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醫師對其離職醫院之評價分析：醫院醫師人力資源管理之意涵

Facility evaluation of resigned hospital physicians: managerial implications for hospital physician manpower

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中 文 摘 要

背景與目的：

　　半世紀來，組織行為學家嘗試利用員工工作滿意度及離職意願等量測，來了解員工對其組織的忠誠度及留任意願；然針對現職員工進行滿意度抑或是離職意願的訪查，可能會因為為滿足組織管理者的期待，因而無法確實捕捉員工對其工作機構的真實想法。醫院醫師在醫院醫療團隊中扮演主導及專業醫療的角色，而醫院醫師的流動率除了造成醫院人才流失，也可能影響病患就醫的連續性。目前有關了解醫院醫師執業生涯轉型的研究甚少，因此本研究希望突破以往以在職員工的工作滿意度及離職意願調查方法的限制，改以醫院已離職醫師為研究樣本，來了解醫院離職醫師在轉換執業生涯時，對其離職醫院的評價。期望本研究結果可以提供醫院管理者了解對其離職醫師的心理感受，以作為未來醫院醫師人力資源管理制度規劃及工作環境改善之依據。

方法：

　　本研究為一個橫斷性研究，以行政院衛生署網站所刊載的 774 家台中市診所負責西醫師為研究母群體，進行郵寄問卷調查，問卷調查期間自 99 年 1 月至 3 月底止。經由學理及文獻查證，以及多位醫院離職醫師深度訪談來設計結構式問卷，針對離職醫師對其離職醫院任

職時的工作內容、工作激勵性與前瞻性、工作部門氣候、整體醫院工作環境氣候、醫院有形資源，以及醫院名聲等感受進行題項設計，共計 31 個題項，以李克特五分法之滿意度進行量測。另外，醫師離職當時之個人基本人口學特質及工作狀況、離職醫院之機構特性，以及醫師離職時之年代背景等資料亦在研究問卷中設計並蒐集。本研究資料以描述性統計、因素分析、以及複迴歸統計分析之。

結果：

本研究調查共計回收有效問卷 353 份，回收率為 45.6%。近九成醫師為男性，平均年齡為 37.2 歲，內科系醫師最多(32.6%)，其次為婦兒科醫師(31.2%)、次專科領域醫師(25.2%)，以及外科系醫師(13.6%)。整體來說，醫師對其離職醫院可獲得教職機會、工作公平性、工作福利制度、工作前景，以及醫院教學研究資源豐富性等方面有較低的滿意度。另外，醫師在離職時年齡越大者，其對離職醫院之整體醫院工作環境氣候較不滿意；男性醫師對離職醫院的有形資源滿意度較佳；內科系醫師對離職醫院名聲較不滿意；婦兒科醫師對離職醫院的整體醫院工作環境氣候較為滿意；醫師在其離職醫院的週工作時數越長者，其對離職醫院的工作內容較不滿意；以及有進修機會的醫師，其對離職醫院的整體醫院工作環境氣候、醫院有形資源及名聲等方面的滿意度較高。另外，私立醫院離職醫師對醫院工作內容滿意

度比公立醫院離職醫師來得高；但對離職醫院的工作激勵性與前瞻性，以及醫院名聲的滿意度，則比公立醫院離職醫師為低。另外，台中市醫院的離職醫師對其醫院的有形資源，比非台中市醫院的離職醫師之滿意度來得低。

結論及建議：

透過現階段執業於台中市地區的診所醫師為研究對象來了解其對離職醫院的評價，研究結果發現醫院對醫師的工作激勵性及前瞻性，以及醫院可以給醫師的教學研究資源與機會等等，是醫院在進行人力資源政策制訂時可多琢磨及改善之處。另外，醫院管理者也須注意醫師的個人及工作狀況、專科別、以及醫院本身特性等差異，所可能延伸出的對工作的不同需求或期望。

關鍵詞：離職醫師、留任、忠誠度、工作滿意度

Abstract

Introduction:

Over the past 50 years, organizational behavior scholars have attempted to understand how the issue of loyalty relates to the retention of employees by evaluating their levels of job satisfaction. A clear relationship between these two points has already been established. As compared with other medical experts, physicians are professionals that play an important role in the medical team of any hospital. The turnover of physicians threatens the continuity of care for patients and is a significant expense for health care organizations. Physicians' turnover might also reduce patients' level of trust and could affect performance. Most previous studies have explored the retention of hospital physicians by using the measures of leaving intentions through employee surveys; however, this approach might induce social desirability effects for the responses which may prevent researchers from determining the reality of employee psychological status. Therefore, with independent physician practitioners who left their respective hospitals as our subjects, this study aimed to understand their psychological status with regards to hospital work environment and the resources at the time of their departure from the hospital they were employed at. These findings can be used by future organizational managers or administrators to help establish better policies and to make decisions that will help to improve physician retention.

Methods:

The study was a cross-sectional study with 774 resigned hospital physicians practicing now in clinics in Taichung City as study population.

A mail survey was sent to each subject from January-March 2010. A multi-dimensional questionnaire which included 31-items was developed to assess the resigned hospital physician's perceptions on their work status and hospital resources of the resigned hospitals, covering the dimensions of job content, hospital environment, department environment, work motivation and retention, tangible resources, and intangible resources. All the question items were measured as a 5-point Likert scale. Hospital resigned physicians' demographics and working status, hospital characteristics, and the timing of leaving were also collected in this study. Descriptive analyses, factor analyses and multiple regression analyses were performed.

Results:

Of the 353 respondents, 90.1% of the respondents were male and age ranged from 32 to 81 years (mean=37.16 years). Respondents were comprised of internal medicine physicians (32.6%), gynecologists and pediatricians (31.2%), surgeons (13.6%) and subspecialty physicians (25.2%). Among the 31 question items, only 8 analyzed items scored below an average score, including opportunities to get teaching positions, job equity, fringe benefits, job prospects, clinical workforce, administrative workforce, financial resources and equipment resources for teaching and research as perceived by hospital physicians. It also revealed that older physicians were less satisfied than young physicians with regards to the work environment in their hospital. Male physicians were more satisfied with the tangible resources of their hospitals than female physicians. Internal medicine physicians were less satisfied with

intangible resources (reputation) than non-internal medicine physicians. Gynecologists and pediatricians were more satisfied with hospital environments than non- gynecologists and pediatricians. The physicians that worked long hours per week were less satisfied with their job content. The physicians who had opportunities to learn advanced skills and enhance their knowledge were more satisfied with hospital environment, tangible resources and intangible resources (reputation). In addition, physicians in private hospitals were more satisfied with job content than those in public hospitals, but were less satisfied with work motivation and retention and intangible resources (reputation) than those in public hospitals. In addition, physicians who worked in hospitals located in Taichung city were less satisfied with tangible resources than those who worked in the hospitals outside Taichung city.

Conclusion:

Our study focused on the level of satisfaction of physicians who "left" their respective hospitals instead of the satisfaction level of "retained" physicians. There is still room for improvement with regards to work related motivation and retention, financial and equipment support for teaching and research resources as well as the opportunity to get teaching positions provided by health care organizations. We recommend that hospital managers should pay attention to the real needs and expectations of physicians according to the results shown in our study. Furthermore, these managers should consider adjusting their managerial perspectives when establishing new human resources policies or making decisions that will hopefully improve the welfare and working conditions of hospital

physicians in the near future.

誌 謝

　　兩年醫務管理研究所的學生生活即將告一段落，當初憑著對醫務管理的興趣，捨棄了大部份醫師選擇就讀的醫學研究所，再次回到母校學習醫務管理，過了兩年醫院和學校蠟燭兩頭燒的生活。雖然很累，但在蔡文正所長及其它師長努力傳授所學及實務經驗下，學到了許多醫務管理的理論及實務精髓，更有信心去面對迎接而來的挑戰。

　　在論文完成之際，最想感謝的是論文指導教授林妍如老師，她在百忙中努力抽出時間來指導論文研究，即使在半夜，仍然會即時回覆我提出疑問的電子郵件，並且時時叮嚀自己在課業上或論文學習上需要注意的地方，讓自己得以順利完成學業與研究論文。也要感謝林老師幫我找的筑華學妹，在自己忙碌的學業外，另外撥空協助將近千份問卷整理及登錄數據，且不厭其煩地被我透過電話或電子郵件轟炸。另外還要感謝台中許多基層西醫診所的醫師協助填寫問卷，在眾多人的協助下讓我在忙碌的醫院工作中能順利完成研究與論文的發表。

　　當然，還是要感恩自己的父母及妻子做自己最強力的後盾，在我被學業、工作與家庭三方面壓力下搞得焦頭爛額時，不斷地幫我加油打氣，讓我順利挺住兩年的在職班研究所生活，謹以這本論文獻給他們，希望他們能以我的表現為榮。

<div align="right">鄭高奇　2010 年 8 月</div>

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Introduction

Over the past 50 years, organizational behavior scholars have attempted to understand how the issue of loyalty relates to the retention of employees by evaluating their levels of job satisfaction. (McGuinness, 1998; Terry, Fowles, & Harvey, 2010; Verlander & Evan, 2007; Abram, 2004). High employee retention is the key to service excellence and operational excellence (Studer, 2004). If employers treat their employees as valued contributors, the employees will stay and be satisfied their jobs. To this end, companies have trained their managers offer competitive compensation plans with increasing benefits to secure the employees loyalty and retention (Gering & Conner, 2002). Despite such efforts, many health care organizations are experiencing a shortage of employees and high turnover rates (Gering & Conner, 2002). A culture that fosters high employee motivation is necessary for an organization to compete in highly dynamic and competitive environments of today's society. Managers need to implement effective human resource strategies and policies to establish and maintain an appropriate culture in an organization (Arnold, 2005). High employee turnover rates can have a significantly negative impact on operation results for managers and organizations (Arnold, 2005). When an employee is planning to resign, productivity and quality of work is likely to decline. On the contrary, improving employee retention can result in positive outcomes for an organization, including workforce stability, employee selection cost savings and managers will spend less time interviewing prospective

employees and integrating replacements into the work system. (Arnold, 2005).

The importance of relational factors in explaining turnover is evident in context of other non-physicians (Maertz & Griffeth, 2004; Mitchell, Holtom, Lee, Sablynski, & Erez, 2001; Mossholder, Settoon, & Henagan, 2005; O'Reilly, Caldwell, & Barnett, 1989). Favorable perceptions of global work satisfaction, autonomy in the workplace, professional status, teaching activities, clinical resources and activities, professional relationships, and institutional governance all correlate inversely with intentions of leaving (Coyle, Aday, Battles, & Hynan, 1999). Many health-care researchers and administrators have noted either the importance of job satisfaction on a variety of organizations variables (Al Juhani & Kishk, 2006) or on personal variables (Eman, Nahla, & Awatif, 2008). In addition, competing demands between work and personal roles often result in conflict for employees (Grant-Vallon & Donaldson, 2001). Some studies indicate the cost of turnover can be 1.5 times of an employee's annual salary (Allen, 2004). Furthermore, when employees leave, their duties are shifted to the remaining personnel who feel obligated to shoulder the additional burden (Collins & Collins, 2004). Generally speaking, many determinants, including lower loyalty to institutions, loss balance between work and family and organizational or personal variables will cause a higher turnover rate and lower job satisfaction (von Vultee, Axelsson, & Arnets, 2007; Ruhe, Gotler, Goodwin, & Stange, 2004).

Compared with other medical experts, physicians play an important and professional role in the medical teams of hospital. The turnover of

physicians threatens the continuity of care for patients and is a significant expense for health care organizations (Masselink, Lee, & Konrad, 2008). Although physician turnover in a health care organization can incur substantial costs, little formal attention has been given to estimating or modeling the financial impact of such turnover on revenues (Atkinson, Misra-Hebert, & Stoller, 2006). The cost of physician recruitment and adverse consequences of turnover have led to significant concerns among all administrators of health care organizations. For example, the cost of physician recruitment can range from $ 236,383 USD for family medicine physicians to $ 264,645 USD for pediatricians, even recruiting a new primary care physician who is emerging from a training program costs approximately $ 236,000 USD (Buchbinder, Wilson, Melick, & Powe, 1999). Beasley, Karsh, Hagenauer, Marchand, & Sainfort, (2005) also found that replacing a physician cost about $ 250,000 USD. In Taiwan, the cost of hiring a new doctor may less than in America, but it is still higher than retaining a current physician (Lin, Chen, Liu, & Lee, 2006). All leaders or managers in health care organizations have attempted to keep costs down to retain physicians and to also decrease the turnover rate of their physicians (Li, 2001).

Job satisfaction is an important determinant of physician retention and turnover (Lichenstein, 1998), and may also affect performance (Grol et al., 1985). Mick also argued physician turnover might reduce the trust patients had in providers and health care organizations (Cohen, Kamarck, & Mermelstein, 1983). Successful health care organizations emphasize attracting human resource assets and aggressively seek to resolve and prevent high employee turnover. Collins & Collins (2004) pointed out

that understanding the key components surrounding the importance of measuring employee turnover, learning how it affects patient care, and realizing what is needed to retain quality employees is central to resolution. It suggested that organizations should focus on the following issues in order to maintain their qualified workforce in the long term: communication; decision-making; compensation, benefits, and career development; recruitment; appreciation and understanding; and management.

In recent decades, more attention has been paid to the idea that social relationships at work may influence a physicians' job satisfaction and their decisions to withdraw from practice (Arnetz, 2001; Bender, Devogel, & Blomberg, 1999). As physicians' practice and daily work routines are based on interactions with colleagues, staff, and patients, the quality of the relationships with members of each group may assume critical importance in physicians' decisions to continue working with or withdrawing from their practice settings (Al Juhani & Kishk, 2006). The importance of workplace relationships for physicians can also be related to Portes (1998) pointed out that two types of motivation for workplace social relationships: instrumental motivation and consummatory motivation. It has been argued that physicians could build positive relationships with colleagues, staff, and patients as a strategy to socially integrate physicians in the workplace and to increase physician retention (Bonds & Pulliam, 1991; King & Speckart, 2002).
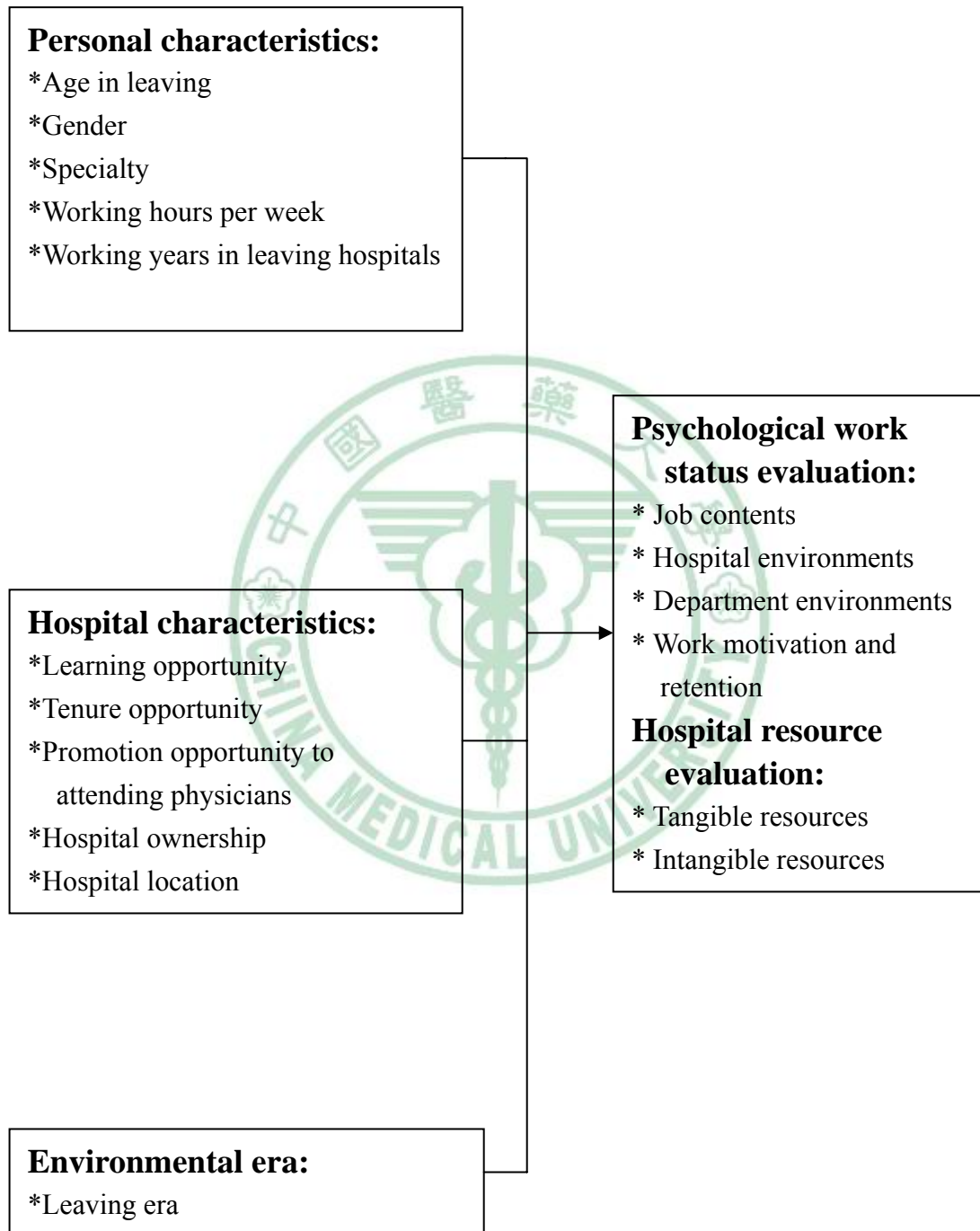
Over the past few decades in Taiwan, the proportion of physicians employed by health care organizations has increased relatively to independent physicians due to general practice environment change

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day-by-day and due to government policy (ex. the implementation of the National Health Insurance in 1995). This issue is quite similar throughout the world because of the change in general practice environment, many big hospitals, especially in medical centers, every effort and new decisions made all focus on how to increase physicians' welfare and quality of life, including economic, hospital resources and psychological aspects (Lloyd, Streiner, & Shannon, 1994). Therefore, we should attempt to understand why hospital physicians choose to shift their careers from facility employment to become independent practitioners in clinics.

Most studies have explored hospital physician retention by measuring leaving intentions through employee surveys; however, this might induce social desirability effects for the responses so as to deter accurately determining the reality of employee psychological status. Therefore, with independent physician practitioners who left hospitals as study subjects, this study aimed to understand their psychological work status regarding hospital work environment and hospital resources at the time of their departure from their hospitals. These findings can then provide future organizational managers or administrators with a better understanding about how to develop effective policies and to make better decisions that will improve physician retention.

Methods

Conceptual framework

Personal characteristics:
*Age in leaving
*Gender
*Specialty
*Working hours per week
*Working years in leaving hospitals

Psychological work status evaluation:
* Job contents
* Hospital environments
* Department environments
* Work motivation and retention

Hospital resource evaluation:
* Tangible resources
* Intangible resources

Hospital characteristics:
*Learning opportunity
*Tenure opportunity
*Promotion opportunity to attending physicians
*Hospital ownership
*Hospital location

Environmental era:
*Leaving era

Study sample and data collection

The study was designed as a cross-sectional survey using a multi-dimensional structured questionnaire to assess the level of job satisfaction of physicians that left their respective hospitals, including psychological work status and hospital resources. The 774 physicians where all from local medical clinics that were registered with the Department of Health, Executive Yuan, located in Taichung city in the middle of Taiwan, and they were all included in our study. A mail survey was sent to the potential study participants during the period of January - March 2010, including a prepaid-postage envelope to return the completed paperwork. Follow-up calls were made to increase the response rate. In total, 353 clinic physicians out of 774 responded with a response rate of 45.6%.

Ethics

This study was approved by the Institutional Review of Board of the China Medical University of Taichung.

Study instruments

A multi-dimensional questionnaire was developed to assess the level of job satisfaction of physicians that left their respective hospitals, including two dimensions: a 19-item part for examining psychological work status and a 12-item part for examining hospital resources. These two dimensions were constructed from the proposed factors that might affect turnover decisions, including psychological, individual, organizational,

environmental and human resource related factors. (Fottlers, Hernandez, & Joiner, 1998; Al Juhani & Kishk, 2006; Mache, Vitzthum, Nienhaus, Klapp, & Groneberg, 2009; Eman, Nahla & Awatif, 2008). The draft was evaluated by several academic professionals and practitioners for content validity.

All the question items were measured as a 5-point Likert scale: strongly dissatisfied (1), dissatisfied (2), fair (3), satisfied (4), and strongly satisfied (5). Also, one additional scale was added as "not applicable" for those respondents who had no experience with the question item. Detailed information regarding the individual item questions are outlined in Table 1 and Table 2.

In addition, physicians' demographics, working status, hospital characteristics and the timing of leaving were collected in this study. It included gender, age at leaving, area of specialty, working hours per week and number of years worked when leaving. The characteristics related to leaving their respective hospital of physicians leaving their hospitals included opportunities of learning, tenure, and promotion available to attending physicians, and hospital ownership and location. Also, the timing (year) of physicians leaving was also recorded. Detailed information about the individual item questions are outlined in Table 3.

Analytical techniques

The data were first analyzed descriptively by computing means and standard deviations for continuous variables and frequencies and percentages for categorical variables. Missing data were completed by using the mean variable for continuous variables of satisfaction evaluation. Other missing data for physician demographics was traced by phone call or e-mail to ensure accuracy whenever possible.

Two factor analyses were performed for the 31 individual items of psychological work status evaluation and hospital resources evaluation, respectively. Four factor scores titled as "job content", "hospital environment", "department environment", "work motivation and retention", were identified from the 19 question items related to psychological work status evaluation (see Table 1) by using factor analysis with the Rotation method of Varimax of Kaiser Normalization. Two factor scores titled as "tangible resources" and "intangible resources", were identified from the 12 question items related to hospital resources evaluation (see Table 2) by using factor analysis with Rotation method of Equamax of Kaiser Normalization. Internal consistency measured as the Cronbach α value for the six factors mentioned earlier were 0.87, 0.75, 0.83, 0.84, 0.95 and 0.92, respectively. Other detailed descriptive analyses of six factor scores are shown in Table 1,2.

Results

Personal and contextual characteristics of resigned hospital physicians

Of the 353 respondents, 90.1% of the respondents were male and ages ranged from 32 to 81 years (mean=37.16 years). Respondents were comprised of Internal medicine physicians (32.6%), gynecologists and pediatricians (31.2%), surgeons (13.6%) and subspecialty physicians (25.2%), including dermatologists, radiologists, psychiatrists and so on. 50.7% of our respondents had to work 40-60 hours per week and the average period they stayed in their respective hospitals was 7.08 years. 51.0% of the respondents had the learning opportunities, 39.1% had tenure positions and 77.9% had the opportunity to be an attending physician. Almost 60% (private 43.6% and corporate 23.8%) of hospitals involved were privatized hospitals and 62.6% hospitals were located in Taichung city. 46.2% of doctors leaving hospitals for independent practice took place in the 1980s. Other descriptive analyses of personal and work characteristics of the physicians are shown in Table 3.

Psychological work status and hospital resources satisfaction of the resigned hospital physicians: analysis of 31 individual items

Among the psychological work status evaluation with 19 question items,

doctor-patient relationship (mean=3.89) was ranked as the most satisfactory item, followed by opportunities to get a specialty certificate (mean=3.80) and peers cohesion in departments (mean=3.79). Fringe benefits (mean=2.71) was the least satisfactory item, whereas job equity (mean=2.82) and job prospects (mean=2.92) were ranked within the bottom three.

Among hospital resources evaluation with 12 question items, patient service reputation among peers (mean=3.52) was ranked as the most satisfactory item, followed by medical profession reputation among peers (mean=3.47) and administrative workforce for clinical services (mean=3.19). Financial resources for teaching and research (mean=2.79) was the least satisfactory item. We also found that the satisfaction score of every aspect in teaching and research was less than 3 (average score). Other descriptive analyses of hospital satisfaction and resources evaluation from hospital leaving physicians are shown in Table 1 and Table 2.

Relationship between physician personal and contextual characteristics and the resigned hospital physicians' satisfaction evaluation

Six factor scores extracted through factor analyses mentioned in the Method section, were used in the six multiple regression analyses as dependent variables, respectively, with demographics, hospital characteristics, and the timing of leaving as independent variables (see

Table 4). This revealed that older physicians were less satisfied than young physicians with regards to hospital environments. Male physicians were more satisfied with hospital tangible resources than female physicians. Internal medicine physicians were less satisfied with the intangible resources (reputation) of their hospitals than non-internal medicine physicians. Gynecologists and pediatricians were more satisfied with hospital environments than non- gynecologists and pediatricians. The physicians that worked long hours per week were less satisfied with job content at hospitals they left. The physicians who had opportunities to learn advanced skills and knowledge development opportunities were more satisfied with their hospitals' environment, tangible resources and intangible resources (reputation). In addition, physicians in private hospitals were more satisfied with job content than those in public hospitals, but were less satisfied with work motivation and retention and intangible resources (reputation) than those in public hospitals. In addition, physicians that worked in hospitals located in Taichung city were less satisfied with tangible resources than those who worked in the hospitals outside Taichung city. All points mentioned above were shown to have a statistical significance of 0.05 level.

Discussion

This study explores the managerial implications from the perspective of both hospitals and individual physicians by evaluating the psychological status satisfaction and perceived hospital resources satisfaction of physicians that left their respective hospitals. We found that older physicians were less satisfied as compared with young physicians with regards to hospital work environment. Male physicians were more satisfied with the tangible resources of hospitals than female physicians. Internal medicine physicians were less satisfied with intangible resources (reputation) of the hospitals they left than non-internal medicine physicians. Gynecologists and pediatricians were more satisfied with the work environment of hospitals they left than non- gynecologists and pediatricians. The physicians that worked long hours per week were less satisfied with the job content of hospitals they left. The physicians who had had the opportunity to develop advanced skills and gain knowledge were more satisfied both in terms of tangible resources and intangible resources (reputation). In addition, physicians in private hospitals were more satisfied with their job content than those in public hospitals, but were less satisfied with work motivation and retention and intangible resources (reputation) than those in public hospitals. In addition, physicians who worked in hospitals located in Taichung city were less satisfied with tangible resources than those who worked in hospitals outside Taichung city.

In this study, all of the 19 analyzed items of psychological work status evaluation and 12 analyzed items of hospital resources evaluation were ranked from a range of 2.79 to 3.89, with doctor-patient relationship as the most satisfactory area and financial resources for teaching and research was the least satisfactory. Among the 31 question items, only 8 analyzed items were below an average score (3), including opportunities to get teaching positions, job equity, fringe benefits, job prospects, clinical workforce, administrative workforce, financial resources and equipment resources for teaching and research as perceived by hospital physicians. Previous study has also shown that the fringe benefits of physicians were the least satisfactory item (Eman, Nahla & Awatif, 2008). Therefore, hospital managers should pay more attention to improving work-related motivation, the retention of physicians, and the perceived resources with regards to teaching and research from the results mentioned above.

In our study, we found that older physicians were less satisfied with the work environment of their hospitals, including opportunities to learn, obtaining specialty certificates, getting teaching positions, and executive leadership than younger physicians. Previous studies revealed a slight statistical significance over leadership identification between older and younger physicians (Mache, Vitzthum, Nienhaus, Klapp, & Groneberg, 2009). Traditionally, when physicians get older, they are already well experienced regarding their practice and knowledge, and the support hospitals provide perhaps did not meet their expectations or they gradually developed their own values and opinions as they got older.

Based on our results, hospital managers should focus more on providing older physicians with a better hospital work environment and to understand how they really feel.

Also, it was found that male physicians were more satisfied with tangible resources than female physicians. Hospital resources such as essential medical facilities, sufficient space in examination rooms, and administrative supporting the hospital were associated with job satisfaction of physicians, especially for male physicians (Wada et al., 2009). McMurray et al. (2000) analyzed 5704 male and female physicians in the Physician Work Life Study, with a concern for sex differences. They found that women were more likely than men to be dissatisfied, especially in the field of autonomy, relationships with community, pay, and hospital resources. Therefore, administrators should also take a closer look into helping female physicians in their hospitals to help ensure greater retention.

Gynecologists and pediatricians were more satisfied with hospital work environments than other specialties. Previous study revealed that majority of gynecologists and pediatricians were satisfied with their career and believe providing high quality care to patients by well skill and knowledge (Kravitz, Leigh, Samuels, Schembri, & Gilbert, 2003). They must stay at a hospital for a long time to deal with their unique professional work, for example, delivering a child. Therefore, supporting how to obtain specialty certificates, new skills, teaching positions more easily and executive leadership should also be focused on to make the

physicians feel more valued. We could recommend that managers look at the promotion process and certification of physicians, especially gynecologists and pediatricians. Also, we found that internal medicine physicians were more satisfied with the tangible resources of hospitals they left than non-internal medicine physicians. Internal medicine physicians might share a larger proportion of hospital budget and resources provided by hospitals. Because of our limited data to infer, further studies will be needed.

Furthermore, we found that physicians working long hours per week in hospitals they left were less satisfied with the job content of their hospitals. The most frequently mentioned sources of job stress were increasing workloads, paperwork, insufficient time to do justice to the job, increased and inappropriate demands from patients (Simoens, Scott, & Sibbald, 2002). The more work they must do, the less free time they have. Therefore, such a heavy burden might seriously impact on their enthusiasm with regards to work. The more fatigue they experienced, the less patience they had in their professional area. Therefore, physicians who have less patience might damage the delicate doctor-patient relationship and not be respected on the job. It is a vicious circle in all occupations that the more hours employees work, the less satisfaction they feel and this has been proven in previous research (Renzi, Tabolli, Ianni, DiPietro, & Paddu, 2005; Firth-Cozens, 2001; Al Juhani & Kishk, 2006). Thus, decreasing the amount of working hours weekly for physicians without affecting the profit of hospitals will be a challenging task for every manager in the future.

The physicians who had advanced learning skills and knowledge opportunities in their hospitals were more satisfied with the work environments of their hospitals, for both tangible and intangible resources (reputation) of the hospitals they left. Determining a better way for physicians to get certifications and support from their respective hospitals would certainly be attractive and may help with retention. In addition, having a better reputation among peers in clinical work, research and patient service would also naturally help to retain physicians more easily, especially those utilizing their advanced skills and knowledge. Previous studies on physicians satisfaction might account for this phenomenon, for example; physicians employed by health care organizations who rated the quality of care they could provide as lower, were less able to achieve their professional goals, and were more likely to have the intention of leaving their work group (Beasley, Karsh, Hagenauer, Marchand, & Sainfort, 2005). Maybe managers should assist physicians with regards to obtaining professional certifications when establishing future hospital policies.

Previous research has been published about the satisfaction of physicians and nurses (Laubach & Fischbeck, 2007; Rosta & Gerber, 2008; Buddeburg-Fisher, et al., 2008; Wenderlein, 2003; Nolting, Grabbe, Geno, & kordt, 2006) However, these studies focused on differences between physicians' working conditions and job satisfaction related to different types of hospital ownership is scarce (Mache, Vitzthum, Nienhaus, Klapp, & Groneberg, 2009). Our study determined that physicians working at private hospitals were more satisfied with job content than those in public

hospitals, but were less satisfied with work motivation and retention and intangible resources (reputation) than those in public hospitals. One study also revealed that New Zealand radiologists' working at public hospitals were less satisfied than at private hospitals as it relates to work stress, burnout and lower job satisfaction (Lim & Pinto, 2009). Another recent study revealed that teaching, research and variety contribute more to academic satisfaction, whereas job autonomy, physician-patient relationship, and coworkers contribute more to satisfaction for the physician in private hospital (Bell, Bringman, Bush, & Phillips, 2006). The routine clinical and administrative work of privatized hospitals is more challenging and flexible relative to public hospitals, is not immutable and frozen. The system of job responsibility was also performed in large portion of private hospitals. According to Herzberg two-factor theory, motivators, for example, challenging work, recognition and responsibility that result in positive satisfaction of employee (Herzberg, 1964; Herzberg, 1968). Therefore, the burden of physicians may decrease and they could have more vigorous motion to deal with doctor-patient relationships or to increase the level of job autonomy. Managers in public hospitals should also focus on the job content of physicians.

It is worth highlighting that privatization leads to a change in ownership and aims to enhance an organization's financial growth (Burke & Cooper, 2000; Zahra, Ireland, Gutierrez, & Hitt, 2000). It is also aspires to make hospitals more cost-effective and to augment financial growth (Mache, Vitzthum, Nienhaus, Klapp, & Groneberg, 2009). Privatized hospital

managers overemphasized profit and thus may neglect employees' fringe benefits, job equity, and may even affect prospects and security, especially when the profit level of an organization is lower than the managers or executives expect. Herzberg argued that hygiene factors, for example, job security, salary and fringe benefits that do not give positive satisfaction, though dissatisfaction results from their absence (Herzberg, 1964; Herzberg, 1968). This will result in a lower global budget for hospital clinical work, teaching and research. The reason mentioned above may account for why physicians working at private hospitals were less satisfied with work motivation and retention and intangible resources (reputation). As regards to intangible resources (reputation), we tried explain the results due to previous related literature not available. About two decades ago, the reputation of public hospitals was better than well-known private institutions in Taiwan. Many outstanding and professional physicians yearned to work for public hospitals due to the opportunity to do more research and also for the amount teaching resources available. In other words, better employee welfare and benefits might attract more excellent physicians to join and stay with hospitals, especially executives in the hospitals.

Finally, we also found that physicians who worked in hospitals located in Taichung city were less satisfied with tangible resources of the hospitals they left than those who worked in hospitals outside Taichung city. Previous studies about physician satisfaction that focused on hospitals location are less discussed. Previous study showed that rural Minnesota physicians feel least work stress about their feelings of clinical

competence/interpersonal relations at work and anxieties about the future (Pastor, Huset, & Lee, 1989). Urban and inner-city family physicians have reported seeing higher numbers of patients with complex disease profiles such as co-morbidities and emotional and mental health problems, compared with their suburban and rural colleagues (Miedema, Hamilton, Fortin, Easley, & Tatemichi, 2009). It maybe that the physicians working at in Taichung city hospitals felt more stress with regards to teaching, research and clinical service due to the greater number of hospitals as compared to outside Taichung city. To achieve a higher profit and to be more competitive, they had higher expectations about clinical and administrative workforce, equipment and financial support. Perhaps they felt the tangible resources that hospitals provided were still not enough. Relatively, most physicians working at hospitals outside Taichung city felt less stress and did not have higher expectation about everything, which hospitals naturally provided. More financial or equipment support related to teaching, research and clinical workforce would help hospital supervisors recruit more outstanding physicians in a metropolitan area.

Limitations

Certain limitations of this study should be pointed out. First, our data were collected from physicians who were involved with individual practice after from leaving hospitals in Taichung city, Taiwan. Although it focused on all clinical physicians of Taichung city, the data revealed in our study may just showed a local phenomenon based on the background of having a health care system supported by the National Health Insurance system which may not be applicable for other countries throughout the world. In future similar research involving the same context should be extended to a wider area or many counties in Taiwan and this will provide more information for managers and supervisors in health care organizations.

Another limitation is that many respondents of this study were older and had already been involved with individual practice for more than 10 years after leaving their respective hospitals. As a result, recall bias may have occurred when answering these question items. We also provided an open question for the respondents to freely answer; a more flexible and dynamic evaluation would have provided our study team more information about the background related to their leaving their institutions. For example, our respondents recommended that our questionnaire should pay more attention to satisfaction in different specialties or the detailed items over balance between work and family life.

The final limitation is that our study just focused on physicians that "left" their hospitals. Although this is also the advantage to this study, just focusing on psychological status and perceived resources satisfaction of leaving physicians may not differentiate the major or important determinants from those staying in hospitals. Perhaps exploring the relationship between major determinants and physicians that left their respective hospitals deserves future survey.

Conclusion

Many studies have explored the level of satisfaction of hospital physicians who were still working at a hospital from several different dimensions, such as psychosocial perspective, financial perspective, general practice environment and even global satisfaction. However, few studies have focused on the satisfaction level of physicians who have left their hospital as opposed to the satisfaction level of physicians remaining.

In this study of psychological work status and hospital resources evaluation of physicians who have left their hospital, there is still room for improvement with regards to work motivation and retention, financial and equipment support for teaching, research resources and the opportunity to get teaching positions provided by health care organizations. All of these items were scored at a below average level. In addition to evaluating the two dimensions of physician satisfaction, we also examined the effects and relationship that physicians' personal and work characteristics had on them. We recommend that hospital managers should pay attention to the real expectations or needs of retained physicians according to the results shown in our study and also should adjust their managerial perspectives when establishing new human resources policies or decisions that will hopefully improve the welfare and working conditions of hospitals for physicians in the near future.

Table 1. Psychological work status evaluation of the resigned hospital physicians

Question items	Mean	SD	Ranking‡	Factor loadings† (Factor 1) Job content	(Factor 2) Hospital environment	(Factor 3) Department environment	(Factor 4) Work motivation and retention	α
1. Burdens of routine clinical works	3.47	0.83	10	0.75				0.87
2. Burdens of routine administrative works	3.39	0.75	11	0.73				
3. Job autonomy	3.57	0.90	7	0.72				
4. Job development	3.61	0.92	5	0.60				
5. Be respected on job	3.59	0.96	6	0.56				
6. Doctor-patient relationship	3.89	0.75	1	0.66				
7. Balance between work and family tasks	3.23	0.94	13	0.64				
8. Opportunities to learn new skills and knowledge	3.56	0.90	8		0.74			0.75
9. Opportunities to get the specialty certificate	3.80	0.93	2		0.72			
10. Opportunities to get teaching positions	2.93	1.07	16		0.61			
11. Leadership in hospital executives	3.15	1.02	14		0.51			
12. Leadership in working departments	3.30	0.96	12			0.60		0.83
13. Peer cohesions in working departments	3.79	0.83	3			0.86		
14. Whole working climates in working departments	3.71	0.83	4			0.86		
15. Patient care coordination in working departments	3.51	0.76	9			0.50		
16. Job equity	2.82	0.96	18				0.72	0.84
17. Fringe benefits	2.71	0.86	19				0.79	
18. Job security	3.07	0.99	15				0.66	
19. Job prospects	2.92	0.96	17				0.57	

Note: 1. † Factor Analysis with the rotation method of Varimax with Kaiser Normalization. 2. ‡Higher numbering means less satisfied by the respondents and vice verse.

Table 2. Hospital resource evaluation by resigned hospital physicians

Question items	Mean	SD	Ranking‡	Factors loadings† (Factor 5) Tangible resources	(Factor 6) Intangible resources	α
1. Clinical workforces for clinical services	3.15	0.89	5	0.69		0.95
2. Administrative workforces for clinical services	3.19	0.80	3	0.75		
3. Financial resources for clinical services	3.02	0.87	8	0.80		
4. Equipment resources for clinical services	3.15	0.90	5	0.74		
5. Clinical workforces for teaching and researches	2.90	0.91	10	0.81		
6. Administrative workforces for teaching and researches	2.91	0.89	9	0.86		
7. Financial resources for teaching and researches	2.79	0.90	12	0.87		
8. Equipment resources for teaching and researches	2.89	0.91	11	0.83		
9. Patient service reputations among peers	3.52	0.76	1		0.86	0.92
10. Medical profession reputations among peers	3.47	0.80	2		0.89	
11. Research profession reputations among peers	3.06	0.88	7		0.72	
12. Medical teaching profession reputations among peers	3.18	0.89	4		0.79	

Note: 1. † Factor Analysis with the rotation method of Equamax with Kaiser Normalization. 2. ‡Higher numbering means less satisfied by the respondents and vice verse.

Table 3. Personal and contextual characteristics of resigned hospital physicians

Variables	Scales	Frequency	%	Mean	SD
Personal characteristics					
Age in leaving				37.16	6.37
Gender	Female	33	9.4		
	Male	318	90.1		
Surgery	No	301	85.3		
	Yes	48	13.6		
Internal medicine	No	234	66.3		
	Yes	115	32.6		
Obstetric/pediatrics	No	239	67.7		
	Yes	110	31.2		
Subspecialty	No	260	73.7		
	Yes	89	25.2		
Working hours per week					
	Below 40 hours	66	18.7		
	40-60 hours	179	50.7		
	Above 60 hours	102	28.9		
Working years when leaving from hospitals				7.08	4.94
Hospital characteristics					
Learning opportunity					
	Yes	180	51.0		
	No	125	35.4		
	Do not know	45	12.8		
Tenure opportunity					
	Yes	138	39.1		
	No	114	32.3		
	Do not know	100	28.3		
Promotion opportunity to attending physicians					
	Yes	275	77.9		
	No	39	11.1		
	Do not know	30	8.5		
Hospital ownership					
	Public	115	32.6		
	Private	154	43.6		
	Corporate	84	23.8		
Hospital location					
	Outside the city	132	37.4		
	Within the city	221	62.6		
Environmental era					
Leaving era	1970s	108	30.6		
	1980s	163	46.2		
	1990s	54	15.3		
	2000s	20	5.7		

Table 4. Determinants of psychological work status and hospital resource evaluation of resigned hospital physicians

Standardized Coefficients	(Factor 1) Job contents	(Factor 2) Hospital environment	(Factor 3) Department environment	(Factor 4) Work motivation and retentions	(Factor 5) Tangible resources	(Factor 6) Intangible resources
Personal characteristics						
Age in leaving	0.01	- 0.25*	0.07	0.17	- 0.01	- 0.14
Gender (default: female)	0.05	0.05	0.16	0.06	0.17*	0.03
Internal medicines (default: no)	0.05	0.03	0.01	0.16	0.27**	- 0.20*
Obstetric/pediatrics (default: no)	0.06	0.21*	0.22	0.09	0.15	0.06
Subspecialty (default: no)	- 0.04	0.08	0.13	0.10	0.15	- 0.01
Working hours per week	- 0.26**	0.02	0.03	0.10	0.02	- 0.02
Working years in leaving hospitals	- 0.04	0.14	- 0.13	- 0.14	- 0.14	0.15
Hospital characteristics						
Learning opportunity (default: no)	0.10	0.36***	- 0.09	0.14	0.25**	0.21*
Tenure opportunity (default: no)	- 0.03	0.04	0.03	0.11	0.13	- 0.07
Promotion opportunity to attending physicians (default: no)	0.11	0.04	0.10	- 0.01	- 0.01	0.08
Hospital ownership (default: public)						
Ownership: private	0.19*	- 0.01	- 0.05	- 0.21*	- 0.09	- 0.18*
Ownership: corporate	- 0.02	0.04	0.05	- 0.04	- 0.03	- 0.01
Hospital location (default: outside city)						
Same city	- 0.04	- 0.05	- 0.04	- 0.11	- 0.14*	- 0.03
Environmental era						
Leaving era	0.01	- 0.14	0.12	0.01	- 0.04	- 0.06

*p<0.05, **p<0.01, ***p<0.001

Bibliographies

Al Juhani, A. M., & Kishk, N. A. (2006). Job satisfaction Among Primary health Care Physician and Nurses in Al-Madinah Al-Munawwara. *J Egypt Public Health Assoc.*, 81(3-4), 165-80.

Abrams, M. N. (2004). Employee retention strategies: lessons from the best. *Healthc Exec.*, 19(4), 18-22

Allen, V. (2004). Recruitment, retention, and revenue: the three Rs of successful group practice management. *J Med Pract Manage.*, 19(4), 185-8.

Arnetz, B. B. (2001). Psychosocial challenges facing physicians of today. *Soc Sci Med.*, 52(2), 203-13.

Arnold, E. (2005). Managing human resources to improve employee retention. *Health Care Manag (Frederick).*, 24(2), 132-40.

Atkinson, W., Misra-Hebert, A., & Stoller, J. K. (2006). The impact on revenue of physician turnover: an assessment model and experience in a large healthcare center. *J Med Pract Manage.*, 21(6), 351-5.

Beasley, J. W., Karsh, B. T., Hagenauer, M. E., Marchand, L., & Sainfort, F. (2005). Quality of work life of independent vs employed family physicians in Wisconsin: a WReN study. *Ann Fam Med.*, 3(6), 500-6.

Bell, D. J., Bringman, J., Bush, A., & Phillips, O. P. (2006). Job satisfaction among obstetrician-gynecologists: a comparison between private practice physicians and academic physicians. *Am J Obstet Gynecol.*, 195(5), 1474-8.

Bender, C., DeVogel, S., & Blomberg, R. (1999). The socialization of newly hired medical staff into a large health system.

Health Care Manage Rev., 24(1), 95-108.

Burke, R.J. & Cooper, C.L. (2000). The new organizational reality: transition and renewal. In: Burke, R.J., Cooper, C.L. (Eds.), *TheOrganization in Crisis: Downsizing, Restructuring, and Privatization.* (pp. 4–18). Blackwell, Oxford/Massachusetts.

Bonds, R.G., & Pulliam, K. A. (1991). *Physician Recruitment & Retention: Practical Techniques for Exceptional Results.* Chicago: American Hospital Association.

Buchbinder, S. B., Wilson, M., Melick, C. F., & Powe, N. R. (1999). Estimates of cost of primary care physician turnover. *Am J Managed Care.*, 5(11), 1431-8.

Buchbinder, S. B., Wilson, M., Melick, C. F., & Powe, N. R. (2001). Primary care physician job satisfaction and turnover. *American Journal of Managed Care*, 7(7), 701-13.

Buddeberg-Fischer, B., Stamm, M., Buddeberg, C., Bauer, G., Hämmig, O., & Klaghofer, R. (2008). Work stress, health and satisfaction of life in young doctors. Results of a longitudinal study in Switzerland. *Dtsch Med Wochenschr.*, 133(47), 2441-7.

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *J Health Soc Behav.*, 24(4), 385-96.

Collins, S. K., & Collins, K. S. (2004). Employee retention: an issue of survival in healthcare. *Radiol Manage.*, 26(4), 52-5.

Coyle, Y. M., Aday, L. A., Battles, J. B., & Hynan, L. S. (1999). Measuring and predicting academic generalists' work satisfaction: implications for retaining faculty. *Acad Med.*, 74(9), 1021-7.

Eman, S. A., Nahla, M. A., & Awatif, S. F. (2008). Physician job

satisfaction in primary care. *Bahrain Medical Bulletin*, 30(2), 178-187.

Firth-Cozens, J. (2001). Interventions to improve physicians' well-being and patient care. *Soc Sci Med.*, 52(2), 215-22.

Fottler, M. D., Hernandez, S. R., & Joiner, C. L. (1998). *Essentials of Human Resource Management: in Health Service Organizations*. New York: Delmar.

Gering, J., & Conner, J. (2002). A strategic approach to employee retention. *Healthc Financ Manage.*, 56(11), 40-4.

Grant-Vallone, E.J., & Donaldson, S.I. (2001). Consequences of work-family conflict on employee well-being over time. *Work and Stress*, 15, 214 -26.

Grol, R., Mokkink, H., Van Eijk, J., Beek, M., Mesker, P., & Mesker-Niesten, J. (1985). Work satisfaction of general practitioners and the quality of patient care. *Family Practice*, 2, 128-35.

Herzberg, F. (1964)."The Motivation-Hygiene Concept and Problems of Manpower", Personnel Administration, (pp. 3–7).

Herzberg, F. (1968). "One more time: how do you motivate employees?", Harvard Business Review, vol. 46, iss. 1, (pp. 53–62).

King, H., & Speckart, C. (2002). Ten evidence-based practices for successful physician retention. *Performance Journal*, 6(3), 52-54.

Kravitz, R. L., Leigh, J. P., Samuels, S. J., Schembri, M., & Gilbert, W. M. (2003). Tracking career satisfaction and perceptions of quality among US obstetricians and gynecologists. *Obstet Gynecol.*, 102(3), 463-70.

Laubach, W., & Fischbeck, S. (2007). Job satisfaction and the work situation of physicians: a survey at a German university hospital. *Int J Public Health.*, 52(1), 54-9.

Lichenstein, R. L. (1998). The job satisfaction and retention of physicians in organized settings: a literature review. *Medical Care Review*, 41, 139-79.

Lim, R. C., & Pinto, C. (2009). Work stress, satisfaction and burnout in New Zealand radiologists: comparison of public hospital and private practice in New Zealand. *J Med Imaging Radiat Oncol.*, 53(2), 194-9.

Li, S.Y. (2001). *The relationship between physicians' job satisfaction and the degree of perception of its importance: An example study of physician practicing in Taipei municipal hospitals.* Unpublished master's thesis. College of Nursing, National Institute of Medical Management, Taipei.

Lin, H. C., Chen, C.S., Liu, T.C., & Lee, H.C. (2006). Differences in practice income between solo and group practice physicians. *Health Policy*, 79(2-3), 296-305.

Lloyd, S., Streiner, D., & Shannon, S. (1994). Burnout, depression, life and job satisfaction among Canadian emergency physicians. *J Emerg Med.*, 12(4), 559-65.

Mache, S., Vitzthum, K., Nienhaus, A., Klapp, B. F., & Groneberg, D.A. (2009). Physicians' working conditions and job satisfaction: does hospital ownership in Germany make a difference? *BMC Health Serv Res.*, 13(9), 148.

McGuinness, B. M., (1998). The change in employee loyalty. *Nurs Manage.*, 29(2), 45-6.

Maertz, C. P., & Griffeth, R. W. (2004). Eight motivational forces and voluntary turnover: a theoretical synthesis with

implications for research. *Journal of Management*, 30(5), 667-83.

Mache, S., Vitzthum, K., Nienhaus, A., Klapp, B. F., & Groneberg, D. A. (2009). The challenges and rewards of rural family practice in New Brunswick, Canada: lessons for retention. *Rural Remote Health.*, 9(2), 1141.

Masselink, L. E., Lee, S.Y., & Konrad, T. R. (2008). Workplace relational factors and physicians intention to withdraw from practice. *Health Care Manage Rev.*, 33(2), 178-87.

McMurray, J. E., Linzer, M., Konrad, T. R., Douglas, J., Shugerman, R., & Nelson, K. (2000). The work lives of women physicians: results from the Physician Work Life Study. *J Gen Intern Med.*, 15, 372-80.

Mitchell, T. R., Holtom, B. C., Lee, T. W., Sablynski, C.J., & Erez, M. (2001) Why people stay: Using job embeddedness to predict voluntary turnover. *Academy of Management Journal*, 44(6), 1102-22.

Mossholder, K. W., Settoon, R. P., & Henagan, S. C. (2005). A relational perspective on turnover: examining structural, attitudinal, and behavioral predictors. *Academy of Management Journal*, 48(4), 607-18.

Nolting, H. D., Grabbe, Y., Genz, H.O., & Kordt, M. (2006). *Nurse turnover: A differential analysis of the predictors for intent to change the job and intent to leave the profession.* Pflege., 19(2), 108-15.

O'Reilly, C. A., Caldwell, D. F., & Barnett, W.P. (1989). Work group demography, social integration, and turnover. *Administrative Science Quarterly*, 34(1), 21-37.

Pastor, W. H., Huset, R. A., & Lee, M. C. (1989). Job and life satisfaction among rural physicians. Results of a survey.

Minn Med., 72(4), 215-23.

Portes, A. (1998). Social Capital: Its Origins and Applications in Modern Sociology. *Annual Review of Sociology*, 24, 1-24.

Renzi, C., Tabolli, S., Ianni, A., Di Pietro, C., & Puddu, P. (2005). Burnout and job satisfaction comparing healthcare staff of a dermatological hospital and a general hospital. *J Eur Acad Dermatol Venereol.*, 19(2), 153-7.

Ruhe, M., Gotler, R. S., Goodwin, M. A., & Stange, K. C. (2004). Physician and staff turnover in community primary care practice. *J Ambul Care Manage.*, 27(3), 242-8.

Rosta, J., & Gerber, A. (2008). *Job satisfaction of hospital doctors. Results of a study of a national sample of hospital doctors in Germany.* Gesundheitswesen., 70(8-9), 519-24.

Simoens, S., Scott, A., & Sibbald, B. (2002). Job satisfaction, work-related stress and intentions to quit of Scottish GPS. *Scott Med J.*, 47(4), 80-6.

Studer, Q. (2004). The value of employee retention. *Healthc Financ Manage.*, 58(1), 52-7.

Terry, P. E., Fowles, J. B., & Harvey, L. (2010). Employee engagement factors that affect enrollment compared with retention in two coaching programs--the ACTIVATE study. *Popul Health Manag.*, 13(3), 115-22.

Verlander, E. G., & Evans, M. R.(2007). Strategies for improving employee retention. *Clin Leadersh Manag Rev.*, 21(2), E4.

Von Vultee, P. J., Axelsson, R., & Arnetz, B. (2007). The impact of organisational settings on physician wellbeing. *Int J Health Care Qual Assur.*, 20(6), 506-15.

Wenderlein, F. U. (2003). *Work satisfaction and absenteeism of*

nursing staff--comparative study of 1021 nurse trainees and nurses. *Gesundheitswesen.*, 65(11), 620-8.

Wada, K., Arimatsu, M., Higashi, T., Yoshikawa, T., Oda, S., & Taniguchi, H., et al. (2009). Physician job satisfaction and working conditions in Japan. *J Occup Health.*, 51(3), 261-6.

Zahra, S. A., Ireland, R. D., Gutierrez, I., & Hitt, M. A. (2000). Privatization and entrepreneurial transformation: emerging issues and a future research agenda. *Academy of Management Review,* 25(3), 509–24.

Appendices

醫院離職醫師對離職醫院之感受調查問卷

現職診所: _____ 　　離職醫院: _____ 　　問卷編號: 研究人員填寫

（可不填寫或寫代號）　　　　（務必填寫）

親愛的診所開業醫師您好：

　　這份問卷主要是想了解您對先前離職醫院的感受，請您以您當時離職的主要狀況進行填答，您的寶貴意見，將提供給日後醫療院所管理者對醫師人才留任的參考。本問卷結果僅供研究者分析，並不會影響您在醫療相關領域的任何權益，對於您的填答資料，亦會克盡保密原則，請您放心作答。謝謝您的協助！（我們將於問卷送達後一至二週內親自回收）

中國醫藥大學醫務管理學系　林妍如　副教授
中國醫藥大學醫務管理碩士在職專班　學生　鄭高奇醫師敬上

若有任何問題敬請與　學生　鄭高奇聯絡 :0982337742

（如您希望獲得本研究問卷調查精簡研究成果，請您留下您的聯絡方式，謝謝您！）

第一部份：您在醫院離職時之心理感受

以下各題項，係指您**當時離開**某一醫院而進入診所自行開業執業時的心理感受。

請您回想以**當時離開該任職醫院之狀況**，在適當的選項中圈選，謝謝您！

您對於先前之任職醫院：	非常不滿意	不滿意	尚可	滿意	非常滿意	無此經驗回答
1. 例行性臨床工作負荷程度(如門診、查房、開刀等等)	1	2	3	4	5	N
2. 例行性行政工作負荷程度(如文書工作或行政工作等)	1	2	3	4	5	N
3. 工作自主性程度	1	2	3	4	5	N
4. 工作發揮所長機會	1	2	3	4	5	N
5. 工作中可學習到新事務機會	1	2	3	4	5	N
6. 考取專科證照機會	1	2	3	4	5	N
7. 拿到教職機會	1	2	3	4	5	N
8. 工作被尊重度	1	2	3	4	5	N
9. 工作醫病關係	1	2	3	4	5	N
10. 工作與家庭生活時間分配平衡度	1	2	3	4	5	N
11. 機構高階主管領導風格	1	2	3	4	5	N
12. 所屬部門主管領導風格	1	2	3	4	5	N
13. 所屬部門同僚相處融洽程度	1	2	3	4	5	N

14. 所屬部門整體工作氣氛	1	2	3	4	5	N
15. 各科別間對病患照護協調聯絡順暢性	1	2	3	4	5	N
16. 工作付出與收入之合理性	1	2	3	4	5	N
17. 機構整體福利制度(包括員工旅遊、年終獎金等)	1	2	3	4	5	N
18. 工作保障度(例如是否會因為某些原因而被迫離職等)	1	2	3	4	5	N
19. 工作前景度	1	2	3	4	5	N

【請翻頁繼續填寫問卷】

第二部份：您對離職醫院資源能力評價

以下各題項，係指您<u>當時離開</u>某一醫院而進入診所自行開業執業時，**對離職醫院之機構資源能力評價**。 請您回想以<u>當時離開該任職醫院之狀況</u>，在適當的選項中圈選，謝謝您！ **您對先前任職醫院的機構資源評價：**	非常不滿意	不滿意	尚可	滿意	非常滿意	不知道
1. 臨床工作的<u>臨床人力</u>資源支援度	1	2	3	4	5	N
2. 臨床工作的<u>行政人力</u>資源支援度	1	2	3	4	5	N
3. 臨床工作的<u>財力</u>資源支援度	1	2	3	4	5	N
4. 臨床工作的<u>設備</u>資源支援度	1	2	3	4	5	N
5. 教學研究工作的<u>臨床人力</u>資源支援度	1	2	3	4	5	N
6. 教學研究工作的<u>行政人力</u>資源支援度	1	2	3	4	5	N
7. 教學研究工作的<u>財力(經費)</u>資源支援度	1	2	3	4	5	N
8. 教學研究工作的<u>設備</u>資源支援度	1	2	3	4	5	N
9. 在同業間的<u>病患口碑</u>	1	2	3	4	5	N
10. 在同業間的<u>臨床專業口碑</u>	1	2	3	4	5	N
11. 在同業間的<u>研究口碑</u>	1	2	3	4	5	N
12. 在同業間的<u>醫學教學口碑</u>	1	2	3	4	5	N

第三部份：醫師基本資料

1. 您的年齡是：_____ 歲
2. 您的性別是：□(1)男性　□(2)女性
3. 您的專科別是：_____ 科
4. 您離職當時之醫院年資：_____ 年
5. 您從該醫院離職至今約：_____ 年
6. 您離職當時醫院的平均每週工作時數(包括值班)情況：
   □(1)40 小時以下　□(2)40—60 小時　□(3)60 小時以上
7. 您在當時任職醫院有深造機會(包括國內外之長短期進修或拿學位)：

□⑴有機會　　□⑵無機會　　□⑶不知道

8.　您在當時任職醫院有終身職機會：□⑴有機會　　□⑵無機會　　□⑶不知道

9.　您在當時任職醫院有升任主治醫師之職缺機會：□⑴有機會　　□⑵無機會　　□⑶不知道

10.　您現在的平均每週工作時數情況：□⑴40 小時以下　　□⑵40—60 小時　　□⑶60 小時以上

11.　您對現在自行開業之整體工作滿意度？

　　□⑸非常滿意□⑷滿意□⑶尚可□⑵不滿意　　□⑴非常不滿意

12.　與之前醫院工作相比，您對您目前自行開業之工作滿意度？

　　□⑶比醫院工作滿意度佳　　□⑵一樣□⑴比醫院工作滿意度差

13.　如果讓您重新選擇，您會同樣選擇離開原工作醫院嗎？

　　□⑴會離開原工作醫院　　　□⑵會離開原工作醫院，但是到其他醫院工作

　　□⑶不會離開原工作醫院　　□⑷其他＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

【感謝您細心地完成問卷，請您再詳細檢視問卷是否有漏填的部分，
再次謝謝您的協助！】

上述問卷中如果無包括您當時離職之原因或想法，可詳細寫在所附的空白頁中

＿＿
＿＿
＿＿
＿＿
＿＿
＿＿

Appendix 2: The list of professionals and practitioners

　　1. 林妍如　　中國醫藥大學醫務管理系暨碩士班　　副教授
　　2. 黃光華　　中國醫藥大學醫務管理系暨碩士班　　助理教授
　　3. 李建忠　　台中市美村婦產科　　　　　　　　院長
　　4. 黃千芳　　台中市家醫科　　　　　　　　　　主治醫師
　　5. 賴世偉　　中國醫藥大學附設醫院家醫科　　　主治醫師