



What keeps Melbourne GPs satisfied in their jobs?

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BACKGROUND

Workforce shortages make it important to promote job satisfaction and career longevity in general practitioners. We aimed to investigate strategies that maintain and improve Melbourne (Victoria) GP job satisfaction.

METHODS

A postal survey of a random selection of The Royal Australian College of General Practitioners vocationally recognised GPs (N=860). Open ended answers were coded according to themes and compared between genders.

RESULTS

Thirty-eight percent of surveyed GPs responded. The mean satisfaction score was 50 out of 70 (SD 9). Women GPs were more satisfied than men with life-work balance ($p<0.01$). Most frequently nominated themes for satisfaction were job variety, longitudinal patient relationships, belief in the value of the work and intellectual stimulation. Strategies to improve GP satisfaction were increased pay, reduced paperwork, and improved administrative systems.

DISCUSSION

General practitioners were satisfied with their jobs due to the intrinsic qualities of their work and workplace. Decreasing the administrative burden, increasing remuneration and improving practice supports may improve metropolitan GP job satisfaction.

With the current and predicted general practitioner workforce shortages it is imperative to maximise GP work capacity,¹ longevity and satisfaction at work. Job dissatisfaction is not only associated with intention to leave the workplace but with actually leaving it.² Poor job satisfaction in doctors has been associated with poor mental health, poor doctor-patient relationships and poor quality prescribing habits.^{2,3} In 1998, 53% of Australian metropolitan GPs had considered leaving their workplace due to occupational stress.⁴

Previous Australian studies examining job satisfaction revealed the following factors to be associated with increased job satisfaction: high job control and low demands, female gender, working in a rural area, not working full time, good mental health, and speaking only English during the consultation.⁴⁻⁶ These studies have only explained part of the variance in job satisfaction⁵ and have not investigated how to improve GP job satisfaction.

Women GPs represent 35% of the current Australian GP workforce⁷ and 65% of general practice registrars;⁸ the GPs of the future. No previous Australian metropolitan studies have been powered specifically to detect gender differences in GP job satisfaction. Numerous studies have

highlighted differences in women doctors' practice style, stressors, and home-life responsibilities.⁹⁻¹² International studies have been criticised for using job stress measures which were developed predominantly in male workers.¹³ Job satisfaction measures have similarly been adapted from male survey instruments.¹⁴ To investigate Australian metropolitan GP job satisfaction, gender differences in job satisfaction need closer inspection.

Increased knowledge of GP opinions as to how to best promote their own job satisfaction may allow educators and policy makers to develop interventions to boost job satisfaction and GP longevity in the workforce. We aimed to investigate metropolitan GP job satisfaction rates, explore what maintains and could improve GP job satisfaction, and to examine any gender differences.

Methods

This cross sectional survey of 860 GPs was conducted between November and December 2005. Participants were selected by computer generated random numbers applied to The Royal Australian College of General Practitioners (RACGP) list of vocationally registered Melbourne (Victoria) metropolitan GPs. We sampled equal numbers of male and female participants. Participants

Table 1. GP work characteristics

	Study respondents		
	Women n=178	Men n=141	National
Mean age (years)	45	50	49 ¹
Mean years as GP	16	20	NA
Mean hours/week**	30	44	40 ¹
Long consultations (item C) %*	27	18	19 ⁷
Private billing %**	19	7	NA
Practice principals %**	26	49	NA
>4 GPs in practice %	42	57	51 ¹
Trained overseas %	13	13	27 ¹

* $p < 0.05$ Statistically significant difference between female and male respondents
 ** $p < 0.01$ Statistically significant difference between female and male respondents

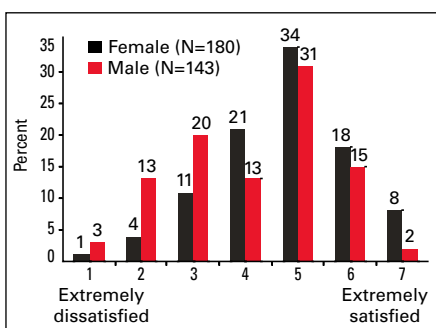


Figure 1. Satisfaction with work-life balance by gender

remained anonymous to the researchers.

To measure job satisfaction, we used the validated Wall Cook Warr measure of 10 facets of job satisfaction.¹⁴ As this measure was originally developed for male workers, we hypothesised it might not accurately measure job satisfaction in women. We added a Likert scale of satisfaction with life-work balance, which has been identified in the literature as a central issue for women GPs.¹¹ In addition, we added open ended questions to capture potential gender differences

and previously unidentified job satisfaction factors relevant to Australian metropolitan GPs. Other questions used in the survey included demographic and workplace characteristics, as well as whether the respondents had their own GP.

We aimed to detect a difference in mean satisfaction score of two out of a possible score of 70 between women and men GPs based on an English study.¹⁴ We sampled 860 GPs to detect this difference, with a power of 80% a significance level of 5%, assuming a response rate of 40%.

Nonresponders were sent a reminder letter after 2 weeks, then another questionnaire if there was still no response after a further 2 weeks.

Ethics approval was obtained from the University of Melbourne's Human Research Ethics Committee.

Responses were entered into a Microsoft Access database. Data were checked and summarised using a statistical program (STATA 9). General practitioner characteristics are presented as simple frequencies, or as a mean and standard deviation (SD) for continuous variables. Gender differences were compared using Pearson's Chi-squared statistics and Mann-Whitney rank sum tests. Themes were

Table 2. Most frequent themes for maintaining job satisfaction by gender

Themes	Women n=180 (%)	Men n=143 (%)	Characteristic quote
Variety	67 (37)	42 (29)	'The tidal wave of humanity that surges through my door bringing with it all the myriad ailments and intricacies of human life'
Culture of practice	65 (36)	28 (20)	'An organised practice with good computer system, staff and principal support'
Longitudinal care	59 (33)	34 (24)	'Longevity in managing families and individuals, getting to know them as people and being privileged to be included and valued in their lives'
Flexibility/freedom to work as choose	56 (31)	25 (17)	'Keeping workload to a manageable level'
Belief in the value of the work	49 (27)	32 (22)	'Ability to make a difference to someone else's life'
Patient contact	43 (24)	24 (17)	'Daily contact with people' 'The insight into human nature that cannot be matched by a 1000 novels'
Intellectual stimulation	40 (22)	30 (21)	'It is still challenging' 'The intellectual and practical challenge to solve/assist with people's medical problems'
Patient appreciation	40 (22)	24 (17)	'Moments of patient gratitude'
Remuneration	39 (22)	32 (22)	'Receiving an income for an interesting and diverse job'
Altruism	29 (16)	18 (13)	'Feeling of caring for the elderly, children'

Table 3. Most frequent themes for improving GP work satisfaction by gender

Top 10 nominated themes (women)	n=180 (%)	Top 10 nominated themes (men)	n=143 (%)
Better pay	76 (42)	Reduce paperwork	47 (33)
Reduced paperwork	66 (37)	Better pay	36 (25)
More administrative support	43 (24)	More GPs	32 (22)
Physical workplace improvements	41 (23)	Work less	31 (22)
Changes to time management	39 (22)	More administrative support	29 (20)
Practice nurses	39 (22)	Very happy, can't improve things	26 (18)
More support from other GPs	39 (22)	Longer consultations	24 (17)
Computer supports/training	35 (19)	Improved recognition/respect	21 (15)
Longer consultations	33 (18)	Computer supports/training	20 (14)
More GPs	29 (16)	Practice nurses	19 (13)

coded from answers to open ended questions and expressed as frequencies.

Results

The response rate to the survey was 38% (323/838), with 22 respondents ineligible as they were no longer working in metropolitan general practice; 42% of women responded compared with 34% of men. The characteristics of the respondent GPs was similar to those of Australian GPs¹ (Table 1), except that fewer respondents were international medical graduates and they had higher proportions of long consultations (due to the higher proportion of female respondents¹⁰). Women GPs were also less likely to be practice principals, more likely to privately bill and worked fewer hours than male respondents.

The majority of GPs were satisfied with their jobs. The mean satisfaction score was 50 out of a total possible score of 70 (SD 9). While there was no difference in overall job satisfaction rates between women and men ($p=0.11$), women GPs were more likely to be satisfied with their work-life balance ($p=0.002$, Figure 1). This was even greater in GPs who cared for children on a typical work day: 60% of these women GPs were satisfied with their work-life balance compared with 47% of the men ($p<0.01$). Women were also more likely to have their own GP, 67% compared with 32% ($p<0.001$).

Most participants (319/344) answered the open ended questions. Many replies were lengthy and heartfelt. The 10 most frequent themes in response to the question: 'What keeps you satisfied as a GP?' are listed in Table 2. Variety of work was most the most

frequently described theme for both men and women GPs. More women GPs than men nominated the themes of longitudinal care, the culture of the workplace, and the freedom to work as you choose to be important for their job satisfaction.

The most frequent themes derived from what would improve GP job satisfaction also differed according to gender (Table 3). Better pay was the most frequently described theme for women (42%) and the second most frequent for men (25%). Better pay was closely linked to wanting less paperwork and more time with each patient.

'More time put aside for administrative work and to be paid for it'.

'Reward for spending time with patient and being thorough rather than just referring on'.

General practitioners of both genders wanted less paperwork, more support from administrative staff, and more consultations of greater length. Interestingly, significantly more women GPs wanted more support from other GPs, practice nurses and changes to their time management, whereas men GPs wanted to work less.

Discussion

This is the first survey of Australian metropolitan GPs to examine job satisfaction using both a validated measure and open ended questions. We confirmed that GPs are satisfied overall in their work,⁵ often due to the intrinsic qualities of their job and workplace.

The qualities that other researchers found made GPs' jobs meaningful^{15,16} were also found in our study to maintain job satisfaction.

These included longitudinal doctor-patient relationships and the qualities of the doctor-patient encounter. Factors that support GPs to focus on these satisfying qualities – such as reducing administrative burden and improving practice based supports – were nominated by our respondents to improve job satisfaction. We confirm excessive paperwork and poor remuneration to be weaknesses of Australian general practice, which were identified by the recent Australian Medical Workforce Advisory Committee (AMWAC) report.¹ While the RACGP self care manual¹⁷ suggests individual approaches to these challenges, health system policy changes are also essential to address these threats to the GP workforce.

There were gender differences in what GPs describe would maintain and improve their job satisfaction and no differences using the overall measure of job satisfaction. This may be because the overall measure did not include life-work balance and interpersonal aspects of job satisfaction, which women GPs valued as being important. These gender differences reflect known different workplace positions, family roles, practice styles and numbers of hours worked.^{9,10,12} Improving remuneration, as previously identified^{1,11} was particularly important for improving women GP satisfaction. While women GPs may be satisfied with their practice style, this may be limiting their financial satisfaction.

Our findings are limited by the relatively low response rate, which may have caused a responder bias; the views of men GPs and those GPs who saw a large number of patients per hour were less well represented.

Dissatisfied GPs may have been less willing to participate. Studies with more intensive follow up may better reach this group, but they remain a group that is difficult to study. Our choice of sampling frame means that the views of nonvocationally registered GPs were not represented at all.

Our results challenge the likely effectiveness of the recent AMWAC recommendations¹ to increase the workforce participation of current GPs to manage increased demand. Our surveyed men GPs wished to improve job satisfaction by decreasing their work hours, perhaps hoping to achieve the satisfaction with their work-life balance of their female colleagues. General practice registrars and medical students of both genders want to work fewer hours than their predecessors.^{1,18} A larger GP workforce working fewer hours may be the future of general practice and promoting their job satisfaction will be essential in recruiting and retaining these GPs.

Implications for general practice

- Melbourne GPs are mostly satisfied with their jobs due to the intrinsic qualities of both their work and their workplace.
- Current GP job satisfaction and work longevity may be improved by decreasing administrative burden, and increasing work based supports and remuneration.
- These issues need attention if the GP workforce shortage is to be successfully addressed.

Conflict of interest: none declared.

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