Professional Characteristics and Job Satisfaction Among SGIM Members: A Comparison of Part-time and Full-time Physician Members

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BACKGROUND: As more physicians work part-time (PT), the faculty, institutions, and organizations that represent them should understand the factors that motivate and satisfy these physicians.

OBJECTIVE: Compare factors associated with job satisfaction among PT and full-time (FT) academic physicians.

DESIGN: Cross-sectional survey.

PARTICIPANTS: Members of the Society of General Internal Medicine (SGIM), a national, academic Internal Medicine organization.

RESULTS: Fifty percent (1,396 of 2,772) of SGIM members responded, 11% work PT. Compared to FT, PT physicians were more often female (85% vs 38%, $p < .001$), clinicians (Cs) or clinician-educators (CEs) (84% vs 56%, $p < .001$), and of a lower rank (77% vs 61%, $p = .001$). Job satisfaction was similar between PT and FT Cs and CEs. For PT Cs and CEs, record of publication (11% vs 21%, $p = .04$) and local and national recognition (24% vs 36%, $p = .03$) were less important to overall job satisfaction compared to FT Cs and CEs. In multivariate analysis, academic rank (odds ratio [OR] = 7.18, 95%CI = 1.40–36.50) was associated with higher satisfaction among PT Cs and CEs.

CONCLUSIONS: PT and FT C and CE SGIM members report similar satisfaction, but different factors contribute to satisfaction. Knowing what motivates and satisfies PT physicians may allow medical centers to retain faculty and create positions to help them to fulfill their potential.

KEY WORDS: Part-time careers; academic medicine; physician satisfaction.

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INTRODUCTION

An increasing number of physicians are choosing to work part-time (PT).¹ PT physicians are often younger women seeking greater personal/professional balance who work mostly in clinical or teaching roles.^{2–4} Physicians who work reduced hours may experience less burnout, achieve higher job satisfaction,⁵ be less likely to leave their jobs, and provide high-quality care to satisfied patients.^{6–8} PT positions may help retain talented physicians, promote diversity and gender parity, and create faculty role models for personal/professional balance.^{9,10}

Understanding the factors that motivate and satisfy PT physicians may help individuals, professional organizations, and medical centers better respond to physicians desiring PT work. We surveyed members of a large, national, academic general Internal Medicine organization about work-related factors associated with job satisfaction and compared PT and FT physicians.

METHODS

Survey Administration

In April 2004, all 3,033 members of the Society of General Internal Medicine (SGIM) were invited by e-mail to complete a web-based survey. Two-hundred sixty-one members were unreachable because of the lack of active contact information. A total of 3 e-mail or mail contacts were sent to encourage participation. Perception Solutions, Aurora, IL, USA administered the survey. Respondents were entered into a drawing to receive 1 of 5 \$100.00 gift certificates redeemable toward SGIM services.

Survey Development and Content

The instrument was developed from a 1998 SGIM membership survey, soliciting SGIM committees for questions, and pilot tested on 50 members (committee chairs, regional leaders, and a random sample of SGIM members).

The 37-item questionnaire explored member: (1) demographics, (2) job profiles, (3) overall job satisfaction and work-related factors important for job satisfaction. Questions were formatted as multiple choice, yes or no, short answer, and 5- and 10-point Likert scales. We defined PT as working less than 1.0 full-time equivalent (FTE). PT respondents provided their

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Table 1. Personal and Professional Characteristics of the 963 Respondents Based on PT Status

Characteristic	PT (N=106)	FT (N=857)	p value
Female, n (%)	80 (85)	328 (38)	<.001
Age, n (%)			.21
25–34	17 (16)	145 (17)	
35–44	51 (49)	407 (48)	
45–55	26 (25)	237 (28)	
>55	11 (10)	67 (8)	
Rank			<.001
Professor	4 (4)	125 (15)	
Associate professor	17 (17)	199 (29)	
Assistant professor	46 (47)	380 (46)	
Instructor	14 (14)	84 (10)	
Other*†	16 (16)	41 (5)	
Primary role‡			<.001
Clinician	13 (13)	66 (8)	
Clinician–educator	71 (71)	399 (48)	
Researcher	5 (5)	80 (10)	
Clinician–researcher	7 (7)	195 (23)	
Division/departments head	4 (4)	90 (10)	
Time in current position‡			
>25% clinical	70 (83)	396 (86)	.50
>25% teaching	45 (56)	235 (51)	.547
>25% research	2 (3)	19 (5)	.494
Time in ideal position‡			
>25% clinical	61 (73)	318 (69)	.516
>25% teaching	57 (70)	299 (65)	.528
>25% research	12 (16)	89 (22)	.351

*Includes adjunct, volunteer, clinical, and emeritus faculty.

†Some respondents chose more than 1 category.

‡Data presented for Cs and CEs only. Number and percentage of respondents who spend >25% of their time in clinical, teaching, and research activities in their current position and number and percentage who report >25% in each category would be ideal.

FTE in percent form. Respondents rated overall satisfaction with their job on a Likert scale (1=completely dissatisfied and 10=completely satisfied).

Data Analysis

Descriptive statistics were used to summarize responses. Responses to Likert scales were dichotomized and analyzed as proportions. The *t* test and chi-squared test were used to compare responses between PT and FT members. The number of researchers and clinician–researchers in our sample of PT members was small (*N*=12); therefore, comparisons of time spent in various job-related activities and factors important for job satisfaction were performed for Cs and CEs only.

Multivariate regression analysis identified factors independently associated with job satisfaction among PT and FT Cs and CEs. Job satisfaction was dichotomized based on the distribution of the data. Responses in the top 25% of the job satisfaction scale were considered higher job satisfaction. A 2-step approach was used to create the models. First variables were organized into 3 domain-specific models: personal demographics (age, sex), professional characteristics (rank; time spent in clinical, teaching, and research roles; percent of salary-supported teaching), and factors related to overall satisfaction (clinical, teaching, and administrative skills; local and national recognition; record of publication; teaching and research awards; and financial productivity). Significant variables (*p*<.1) were included in the final models. A user-defined stepwise approach determined the order in which variables

were entered. Data were analyzed using STATA 8.0 (STATA, College Station, TX, USA).

RESULTS

Member Characteristics

Surveys were completed by 1,396 of the 2,772 reachable members (50%); 39% were female. We compared the percentage of female respondents to the percentage of female SGIM members, using data on membership applications and renewals, and found no difference (39% vs 38%, *p*=.67).¹¹ Nonphysicians, students, residents, and fellows were excluded (*N*=433). Eleven percent of respondents (106 of 963) stated that they worked PT. The mean FTE for PT respondents was 61% (SD=20%). Table 1 compares the personal and professional characteristics of the respondents.

Time Spent in Clinical, Teaching, and Research Activities Among PT and FT Cs and CEs.

Respondents were asked what proportion of their time was spent in research, clinical, and teaching activities in their current position and how they would choose to spend their time if they could create their ideal position (Table 1). For example, 83% of PT Cs and CEs spend >25% of their time in clinical roles and 73% report that >25% clinical would be ideal. PT Cs and CEs spend the same amount of time in all activities (current and ideal) as FT Cs and CEs. In comparing responses for current and ideal positions, both PT and FT Cs and CEs would prefer to spend more time in teaching (*p*≤.001, *p*<.001) and research activities (*p*=.03, *p*≤.001) and less time in clinical roles (*p*≤.001, *p*≤.001).

Job Satisfaction

There were no differences between the proportion of PT and FT Cs and CEs with high job satisfaction (22% vs 17%, *p*=.36). There were differences between PT and FT Cs and CEs in the importance of certain work-related factors to overall satisfaction (Fig. 1). Job satisfaction correlated with academic rank

Figure 1. Proportion of PT and FT Cs and CEs who report that certain work-related features are very or extremely important for their overall job satisfaction. ‡*p*<.05.

among PT Cs and CEs. PT instructors and assistant professors were less likely to rank in the top 25th percentile for job satisfaction compared to PT associate and full professors (15% vs 44%, $p=.02$). There were no differences in job satisfaction by rank for FT Cs and CEs.

Factors Independently Associated with Job Satisfaction Among PT and FT Cs and CEs

In multivariate regression analysis for PT Cs and CEs, rank and reporting that local and national recognition was very or extremely important for overall satisfaction was associated with job satisfaction. PT Cs and CEs with a rank of associate or full professor were more likely to report higher job satisfaction (odds ratio [OR]=7.18, 95%CI=1.4–36.5). PT faculty who rated local or national recognition as important for their satisfaction reported lower satisfaction (OR=0.06, 95%CI=0.01–0.63). In the FT Cs/CEs model, 2 independent predictors of job satisfaction were found: receiving salary support for the majority of teaching time (OR=1.99, 95%CI=1.20–3.31) was associated with higher job satisfaction and spending >25% of ones' time in clinical activities with lower satisfaction (OR=0.52, 95%CI=0.28–0.99).

DISCUSSION

The success of academic medical centers depends on creating jobs that maximize the potential of its faculty. To our knowledge, this study is the first to compare factors associated with job satisfaction among PT and FT physician members of a large, national, academic medical society. PT and FT Cs and CEs report similar overall satisfaction, but differed in the specific work-related factors associated with their satisfaction. Understanding physicians' motivations may allow institutional leaders to shape the work place to enhance productivity, satisfaction, and retention.

For PT physicians, higher academic rank was independently associated with greater job satisfaction. Higher-ranking PT physicians may be at a career stage with less pressure to advance academically and fewer financial burdens. More important, PT physicians at lower ranks report lower satisfaction. PT junior faculty may experience academic marginalization (lack of access to research funding and resources, and be viewed by their colleagues and leaders as less committed),^{4,12} leading to diminished satisfaction. Decreased satisfaction may also be related to lack of mentors or role models with similar views on career advancement and work-family balance.^{13–15} Institutional leadership should be aware that PT junior faculty is at risk for low job satisfaction, develop policies that promote flexibility and work-life balance, and provide PT faculty with greater mentoring.

PT Cs and CEs assigned less weight to factors traditionally related to academic success, such as national recognition and publications, for their overall satisfaction. But among those who placed greater importance to national recognition, this was independently associated with lower satisfaction in multivariate analysis. The literature on the academic advancement of CEs may provide insight into these findings. Whereas CEs appear to be motivated by different factors than clinician-investigators,¹⁶ they believe their promotion hinges more on research, publications, and national recognition than on

demonstrating excellence in patient care and teaching.¹⁷ PT faculty may similarly feel judged by promotion requirements that are difficult to meet or incongruent with their current roles. More research is needed to identify which promotion criteria are most relevant for PT faculty and the need for alternate career tracks.^{3,10,18,19}

We also found that PT Cs and CEs would prefer to spend more time in teaching and research roles and less time in clinical roles. This finding leads us to wonder if physicians who make the decision to work PT are willing to forego or delay research careers despite academic aspirations. If this is the case, providing greater opportunities for teaching and collaboration in research activities may be strong motivators for some PT faculty to enhance productivity and satisfaction.

Our study has limitations. First, this is a cross-sectional survey and, therefore, cannot address causality. Whereas our response rate was adequate, nonresponse bias may have affected our results. Finally, we measured satisfaction using a single-item global satisfaction rating that was not formally validated.

The challenges of academic careers behoove medical centers to embrace the diversity of role aspirations and work preferences of their faculty. Understanding the factors that motivate and satisfy PT physicians will allow the individual faculty, medical centers, and organizations that represent them to create positions which enable PT physicians to reach their fullest potential.

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