Through the lens of underemployed surgeons

The 2013 National Physician Survey\(^1\) reveals that 6% of Canadian physicians consider themselves under- or unemployed in their chosen discipline (“underemployed”), but this percentage increase to 15% when looking specifically at surgeons. Who are these surgeons and how do their practices and perspectives differ from their colleagues? Cardiovascular and thoracic surgeons are most likely to find themselves underemployed with 28% claiming so, but significant proportions of orthopaedic surgeons and general surgeons also state they are underemployed (20% and 18% respectively). While over 15% of underemployed surgeons indicate that it is their own choice, the remainder is faced with deciding how to proceed. On the contrary, over a quarter (27%) of our surgeons claim to be overworked and view their practice landscape differently from that of their underemployed colleagues.

Underemployed, not by choice

For most of the surgeon-respondents who consider themselves underemployed, it is not of their own volition, and therefore they must consider how to move forward to address the situation. Given a list of possible options where they could select all they had considered, the majority (62%) still plan to continue to seek optimal employment in their current discipline within the next two years, while others are considering further medical training or other education (22%). Some (12%) are contemplating looking outside their discipline of choice to find greater engagement, while others, rather than changing disciplines, are thinking about changing locations with over a quarter (27%) stating they would consider moving within the country and another quarter indicating they would leave Canada. One in five plan to move to the United States specifically. For 6% of those who find themselves underemployed against their wishes, leaving medicine altogether has also crossed their minds. (Figure 1)

Figure 1: Surgeons’ plans to address under- or unemployment in next two years by age

Not surprisingly, 34% of those unwillingly underemployed plan to increase their hours in the next two years. They are also more likely to want to increase their scope of practice (32%) than overworked surgical respondents (8%). (Figure 2)

**Figure 2:** Surgeons’ changes to practice planned in the next two years by sense of being overworked or under/unemployed in their discipline.

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**Patient care**

Only 7% of surgeons overall do not have hospital privileges, but a greater proportion (17%) of underemployed surgeons, regardless of whether by choice or not, indicated a lack of hospital privileges. This group is also much more likely to feel that the absence of such privileges negatively impacts their patients. The proportion of underemployed surgeons who lacked hospital privileges and felt this negatively impacted their patients rises to 80% compared to 10% of surgeons who were employed to their satisfaction.

Regardless of degree of employment, almost all surgeons do provide some patient care as well as many other duties. How much less do “underemployed” surgeons work compared to their colleagues? When looking at their on-call duties there appears to be little difference. Yes, proportionally fewer (82%) underemployed surgeons provide on-call services than overworked surgeons (90%); however, of those who do call both over- and underworked surgeons spend an average of 144 hours on call each month, and the number of call hours spent in direct patient care is roughly the same as well (55 hrs/mo for overworked surgeons, 56 hrs/mo for underworked). The differences appear when we look at all their remaining duties. Overworked surgeons claim on average 65 hours weekly excluding call compared to 59 hours for underworked surgeons. Those
who are employed to their satisfaction, however, work even fewer hours (56 hrs/wk) on average! This may be explained by looking at the age demographics of these groups of respondents. Those who feel underemployed tend to be younger, with 42% falling under the age of 45, compared to 29% of those who are employed satisfactorily. In fact, 43% of the latter group are 55 years of age or over and may have settled into a comfortable pace or may be in the process of easing off in preparation for retirement.

Providers and services
Changes to the healthcare landscape over the last two years are perceived differently depending on degree of employment as well. Overall, a third (32%) of underemployed surgeons believes the supply of physicians in their specialty underwent a major increase compared to only 5% of their overworked surgical colleagues. They were also more likely to have observed a major increase in other health professionals providing the same services they offer (11% vs 5% of overworked surgeons); for example, orthopods reported physiotherapist performing tasks that they also do, while midwives are taking over some of an obstetrician’s duties and clinical nurse specialists may execute some of a general surgeon’s tasks.

With a perceived increase in the supply of both physicians and other providers offering similar services to them, it’s not surprising that only 15% of underemployed surgeons indicated there was a major increase in the need for the services provided by their specialty over the last two years. Meanwhile, half (49%) of overworked surgeons claim there was a major increase in the need for their services.

A greater proportion of underemployed surgeon-respondents also express disappointment in their access to various parts of the health care system; for example, two fifths of all surgeons (42%) found their access to operating rooms was unsatisfactory, but this proportion rises to two thirds (64%) for surgeons who indicated they were underemployed. Half of them are also more likely to be dissatisfied with access to procedural rooms (49%) and endoscopy suites (51%) when needed compared to surgeons in general (36% and 40% unsatisfactory). Accessing diagnostic resources, on the other hand, appears to be a greater issue for the overworked surgeons, a quarter (24%) of whom are dissatisfied with access to CT scans and almost two thirds (63%) of whom indicate unsatisfactory access to PET scans compared to 15% and 49% of underemployed surgeons.

Satisfaction
Despite a few disappointments, underemployed surgeons are a bit happier when it comes to balance between personal and professional commitments. About 45% indicated “very satisfied” or “satisfied” (satisfied) while their overworked colleagues were less positive with 27% indicating satisfaction. The picture is quite different, however, when they were asked about satisfaction with their professional life specifically. Overworked surgeons appear to be quite happy with two thirds indicating satisfaction while 44% of their underemployed colleagues felt the same.

While 15% of Canada’s surgeons consider themselves underemployed, the definition of underemployment is subjective and appears to be influenced by various personal factors including specialty and especially the age of the physician. One’s degree of comfort with his or her level of employment will differ depending on whether a physician is nearing retirement and hoping to ease into it by slowly decreasing their workload, versus a younger physician who is eager to gain experience and perhaps begin paying down debts or a
mortgage. The relative youthfulness of underemployed surgeons likely contributes to the differing perceptions of changes in the supply of professionals providing similar services as they do and the demand for practitioners in their specialties, and it could explain why weekly work hours for underemployed surgeons actually exceed the average hours of those who are employed to their satisfaction. Despite these many hours of work and a greater sense of dissatisfaction with their professional lives, surgeons who consider themselves underemployed are more likely to be happy with the balance between their personal and professional lives compared to their overworked colleagues. Nevertheless, most underemployed physicians of all surgical specialties plan to continue to gain sufficient employment within their chosen specialty, although on a more worrying note, others would consider moving away or abandoning medicine altogether.

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