

# Do Gender, Race, and Age Effect Clinical Faculty's Perceptions of Ability to Provide High-Quality Patient Care?

Valerie Dandar M.A., Ann Steinecke Ph.D., and Diana Lautenberger

Association of American Medical Colleges

## Introduction and Methodology

**Introduction:** The U.S. population and our health system continue to change. So too, academic medical centers must continue to evolve to deliver high-quality patient care. This poster assesses whether faculty perceptions of the clinical environment, particularly one's ability to provide quality care, differ by gender, race, and age. We believe the findings might contribute to the development and implementation of solutions to support the needs of a diverse clinical faculty across academic medicine that is dedicated to delivering high-quality care.

**Methodology:** The AAMC Faculty Forward Engagement Survey (FFES) is a web-based survey designed to encourage an evidence-based approach to improving the faculty workplace. The survey has 12 domains that contain questions that are conceptually and empirically associated with measures of employee engagement, satisfaction, and retention. One domain, Clinical Environment, contains 7 questions that use a 5-point Likert scale to measure faculty perceptions of the clinical environment and their ability to provide quality care in hospitals and clinics (e.g., physician satisfaction with communication and teamwork in the workplace, one's ability to provide high-quality care, and how the workplace functions in terms of patient care delivery. Between October 2011 and December 2013, 19 U.S. medical schools administered the FFES to their full- and part-time faculty (n = 18,384). We report descriptive statistics on responses from the subset of faculty who responded they were actively engaged in clinical practice. Chi-square statistics were calculated to determine if significant differences exist in responses by demographic groups (gender, race, and age).

## Key Findings:

- Majority and minority race faculty did not report differences in satisfaction with ability to provide high-quality care
- Women faculty reported lower satisfaction with their clinical practice environment than did their male counterparts
- Women age 46 and over reported lower satisfaction with their ability to provide high-quality care, than did their younger women and all men counterparts
- Faculty 46 and over are significantly less satisfied with the clinical work environment than their younger counterparts
- Few significant differences exist between men and women faculty age 45 and under

## Discussion

The findings in this poster align with other studies:

- Previous analyses of Faculty Forward Engagement Survey data showed that *satisfaction with one's clinical environment drives overall satisfaction with the medical school and intent to leave*.
- A study by Rand linked *physicians' perceptions of ability to deliver high-quality care with overall satisfaction*.
- The Rand study also found that *those who felt unable to provide high-quality care also reported that leadership in their practice did not support their ideas for improvement* – a result that appears consistent with the significant differences among gender and age categories regarding communication with senior administrators and input in decision-making shown in Table 1.
- Additional literature indicates *women physicians are often less satisfied than are their men counterparts* in their clinical practice environments.
- While *gender-based differences are less prevalent among younger physicians, older physicians represent approximately half of the faculty workforce*.

These findings suggest areas for future research for administrators from diversity, faculty, and student affairs. For example:

- Does rank impact the perceptions of faculty age 46 and over
- Do differences impact how physician-educators teach about operations of the clinical workplace?
- How can institutional leaders support and engage faculty to build clinical work environments that foster learning and consistently promote the delivery of high quality care?

Several limitations exist. These data respondents are faculty from over 100 clinical sites, which may introduce variation based on location. And, while the distribution of faculty in clinical and basic science departments from participating schools is representative of faculty at all U.S. medical schools, institutions self-select administering the FFES, and the data may not reflect the perceptions of faculty across the country. Finally, it is important to remember, that the data are self-reported perceptions of care delivery, which are distinct from patient reports of the quality of care received. Despite these limitations, we believe the topic warrants attention, and that the results of further research will support faculty in their delivery of high-quality patient care in the academic medicine environment.

## Results

Of all survey respondents (11,500; 62.5%), 7,381 (64%) faculty indicated they were actively engaged in providing clinical care to patients. This subset of faculty were primarily men (62.6%), of majority race—including both White and Asian respondents (91.6%), and 46 years of age or older (54.7%). In sum, 54.8% of the subset were satisfied with the items across the Clinical Environment domain, and 69% reported they were satisfied with their ability to provide high-quality care.

Table 1 uses chi-square statistics to compare responses from the subset by gender, race, and age, and it reports the percentage of faculty who were "very satisfied" or "satisfied" with elements of their clinical practice environment. Across most items within the Clinical Environment domain, women faculty report less satisfaction than did their men counterparts. In particular, they reported less satisfaction with their ability to provide high-quality care. Across all items, faculty aged 46 and over report significantly less satisfaction with their clinical practice environment than did their younger colleagues, including their ability to deliver high-quality care. No differences were found when comparing responses by respondents' race (i.e., majority/minority).

Given the differences in responses by gender and age, further analyses were conducted to examine the impact of each variable. Table 2 presents men and women's responses by age category. Significant differences were more between men and women respondents who were 46 years of age and older were more common than were differences between their younger counterparts. In examining perceptions of ability to provide quality care, specifically, women faculty age 46 and older were significantly less satisfied, reporting 66% satisfaction compared with men faculty reporting 71.5% satisfaction.

We also compared responses between age groups within each gender category. Across all items within the domain, women who were age 46 and older had significantly lower responses than did their younger women counterparts. Men who were 46 and over also exhibited significantly lower responses across the domain than did younger men with the exception of the item assessing satisfaction with communication of financial information.

**Table 1. Satisfaction with Clinical Practice by Gender, Race, and Age**

Clinical Practice Questions: "Please indicate your level of satisfaction or dissatisfaction with the following statements based on your clinical practice location."	Men	Women	Majority	Minority	45 and under	Over 46
	N=4620	N=2761	N=6657	N=606	N=3021	N=3648
Opportunities for physician input in management or administrative decisions	49.0%	44.1%	47.7%	44.2%	51.5%	46.7%
Communication to physicians about this location's financial status	39.6%	38.8%	39.4%	37.8%	40.9%	40.4%
The teamwork between physicians and other clinical staff	71.0%	71.1%	71.1%	72.6%	73.7%	71.9%
Communication between physicians and senior administrators	46.1%	42.3%	45.0%	43.6%	48.8%	44.1%
Location's responsiveness in meeting my requests as a physician	48.7%	45.9%	47.9%	45.6%	51.8%	47.2%
My ability to provide a high-quality of patient care in this location	70.0%	67.2%	69.3%	67.6%	71.5%	69.8%
How well this clinical location functions overall as it relates to patient care	64.5%	62.8%	64.1%	62.1%	67.0%	64.3%

Purple shading reflects Chi-Square tests where P is significant at  $\leq 0.05-0.1$   
 Blue shading reflects Chi-Square tests where P is significant at  $< 0.01-0.06$   
 Green shading reflects Chi-Square tests where P is significant at  $\leq 0.05$

**Table 2. Satisfaction with Clinical Practice by Gender amongst Respondents 45 and Under and 46 and Over**

Clinical Practice Questions: "Please indicate your level of satisfaction or dissatisfaction with the following statements based on your clinical practice location."	45 and Under		46 and Over	
	Men	Women	Men	Women
	N=1639	N=1382	N=2550	N=1098
Opportunities for physician input in management or administrative decisions	52.9%	49.9%	49.3%	40.3%
Communication to physicians about this location's financial status	39.3%	42.9%	41.7%	37.2%
The teamwork between physicians and other clinical staff	73.2%	74.4%	72.3%	71.0%
Communication between physicians and senior administrators	49.0%	48.6%	46.8%	37.4%
Location's responsiveness in meeting my requests as a physician	51.8%	51.8%	49.2%	42.1%
My ability to provide a high-quality of patient care in this location	71.8%	71.1%	71.5%	66.0%
How well this clinical location functions overall as it relates to patient care	66.7%	67.4%	65.9%	60.6%

Purple shading reflects Chi-Square tests where P is significant at  $\leq 0.05-0.1$   
 Blue shading reflects Chi-Square tests where P is significant at  $< 0.01-0.06$   
 Green shading reflects Chi-Square tests where P is significant at  $\leq 0.05$