

# Centre for Research Excellence in Medical Workforce Dynamics

Medicine in Australia: Balancing Employment and Life (MABEL)

## Career transitions research theme

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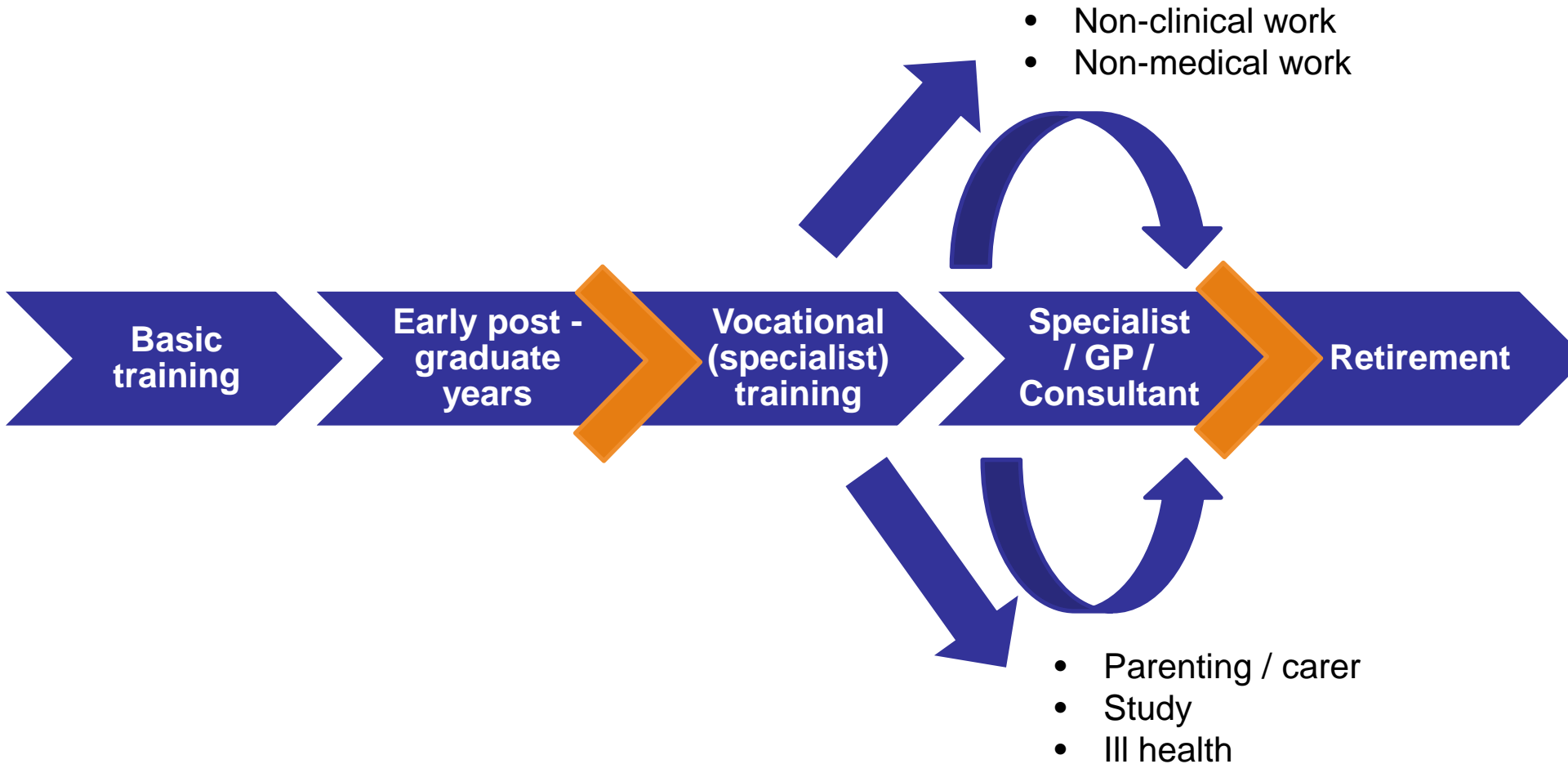


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# Aims



# Retirements & exits

For doctors aged 65+:

- Year-on-year retirement rate of 4%-10%
- Strongest predictor: Intention to retire
- Other predictors:
  - Being older
  - Having lower job satisfaction
- Shorting working hours/reducing working hours  
→ less likely to retire

# Retirements & exits

## Conclusions

- Importance of supporting 'winding down'
- Job satisfaction matters
- Decisions about balance between clinical & non-clinical work separate to retirement decisions

## Publications

- Joyce CM, Wang WC, McDonald H. Bowing out, winding down: Older doctors' workforce participations patterns. Under review – *Med J Aust* March 2014.
- Scott A, Sivey P, Cheng TC. Patterns and determinants of medical and nursing workforce exits. Health Workforce Australia: Adelaide, March 2012
- Shrestha D, Joyce C. Aspects of work-life balance of Australian GPs: Determinants and possible consequences. *Aust J Prim Health* 2011, 17:40-47.

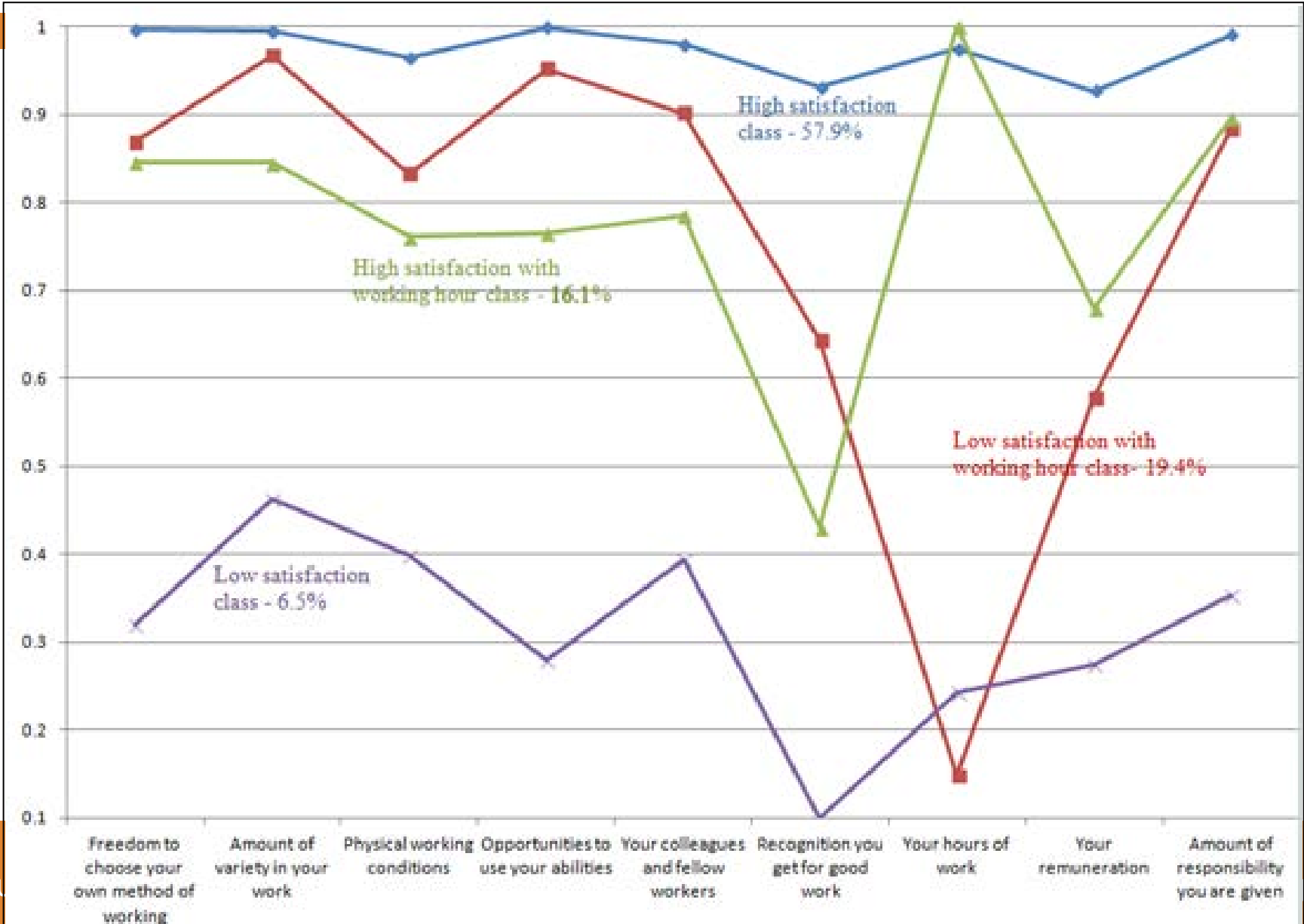
# Job satisfaction

- What are the key factors in job satisfaction?
- Latent Class Analysis (LCA) model of 9 items from job satisfaction scale
  - Assign doctors to ‘latent classes’
  - Investigate associations between latent class membership and predictors

Note:

Preliminary findings

# Job satisfaction classes (n=5764)



# Job satisfaction associations

## Low satisfaction with working hours (19.4%)

Compared to dissatisfied doctors,  
more likely to:

- Work **longer** hours
- Have good opportunities for CME & professional development
- Be in good health
- Be Australian-trained

And less likely to:

- Perceive patients as having unrealistic expectations

## High satisfaction with working hours but feeling under-valued (16.1%)

Compared to dissatisfied doctors,  
more likely to:

- Work **shorter** hours
- Have good opportunities for CME & professional development
- Be in good health

And less likely to:

- Perceive patients as having unrealistic expectations
- Have difficulty taking time off
- Work unpredictable hours

# Job satisfaction

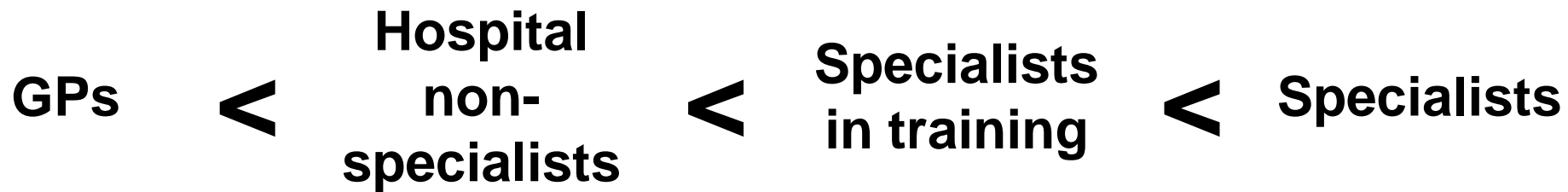
## Conclusions

- Identifying sub-groups likely to experience low satisfaction:
  - Overseas trained
  - Those with health issues
- Possible leverage points:
  - Opportunities for professional development
  - Doctors' health services



# Non-clinical work

- Non-clinical work
  - Traditional: Research, education, administration
  - Non-traditional: Business, media, law, biotechnology
- Reduction in clinical vs non-clinical work approaching retirement
- Differences between doctor types:



# Entry to vocational training

## Key findings

<b>Individual characteristics, skills &amp; abilities</b>	<b>Education &amp; training experiences &amp; exposures</b>	<b>Job / specialty characteristics</b>
<ul style="list-style-type: none"><li>• Self-evaluation of skills &amp; interests</li><li>• Rural background</li></ul>	<ul style="list-style-type: none"><li>• Clinical placements / work experience – timing and quality</li><li>• <i>Careers advice &amp; information? Informal vs. formal?</i></li></ul>	<ul style="list-style-type: none"><li>• Flexibility of working hours</li><li>• Atmosphere/culture</li><li>• “Interesting” work: intellectual, procedural, academic</li><li>• (Expected) earnings</li></ul>

# Entry to vocational training

## Publications

- Scott A & Joyce C. Future of Medical Careers. Under review – *Med J Aust*.
- Scott A, Joyce CM, Cheng TC, Wang W. Medical career path decision making: a rapid review. Evidence Check Review. Sax Institute, Sydney, 2013.
- Sivey P, Scott A, Witt J, Joyce C, Humphreys J. Junior doctors' preferences for specialty choice. *Journal of Health Economics* 2012, 31, 813-823.
- Scott A, Li J. The effects of medical graduate expansion on doctor's working patterns. Health Workforce Australia: Adelaide, March 2012

# Entry to vocational training

Increased  
competition

Workforce  
imbalances

## What matters:

- Flexibility/controllability of hours
- Training experiences
- Job satisfaction

## *Also important:*

- Individual differences
- Specialty-specific factors



# Entry to vocational training

For policy makers, medical organisations, employers:

- Expect more diversity
- Early postgraduate years:  
*the window of opportunity*
- Provide clear, unbiased information
- Emphasise the positives for the undecided

