

Factors Influencing Pediatrician Retirement: A Survey of American Academy of Pediatrics Chapter Members

Mary E. Rimsza, MD, FAAP¹, Holly Ruch-Ross, PhD¹, Harold K. Simon, MD, MBA², Thomas W. Pendergass, MD, MSPH³, and Holly J. Mulvey, MA¹

Objective To assess the factors that may influence physicians' desire to retire through an analysis of data collected through the American Academy of Pediatrics (AAP) State Pediatrician Workforce Survey.

Study design An electronic survey was sent to retired and nonretired US pediatricians who held AAP membership. The respondents were asked about the importance of 12 factors that would influence or had influenced their decision to retire. The physicians who were not yet retired also were asked: "If you could afford to today, would you retire from medicine?"

Results The survey was completed by 8867 pediatricians. Among the nonretired respondents, 27% reported that they would retire today if it were affordable. Increasing regulation of medicine, decreasing clinical autonomy, and insufficient reimbursement were rated as very important factors by >50% of these pediatricians. Among retired pediatricians, 26.9% identified the effort to keep up with clinical advances and changes in practice as a very important factor in their decision to retire. Younger physicians were significantly more likely to rate maintenance of certification requirements, insufficient reimbursement, lack of professional satisfaction, and family responsibilities as very important factors. Rural pediatricians were more interested in retiring than those working in academic settings. There were no sex differences.

Conclusions Twenty-seven percent of pediatricians in practice today would retire today if it were affordable. Identifying and addressing the important factors that influence a pediatrician's desire to retire can potentially reduce the retirement rate of pediatricians and thus increase access to care for children. (*J Pediatr* 2017;■■■:■■■-■■■).

In 2014, 287 672 (31%) of US physicians with an active license were aged 60 years or older, and it is estimated that the number of physicians retiring annually will reach 20 000 (2% of the physician workforce) by 2020, a 60% increase from 2008, when approximately 12 000 physicians retired.^{1,2} Research on physician retirement is limited, however, specifically on the most important factors influencing retirement decisions, focusing mostly on only a few factors (eg, age, sex).³⁻⁵ Today there is a shortage of physicians in the United States, especially in primary care.^{6,7} Because of the increasing number of active physicians aged 60 years and older and the potential impact of their retirement on the number of practicing physicians and subsequent access to care, studying the issues that influence physician retirement decisions is important. In addition to the overall shortage of primary care physicians, the United States has a shortage of pediatricians, especially pediatric medical subspecialists and pediatric surgical specialists.⁶ This shortage could be exacerbated by the retirement of older pediatricians and could adversely affect children's access to care, especially in rural areas.

Failure to address the factors that lead to early retirement could worsen these physician shortages. Therefore, we explored the factors that may influence physicians' desire to retire through a focused analysis of the data collected through the American Academy of Pediatrics (AAP) Committee on Pediatric Workforce (COPW) State Pediatrician Workforce Survey on factors that influence physicians' retirement decisions.

Methods

A 61-question electronic survey on workforce topics was developed by the AAP's COPW. The survey was sent electronically to 44 850 US pediatricians who were members of AAP state chapters. There was no reimbursement for participation. The survey was fielded for 6 weeks per state beginning in August 2013 and ending in May 2015. Surveys were received from members in all 50 states and Puerto Rico.

AAP American Academy of Pediatrics
COPW Committee on Pediatric Workforce
MOC Maintenance of certification

From the ¹Division of Workforce & Medical Education Policy, American Academy of Pediatrics, Elk Grove Village, IL; ²Departments of Pediatrics and Emergency Medicine, Emory University School of Medicine, and Childrens Healthcare of Atlanta, Atlanta, GA; and ³Department of Pediatrics, University of Washington, Seattle, WA

The authors declare no conflicts of interest.

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<http://dx.doi.org/10.1016/j.jpeds.2017.05.043>

The respondents were asked the following question regarding retirement: “When you think about your retirement (future or past), how important are (or were) the following factors?” The factors were the effort needed to keep up with clinical advances/changes; insufficient reimbursement; maintenance of certification (MOC) requirements, regulation of medicine, decreasing clinical autonomy, medical home implementation, on-call responsibilities, difficulty recruiting partners, lack of professional satisfaction, personal health issues, increased family responsibilities, and interests in pursuits outside of medicine. These factors were chosen by the COPW and included 10 factors that were listed in a 2006 AAP survey on physician retirement⁵ and 2 additional factors (“difficulty recruiting partners” and “difficulty implementing a medical home”) that were not part of the 2006 survey. The physicians who were not yet retired also were asked “If you could afford to today, would you retire from medicine?”

The responses were analyzed using SPSS 18.0 (SPSS, Chicago, Illinois). Statistical significance of associations was tested using the χ^2 test for categorical data and the Student *t* test or ANOVA for continuous variables, as appropriate. Owing to the large sample size, we restricted the reporting of statistical significance to relationships with $P < .01$. This study was deemed exempt by the AAP’s Institutional Review Board.

Results

The survey was completed by 8867 pediatricians (Table I). The sex and age distribution of the respondents was similar to the AAP membership. After excluding respondents who were trainees, the study cohort comprised 7597 physicians. The demographic characteristics of the cohort are presented in Table II. The cohort included 471 retirees. There were statistically significant differences ($P < .001$) in sex, age, and geographic distribution between the retired and active physicians.

To assess the practicing physicians’ interest in retirement, we analyzed the responses to the question: “If you could afford to today, would you retire from medicine?” Seventy-two percent of the 8867 physicians ($n = 6354$) responded to this question, and 27.5% ($n = 1746$) of the respondents said they would retire today if it were affordable. There were significant differences in the desire to retire by age group ($P < .001$), but not by sex. Physicians practicing in rural communities were more likely than physicians practicing in urban or suburban areas to report wanting to retire (32.5% vs 27.2%; $P < .01$).

Significantly fewer physicians working in academic medicine than other physicians (23% vs 30%; $P < .001$) reported that they would retire if it were affordable. There were no significant differences in desire to retire by census region or practice setting. Part-time physicians and those working full time were not significantly different in their reported desire to retire (Table III).

There also was no difference in the reported desire to retire between physicians who devoted 100% of their practice to primary care and those who devoted 100% of their time to pediatric medical subspecialty or surgical specialty care.

Table I. Background characteristics of all respondents (n = 8867)

Characteristics	%	n
Status		
In training (medical school, residency, or fellowship)	12.5	1077
Retired	5.6	490
Not in training or retired	81.9	7107
US Census region*		
Northeast	23.0	2035
Midwest	21.7	1915
South	34.7	3066
West	20.6	1820
Puerto Rico	0.3	31
Sex		
Male	42.4	3471
Female	57.6	4712
Medical school location		
United States	89.1	7305
Canada	0.6	47
Other	10.3	844
Age range, y		
30 or younger	9.9	814
31-35	10.7	880
36-40	10.2	836
41-45	12.4	1015
46-50	10.6	867
51-55	12.2	1002
56-60	12.5	1026
61-65	10.1	828
66-70	6.0	492
>70	5.3	430
Direct patient care time (n = 7107)		
100% primary care pediatrics	55.4	3934
100% pediatric medical subspecialty	19.4	1381
100% pediatric surgical subspecialty	1.2	85
100% another specialty, including adult	0.6	46

*Census region is based on chapter membership. Puerto Rico is not included in subsequent analyses using census region.

The respondents were asked to rate the 12 factors that might influence retirement decisions as “not important,” “some-what important,” “very important,” or “uncertain, not applicable.” The responses of the retirees were compared with the responses of the physicians who were not yet retired (Table IV). Retired physicians were significantly more likely than active physicians to rate the effort needed to keep up with clinical advances and changes and their interest in pursuits outside of medicine as very important in their decision to retire. Retired physicians were significantly less likely than the active physicians to rate insufficient reimbursement, difficulty recruiting partners, lack of personal satisfaction, and increased family responsibilities as very important.

Among the active physicians, we compared the responses of those who would and would not retire regarding the 12 factors that might affect future retirement decisions. There was a significant difference between these groups in the importance of 11 of the 12 factors ($P < .001$); however, there was no difference in the importance of the effort needed to keep up with clinical advances.

Three of the factors—increasing regulation of medicine, decreasing clinical autonomy, and insufficient reimbursement—were rated as very important by >50% of the physicians who would retire if affordable. In addition, the physicians who would

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