

Leave of Absence, Retirement and Reentry into the Workforce

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ABSTRACT

Background: Little is known about pediatricians who exit the workforce for an extended leave or retirement and then reenter medicine.

Objective: To examine by gender the patterns of leaving and reentering the workforce among pediatricians over age 50.

Design/Methods: The American Academy of Pediatrics collaborated with the Association of American Medical Colleges and other medical associations to field a cross-sectional survey focused on work patterns for physicians 50 years and older. The survey was sent to 1600 pediatricians. Three mailings were conducted between February and May of 2006. This abstract focuses on pediatrician responses to questions about extended leave, retirement decisions, and considerations and preparation to reenter the workforce.

Results: 1158 (72%) of the 1600 pediatricians survey responded (Women 26%; Men 74%). Women were more likely than men to report that they had ever taken a leave of absence (6 months or more) from medicine (Women 22%; Men 6%, $p < .001$). Women took longer leaves on average (Women, mean=23 months; Men, mean=13 months, $p = .012$). Women were more likely than men to have taken leave to care for children/other family members (Women 71%; Men 14%, $p < .001$).

Most pediatricians did not have any retraining before reentering practice (Women 77%; Men 82%, $p = .539$). Of the already retired respondents (31%), women were more likely to report that they had considered reentering medicine (Women 44%; Men 28%, $p = .008$). The most common reasons for considering reentry were that pediatricians missed caring for patients (Women 66%; Men 53%, $p = .210$) and that they desired to respond to a need in the community (Women 53%; Men 36%, $p = .095$).

Conclusions: With the growing proportion of women in pediatrics, there will likely be an increase in the number of pediatricians taking an extended leave during their career or returning to medicine after retiring. This trend will require more CME focused on retraining.

BACKGROUND

Physician reentry into practice can be defined as returning to professional activity/clinical practice for which one has been trained, certified or licensed after an extended time period. This is an issue that cuts across genders and specialties. However, anecdotal evidence indicates that reentry into the workforce will affect women more often than men.

There are many reasons why physicians leave clinical practice and then seek to reenter the workforce. Many of these are discussed in the JAMA article, authored by Drs. Mark and Gupta ("Re-entry into Clinical Practice: Challenges and Strategies") in 2002. Not surprisingly, caretaking need, for both children and older parents, tops the list. The list also includes personal illness; the changing demands of academic institutions pertaining to faculty practice plans; career dissatisfaction; and alternative careers, such as the desire of a physician who has been working in an administrative role within a hospital, government agency, or medical organization to return to practice.

Although there has been a paucity of data on this complex topic, many agree that it is an issue that is gaining in prominence. Some of the key considerations that individuals, organizations and institutions face include:

- Ensuring that there is an adequate and well-trained physician workforce
- Rapidly mobilizing physicians into the workforce to respond to a public health emergency
- Setting and enforcing requirements for state licensure and maintenance of certification
- Reestablishing hospital privileges and/or credentials
- Demonstrating clinical competency to institutions and/or peers
- Establishing guidelines to determine the types of retraining an individual might need
- Offering or obtaining appropriate retraining
- Identifying funding resources for reentry activities in an era of government budget cuts

SURVEY/METHODS

- The survey population (1600 pediatricians) consisted of all members of the AAP Senior Members Section and an additional random sample of pediatricians over 50 from the AAP membership database.
- The survey was fielded between February and May of 2006.
- The survey was 8-pages long and consisted of 42 questions asking pediatricians over 50 about their current and future retirement plans.
- The survey was mailed up to 3 times, and respondents were offered no compensation for filling out the survey.
- A total of 1158 pediatricians over 50 years old (72%) responded to the survey.

RESULTS

Figure 1. Factors Somewhat/Very Important to Retiring or Reducing Work Hours in Medicine

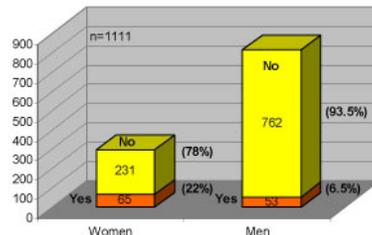
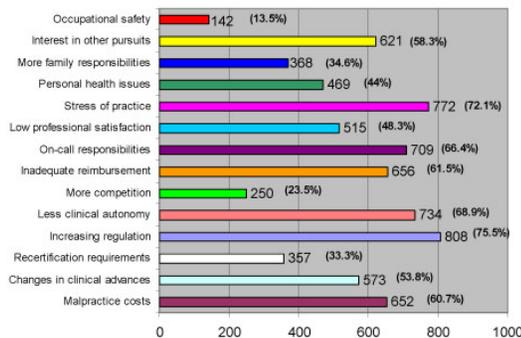
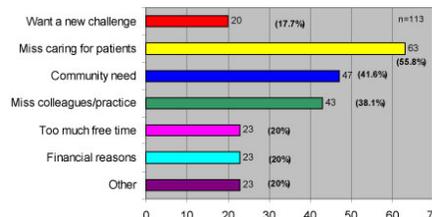


Figure 2. Ever Taken a Leave of Absence of 6 Months or More from Medicine

Figure 3. Reasons for Reentering Medicine



RESULTS (cont.)

- Only 10.6% of respondents stated that they had taken a sabbatical/leave of absence of 6 months or more.
- Women accounted for 55.1% of respondents who had taken a leave of absence of 6 months or more.
- However, pediatricians taking a leave of absence of 6 months or more comprised 6.5% of male respondents and 22% of female respondents.
- The average time away from medicine was 18.4 months (minimum=3 months; maximum=3 years).
- Of the 111 respondents who took a leave of absence of 6 months or more, 45.9% took the time to take care of children or other family members. Women accounted for 86% of these pediatricians.

Figure 4. Retraining Before Reentering Medicine

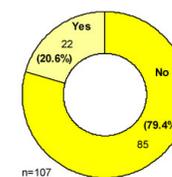
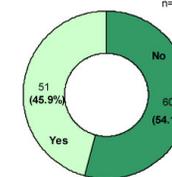


Figure 5. Extended Leave to Care for Children/Family Members



CONCLUSIONS

Data from this survey reveal that systemic factors, such as the stress of practice, reduced professional autonomy, and increased regulation of medical practice, are more likely to motivate pediatricians to retire or to reduce their clinical workload than personal factors, such as health and family responsibilities. In short, problems that are beyond the individual pediatrician's control to remedy should be of greatest concern to both employers and workforce planners, as they signify a key threat to retaining physicians in practice.

It is clear that a small minority of pediatricians in the over-50 age cohort have taken an extended leave of absence from medicine. Recent research demonstrates, however, that this is changing dramatically for younger pediatricians, particularly as the workforce shifts towards a predominance of women in pediatrics. Given this trend, it will be necessary to ensure that pediatricians are given the tools they need to reenter practice easily. Yet the data illustrate that very few pediatricians over 50 received any retraining prior to reentering practice, which raises potential issues of clinical competence, patient safety, and quality assurance.

Many pediatricians who leave the workforce for an extended period of time seek to reenter clinical practice for a variety of reasons. Financial need, however, figures among the lowest priorities for these physicians. Respondents indicated that their satisfaction in caring for patients, responding to a need in the community, and working with other physicians were the primary drivers for reentry. This suggests that physicians greatly value their professional identity and the relationships they develop with their patients and medical colleagues. Strategies that focus on these aspects of professional satisfaction may help to retain physicians in practice.

LIMITATIONS

The survey findings only articulate the perspectives of pediatricians over 50, and may not reflect the reentry trends of younger generations of physicians. This would include pediatricians who temporarily leave the workforce to rear children.

ACKNOWLEDGEMENTS

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