

Factors Affecting Physician Professional Satisfaction

The American Medical Association (AMA) asked RAND Health to identify the factors that influence physicians' professional satisfaction and describe their implications for the U.S. health care system. To do this, the researchers interviewed and surveyed physicians, allied health professionals, and other staff in 30 practices across six states, including a variety of practice sizes, specialties, and ownership models.

Among the factors identified, two stood out as the most novel and important:

- **Physicians' perceptions about quality of care.** Being able to deliver high-quality patient care was an overarching source of better physician professional satisfaction. Obstacles to providing high-quality care, such as lack of leadership support for quality improvement efforts, were major sources of dissatisfaction. These findings suggest that, in many cases, sources of physician professional dissatisfaction could represent important targets for quality improvement.
- **Electronic health records (EHRs).** Physicians noted that EHRs had the potential to improve some aspects of patient care and professional satisfaction. Yet for many physicians, the current state of EHR technology significantly worsened professional satisfaction in multiple ways, due to poor usability, time-consuming data entry, interference with face-to-face patient care, inefficient and less fulfilling work content, insufficient health information exchange, and degradation of clinical documentation. Some practices took steps—such as allowing multiple modes of data entry—to address a subset of these problems, but solving others (such as information exchange) may require industrywide cooperation.

Other factors improved physicians' professional satisfaction as well:

- **greater autonomy and control over work content**, which were associated with physician ownership among the practices in the study
- **practice leadership** that shared physicians' values concerning patient care and that protected physician autonomy when implementing new practice-wide initiatives
- **collegiality, fairness, and respect** in relationships with colleagues, patients, and payers
- **work quantity and pace** that allowed sufficient time and attention to patient care
- **work content** that was meaningful and matched physicians' training, facilitated by teamwork with allied health professionals and support staff
- **income stability and fairness**, which were especially important in transitions between practice ownership models and payment systems

In addition, the **cumulative burden of rules and regulations** affecting clinical practice, including but not limited to “meaningful-use” rules for EHRs, detracted from professional satisfaction.

Most physicians included in this study were satisfied with their careers. However, even those who were generally satisfied described a range of specific factors that frustrated and stressed them. When these sources of dissatisfaction also detract from the quality and efficiency of patient care, solving them may appeal to a wide range of stakeholders.

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