
Personal Values of Exemplary Family Physicians: Implications for Professional Satisfaction in Family Medicine

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Background. Personal social values have been identified as important determinants of generalists' specialty choice. However, the personal values or "guiding principles" of generalist physicians have not been identified scientifically. To establish a benchmark, we measured the personal values of exemplary family physicians because they serve as role models for current and future physicians. We also explored the relationship between personal values and practice satisfaction.

Methods. We obtained a list of 330 family physicians nominated for the American Academy of Family Physicians' (AAFP) Family Doctor of the Year award for the years 1988 through 1993. We asked them to complete the Schwartz Values Questionnaire, a 56-item instrument for measuring personal values. They also answered three questions concerning practice satisfaction.

Results. The return rate was 83%. The physicians' mean age was 63 years. They had been in practice an average of 34 years, 93% were male, and 52% practiced in rural

areas. Honesty was rated as the most important of the 56 values, and social power as the least important. Of the 10 value types (groups of common values), the responding physicians rated "Benevolence" as most important and "Power" as least important. Practice satisfaction correlated positively with the Benevolence value type ($r=.21$, $P=.001$) and negatively with the Power value type ($r=-.15$, $P=.023$).

Conclusions. Of the 10 value types, Benevolence was rated the most important and Power the least important by exemplary family physicians, and both value types also correlated, positively and negatively, respectively, with their practice satisfaction. These results have implications for the selection, training, and career satisfaction of generalist physicians.

Key words. Humanism, physician-patient relationship, personal social values, family practice, rural medicine, professional satisfaction.

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Personal values are defined as "desirable goals varying in importance that serve as guiding principles in people's lives."¹ In the early history of modern medical science, values were commonly emphasized by writers such as Sir William Osler, who followed the ancient tradition of Hippocrates in stressing standards for professional behavior.² Few recent studies, however, have measured the personal values of physicians or medical trainees.^{3,4}

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There is an emerging consensus that the number of generalist physicians relative to other specialties should be increased. Studies have shown that personal social values have a significant influence in the specialty choice of generalist physicians.⁵⁻⁷ Martini et al⁸ recently reported from a survey of practicing generalists that of 19 factors that influenced their choice to become primary care physicians, personal social values was the strongest. One strategy for increasing the number of generalist physicians is to first identify their important personal values, and then to emphasize these important values in recruitment and training.

Most would agree that, in addition to the need for more generalist physicians, there is a need for physicians

who are more humanistic (devoted to human welfare) and caring.^{9,10} Despite significant progress in medical knowledge and the development of new technology, many problems, such as lack of patient access to care, accelerated medical costs, and patient and physician dissatisfaction, have emerged.¹¹⁻¹³ Another problem is that an increasing number of patients use alternative sources of health care.¹⁴ Identification and emphasis of the core personal values of exemplary generalist physicians may help us to refocus on the values that are most likely to enhance the physician-patient relationship and the delivery of health care.

To investigate the personal values of generalist physicians, we selected for study a group of exemplary family physicians nominated by their peers and community members for the Family Doctor of the Year award of the American Academy of Family Physicians (AAFP). We hypothesized that these exemplary generalist physicians would emphasize personal values related to helping and serving their patients and their communities. Since personal values guide the evaluation of life experiences, we also explored the relation between personal values and satisfaction with the practice of medicine as experienced by this group of physicians.

Methods

Exemplary Family Physicians

Each year, chapters of the AAFP nominate exemplary family physicians for recognition as the Family Doctor of the Year (FDY). From the nominees, one is chosen to receive the award. Known for their medical knowledge, personal character, and values as exemplified in service to their patients, communities, and profession, FDY nominees embody some of the most desirable physician characteristics. Nominees must: (1) provide their community with compassionate, comprehensive, and caring medical service on a continuing basis; (2) be directly and effectively involved in community affairs and activities that enhance the quality of life of their community; (3) provide a credible role model as a healer and human being to their community, and as a professional in the science and art of medicine to colleagues, other health professionals, young physicians in training, and medical students; and (4) be a member in good standing in their medical community (personal communication, D. Thornton, AAFP Family Doctor of the Year coordinator, 1994).

Values Measurement Instrument

The Schwartz Values Questionnaire is currently the most widely used instrument for measuring personal values. Developed for multicultural research, the 56-item Schwartz questionnaire has been translated into 30 languages.¹⁵ Since 1988, validation studies have been conducted with 86 samples representing 41 cultural groups in 38 countries.^{1,15} Results of those studies provide convincing support for the universal existence of 10 types of values measured by the questionnaire.^{15,16}

The 10 value types are based on three universal requirements for human existence: "the biologically based needs of the organism, social interactional requirements for interpersonal coordination, and social institutional demands for group welfare and survival."^{17(p551)} Each of the value types is defined by the motivational concern it expresses. Table 1 contains the 10 value types defined in terms of their motivational goals and the specific values that represent each type. For example, the motivational goal of the Benevolence value type is the preservation and enhancement of the welfare of people with whom one is in frequent personal contact. The Benevolence value type is represented by the values of helpfulness, loyalty, forgiveness, honesty, and responsibility. Schwartz defines value types and assigns to each one the individual values that represent it. He states that other individual values may be substituted if they meet the definition of the value type.¹

Survey

From the AAFP, we obtained 330 usable names and addresses of all the family physicians who had been nominated for or named FDY for the years 1988 to 1993, inclusive. We mailed the first questionnaire in December 1993, sent a second mailing for those not responding 1 month later, and sent a final mailing in February 1994. In addition to requesting demographic information (age, years in practice, sex, and practice location), we asked respondents to rate each of the 56 values as a guiding principle in their lives using a 9-point scale ranging from -1 ("opposed to my values") to 7 ("of supreme importance").

We measured respondents' satisfaction with the practice of medicine with the following 7-point Likert-type scale: "For me, the practice of medicine is": bad (1) to good (7); unfulfilling (1) to fulfilling (7); and unenjoyable (1) to enjoyable (7).

Table 1. Definitions of Value Types in Terms of Their Goals and the Single Values That Represent Them

ACHIEVEMENT: Personal success through demonstrating competence according to social standards. (Successful, Capable, Ambitious Influential) [Intelligent, Self-Respect]
BENEVOLENCE: Preservation and enhancement of the welfare of people with whom one is in frequent personal contact. (Helpful, Honest, Forgiving, Loyal, Responsible) [True Friendship, Mature Love]
CONFORMITY: Restraint of actions, inclinations, and impulses likely to upset or harm others and violate social expectations or norms. (Politeness, Obedient, Self-Discipline, Honoring Parents and Elders)
HEDONISM: Pleasure and sensuous gratification for oneself. (Pleasure, Enjoying Life)
POWER: Social Status and prestige, control or dominance over people and resources. (Social Power, Authority, Wealth) [Preserving my Public Image, Social Recognition]
SECURITY: Safety, harmony and stability of society, of relationships, and of self. (Family Security, National Security, Social Order, Clean, Reciprocation of Favors) [Sense of Belonging, Healthy]
SELF-DIRECTION: Independent thought and action-choosing, creating, exploring. (Creativity, Freedom, Independent, Curious, Choosing own Goals) [Self-Respect]
STIMULATION: Excitement, novelty, and challenge in life. (Daring, a Varied Life, and Exciting Life)
TRADITION: Respect, commitment, and acceptance of the customs and ideas that traditional culture or religion impose of the self. (Humble, Accepting my Portion in Life, Devout, Respect for Tradition, Moderate)
UNIVERSALISM: Understanding, appreciation, tolerance and protection for the welfare of all people and for nature. (Broadminded, Wisdom, Social Justice, Equality, a World at Peace, a World of Beauty, Unity with Nature, Protecting the Environment)

NOTE: Values in brackets are not used in computing indices for value types. Additional values included to measure a possible spirituality value type that was not found were: a Spiritual Life, Meaning in Life, Inner Harmony, Detachment. From Schwartz SH, Sagiv L. Identifying culture-specifics in the content and structure of values. J Crosscultural Psychol 1995; 26:95. Copyright © 1995 by the Journal of Crosscultural Psychology. Modified and reprinted with permission of Sage Publications Inc.

Analysis

Each of the 56 value scores was calculated by averaging the ratings of each respondent. The 10 value type indices were calculated by averaging the ratings for the respective assigned values listed in Table 1. A practice satisfaction index was calculated by averaging the ratings of the three measures of satisfaction (bad/good, unfulfilling/fulfilling, unenjoyable/enjoyable). We then correlated the practice satisfaction index with each of the 10 value types. We followed Schwartz's recommendation and performed partial correlation analyses to statistically control for each respondent's average ratings of the 56 items.¹ This procedure was designed to control for response patterns that tend to produce generally high ratings or generally low

Table 2. Characteristics of Family Doctor of the Year Nominees, 1988-1993 Inclusive, Who Responded to Questionnaire (N=273)

Characteristic	Participating Physicians
Male, %	94
Mean age, y	63
Standard deviation	10.15
Range	33-90
Mean years in practice	34
Standard deviation	10.60
Range	4-60
Practice location, %	
Rural	51.5
Suburban	21.3
Urban	19.5
Other	7.7

ratings. Chronbach's α reliability coefficients were calculated for the 10 value types and the satisfaction index.

Results

The response rate was 83%. Table 2 presents the demographics of the 273 responding physicians. Their mean age was 63 years, with a range of 33 to 90 years. The average tenure in practice was 34 years (standard deviation [SD]=10.60) with a range of 4 to 60 years. Ninety-four percent were male. They practiced predominantly in rural areas (52%); 21% practiced in a suburban setting, 20% urban, and 8% in other multiple practice sites during their careers.

Of the 56 individual values, the respondents rated honesty as the most important, with a mean rating of 6.2 on a scale of 1 to 7. The next highest single value rating was for family security (mean=6.1). Social power had the lowest rating of the individual values (mean=1.1). Table 3 presents the ratings of the 10 value types. Of the value types, Benevolence was rated highest and Power lowest.

The surveyed physicians expressed positive attitudes toward the practice of medicine. On a 7-point Likert-type scale ranging from a low rating (1) to a high rating (7), they rated the practice of medicine as good (mean=6.45, SD=.87), fulfilling (mean=6.53, SD=.78), and enjoyable (mean=6.29, SD=.91). We combined these three items into a practice satisfaction index (mean=6.43, SD=.75) that had a Chronbach's α reliability of .84. As shown in Table 3, the practice satisfaction index had a positive partial correlation with the Benevolence value type ($r=.21, P=.001$) and the Tradition value type ($r=.18, P=.006$). The practice satisfaction index had a negative partial correlation with the Power value type ($r=-.15, P=.023$). There was no other statistically sig-

Table 3. Value Type Ratings and Correlation with Practice Satisfaction for Family Doctor of the Year Nominees Who Responded to the Questionnaire (N=243)

Value Type	Rating*		Practice Satisfaction Correlation Coefficient
	Mean	SD	
Benevolence	5.5	0.70	.212†
Conformity	5.1	0.93	-.018
Achievement	4.9	0.87	-.057
Self-direction	4.9	0.91	-.071
Security	4.5	1.06	-.073
Universalism	4.5	0.91	.058
Tradition	3.9	1.12	.175‡
Hedonism	3.8	1.28	-.091
Stimulation	3.8	1.28	-.002
Power	2.3	1.21	-.146§

*Respondents rated each of 56 individual values on a 9-point scale ranging from -1 ("opposed to my values") to 7 ("of supreme importance"). Ratings for the 10 value types were calculated by averaging the ratings for the respective values assigned to each value type. Chronbach's α reliability coefficients ranged from .59 for Power and Tradition to .80 for Universalism.

†P = .001 (two-tailed test).

‡P = .006 (two-tailed test).

§P = .023 (two-tailed test).

SD denoted standard deviation.

NOTE: Data were missing from 30 of the 273 returned questionnaires.

nificant correlation between any of the other seven value types and the satisfaction index.

Given the wide range in the age of our respondents, we performed a supplementary partial correlation analysis to statistically control for respondents' average ratings and their age. Controlling for age did not change the correlations reported above, ie, between practice satisfaction and the value types of Benevolence, Power, and Tradition.

Discussion

Values and Practice Satisfaction

This study is the first to measure and identify the personal values of a large group of exemplary family physicians using a validated instrument. The study confirmed our hypothesis that exemplary generalist physicians emphasize personal values related to helping and serving their patients and communities. They gave the highest rating to the Benevolence value type (preserving and enhancing those with whom one is in close contact) and the lowest rating to Power. This profile is consistent with a group of physicians who are motivated primarily to help others and are less motivated to obtain personal control or external rewards for their deeds.

This study is also the first to show a correlation between values and practice satisfaction. Specifically, ratings of the Benevolence and Tradition value types correlated positively with practice satisfaction, while ratings of the Power value type correlated negatively with practice satisfaction. These data agree with Reams and Dunstone,¹⁸ who found that specialists who focused on the business and money-making aspects of medicine were the most unhappy with their careers. In that study, generalists and specialists who were less concerned with money and more focused on their interactions with patients reported greater satisfaction with their work. The current study supports this observation and is also consistent with research involving male executives whose job satisfaction declined with increased ambition.¹⁹ The medical profession and patients are better served by physicians who are motivated by Benevolent values and who also derive greater personal satisfaction from their work.

Our finding of a positive correlation between practice satisfaction and the Traditional value type implies that physicians who accept and value their professional position and status are more satisfied with their work.

Since the subjects in this study have been recognized by their peers as exemplary, their values could serve as guiding principles for personal application by medical trainees and generalist physicians. A concomitant recommendation for deemphasizing Power values also may be important.

Values, Medical Student Selection, and Physician Training

To train physicians to be more humanistic and caring, a working group from the American Association of Medical Colleges in 1984 published a report with recommendations regarding personal qualities, values, and attitudes in physicians of the future.²⁰ The recommendations of this report are congruent with the findings of our study. They recommended a comprehensive values-centered approach in medical education that encompasses medical student selection, faculty mentoring of students, educational offerings, and student evaluation. Each area was to emphasize desirable physician qualities, values, and attitudes. It is unclear how well these recommendations have been implemented.

The American Board of Internal Medicine has recognized the need for more humanistic and benevolent physicians. In a position paper, they recommended that their residents be required to demonstrate high standards of humanistic behavior, with particular emphasis on the values of integrity, respect, and compassion.²¹ This recommendation has led several investigators to attempt to devise methodology to measure humanistic attitudes, val-

ues, and behavior in trainees. Linn et al³ tested 10 different self-report methods for measuring humanistic qualities, values, and behaviors in a group of residents. Based on their data analysis, they recommend a somewhat complex combination of self-report methods for measuring humanistic values in medical trainees. In another study, McLeod et al⁴ found that the faculty's assessment of humanistic qualities in internal medicine residents correlated closely with patient satisfaction.

The finding of Martini et al⁸ that personal values were the most important of 19 criteria influencing generalists in their specialty choice emphasizes that personal social values are important to consider in the selection and training of medical students who are likely to become generalists. Martini et al made site visits to nine medical schools where a high percentage of graduates had selected primary care careers. They found that all these schools had used some assessment of social responsibility as a criterion for medical school selection. Kassebaum and Szenas⁵ found that helping others and social responsibility were specific values that were important to senior medical students in their choice of generalist careers. Schwartz and co-workers⁶ also found higher ratings of altruistic and lower ratings of "controllable life style" factors among medical students choosing generalist careers. Combined with our study, these data should help to further define the specific values that are important to consider in the selection of medical school students and physician trainees.

Demographic Profile of Family Doctor of the Year Nominees

The subjects in this study are seasoned physicians (mean age, 63) who have spent a mean of 34 years in practice. The predominance of male physicians in this age group is not surprising, as fewer women in this age group attended medical school.

The location of 52% of the FDY nominees in rural areas, compared with a normal distribution of 17% to 21% of all family physicians, was not expected.²² Possible reasons for the predominance of rural physicians among the FDY nominees include: (1) idealistic physicians may be located in underserved and economically deprived areas, which include many rural areas in the United States; (2) physicians in rural areas provide a broader array of medical services to their patients^{23,24}; (3) family physicians in rural areas are often recognized as leaders in the community and, as such, may provide greater community service; and (4) the AAFP accepts just one nomination each year from each state, giving the more rural states a disproportionate representation relative to the total number of physicians

(personal communication, D. Thornton, AAFP Family Doctor of the Year coordinator, 1994).

Limitations

One limitation of this study is the potential for self-reporting bias. Written claims of values do not necessarily translate to deeds. However, two considerations mitigate against self-report bias in this study: the study was confidential with no apparent personal gain for the respondents, and the physicians chosen for this study were nominated by their peers with testimonial documentation from other physicians, patients, and community members, suggesting that their values and behaviors are indeed congruent.

Another possible limitation is that the reliability coefficients of the value type indices were borderline. However, the magnitude of this limitation is minimal because the two value types with the lowest Chronbach's α (.59) both had statistically significant correlations with practice satisfaction. Moreover, Schmitt et al²⁵ have demonstrated 6-week, test-retest reliabilities of the value type indices ranging from 0.70 to 0.90.

Although Schwartz has published reliability studies and validation studies of his values model,^{1,15} there are no data on value type means that would allow us to compare our results with those of other professionals. Given the lack of comparison data, the value type ratings from this study may be useful as a benchmark with which other groups can be compared, both inside and outside the medical profession.

Measuring the personal social values of these exemplary physicians allowed us to assess correlations between personal values and practice satisfaction. This study may serve as a starting point for the investigation of relationships between the personal values of physicians and such items as patient access to care, quality of care, and practice outcomes.

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