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Work values and job satisfaction of family physicians

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ABSTRACT

Theory and prior research suggest linkages between work values and job satisfaction. The present study examined such linkages in a group of workers in a professional occupation. Family physicians (134 women, 206 men, 88% Caucasian) responded to context-specific measures of work values and job satisfaction. ANOVA results indicated a work values hierarchy of Autonomy, Service, Lifestyle, Scholarly Pursuits, Management, and Prestige in decreasing order of importance. Canonical correlation analysis yielded a significant function with three work values collectively predicting job satisfaction: Lifestyle (negatively) and Service and Scholarly Pursuits (positively) in decreasing order of magnitude. The study findings may be useful to medical students in the specialty choice process, to medical school faculty advising such students, and to currently practicing physicians contemplating career specialty change. Future research may examine work values and job satisfaction differences across employment and geographic settings, give increased attention to cultural variables, and include intervention studies and longitudinal designs.

1. Introduction

Values figure significantly in work motivation and job satisfaction (Dawis & Lofquist, 1984; Lent, 2008). Yet, they have received much less attention in this regard compared to vocational interests, abilities, and personality traits (Dawis, 2001; Robinson & Betz, 2008; Rottinghaus, Hees, & Conrath, 2009). To redress this gap in the literature, we examined relationships between work values and job satisfaction among physicians in one specialty area, as recommended by prior research (Duffy & Richard, 2006). Fairly significant amounts of research have investigated either physician job satisfaction or work values in medicine (e.g., Duffy & Richard, 2006; Gibson & Borges, 2009; Henry, Leong, & Robinson, 1992; Schubot, Cayley, & Eliason, 1996). Very few studies have attempted to understand possible links between these variables. In particular, there has been little focus on professionals within a particular area of medicine, preferring to sample physicians across specialties. Such an approach may mask important differences between them. Given that family medicine ranks among the most recruited medical specialties (Merritt, Hawkins, & Associates, 2006) and is a key provider of primary care, we selected it as the focus of the present study.

The United States ranks the lowest among industrialized nations in providing primary care medical services (Phillips & Starfield, 2004). Fueling the problem, medical students express a decreasing interest in primary care (Bland & Isaacs, 2002; Colwill, 1992). Despite recent increases in the numbers of medical students entering primary care specialties like family medicine (National Residency Match Program, 2011), estimates still project a substantial shortage in the numbers of primary care physicians by 2025 (Association of American Medical Colleges [AAMC], 2008; Dill & Salsberg, 2008; Newton & Grayson, 2003). Given the current national focus on increasing accessibility to healthcare and reducing healthcare costs, many medical schools

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seek to increase their numbers of students who enter primary care specialties like family medicine (Dorsey, Nicholson, & Frist, 2011; Petterson, Burke, Phillips, & Teevan, 2011; Senf, Kutob, & Campos-Outcalt, 2004).

Medical students often cite concerns about low income and low prestige associated with the specialty as factors that influenced their decision to not enter family medicine (Senf et al., 2004). Even students who do pursue careers as family physicians voice concerns about low financial compensation and "lack of respect and value for similar tasks to those performed by other specialists" (Scott, Wright, Brenneis, Brett-MacLean, & McCaffrey, 2007, p. 1957). Yet, family physicians provide more than 90% of the healthcare people need during their lives (Hing, Cherry, & Woodwell, 2005), and an estimated one-third of the nation consults with a family physician each year (Green et al., 2004).

A substantial amount of research has examined values in an attempt to understand and facilitate medical career development and specialty choice. For example, Abbott (1983) found that family-practice residents scored higher on humanistic values than did residents in other specialties. Other studies have examined the influence of values on the specialty-choice process in terms of the importance of research and teaching (Hojat, Gonnella, & Erdmann, 1995), desired level of prestige and income (Bland, Meurer, & Maldonado, 1995; DeWitt, Curtis, & Burke, 1998), importance of a biopsychosocial versus bioscientific orientation (Bland et al., 1995; DeWitt et al., 1998; Senf et al., 2004), and issues of role strain and role support (DeWitt et al., 1998; Kassler, Wartman, & Silliman, 1991). Many studies indicate that "controllable lifestyle" factors significantly influence medical specialty choice (e.g., Dorsey, Jarjoura, & Rutecki, 2003; Gelfand, Podnos, Wilson, Crooke, & Williams, 2002). However, as Dawis (1991) explained, "asking people which values served as the bases for their choices is not the same as discovering which values differentiate among occupational groups" (p. 851). Constraining research on values and specialty choice is heavily reliant on medical student and resident data (Borges, Gibson, & Karnani, 2005). We addressed this problem by sampling practicing physicians.

Against this backdrop, physician job satisfaction research indicates mixed results. Two studies (Duffy & Richard, 2006; Gibson & Borges, 2009) found moderately high overall job satisfaction among physicians across specialties, consistent with prior findings (Arnetz, 2001). Other researchers have found substantial career dissatisfaction among physicians (Sibbald, Bojke, & Gravelle, 2003), with one study reporting that nearly one in five physicians feels dissatisfied with their career (Leigh, Kravitz, Schembri, Samuels, & Mobley, 2002). This raises important public health concerns because dissatisfied physicians provide lower standards of care (Leigh et al., 2002; Levinsky, 1993) and receive lower ratings of overall quality of care (Kassirer, 1998).

2. Purpose of the study

We sought to determine the relative importance to family physicians of various work values and then to examine possible relationships between these work values profiles and current levels of job satisfaction. We wanted to link specific work values to levels of job satisfaction for physicians within a single, defined medical specialty by determining whether or not physicians practicing in a single specialty area rank some values higher than others, consistent with prior findings, and, secondly, whether specific work values relate to various job satisfaction types. Responding to calls for using measures tailored to particular employment roles and environments (e.g., Bing, Whanger, Davison, & VanHook, 2004; Meglino & Ravlin, 1998; Schmit, Ryan, Stierwalt, & Powell, 1995), we included in the present study context-specific measures of work values and job satisfaction. Our findings could contribute information useful to medical students considering careers in family medicine; a goal consistent with medicine's stated interest in improving medical education advising (Borges & Savickas, 2002; Stratton, Witzke, Elam, & Cheever, 2005).

3. Method

3.1. Participants

Participants comprised 340 family physicians (134 women, 206 men; 88.2% Caucasian) practicing in the United States. Participants' ages included 66 (19.4%) below age 35 years, 90 (26.5%) between ages 35 and 44 years, 108 (31.8%) between ages 45 and 54 years, 73 (21.5%) between ages 55 and 64 years, and three (0.9%) above age 65 years. Most participants were M.D.s (87.1%), as compared to D.O.s (12.9%), primarily earned their degrees in the United States (92.4%), and were board certified (86.8%) or board eligible (5%). A few participants (13.5%) were family medicine residents or fellows. Most participants (22.1%) had practiced for 25 years or more and the fewest number (8.5%) had practiced for less than five years. The majority of participants practiced in suburban (44.7%) or urban (43.2%) settings and earned between $100,000 and $149,999 (27.4%) or between $150,000 and $199,999 (25.9%).

3.2. Measures

The 60-item *Physician Values in Practice Scale* (PVIPS; Hartung, Taber, & Richard, 2005) measured work values. The PVIPS comprises six subscales that measure values specific to the occupation of physician and the context of medical practice. PVIPS items require self-rating on a Likert-type response scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Each item is preceded by the stem, "In my medical practice it will be important that I…" followed by a statement such as, "be recognized as the best physician in my group." For the present study involving practicing physicians the stem was changed to present tense (i.e., "…it *is* important that I…"). Responses are summed to yield measures of six core values: Prestige, Service, Autonomy, Safety, Management, and Scholarly Pursuits (Hartung, 2010). Higher scores on any scale indicate greater importance ascribed to the corresponding value. Internal consistency