

Discussion

Many newly minted surgeons discover that, although their residency or fellowship training has prepared them for patient management, they are ill equipped to handle the economic, political, and interpersonal factors involved in their first surgical practice. Fueled by the excitement of starting their career, they often make decisions without adequate information to logically evaluate a practice before joining it. As a result, many new recruits sign a contract just to pay the bills without taking the time to do the necessary background research into the community and practice they will be joining

[2]. Furthermore, recent graduates do not always realize that they are a valued commodity or that they have the ability to negotiate better terms of compensation, productivity, or call [3]. Consequently, young surgeons in their first job may find themselves burdened with professional, economic, and personal dissatisfaction that leads to a premature departure.

An initial step to finding the right practice is to define one's priorities. Generally, the first consideration is location [2]. Our respondents reported that both the geographic location and the clinical environment are important factors to consider when evaluating employment opportunities. Respondents to our survey ranked the level of office support at midrange (mean, 2.9 points), with an almost equivalent influence of this issue on their decision to leave the practice (mean, 2.8 points). Clearly, at least in the eyes of this small group of survey participants, the support of one's practice is important. Just as clear, however, is the fact that a lack of support in a practice is unlikely to be the sole reason for leaving it.

In addition to considering the geographic location of a practice, surgeons should assess different practice types to determine “the best fit” for them. A solo practitioner will make all the decisions about the practice, whereas new graduates in most employment situations are content to leave management decisions to more senior colleagues [2]. Our respondents assigned a mean value of 2.1 points to their decision-making authority within the practice, indicating that they had a relatively low level of influence on the management of the practice. Not surprisingly, they attributed a large part of their decision to leave to this lack of management participation (mean, 4.2 points). In other words, all 10 surgeons had little say in how the practice they left was managed, which contributed heavily to their decision to seek new employment.

In addition, the long-term goals of a new physician who joins a group practice must be consistent, or at least compatible, with those of the existing members of the group. The physicians we surveyed indicated that there were strong interpersonal conflicts within their respective practices (mean, 4.7 points), with a score of 5 considered “constant conflict.” Indeed, this interpersonal conflict strongly influenced their decision to leave the practice (mean, 4.7 points). This one-to-one correlation between interpersonal conflict within the practice and its outcome (leaving the practice) is the most striking finding of our study. Interpersonal conflict in the workplace can force any individual, regardless of other variables, to seek a different job. The participants in our survey recommended that researching the personalities of one's potential partners should be helpful when contemplating joining a practice. One respondent commented that you spend more time with your associates than with your family; thus, it is imperative to be able to communicate with them and get along with them.

Complex compensation structures common in the 1990s have been largely abandoned in favor of models that generally

fall into one of three categories: straight salary, base salary plus a bonus based on productivity, or salary based entirely on productivity. The income of 9 of the 10 surgeons who completed our survey was a base salary plus a bonus based on productivity; the income of only 1 surgeon was based solely on productivity. Although the compensation structures of various practices may not differ greatly, there may be some room for negotiation in terms of the time to partnership status, work schedules, or financial and other incentives. Commonly, an initial contract places the surgeon on a straight salary and the arrangement is reevaluated at set points in the future. For example, if compensation during the first 1 to 2 years is based on a fixed salary, which then moves to a productivity basis, it is important to clarify how the salary transition is handled and how other surgeons have done financially in subsequent years [4]. For our survey participants, initial salary agreements were in effect for the first 1 to 6.5 years of employment (mean, 2.2 years). However, the terms of this agreement did not appear to have a strong influence on the surgeons' decision to leave the practice (mean, 1.6 points). Only 1 respondent assigned a 5-point ranking to the initial agreement, and he had been in a practice where partnership was delayed and then later withdrawn.

Finally, it is important to look at compensation over time when evaluating an employment contract. Predictably, our respondents noted that initial salary is not as important as long-term compensation. They assigned a 2.4-point ranking to salary considerations as determined by the initial salary agreement as a factor influencing their decision to leave. This midrange weighing of salary was surprising. Intuitively, it seems that salary would be a key reason to leave a practice. However, our findings dispute this assertion. Although salary may play a role in leaving a practice, it is probably never the sole reason.

Pension (retirement) benefits in a practice may range from the provision of no benefits to all benefits being funded by the practice. Our group of surgeons, perhaps because of their relatively young age (mean, 43.2 years), cared little about retirement funding and viewed it or its lack as having no influence on their decision to leave. Certainly, in an older group of surgeons, the retirement package might be a much more important factor in deciding whether to stay or leave.

Acquiring an equity position in a practice by becoming a partner is an important consideration for physicians. Partnership may be automatic after a specified period of service, or it may be quite complicated with negotiations and a cash buy-in. Physicians who desire an ownership position should ask for full disclosure of the essential steps to partnership. A longer route to partnership may mean less long-term earning potential [4], and the rigors involved in obtaining partnership may lead to dissatisfaction and eventual departure from the practice. Three of the 10 surgeons we surveyed obtained partnership by cash buy-in. The key to partnership was time in

service for one surgeon, and other unspecified arrangements were reported by two surgeons. The issue of partnership was not applicable to the situations of four surgeons. On average, these partnership arrangements had a moderately strong effect on their decision to leave the practice (mean, 3.3 points). Although partnership considerations affected only 6 of the 10 surgeons, the higher value they placed on it underscores the importance of partnership. No one wants to "stay on the outside" as a nonpartner any longer than necessary. One respondent noted that any change in the rules concerning when and how partnership is obtained should be viewed as a warning sign. Furthermore, it is reasonable to ask about how income from the practice is distributed among the partners and what factors, if any, affect the proportional distribution of income among them [4]. One respondent advised that it would be appropriate to review the accounting records of any prospective practice before seriously considering joining it.

The aim of this survey was to quantify and qualify the variables that led surgeons to leave practices under unfavorable circumstances. The three variables that had the greatest impact on the decision to leave were interpersonal conflict (mean, 4.7 points), lack of decision-making responsibility within the practice (mean, 4.2 points), and the rigors of acquiring an equity position through partnership (mean, 3.3 points).

Our use of the final open-ended question, which allowed survey participants to bring forth new influences on their decisions to leave, did not reap new information. The decision to locate to a particular area and spousal concerns or lifestyle issues were clearly "sorted out" by our respondents before employment, and these factors did not influence their decision to leave their jobs. The only change was in the respondents' perceptions of their jobs.

Although other factors such as initial salary agreements and compensation also contributed to the decision to leave a practice, these issues were ranked relatively low in importance. Our findings suggest that the personality fit of members in a group practice, as well as issues of equality and autonomy, are paramount to an optimal outcome when selecting a practice.

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