

# THE JOY IS GONE— RESULTS OF THE NMA/GALLUP SURVEY OF AFRICAN-AMERICAN PHYSICIANS

L. Natalie Carroll, MD and Sharon Allison-Otley, MD  
Lanham, Maryland

## INTRODUCTION AND BACKGROUND

The status of the physician continues to be a major factor in the status of health in America. When the profession is esteemed and there is increased competition to enter the field, the best and the brightest flock to answer the call to medicine. It is generally accepted that when professionals, including physicians, are happy with their profession they tend to enjoy their work more and are more successful. In this profession, wherein bedside manner is often equivocal to patient satisfaction, a physician that feels fulfilled and takes pride in his/her work better serves the patient. While these are general statements that would not warrant much argument, our profession demands that we scientifically investigate the attitudes of physicians and make statements that withstand scientific scrutiny. In the scientific tradition of the National Medical Association (NMA), we developed and executed a survey of African-American physicians that focused on their perceptions of medicine and the profession.

There are previous surveys of physicians that focus on quality of life, perceptions, and attitudes toward their profession. Generally, there is a noted decline in satisfaction and attraction to the field of medicine. A survey completed by the Kaiser Family Foundation in March 2002 found that attitudes about the profession—specifically managed care—have become more negative since 1999. In that study, the primary complaint was increased paperwork due to

managed care and the resultant decrease in time with patients and restrictions in patient access to specialists. In the same study, there was a dramatic 85% drop in overall morale in the last five years, and physicians stated that their enthusiasm had decreased.<sup>1</sup>

This is part of an unfortunate trend that physicians around the country are experiencing. The authors know that as physicians enter into casual conversation with other physicians in the hall, hospital, or elevator, the conversation will inevitably be negative with regards to the profession. The physician is ever challenged to do more with less, bombarded with regulations and paperwork and must attempt to navigate through the litigious environment that is now a reality in medicine. Further, the burdens of decreasing revenue but increases expenses cause great angst among physicians that are in solo, private, or group practice. The cost of malpractice coverage that has skyrocketed has been well reported in the press and caused some physicians to leave their beloved practices. The issue of tort reform and the lack of a national malpractice referendum continues to burden the physician who at the heart of the matter simply wants to provide excellent care for the patient. In spite of the obstacles, physicians everyday in this country and around the world wake up and face the music that medicine is playing. We continue to take care of the patients that we serve, often at great personal loss.

The NMA, the nation's oldest and largest association of physicians of African descent, has advocated for physicians and the patients that they serve for over a century. In the midst of decreasing morale, increasing paperwork and legislation, increasing lawsuits, and increasing malpractice

© 2004. Send correspondence and reprint requests for *J Natl Med Assoc.* 2004;96:419–433 to: Sharon D. Allison-Otley, MD, COSHAR Medical Inc., 8601 MLK Highway, Lanham, MD 20706; phone: (301) 773 8795; fax: (301) 773-8020; email: docsforyou@cosharmedical.com

*Figures and tables copyright ©2003 The Gallup Organization, Princeton, NJ. All rights reserved.*

<b>Table 1. Respondents</b>					
<i>Median date of completing residence:</i> 1984					
Gender: 56% men    44% women					
<i>Race (as many as apply by percent)</i>		American Indian	2.7	Asian	0.8
		Black or African American	100.0	White	2.3
		Hispanic	~2.0		
<i>Age (percent):</i>					
18–24 years old		0.4	55–64 years old		19.6
25–34 years old		9.6	65–74 years old		10.2
35–44 years old		23.9	75+ years old		9.6
45–54 years old		26.7			
<i>Primary practice (percent)</i>					
Solo				32.6	
Single specialty group practice or partnership				26.2	
Multispecialty group practice or partnership				12.9	
Full-time academic				22.6	
Full-time employee of managed care				4.1	
Military				1.6	
<i>Urbanicity (percent)</i>					
Large, urban area				57.9	
Suburbs of a large metropolitan area				13.3	
Smaller community with a population of 25,000 to 500,000				23.3	
Rural area, some distance from a large metropolitan area				5.5	
<i>Length of service in current practice situation (percent)</i>					
Less than one year		8.7	Three years to less than five years		15.4
One year to less than two years		9.1	Five years to less than 10 years		12.2
Two years to less than three years		10.2	10 or more years		44.3

premiums, and an apparent exodus of well-trained, qualified physicians from the practice of medicine—the time for the NMA to scientifically survey our experts, the physicians, had come.

In 2003, under the direction of President L. Natalie Carroll, the NMA engaged the Gallup Organization to conduct a survey of African-American physicians using the NMA database. It was important for the NMA, i.e., physicians, to have input into every aspect

of the survey from conception to development and implementation, thus, NMA Physician and Researcher Sharon Allison-Ottoy, MD was named coinvestigator of the project. The Gallup Organization, a nationally recognized organization, was engaged to bring the necessary expertise in survey development and execution with world-renowned credibility and a full armory of statisticians that would be essential to interpretation of the data. This survey is the first of its

<b>Table 2. Categorization of Physicians</b>	
<i>Engagement refers to profession or organization, question dependent</i>	
Fully Engaged	Loyal and have a strong emotional attachment. Supporters and have long-term relationship. (Very Positive)
Engaged	Less loyal but still strong emotional attachment Perceive value in the organization's services. (Positive)
Not Engaged	Indifferent to the services and benefits Inattentive and Unresponsive to new concepts. (Ambivalent)
Actively Disengaged	Active emotional detachment and antagonism with NMA Unhappy and insist on sharing that unhappiness. Resistant to attempts to switch from a negative perspective. (Negative)

kind, and this is certainly a landmark study. The goal of the project was to ascertain the state of the practice of medicine as perceived by physicians of African descent, evaluate major obstacles to practice, satisfaction with specific aspects of medicine, and changes that have been made by physicians in the new environment. We also queried NMA physicians on the NMA and other medical organizations, organized medicine, and their major concerns. For the purposes of this study, the majority of the information will not be reported but rather reviewed internally.

## METHODOLOGY

The survey was developed in conjunction with the principal investigators of the NMA and the Gallup Organization. The NMA and Gallup met to discuss the parameters of the engagement, the survey content, and timelines. The initial survey was fielded to the research and development committee of the NMA. Further revisions were forwarded to Gallup for final implementation, and the NMA investigators approved the final instrument. The surveys were given a unique identifier number and were mailed directly to the Gallup Organization. The physicians were aware that the survey was blinded and that parameters in which the information would be used.

The survey was fielded July 7, 2003 using a mail methodology in conjunction with the Gallup organization. Surveys were mailed to a subset of physicians from the NMA mailhouse using a list held by the NMA. Additionally, reminders were faxed to physicians' offices. Of the 4,000 surveys mailed, 479 surveys were returned completed. The response rate of the survey was 12%.

**Table 3. Emotional Attachment with Their Profession**

*Percentage of physicians having...in their profession*

Confidence	6.8
Integrity	6.5
Pride	11.2
Passion	37.9

The attachment of physicians to their profession is characterized by how their profession reflects on them personally: their view is that their profession is irreplaceable (Passion). Issues concerning trust, fairness, and respect need to be reviewed.

## STATISTICAL ANALYSIS

Data entry and analysis were performed by the Gallup organization using standard analytical methodology. The only data presented in this document are those that were found to be statistically significant and relevant for public discussion. The NMA had no role in data entry or analysis and the final surveys were received by Gallup.

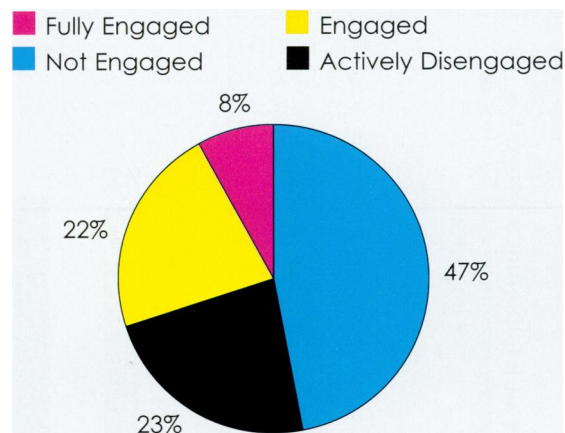
## RESULTS

### Demographics

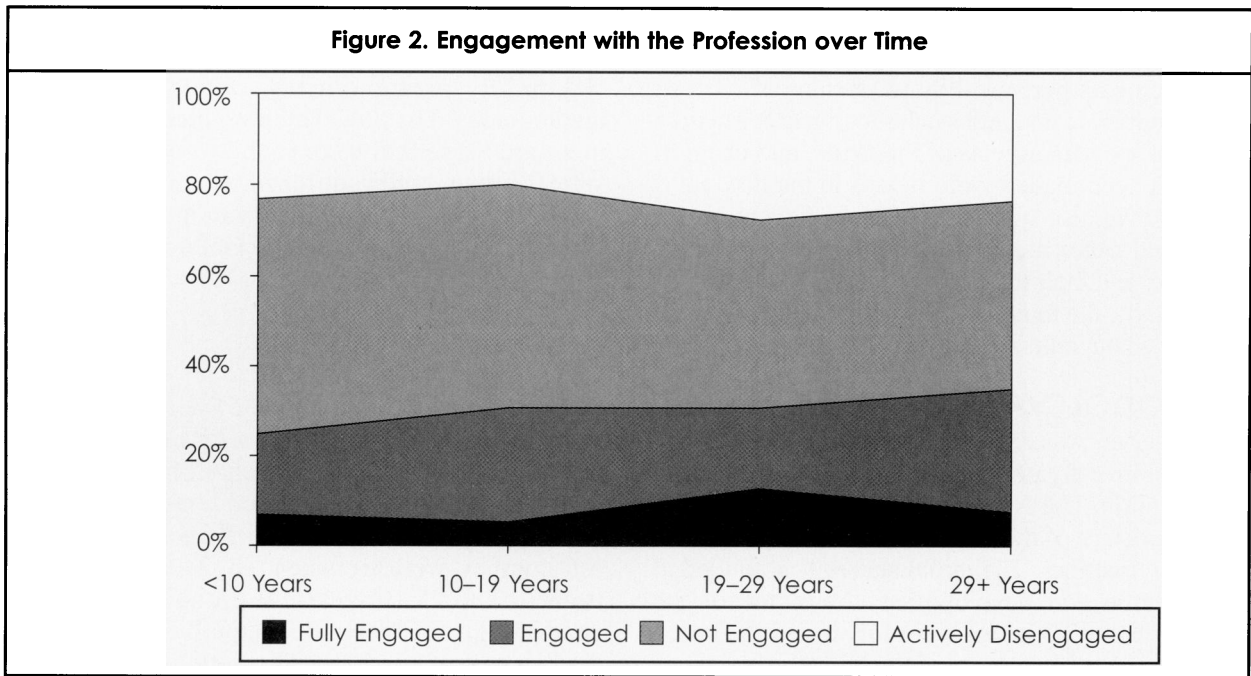
The respondents included 56% men and 44% women, with the largest majority of respondents between the ages of 35–64 years of age (70.1%). The largest number of respondents were in the 45–54-year-old age group (26.7%), and the smallest number were between 18–24 years of age (0.4%). The 25–34-year-old group and the 75+ year-old group responded equally (9.6%). The median date of residency completion was 1984.

The types of practices and their general locations were reviewed. The largest percentages of the respondents (32.6%) are in solo practice, followed by single specialty group practice or partnership (26.2%), academic practices (22.6%), and the multispecialty group practice or partnership (12.9%), respectively. The location of the majority of respondents was overwhelmingly that of a large,

**Figure 1. Engagement with the Profession**

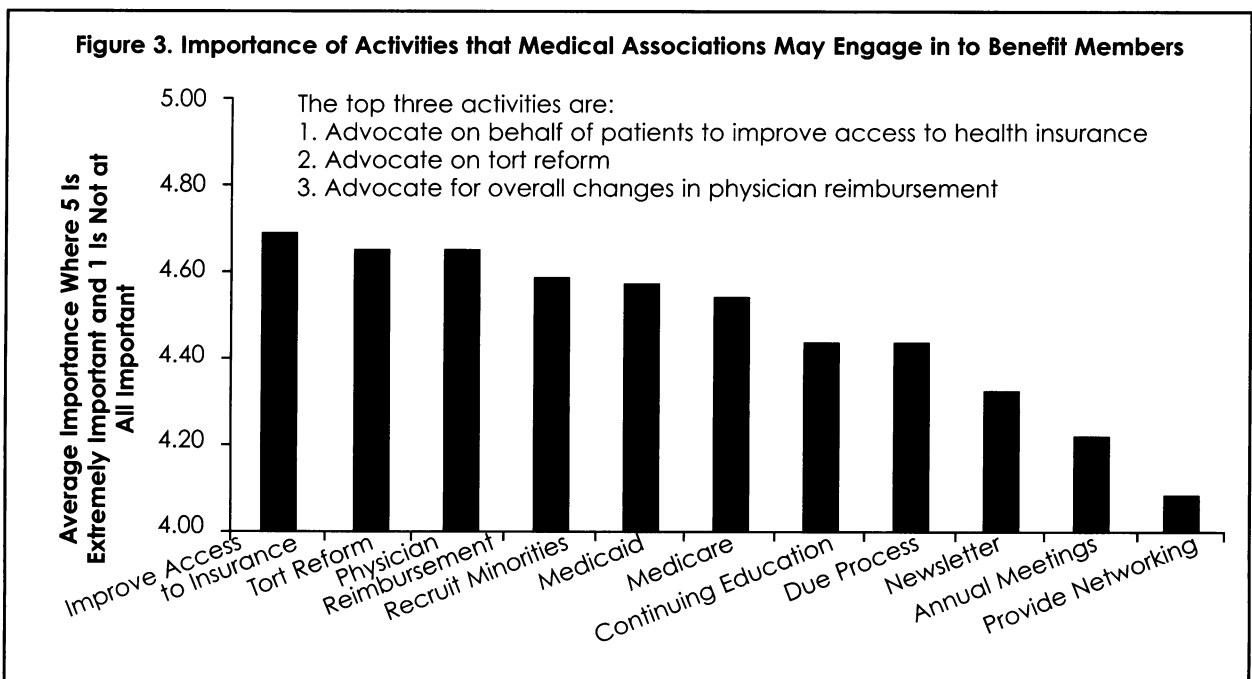


Less than one in 10 physicians are fully engaged with their chosen professions. Seven in 10 are either not engaged or actively disengaged.

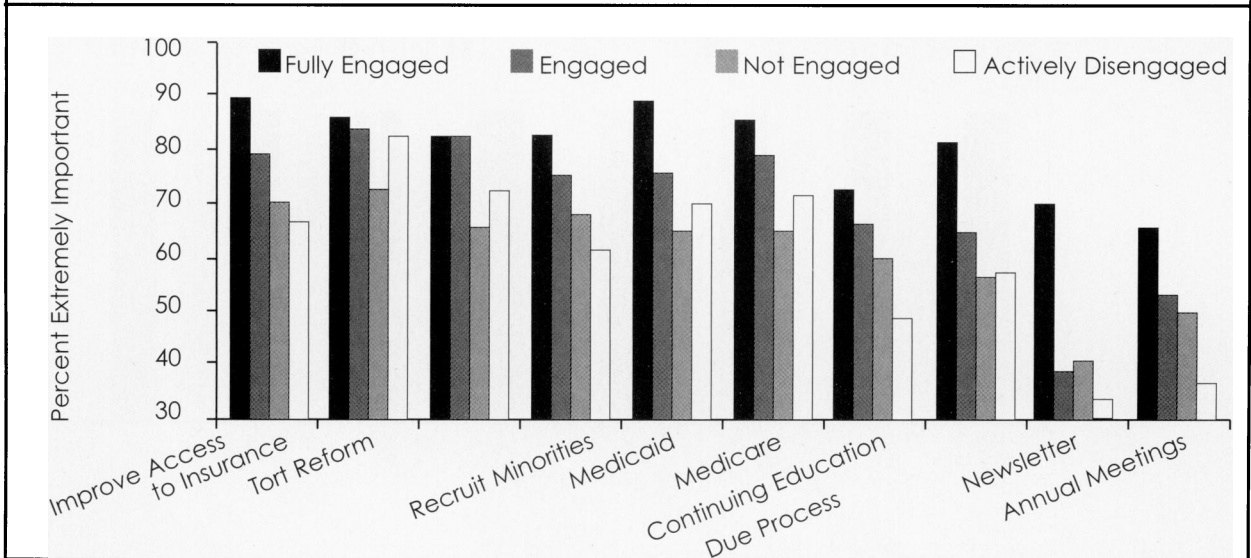


urban area (57.9%). However, 23.3% of the respondents were located in the smaller community with a population of 25,000 to 500,000. Officers or other elected officers in the local, state, or national associations comprised 20.8% of the respondents. The length of service in their current practice situation by percentage was largest in the 10 or more years

(44.3%), and the next-closest percentage was that of the 3-5 length of service at 15.4%. The racial reflection of the respondents was 100% African Americans with 2.3% white, 2.7% Native American, 0.8% Asian, and about 2% Hispanic (respondents could mark multiple categories).



**Figure 4. Importance of Activities that Medical Associations May Engage in to Benefit Members**



**RESPONSES**

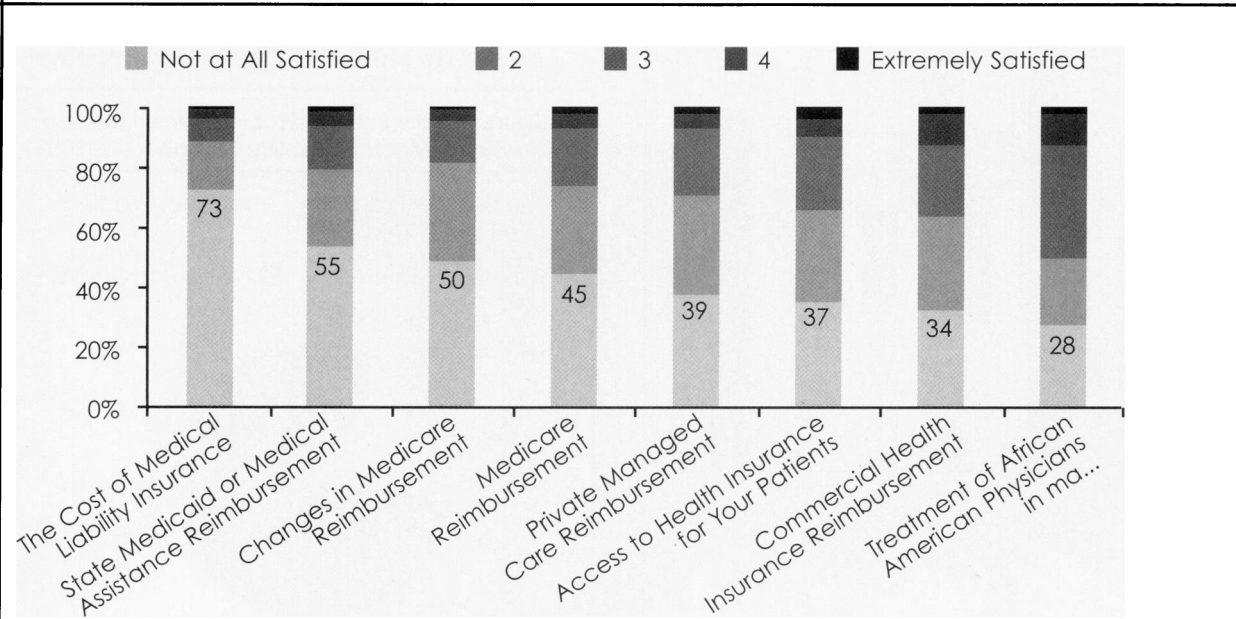
This survey categorized the physicians into four types: fully engaged, engaged, not engaged, and actively disengaged. The definitions are:

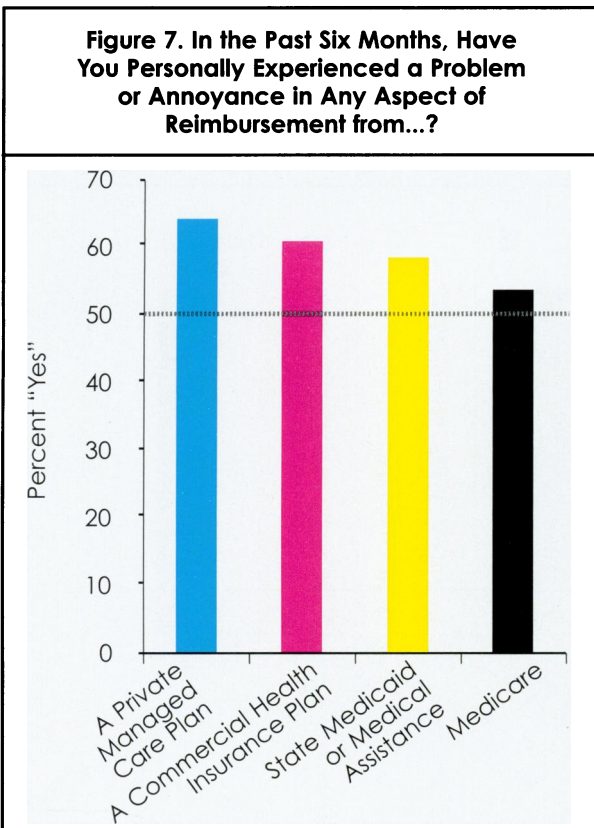
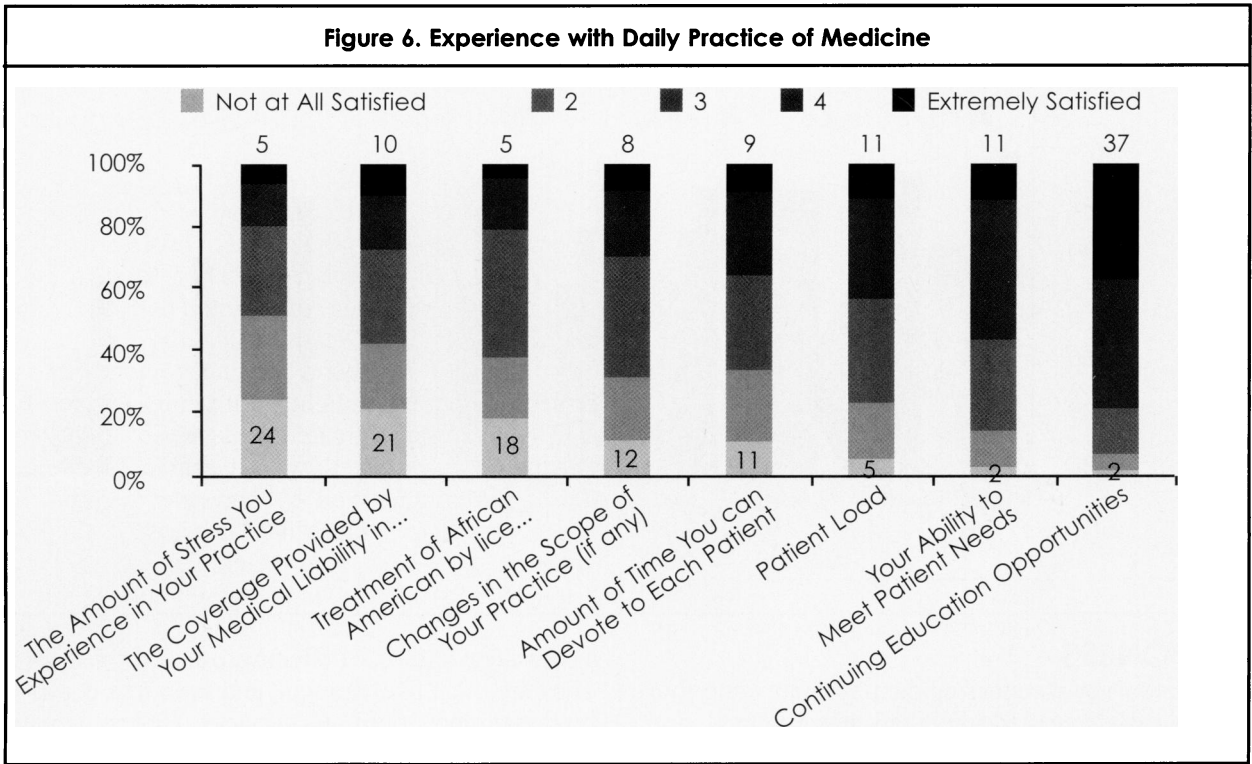
1. “Fully engaged” physicians are defined as loyal members with strong emotional attachment to the organization or profession. These physicians show

a consistent pattern of effective use of the services. They are most likely to seek and support any professional innovations and services. They anticipate a long-term relationship as part of this affiliation.

2. The “engaged” physicians are less loyal but still have a relatively strong emotional attachment to the organization or profession. They perceive an

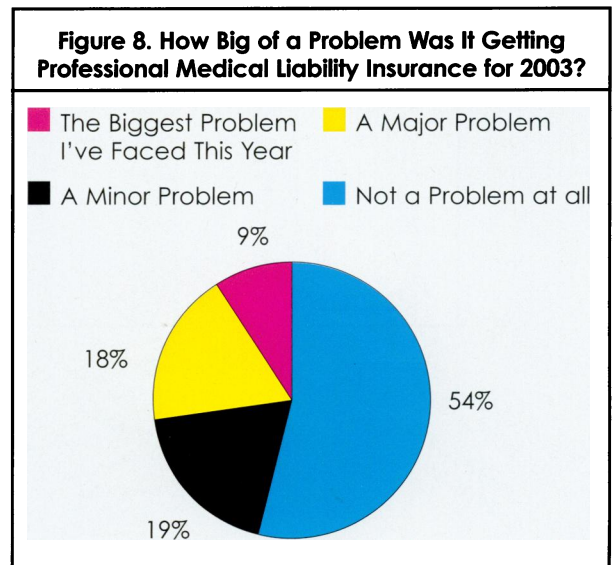
**Figure 5. Experience with Daily Practice of Medicine**



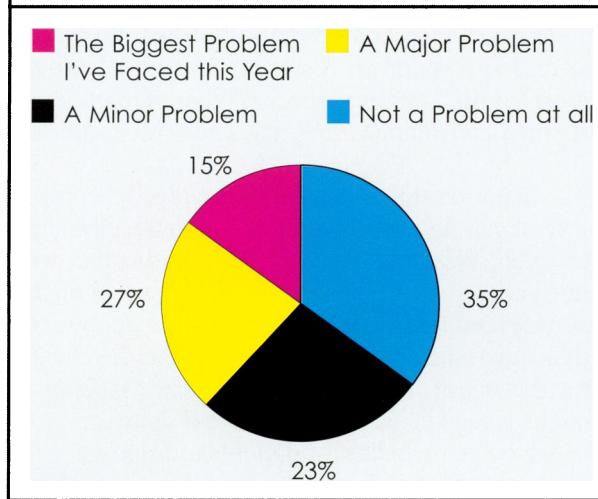


enhanced level of value in the services. They are aware of the improvements of services but balance these improvements in relation to time commitment and other costs.

3. The “not engaged” physicians are relatively indifferent to the services and benefits of the organization or profession. The unengaged physi-



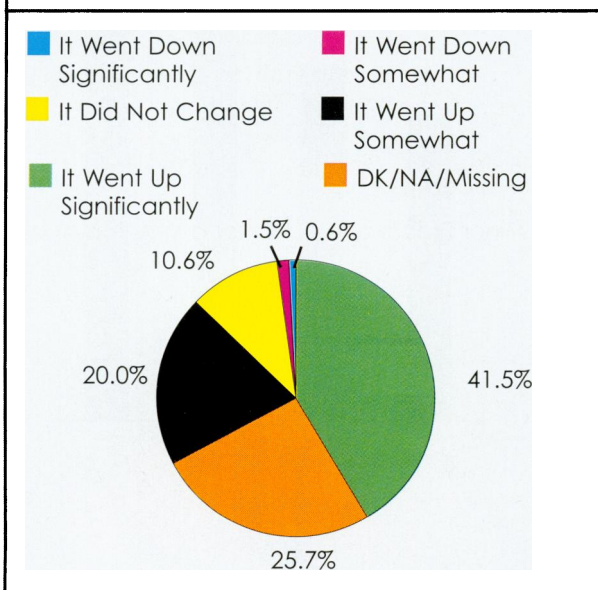
**Figure 9. How Big of a Problem Was It Paying for Professional Medical Liability Insurance for 2003?**



Physicians tend to be inattentive and unresponsive to new innovations and new services. They do not harbor any negative feelings, but they are clearly unimpressed with the organization or profession.

4. The “actively disengaged” physicians reflect active emotional detachment and antagonism with the organization or profession. They are unhappy and insist on sharing their unhappiness or dissatisfaction. These

**Figure 10. How Much Has Your Medical Liability Insurance Changed in the Last Three Years (Percent)**



physicians are resistant to attempts to switch from a negative perspective to a positive restorative mood.

## RESULTS

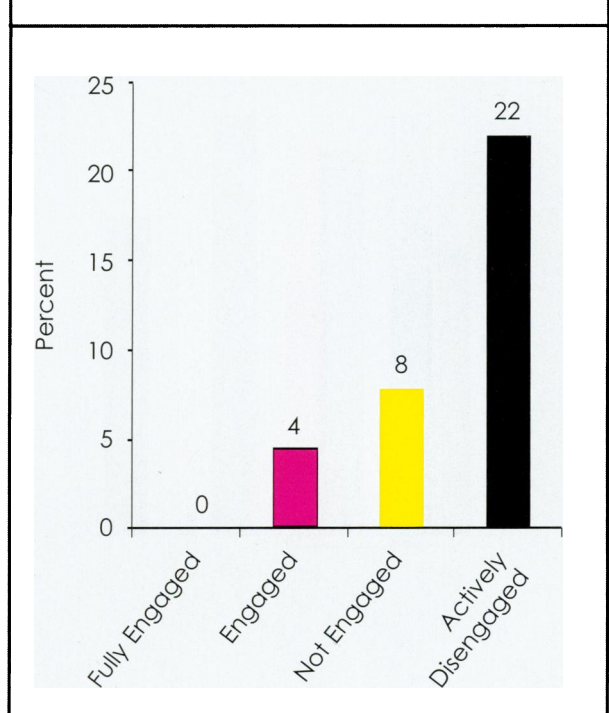
### The Profession

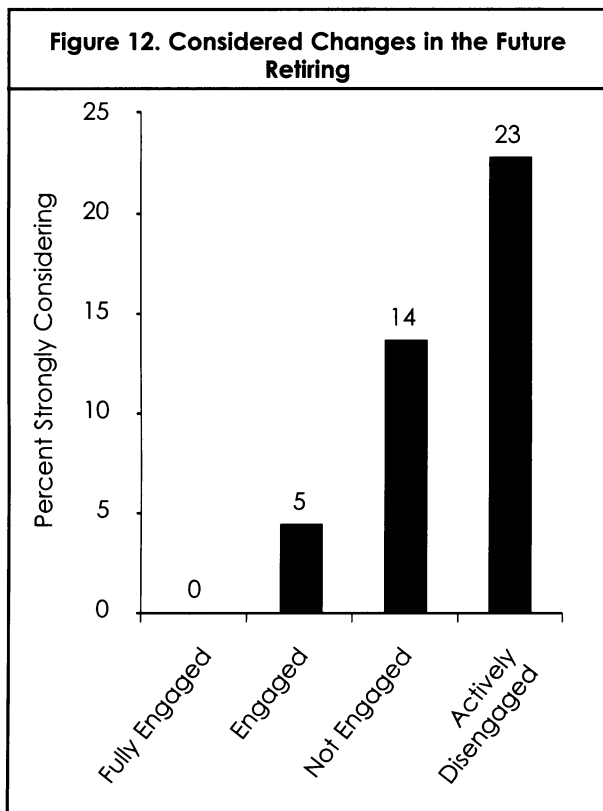
Less than one in 10 of the physicians surveyed were fully engaged in their chosen profession, 47% of the surveyed physicians were not engaged. Seven out of ten are either not engaged or actively disengaged (Figure 1). We also evaluated this engagement over time and found that engagement with the profession increases slightly with time (Figure 2).

The survey investigated the issues of emotional attachment associated with being a physician, which is characterized by how their profession reflects on them personally. The primary driver of engagement is emotional attachment. This attachment has been found to have four components:

- **Confidence:** Physicians feel their colleagues are trustworthy and keep their promises.
- **Integrity:** Physicians feel that their colleagues treat their patients and each other fairly.
- **Pride:** Physicians feel good about the profession and how being a physician reflects on them.

**Figure 11. Retired During the Last Year**





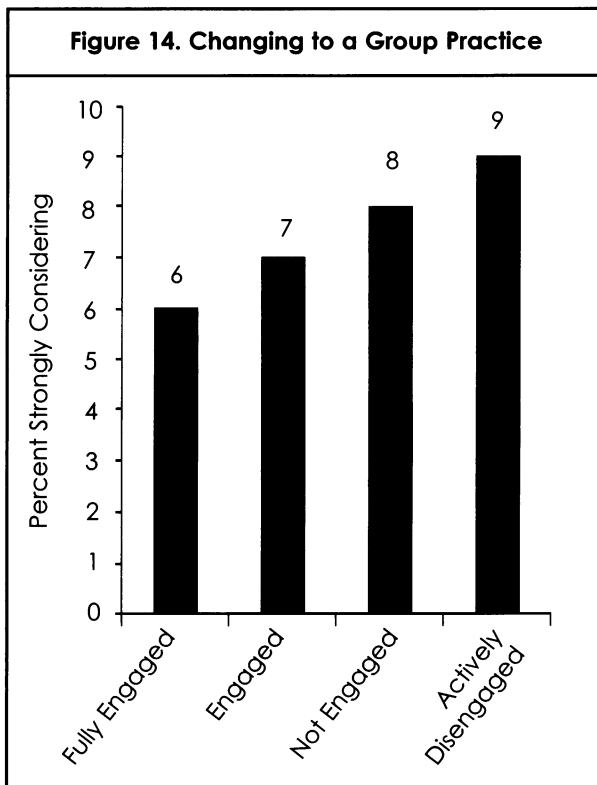
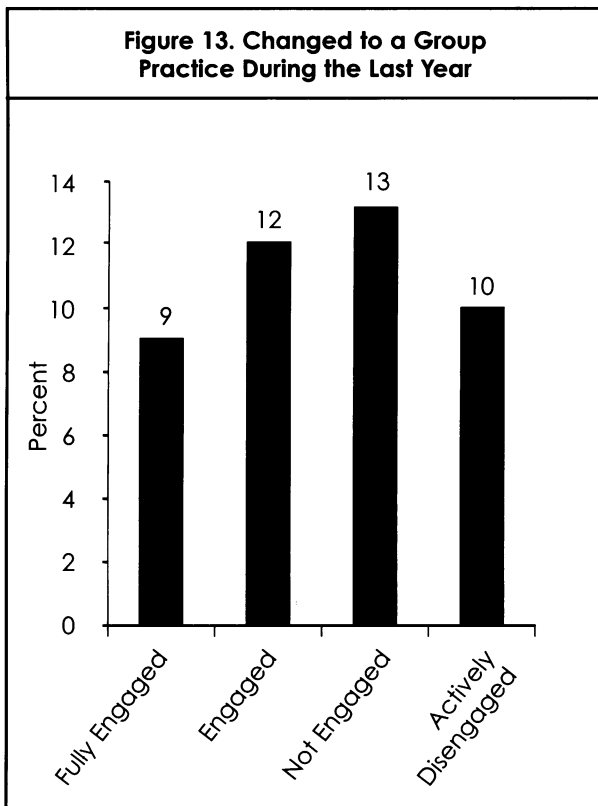
- **Passion:** Physicians feel passionate about their relationship with the profession; they view it as irreplaceable.

The survey revealed that 37.9% of physicians expressed passion for their profession. However, significantly smaller percentages of physicians affirmed confidence, integrity, and pride (Table 3).

A major portion of the survey involved the importance of various aspects of medicine to the physicians surveyed. We asked a series of questions that were aimed at establishing the major emphasis that organizations should place on various activities or physician advocacy issues. Consistently, physicians indicated that the major activities that medical associations should engage in on their behalf are (Figure 3):

- Advocate on behalf of patients to improve access to health insurance.\*
- Advocate for tort reform.\*
- Advocate for overall changes in physician reimbursement.\*

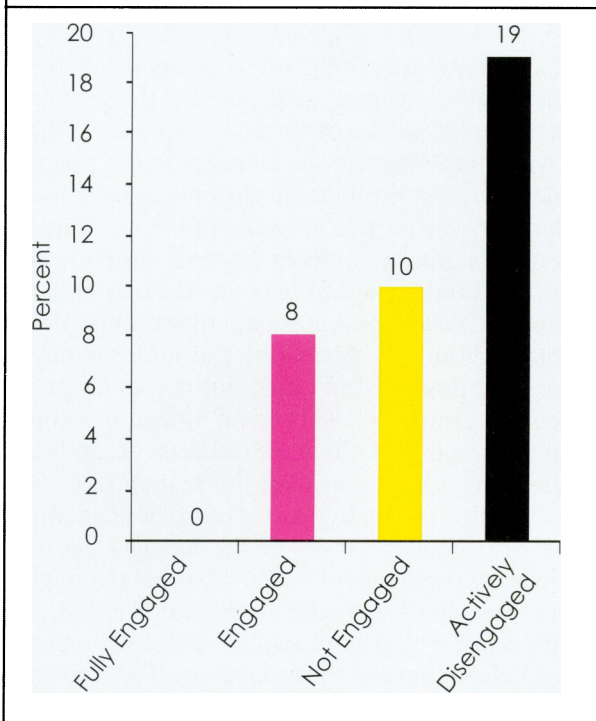
\* These three areas were statistically equal with no one being more important than the other.



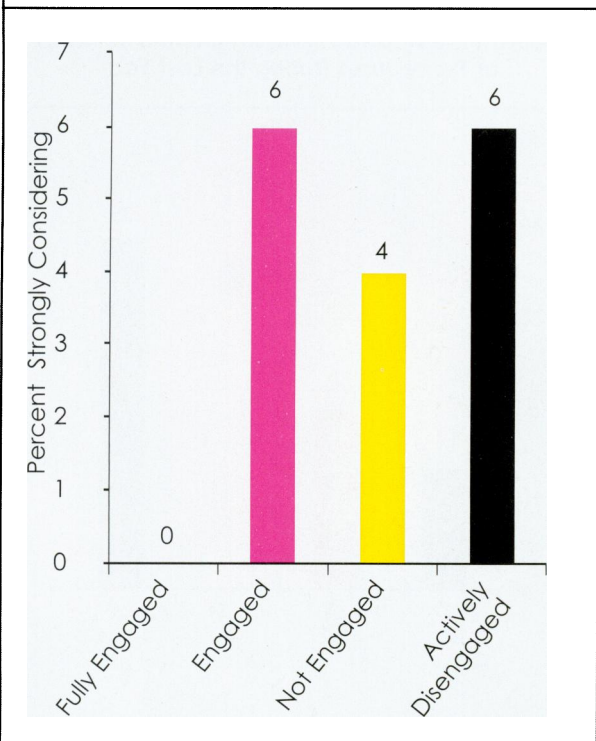
We further analyzed the results based on levels



**Figure 15. Changed to an Individual Practice During the Past Year**



**Figure 16. Changing to an Individual Practice**



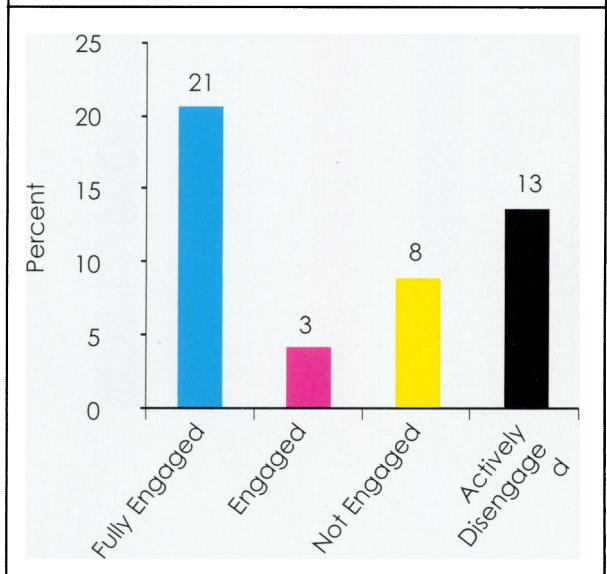
of engagement and found differences in these subgroups of respondents (Figure 4).

### The Daily Practice of Medicine

The survey indicates that the majority of physicians are not satisfied with their experience with the daily practice of medicine. We asked respondents to indicate their satisfaction with individual aspects of medical practice including reimbursement issues, stress in practice, malpractice issues, and other variables (Figures 5 and 6). The results indicate that 73% of physicians surveyed are not satisfied at all with the cost of medical liability insurance; physician reimbursement across the board is an area of little satisfaction. It is important to note that in this survey, almost 50% of physicians indicated low satisfaction with the treatment of African-American physicians in managed care. Further, a significant number of physicians indicate that they are dissatisfied with the amount of stress in their practice and coverage by medical liability insurance.

As we noted, reimbursement issues are a great source of dissatisfaction for the physician. The data indicated that over 50% of physicians surveyed had experienced a problem with reimbursement from several sources (Figure 7). Further, the problem was not resolved to satisfaction in the majority of the cases with only 18% of physicians that indicated a problem with a private managed care plan,

**Figure 17. Entered Academic Medicine During the Last Year**



25% of those with a problem with a commercial health insurance plan, 16% of those with a problem with Medicaid or Medical Assistance, and 27% of physicians with a problem with Medicare responding that the problem was solved to their satisfaction. The vast majority of respondents stated that the problem was not resolved to their satisfaction or that it had not yet been resolved. Further, in levels of satisfaction with how the problem was handled, the majority of physicians were not satisfied.

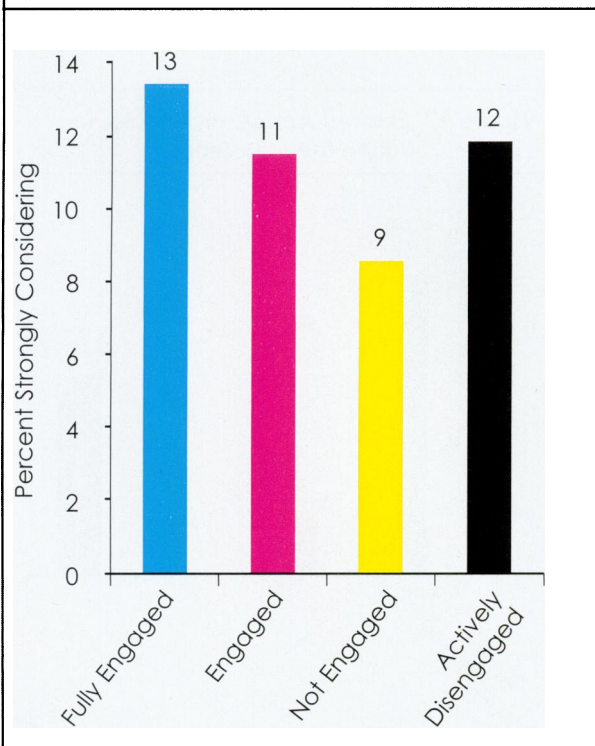
One of the major areas of concern for physicians in 2003 was that of increased cost of medical liability insurance and the perceived decreased access to obtaining the insurance. While this survey indicated that 54% of respondents had no problem in getting insurance, a significant number indicated that this was a problem area (Figure 8). On the issue of cost of liability insurance, the majority of physicians indicated that this was a problem for them, with only 35% indicating no problem (Figure 9). This survey confirms that physician medical liability insurance premiums increased in the last three years, with only 2.1% indicating that there was a decrease in premiums (Figure 10).

### Changes in Practice in the Last Year vs. Planning Change in the Near Future

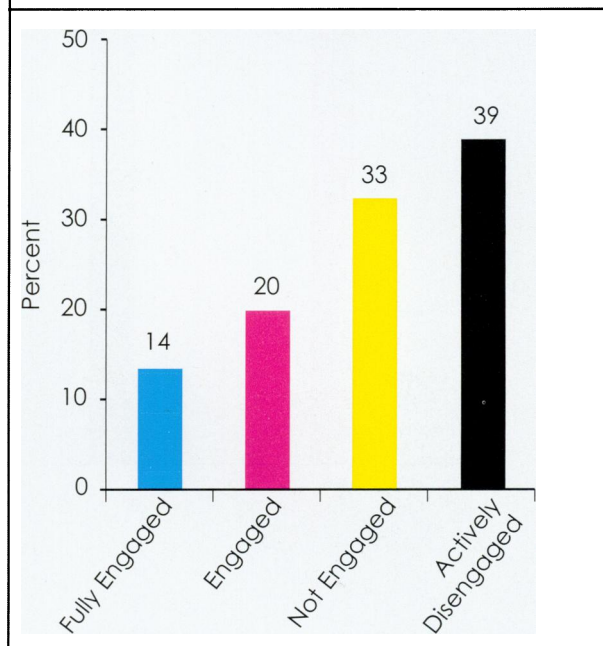
This survey was designed to assess the changes in the practice of medicine that are theoretically related to physician satisfaction or dissatisfaction. We wanted to evaluate the changes in the practice of medicine that individual physicians have made in the last year or plan to make in the near future. The results are very interesting and forebode of a major shift in the care of patients and certainly the number of African-American practicing physicians. Traditionally, the majority of minority physicians have practiced in either solo or small group practices. However, we note an alarming exodus from the practice of medicine (retirement) and shift in the types of practice that the respondents will work within (i.e., individual, group, or academic). There are major variations on the changes based on the level of engagement and, thus, satisfaction with the current status of medicine (Figures 11–18).

We noted a marked change in the actual practice of medicine indicated by respondents. The investigators evaluated physician reported changes in their individual practice of medicine these included services provided, acceptance of new patients, patient

**Figure 18. Considered Changes in the Near Future Entering Academic Medicine**



**Figure 19. Stopped Providing Certain Services or Procedures During the Last Year**



hours, and limitations on the number of patients based on payors. These changes as with the other changes in practice types and retirement varied among the level of engagement of the physician (Figures 19–29). The reasons for considering changes in practice include reduced reimbursement, planned retirement, malpractice liability costs and coverage, increase in paperwork, the loss of joy in medicine, limited scope of practice, and fatigue or illness. It is of interest to note that there is a minor shift between the physicians that had made the changes in the last year vs. those that were planning on making changes in the near future. However, this was only a minor variation, and the major issues for all physicians include reduced reimbursement, planned retirement, and malpractice liability issues. It is important to the authors to note that a significant number of physicians (approximately 25%) indicate the loss of joy in medicine as a primary or major reason for the changes (Figures 30 and 31).

### Limitations

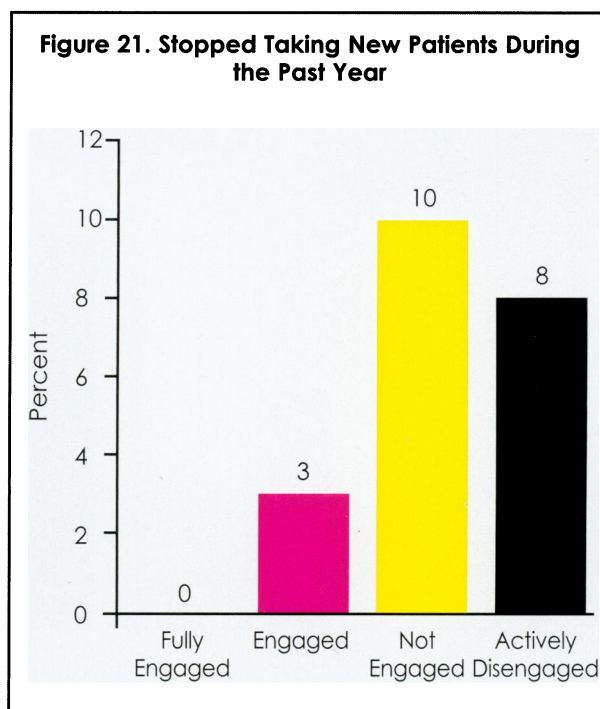
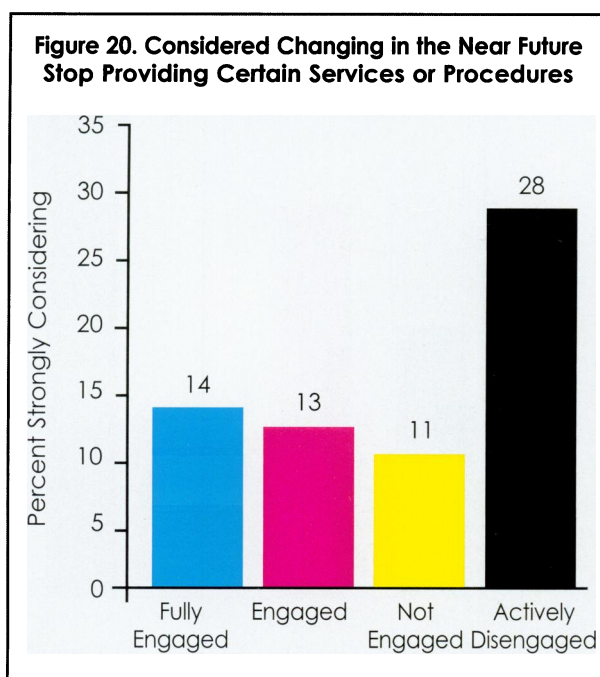
This study has a few limitations which may or may not have been overcome. The response rate was only 12% of those surveyed, and the investigators would have liked to have seen a higher rate. However, the data is very concrete, and the analytical team reported that an increase in the response rate would not in all likelihood affect the general outcomes. We do not feel

that the demographics of this survey present any foreseeable bias; however, we do note that this survey targeted a subset of physicians based on their presence in the database of the NMA. By virtue of the organization's demographics, primarily African American, we are reporting these findings in the context of this group. However, we believe that physicians of all genders and races are fundamentally similar in their views and practice experiences. There are no previous studies of this nature for direct comparison.

### DISCUSSION

While physicians of African descent make up only 3–5% of the physician population, it is important to remember that from previous studies, the NMA found that over 67% of their patients are minorities and that the majority of our physicians practice in large urban areas or suburbs.<sup>2</sup> Therefore, the actions and perceptions of African-American physicians are significant and have a direct impact on the minority patients that we serve and the health of this population. This study highlights major areas of concerns for African-American physicians and confirms what has previously been only anecdotal.

The physicians participating in this survey view their profession as irreplaceable (passion). In contrast, issues related to trust, fairness, and respect of the profession must be re-evaluated as revealed in the low



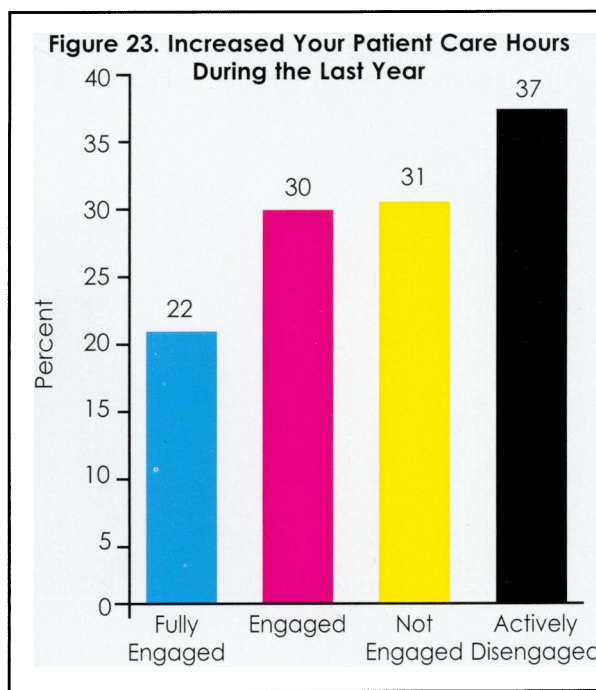
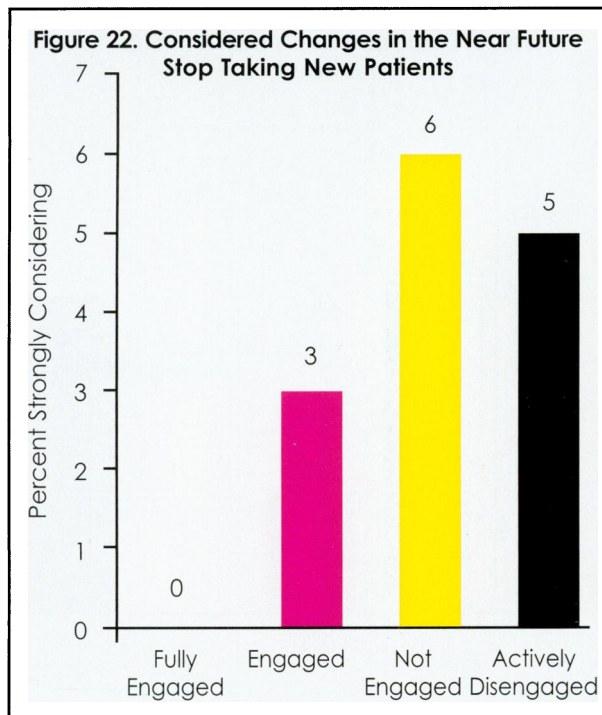
percentages seen in the confidence (6.8%), integrity (6.5%), and pride (11.2%) these physicians have in their profession. Unfortunately, the largest majority (47%) of the physicians identify themselves as being “not engaged,” with 23% identifying as “actively disengaged” with the profession. This unengagement has to be linked to several causative factors. Physicians have little confidence in their profession, do not think that their profession has high integrity, and are lacking pride. The saving grace for the physician and thus the health of this nation’s minority patients is the passion that remains with the physician; they continue to view their profession as irreplaceable.

The level of engagement of the physician with his/her profession is a strong predictor of changes that they have taken in the last year or are planning to take in the near future. It is important for the profession and organizations to attempt to address issues of confidence and integrity, as they are key to fully engaging physicians. Fully engaged physicians are much less likely to:

- Retire
- Change to an individual practice
- Stop providing certain services or procedures
- Limit the number of new patient or certain payors by scheduling them on a specific day or put in place some form of quota.

One of the shocking findings of this study is that of retirement and planned retirement. The United States has seen a decline in the number of minority students entering medical school in the last five years. According to the Association of American Medical Colleges, there were only 4,779 black medical students in 2002.<sup>3</sup> This is particularly alarming and indicates a decrease in the physician pipeline, understanding that African Americans make up approximately 13% of the population, and African-American physicians only comprise 3–5% of the current physician workforce. Therefore, any shift in the physician workforce will have a tremendous impact on the diversity in medicine and the health of minority patients. This was recognized by the Institute of Medicine (IOM) and in their recommendations for addressing health disparities. They include: recommendation 5-3: increase the proportion of under-represented U.S. racial and ethnic minorities among health professionals.<sup>4</sup>

This data indicates that approximately 34% of respondents retired within the last year and that 42% are considering retiring in the near future. This is in spite of only 19.8% of the respondents being over age 65. This would mean that over 76% of African-American physicians either have retired or plan on exiting the profession in the near future. This is an astonishing number and will have a catastrophic effect on the patients and communities that

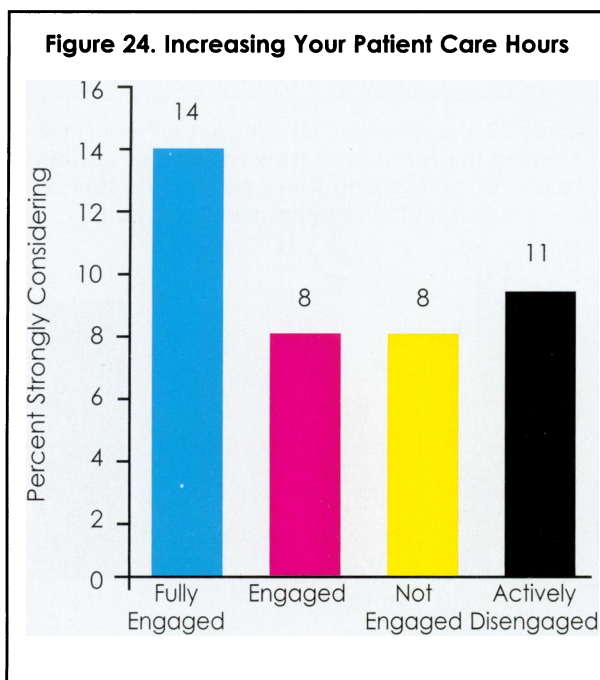


they serve. The issues that face the African-American physician, his/her quality of life, and practice of medicine must be urgently addressed in an effort to circumvent this exodus. Physicians overwhelmingly indicate the following as major problems:

- Reduced physician reimbursement
- Malpractice liability costs and coverage issues
- Increase in paperwork
- Loss of joy in medicine

Further, physician organizations must be open to addressing the issues that concern their members. The NMA has historically been a strong advocate for the physician and the patients that we serve. Therefore, the NMA has and will continue to adopt policies that address the issues that the respondents raise in this survey and in other forums. The NMA invites other national, regional, and local societies, government agencies, and other interested organizations to join us in our effort to address the following concerns raised by the physician respondents:

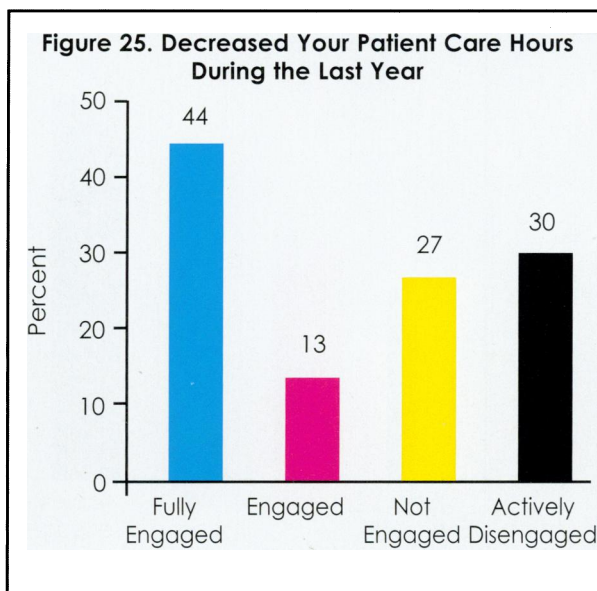
- Advocate on tort reform
- Advocate for overall changes in physician reimbursement
- Advocate on behalf of patients to improve access to health insurance



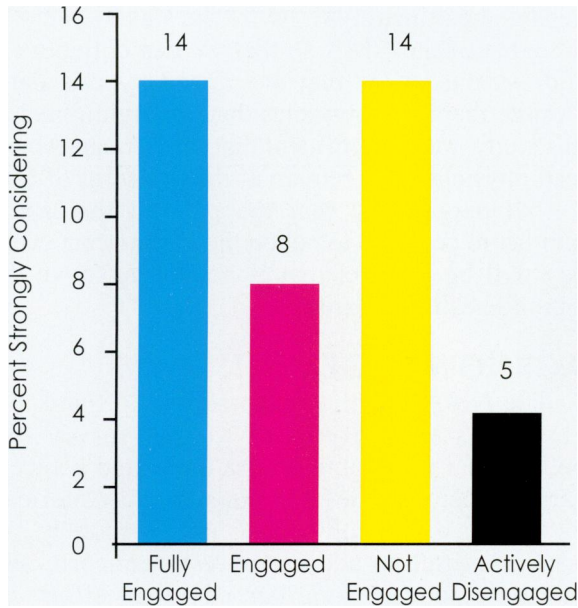
The health of this nation is at stake. We must address the needs and concerns of physicians of color so that they can continue to take care of the patients that depend on them to provide comprehensive healthcare. We invite the stakeholders to the table of the NMA so that we can collectively address the issues that are raised by this data. Despite the many obstacles that are highlighted in this study, we are confident that the African-American physician will remain at the forefront of care for all people and that the passion that spurs him/her to continue to put on their white coat every day will be the fuel that is needed to move the nation's health forward.

## ACKNOWLEDGEMENTS

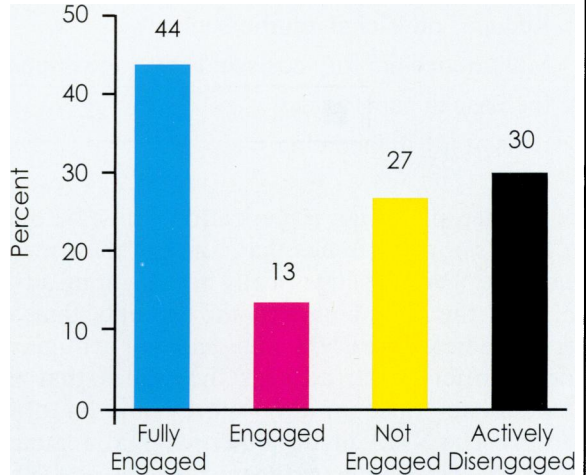
The NMA and the authors wish to thank the physicians that responded to this survey. We believe that your input is invaluable and a necessary voice for the 25,000 African-American physicians and all physicians in this country. We are committed to addressing your concerns and increasing our ever-vigilant advocacy efforts on your behalf and the patients that we serve. We would like to thank the Gallup Organization for their input, support, and invaluable partnership in this endeavor. We thank the Board of Trustees of the NMA and the staff of the NMA—particularly Reese Stone, director of public relations; and LaTanya Butler, membership services director—for assistance in facilitating this study. Finally, we would like to thank and acknowledge support for



**Figure 26. Considering Changing in the Near Future Decreasing Your Patient Care Hours**

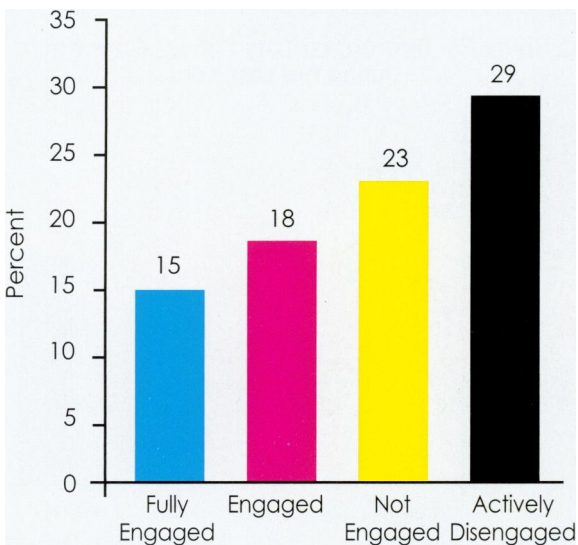


**Figure 27. Considering Changing in the Near Future Decreased Your Patient Care Hours During the Last Year**



this project via an unrestricted educational support grant issued by Pfizer Pharmaceuticals Inc., with particular thanks to Dr. Mark Horn and David Clay.

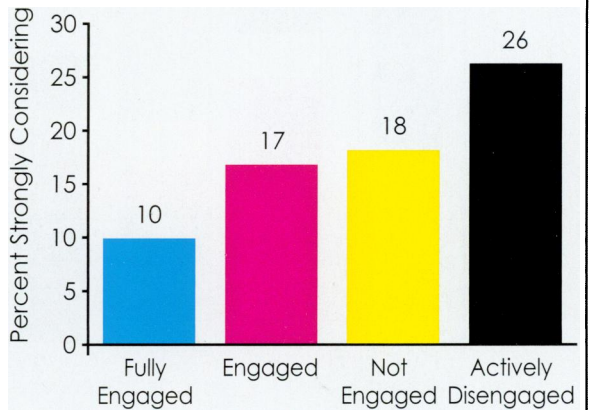
**Figure 28. Limited the Number of New Patients of Certain Payors You Schedule on a Specific Day or Put in Place Some Form of Quota During the Last Year**



**REFERENCES**

1. National Survey of Physicians, Part III: Doctors' Opinions about their professions. March 2002. The Henry J. Kaiser Foundation.
2. Allison-Ottey, et al. "To Do No Harm" Survey of NMA Physicians Regarding Perceptions on DTC Advertisements. 94: 194-202. April 2002.

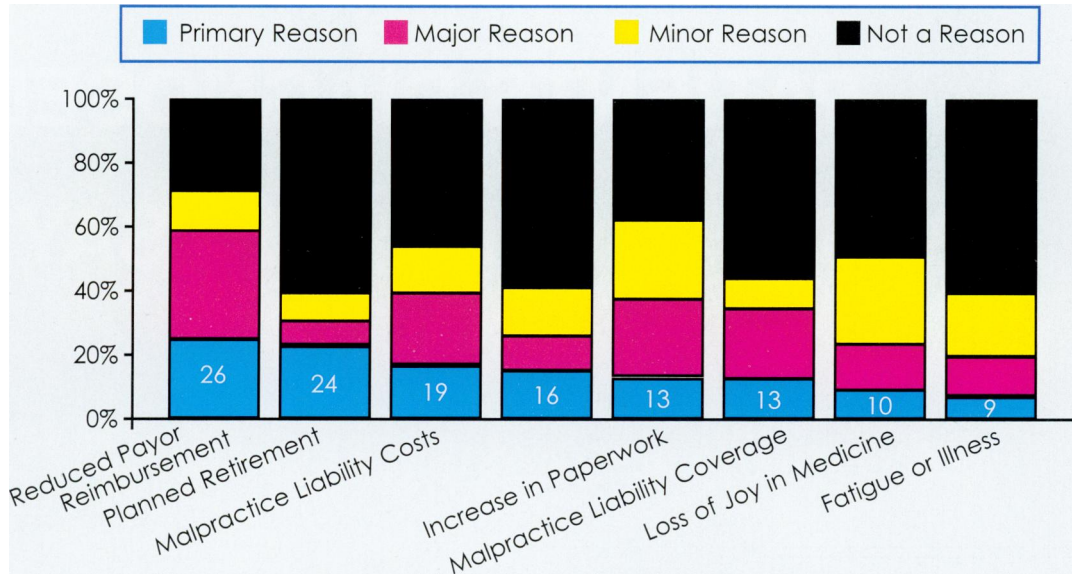
**Figure 29. Considering Changing in the Near Future Limiting the Number of New Patients of Certain Payors by Scheduling Them on Specific Days or Putting in Place Some Form of Quota**



3. AAMC 2002—Minority Students in Medical Education: Facts and Figures XII. Available online at <http://www.aamc.org>.  
 4. Unequal Treatment: Confronting Racial and Ethnic Dispari-

ties in Health Care (2003). Board on Health Policy Sciences, Institute of Medicine.

**Figure 30. What Were the Reasons for Making This or These Changes?**



**Figure 31. Considering Change in the Near Future**

