Gender & Generational Issues Related to Physician Recruitment and Retention

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Content Outline

• Overview of generational characteristics
• Analysis of the 2008 Health Tracking Physician Survey (HTPS) related to age- and gender-based differences in work preferences
• Review studies of gender and generational differences associated with physician workforce issues
• Relevance to Oklahoma rural physician workforce shortage
• Question/comment time
“Each generation imagines itself to be more intelligent than the one that went before it, and wiser than the one that comes after it.”

George Orwell
You’re an obstetrician and you worked all day in labor and delivery. You are preparing to leave for your daughter’s program when one of your patients comes in with early labor.

Do you . . .

Wall Street Journal
August 24, 2010
Generational Assessment Quiz

a. Call your family and tell them you’ll be missing your daughter’s program to stay with the patient.

Wall Street Journal
August 24, 2010
b. Tell your patient you’ll be back for the delivery, monitor her progress by phone, and return to the hospital for the delivery.

Wall Street Journal
August 24, 2010
c. Tell your patient you have perfect faith in your partner who is coming in to work and you’ll check back in with her in the morning.
d. Tell your patient that your shift is over but you are confident the team in place will provide excellent care.
Answer Key

a. Traditionalist
b. Baby boomer
c. Gen X
d. Millennial (Gen Y)
Generational Generalizations

- **Traditionalists**
  - Born between 1925 and 1945
  - Low-tech, high-touch physicians
  - Value professional loyalty and commitment over personal ambition
  - More often have solo practice or partnership
  - Accepted and expected sacrifices to family life and leisure time

Sources: Baum & Dowling, 2007; Phelan, 2010
Generational Generalizations

- **Baby Boomers**
  - Born between 1946 and 1964
  - Career committed but seek lower personal cost
  - Highly autonomous, values over rules, may not respect authority
  - Seek practice models that allow the benefits of a group with independent control

Sources: Baum & Dowling, 2007; Phelan, 2010
Generational Generalizations

- **Generation X (a.k.a. Gen Xers)**
  - Born between 1964 and 1980
  - Seek positions that promote life-work balance
  - Eager to use technology, high-tech, low-touch physicians

Sources: Baum & Dowling, 2007; Phelan, 2010
Generational Generalizations

- Millennials (a.k.a. Trophy Kids)
  - Born between 1982 and 2001
  - Team-oriented, civic-minded, tech savvy, and self-confident
  - Prefer ROAD specialties that allow more “controllable” lifestyle
  - Work to live rather than live to work
  - Willing to accept lower compensation for lifestyle friendly positions
Generational Conflict

AND BEFORE YOU ASK, NO, THE DEFIBRILLATOR IS NOT YET AVAILABLE AS AN iPhone APP.
How are gender and generational differences affecting the physician workforce?
2008 HSC Physician Survey

Physician Practice Type by Age (n = 4720)
Primary Care Physicians

PCP Practice Type by Age ($n = 1890$)
Physician Practice Type by Age - Male

Male Physicians (n = 3470)

- Solo/2
- Group >=3
- EMPLOYEE

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Physician Practice Type by Age - Female

Female Physicians (n = 1250)

- Solo/2
- Group >=3
- EMPLOYEE

Percent

- <= 1940
- 1941-1945
- 1946-1950
- 1951-1955
- 1956-1960
- 1961-1965
- 1966-1970
- >= 1971

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Ownership Status by Age (n = 4720)

- Full Owner
- Part Owner
- Employee
- Independent Contractor

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Ownership Status by Gender

- Full Owner
- Part Owner
- Employee
- Independent Contractor
Specialty Choice by Gender

Male Physicians (n = 3470)

- Medical Specialty: 29%
- Surgical Specialty: 24%
- Internal Medicine: 13%
- Family Medicine: 17%
- Pediatrics: 6%
- OB/Gyn: 5%
- Psychiatry: 6%
Specialty Choice by Gender

Female Physicians ($n = 1250$)

- Internal Medicine: 15%
- Family Medicine: 18%
- Pediatrics: 18%
- OB/Gyn: 10%
- Medical Specialty: 24%
- Surgical Specialty: 7%
- Psychiatry: 8%
## Gender Differences in Work Schedule

<table>
<thead>
<tr>
<th>Practice Pattern</th>
<th>Male</th>
<th>Female</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of hours worked last week</td>
<td>52.67</td>
<td>45.90</td>
<td>&lt;.001</td>
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<tr>
<td>Number of office patient visits</td>
<td>69.75</td>
<td>63.03</td>
<td>&lt;.001</td>
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<tr>
<td>Number of hospital patient visits</td>
<td>14.66</td>
<td>9.67</td>
<td>&lt;.001</td>
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<td>Number of nursing home patient visits</td>
<td>.80</td>
<td>.72</td>
<td>.085</td>
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<td>Hours last month of charity care</td>
<td>5.43</td>
<td>4.10</td>
<td>&lt;.001</td>
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How do gender and generational differences and practice trends affect physician recruitment and retention in rural areas?
McCullough et al. (1999) asked physicians and hospital administrators to rate various recruitment incentives.

<table>
<thead>
<tr>
<th>Incentive</th>
<th>Physician</th>
<th>Admin</th>
<th>p value</th>
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</thead>
<tbody>
<tr>
<td>Salary plus profit plan</td>
<td>2.8</td>
<td>3.7</td>
<td>.001</td>
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<tr>
<td>Potential earnings</td>
<td>3.2</td>
<td>3.8</td>
<td>.001</td>
</tr>
<tr>
<td>Location of facility</td>
<td>3.3</td>
<td>2.7</td>
<td>.001</td>
</tr>
<tr>
<td>Total amount of salary</td>
<td>3.2</td>
<td>3.7</td>
<td>.001</td>
</tr>
<tr>
<td>Flexibility in scheduling hours</td>
<td>3.2</td>
<td>2.6</td>
<td>.001</td>
</tr>
<tr>
<td>Quality of support staff</td>
<td>3.5</td>
<td>3.1</td>
<td>.001</td>
</tr>
</tbody>
</table>
Physician Incentives

- McCullough et al. (1999) also analyzed physician data by gender and marital and parent status.

<table>
<thead>
<tr>
<th>Incentive</th>
<th>Male</th>
<th>Female</th>
<th>p value</th>
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</thead>
<tbody>
<tr>
<td>Guarantee of minimum income</td>
<td>2.7</td>
<td>3.4</td>
<td>.002</td>
</tr>
<tr>
<td>Flexibility in scheduling hours</td>
<td>3.1</td>
<td>3.6</td>
<td>.002</td>
</tr>
</tbody>
</table>

Note: There were no significant differences in incentive ratings based on marital status or whether the physician had children or not.
Physician Incentives

• The 20 incentives tended to cluster into four factors and were associated with distinct demographic groups.

– Factor 1 – **Practice Reputation** consisted of 6 incentives that were highly rated by male physicians in large group practices.
  • Reputation of Practice
  • Access to latest technology
  • Quality of support staff
  • Travel reimbursement
  • Malpractice Insurance coverage
  • Retirement plan
Physician Incentives

– Factor 2 – **Monetary Potential** consisted of 6 incentives that were highly rated by male physicians usually in a *private practice*.

  • Potential earnings
  • Total amount of salary
  • Guarantee of minimum income
  • Salary plus profit incentive plan
  • Potential for growth
  • Signing bonus
Factor 3 — Long-term Outlook consisted of 3 incentives highly rated by a combination of male and female physicians who typically worked at academic medical facilities.

- Straight salary plan
- Insurance coverage (i.e., life, disability, dental, etc.)
- Part of an integrated health care delivery system
Factor 4 – **Personal lifestyle** consisted of 5 incentives selected primarily by female physicians and physicians practicing in rural settings.

- Flexibility in scheduling hours
- Location of facility
- Management services provided
- Subsidized office rent
- Loan repayment opportunities
Sobecks et al. (1999) confirmed previously reported findings that female physicians worked significantly fewer hours (57 vs. 45) per week and were less likely to be in solo or group practice (57% vs. 45%). Sobecks et al. concludes that workforce policy must adapt to the choices young physicians make to work fewer hours, earn less money, and seek flexibility to fulfill child-rearing roles.
Warde et al. (1996) also confirmed previously reported significant **gender based differences** in:
- Hours worked
- Practice setting (private practice vs. employee)
- Income

And significant **age based differences** in:
- Hours worked (both men and women)
- Specialty choice (men only)
What about the Millennials?

- Sanfey et al. (2006) surveyed 1365 students at nine US medical schools and concluded that gender and generation influence decisions to pursue a surgical specialty

  “I want to enjoy my career; however, I also want to enjoy my life outside my professional setting. That includes, for me, having adequate time to pursue outside interests”

  “I have my priorities straight, so I will make my life balanced whichever residency I pursue”
What are the implications for the physician workforce in Oklahoma?
Active Primary Care Physicians

Proportion of Active Primary Care Physicians by Generation

- Millennials
- Baby Boomers
- Generation X
- Traditionalists

Source: Oklahoma Board Osteopathic Examiners (2009); Oklahoma Board of Medical Licensure & Supervision (2009)

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Active Primary Care Physicians

Median Age (Years)
- 65 to 67
- 55 to 64
- 45 to 54
- 35 to 44
- 32 to 34

Source: Oklahoma Board Osteopathic Examiners (2009); Oklahoma Board of Medical Licensure & Supervision (2009)
Millennial Motto

Balance is the Key to Life
Comments or Questions?
For Additional Information...

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