ORIGINAL RESEARCH

Does Micropractice Lead to Macrosatisfaction?

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Background: **Physician quality of work life is a key factor in career choice, satisfaction, and retention. The majority of physicians are currently employed by large health care organizations where physician loss of autonomy is common, yet some physicians have opened micropractices. There have been no previous studies comparing physician satisfaction between employed physicians and micropractice physicians.**

Methods: **A previously validated survey of physician satisfaction was sent to 72 physicians practicing in a residency setting, 111 physicians in community, nonresidency setting, and 42 physicians in a micropractice setting.**

Results: **Physicians in micropractices had the lowest satisfaction with income, but the highest satisfaction with family time and the ability to provide continuity of care. Micropractice physicians rated the overall quality of medical care they provide higher than employed physicians. Micropractice physicians reported a much smaller scope of practice.**

Conclusions: **Overall, physicians in micropractices found more satisfaction in their work at the cost of decreased income and a narrower scope of practice. (J Am Board Fam Med 2013;26:525–528.)**

Keywords: **Medical Practice Management, Work Satisfaction**

Physician career satisfaction is low when there is a lack of control over the practice environment and increased perceived work demands.[1] Since the 1950s, many physicians have left solo practice for larger health care organizations, with decreased satisfaction.[2] Some physicians strive to achieve a practice with longer office visits, limited paperwork, and higher satisfaction using the micropractice model.[3] Micropractice physicians are independent practitioners who have low overhead, allowing for extended visit time with patients.[4] In our review of the literature, there were no studies comparing physician satisfaction between the micropractice model and larger practices. The purpose of our study was to examine this comparison.

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Methods

Subjects

Physicians in the family medicine department at a large midwestern university, including 72 residency faculty physicians (RPs) and 111 community physicians (CPs) in nonresidency clinics as well as a national group of 42 micropractice physicians (MPs) were invited to take the online survey. Resident physicians were excluded. No other inclusion or exclusion criteria were applied.

Survey

The survey had 13 content questions in 3 categories (work satisfaction, practice issues, outcomes). Other questions asked about practice setting (rural, urban, suburban); 4 asked about the scope of practice. The 13 content questions came from a previously validated survey.[5] Following the block of questions in each of the above categories was a space for open-ended comments.

Data Analysis

We used the χ^2 test for nominal items and the Kruskal-Wallis test for ordinal scale items. We created a composite satisfaction score by adding the

Table 1. Comparison of Work Satisfaction Among Three Types of Practice Settings

	Likert Ratings	Settings			*P* value
		Community	Micropractice	Residency	
Work satisfaction					
How satisfied are you with your current income?	1 = not satisfied, 5 = very satisfied	2.76 (0.49)	2.32 (0.58)	3.21 (0.36)	0.38
How satisfied are you with the amount of family time you have?	1 = not satisfied, 5 = very satisfied	2.97 (0.44	**4.09** (0.45)	2.34 (0.32)	<.001*
How would you rate the quality of the working relationships among physicians in your work group?	1 = poor, 5 = excellent	3.79 (0.43)	4.39 (0.42)	3.97 (0.33)	.099
How satisfied are you with your ability to provide continuity of care?	1 = not satisfied, 5 = very satisfied	3.45 (0.44)	**4.50** (0.46)	3.50 (0.33)	<.001*
Practice issues					
How often do you work under time pressure?	1 = never, 5 = always	**4.07** (0.31)	2.50 (0.42)	**4.05** (0.21)	<.001*
Do you agree or disagree that the amount of paperwork you process is reasonable?	1 = strongly disagree, 5 = strongly agree	2.21 (0.37)	2.86 (0.57)	2.13 (0.33)	.089
How much influence do you have over management decisions that affect your practice?	1 = very little, 5 = very much	2.72 (0.39)	**4.64** (0.49)	2.32 (0.36)	<.001*
How often are you able to match the amount of time you have to spend with patients to the level of complexity of each patient's case?	1 = never, 5 = always	3.29 (0.28)	**4.62** (0.25)	3.03 (0.24)	<.001*
Outcomes					
How satisfied are you with your opportunities to fully utilize your skills in your practice situation?	1 = not satisfied, 5 = very satisfied	3.55 (0.36)	**4.38** (0.44)	3.58 (0.3)	.001*
How satisfied are you with being a physician?	1 = not satisfied, 5 = very satisfied	4.00 (0.36)	4.00 (0.53)	4.39 (0.25)	NS
Given your work situation in total, how would you rate the overall quality of the medical care you are able to provide?	1 = poor, 5 = excellent	4.21 (0.18)	**4.68** (0.27)	4.26 (0.2)	.003*
To what extent are you able to achieve your overall professional goals within your current practice situation?	1 = not at all, 5 = very much	3.66 (0.38)	**4.50** (0.5)	3.86 (0.33)	.001*
I plan to leave my practice in the near future.	1 = strongly disagree, 5 = strongly agree	**2.66** (0.54)	1.52 (0.42)	**2.50** (0.39)	.004*

Data are shown as means (95% confidence intervals) of Likert scale ratings. Bolded values indicate significant differences between micropractice and residency/community physicians.
*Values are significant at $P < .004$ (Kruskal-Wallis tests).

8 satisfaction and outcome items, deleting 1 item ("plan to leave workgroup in near future") because its addition lowered the overall internal consistency and reliability. The final 7-item scale had an internal reliability of $\alpha = 0.77$ (acceptable). Parametric tests (analysis of variance and analysis of covariance) were used to analyze the composite score. Satisfaction measures were tested at a Bonferroni-corrected $P = .004$.

Results

Response rates for the 3 groups varied: 56.94% of RPs, 26.12% of CPs, and 52.38% of MPs. There were no statistically significant differences between practice models by sex, years since residency, and number of hours spent on patient care each week.

The 13 content questions and their responses are provided in Table 1. Table 2 includes selected comments from the survey. Comments were included if they were understandable and appropriate to the section.

More MPs practiced in a rural setting (41%), whereas CPs and RPs practiced in urban (34% and 48%, respectively) or suburban (55% and 33% respectively) settings ($P = .031$). RPs and CPs were more likely than MPs to provide inpatient care (90% and 84% vs 14%, respectively; $P < .001$) and practice obstetrics (68% and 45% vs 9%, respectively; $P < .001$). MPs were less likely than RPs and CPs to insert intrauterine

Table 2. Selected Comments from the Survey

Work satisfaction	
Community physicians	"I'm mainly dissatisfied by the disparity in pay between primary care and specialties; I would argue other specialties pay should be lowered/brought into line with primary care."
	"The dissatisfaction with income arises because of the lack of valuing primary care relative to specialist medicine."
	"Clinic is too big …. Would love to get back to a smaller footprint type of clinic."
	"The perk of the larger group was having less call and less rounding. Both of these while nice, have distanced us from personalized healthcare—and I suspect job satisfaction."
	"I get discouraged with all the uncompensated time—phone calls, dictations. I am often working from home or on my days off to complete these things."
Residency physicians	"As far as the ability to provide continuity of care, I am not sure the teaching clinics could do a worse job of prioritizing this if they tried."
	"Always battling the tension between clinical productivity and other rewarding aspects of academic practice (teaching, research, leadership)."
	"The nature of being a residency educator is that continuity will be diffused, so I accept that."
Micropractice physicians	"I would not trade this model for anything short of bankruptcy."
	"Income aside … I have never been as happy practicing medicine as I am now."
	"Though I make enough money for me I feel that I deserve to make more money for the amount of work I put in."
	"I am very satisfied with the ultra flexibility of my schedule."
Practice issues	
Community physicians:	"I don't enjoy my work as much as I could if I were to have more time to learn and teach patients. The standard clinic template does not allow for much flex time to address more complicated issues 'on the spot'; this is the difficulty of trying to be 'efficient' while trying to be 'thorough'."
	"Insurance continues to be a major challenge to offering appropriate care."
Residency physicians	"Always a struggle with the schedule. [The] 99214 level often does not reflect the time needed for complex chronic disease management, especially in the elderly."
Micropractice physicians	"I am not able to perform some of the procedures I previously was able to perform—colposcopy, flexible sigmoidoscopy, for example. I cannot afford this equipment, would not have the numbers to support their purchase, do not have staff to assist, do not have the room for it."
	"I take all the time needed to see the patient, know about them and their family. It is very rewarding this type of practice."
	"Haven't been able to do as much minor surgery without an assistant but plan to do more when I hire an MA."
Outcomes	
Community physicians	'I am hopeful, and optimistic, that changes … in regard to pay and adjustment in the model of compensation … will more accurately reflect the work we do in patient panel management. If this change does not occur, it will make me more inclined to seek out jobs with less time constraint, which are paid for the work done."
	"[My] confidence in the organization's ability to respond to market changes and commit resources to primary care and family medicine is at [an] all time low."
Residency physicians	"I feel pressure to produce, to reach protocol standards, to have patients be 'very satisfied' with my care … all while needing to be scholarly. It doesn't feel like I am left with any time to think deeply about anything."
	"I do not feel compensation based on RVU production encourages me to practice my style of primary care medicine; I would prefer a salary model with incentives for providing optimum evidence based medical care."
Micropractice physicians	"I am satisfied with the work I do professionally but I am not satisfied with the factors that impinge—low reimbursements and ceaseless demands for prior authorization."

MA, medical assistant; RVU, relative value units.

and Implanon devices or perform circumcisions, colposcopy, and casting ($P < .05$ for all comparisons).

Years in current practice was considered a potential influence on other measures of satisfaction. We analyzed a subset of non-MPs consisting of only those with ≤10 years in practice. Nearly the exact same pattern of results as those for physician satisfaction was seen as when using the full sample of physicians.

Discussion

Overall, MPs were more satisfied with their work, yet many found they had to supplement their in-

come or take a significant pay cut. As primary care struggles to attract medical students and primary care physicians show higher levels of burnout than other specialties,[6] applying concepts from a micropractice model that lead to higher physician satisfaction may make primary care more appealing and reduce burnout.

Study Limitations

This is a small study, with a low response rate, particularly from CPs. The RPs and CPs practice in a single system, limiting our sample population. In addition, there is no current research on physician satisfaction; most data are from the early 2000s, making comparisons difficult.

Conclusions

MPs found more satisfaction in their work at the cost of a decreased income and narrower scope of practice. We believe that these results are relevant to discussions pertaining to the provision of primary care, medical student recruitment, and physician burnout.

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