## **Physician Satisfaction Study**

The Board of Directors analyzed data from the Longitudinal Study of Emergency Physicians (LSEP) on physician satisfaction.

The objective of the study was to identify the level of satisfaction among emergency physicians and factors related to that satisfaction. The question used to measure satisfaction was: "Overall, how satisfied are you with your career in Emergency Medicine (EM)?" Responses to the question were on a five-point scale ranging from 1 (not satisfied) to 5 (very satisfied).

Data from the 1994 and 1999 surveys were used in the study for the initial analyses. The response rate for the 1994 and 1999 surveys was 95% (N=958) and 84% (N=882), respectively. Further analyses, however, indicated that there were no significant differences between the two years' survey data. For example, the mean satisfaction rating in 1994 was 3.79 (SD, 1.02). The mean satisfaction rating in 1999 was 3.78 (SD, 1.07). Since differences in the ratings of the two surveys were not significant, the 1999 data were used for the remainder of the study.

Satisfaction levels among emergency physicians are generally high and remain high throughout their careers with a slight dip in mid-career. Figure 1 represents this trend.

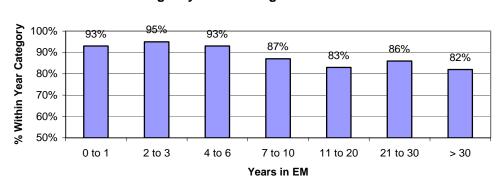


Figure 1
% of Emergency Physicians Who Would Probably or Definitely
Select Emergency Medicine Again as a Career Choice

For further analyses, study participants were dichotomized into those with high career satisfaction (scale points 4 and 5) and those with low career satisfaction (scale points 1 and 2). When the scale was dichotomized, 63.8% (N=563) of the participants rated their satisfaction in the high career satisfaction range and 12.8% (N=113) in the low career satisfaction range. The data were further analyzed to identify factors that appear to discriminate between the high and low satisfaction groups. Data show that a significantly higher percent of members of the group expressing high satisfaction worked in teaching hospitals (36% vs. 14%), tended to hold leadership positions (43% vs. 19%), and belonged to more medical organizations (mean memberships 3.00 vs. 2.18). In addition, on a six-point scale ranging from unhappy (1) to happy (6), the high satisfaction group described themselves as happier at the time of the survey than the low satisfaction group (5.08 vs. 3.80). Eighty-eight percent of the low satisfaction group stated that they had seriously considered leaving the specialty versus 25% of the high satisfaction group.

The strongest discriminating factor between the high and low satisfaction groups was their rating on burnout as a problem in their day-to-day work. The low career satisfaction group tended to rate burnout as a more serious problem than the high career satisfaction group. Table 1 shows the relationship between burnout and five associated factors. These factors have positive and statistically significant (p < .01) Pearson correlation coefficients with burnout. These correlations are presented in Table 1.

Table 1
Correlations of Selected Factors with High Ratings on Burnout

Factor	Correlation
Stress	.58
Fatigue	.53
Level of energy needed to work	.52
Number of night shifts	.42
Number of patients	.40

In summary, the vast majority of participants evidenced high levels of satisfaction with their careers in EM. Participants who rated their level of satisfaction as high tended to see EM as more exciting, hold leadership positions, belong to more medical organizations, and were more likely to work in teaching hospitals. Participants who rated their level of satisfaction as low tended to see burnout, having time for a personal life, receiving respect from colleagues, and EM as a second-class specialty as problems. They also were more likely to have considered leaving EM. Participants who rated burnout as a serious problem also tended to rate stress, fatigue, level of energy needed to work, number of night shifts, and the number of patients as being problems.