

Medicine in Australia: Balancing Employment and Life

Message from the chief investigators



From left: Professor Anthony Scott, Professor John Humphreys, Dr Catherine Joyce and Associate Professor Guyonne Kalb

Thank you for your continuing support of the MABEL survey. This newsletter contains some new results from the survey, and a summary of some of the key research findings that have been published recently. The research team very much appreciates the time doctors spend in filling out the MABEL survey, which provides important information that will be used to support the medical workforce in the face of substantial health care reform. We hope you find the feedback in this newsletter useful. Please keep in touch with us by visiting our website (www.mabel.org.au) or accessing updates, as they become available, by following us on Facebook and Twitter. MABEL is funded by the National Health and Medical Research Council.



In this issue...

Message from the chief investigators

Some of MABEL's achievements to date

MABEL progress

Some MABEL findings from Waves 1 and 2

Policy Reference Group meeting

Published research from MABEL

MABEL in the news

Some of MABEL's achievements to date

New evidence from published studies

- GPs in rural areas are just as satisfied as, and earn 11 per cent more than, GPs in metropolitan areas (McGrail et al., 2011, Cheng et al., 2010).
- Overall job satisfaction is high in Australia and is influenced by peer support and patient expectations (Joyce et al., 2011).
- Female doctors earn less than male doctors, after controlling for hours worked, productivity and other key factors (Cheng et al., 2010).
- An increase in procedural work and higher earnings would likely lead to more junior doctors choosing to work in general practice (Sivey et al., 2010).

Knowledge dissemination and take-up

- Nine papers have been published or accepted for publication in leading academic journals, two papers are being revised, and 20 other papers have been submitted or are still in progress.
- The first results from Wave 1 (2008) have received publicity in more than 35 articles or interviews in the media.
- Using evidence from MABEL, Rural Health Workforce Australia (a member of our Policy Reference Group) launched its own media campaign about the survey. This included a media release which resulted in substantial media coverage and, later, a feature article about MABEL in *Australian Rural Doctor*.
- Some specific analyses have been undertaken for the Australian Society of Anaesthetists, the Royal Australasian College of Surgeons, and the Postgraduate Medical Council of Queensland.
- MABEL researchers have been regularly invited to give presentations at meetings of medical profession organisations.



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MABEL progress

- We would like to thank all doctors who made time to complete the Wave 3 survey in 2010; we continue to have an excellent response. Of those doctors who filled out the Wave 1 (2008) survey, almost 80 per cent filled out the Wave 2 (2009) survey, and of this group almost 85 per cent completed the Wave 3 (2010) survey. These responses are higher than achieved for similar surveys in other countries.
- The total numbers of doctors completing the survey each year were: 10,498 in 2008; 10,304 in 2009; and 9,898 (to date) in 2010. These figures include a new cohort of mainly junior doctors in both 2009 and 2010.
- Our response rate for each new cohort of doctors joining MABEL doubled from 19 per cent in 2008 to 38 per cent in 2009, and was 32 per cent in 2010.
- We are currently busy analysing Wave 1 (2008) and Wave 2 (2009) data, cleaning the data from Wave 3 (2010), and handling the Wave 4 (2011) survey.
- De-identified Wave 1 MABEL data were made available for other researchers to use in late 2010. Wave 2 data are also now available. We currently have seven external users of the data from universities in Australia, and one external user from Canada. Wave 3 data should be available in late 2011.
- Wave 4 (2011) is the last wave to be funded from our current NHMRC grant. We recently submitted grants to NHMRC for further funding for Waves 5 to 9.

Some MABEL findings from Waves 1 and 2

Changes in job satisfaction

A key aspect of MABEL is its longitudinal element. The annual data provided by doctors able to complete the survey every year provide valuable insights into the way doctors' circumstances are changing and why. The following analysis is based on the cohort of doctors who responded in both 2008 and 2009.

- The percentage of doctors who are 'very' or 'moderately' satisfied with their work increased by between 1.6 and 2.1 percentage points, with the exception of doctors enrolled in a specialty training program for whom satisfaction fell slightly (Figure 1).
- Hospital non-specialist doctors (e.g. interns and medical officers) are the least likely to be satisfied when compared to the other groups of doctors.

- However, job satisfaction of this group increased by 1.6 percentage points between 2008 and 2009. In particular, increases were recorded in satisfaction with remuneration, hours of work, and freedom to choose one's own method of working.

Changes in intentions to quit

- This overall pattern of increased satisfaction is also reflected in reported intentions to quit. Figure 2 shows falls (from 2008 to 2009) in the percentage of doctors 'very likely' to quit medical work entirely within the next five years of between 0.6 and 2.7 percentage points; the biggest falls were for GPs and specialists.
- In 2009 almost 9 per cent of GPs and 10 per cent of specialists were expecting to leave medical work in the near future: equivalent to around 2,000 GPs and 2,100 specialists.

Figure 1: Doctors 'very' or 'moderately' satisfied with their work (per cent)

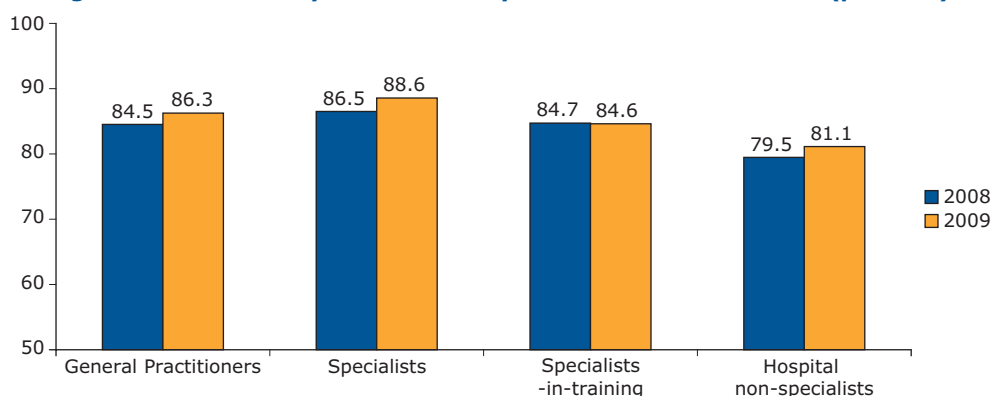
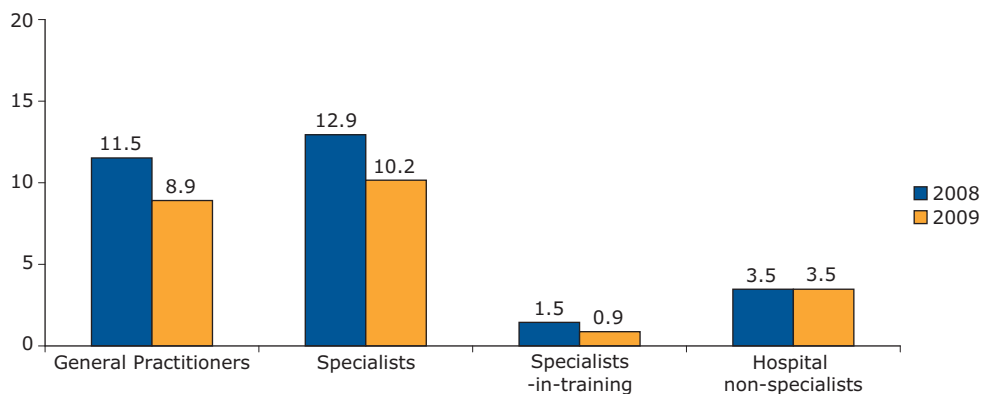


Figure 2: Doctors 'very likely' to leave medical work entirely within the next five years (per cent)



Changes in work-life balance

- Improved job satisfaction and reduced intentions to quit are indicated by the proportion of doctors who agree with the statement, 'The balance between my personal and professional commitments is about right', shown in Figure 3.
- The percentage agreeing fell slightly between 2008 and 2009 for GPs (by 1.8 percentage points), but increased for specialists (by 4 percentage points), specialists-in-training (by 5.2 percentage points), and hospital non-specialists (by 7 percentage points).

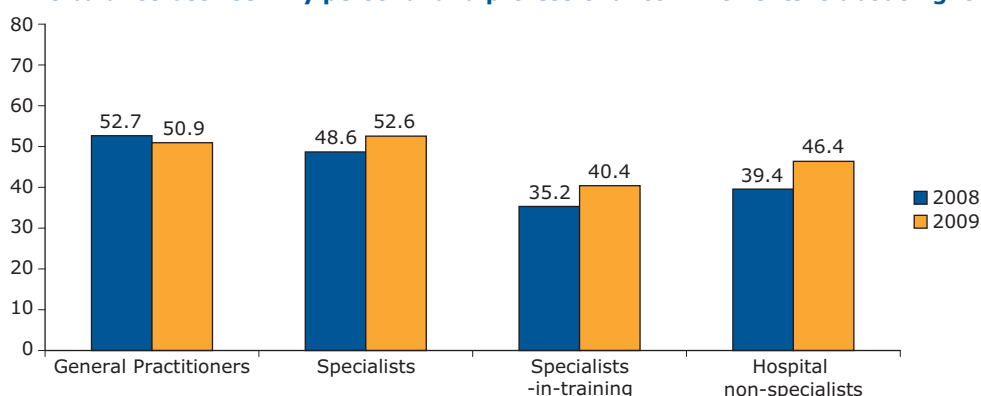
Changes in waiting times for an appointment

- The impact of changing work patterns on access to care for patients is also an important area of MABEL research. Respondents were asked to report information

on waiting times for GP and specialist appointments. This is the first data of its kind reported in Australia.

- Waiting times for both GP and specialist appointments increased slightly between 2008 and 2009. For GPs, patients waited an average of 5 days in 2008 and 5.4 days in 2009 for an appointment with their preferred doctor. Waiting times for new patients increased from 5 days to 5.7 days between 2008 and 2009; this excludes emergency appointments. For specialists, new private patients waited an average of 30.1 days in 2008, increasing slightly to 32.3 days in 2009.
- Female GPs and specialists reported longer waiting times than their male counterparts. The differences were greatest for specialists, with new private patients in 2008 waiting 7.4 days longer to see a female specialist than a male specialist. This gap increased in 2009 to 11.2 days.

Figure 3: Percentage of doctors who 'agree' and 'strongly agree' with the statement: 'The balance between my personal and professional commitments is about right'



Policy Reference Group meeting

The tenth meeting of the MABEL Policy Reference Group (PRG) was held on the 5th of May 2011 in Melbourne. Members were updated with some preliminary results from Wave 1 and asked to provide feedback. There was consensus that the MABEL longitudinal study will be vital in informing medical workforce policy. As usual, PRG members also provided useful insights to the research team on current policy developments. Members of the Policy Reference Group are listed on the MABEL website www.mabel.org.au.

Published research from MABEL

Cheng TC, Scott A, Jeon S-H, Kalb G, Humphreys J, Joyce C, 2010, 'What factors influence the earnings of GPs and medical specialists in Australia? Evidence from the MABEL survey'. Melbourne Institute Working Paper No. 12/10.

Hills D, Joyce C, Humphreys J, 'Prevalence and prevention of workplace aggression in Australian clinical medical practice'. *Australian Health Review* (accepted 1 March 2011).

Hills D, Joyce C, Humphreys J, 'Validation of a job satisfaction scale in the Australian clinical medical workforce'. *Evaluation and the Health Professions* (accepted December 2010).

Joyce C, Schurer S, Scott A, Humphreys J, Kalb G, 2011, 'Are doctors satisfied with their work? Results from the MABEL longitudinal survey of doctors'. *Medical Journal of Australia*, 194: 30–3.

Joyce CM, Scott A, Jeon S-H, Humphreys J, Kalb G, Witt J, Leahy A, 2010, 'The "Medicine in Australia: Balancing Employment and Life (MABEL)" longitudinal survey — Protocol and baseline data for a prospective cohort study of Australian doctors' workforce participation'. *BMC Health Services Research*, 10: 50.

McGrail MR, Humphreys JS, Joyce CM, 2011, 'Nature of association between rural background and practice location: A comparison of general practitioners and specialists'. *BMC Health Services Research*, 11: 63.

McGrail MR, Humphreys JS, Joyce C, Scott A, Kalb G, 2011, 'Environmental amenity and rural medical workforce shortage: Is there a relationship?' *Geographical Research*.

McGrail MR, Humphreys JS, Scott A, Joyce CM, Kalb G, 2010, 'Professional satisfaction in general practice: Does it vary by size of community?' *Medical Journal of Australia*, 193: 94–8.

Shrestha D, Joyce CM, 2011, 'Aspects of work–life balance of Australian GPs: Determinants and possible consequences'. *Australian Journal of Primary Health*, 17: 40–7.

Sivey P, Scott A, Witt J, Joyce C, Humphreys J, 2010, 'Why junior doctors don't want to become General Practitioners: A discrete choice experiment from the MABEL longitudinal study of doctors'. Melbourne Institute Working Paper No. 17/10.

Yan W, Cheng TC, Scott A, Joyce CM, Humphreys J, Kalb G, Leahy A, 2011, 'Medicine in Australia: Balancing Employment and Life (MABEL)'. *Australian Economic Review*, 44: 102–12.

MABEL in the news

'Women GPs Feel the Pain over Pay' (*The West Australian*, July 2010)

'More Variety, Not Cash, Needed to Entice Young GPs' (*Queensland Times*, October 2010)

'Doctors Happy in Their Jobs' (*ABC Radio News*, January 2011)

'The Best Kept Secret. How Research Is Lifting the Lid on the Joys of Rural Practice' (Melissa Sweet in *Australian Rural Doctor*, February 2011)



Some members of the MABEL research team

Front row, from left:
Dr Catherine Joyce, Professor Anthony Scott,
Michelle McIsaac, Danny Hills

Back row from left:
Associate Professor Guyonne Kalb,
Professor John Humphreys, Anne Leahy,
Daniel Kuehne, Emma Craw,
Dr Matthew McGrail, Jinhu Li, Terence Cheng,
Wenda Yan

This newsletter was prepared by Wenda Yan, Professor Anthony Scott, Anne Leahy and Nellie Lentini
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