



# CIHI Data Users Conference: Workload and Satisfaction of Canadian Physicians

Evidence from the National Physician Survey

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# Introduction

- Workload and satisfaction
- Collaborative effort: National Physician Survey
  - CMA CFPC RCPSC with CIHI and Health Canada
  - Consolidation for efficiency
  - Track data: 2004-2007
  - Self-reported, over 19000 respondents: various versions
  - Weighted to estimate total population at 95% confidence intervals, +/-0.6% on core and +/-1.1% long
  - Overall response rate of 32%

# Overview

- 1) **Findings:** Examine data related to workload and satisfaction
- 2) **Lessons:** Decipher what the findings show
- 3) **Decision-making and planning:** How to apply findings and lessons

# Basic findings: Satisfaction

Professional Satisfaction	% satisfied		% dissatisfied	
	2004	2007	2004	2007
Relationship with patients	86%	84%	1%	2%
Relationship with FPs	76%	75%	3%	4%
Relationship with specialists	76%	74%	6%	7%
Relationship with non-physician health-care workers	75%	----	4%	---
Relationship with hospitals	51%	50%	20%	17%
Current professional life	69%	75%	15%	13%
Availability of CME/CPD	73%	68%	9%	10%
Balance between personal and professional commitments	54%	56%	28%	27%
Ability to find a locum	16%	12%	31%	29%

Notes: --- means not asked

Source: 2004, 2007 National Physician Survey (CFPC, CMA, RCPSC)

# Findings: Satisfaction

Highest satisfaction: a few interesting relationships

- Current professional life: youngest and oldest
- Balance: youngest and oldest
- Comparative net revenue: older
- Hospitals: rural
- Referrals from FPs (specialists): rural
- Pharmacists: rural
- Opportunity to use skills: ER department

# Findings: Dissatisfaction

Highest dissatisfaction: a few interesting relationships

- Locums: Age, sex, rural, # of pt visits, setting
- Hospitals: Age
- Availability of CME: Rural
- Comparative net revenue (FPs): other specialists & private offices
- Comparative net revenue (Other specs): other specialists & ER docs

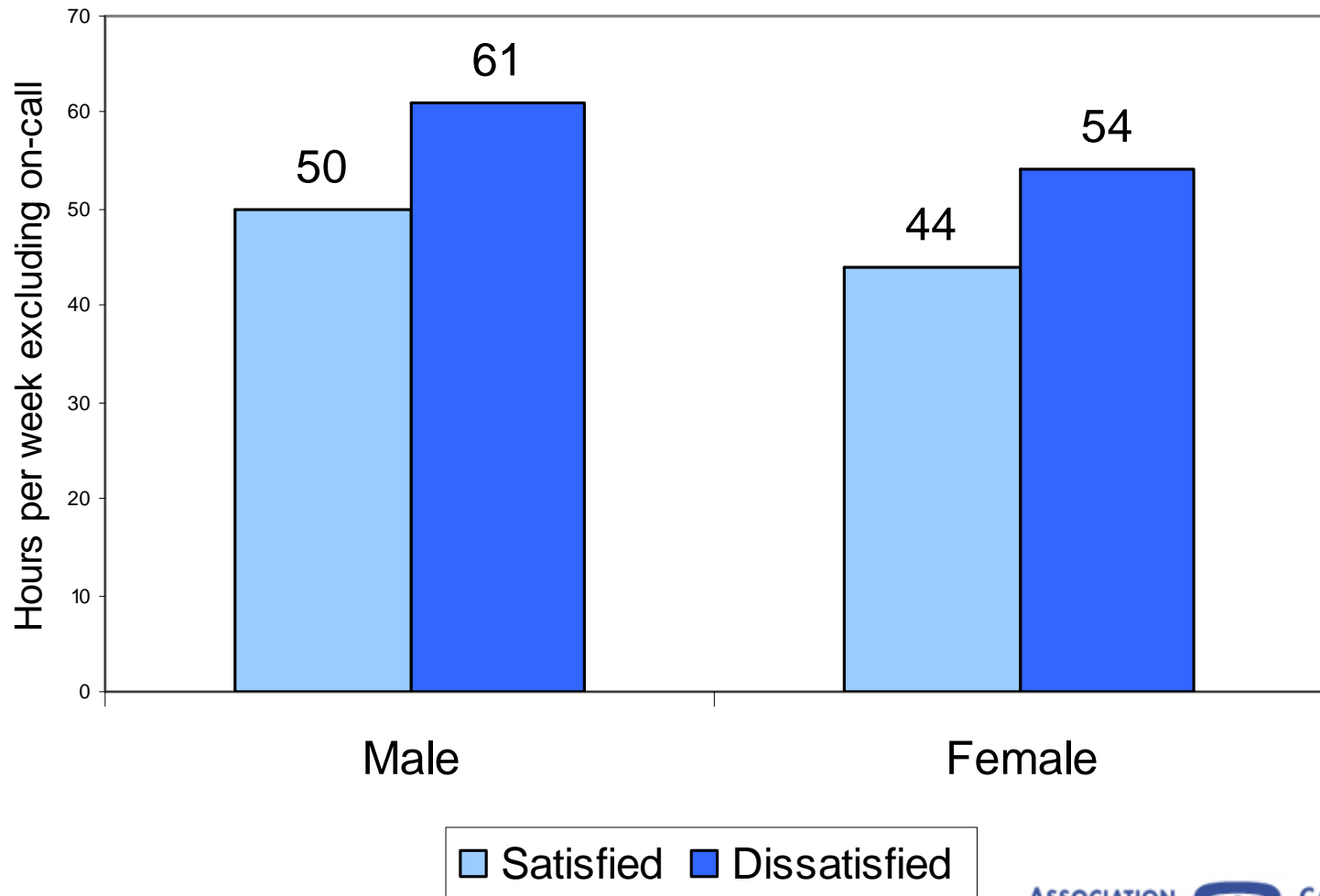
# Workload

	FP/GP	Other Specialists	Males	Females	All Physicians
Average weekly hours excluding on-call 2007	49.8	53.8	53.8	47.5	51.6

	FP/GP	Other Specialists	Males	Females	All Physicians
Mean number of on-call hours per month 2007	134.6	124.5	132.8	122.7	129.6

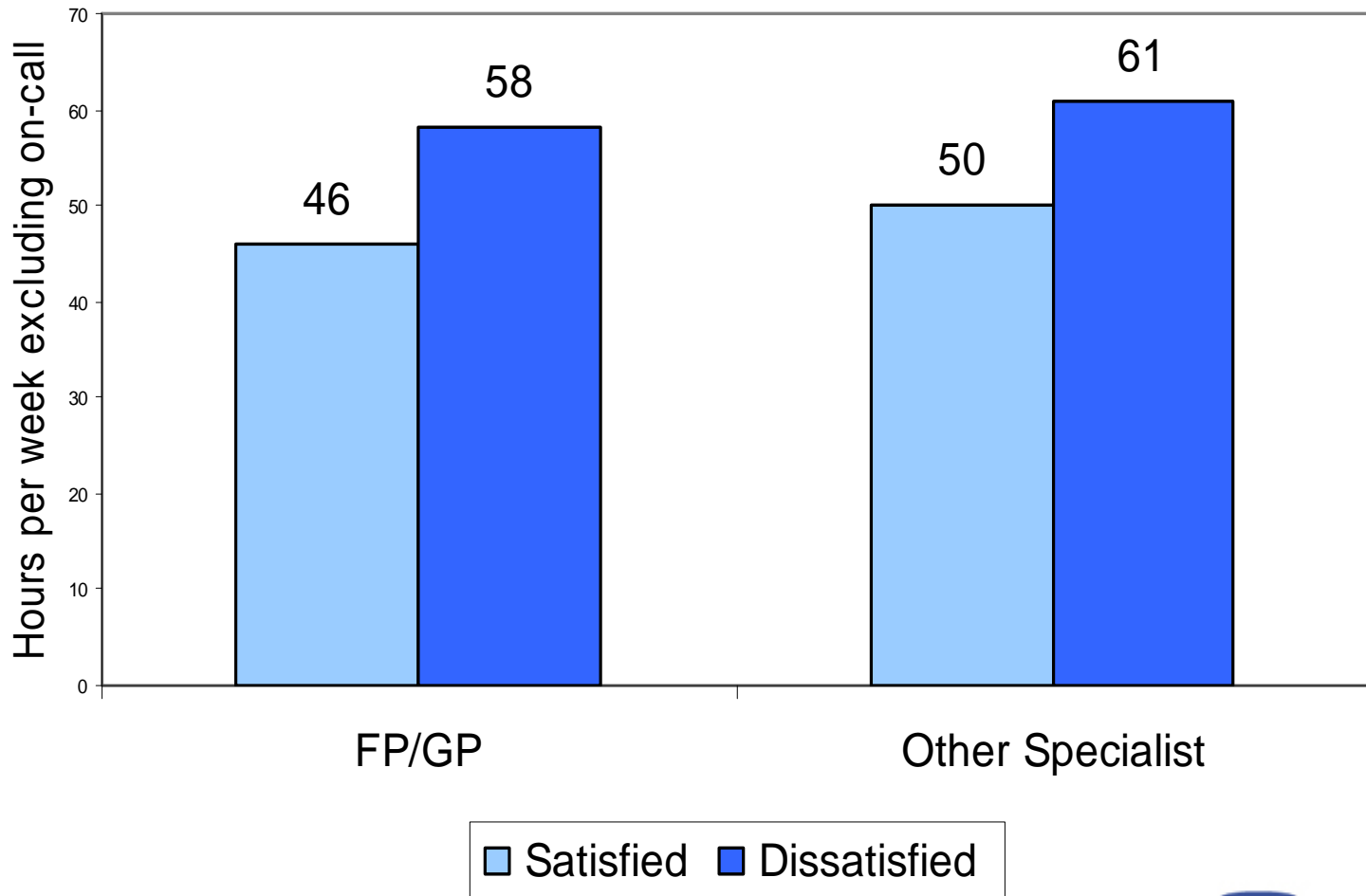
Source: 2007 National Physician Survey (CFPC, CMA, RCPSC)

# Hours worked per week by Balance, Satisfaction and gender



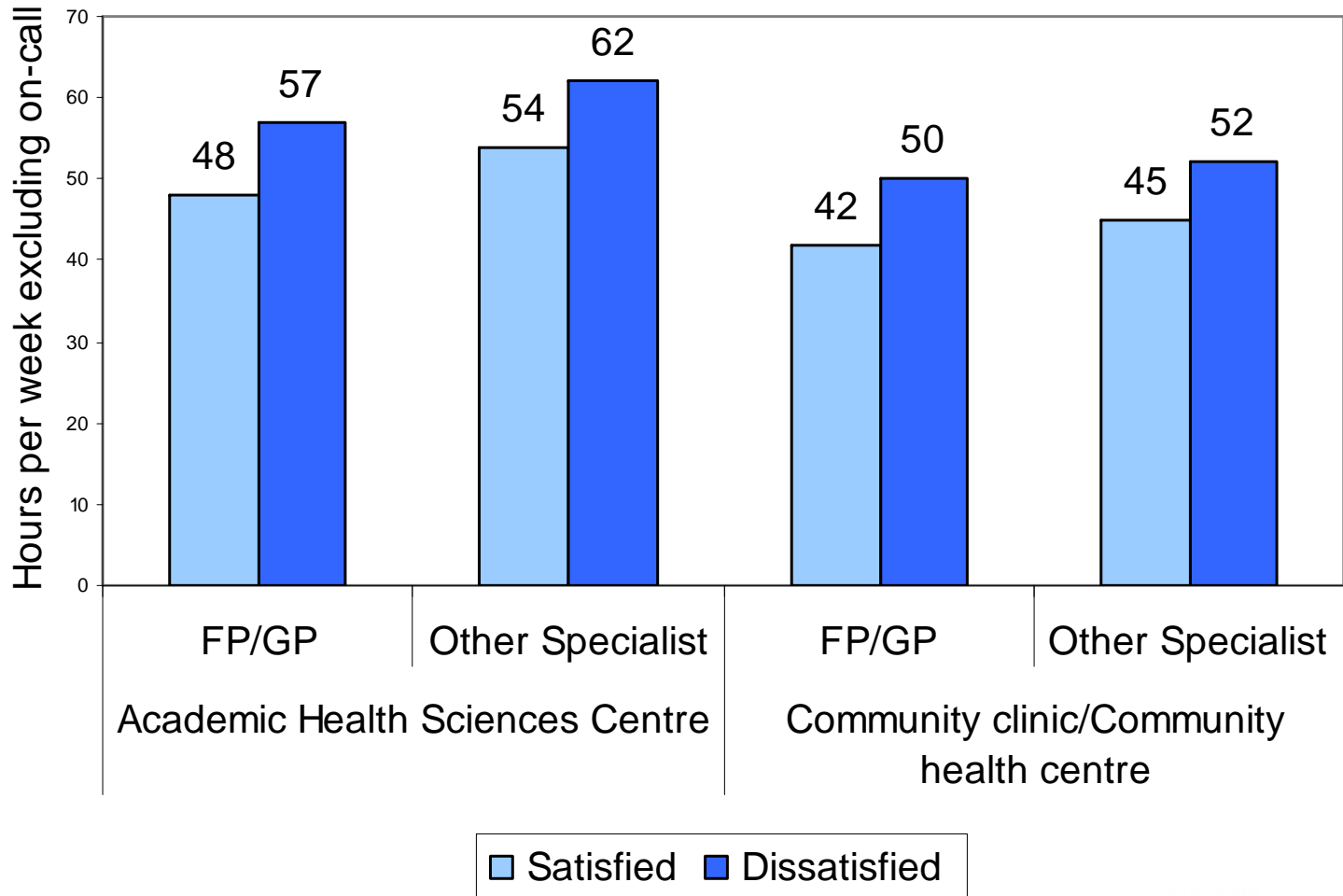
Source: 2007 National Physician Survey (CFPC, CMA, RCPSC)

# Hours worked per week by Balance, Satisfaction and FP/GP vs Other Specialist



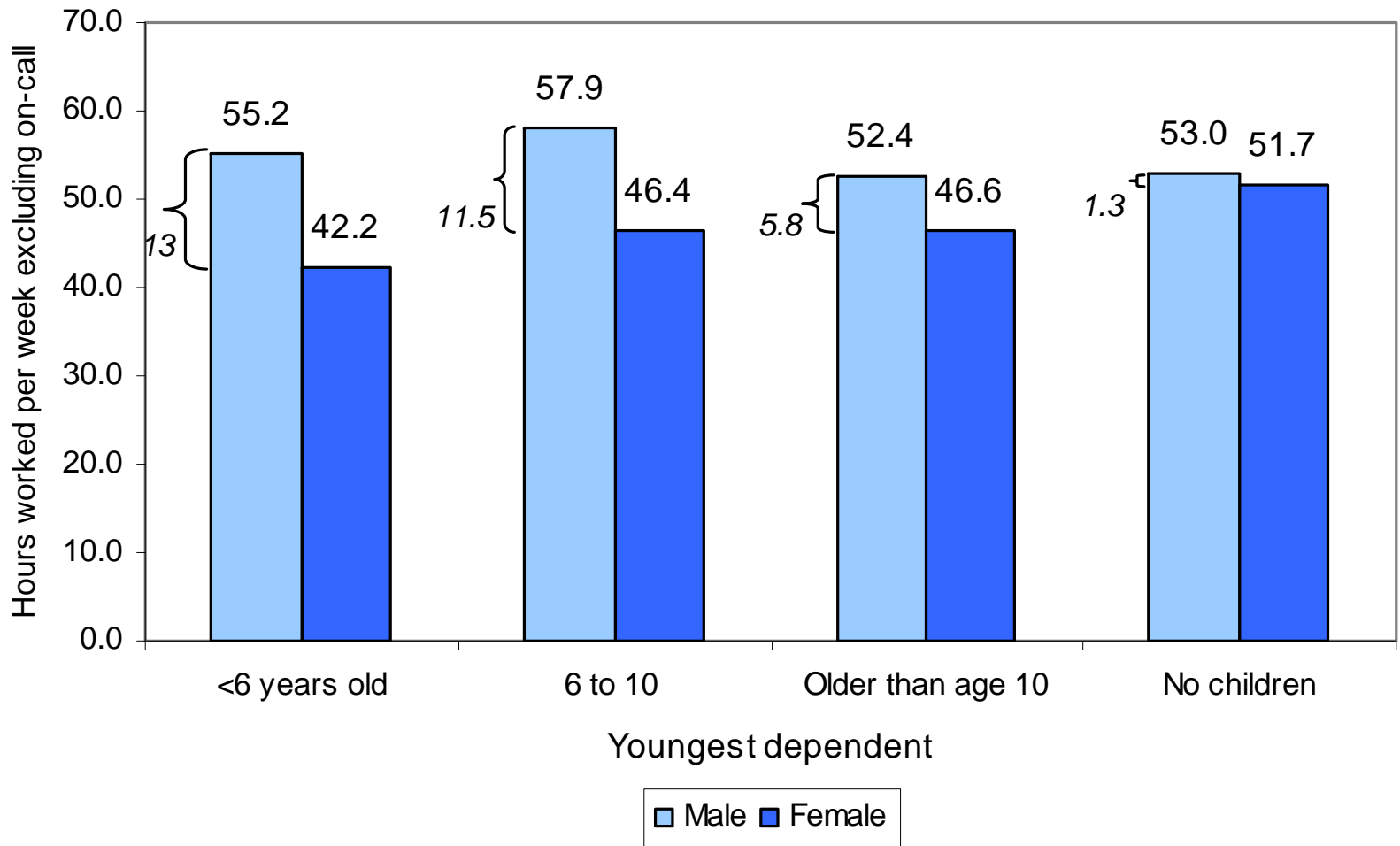
Source: 2007 National Physician Survey (CFPC, CMA, RCPSC)

# Workload by Satisfaction with Balance between Personal and Professional Commitments: Broad Spec by Pt Care Setting



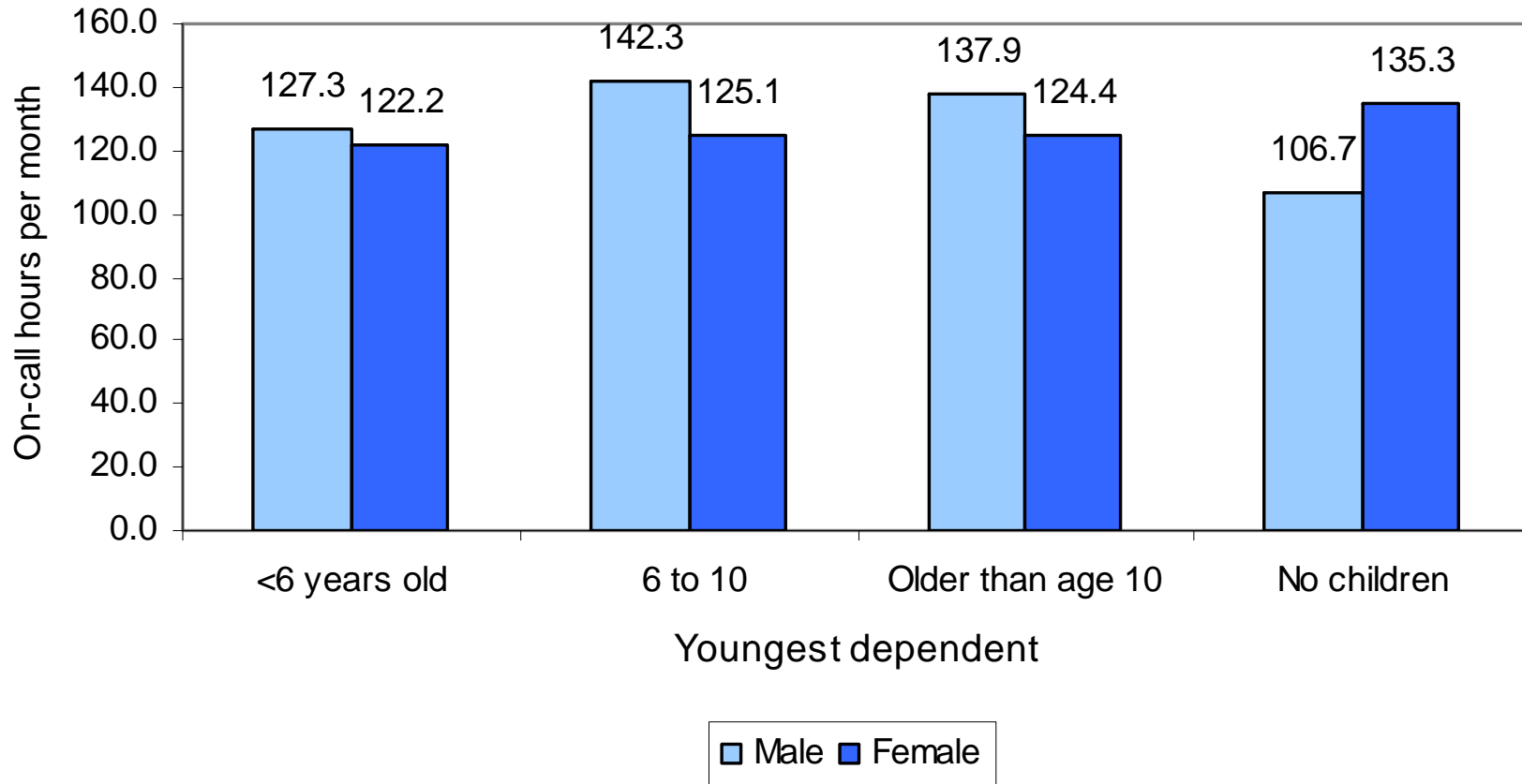
Source: 2007 National Physician Survey (CFPC, CMA, RCPSC)

# Hours worked per week by type of youngest dependent



Source: 2007 National Physician Survey (CFPC, CMA, RCPSC)

# On-call hours worked per month by type of youngest dependent



Source: 2007 National Physician Survey (CFPC, CMA, RCPSC)

# Lessons: Satisfaction

- Physicians are satisfied
  - Patients, other FPs, other specialists, professional life
  - Rural physicians
- Physicians are dissatisfied
  - Comparative net revenue
  - Locums

# Lessons: Workload

- Work hours
  - Average weekly hours: 52
- On-call hours
  - Average monthly hours: 130
- Workload + Satisfaction
  - Differences
  - Dissatisfied work more

# Lessons: Satisfaction + Workload

- Workplace
  - ACHSC and Community health centres
  - Dissatisfied doctors
- Children
  - The older the youngest child, narrower the gap
    - Males and females: hours worked
  - No children -similar hours of work for males and females
  - On-call saw similar relationship
  - No children - females work more call than males

# Knowledge transfer to assist decision-making and planning

- Benefits
  - Trend data
  - Present and future implications
  - Publicly shared
  - Website as main source (accessibility)
  - Special requests

# Decision-making and planning

- Ways of sharing valuable information:
  - Media releases/backgrounders
  - Journal articles
  - Presentation to government standing committees
  - Newspaper/magazine articles
  - Blogs

# Wrap up

## Findings:

- Data are abundant
- Research collaborations have amazing richness

## Lessons:

- Confirmed some facts and opened up new areas of enquiry
- Become aware of problem situations before too dire

## Decision-making and planning:

- Facts enter into public discourse, increasing voice
- Just one part of HHR but vital!

[www.nationalphysicianssurvey.com](http://www.nationalphysicianssurvey.com)

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