

Satisfaction of Uniformed Services Family Physicians

Background and review of the literature:

Military medical officers face a number of unique challenges. Not only are they responsible for developing clinical skills, but they are also required to become adept at managing their career progression and promotion, coping with changing duty assignments, and developing administrative and leadership skills. Meeting these demands have become increasingly difficult, as military physicians are frequently tasked to deploy to austere environments and work outside their scope of practice. All in all, these factors affect job satisfaction of a military physician, and can ultimately affect retention. During the conflicts in Iraq and Afghanistan, for example, the Assistant Secretary of Defense for Health Affairs Dr. S. Ward Casscells III stated that, “in the midst of our war on terrorism, retention of [military medical officers] has become more of a challenge,” affirming the gravity of the ongoing situation.¹ Thus, a greater understanding of these and other factors is warranted in order to develop programs dedicated to increase job satisfaction and morale of our workforce.

In a 1995 study that evaluated job satisfaction in Army family physicians, 73.6% of respondents were satisfied being military medical officers.² A host of factors were evaluated, to include gender, route of military accession, years since medical school graduation, deployment, and time spent in patient care, teaching, research, and administrative tasks. Of these factors, shorter time spent in patient care and higher rank were found to be associated with positive job satisfaction.

Another study conducted in 2005 in the civilian sector showed mentorship – a factor not evaluated in the previous study – to be positively associated with job satisfaction. Mentorship is defined as a one-on-one, mutual, committed relationship between a junior and senior person in hopes to endorse personal and professional development.³ In fact, a 2012 study looking at Navy family physicians confirmed a positive association between mentorship and job satisfaction.⁴

Thus, closer examination of the above-mentioned aspects – time spent in patient care, teaching, research, and administrative tasks; higher rank in the military and medical professions; and opportunities for mentorship – can offer insight into our current workforce. A survey of Family Medicine physicians would provide the Uniformed Services medical community and leaders with objective data on the current level of job satisfaction.

Objectives, aims and hypothesis of proposed research questions:

The objective of this study is to assess job satisfaction in military medical officers by assessing time devoted to patient care, incorporation of Family Physician staff into the hospital community, and mentorship opportunities.

Aim 1: Describe the number of hours Family Physicians spend on patient care, teaching, research, and administrative tasks, and their satisfaction associated with those hours.

Aim 2: Describe the overall incorporation of Family Physician staff members into their hospital community.

Aim 3: Describe the number of Family Physicians who are involved in mentorship programs.

Aim4. Describe the number of Family Physicians intending to stay beyond their current commitment.

Hypothesis 1: Physicians devoting larger portions of their time in patient care vs. teaching, research, administrative tasks, etc., will have lower job satisfaction.

Hypothesis 2: Family Medicine programs that integrate their staff into the hospital community through teaching, research, or other non-direct patient care duties (such as administrative tasks) will have higher rates of job satisfaction.

Hypothesis 3: Family Medicine programs that encourage mentorship opportunities amongst Family Physicians will have higher rates of job satisfaction.

Hypothesis 4: Family Medicine physicians with higher rates of job satisfaction will also have higher rates of staying beyond their commitment.

Proposed Survey Questions

1. How satisfied are you with your current work hours and workload as a military physician²: 1=Very dissatisfied 2=Dissatisfied 3=Neutral 4=Satisfied 5=Very satisfied [Aim 1]
2. Do you feel there is adequate opportunities for you to take part in hospital/clinical teaching and research³: 1=not adequate 2=somewhat not adequate 3=neutral 4=somewhat adequate 5=adequate [Aim 2]
3. Do you feel integrated into your hospital community – through teaching, research, or other professional non-direct patient care duties (such as administrative tasks) – and recognized for your work³: 1=I feel estranged 2=I feel indifferent 3=no complaints 4=I feel somewhat recognized 5=I am fully incorporated and recognized [Aim 2]
4. Do you have a voice in the decision making process in your medical organization³: 1=no voice at all 2= I do not know/I cannot tell if I have a say 3=I am impartial to the decision making process 4=I have somewhat of a voice in the decision making process 5=I have a definitive say in the decision making process [Aim 2]
5. How satisfied are you with the amount of your involvement in clinical teaching, research, or other administrative tasks³: 1=Very dissatisfied 2=Dissatisfied 3=Neutral 4=Satisfied 5=Very satisfied [Aim 2]

6. Is there someone who considers you to be their professional mentor⁴: 1=no person
2=non-medical professional 3=medical student 4=resident physician 5=attending physician [Aim 3]
7. How satisfied are you with having/not having a mentee⁴: 1=Very dissatisfied
2=Dissatisfied 3=Neutral 4=Satisfied 5=Very satisfied [Aim 3]
8. Is there someone you consider to be your professional mentor⁴: 1=I do not have a mentor
2=family physician 3=physician from another specialty 4=non-medical professional 5=I have multiple mentors [Aim 3]
9. How satisfied are you with having/not having a mentor⁴: 1=Very dissatisfied
2=Dissatisfied 3=Neutral 4=Satisfied 5=Very satisfied [Aim 3]
10. How likely are you to stay in the military beyond your current commitment^{5, 6}: 1=Very unlikely 2=Unlikely 3=Unsure 4=Likely 5=Very Likely [Aim 4]

Analysis and plan

Proposal questions derived from previous works, reference shown as superscript at end of question.

1. Descriptive statistics, univariate, bivariate, and multivariate analysis to determine satisfaction with amount of time spent on patient care (#1 and #2). Aim 1.
2. Descriptive statistics, univariate, bivariate, and multivariate analysis to determine impact of programs incorporating staff into hospital community by integrating them into hospital/clinical teaching and other non-direct care opportunities and the decision-making process (#3 and #5). Aim 2.
3. Descriptive statistics, univariate, bivariate, and multivariate analysis to determine the association between incorporation of staff into teaching, research, and administrative task environment and job satisfaction (#3-5). Aim 2.
4. Descriptive statistics, univariate, bivariate, and multivariate analysis to determine prevalence and satisfaction of professional mentorship for Uniformed Services Family physicians (#6-9). Aim 3.
5. Descriptive statistics, univariate, bivariate, and multivariate analysis to determine the association between job satisfaction and intent to continue serving in the Uniformed Services (#10). Aim 4.
6. Dependent [outcome] variables include Questions #1, #5, #7, #9, and #10 with independent variables being more specific questions about work environment and mentee/mentor relationship as noted in Questions #2-4, #6 and #8.

References

1. Casscells SW, Granger E. *How to achieve a high-performance health care system in the United States*. Annals of internal medicine. 2008;148(9):708-709.
2. Blount BW, LeClair BM, Miser WF, et al. Army family physician satisfaction. Military medicine. 1995;160(10):501-505.
3. Rose GL, Rukstalis MR, Schuckit MA. *Informal mentoring between faculty and medical students*. Academic medicine : journal of the Association of American Medical Colleges. 2005;80(4):344-348.
4. Saperstein AK, Viera AJ, Firnhaber GC. *Mentorship and job satisfaction among Navy family physicians*. Military medicine. 2012;177(8):883-888.
5. Wai PY, Dandar V, Radosevich DM, et al. *Engagement, workplace satisfaction, and retention of surgical specialists in academic medicine in the United States*. Journal of the American College of Surgeons. 2014;219(1):31-42.
6. Demir C, Sahin B, Teke K, et al. *Organizational commitment of military physicians*. Military medicine. 2009;174(9):929-935.