

Centre for Research Excellence in Medical Workforce Dynamics

Medicine in Australia: Balancing Employment and Life (MABEL)

Career transitions research theme

10 April 2014

Catherine Joyce

Health Services Research Unit

School of Public Health & Preventive Medicine, Monash University



FACULTY OF
BUSINESS &
ECONOMICS

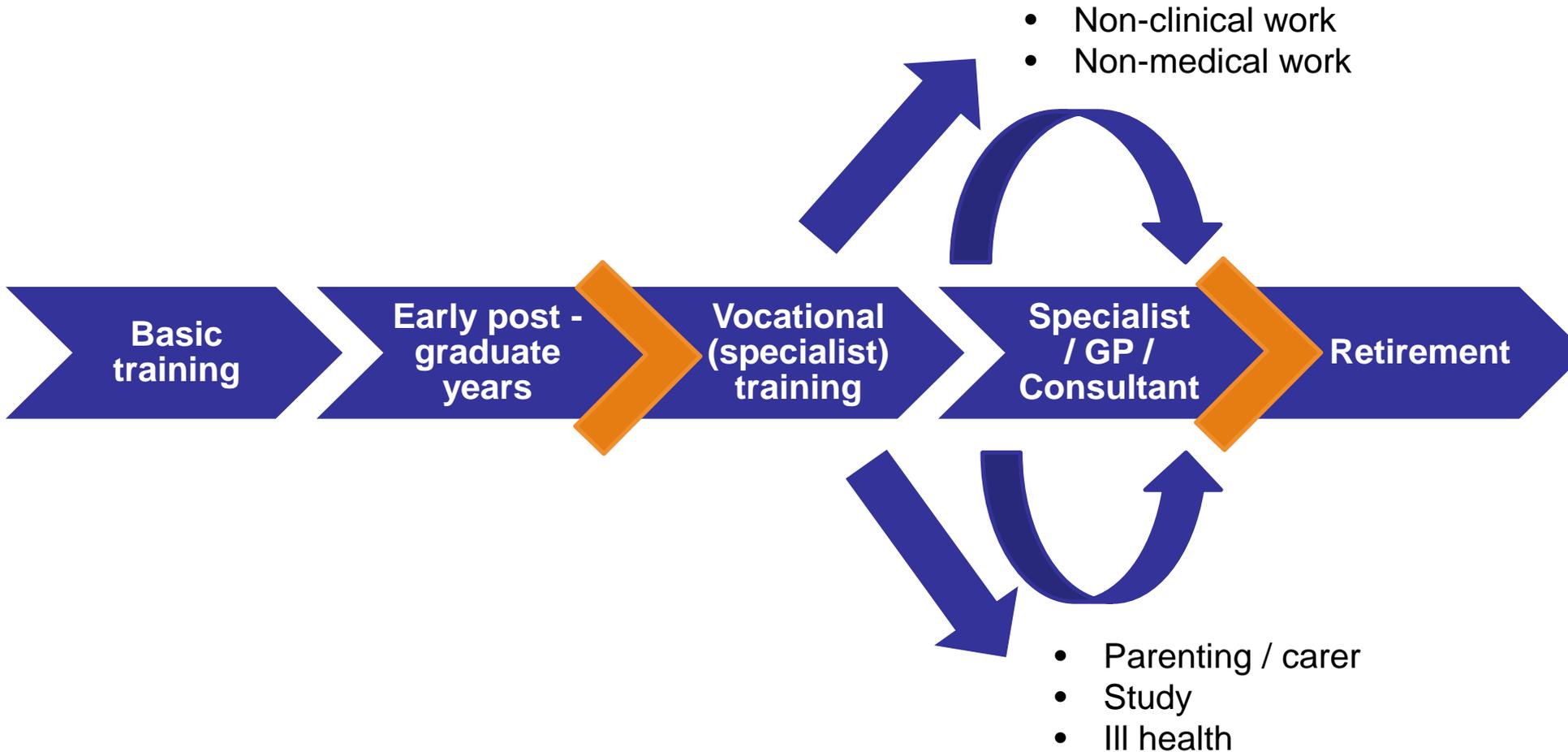


MELBOURNE INSTITUTE®
of Applied Economic and Social Research



MONASH University
Medicine, Nursing and Health Sciences

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.

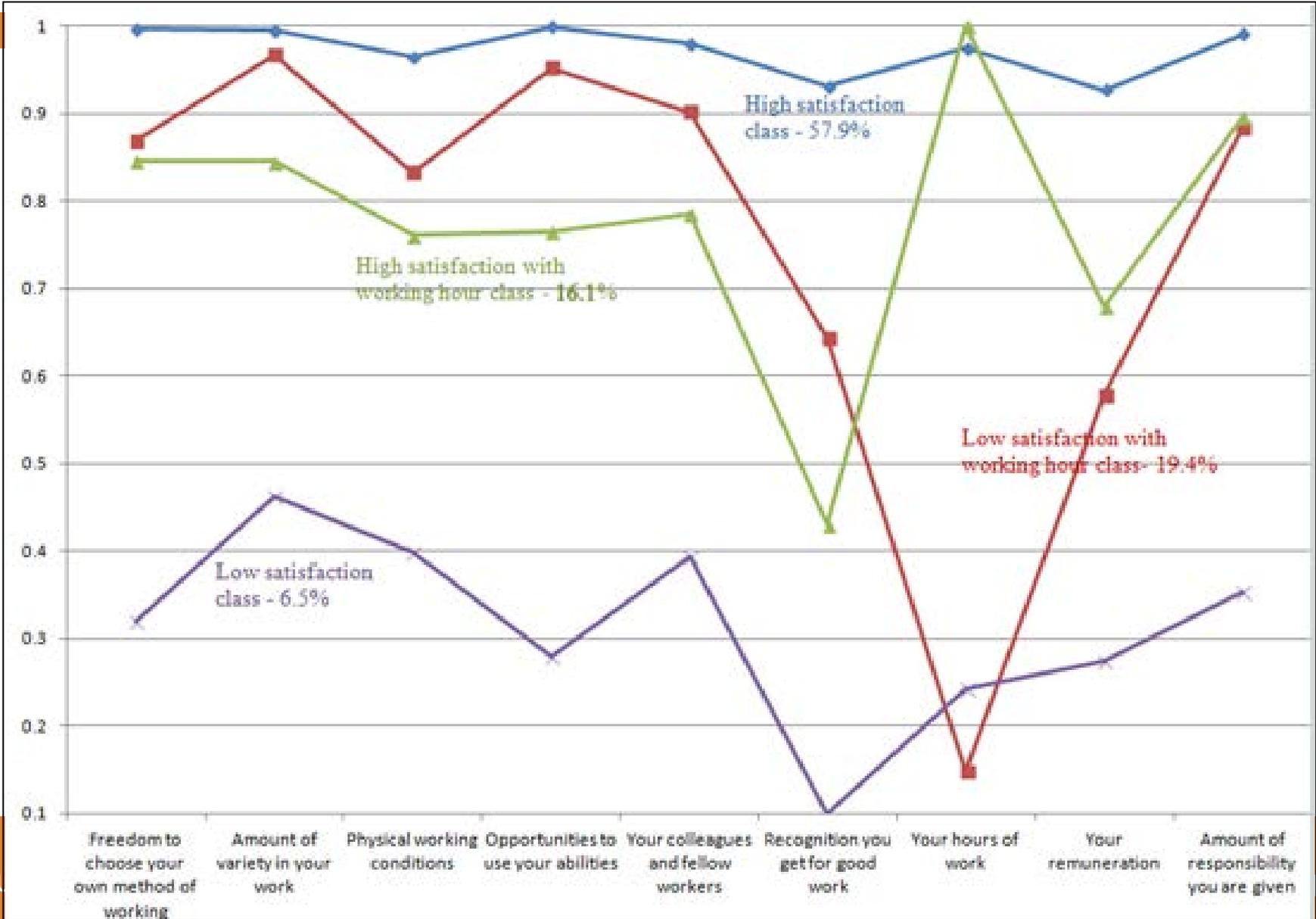
Job satisfaction

- 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

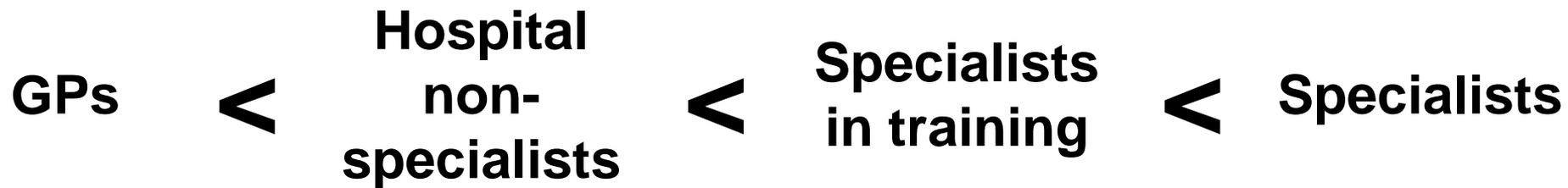
Job satisfaction

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

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

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

