

Factors Enhancing Career Satisfaction Among Female Emergency Physicians

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Study objective: Attrition rates in emergency medicine have been reported as high as 25% in 10 years. The number of women entering emergency medicine has been increasing, as has the number of female medical school graduates. No studies have identified factors that increase female emergency physician career satisfaction. We assess career satisfaction in women emergency physicians in the American College of Emergency Physicians (ACEP) and identify factors associated with career satisfaction.

Methods: The survey questionnaire was developed by querying 3 groups: (1) ACEP women in the American Association of Women Emergency Physicians, the (2) Society for Academic Emergency Medicine Mentoring Women Interest Group, and (3) nonaffiliated female emergency physicians. Their responses were categorized into 6 main areas: schedule, relationships with colleagues, administrative support and mentoring, patient/work-related issues, career advancement opportunities, and financial. The study cohort for the survey included all female members of ACEP with a known e-mail address. All contact with survey recipients was exclusively through the e-mail that contained a uniform resource locator link to the survey itself.

Results: Two thousand five hundred two ACEP female members were sent the uniform resource locator link. The Web survey was accessed a total of 1,851 times, with a total of 1,380 surveys completed, an overall response rate of 56%. Most women were satisfied with their career as an emergency physician, 492 (35.5%) very satisfied, 610 (44.0%) satisfied, 154 (11.1%) neutral, 99 (7.1%) not satisfied, and 31 (2.3%) very unsatisfied. Significant factors for career satisfaction included amount of recognition at work, career advancement, schedule flexibility, and the fairness of financial compensation. Workplace factors associated with high satisfaction included academic practice setting and sex-equal opportunity for advancement and sex-equal financial compensation.

Conclusion: Most of the ACEP female physicians surveyed were satisfied with their career choice of emergency medicine. Opportunities for career advancement, fairness in financial compensation, and schedule flexibility were key factors in career satisfaction among female emergency physicians. [Ann Emerg Med. 2008;51:723-728.]

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SEE EDITORIAL, P. 729.

INTRODUCTION

The number of women entering emergency medicine has been increasing, as has the number of female medical school

graduates. Female emergency medicine residents make up 29% of all emergency medicine residents.¹ There are no specific data available directly related to female emergency physician attrition rates, but data from the American College of Emergency Physicians (ACEP) project overall emergency physician attrition

Editor's Capsule Summary*What is already known on this topic*

Career satisfaction is believed to correlate with retention of physicians, but little is known about what factors influence career satisfaction among female emergency physicians.

What question this study addressed

What factors correlate with career satisfaction among 1,380 respondents to an electronic survey offered to 2,502 female American College of Emergency Physicians members.

What this study adds to our knowledge

Most respondents were satisfied with their careers; advancement opportunities and schedule flexibility were the 2 important correlates of career satisfaction.

How this might affect clinical practice

By highlighting factors that female emergency physicians associate with job satisfaction, this article suggests how jobs might be structured to promote satisfaction and retention.

rates of 7.5% during 5 years and 25% during 10 years.² In addition, the American Board of Emergency Medicine (ABEM) longitudinal study 2003 Interim Survey revealed that 82% of the respondents are still working clinically in emergency medicine.³ This ABEM survey found that career satisfaction remains high, with more than 85% of participants indicating they were "satisfied" to "very satisfied" with their emergency medicine careers. Yet nearly one-third (31%) of the nonretired survey participants indicated they had changed their primary emergency medicine practice setting in the past 5 years.³

Identification of factors that enhance career satisfaction among female emergency physician is important to the specialty of emergency medicine, especially as the female emergency physicians workforce grows.⁴ Yet the key factors that enhance career satisfaction for female emergency physician have not been well defined. Increased female emergency physicians career satisfaction may lead to an increased number of female physicians choosing emergency medicine as a career path.⁴ Retaining and advancing this valuable talent pool is crucial to the specialty of emergency medicine. The objective of this study was to assess career satisfaction in women emergency physicians who are members of ACEP and to identify factors associated with career satisfaction.

MATERIALS AND METHODS

This study entailed the development and conduct of a Web-based survey to assess female emergency physician career satisfaction and identification of potential factors contributing to career satisfaction. The institutional review board reviewed

and approved this study. Because this was a voluntary, anonymous survey, no informed consent was required by the institutional review board.

Potential aspects of career satisfaction were evaluated by administering an open-ended, nonrandomized, nonblinded, written questionnaire to 3 groups: (1) ACEP Section of American Association of Women Emergency Physicians, (2) SAEM Mentoring Women Interest Group, and (3) nonaffiliated female emergency physicians. These women were voluntarily requested to list 3 attributes that contribute most to their career satisfaction. Their responses were categorized into 6 main areas: schedule, relationships with colleagues, administrative support and mentoring, patient/work-related issues, career advancement opportunities, and financial. The identified factors were then used to generate a Web-based survey to identify factors that enhance career satisfaction among female emergency physicians practicing in the United States. We field-tested the survey among practicing female emergency physicians before the general circulation of the final Web survey.

The survey was sent to all female ACEP members who provided e-mail addresses in their membership application. An open-source Web application, DADOS-Survey, developed at our institution, was used to administer Web surveys to the study group.⁵ The details of this software application have been described elsewhere.⁵ Briefly, the DADOS-Survey was developed to facilitate compliance with the Checklist for Reporting Results of Internet E-Surveys (CHERRIES). Similar to the Consolidated Standards of Reporting Trials (CONSORT) statement for randomized trials⁶ and Quality of Reporting Meta-Analyses (QUORUM) guidelines for systematic reviews,⁷ CHERRIES strives to ensure quality and consistency in reporting results of Web-based surveys.⁸

All contact with survey recipients was exclusively by the e-mail that contained a uniform resource locator link directly to the survey itself. Three rounds of an identical, anonymous Web survey were administered to the study population, each sent 14 days apart. Data were collected during a period of approximately 6 consecutive weeks, ranging from November 19, 2005, to January 4, 2006. Invitations to complete the survey were sent by e-mail only to the selected study population. Participants were sent an e-mail that contained background information about the study, including estimated time to complete the survey and a uniform resource locator that directed the participant to the survey. To minimize bias, the sequence of the questions was randomized for each participant. There were no adaptive questions in the survey (ie, questions that are asked only if certain responses are given earlier in the survey). A total of 40 questions were asked in the 2-page survey. At the end of each page, incomplete responses were marked for the participant with Java-script, included in the DADOS-Survey program. Any responses that were still missing after this time were marked as incomplete. At the end of the survey, participants were given the option to review and edit their responses before final submission. Web survey forms in which

the subject did not access all pages of the survey were excluded from the study.

Because anonymity was deemed necessary to ensure that true opinions were provided to sensitive career questions, the Web survey was administered without any login or password required for authentication to ensure the integrity of the responses and to keep them anonymous from the researchers. In addition, Internet protocol addresses were not blocked from submitting multiple completed surveys, so that more than 1 participant in the study could use the same computer.

To ensure compliance with Health Insurance Portability and Accountability Act regulations,⁵ all survey responses were automatically captured, encrypted, and stored on a password-protected server at our institution. Data were automatically tabulated by the DADOS-Survey application and were saved by the application as a Microsoft Excel (Microsoft Corporation, Redmond, WA) spreadsheet. At the conclusion of data collection, all data were destroyed from the DADOS-Survey server by the investigators.

Primary Data Analysis

Multivariable logistic regression was used to determine how factors related to demographics, finances, career advancement, work climate, collegiality, and scheduling predicted overall career satisfaction. For each of these 6 major categories thought to predict career satisfaction, the research team selected survey questions hypothesized to be important determinants of career satisfaction for further testing. The dependent variable for the logistic model was defined as the response to the specific survey item "In general, I am satisfied with my career as an emergency physician" and was dichotomized according to the response variable (strongly agree/agree versus neutral/disagree/strongly disagree). The independent variables were defined as responses to survey questions that were hypothesized to be predictors of career satisfaction. For each of these independent variables, question answers were categorized into the following groups: (1) strongly agree/agree, (2) neutral, and (3) strongly disagree/disagree.

Additional analyses were used to separately assess predictors of satisfaction specifically related to workplace and sex. The analysis identified survey questions specific to sex issues in the workplace and sought to determine how these factors were related to the highest levels of career satisfaction. Therefore, the dependent variable to the career satisfaction question was dichotomized to strongly agree versus all other responses. The independent variables were defined as answers to the relevant questions tested. The odds ratios for career satisfaction were calculated and the 95% confidence intervals were derived using the asymptotic standard error of the estimate.

All analyses were conducted using SAS statistical software (version 9.1; SAS Institute, Inc., Cary, NC).

RESULTS

Two thousand five hundred two female ACEP members were sent the uniform resource locator link by e-mail. The Web

Table 1. Descriptive statistics of study population.

Descriptive Statistics	Number of Respondents (%)
Age, y (n=1,367 responses)	
≤30	31 (2.3)
31–40	600 (43.9)
41–50	444 (32.5)
51–60	268 (19.6)
≥61	24 (1.8)
Children (n=1,366)	
Yes	838 (61.3)
No	528 (38.7)
Primary employment (n=1,365)	
Community practice	744 (54.5)
Academic practice	315 (23.1)
Community/academic practice	285 (20.9)
Locum tenens	21 (1.5)
Structure of workweek (n=1,366)	
Full time	1,070 (78.3)
Part time	268 (19.6)
Per diem	28 (2.1)
Average number of clinical hours/week (n=1,380)	
≤15	115 (8.3)
16–25	380 (27.5)
26–35	525 (38.0)
≥35	360 (26.1)
Number of years practicing, mean (±SD)	10.8 (±7.6)

survey was accessed a total of 1,851 times, and a total of 1,395 surveys were formally submitted (56% overall response rate). Fifteen of the 1,395 survey respondents failed to answer at least 10 survey questions. These surveys were removed from the analysis pool, leaving 1,380 surveys available for analysis. Of these 1,380 surveys, approximately 1% of the total data fields were left blank (out of >50,000 individual questions responses). The mean time required to complete the survey was approximately 6 minutes (369 seconds).

The demographics of the survey population are summarized in Table 1. The majority of the women who completed the survey were aged between 31 and 40 years (43.9%), and most had children (61.3%). Most (54.5%) of the women were employed at a community practice setting. The majority considered themselves as working full time (78.3%), and 26.1% worked greater than 36 clinical hours per week.

Overall, the majority of women were satisfied with their career as an emergency physician, with 489 (35.4%) reporting being very satisfied and 607 (44.0%) satisfied. Of the remainder, 154 (11.2%) were neutral, 99 (7.2%) not satisfied, and 31 (2.2%) very unsatisfied.

Important personal predictors of career satisfaction were practicing in an academic setting, the amount of recognition at work, opportunities for career advancement, schedule flexibility, having supportive colleagues, and fairness of financial compensation (Table 2). Factors that were not predictors of career satisfaction in the multivariable model included emergency department (ED) work climate, having a caring departmental director, and demographic factors related to physician age and having children.

Table 2. Results of multivariable logistic regression analyses to identify predictors of overall career satisfaction among female emergency physicians.

Demographics	Adjusted Odds Ratio of Career Satisfaction	95% CI
Age		
Younger (up to 40 y) vs older (ages 41 y and older)	0.88	0.75–1.53
No children (vs having children)	0.75	0.54–1.03
Practice setting		
Community	1.00*	
Academic	2.67 [†]	1.70–4.20
Community/academic	1.21	0.82–1.79
Locum tenens	1.25	0.38–4.05
Financial		
My compensation is fair overall	2.18 [†]	1.42–3.36
Career advancement		
I am advancing appropriately for my career	4.27 [†]	2.66–6.87
Work climate		
I have good interactions with nurses and other nonphysician staff	1.91	0.56–6.56
My boss cares about me as a person	0.77	0.47–1.27
I am satisfied with the amount of recognition I receive for my work	1.61 [†]	1.03–2.51
Relationship with colleagues		
My emergency medicine colleagues support my efforts to balance personal and work responsibilities	1.77 [†]	1.08–2.88
Schedule		
My schedule allows me the flexibility I need to lead a balanced lifestyle	4.17 [†]	2.78–6.27

CI, Confidence interval.

Odds ratios reflect likelihood of satisfaction among survey respondents who answered strongly agree/agree versus strongly disagree/disagree/neutral for each statement

*This group served as the reference group.

[†]Indicates significance at P=.05.

Table 3. Predictors of satisfaction related to workplace and sex.

Predictors of Satisfaction	Number of Respondents (%)	Number (%) of Respondents Who “Strongly Agreed” That They Were Satisfied	Odds Ratio of Career Satisfaction	95% CI
Advancement opportunities				
Equal for men and women	910 (67.0)	369 (40.6)	1.59*	1.34–1.90
Men have more opportunities	447 (32.3)	114 (25.5)	1.0 [†]	
Women have more opportunities	2 (0.15)		N/A	
Compensation				
Equal for men and women	1,181 (87.2)	443 (37.6)	1.64*	1.23–2.18
Men are compensated more	170 (12.6)	39 (22.9)	1.0 [†]	
Women are compensated more	3 (0.22)		N/A	
Sex of director				
Male	1,221 (88.4)	435 (35.7)	1.06	0.84–1.33
Female	159 (11.5)	53 (33.5)	1.0 [†]	

N/A, Not applicable.

*Indicates significance at P=.05.

[†]This group served as the reference.

Workplace sex-related factors that predicted the highest levels of career satisfaction (“strongly agree”) included sex-equal opportunity for advancement and sex-equal financial compensation (Table 3). The sex of the practice boss was not associated with career satisfaction among women emergency physicians.

LIMITATIONS

There is an inherent potential bias in the use of Web-based surveys, including the nonrepresentative nature of the Internet

population and the self-selection of participants (the volunteer effect).⁸ We developed several steps to enhance participation and to improve the quality of the data. The survey was simple, short, and focused. The survey response rate was maximized by the use of a tracking and repeated request mechanism built into the recently developed DADOS-Survey application.⁵ It is difficult to determine an exact response rate because we could not verify the exact number of the 2,502 ACEP members who received our initial e-mail (eg, because of incorrect or outdated e-mail addresses). Yet our overall response rate (56%) seems to

compare favorably to the 59% rate reported for previous ABEM surveys of emergency physician career satisfaction.⁹ However, it is possible that primary responders included those with strong opinions and those that are most motivated to complete the survey. To protect anonymity, we did not specifically track Internet protocol addresses and thus, though unlikely, multiple responses were theoretically possible, precluding the determination of a true response rate.

DISCUSSION

To our knowledge, this study is the first survey to specifically target the determinants of career satisfaction specifically among women emergency physicians. Overall, the majority (80%) of women emergency physician respondents were satisfied with their career. The rate of career satisfaction found in this comprehensive Web-based survey of female ACEP members is comparable to emergency medicine career retention (non-“burnout”) rates reported among ABEM diplomats (75%).⁹ This rate is also comparable to 84% career satisfaction rates reported in the Women Physician’s Health Study¹⁰ and other surveys of female physicians.^{10,11}

The most important personal predictors in our survey of women emergency physician career satisfaction were the amount of recognition at work, opportunities for career advancement, schedule flexibility, and financial equity with male counterparts.

Recognition at work appears important to female satisfaction in emergency medicine. Indeed, the lack of recognition has been noted to be a significant negative factor in overall physician work satisfaction.¹² According to the findings of our study, leaders in emergency medicine should focus on finding more ways to recognize work performance. Recognition of women for professional contributions may lead to improved retention.

Schedule flexibility is an important physician factor in both choosing a specialty and ongoing career satisfaction. In particular, schedule flexibility is a key determinant of choosing a career in emergency medicine.¹³ Women physicians are more likely to alter their job responsibilities or make a career change to benefit their families and children, with the most common adjustment being a reduction in hours worked.^{14,15} Schedule flexibility has also been observed to be a significant factor in ongoing work satisfaction.¹⁶ Although scheduling in emergency medicine is challenging, receptivity to individual needs and adaptability is clearly an important issue for women emergency physicians. The need for more flexible work schedules is also important to male physicians.¹⁷

This study highlights that women emergency physicians pay attention to and see the need for personal career advancement. Previous studies of women in academic positions suggest that women place a high value on their careers.^{18,19} Women often assume unique societal roles, and there is an associated balance necessary for success in all areas.^{14,18} The need for career progression should be recognized by those in a position to promote women. Opportunities for career advancement must be created and supported.

Fairness of financial compensation is another key indicator of women emergency physician satisfaction. The absolute salary amount did not appear to be a key issue, but rather financial fairness compared with peers. Furthermore, sex-specific workplace factors associated with high career satisfaction did not include female departmental director or favoring women over men in either career advancement opportunities or financial compensation. However, the number of respondents reporting situations in which women were favorably considered for career advancement or financial compensation was much less common than similar situations with men.

Furthermore, factors related to the specific clinical environment, including the ED work climate and the presence of a caring departmental director, were not significantly associated with satisfaction in the multivariable regression model. These findings, however, should not be interpreted to mean that these issues are not important for female career satisfaction, but rather these factors did not appear to weigh as heavily in comparison with recognition at work, career advancement, schedule flexibility, and fairness of financial compensation.

In conclusion, most female emergency physicians surveyed reported being satisfied or very satisfied with their careers. Focusing on factors important for career satisfaction is important for emergency medicine as a specialty to attract and retain an optimal workforce. Key factors associated with female career satisfaction include amount of recognition at work, opportunities for career advancement, schedule flexibility, and financial equity with male counterparts. Future research is needed to study the relative determinants of career satisfaction among male and female emergency physicians. Monitoring key factors for women in emergency medicine will help the specialty to better understand the issues facing women emergency physician and to measure appropriate outcomes. Specific data could include the number of women practicing emergency medicine, their longevity, the number of clinical hours per week, academic rank or leadership positions, and salary information specific to women. Further research should address the impact of sex on important issues such as career longevity and milestones, salary, and work-family balance. These results of this study and future work could be used to develop, and eventually test, targeted interventions to enhance career satisfaction among all emergency physicians.

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Author contributions: CBC had full access to all of the data in this study and takes responsibility for the integrity of the data and the accuracy of the data analysis. KJC, SBP, MAF, RP, and CBC were responsible for study concept and design. KJC, SBP, AS, and RP acquired data. KJC, SWG, AS, RP, and CBC drafted the article. KJC, SBP, SWG, AS, MAF, RP, and CBC were responsible for critical revision of the article for important intellectual content. SWG, AS, RP, and CBC conducted statistical analysis. KJC obtained funding. KJC, RP, and CBC were responsible for administrative, technical, and

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AAWEP Emergency Medicine Female Physician Satisfaction survey

Demographics

How old are you?

- 30 or less
- 31-40
- 41-50
- 51-60
- 61 - plus

Do you have children?

- Yes
- No

If yes, please indicate the age group(s) of your child(ren).

- Newborn to 1 year
- Toddler/Preschool
- Elementary/Middle School age
- High school age
- College age/Adult

How many years have you been practicing Emergency Medicine (excluding residency training)?

Describe your primary employment?

- Community practice
- Academic practice
- Community/Academic practice
- Locum tenums

Continued..

Appendix E1. AAWEP emergency medicine female physician satisfaction survey.

Overall Satisfaction

Rank the following items in order of importance for your career satisfaction with 1 being the most important and 5 being the least important.

ED work climate

Financial compensation

Opportunity for career advancement

Schedule flexibility

Social relationship with colleagues outside of work

In general, I am satisfied with my career as an emergency physician

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

I think about leaving my current position

- All the time
- Often
- Occasionally
- Rarely
- Never

Continued..

Appendix E1. Continued.

If you were to leave your current position in the next year, what would be the reason?

- Career advancement
- Family responsibilities
- Dislike current work environment
- Financial compensation
- Partner/spouse job opportunity
- Other

Emergency Medicine is a good career choice for me

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Schedule

How far in advance do you know your clinical schedule?

- Less than one month in advance
- One month in advance
- Two months in advance
- Three months in advance
- Greater than three months in advance

In general, my clinical schedule requests are met

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Appendix E1. Continued.

My schedule allows me the flexibility I need to lead a balanced lifestyle

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

My colleagues are supportive with needs to swap shifts when plans change

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Average number of clinical hours per week

- 15 hours or less
- 16 - 20 hours
- 21 - 25 hours
- 26 - 30 hours
- 31 - 35 hours
- 36 hours or more

I work

- Full time
- Part time
- Per time

I currently work

- Too little
- A comfortable amount
- Too much

Appendix E1. Continued.

Relationship with Colleagues

What is the gender of the person to whom you directly report for work related issues?

- Male
- Female

I socialize with physician colleagues of my same gender outside of work

- Never
- Rarely
- Sometimes
- Often
- Not applicable

My emergency medicine colleagues support my efforts to balance personal and work responsibilities

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Work Climate

The total number of female emergency physicians at my primary place of employment is

The total number of male emergency physicians at my primary place of employment is

Appendix E1. Continued.

I am satisfied with the amount of recognition I receive for my work

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

In general, I have good interactions with nurses and other non-physician staff

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

My boss cares about me as a person

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

I have a formal mentor

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Appendix E1. Continued.

I am satisfied with the parental leave policy at my place of employment

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Career Advancement Opportunities

Advancement opportunities are available to me even if I work part time

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Which of the following best describes advancement opportunities at my primary place of employment?

- Opportunities are equal for both men and women
- Men have more opportunities than women
- Women have more opportunities than men

I am advancing appropriately for my career

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Appendix E1. Continued.

Financial

Which of the following best describes compensation at your primary place of employment?

- Compensation is equal for both men and women
- Men are compensated more than women
- Women are compensated more than men

My financial compensation is fair overall

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

I have a predictable income

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Appendix E1. Continued.