A Survey Examining the Professional Satisfaction, Morale and Healthcare Industry Perspectives of Trinity University Department of Health Care Administration Alumni Currently Serving as Healthcare Facility Administrators or Managers.

Conducted for Trinity University Department of Health Care Administration By Merritt Hawkins, The Nation's Leading Physician Search and Consulting Firm and a Company of AMN Healthcare

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2013 Survey of Alumni Satisfaction & Health System Trends

Conducted by Merritt Hawkins

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Introduction

Each year, the nation’s hospitals, medical groups, and other healthcare facilities provide the setting for over 700 million patient encounters.* The advent of health reform, which will extend insurance coverage to some 30 million people, is likely to significantly increase the number of patients seeking treatment at the nation’s healthcare facilities.

As demand for services increases, healthcare facility managers nationwide will be challenged to find new ways of enhancing quality and access to care within a framework of limited resources. Working with physicians and other clinicians, health facility managers will be tasked with transitioning the healthcare system away from its current volume-based structure and toward a structure based on value. How health facilities are organized, how they are reimbursed, and how they interact with clinicians and patients will all be subject to partial or complete modification. It is a challenging, uncertain but stimulating time to be a healthcare facility manager.

With its 2013 Survey of Alumni Satisfaction & Health System Trends, Trinity University’s Department of Health Care Administration seeks insight from its health facility manager alumni regarding both their perceptions of current health system trends and their level of professional satisfaction during this period of historic industry transformation.

Results of the survey reflect the perceptions and satisfaction levels of Trinity University Department of Health Care Administration alumni. Caution should be taken when applying results to larger population groups. However, the survey may provide one indicator of the opinions and attitudes of other healthcare managers facing challenges and concerns similar to those of Trinity University Department of Health Administration alumni.

As the course of healthcare reform becomes clearer, attitudes and perspectives may change. However, we believe the 2013 Survey of Alumni Satisfaction & Health System Trends may reveal what many healthcare facility managers are thinking today and is relevant to healthcare professionals, policy makers, members of the media and to anyone who has been a patient in a healthcare facility or who will be.

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*Centers for Disease Control (www.cdc.gov/nchs/fastats/hospital.htm) and Medical Group Management Association (www.mgma.org).
About Trinity University’s Health Care Administration Program

Trinity University’s Master’s in Health Care Administration program develops leaders who are able to adapt and respond to the needs of healthcare and prepares them for the challenges of 21st Century healthcare delivery.

This distinctive program accepts students with the qualifications, the desire and the potential to become healthcare’s key players of tomorrow. With two unique programs of study available to healthcare administration students, a 28 month On Campus Program and a 23 month off-campus Executive Program, the curriculum fits the schedule of an experienced professional or a recent college graduate.

Trinity University’s Health Care Administration program is committed to the development of leaders who think critically, plan proactively, enhance performance and create innovative solutions and organizational frameworks that last far into the future.

Trinity University’s Health Care Administration Program provides:

- A top-rated program with a relevant and current curriculum
- A program continuously accredited by the Commission on Accreditation of Healthcare Management Education (CAHME) since 1969
- A year-long residency (on campus program)
- An exceptional faculty
- Small class sizes
- Fully integrated conceptual and experiential learning
- Access to the program’s distinguished alumni
About Merritt Hawkins

Merritt Hawkins is the largest physician search and consulting firm in the United States and is a company of AMN Healthcare (NYSE: AHS), the leader in innovative healthcare workforce solutions. Founded in 1987, Merritt Hawkins has consulted with thousands of healthcare organizations nationwide on physician staffing and related issues.

Merritt Hawkins is nationally noted for conducting both internal research and research for third parties. Merritt Hawkins has completed various surveys used throughout the healthcare industry to benchmark physician recruiting incentives, physician revenue generation, physician career plans and related topics. Merritt Hawkins completed two of the largest physician surveys ever conducted in the United States on behalf of The Physicians Foundation (www.physiciansfoundation.com), a not-for-profit group of medical society and physician leaders. It also has completed two national surveys on behalf of The Indian Health Service and sponsored with AMN Healthcare the activities of the University of Pennsylvania-based Council on Physician Nurse and Supply.

Executives with Merritt Hawkins serve on the faculty and provide the curriculum for Physician Recruiting and Compensation Essentials, a course on physician recruitment offered by The University of Florida. Merritt Hawkins’ executives have written hundreds of articles and four books on physician staffing and speak on this and related topics nationwide.

Methodology

Trinity University’s Department of Health Administration partnered with Merritt Hawkins to conduct a survey of its alumni. The 2013 Survey of Alumni Satisfaction and Health System Trends was e-mailed by Merritt Hawkins to all alumni of the program for whom e-mail addresses are available. This included 1,442 program alumni.

An initial e-mail was sent November 6, 2012, and was followed by a second e-mail on November 20, 2012 and a third e-mail in February, 2013. The three e-mails generated 410 responses, for a response rate of 28.4% of all alumni on the e-mail list, and a response rate of 22.7% for the approximately 1,800 total alumni of Trinity University’s Department of Health Administration.

Experts at the University of Tennessee who specialize in survey research methodology and statistical inference, assessed survey methodology and response to obtain a margin of error assessment, which is cited on the following page.
Margin of Error Assessment

Following is taken from the Margin of Error Assessment provided to Merritt Hawkins by survey research methodology experts at the University of Tennessee:

“A sample of 410 responses was drawn from an overall sample frame of 1,442 Alumni of the Trinity University program. A population of 1,800 alumni was assumed, based on printed marketing materials from the University’s alumni association, and non-alumni association members were not considered as part of the population. The resulting response rate of 22.8% is typical for a survey of this length and complexity. The overall margin of error for the entire survey is (μ ± 4.266%). However, the error rate fluctuates according to individual questions and response items within the questions, and thus care should be exercised in interpreting these results.”

Key Findings

Responses to the survey suggest that healthcare facility administrators as represented by Trinity University’s Department of Health Administration alumni enjoy high levels of professional morale and career satisfaction, particularly compared to physicians Merritt Hawkins has surveyed. The key strategic concern of healthcare administrators surveyed is reimbursement, followed by physician related issues, including physician alignment and physician recruiting.

Healthcare facility administrators are relatively positive and optimistic about the current direction of the healthcare system and generally believe their facilities are prepared for the transition from a volume-based health system to a value-based one. The majority indicated their facilities have a positive relationship with physicians though they are in need of more doctors, particularly primary care physicians.

Key findings of the survey include:

*47% of those surveyed indicated they are optimistic about the current direction and future of the healthcare system, compared to 34% who feel negatively.
**Key Findings**

*Over 87% rated their professional morale as positive, while only 7% rated their morale as negative.*

---

**1st Priority**

*Health facility administrators rated “reimbursement/revenue” as the most important strategic concern for their facilities, followed by “physician alignment” and “physician recruitment.”*

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83%

*83% of those surveyed indicated their facilities have a need for additional physicians. 71% said their facilities are experiencing a shortage of primary care physicians.*

---

75%

*The majority of healthcare administrators (75%) describe their facility’s relationship with physicians as one of either “general cooperation” or “complete integration.”*

---

85%

*Over 85% of those surveyed rated their level of preparedness and knowledge higher than their peers as a result of their Trinity education.*

---

92.7%

*The great majority of healthcare facility administrators surveyed (92.7%) feel positively about being in healthcare administration today.*

---

86%

*Over 86% of those surveyed would recommend healthcare administration as a career to their children or other young people.*

---

70%

*Over 70% of administrators indicated that their facilities are either “very prepared” or “somewhat prepared” for the change from a volume-based health system to a value-based system.*

---

42% 39%

*Over 42% of those surveyed were supportive of the Patient Protection and Affordable Care Act (“health reform”) while 39% opposed it.*
Questions Asked and Responses Received

Trinity University’s Department of Health Care Administration: 2013 Survey of Alumni Satisfaction & Health System Trends

Following is a breakdown of questions asked by the survey, responses received, and an analysis of survey responses.

1. In what year was your degree awarded?
   - 1978-1988: 24.5%
   - 1967-1977: 16.6%
   - 2011 or later: 33.6%
   - 1989-2000: 25.3%

2. Are you currently employed in the healthcare field?
   - Yes: 77.6%
   - No: 9.8%
   - Retired: 12.6%

3. Did you graduate from the on-campus or executive program option?
   - Executive: 19.1%
   - On-campus: 80.9%
4  If on-campus, where did you complete your residency?

Various, including, but not limited to:

All Saints Hospital, Fort Worth
Amarillo Hospital District
Arthur Andersen
Audie Murphy VA Hospital, San Antonio, TX
Baptist Health System, San Antonio, TX
Baptist Memorial, Memphis, TN
Barnes Hospital, St. Louis, MO
Baylor Healthcare System, Dallas, TX
Bexar County Hospital, TX
Borgess Hospital, Kalamazoo, MI
Brackenridge Hospital, Austin, Texas
Carilion Health System, Roanoke, VA
Ernst & Young
Harris Methodist, Fort Worth, TX
Hermann Hospital, Houston, TX
Hillcrest Healthcare System, Tulsa, OK
Johns Hopkins, Baltimore, MD
Mary Black Health System, Spartanburg, SC
Memorial Care System, Houston, Tx
Memorial Medical Center, Las Cruces, NM
Methodist Evangelical Hospital, Louisville, KY
Methodist Hospital, Indianapolis, IN
Mobile Infirmary Medical Center, Mobile, AL
New York City Health and Hospital Corporation
Oakwood Hospital, Dearborn, MI
Parkland Health & Hospital System, Dallas, TX
Presbyterian Hospital, Oklahoma City, OK
Presbyterian St. Lukes, Chicago, IL
Schumpert Memorial Hospital, Shreveport, LA
St. Vincent’s, Birmingham, AL
Texas Scottish Rite Hospital, Dallas, TX
The VA Medical Center, Iowa City, IA
The U.S. Army
United Regional Healthcare system, Wichita Falls, TX
University of Arkansas Medical Sciences Campus, Little Rock, AR
Wesley Medical Center, Wichita, Kansas

5  Did you receive your first job at that organization?

6  If you graduated from the executive program, how many years of healthcare experience did you have prior to beginning the program?
### What is your current job title?

**Various, including but not limited to:**

- Administrator
- Administrator/Chief Executive Officer
- Analyst
- Assistant Administrator
- Assistant Chief Executive Officer
- Associate Administrator
- Associate Chief Operating Officer
- Associate Director for Health
- Associate Practice Manager
- Attorney
- Chief Executive Officer
- Chief Development Officer
- Chief Financial Officer
- Chief Nursing Officer
- Chief Operating Officer
- Chief Medical Officer
- Consultant
- Director
- Director of Global Partner Management
- Director of Hospitalist Services
- Director of Legal Services
- Director of Patient Outcomes
- Director of Physician Practice Management
- Director of Human Resources
- Director of Information Technology
- Director of Financial Services
- Director of Imaging
- Director of Strategic Initiatives
- Director of Regional Services
- Director, Physician Compensation and Operations
- Executive Assistant to the Director
- Executive Assistant to the Manager
- Manager of Information Technology
- Manager of Strategic Services
- Manager, Marketing and Public Relations
- MD, Assistant Professor
- Network Manager
- National Director
- Nurse Manager
- Operations Manager
- Operations Counsel
- Practice Administrator
- President
- President & CEO
- President/Owner
- Principal
- Professor
- Program Manager
- Regional Director
- Revenue Cycle Consultant
- Senior Associate
- Senior Budget Analyst
- Senior Health Planning Executive
- Senior Vice President
- Vice President
- Vice President/Administrator
- Vice President/Chief Operating Officer
8 What type of organization are you with now?

- Non-Profit 39.8%
- Governmental 10.3%
- Other 9.5%
- For-Profit 40.4%

9 Since receiving your degree, how many different organizations have you worked with?

- 0-5 79.5%
- 6-10 18.3%
- 11 or more 2.2%

10 Have you worked full-time outside of healthcare since receiving your Trinity degree?

- Yes 18.6%
- No 81.4%

11 If yes, in what industry and in what capacity?

Various, including but not limited to:

- Attorney
- Child Welfare
- Church Related Social Services
- Education
- Entertainment
- Financial Services
- Government Contractor
- Health Insurance
- Hospitality
- Law
- Management Consulting
- Non-profit Organizations
- Pastoral Ministry
- Private Equity
- Publishing
- Real Estate
- Software
- State Government
- Worker’s Compensation
What other formal training have you received since graduating from Trinity?

Various, including but not limited to:

- ACHE Continuing Education
- Bachelor's in Nursing
- Cognitive Behavior and Counseling
- CPA Certification
- Doctor of Jurisprudence
- Doctor of Pharmacy
- Doctorate in Health Administration
- Doctorate in Public Health
- Electronic Medical Record training
- FACHE
- Law Degree
- Lean Certification
- Lean Six Sigma “Black Belt”
- Management Training
- Masters of Business Administration
- USAF Leadership
- MA in Economics
- Malcolm Baldrige Board of Examiners Training
- MD
- MGMA Certification
- NCQA Patient Centered Medical Home
- Nursing Home Administration
- Teaching Certificate
- Ph.D. in Organization Behavior
- Ph.D. in Economics
- Ph.D. in Nursing
- Ph.D. in Theology
- Post Graduate Accounting
- Post Graduate Studies, Bio-ethics
- Professional Trade Association Fellowship
- Real Estate License
- Toyota Production System

How would you rate the education you received at Trinity compared to that of your peers?

![Bar chart showing the percentage of responses:]

- Far superior: 48.5%
- Somewhat superior: 32.5%
- Neither superior nor inferior: 17.7%
- Somewhat inferior: 1.3%
- Very inferior: 0.0%
14 How satisfied are you with your career choice?

- 80.7% Very satisfied
- 16.7% Somewhat satisfied
- 2.6% Neither satisfied nor unsatisfied
- 0.0% Somewhat dissatisfied
- 0.0% Very dissatisfied

15 As a result of your Trinity education, how would you rate your overall preparedness and knowledge relative to your peers?

- 39.9% Much more prepared/knowledgeable
- 44.9% Neither more nor less prepared/knowledgeable
- 15.2% Somewhat more prepared/knowledgeable
- 0.0% Somewhat less prepared/knowledgeable
- 0.0% Much less prepared/knowledgeable
16 In what state are you located?

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<td>SC</td>
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17 What is your gender?

- Male: 76.9%
- Female: 23.1%

18 What is your age?

- Age Range: 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80+
- Percentage: 7.1%, 26.5%, 16.0%, 20.9%, 22.9%, 6.1%, 0.5%
20. What best describes your attitude toward being in healthcare administration today?

- Very positive/satisfying: 40.6%
- Somewhat positive/satisfying: 3.2%
- Neither positive/satisfying nor negative/unsatisfying: 4.1%
- Somewhat negative/unsatisfying: 0.0%
- Very negative/unsatisfying: 52.1%

19. Are you currently in healthcare administration?

- Yes: 73.2%
- No: 26.8%

21. Would you recommend healthcare administration to your children or other young people?

- Yes: 86.8%
- No: 13.2%

22. If you had your career to do again, would you select healthcare administration?

- Yes: 85.9%
- No: 14.1%
23. How would you rate the morale of healthcare administrators you know?

- Very Positive: 18.8%
- Somewhat Positive: 10.7%
- Neither Positive nor Negative: 13.4%
- Somewhat Negative: 55.5%
- Very Negative: 40.0%

24. How would you rate our own morale?

- Very Positive: 6.6%
- Somewhat Positive: 5.3%
- Neither Positive nor Negative: 2.0%
- Somewhat Negative: 42.3%
- Very Negative: 45.2%

25. Please rate the following factors in regard to the strategic concerns of your facility.

- Reimbursement/revenue: 1% Very Important, 6.9% Somewhat Important, 92.1% Unimportant
- Physician Alignment: 23.8% Very Important, 48.7% Somewhat Important, 27.5% Unimportant
- ACO implementation: 5.9% Very Important, 41.3% Somewhat Important, 52.8% Unimportant
- Nurse/allied professional staffing: 5.3% Very Important, 24.8% Somewhat Important, 69.9% Unimportant
- Physician recruiting/retention: 8.9% Very Important, 29.8% Somewhat Important, 61.3% Unimportant
- EMR implementation: 12.5% Very Important, 43.1% Somewhat Important, 44.4% Unimportant
- Board cooperation: 2.7% Very Important, 24.5% Somewhat Important, 72.8% Unimportant
- Patient attitudes: 10.7% Very Important, 54.2% Somewhat Important, 35.1% Unimportant
26. Which best describes your feelings about ACOs?

- 47.9%: They are likely to enhance quality/decrease cost
- 30.0%: Quality/cost gains will not justify expense/effort
- 12.1%: Unlikely to increase quality/decrease costs
- 10.0%: I was neither supportive nor opposed
- 10.0%: Not sure about structure or purpose of ACOs

27. What was your reaction to passage of PPACA in 2010?

- 29.8%: I was strongly supportive
- 26%: I was somewhat supportive
- 16.3%: I was neither supportive nor opposed
- 15.4%: I was somewhat opposed
- 12.5%: I was strongly opposed
28 How do you feel about the Supreme Court’s decision regarding the Patient Protection and Affordable Care Act (PPACA)?

29 How do you feel about the current direction and future of the healthcare system?

30 There is a movement to reward healthcare facilities and providers for “value” (quality/efficiency) instead of volume (number of procedures/patients seen). How prepared is your facility for this change?
31 What best describes your facility’s relationship with your physicians?

- Open hostility/competition: 16.2%
- Uneasy alliance: 58.8%
- General cooperation: 14.9%
- Complete integration/alignment: 1.3%
- N/A: 8.8%

32 What best describes the state of your medical staff?

- Full, no need to recruit: 83.7%
- Some openings: 16.3%

33 Where are you seeing a shortage of physicians?

- Primary Care: 60%
- Specialty Areas: 42%
Description of Survey Respondents

Trinity University’s Department of Health Care Administration alumni are divided between those who graduated from the on-campus program and those who graduated from the executive program, which requires full-time employment in a healthcare setting. The majority of survey respondents (80.9%) completed the Health Care Administration program on-campus, while the remaining 19.1% completed the program through the executive program option. Of these, the majority (68.0%) began their first healthcare administration job at the site of their residency.

The majority of those who completed the executive program did so as experienced healthcare facility administrators. Over 76% of those who completed the executive program had six or more years of healthcare experience prior to beginning the program.

The majority of survey respondents (77.6%) currently are in the healthcare field, while 12.6% are retired. Fewer than 10% are not in healthcare. Over two-thirds of respondents (66.4%) received their Trinity Masters of Health Care Administration degree in the year 2000 or before, while the remaining 33.6% received their degree in 2001 or later. The majority of survey respondents therefore bring multiple years of healthcare experience and a seasoned perspective to their responses.

Survey respondents currently hold or have held a wide range of titles, the majority of them in senior management or administration. Of 380 reported titles, 289 (76%) included senior management or administrative positions, as designated by the words “president,” “chief executive officer,” “chief operating officer,” “chief nursing officer,” “administrator,” “director,” “manager,” “department head,” “vice president,” “senior vice president,” and related titles. These titles typically imply a decision making role and strategic responsibilities.
The majority of survey respondents (79.5%) have worked with five or fewer organizations since receiving their Trinity degree, suggesting they have followed a stable care path. The remaining 21.5% have worked in six or more positions since obtaining their Trinity degree and have experienced a more volatile career path. The majority of survey respondents (81.4%) have only worked in healthcare since receiving their Trinity degree, while 18.6% have worked in other fields. These additional fields range widely from social and church related work to entertainment and a variety of other occupations.

Some 38% of respondents indicated they have received some additional formal training since receiving their Trinity degree. Additional training varies from ACHE continuing education courses, to six sigma instruction, to advanced degrees in business administration, law, nursing and medicine.

Survey respondents reported they live in one of 37 states and the District of Columbia. However, over 52% of respondents reside in Texas, so survey responses are weighted toward healthcare administrators in that state. Tennessee followed Texas and was cited as home by 4.3% of respondents. Various large healthcare corporations are located in Tennessee, which may account for this response.

Some three quarters of survey respondents (76.9%) are male, while the remaining 23.1% are female. The majority of respondents (66.4%) are 40 or older while the remaining 33.6% are 39 or younger.

“The majority of survey respondents (80.9%) completed the Health Care Administration program on-campus, while the remaining 19.1% completed the program at healthcare facilities located throughout the United States.”
Rating Trinity University’s Health Care Administration Program

Survey respondents were asked to rate the education they received through Trinity University’s Health Care Administration program relative to the education received by their peers in healthcare administration.

The majority (81%) rated their Trinity education as either “far superior” or “somewhat superior” to that of their peers, while 17.7% indicated their Trinity education was neither superior to nor inferior to that of their peers. Fewer than 2% rated their Trinity education as inferior to the education of their peers.

Survey respondents also were asked to rate their overall preparedness and knowledge relative to their peers as a result of their Trinity Education. The majority (84.8%) indicated they are either “much more prepared and knowledgeable” or “somewhat more prepared and knowledgeable,” than their peers as a result of their Trinity education. The remaining 15.2% said they are neither more nor less prepared and knowledgeable than their peers as a result of their Trinity education. None of the respondents indicated they are less prepared or knowledgeable than their peers as a result of their Trinity education.

In addition, respondents were asked how satisfied they are with their career choice. The great majority (97.4%) indicated they are either “very satisfied” or “somewhat satisfied” with their care choice. The remaining 2.6% are neither satisfied nor unsatisfied with their career choice. None of the respondents indicated that they are dissatisfied with their career choice.

High Levels of Morale and Career Satisfaction

The remaining survey questions focused on the career satisfaction, morale, and perspectives of those respondents who indicated that they currently are in healthcare administration. This included 73.2% of all respondents.

Of this group, the majority generally indicated relatively high levels of morale and career satisfaction, despite or possibly because of the fact that the healthcare system currently is undergoing significant changes and challenges. It is instructive to compare Trinity alumni healthcare administrator survey responses to responses received from physicians to a national survey Merritt Hawkins recently conducted (see: A Survey of America’s Physicians):

Summary Highlights:

- The majority (81%) rated their Trinity education as either “far superior” or “somewhat superior” to that of their peers.

- The great majority (92.7%) indicated that being in health care administration today is either “very positive and satisfying” or “somewhat positive and satisfying.”
Both healthcare administrators and physicians are dealing with profound changes and challenges to the healthcare system, but their attitudes and morale levels differ significantly.

Survey respondents were asked to describe their attitude toward being in healthcare administration today. The great majority (92.7%) indicated that being in healthcare administration today is either “very positive and satisfying” or “somewhat positive and satisfying.” Only four percent of respondents said that being in healthcare administration today is “negative and unsatisfying.”

By contrast, when asked their feelings about the medical profession by Merritt Hawkins, the majority of physicians surveyed (68.2%) said they felt either “somewhat negative” or very negative” about the medical profession, while only 31.8% of physicians said their feelings about their profession were “very positive” or “somewhat positive.”
Similarly, when asked about the professional morale of healthcare administrators they know, the majority of respondents to the Trinity survey (66.2%) rated the morale of their peers as either “very positive” or “somewhat positive.” Only 20.4% of those surveyed rated the morale of healthcare administrators they know as “somewhat negative” or “very negative.” By contrast, when Merritt Hawkins asked physicians about the professional morale of doctors they know, 80.5% of respondents rated the morale of their physician peers as either “somewhat negative” or “very negative.”

Describe the Morale of Your Peers

![Bar chart showing the distribution of responses for Healthcare Administrators and Physicians regarding the morale of their peers.]

When asked about their own morale, 87.5% of healthcare administrators described it as “very positive” or “somewhat positive.” By contrast, only 41.7% of physicians surveyed by Merrit Hawkins described their morale as “very positive” or “somewhat positive.”

Describe Your Own Morale

![Bar chart showing the distribution of responses for Healthcare Administrators and Physicians regarding their own morale.]

- Healthcare Administrators:
  - Positive: 87.5%
  - Negative: 7.2%
  - Neutral: 5.3%

- Physicians:
  - Positive: 41.7%
  - Negative: 58.3%
  - Neutral: 0%
Healthcare administrators were asked if they would recommend healthcare administration as a career to their children or other young people. The great majority (86.8%) endorsed their profession by indicating they would recommend it as a career, while only 13.2% said they would not. By contrast, the majority of physicians Merritt Hawkins surveyed (57.9%) said they would not recommend medicine as a career to their children or to young people.

Would You Recommend Your Field to Young People?

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<tr>
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<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Healthcare Admins</td>
<td>86.8%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Physicians</td>
<td>42.1%</td>
<td>57.9%</td>
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</tbody>
</table>

To further gauge their career satisfaction, survey respondents were asked if they would choose healthcare administration again if they had their careers to do over. The great majority (85.9%) indicated that they would. In this case, the majority of physicians Merritt Hawkins surveyed (66.5%) also said they would choose their current field if they had their careers to do over, though they were less unanimous than healthcare administrators in their endorsement of their chosen field.

Would You Choose The Same Career?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Admins</td>
<td>85.9%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Physicians</td>
<td>66.5%</td>
<td>33.5%</td>
</tr>
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</table>
Survey respondents were asked to provide their perspective on the current direction and future of the healthcare system. Forty-seven percent indicated they are either “very positive and optimistic” or “somewhat positive and optimistic” about the future of healthcare, while 34% said they are either “somewhat negative and pessimistic” or “very negative and pessimistic.”

By contrast, when asked about the future of the medical profession, over 77% of physicians surveyed by Merritt Hawkins said they are either “somewhat negative and pessimistic” or “very negative and pessimistic.”

Why Trinity alumni healthcare administrators and other healthcare administrators may be more positive about their careers and have higher morale levels than physicians speaks to the nature of the changes taking place in healthcare today.

Prominent among these changes is the consolidation and integration of various types of healthcare facilities, often at the expense of traditional, private practice ownership. A growing number of formerly independent, private practice physicians are becoming hospital or large medical group employees in an attempt to maintain financial security and minimize administrative and ownership responsibilities. This trend is underlined by Merritt Hawkins’ 2012 Review of Physician Recruiting Incentives, which indicates that in 2004, only 11% of Merritt Hawkins’ physician search assignments featured hospital employment of the physician. In 2012, that number increased to 63%. If this trend continues, Merritt Hawkins projects that in two years, 75% of newly hired physicians will be hospital employees.

In many cases, it is larger healthcare facilities that have the resources and the initiative to drive the changes reshaping healthcare today. By contrast, few physicians today believe that doctors have the ability to influence the direction of healthcare. Over 82% of physicians surveyed by Merritt Hawkins agreed that physicians have little ability to affect changes within healthcare.

Summary Highlights:

- Over 82% of physicians surveyed by Merritt Hawkins agreed that physicians have little ability to affect changes within healthcare.

- “Reimbursement/revenue” was rated as a “very important” or “somewhat important” concern by virtually all survey respondents (99%).
This tilt in the playing field away from independent physicians and toward larger, integrated healthcare facilities may account for some of the disparity between the morale levels and career satisfaction of healthcare facility administrators and physicians. Though challenged by current changes reshaping the healthcare systems, facility administrators may believe they have the ability and the power to direct these changes, a belief likely to sustain and enhance career satisfaction and morale. Physicians, by contrast, may believe that change is happening to them and is beyond their ability to control, a circumstance likely to erode their professional satisfaction and morale.

As indicated above, caution must be taken in applying the responses of Trinity alumni healthcare administrators to all healthcare administrators. However, even with this caveat, the survey suggests that healthcare administrators as a whole may have a more favorable disposition regarding the state of their profession than do physicians.

“If this trend continues, Merritt Hawkins projects that in two years, 75% of newly hired physicians will be hospital employees.”

Top Strategic Concerns

Survey respondents were asked to rank the strategic concerns of their healthcare facilities. “Reimbursement/revenue” was rated as a “very important” or “somewhat important” concern by virtually all survey respondents (99%).

Both the Patient Protection and Affordable Care Act (“health reform”) and the American Taxpayer Relief Act addressing the fiscal cliff mandate cuts to hospital Medicare reimbursement. Health reform also encourages new payment systems that tie reimbursement to quality metrics and obliges healthcare facilities to take on the financial risk of bundled or global payments. Many healthcare facility administrators are concerned that in the era of health reform they will have to meet higher quality standards and treat more patients while absorbing reductions in reimbursement. The imperative to “do more with less” is a key challenge for many Healthcare facility administrators, driving their concern about reimbursement.
Survey respondents rated two physician-related issues as high on their list of top concerns. Over 97% of administrators rated “physician alignment” as a “very important” or “somewhat important” concern, while 94.7% of administrators rated “physician recruiting/retention” as a “very important” or “somewhat important” concern.

New delivery models, such as Accountable Care Organizations (ACOs), and the overall transition toward value and away from volume, will depend on the successful alignment of healthcare facility and physician interests and practices. Though healthcare facilities enjoy relative institutional strength and initiative today, physicians still play a paramount role in patient care and in healthcare resource allocation. According to the Boston University School of Public Health, physicians control 87% of Healthcare spending in the U.S. by determining patient hospital admissions, ordering tests, performing procedures, and prescribing drugs and treatments.

Today, physicians are still largely rewarded for the volume of services they provide, as measured by number of patients seen, relative value units (RVUs) generated, collections or other metrics. However, to succeed in the era of health reform, hospitals and other facilities will have to more appropriately align and modify physician incentives and behaviors to ensure quality of care is delivered in a framework of limited resources. The survey suggests that healthcare facility administrators consider this process of physician alignment as their second most pressing concern.

In addition, despite the proliferation of various types of clinicians, physicians are still the lifeblood of most healthcare facilities as they are largely responsible for patient referrals and admissions. According to Merritt Hawkins’ 2013 Survey of Inpatient/Outpatient Revenue, physicians on average generate approximately $1.5 million a year in revenue on behalf of their affiliated hospitals. Underlining the importance of physicians, healthcare administrators ranked physician recruiting as the third most important concern facing their facilities. This was closely followed by “nurse/allied professional recruiting,” which was rated as a “very important” or “somewhat important” concern by 94% of those surveyed.

“Patient attitudes,” “EMR implementation,” “board cooperation,” and “ACO implementation” also were rated as “very important” or “somewhat important” concerns by the majority of healthcare administrators.
Health System Trends

Survey respondents were asked for their perspective on various health system trends, including their feelings about Accountable Care Organizations (ACOs). About half of those surveyed (48%) indicated that ACOs are “likely to enhance quality and decrease costs.” About 40% expressed a contrary opinion, either that ACOs are “unlikely to increase quality and decrease costs” or that any quality/cost gains made by ACOs “will not justify expenses and effort.” Over 12% of respondents indicated that they are “not sure about the structure or purpose of ACOs.”

The survey suggests that the majority of Healthcare facility administrators, who will play a critical role in the formation of ACOs, are either not confident in the effectiveness of this delivery model or are not sufficiently informed about ACOs to evaluate their potential.

Support was similarly mixed for the Patient Protection and Affordable Care Act (PPACA). About 42% of those surveyed said they were either “strongly supportive” or “somewhat supportive” of PPACA, while 41.4% said they were either “somewhat opposed” or “strongly opposed.” Over 16% indicated they were neither supportive nor opposed.
Survey respondents also expressed mixed feelings about the Supreme Court's 2012 decision to uphold the majority of the provisions of PPACA, including the mandate requiring all Americans to purchase health insurance. Over 40% of respondents indicated they were either “strongly supportive” or “somewhat supportive” of the Supreme Court’s decision, while 36.4% indicated they were either “strongly opposed” or “somewhat opposed.”

Healthcare administrators were asked about the movement to reward Healthcare facilities and clinicians for “value” (quality/efficiency) rather than volume (number of procedures or patients seen). The majority (70.2%) said their facilities are either “very prepared” or “somewhat prepared” for this transition, while only 10.5% said their facilities were “somewhat unprepared” or “very unprepared.”

The fact that the majority of Healthcare facility administrators feel prepared for this fundamental restructuring of the Healthcare delivery system may account in part for their high levels of career satisfaction and morale. However, the integration of hospitals and physicians through Accountable Care Organizations and other emerging delivery models that is necessary to transition to a value-based system is still in the initial stages. It remains to be seen if experience will temper the optimism expressed by the majority of Healthcare administrators responding to the survey.

Medical Staff Relations

Survey respondents were asked to describe their facility’s relationship with physicians. The majority indicated that their facilities enjoy positive physician relations. Close to 75% described their facility’s relationship with physicians as one of either “general cooperation” or “complete integration/alignment.” Only 16.2% of respondents characterized their facility’s physician relations as “open hostility” or “an uneasy alliance.”

Positive physician relations are critical to the success of most Healthcare facilities, as it is largely physicians who drive quality of care and revenue generation in today’s health system. Most Healthcare facility administrators surveyed have achieved the key goal of physician cooperation and alignment, which may further contribute to the high levels of
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Even in an era of profound Healthcare industry challenges and change, the majority of Trinity University’s Department of Healthcare Administration alumni enjoy high levels of professional satisfaction and morale and are satisfied with their choice of a career. These positive feelings may be attributable in part to survey respondents’ Trinity University education, which the majority of respondents indicated has enabled them to be better prepared and more knowledgeable than their peers. High levels of morale and satisfaction also may be a result of the positive position many survey respondents have achieved for their facilities in critical areas such as physician relations and preparation for the transition from a volume based Healthcare system to a value-based system.

When asked about the state of their medical staffs, the majority of Healthcare facility executives (83.7%) said that their facilities had “some openings” for physicians. Only 16.3% reported that they are fully staffed. This response is in line with projections from the Association of American Medical Colleges (AAMC) and other sources of a pervasive physician shortage in the United States.

The majority of Healthcare administrators surveyed (60%) said their facilities have a shortage of primary care physicians, while 42% indicated their facilities have a shortage of specialists.

In an era when demand for medical services is rising and the supply of physicians is flat or declining, physicians shortages will be a challenge Healthcare facility administrators likely will have to face for the foreseeable future.

Conclusion

Even in an era of profound Healthcare industry challenges and change, the majority of Trinity University’s Department of Healthcare Administration alumni enjoy high levels of professional satisfaction and morale and are satisfied with their choice of a career.

These positive feelings may be attributable in part to survey respondents’ Trinity University education, which the majority of respondents indicated has enabled them to be better prepared and more knowledgeable than their peers. High levels of morale and satisfaction also may be a result of the positive position many survey respondents have achieved for their facilities in critical areas such as physician relations and preparation for the transition from a volume based Healthcare system to a value-based system.

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