e-ISSN: 3068-3742
Journal of Surgery Research and Practice

ATHENAEUM SCIENTIFIC PUBLISHERS

Research Article

Finding Your First Job: Are Orthopedists in Training and Hiring Medical Practices on the Same Page?

D David Davis[1,2*], Zachary C Hanson[3], Xavier A Duralde[4]

[1]Seattle Science Foundation, USA
[2]Swedish Hospital, Department of Orthopedics and Neurosurgery, USA
[3]Rush University, Department of Orthopedic Hand Surgery, USA
[4]Peachtree Orthopedic Clinic, USA

***Correspondence author:** D David Davis, MD, Seattle Science Foundation, USA and Swedish Hospital, Department of Orthopedics and Neurosurgery, USA; Email: donalddaviddavis@gmail.com

Citation: Davis DD, et al. Finding Your First Job: Are Orthopedists in Training and Hiring Medical Practices on the Same Page? J Surg Res Prac. 2023;4(3):1-7.

https://doi.org/10.46889/JSRP.2023.4304

Received Date: 18-10-2023

Accepted Date: 07-11-2023

Published Date: 14-11-2023

Abstract

A study of orthopedic surgeons in training and hiring practices that is designed to investigate the priorities of applicants and employers in the hiring process.

Introduction: This study was designed to determine important factors to hiring practices when evaluating the application of a potential hire and compare them with the factors emphasized by candidates as most important to them in a job.

Methods: This survey was designed to compare the priorities of hiring practices to job applicants with regards to several categories including: how applicants and jobs are identified, what factors might be important to a practice when evaluating job applicants and what factors might be important to a job applicant when applying. Hiring practices were further asked to elaborate on previous unsuccessful hires and the reasons for failure.

Results: Hiring practices and applicants agree that personal or professional referrals are the most important resource for finding a job, but disagree in the utility of recruiters and social media. Hiring practices and potential applicants agree that the need for a particular subspecialty and recommendations are the most important factors for a practice to consider when choosing a new hire. Applicants tend to place a higher value on commitment to a region, personal connections and fellowship prestige, while practices are more interested in recommendations from residency directors, prior employers, operative ability and community involvement. Applicants and hiring practices both understand that the ability to practice within one's subspecialty, salary potential and a candidate's preference for location are critical. Hiring practices underestimate the importance of a starting salary and signing bonus to an applicant and overestimate the importance of practice reputation and the availability of ancillary services.

Discussion/Conclusion: There are significant misunderstandings between young surgeons applying for their first job and hiring practices. To be successful young physicians should strive to understand the motivations of hiring groups. Similarly, orthopedic practices can save themselves significant time and money by understanding the motivations of surgeons entering the work force.

Keywords: Surgeons; Orthopedic Surgeons; Medical Practices; Hiring Practice

Introduction

Successful hiring practices in any field depend on a shared understanding between the potential employee and the hiring practice to facilitate the employment process and maximize the chances of a successful hire. Orthopedic surgeons finishing training who seek employment rarely have insight into the processes that practices use to evaluate prospective candidates. Residency training has traditionally focused on clinical issues and until recently, has not incorporated education related to the business aspects of finding a job or managing a medical practice. Furthermore, the resumes carefully crafted over a decade of higher education to

gain admission to medical school, residency and fellowship may not directly address those issues of greatest interest to the hiring practice. In a recent survey, 51% of orthopedic surgeons left their first job before the completion of their fifth year in practice, with only 14% of respondents indicating adequate guidance during training on job selection [1].

From the perspective of a hiring medical practice, recruiting and hiring an orthopedic surgeon is a time-consuming and expensive process. Unsuccessful hires can be extremely costly to both the practice and the newly hired surgeon. Given that over half of orthopaedic surgeons change jobs early in their career combined with a burnout rate ranging from 32%-59.6%, applicants must take great care to choose a job that allows them to commit to a practice for the long term and encourages longevity in their career [2,3].

Therefore, it is to the benefit of both orthopedic practices and surgeons applying for a job to optimize their chances of a successful hire. The applicant hopes to present his/her application in a way that appeals to the hiring practice and hopes to include those elements that are most important to the prospective employer. A successful match is ultimately dependent on fulfillment of the long-term needs of both the practice and the newly hired surgeon. It is critical for the practice to understand the priorities of the new surgeon and vice versa. These desires by the practice and the newly hired physician have changed over the generations as priorities of the young surgeon and practice patterns evolve [2,4].

Recent literature supports that millennial physicians in surgical subspecialties can be highly valuable to burgeoning practices when groups provide them the tools to be successful [4]. Millennial physicians have a unique experience in today's training environment that creates caring, driven doctors that desire both challenge and work efficiency to create a healthy and productive work-life balance. Understanding this new generation of surgeons is not only necessary to create a desirable job, but also imperative to foster junior partners to be successful contributors to a practice [4].

This survey study was designed to determine those factors most important to the hiring practices when evaluating the application of a potential hire and compare them with the factors emphasized by candidates in their applications and the factors most important to them in a job. We hypothesized that there is a poor correlation between the factors which applicants and hiring practices find important during the application process.

Material and Methods

This survey was designed to compare the priorities of hiring practices to those of potential job applicants with regards to several categories including: how applicants and jobs are identified, what factors might be important to a practice when evaluating job applicants and what factors might be important to a job applicant when applying to various practices. Hiring practices were further asked to elaborate on previous unsuccessful hires and their impressions as to reasons behind the failure.

The opinions of a large number of hiring practices were sought by distributing surveys to all members of "The Ortho Forum," a national physician specialty organization whose membership includes many of the largest orthopaedic private practice groups in the United States as well as to members of "The American Shoulder and Elbow Surgeons". To obtain the opinions of surgeons in training, surveys were sent to every orthopaedic residency program nationally. Additional individual job applicant responses were collected by resident investigators at multiple conferences, courses and fellowship interview socials. Overall, 330 surveys were obtained after distributing 8200 surveys with a response rate of approximately 4%.

Approximately 75% of respondents (n = 255) were attending physicians and approximately 25% (n = 75) were residents and fellows who were beginning the application process for a job.

The survey was designed to investigate three phases of the hiring process: methods for identifying potential candidates by practices, (Table 1,2) criteria used to by practices to select the best applicants, (Table 3,4) and criteria by applicants for choosing the most desirable jobs (Table 5,6).

Respondents were asked to rate the importance of several considerations associated with each of the three phases of the hiring process and rank each consideration on a scale of 1-5 by level of importance; with 1 being not at all important, 3 being of neutral importance and 5 being extremely important.

Means and standard deviations are used to summarize the likert scale for each question. Two-sample pooled t-tests and 95% confidence intervals for the mean difference are used assess whether there was a statistically significant difference in the mean between hiring practices and job applicants. Since the statistical probability of incorrectly rejecting a true null hypothesis significantly inflates with the number of simultaneously tested hypotheses, we adjusted the p-values in each table using the False Discovery Rate (FDR) method by Benjamini and Hochberg known as the adaptive false discovery rate. Controlling the false discovery rate at 0.05 means we are controlling the expected proportion of incorrectly rejected hypotheses among all rejected hypotheses to be 0.05. Adjusted p-values less than < 0.05 are considered to be significant [5].

Results

This study demonstrated important areas of agreement and disagreement between the physician job applicants and hiring practices.

Identifying Jobs and Candidates

Variable	Overall N	Overall Mean (Std. Dev)	N	Hiring Entity Mean (Std. Dev)	N	Job Applicant Mean (Std. Dev)	Mean Difference (95% CI)	Pooled t-test (p-value)	Adaptive FDR
Personal/Professional Referrals	325	4.79 (0.45)	252	4.77 (0.46)	73	4.84 (0.37)	-0.06 (-0.18 - 0.05)	0.2975	0.2975
Residency/Fellowship Program Staff	317	4.36 (0.83)	245	4.33 (0.82)	72	4.46 (0.84)	-0.12 (-0.34 - 0.09)	0.2645	0.2645
Online Orthopaedic society/association/journal job boards (e.g. AAOS)	317	2.90 (1.16)	244	2.89 (1.15)	73	2.93 (1.19)	-0.05 (-0.35 - 0.26)	0.7645	0.7645
On-site recruitment at specialty meetings, conferences	312	2.71 (1.20)	240	2.76 (1.21)	72	2.51 (1.13)	0.25 (-0.07 - 0.56)	0.1221	0.1526
In-house/staff recruiters	294	2.56 (1.17)	223	2.47 (1.20)	71	2.83 (1.06)	-0.36 (-0.67 - -0.05)	0.0239*	0.0398
Commercial/online-only job boards	311	2.27 (1.10)	239	2.32 (1.07)	72	2.13 (1.19)	0.19 (-0.10 - 0.48)	0.1927	0.1927
Hired provider search/recruiter firms (i.e. Head hunters)	318	2.21 (1.14)	246	2.06 (1.13)	72	2.75 (1.04)	-0.69 (-0.99 - -0.40)	<0.0001*	0.0003
E-mail alerts/notifications	311	2.14 (1.06)	239	2.18 (1.07)	72	2.03 (1.02)	0.15 (-0.13 - 0.43)	0.3009	0.3009
Social media (e.g. Doximity, LinkedIn, etc.)	313	2.07 (1.02)	241	2.19 (1.01)	72	1.67 (0.95)	0.52 (0.26 - 0.79)	0.0001*	0.0003

Table 1: Identifying jobs and candidates.

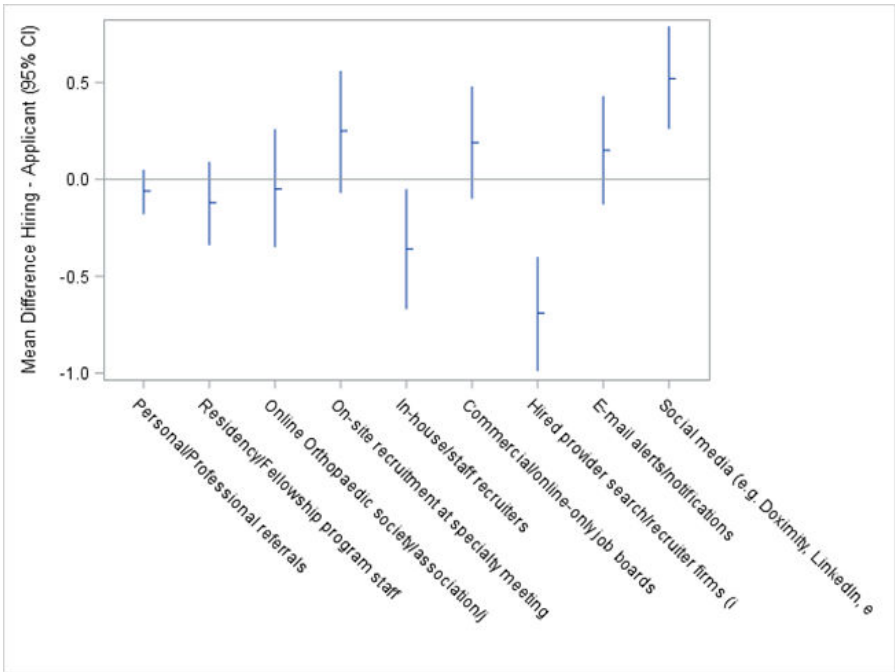

Table 2: *Factors considered more important by hiring practices and applicants appear to the left of the chart. Agreement between both parties is indicated by proximity to the zero line. The degree of disagreement is indicated by the distance from the zero line. If hiring practices valued a given factor more than applicants, the value is seen superior to the zero line. If applicants valued a factor more than the hiring practices, the value is seen below the zero line.

Hiring practices and applicants had the largest disagreement regarding the importance of recruiting firms and social media platforms such as Doximity or LinkedIn. Applicants place a higher emphasis on the importance of recruiting firms while devaluing the importance of social media; whereas hiring practices are more likely to utilize social media and less likely to use a recruiting firm. Comments provided by survey respondents seemed to shed light on this paradoxical result: Hiring practices

generally perceive low quality control with headhunters, while applicants have a possibly naïve perception of professionalism associated with these recruiting firms. Conversely the older generation of surgeons seem to view social media as a useful tool for connecting with younger applicants, while the newer generation of surgeons appear to hold social media in medicine in lower esteem.

Factors in Choosing Whom to Hire

Variable	Overall N	Overall Mean (Std. Dev)	N	Hiring Entity Mean (Std. Dev)	N	Job Applicant Mean (Std. Dev)	Mean Difference (95% CI)	Pooled t-test (p-value)	Adaptive FDR
Need for an applicant's particular subspecialty	325	4.77 (0.49)	252	4.80 (0.44)	73	4.66 (0.61)	0.14 (0.01 - 0.27)	0.0296*	0.0296
Recommendation from fellowship director	318	4.69 (0.55)	247	4.67 (0.54)	71	4.75 (0.55)	-0.07 (-0.22 - 0.07)	0.3114	0.3114
Recommendation from prior employer(s)	319	4.40 (0.79)	247	4.48 (0.67)	72	4.13 (1.05)	0.36 (0.15 - 0.56)	0.0006*	0.0008
Recommendation from residency director	322	4.36 (0.68)	250	4.41 (0.65)	72	4.19 (0.76)	0.22 (0.04 - 0.40)	0.0173*	0.0173
Demonstration of operative ability	320	4.14 (0.89)	248	4.27 (0.80)	72	3.68 (1.03)	0.59 (0.36 - 0.81)	<0.0001*	0.0002
Commitment to the region in which your practice operates	316	4.07 (0.93)	245	4.00 (0.98)	71	4.31 (0.71)	-0.31 (-0.56 - -0.07)	0.0122*	0.0137
Personal connections	319	3.98 (0.88)	247	3.87 (0.87)	72	4.38 (0.78)	-0.51 (-0.73 - -0.28)	<0.0001*	0.0002
Prestige of fellowship	321	3.97 (0.80)	248	3.83 (0.78)	73	4.44 (0.69)	-0.60 (-0.80 - -0.40)	<0.0001*	0.0002
Prestige of residency	322	3.69 (0.81)	249	3.67 (0.78)	73	3.77 (0.91)	-0.10 (-0.31 - 0.11)	0.3695	0.3695
Willingness for community involvement (e.g. team physician positions)	317	3.38 (0.98)	246	3.49 (0.94)	71	3.00 (1.01)	0.49 (0.23 - 0.74)	0.0002*	0.0004
Willingness to take on administrative or leadership roles	320	3.12 (0.94)	248	3.12 (0.94)	72	3.11 (0.91)	0.01 (-0.24 - 0.26)	0.9374	0.9374
Willingness to be involved in teaching or clinical research	321	3.08 (1.18)	249	3.08 (1.26)	72	3.08 (0.87)	-0.01 (-0.32 - 0.30)	0.9646	0.9646
Quality and quantity of research publications	317	2.92 (1.14)	246	2.95 (1.18)	71	2.83 (1.05)	0.12 (-0.18 - 0.42)	0.4365	0.4365
Prestige of medical school	320	2.91 (1.04)	248	3.02 (1.00)	72	2.51 (1.10)	0.51 (0.24 - 0.78)	0.0003*	0.0005
Board scores	314	2.52 (1.10)	243	2.52 (1.08)	71	2.52 (1.14)	0.00 (-0.29 - 0.29)	0.9919	0.9919
Prestige of undergraduate institution	319	2.34 (1.09)	248	2.49 (1.05)	71	1.85 (1.10)	0.64 (0.36 - 0.92)	<0.0001*	0.0002
Orthopedic In-Training Examination (OITE) scores	317	2.12 (1.06)	246	2.19 (1.08)	71	1.87 (0.97)	0.31 (0.03 - 0.59)	0.0281*	0.0281

Table 3: Factors in choosing whom to hire.

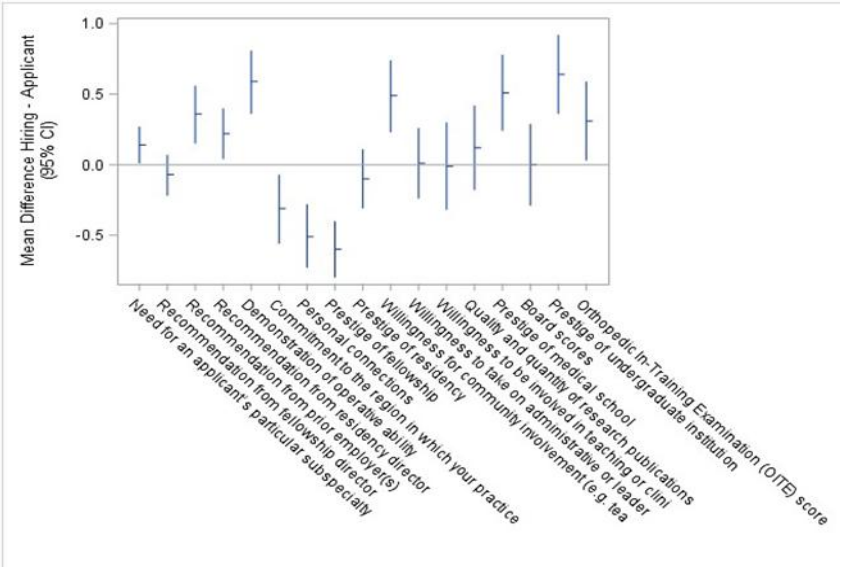

Table 4: *Factors considered more important by hiring practices and applicants appear to the left of the chart. Agreement between both parties is indicated by proximity to the zero line. The degree of disagreement is indicated by the distance from the zero line. If hiring practices valued a given factor more than applicants, the value is seen superior to the zero line. If applicants valued a factor more than the hiring practices, the value is seen below the zero line.

Applicants and hiring practices agreed that the most important factors when choosing an applicant to hire include a practice's need for a particular subspecialty and recommendations from an applicant's fellowship, residency and prior employers. They also agreed that board scores, OITE scores and prestige of medical school and undergraduate universities were of low importance when hiring a candidate.

Hiring practices and applicants differed in weighing the importance of the prestige of training programs. Applicants felt that the prestige of their fellowship training was much more important than that of residency training, while hiring practices placed nearly equal importance on residency and fellowship prestige.

Additionally, hiring practices placed a much higher value on the demonstration of operative ability compared to job applicants.

Qualities of the Most Desirable Jobs

Variable	Overall N	Overall Mean (Std. Dev)	N	Hiring Entity Mean (Std. Dev)	N	Job Applicant Mean (Std. Dev)	Mean Difference (95% CI)	Pooled t-test (p-value)	Adaptive FDR
The ability for a candidate to practice within their preferred subspecialty	321	4.65 (0.54)	248	4.63 (0.55)	73	4.74 (0.53)	-0.11 (-0.25 - 0.03)	0.1265	0.1265
Salary potential over time	315	4.52 (0.72)	243	4.45 (0.77)	72	4.74 (0.47)	-0.28 (-0.47 - -0.09)	0.0034*	0.0034
A candidate's preference for your practice location	325	4.48 (0.74)	252	4.39 (0.77)	73	4.78 (0.56)	-0.39 (-0.58 - -0.20)	<0.0001*	0.0001
Partnership track/Time to partnership	314	4.33 (0.82)	242	4.32 (0.86)	72	4.36 (0.68)	-0.04 (-0.26 - 0.18)	0.7258	0.7258
Spending time with partners and members of the practice	317	4.32 (0.78)	245	4.43 (0.75)	72	3.94 (0.77)	0.48 (0.29 - 0.68)	<0.0001*	0.0001
Good office and OR staff	314	4.10 (0.85)	241	4.14 (0.81)	73	3.96 (0.98)	0.18 (-0.04 - 0.41)	0.1102	0.1102
Practice reputation locally/nationally	315	4.08 (0.88)	243	4.25 (0.83)	72	3.50 (0.80)	0.75 (0.53 - 0.97)	<0.0001*	0.0001
Favorable starting salary (i.e. higher pay)	316	3.98 (0.90)	243	3.81 (0.91)	73	4.53 (0.60)	-0.72 (-0.95 - -0.50)	<0.0001*	0.0001
Ancillary Services	309	3.91 (1.02)	237	4.04 (0.98)	72	3.46 (1.05)	0.58 (0.32 - 0.85)	<0.0001*	0.0001
Presentation of business strategy	315	3.90 (0.89)	243	3.92 (0.87)	72	3.82 (0.97)	0.10 (-0.13 - 0.34)	0.3922	0.3922
Presenting a manageable call schedule	316	3.75 (0.97)	244	3.87 (0.81)	72	3.35 (1.31)	0.52 (0.27 - 0.77)	<0.0001*	0.0001
Personal tour of facilities and work environment	317	3.72 (0.88)	245	3.76 (0.90)	72	3.60 (0.76)	0.16 (-0.07 - 0.39)	0.1788	0.1788
Personal tour of the area including housing options and local amenities	316	3.72 (0.87)	244	3.75 (0.88)	72	3.63 (0.85)	0.12 (-0.11 - 0.35)	0.3024	0.3024
Time off	315	3.27 (1.06)	243	3.38 (0.98)	72	2.90 (1.26)	0.48 (0.20 - 0.75)	0.0008*	0.0008
Signing bonus/Student loan forgiveness	315	3.26 (0.98)	243	3.16 (1.00)	72	3.61 (0.81)	-0.45 (-0.70 - -0.20)	0.0006*	0.0006
Research/Teaching opportunities	312	3.04 (1.10)	240	3.10 (1.08)	72	2.85 (1.17)	0.25 (-0.04 - 0.54)	0.094	0.094
Service opportunities	313	2.88 (0.89)	241	2.94 (0.87)	72	2.69 (0.93)	0.24 (0.01 - 0.48)	0.0414*	0.0414
Administrative responsibilities	312	2.82 (0.90)	240	2.87 (0.86)	72	2.67 (1.01)	0.20 (-0.04 - 0.44)	0.0983	0.0983
Group ownership by a hospital	314	2.65 (1.17)	242	2.58 (1.23)	72	2.90 (0.94)	-0.32 (-0.63 - -0.02)	0.0394*	0.0394

Table 5: Qualities of the most desirable jobs.

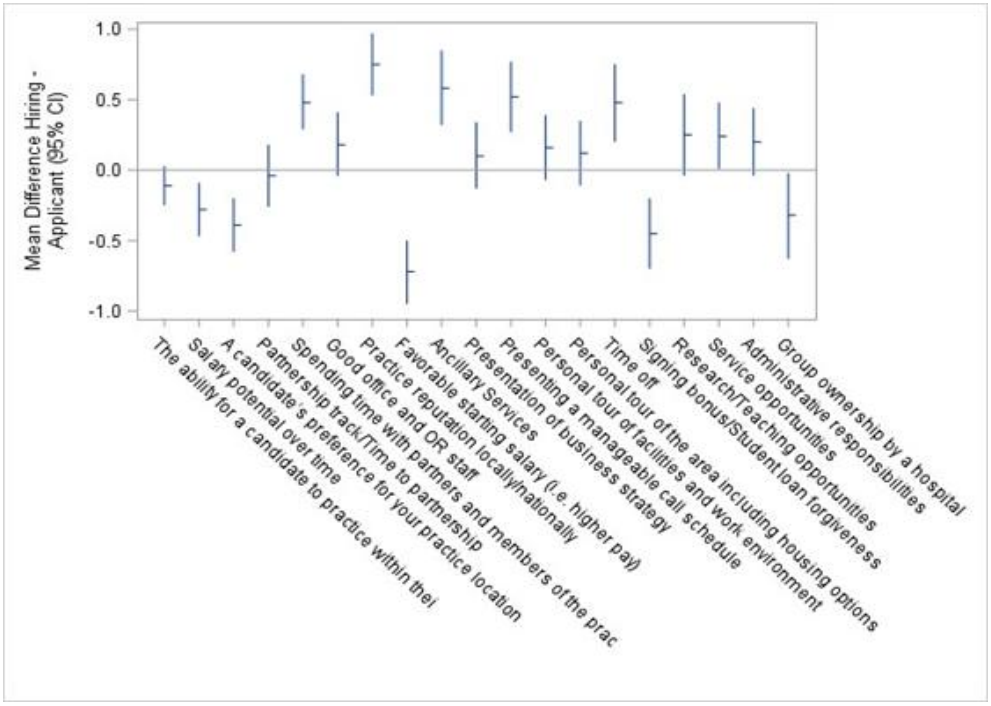

Table 6: *Factors considered more important by hiring practices and applicants appear to the left of the chart. Agreement between both parties is indicated by proximity to the zero line. The degree of disagreement is indicated by the distance from the zero line. If hiring practices valued a given factor more than applicants, the value is seen superior to the zero line. If applicants valued a factor more than the hiring practices, the value is seen below the zero line.

Applicants and hiring practices agree that the three most important qualities for a desirable job include the ability to practice within a preferred subspecialty, salary potential over time and practice location. Similarly, they agreed that service opportunities, administrative opportunities and hospital ownership were of relatively little importance.

Interestingly, job applicants placed a much higher value on starting salary than did hiring practices, while hiring practices placed a much higher value on the practice reputation, presence of ancillary services and a manageable call schedule.

In our survey, hiring practices were asked to reflect on unsuccessful hires and the reasons for their failure. 64% (n = 164) of respondents in the hiring practice pool stated they have experienced an unsuccessful hire with over half of these (n = 97) being in part due to "character or ethics of the physician did not align with the practice". In a follow-up question, these hiring practices indicated that "a better understanding of an applicant's ability to work with a team" and "a more thorough investigation of the applicant's expectations" were the two most likely ways to avoid an unsuccessful employment.

Discussion

This study demonstrates that there are significant differences of opinion between practices which are trying to hire physicians and the applying physicians in terms of initial screening of candidates, criteria for offering a job and factors that make a practice appealing to the applicant physician. Hiring practices and job applicants each have a common goal but a different perspective in the hiring process. An understanding of these competing perspectives can lead to a cooperative approach to the hiring process, which may result in a far more optimal outcome for both parties than would be achieved without it.

Initial Screening of Candidates

Both job candidates and practices agreed that personal and professional referrals are very important in obtaining an initial interview. When asked how a practice seeks out job candidate, the only two factors that ranked above "neutral" for both hiring practices and applicants were personal or professional referrals, followed by staff recommendations from residency or fellowship. Thus, to be successful in the hiring process, the candidate must understand the importance of recommendations and should work to cultivate relationships with those around him or her throughout training and within various professional societies. It is these relationships that generate referrals to many job opportunities.

Job boards, on-site recruitment at specialty meetings, in-house staff recruiters and provider search and recruiter forums were considered far less useful when identifying applicants. Personal recommendations are also more reliable in identifying character and ethical issues which were the most common reason for a group to let go of a new hire.

When identifying job opportunities, applicants should rely heavily on personal connections through professional societies, community involvement and training staff from residency and fellowship. While social media is a powerful tool, it is not considered the most important factors in facilitating employment. Nevertheless, applicants may do well to keep in mind that hiring practices do find some value in social media recruiting and may play a role in the current increasingly technological age.

Desirability of Candidates

Both applicants and practices agree that the most important factor in hiring is the ability to fill a specific subspecialty need. Hiring an applicant whose subspecialty does not align with needs of the practice will only result in wasted opportunity for an employer and dissatisfaction from the new surgeon. Additionally, there is agreement that a commitment to a given geographic region is important to both the practice and the applicant. Applicants and hiring practices alike understand that a personal or spousal preference for a given location is critical to a successful hire.

Although applicants have indicated that they care very much about high starting salaries and signing bonuses, taking a high paying job in a geographic area that is not desirable to an applicant or his or her family may not work out in the long-term.

Hiring practices valued residency prestige and fellowship prestige equally, while applicants place a much higher importance of fellowship training when compared to residency training. This fact should be understood at the medical school level when students are selecting a Residency program.

Job Desirability

Applicants value a high starting salary and signing bonuses as extremely important and value starting pay as much as salary potential over time. Hiring practices on the other hand perceive long term pay to be far more important than early pay. Perhaps surprising to hiring practices, applicants who have spent at minimum 13 years of higher education and are often carrying significant debt may be tired of delayed gratification. Therefore, practices should consider enhancing the short-term benefits of a position as well as seek to educate the applicant on the importance of the long-term earning potential during the hiring process.

Hiring practices and applicants alike agree on the importance of a track to partnership, however applicants comparatively discount the importance of ancillary services in a private practice model. Ancillary services including a surgery center, physical therapy clinic and imaging center to name a few may be very lucrative for practice members and are often an important determination in the value of the practice. With 88% of new surgeons feeling inadequately prepared for the business side of orthopaedics, it is unsurprising that a lack of exposure to private practice compensation models leaves trainees blind to these benefits [1]. Hiring practices who have significant ancillary compensation should be aware of this lack of understanding from

job applicants and the importance of educating applicants on the benefit of these services when relating to overall compensation.

The highest discrepancy of job desirability exists between the applicant's and the practice's opinion regarding the relative importance of practice reputation. Hiring practices place a high level of importance on practice reputation while applicants are comparatively indifferent. Members of respected groups should therefore be aware that they may lose the most desired candidates to higher paying jobs if they are unwilling to match better offers, regardless of a practice's prestige. Practices should be prepared to explain the importance of practice prestige in terms of insurance contracts, attraction of patients and other opportunities that are afforded to long-standing established practices in a geographical area.

Finally, hiring practices should be aware that applicants are relatively neutral to a manageable call schedule. This may be explained by the fact that more seasoned surgeons recognize the toll of an arduous call schedule, while relatively younger applicants are often more enticed by the higher immediate compensation associated with taking more call. Even the millennial's predilection for a favorable work-life balance4 does not outweigh a willingness to take more call-in exchange for financial gain.

Conclusion

There are significant misunderstandings and differences of opinion between young surgeons applying for their first job and hiring practices which include the importance of personal references versus social media, the importance of practice prestige and long-term salary versus starting salary and the impact of the call schedule. The business of medicine is poorly understood by newly minted surgeons in the job market. To be successful young physicians should strive to understand the intentions and motivations of hiring groups and as a result can become a desirable candidate to the practice that is a good fit them. Similarly, orthopaedic practices can save themselves significant time, money and frustration associated with a bad hire by understanding the motivations of surgeons entering the work force.

Conflict of Interest

The authors have no conflict of interest to declare.

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