

A survey investigation of public hospital physicians' working time, income and work satisfaction in the primary and secondary job: Descriptive statistics

by

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I. Background

Physicians employed in the public hospital sector in Denmark often hold an extra job in addition to their main employment. These physicians are referred to as dual job holding physicians. Some of the dual job holding physicians combine the public hospital employment with a job in the private health care delivery sector. The combination of the public hospital employment with a job in a private hospital or a private practice is referred to as physician dual practice. The phenomenon of physician dual practice is present in numerous health care systems (Eggleston and Bir, 2006; De Pietro, 2006; Ferrinho et al., 2004). In Denmark, physician dual practice has been frequently coming up on the public agenda and has been most often regarded as a serious problem for the public delivery of health care. Physician dual practice is expected to bring about negative effects for physicians' work inputs in the public hospital sector because; physicians who work simultaneously in the public and in the private health care delivery sector (dual practitioners) might concentrate their attention and effort away from the public hospital work to the better paid private practice. The private health care sector is believed to attract the public hospital physicians due to relatively higher earnings and the fact that the remuneration depends on the level of activity, i.e. a number of patients treated, what offers better possibilities to increase the individual level of income than the employee remuneration system in the public hospitals.

Dual practitioners are believed to concentrate principally on the attractive income raising opportunities offered by the private health care sector and be less involved as public sector employees in comparison to the other public hospital physicians. It is argued that dual practitioners tend to hold or prefer part-time employment contract in the public sector because, they can compensate the decrease in the public sector salary with the higher earnings per hour of labour provided to the private sector. Dual practitioners are often said to avoid overtime work and/or work outside normal working hours because, these coincide with the working hours in the second job in the private sector. Eventually, dual practice is assumed to influence negatively physicians' motivation for and satisfaction with the public hospital employment. In consequence, calls for introducing a ban on dual practice are frequently raised. At present, dual practice is not regulated in Denmark. Public hospital physicians who hold an extra job in the private health care sector have an obligation to inform their public employer about the involvement in dual practice (Danish Medical Association, 2008a). The employer, however, does not enjoy any explicit powers to limit the public hospital physicians' involvement in dual practice.

However, there appear a few interesting observations with regard to the above-listed concerns about possible negative effects of dual practice. First, the debate suggests that physicians who engage in dual practice are motivated predominantly or even exclusively by money and do not mind neglecting some of

the activities in the public hospitals. Moreover, this negligence apparently does not entail any repercussions from the public employer. Yet, in such case one should not expect these physicians to improve their work performance in the public sector even under a ban on dual practice. Further, if neglecting some of the activities comes without any repercussions from the side of the employer, it cannot be taken for granted that public hospital physicians who are not involved in dual practice perform better in these activities than dual practitioners.

Regarding working hours, the debate indirectly suggests that physicians who work exclusively in the public hospitals are the more available and flexible employees. However, from a labour economics perspective, hospital physicians who do not choose to engage in an extra job in their free time might simply prefer leisure over the extra work and the additional income. In other words, the fact that a physician does not have an extra job does not guarantee that he/she is very much willing to work long hours or work outside the normal working time in the public hospital sector.

The argument that dual practitioners tend to hold or prefer a part-time employment in the public sector includes an assumption that there is a strong income effect of the engagement in the second job and the accompanying increase in earnings. In other words, it is difficult to predict how much more dual practitioners would like to earn on top of their public hospital salary and it cannot be excluded that a dual practitioner would like to combine the additional earnings from the private practice with a full-time rather than a part-time public hospital salary. It is a matter for empirical investigation to reveal whether dual practitioners substitute some of the public hospital working hours for working hours in the private hospital or simply add extra hours of work in the private sector on top of a full-time work schedule in the public sector. Eventually, the concerns about possible lack of time flexibility among public hospital doctors who are involved in dual practice might regard also the other groups of the dual job holding physicians not only the dual practitioners.

It is also interesting to mention that dual job holding as a labour market phenomenon has been a subject of empirical investigation in some of labour economics and personnel management studies. The results of these studies do not support hypotheses about negative effects of the extra job for employees' performance in their primary job (Jamal et al., 1998; Bennett et al., 1994; Jamal, 1992; Jamal & Crawford, 1981). It seems that dual job holders perform their duties in the primary job at least as good as their counterparts who do not engage in dual job holding. Moreover, highly educated professionals might combine different jobs not only to earn extra income but also to learn competences and/or put their skills into a full use by performing task which cannot be built into a single job. From such perspective, dual job holding might be perceived as increasing professional satisfaction and possibly producing less frustrated

employees (Bennett et al., 1994). Dual job holders can be also argued to be a special breed of employees who have higher than average need for professional activity and in attempts to realise their needs exert voluntarily additional effort (Jamal et al., 1998).

It should be also underlined that the discussion about the possible effects of dual practice is short on hard evidence and many of the arguments are based on anecdotal observations, in Denmark and internationally as well. Even if the prevalence of dual practice can be approximated there is still lack of evidence with regard to the extent of the public hospital physicians' involvement in the private health care sector, i.e. the number of working hours they spend in the private sector. Correspondingly, there is a deficit of hard evidence about the dual practice effect for physicians working hours and work schedule in the public hospitals. Indeed, the problem of lack of hard evidence concerns all of the presumed effects of dual practice.

In order to address the concerns about effects of physician dual practice for the public provision of health care in Denmark, The Research Unit for Health Economics at University of Southern Denmark designed a questionnaire to collect data on public hospital physicians working hours, income, work satisfaction and work preferences in the primary and the secondary job (*Spørgeskemaundersøgelse af lægers arbejdstid, arbejdsbelastning og kompensation i hovedbeskæftigelse og bibeskæftigelse i 2008*). The questionnaire was distributed in cooperation with Danish Medical Association during the first half of 2009 among 12880 members of the Danish Medical Association who were identified as employees of the public hospital sector. The respondents were contacted through email addresses and filled in the questionnaire on-line. The questions covered details regarding work in 2008.

Following a single reminder call, 5999 physicians answered the questionnaire, out of which 5633 were hospital physicians what corresponds to 42.6 percent of 13,231 labour active hospital physicians who were members of Danish Medical Association in 2008. The data collection produced the so far most representative dataset with regard to information on dual job holding among public hospital physicians in Denmark.

The following parts of this working paper present selected details about the collected material and descriptive statistics with regard to physicians factual working hours, preferred working hours, income, and work satisfaction in the public hospital sector and the private health care sector job. The descriptive statistics highlights differences between physicians who were involved in dual practice, i.e. indicated to have an extra job in the private health care sector, and physicians who were not involved in dual practice. The last section of the paper includes the text of the questionnaire, in the Danish and the English language version, accompanied by information on the distribution of the answers to each of the questions.

Throughout the paper, an expression “other physicians” is used for a group of public hospital physicians who did not indicated to be involved in dual practice, e.g. either worked exclusively in a public hospital or combined the public hospital job with an extra job other than work in a private health care delivery sector. The expression “dual practitioners” is used for public hospital physicians who were involved in dual practice, i.e. hold a second job in a private health care delivery sector (a private hospital or a private specialist practice).

II. Data

The questionnaire was distributed among 12880 members of the Danish Medical Association who were identified as public hospital physicians and could be contacted via an e-mail address. Following, a single reminder call, 5999 respondents answered the questionnaire, out of which 5633 were public hospital physicians. The collected sample of 5633 public hospital physicians corresponds to 42.6 percent of 13,231 labour active public hospital physicians who were members of the Danish Medical Association in 2008. It is worth underlining that nearly all physicians in Denmark are members of the Danish Medical Association. The respondents were asked to fill in and submit the questionnaire on-line. The collected data regards year 2008. The descriptive statistics present a sample of 5091 public hospital physicians after excluding:

- **238** respondents who were not employed in a public hospital, e.g. university staff, freelance vicars, physicians working exclusively in the private sector, physicians working exclusively in general practice, municipality physicians (kommunallæger), social medicine physicians (sociallæger), physician employed by the armed forces (militærlæger), medical public health officers (embedslæger), or respondents who did not work in a capacity of a physician in a public hospital in 2008, e.g. employees performing exclusively administrative jobs, students, retired physicians, and respondents who were on maternity/sickness leave in 2008.
- **477** respondents who were in the course of education involving work in several different institutions in 2008 (praksis reservelæger, amanuensislæger, turnuslæger), respondents in the course of a PhD programme (klinisk assistenter).
- **193** empty questionnaires or questionnaires with invalid answers.

In the remaining sample of 5091 public hospital physicians, senior hospital physicians (overlæger, cheflæger, sygehuslæger) are overrepresented in comparison to junior hospital physicians. The sample represents 48% of the total population (4586) of the senior hospital physicians in 2008 (Danish Medical Association, 2008b).

In the collected sample, 2193, i.e. 43.3 percent of the respondents stated to be dual job holders, out of whom 425 (323 men and 98 women), i.e. nearly 20 percent indicated to be dual practitioners who hold an extra job either in a private hospital or run a private specialist practice. Dual practitioners represent 8.3% of the sample population.

Table 1 presents age and gender structure of the sample in comparison to the age and gender structure of the total population of the physicians employed in the public hospitals in 2008. In the dataset men are

slightly underrepresented but the difference is less than 2 percent. Regarding age the dataset mirrors the age structure of the general population well, except for public hospital physicians younger than 30 years.

Table 1. Gender and age distributions for the population and the sample.

PUBLIC HOSPITAL PHYSICIANS IN DENMARK: GENDER AND AGE STRUCTURE								
	GENDER		AGE					
	male	female	age: < 30	age: 30-39	age: 40-49	age: 50-59	age: 60-66	age: > 66
Population***: 13,231	54.5%	45.5%	7.4%	33%	23.4%	24.5%	10.2%	1.5%
Sample: 5,091	52.4%	47.6%	4.3%	34.4%	24.7%	25.8%	9.6%	1.4%

***Statistics for 2008 obtained from the Danish Medical Association.

Representativeness of the sample with regard to the main medical specialties is presented in Table 2. The biggest surgical specialties, which are the dominating specialties in the private health care sector in Denmark, are better represented in the sample as compared with medical specialties in non-surgical treatment and the diagnostic specialties. Moreover, some of the medical specialties are overrepresented, among them three specialties with the highest representations of dual practitioners: anaesthesiology (58.4% of total population in 2008), otorhinolaryngology (71.4% of total population in 2008) and ophthalmology (57% of total population in 2008).

Table 2. Sample population representativeness with regard to the main medical specialties (Estimates based on statistics obtained from the Danish Medical Association).

MEDICAL SPECIALTY		MEDICAL SPECIALTY	
	PERCENTAGE OF THE TOTAL POPULATION		PERCENTAGE OF THE TOTAL POPULATION
Surgery including subspecialties	45.4%	Dermatology	32.5%
Anaesthesiology	58.4%	Radiology	42.4%
Orthopaedic surgery	48.8%	Paediatrics	66.4%
Gynaecology and Obstetrics	65.3%	Pathologic anatomy	51.3
Otorhinolaryngology	71.4%	Oncology	84.7%
Ophthalmology	57%	Social medicine	37.2%
Neurosurgery	59.4%	Occupational medicine	53.8%
Internal medicine including subspecialties	35%	Laboratory diagnostics	64.3%
		Psychiatry	40%
Neurology	54.5%	Other	23.2%

The data collected through a survey method might suffer from various types of surveys measurement errors. There might be errors of non-observation arising because answers were not collected from a part of the total population of the public hospital physicians. The current sample arises from a questionnaire distributed among 12880 members of the Danish Medical Association who were identified as public hospital physicians. In 2008 there were 13231 public hospital physicians among members of the Danish Medical Association and it should be noticed that nearly all physicians in Denmark hold a membership in the Association. Thus, the questionnaire was distributed among major part of the total population and by these means the non-observation errors that might arise from a choice of sampling method or coverage have been minimised. However, the sample might suffer from a non-response error since not all contacted physicians answered the questionnaire and some respondents did not provide answer to some of the questions. Still, the collected dataset is the so far most representative data on the prevalence of dual job holding among the public hospital physicians and their working hours, income and job satisfaction.

There might be also errors arising from a respondent inability to provide the correct answer, carelessness, or dishonesty. Yet, these errors might be assumed to depend of the respondents' individual characteristics, which can be randomly distributed among the total population of the respondents, i.e. not particularly associated with one or another group of physicians.

III. Descriptive statistics

a. The prevalence of dual job holding among public hospital physicians

In this section, the expression “other physicians” is used for a group of public hospital physicians who did not indicated to be involved in dual practice, e.g. either worked exclusively in a public hospital or combined the public hospital job with an extra job other than work in a private health care delivery sector. The expression “dual practitioners” is used for public hospital physicians who were involved in dual practice, i.e. held a second job in a private health care delivery sector (a private hospital or a private specialist practice).

“Dual practitioners” – physicians who combine a public hospital employment with a job in the private health care delivery sector, i.e. a private hospital or a private specialist practice.

“Other physicians” – physicians who work exclusively in a public hospital or combine the public hospital employment with a job outside the private health care delivery sector.

In the collected sample, 2193 or 43.3 percent of the respondents stated to be dual job holders, out of whom 425 (323 men and 98 women), i.e. almost 20 percent indicated to be dual practitioners with the secondary job either in a private hospital or a private specialist practice. The other dual job holding consultants were engaged in various secondary jobs within the public sector: teaching (662), public health consultant in various institutions (407), vicar/substitute in another public hospital (292), attestation work (251), or municipality physician (17). A private consulting business was the extra activity for 199 consultants. Moreover, 114 respondents stated to take up a short term extra employment in another public hospital outside Denmark. Tables 3 and 4 present the results.

Table 3. Dual job holding physicians as a share of the total population.

<i>No. of observations 5077/5091</i>	<i>Freq.</i>	<i>Percent</i>
Physicians working exclusively in a public hospital	2884	56.7
Dual job holding physicians (by type of the secondary job):	2193 (2384)***	
1. Dual practitioners:	425 (442)***	8.3
1a. Private hospital (Privathospital)	258	5.1
1b. Private specialist practice in a hospital (Praktiserende speciallæge praksis på sygehus)	29	0.5
1c. Private specialist practice (Praktiserende speciallæge praksis)	155	3.0
2. Public Health Consultant (Speciallægekonsulent)	407	8.0
3. Private consulting business (Egen konsulentvirksomhed)	199	3.9
4. Attestation work (Attesthonorar)	251	4.9
5. Teaching (Ekstern / klinisk lektor / Undervisning og censorvirksomhed)	662	13.0
6. Municipality physician (Kommunallægevirksomhed)	17	0.3
7. Vicar in a public hospital (Vikaransættelse på offentlige sygehus)	292	5.7
8. Vicar in a foreign country (Vikaransættelse i udlandet)	114	2.2

*** Some of the dual job holding physicians are engaged in more than two jobs thus; the number of jobs is higher than the number of physicians. The number in brackets corresponds to the number of jobs

Table 4. Types of the secondary job.

<i>No. of observations 5077/5091</i>	<i>DUAL JOB HOLDING PHYSICIANS N = 2193 (2384)***</i>	
	<i>Freq.</i>	<i>Percent</i>
Jobs in the private health care sector:	425 (442)***	19.4
Private hospital (Privathospital)	258	11.8
Private specialist practice in a hospital (Praktiserende speciallæge praksis på sygehus)	29	1.3
Private specialist practice (Praktiserende speciallæge praksis andet sted end sygehus)	155	7.1
Public Health Consultant (Speciallægekonsulent)	407	18.6
Private consulting business (Egen konsulentvirksomhed)	199	9.1
Attestation work (Attesthonorar)	251	11.4
Teaching (Ekstern / klinisk lektor / Undervisning og censorvirksomhed)	662	30.2
Municipality physician (Kommunallægevirksomhed)	17	0.8
Vicar in a public hospital (Vikaransættelse på offentlige sygehus)	292	13.3
Vicar in a foreign country (Vikaransættelse i udlandet)	114	5.2

*** Some of the dual job holding physicians are engaged in more than two jobs thus; the number of jobs is higher than the number of physicians. The number in brackets corresponds to the number of jobs.

In general, since some of the dual job holding physicians are engaged in more than two jobs, the total number of the extra jobs (2384) is higher than the number of respondents indicating involvement in dual job holding (2193).

Table 5 presents distribution of dual practitioners between private hospitals, private specialist practices and private specialist practices within public hospitals.

Table 5. Types of the secondary job in the private health care sector.

<i>TYPE OF THE SECONDARY JOB</i>	<i>DUAL PRACTITIONERS N =425 (442)***</i>	
	<i>Freq.</i>	<i>Percent</i>
Private hospital (<i>Privathospital</i>)	258	60.7
Private specialist practice in a public hospital (<i>Praktiserende speciallæge praksis på sygehus</i>)	29	6.8
Private specialist practice (<i>Praktiserende speciallæge praksis andet sted end sygehus</i>)	155	36.5

*** Some of the dual job holding physicians holds more than two jobs thus; the number of jobs is higher than the number of physicians. The number in brackets corresponds to the number of jobs

It should be noticed that some dual practitioners work both in a private hospital as well as in a private specialist practice thus, the number 425 indicates the number of physicians engaged in dual practice not the number of jobs hold by the dual practitioners, which is 442. In the sample there are 14 dual practitioners who on top of the employment in a public hospital, work in a private hospital and also in a private specialist practice. There are also 3 dual practitioners who on top of the employment in a public hospital, work both, in a private hospital and in a private specialist practice within in a public hospital.

Regarding medical specialties, dual job holders were found among all of them, while dual practitioners were not represented in social medicine and one of the laboratory diagnostic specialties: clinical biochemistry. The specialties with the highest relative representation of dual practitioners were:

- anaesthesiology,
- surgery,
- orthopaedic surgery,
- otorhinolaryngology,
- ophthalmology.

Dual practitioners are most often found among senior hospital physicians, in particular among consultants. Junior hospital physicians account for approximately one fourth of the dual practitioners. Table 6 presents public hospital positions occupied by the respondents.

Table 6. Respondents' work positions in the public hospitals.

TYPE OF WORK POSITION <i>No. of observations = 5040/5091</i>	DUAL PRACTITIONERS		OTHER PHYSICIANS	
	<i>Freq.</i>	<i>Percent</i>	<i>Freq.</i>	<i>Percent</i>
Junior hospital physicians:				
<i>Resident (Reservelæge / 1. Reservelæge)</i>	63	14.9	2212	47.9
<i>Staff Specialist (Afdelingslæge)</i>	50	11.8	499	10.8
Senior hospital physicians:				
<i>Hospital Physician (Sygehuslæge)</i>	0	0	28	0.6
<i>Clinical Director (Ledende overlæge / Klinikchef)</i>	24	5.7	270	5.8
<i>Consultant (Overlæge med vagt)</i>	165	39	750	16.2
<i>Consultant (Overlæge uden vagt)</i>	69	16.3	541	11.7
<i>Consultant (Specialeansvarlig overlæge)</i>	41	9.7	206	4.5
<i>Hospital Medical Director (Cheflæge / Lægelig direktør / Centerchef)</i>	5	1.2	48	1.0
<i>Other (Andet)</i>	6	1.4	63	1.4
	423	100	4617	100

In the public debate on physician dual practice a special attention has been given to consultants (overlæger) and clinical directors (ledende overlæger) who hold an extra job in a private hospital. The percentage of dual practitioners with a second job in a private hospital among each of the 3 groups of consultants (*overlæge med vagt*, *overlæge uden vagt*, *specialeansvarlig overlæge*) and among the clinical directors (*ledende overlæger*) is the following:

- In total, out of 2066 consultants (*overlæger*) and clinical directors (*ledende overlæger*) who answered the questionnaire 198 stated to have a second job in a private hospital, which corresponds to 9.6%:
 - Out of the 915 *overlæger med vagt* who answered the questionnaire 126 stated to have a second job in a private hospital, which corresponds to 13.7%;
 - Out of 610 *overlæger uden vagt* 31 stated to have a second job in a private hospital, which corresponds to 5.1%;
 - Out of 247 *specialeansvarlig overlæger* 31 stated to have a second job in a private hospital, which corresponds to 12.5%;
 - Out 294 *ledende overlæger* 10 stated to have a second job in a private hospital, which corresponds to 3.4%.

b. Dual practitioners' working time

The data analysis reveals that 8.3 per cent of the public hospital physicians were involved in dual practice in 2008. The respondents were asked to state the average number of working hours per week they provide to the private health care sector (either a private hospital or a private specialist practice). In the collected sample, the dual practitioners typically spent 4 hours per week in the private sector (median=4 h) and 75 percent of the dual practitioners work on average up to 6 hours per week in the private health care sector. Less than 10% of the dual practitioners devoted more than 10 hours per week to the private sector. Tables 7a and 7b present the results regarding the dual practitioners' average weekly number of working hours in the private health care sector.

Table 7a. Average weekly number of working hours in the private health care sector: dual practitioners.

<i>No. of observations = 419/425</i>	<i>Freq.</i>	<i>Percent</i>	<i>Cum. Percent</i>
> 1 h	20	4.8	4.8
1 – 2 h	104	24.8	29.6
2.1 – 3 h	49	11.7	41.3
3.1 – 4 h	63	15.0	56.3
4.1 – 5 h	41	9.8	66.1
5.1 – 6 h	39	9.3	75.4
6.1 – 7 h	16	3.8	79.2
7.1 – 8 h	25	6.0	85.2
8.1 – 9 h	3	0.7	85.9
9.1 – 10 h	23	5.5	91.4
10.1 – 11 h	2	0.5	91.9
11.1 – 12 h	7	1.7	93.6
14.1 – 15 h	8	1.9	95.5
15.1 - 16 h	4	0.9	96.4
16.1 – 17 h	0	0	96.4
17.1 - 18 h	1	0.25	96.65
18.1 – 19 h	1	0.25	96.9
19.1 - 20 h	8	1.9	98.8
24 h	3	0.7	99.5
25 h	2	0.5	100.0
	419	100.0	

Table 7b. Average weekly number of working hours in the private health care sector: dual practitioners.

	PERCENTILES	SMALLEST	
1%	0.5	0.2	Mean 5.19 Std. Dev. 4.53
5%	1	0.2	
10%	1	0.3	
25%	2	0.3	
Median (50%)	4		
		LARGEST	
75%	6	24	
90%	10	24	
95%	15	25	
99%	24	25	

As mentioned above, a special focus in the debate on physician dual practice in Denmark has been given to the dual practitioners with a second job in a private hospital. Table 8 present basic results regarding average weekly number of hours dual practitioners spent in the private hospitals. The results do not differ significantly from the results regarding working hours in the private health care sector of all dual practitioners.

Table 8. Average weekly number of working hours in a private hospital: dual practitioners.

	PERCENTILES	SMALLEST	
1%	0.5	0.2	Mean 5.00 Std. Dev. 4.07
5%	1	0.3	
10%	1	0.5	
25%	2	0.5	
Median (50%)	4		
		LARGEST	
75%	6	20	
90%	10	20	
95%	12	24	
99%	20	25	

Table 8a. Public hospital physicians interest in increasing the number of working hours in the second job.

No. of observations = 2021/2193	DUAL JOB HOLDING PHYSICIANS N = 2193		DUAL PRACTITIONERS N = 425		DUAL PRACTITIONERS WITH A JOB IN A PRIVATE HOSPITAL N = 258	
	<i>Freq.</i>	<i>Percent</i>	<i>Freq.</i>	<i>Percent</i>	<i>Freq.</i>	<i>Percent</i>
<i>Very interested</i>	134	6.6	51	12.0	31	12.0
<i>Somewhat interested</i>	696	34.4	170	40.1	109	42.3
<i>Uninterested</i>	1191	58.9	203	47.9	118	45.7
	2021	100	424	100	258	100

Table 8b. Demand for working hours in the second job: Do you have a possibility to increase the number of work hours in the second job.

<i>No. of observations = 2018/2193</i>	<i>DUAL JOB HOLDING PHYSICIANS N = 2193</i>		DUAL PRACTITIONERS N = 425		DUAL PRACTITIONERS WITH A JOB IN A PRIVATE HOSPITAL N = 258	
	<i>Freq.</i>	<i>Percent</i>	<i>Freq.</i>	<i>Percent</i>	<i>Freq.</i>	<i>Percent</i>
<i>Yes, to a high degree</i>	490	24.3	129	30.4	75	29.1
<i>Yes, to some degree</i>	1036	51.3	227	53.6	150	58.1
<i>Not at all</i>	492	24.4	68	16.0	33	12.8
	2018	100	424	100	258	100

Regarding working time in the public hospital sector, 94 percent of the dual practitioners worked full time in a public hospital with the mean and median working week of 44.7 hours and 42.5 hours respectively – Tables 9a and 9c. Among dual practitioners who have a second job in a private hospital the percentage of physicians with the part-time employment status in the public hospital sector is even lower – 3.1 percent and does not differ significantly from the percentage of the part-time employed among other physicians – 2.9 percent – Tables 9a-9b and Figure 2.

The results indicate that majority of the dual practitioners provide over-time work to the public hospital sector. Most importantly, dual practitioners do not differ significantly from other public hospital physicians with regard to the average length of work week in the public sector. The median length of work week is the same for both groups of physicians and the mean length of the work week do not differ significantly – Table 9c and Figure 1. The same regards comparison of dual practitioners who hold the second job in a private hospital and the other physicians – Table 9d.

Table 9a. Average weekly number of working hours in a public hospital: dual practitioners and other public hospital physicians.

<i>No. of observations = 5063/5091</i>	DUAL PRACTITIONERS		OTHER PHYSICIANS	
	<i>Freq.</i>	<i>Percent</i>	<i>Freq.</i>	<i>Percent</i>
<i><37 h/week</i>	25	6.0	136	2.9
<i>37-40 h/week</i>	74	17.4	1195	25.8
<i>41-44 h/week</i>	139	32.8	1374	29.6
<i>45-49 h/week</i>	120	28.3	1092	23.5
<i>50-54 h/week</i>	39	9.2	478	10.3
<i>55-60 h/week</i>	20	4.7	234	5.0
<i>61-69 h/week</i>	3	0.7	92	2.0
<i>>69 h/week</i>	4	0.9	38	0.8
	424	100	4639	100

Table 9b. Average weekly number of working hours in a public hospital: dual practitioners.

No. of observations = 424/425	DUAL PRACTITIONERS WITH A JOB IN A PRIVATE HOSPITAL		DUAL PRACTITIONERS WITH A PRIVATE SPECIALIST PRACTICE*		DUAL PRACTITIONERS WITH A PRIVATE SPECIALIST PRACTICE IN A HOSPITAL**	
	Freq.	Percent	Freq.	Percent	Freq.	Percent
<37 h/week	8	3.1	14	9.1	4	13.8
37-40 h/week	46	17.9	27	17.5	3	10.3
41-44 h/week	84	32.7	51	33.1	11	38.0
45-49 h/week	86	33.5	32	20.8	8	27.6
50-54 h/week	19	7.4	17	11.0	3	10.3
55-60 h/week	11	4.3	9	5.8	0	0
61-69 h/week	1	0.4	2	1.3	0	0
>69 h/week	2	0.8	2	1.3	0	0
	257	100	154	100	29	100

* *Praktiserende speciallæge (praksis andet sted end sygehus)*

** *Praktiserende speciallæge (praksis på sygehus)*

Table 9c. Average weekly number of working hours in a public hospital: dual practitioners and other public hospital physicians.

DUAL PRACTITIONERS			OTHER PHYSICIANS		
	PERCENTILES			PERCENTILES	
1%	<36		1%	<36	
5%	<36		5%	38.5	
10%	38.5		10%	38.5	
25%	42.5	Mean 44.69	25%	38.5	Mean 44.74
Median (50%)	42.5	Std. Dev. 5.99	Median (50%)	42.5	Std. Dev. 6.47
75%	47		75%	47	
90%	52		90%	52	
95%	57.5		95%	57.5	
99%	65		99%	65	

Table 9d. Average weekly number of working hours in a public hospital: dual practitioners with a second job in a private hospital and other public hospital physicians.

DUAL PRACTITIONERS: SECOND JOB IN A PRIVATE HOSPITAL			OTHER PHYSICIANS		
	PERCENTILES			PERCENTILES	
1%	<36		1%	<36	
5%	38.5		5%	38.5	
10%	38.5		10%	38.5	
25%	42.5	Mean 44.73	25%	38.5	Mean 44.74
Median (50%)	42.5	Std. Dev. 5.49	Median (50%)	42.5	Std. Dev. 6.47
75%	47		75%	47	
90%	52		90%	52	
95%	57.5		95%	57.5	
99%	65		99%	65	

Figure 1. Average weekly number of working hours in a public hospital: dual practitioners and other public hospital physicians.

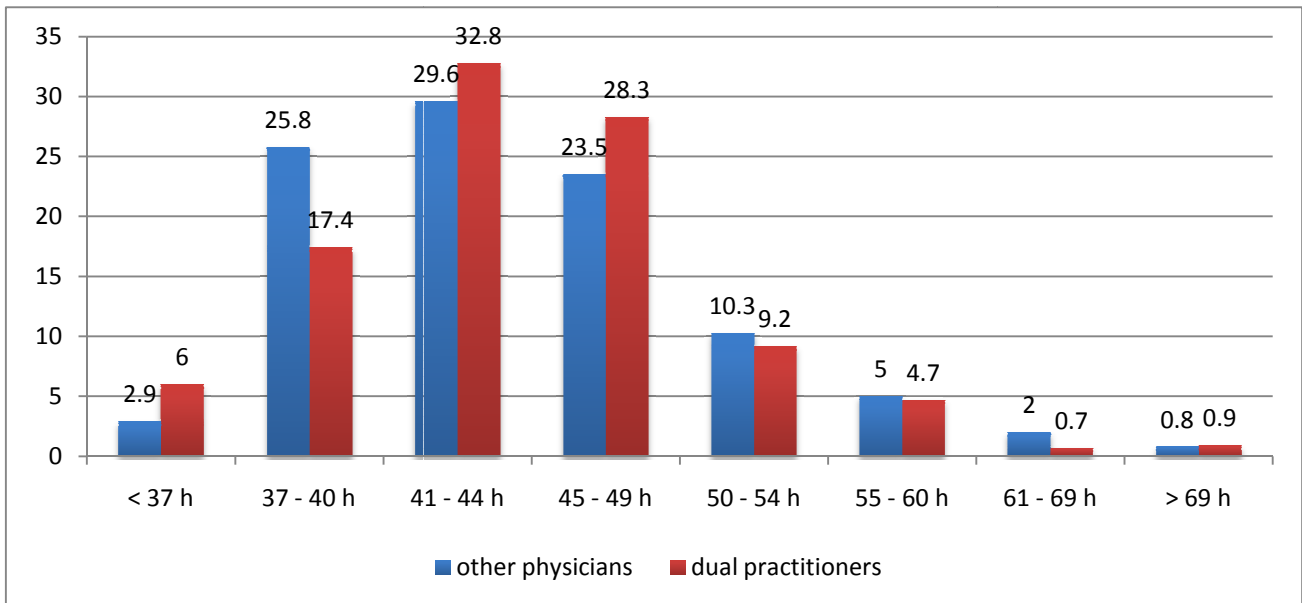
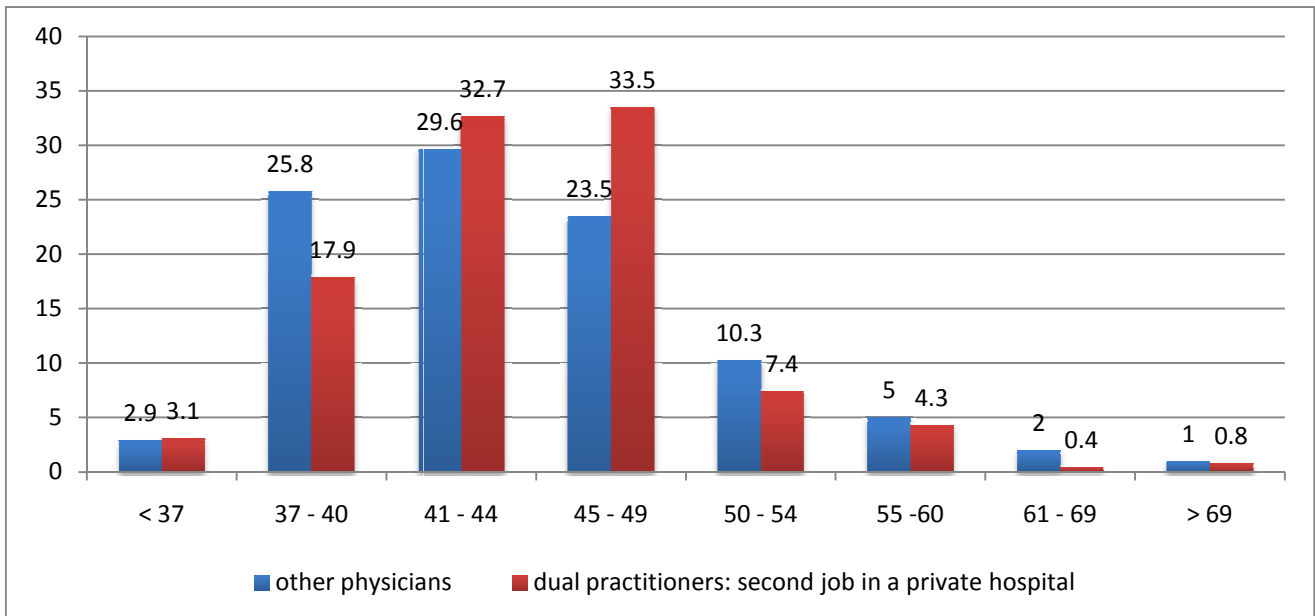


Figure 2. Average weekly number of working hours in a public hospital: dual practitioners with a second job in a private hospital and other public hospital physicians.



Furthermore, a typical dual practitioner spends on average more than 3 hours per week on unpaid tasks. The unpaid tasks are understood as tasks that are undertaken on voluntarily basis and for which the public hospital physicians are not explicitly remunerated, e.g. work as a shop steward or other representative of the fellow workers, work as a member of various advisory bodies, and work on implementation of quality

development projects. Table 10a – 10b and Figure 3 present the results regarding the average number of hours devoted to unpaid tasks.

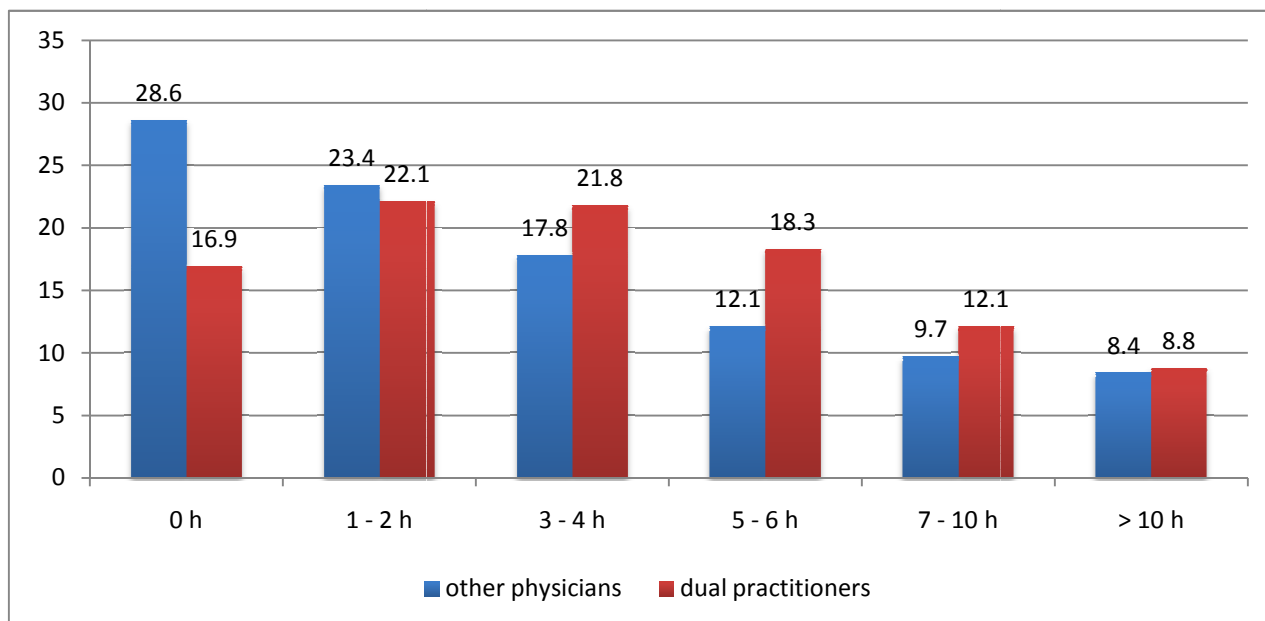
Table 10a. Average weekly number of unpaid working hours in a public hospital: dual practitioners and other public hospital physicians.

<i>No. of observations = 5046/5091</i>	DUAL PRACTITIONERS		OTHER PHYSICIANS	
	<i>Freq.</i>	<i>Percent</i>	<i>Freq.</i>	<i>Percent</i>
<i>0 h/week</i>	71	16.9	1323	28.6
<i>1-2 h/week</i>	93	22.1	1080	23.4
<i>3-4 h/week</i>	92	21.8	822	17.8
<i>5-6 h/week</i>	77	18.3	560	12.1
<i>7-10 h/week</i>	51	12.1	450	9.7
<i>>10 h/week</i>	37	8.8	390	8.4
	421	100	4625	100

Table 10b. Average weekly number of unpaid working hours in a public hospital: dual practitioners and other public hospital physicians.

DUAL PRACTITIONERS				OTHER PHYSICIANS			
	PERCENTILES	SMALLEST		PERCENTILES	SMALLEST		
1%	0	0		1%	0	0	
5%	0	0		5%	0	0	
10%	0	0		10%	0	0	
25%	1.5	0		25%	0	0	
			Mean 4.09				Mean 3.39
Median (50%)	3.5		Std. Dev. 3.36	Median (50%)	1.5		Std. Dev. 3.47
		LARGEST				LARGEST	
75%	5.5	11		75%	5.5	11	
90%	8.5	11		90%	8.5	11	
95%	11	11		95%	11	11	
99%	11	11		99%	11	11	

Figure 3. Average weekly number of unpaid working hours in a public hospital: dual practitioners and other public hospital physicians.



With regard to the public hospital work outside normal working hours, majority of the dual practitioners provide at least 3 hours of overtime work in the public hospitals, as it has been mentioned above. Furthermore, dual practitioners whose work obligations include on-duty periods (vagter/delvagter), e.g. night, afternoon duties outside normal working hours, had typically 3 – 4 on-duty periods per month – Table 11a, 11b and Figure 4.

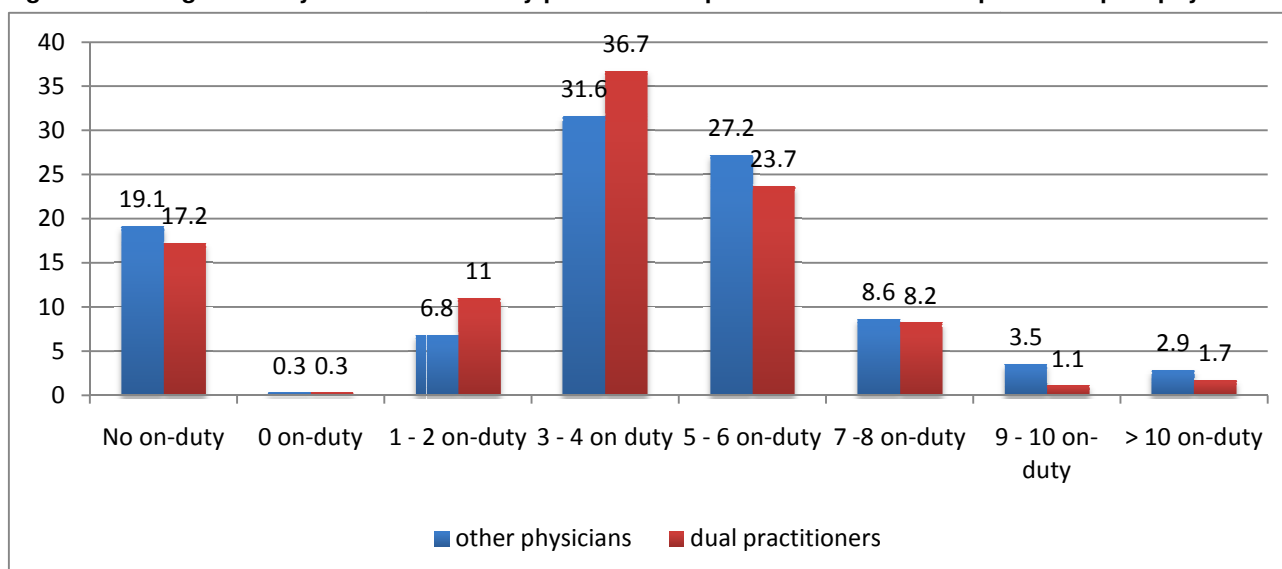
Table 11a. Average monthly number of on-duty periods: dual practitioners and other public hospital physicians.

<i>No. of observations = 4417/5091</i>	DUAL PRACTITIONERS		OTHER PHYSICIANS	
	<i>Freq.</i>	<i>Percent</i>	<i>Freq.</i>	<i>Percent</i>
<i>Does not participate in on-duty work</i>	61	17.2	778	19.1
<i>Participates in on-duty work:</i>	293	82.8	3285	80.9
<i>0 on-duty periods/month</i>	1	0.3	11	0.3
<i>1-2 on-duty periods/month</i>	39	11.0	277	6.8
<i>3-4 on-duty periods/month</i>	130	36.7	1284	31.6
<i>5-6 on-duty periods/month</i>	84	23.7	1104	27.2
<i>7-8 on-duty periods/month</i>	29	8.2	351	8.6
<i>9-10 on-duty periods/month</i>	4	1.1	142	3.5
<i>>10 on-duty periods/month</i>	6	1.7	116	2.9
	354	100	4063	100

Table 11b. Average monthly number of on-duty periods: dual practitioners and other public hospital physicians.

DUAL PRACTITIONERS			OTHER PHYSICIANS		
PERCENTILES	SMALLEST		PERCENTILE	SMALLEST	
1%	1.5	0	1%	1.5	0
5%	1.5	1.5	5%	1.5	0
10%	1.5	1.5	10%	3.5	0
25%	3.5	1.5	25%	3.5	0
Median (50%)	3.5		Median (50%)	5.5	
		Mean 4.42			Mean 4.94
		Std. Dev. 2.02			Std. Dev. 2.21
		LARGEST			LARGEST
75%	5.5	11	75%	5.5	11
90%	7.5	11	90%	7.5	11
95%	7.5	11	95%	9.5	11
99%	11	11	99%	11	11

Figure 4. Average monthly number of on-duty periods: dual practitioners and other public hospital physicians.



Paid overtime work in the public hospital sector is often discussed as a potential alternative to holding a second job in the private health care sector. However, the results show that nearly 60 percent of dual practitioners did not have a possibility for undertaking paid overtime work in their public hospitals – table 12. Moreover, it is worth noticing that more than 57 percent of the dual practitioners expressed a wish to undertake more paid over time in the public hospital sector if possible – Table 13.

Out of these dual practitioners who worked overtime in their public hospital job in 2008, more than 55 percent did not receive any financial compensation for the overtime – Table 14. The percentage of physicians who did not receive any financial compensation for the overtime work is higher among dual practitioners than among other physicians. This fact might indicate that the engagement in dual practice might be partially due to the lack of possibility to earn extra money in the public hospital.

Table 12. Possibility to work overtime in the public hospital.

<i>No. of observations = 4997/5091</i>	DUAL PRACTITIONERS		OTHER PHYSICIANS	
	<i>Freq.</i>	<i>Percent</i>	<i>Freq.</i>	<i>Percent</i>
<i>Possibility for paid overtime (normal hourly wage)</i>	29	7.0	492	10.7
<i>Possibility for paid overtime (increased hourly wage)</i>	149	35.8	1824	39.8
<i>No possibility for paid overtime</i>	238	57.2	2265	49.5
	416	100	4581	100

Table 13. Preferences towards future working time in a public hospital: dual practitioners and other public hospital physicians.

<i>No. of observations = 5074/5091</i>	DUAL PRACTITIONERS N=425		OTHER PHYSICIANS N = 4649	
	<i>Freq.</i>	<i>Percent.</i>	<i>Freq.</i>	<i>Percent</i>
<i>Wish to increase number of working hours (for normal hourly wage)</i>	13	3.0	178	3.8
<i>Wish to have more paid overtime (FEA - Frivilligt ekstra arbejde med overarbejds løn)</i>	243	57.2	2551	54.9
<i>Does not want any changes regarding working hours</i>	98	23.0	1155	24.8
<i>Wish to decrease number of working hours</i>	59	13.9	632	13.6
<i>Wish to have less overtime work</i>	65	15.3	902	19.4

Table 13a. Preferences towards future working time in a public hospital: dual practitioners and physicians working exclusively in a public hospital.

<i>No. of observations = 3565/3567</i>	DUAL PRACTITIONERS N=425		DUAL PRACTITIONERS: SECOND JOB IN A PRIVATE HOSPITAL N = 258		PHYSICIANS WORKING EXCLUSIVELY IN A PUBLIC HOSPITAL N = 2884	
	<i>Freq.</i>	<i>Percent</i>	<i>Freq.</i>	<i>Percent</i>	<i>Freq.</i>	<i>Percent</i>
<i>Wish to decrease number of working hours</i>	59	13.9	30	11.6	441	15.3
<i>Wish to have less overtime work</i>	65	15.3	40	15.5	633	22.0

Table 14. Type of compensation for overtime work in the public hospital: dual practitioners and other public hospital physicians.

<i>No. of observations = 5023/5091</i>	DUAL PRACTITIONERS		OTHER PHYSICIANS	
	<i>Freq.</i>	<i>Percent</i>	<i>Freq.</i>	<i>Percent</i>
<i>Financial or partly financial compensation</i>	187	44.6	2673	58.1
<i>Non-financial compensation</i>	232	55.4	1931	41.9
	419	100	4604	100

Table 15. Preferences towards working hours in a public hospital: Dual practitioners who can and wish to increase number of work hours in the private practice

PREFERENCES TOWARDS WORKING HOURS IN A PUBLIC HOSPITAL	DUAL PRACTITIONERS WHO CAN AND WISH TO INCREASE NUMBER OF WORKING HOURS IN THE PRIVATE PRACTICE			
	<i>Læger med bibeskæftigelsen i privat sundhedsvæsen</i>		<i>Læger med bibeskæftigelsen i private hospitaler</i>	
	<i>Freq.</i>	<i>Percent</i>	<i>Freq.</i>	<i>Percent</i>
<i>Would like to decrease the actual work hours</i>	28	14.8	16	13.0
<i>Do not wish to decrease the actual work hours</i>	161	85.2	107	87.0
	189	100	123	100

c. Dual practitioners' satisfaction with work

As many as 73 percent of the dual practitioners agreed that the possibility to combine the public hospital employment with a job in the private health care sector contributes positively to their general satisfaction with work ("muligheden for at kombinere hovedbibesæftigelsen med et ekstra job øger generelt ens arbejdstilfredshed"). Moreover, 58 percent expressed an opinion that work conditions in the private health care sector are better than in the public hospital sector ("arbejdsvilkårene i den privat sektor er bedre end i hovedbesæftigelsen"). Majority of the dual practitioners, i.e. 53 percent, indicated that they are more satisfied with the influence they have over their tasks (work content) in the private sector than in the public hospitals ("indflydelse på ens arbejdsforhold er bedre i forhold til ens erfaring og kvalifikationer i den private sektor end i hovedbesæftigelsen"). Further, majority of dual practitioners are more contented with the amount of administrative work in relation to clinical work in the private sector than in the public one ("jeg er mere tilfreds med forholdet mellem administrative og kliniske opgaver i den private sektor end i offentlige").

Eventually, it should be underlined that 41 percent of the dual practitioners indicated that they would continue to combine the public hospital employment with the job in the private health care sector regardless of a pay raise in the public hospital sector. Another 35 percent of the dual practitioners expressed an opinion that they would work less in the private sector if their public salary increased but would not entirely give up the second job, regardless of the magnitude of the public hospital wage increase. This means that as many as 76% of dual practitioners derive some non-financial benefits from combination of the two jobs. Only 24% of the dual practitioners indicated that they would give up the secondary job in the private health care sector in exchange for an increase in the public hospital salary; 60

percent of physicians in this group indicated that they would terminate the private second job for a public salary increase of 10-25 percent, 30 percent required a salary increase of 30-55 percent, and 7 percent would like to have their current public hospital salary two times higher.

Tables 15 and 16 present the results with regard to the dual practitioners' satisfaction with the second job as compared with the public hospital employment. Tables 17 and 18 present results with regard to the satisfaction with the public hospital job among dual practitioners and other physicians. In order to assess the level of satisfaction with various aspects of the jobs, the respondents were asked to indicate how far they agree/disagree with a number of statements regarding their job(s). The respondents could choose one answer from a set of predefined answers based on a 5-point Likert scale from "strongly agree" to "strongly disagree". Moreover, there was a possibility to indicate that a particular statement was not applicable to a certain type of job by choosing an answer "The question does not concern my work".

Table 15. Dual practitioners' satisfaction with the job in the private health care sector.

	<i>FREQ.</i>	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
<i>The possibility to have a secondary job is important for my career.</i>	424	11.6	23.8	30.7	23.3	10.6
<i>The possibility to combine the secondary job with my primary job generally lifts my job satisfaction.</i>	423	25.8	46.8	19.9	5.9	1.6
<i>My influence on my tasks with respect to my experience and qualifications is more suitable than in my main job.</i>	423	24.3	28.4	24.6	18.7	4.0
<i>My employment conditions give me better possibility to carry out my work to my professional satisfaction than in my main job.</i>	422	26.6	31.0	24.2	16.1	2.1
<i>I am more satisfied with cooperation with my colleagues than in my main job.</i>	420	7.6	10.0	41.2	31.9	9.3
<i>I am more satisfied with respect to the balance between administrative and clinical tasks than in the main job.</i>	421	23.5	26.1	29.7	16.4	4.3
<i>I feel more motivated than in the main job.</i>	421	11.4	18.3	33.5	29.7	7.1
<i>I feel better compensated than in the main job.</i>	420	35.5	36.7	19.5	6.7	1.7

Table 16. Willingness to terminate the second job in the private health care sector for an increase in the public hospital salary.

No. of observations = 413/425	DUAL PRACTITIONERS	
	FREQ.	Percent
<i>I would completely terminate my secondary job for a pay rise in the public hospital.</i>	97	23.5
<i>I would terminate my secondary job, but only to a certain extent, independent of the size of the pay rise in the public hospital.</i>	145	35.1
<i>I would continue working in the secondary job independent of the size of the pay rise in the public hospital.</i>	171	41.4
	413	100

Table 17. Dual practitioners' satisfaction with the public hospital job.

	FREQ.	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
<i>My working conditions give me the possibility to carry out my work to my professional satisfaction</i>	424	21.9	45.2	13.0	16.7	2.8
<i>My influence on my tasks is suitable for my experience and qualifications.</i>	424	17.7	39.2	13.9	20.6	8.7
<i>I feel motivated in my work.</i>	424	28.8	49.1	14.1	7.1	0.9
<i>I think my work is reimbursed adequately.</i>	423	8.5	27.2	17.7	33.3	13.2
<i>I find my work psychologically demanding.</i>	423	5.4	22.0	23.9	33.3	15.4

Table 18. Other physicians' satisfaction with the public hospital job.

	FREQ.	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
<i>My working conditions give me the possibility to carry out my work to my professional satisfaction</i>	4642	16.7	43.1	16.0	18.7	5.4
<i>My influence on my tasks is suitable for my experience and qualifications.</i>	4640	14.6	36.7	17.3	23.3	8.2
<i>I feel motivated in my work.</i>	4640	25.8	53.9	12.9	5.9	1.5
<i>I think my work is reimbursed adequately.</i>	4627	7.2	31.4	19.4	28.5	13.5
<i>I find my work psychologically demanding.</i>	4632	7.2	28.2	26.0	26.2	12.3

Table 19. Turnover intention in the public hospital: dual practitioners and other physicians.

No. of observations = 5062/5091	OTHER PHYSICIANS		DUAL PRACTITIONERS	
	<i>Freq.</i>	<i>Percent</i>	<i>Freq.</i>	<i>Percent</i>
<i>Interested in changing the current job</i>	1577	34.0	152	36.0
<i>Not interested in changing the current job</i>	3062	66.0	271	64.0
	4639	100	423	100

d. Dual practitioners' income.

Table 19 presents results regarding the dual practitioners' average monthly income from the public hospital job and the job in the private health care sector. Monthly earnings are before tax and without pension contributions. Table 20 presents basic information on dual practitioners' hourly wages in the private hospitals (average monthly income in the private hospital divided by the average monthly working hours in the private hospital).

Table 19. Dual practitioners' average monthly income (before tax and without pension contribution) in the public hospital and the private health care sector. N=364

INCOME IN THE PRIVATE HEALTH CARE SECTOR	INCOME IN THE PUBLIC HOSPITAL IN DKK												Freq.
	0-15,000	15,001-25,000	25,001-35,000	35,001-45,000	45,001-55,000	55,001-65,000	65,001-75,000	75,001-85,000	85,001-95,000	95,001-105,000	105,001-115,000	115,001-125,000	
0-1000	0	0	0	2	4	7	3	0	0	0	0	0	16
1001-3000	0	0	0	10	10	5	4	2	2	0	0	0	33
3001-5000	0	0	1	7	5	9	8	2	0	0	0	0	32
5001-7000	0	0	1	2	4	5	3	3	0	1	0	0	19
7001-9000	0	0	0	4	10	6	8	0	1	0	0	0	29
9001-11,000	0	0	3	3	8	20	6	2	0	0	0	0	42
11,001-13,000	0	0	1	3	3	9	4	0	0	1	0	0	21
13,001-15,000	0	0	2	3	2	5	2	2	0	0	0	0	16
15,001-25,000	0	0	2	7	16	25	14	6	0	4	0	0	74
25,001-35,000	0	1	1	4	7	11	7	2	0	0	0	0	33
35,001-45,000	0	0	0	3	2	9	2	1	0	1	0	0	18
45,001-55,000	0	1	1	0	3	4	1	2	0	0	0	0	12
55,001-65,000	0	0	0	1	4	2	1	1	0	0	0	0	9
65,001-75,000	0	0	0	0	0	3	0	0	0	0	0	0	3
75,001-85,000	0	0	0	0	0	1	1	0	0	1	0	0	3
85,001-95,000	0	0	0	0	0	0	0	0	0	0	0	0	0
95,001-100,000	0	0	1	1	0	0	1	1	0	0	0	0	4
Freq.	0	2	13	50	78	121	65	24	3	8	0	0	

Table 20. Dual practitioners' hourly wages (before tax) in the private hospital.

WAGE/H IN PRIVATE HOSPITALS IN DKK			
	PERCENTILES	SMALLEST	
1%	232.5	193.7	
5%	275.1	232.5	
10%	368.2	232.5	
25%	581.3	232.5	
Median (50%)	930.2		
			Mean 1137.1
			Std. Dev. 1380.1
		LARGEST	
75%	1162.7	4651.1	
90%	1744.1	9767.4	
95%	2325.5	11627.9	
99%	10697.6	11627.9	

Regarding income from the private sector, it was the public hospital salary that was the major source of income for dual practitioners in 2008. Dual practitioners earned typically 60.000 DKK per month before tax (the mean and median public sector salary among the dual practitioners was 59.000 DKK and 60.000 DKK, respectively). Meanwhile, the median income from the private practice was 12.000 DKK (mean 18.350 DKK). Only less than 5% of the dual practitioners earned more than 50.000 DKK per month in the private sector – Tables 21a-21b.

Table 21a. Dual practitioners' average monthly income (before tax) from the private health care sector in thousands DKK.

	PERCENTILES	SMALLEST	
1%	0.8	0.5	
5%	1.2	0.5	
10%	2.9	0.5	
25%	6	0.8	
Median (50%)	12		
			Mean 18.35
			Std. Dev. 17.96
		LARGEST	
75%	25	100	
90%	40	100	
95%	50	100	
99%	100	100	

Table 11b. Dual practitioners' average monthly income (before tax) from the private health care sector in thousands DKK.

	<i>Freq.</i>	<i>Percent</i>	<i>Cum. Percent</i>
<i>0.5 – 5.0</i>	84	22.6	22.6
<i>5.1 – 10.0</i>	93	25.1	47.7
<i>10.1 – 15.0</i>	38	1.3	58.0
<i>15.1 – 20.0</i>	47	12.6	70.6
<i>20.1 – 25.0</i>	28	7.6	78.2
<i>25.1 – 30.0</i>	21	5.7	83.9
<i>30.1 – 35.0</i>	12	3.2	87.1
<i>35.1 – 40.0</i>	18	4.8	91.9
<i>40.1 – 45.0</i>	1	0.3	92.2
<i>45.1 – 50.0</i>	11	3.0	95.2
<i>50.1 – 55.0</i>	1	3.0	95.5
<i>55.1 – 60.0</i>	5	1.3	96.8
<i>60.1 – 65.0</i>	1	0.3	97.1
<i>65.1 – 70.0</i>	2	0.5	97.6
<i>70.1 – 75.0</i>	1	0.3	97.8
<i>75.1 – 80.0</i>	4	1.1	98.9
<i>100.0</i>	4	1.1	100.0
	371/425	100.0	

IV. Text of the questionnaire and the distribution of answers.

Spørgeskemaundersøgelse af lægers arbejdstid, arbejdsbelastning og kompensation

i hovedbeskæftigelse og bibeskæftigelse i 2008

Survey on physician's working time, workload, and compensation in their main and secondary job in 2008

A. HOVEDBESKÆFTIGELSE: STILLINGSKATEGORI, ARBEJ DSTID og INDKOMST

B. A. MAIN JOB: POSITION, WORKING TIME and INCOME

I det følgende afsnit bedes du anføre information om din faktiske ugentlige arbejdstid, dine ønsker til længden af arbejdstiden, samt indkomst i hovedbeskæftigelse i 2008.

In the following section you are asked to provide information about your factual weekly working time, your preferences concerning the length of your working week, together with the income from the main job in 2008.

a1. Hvad er stillingskategorien for din hovedbeskæftigelse? a1. What is your position in your main job?

STILLINGSKATEGORIER	Freq.	Percent
<i>Amanuensis (Praksis reservelæge, Amanuensislæge, Klinisk Assistent)</i>	515	9.0
<i>Resident (Reservelæge / 1. Reservelæge)</i>	2275	39.9
<i>Staff Specialist (Afdelingslæge)</i>	549	9.6
<i>Hospital Physician (Sygehuslæge)</i>	28	0.5
<i>Clinical Director (Ledende overlæge / Klinikchef)</i>	294	5.2
<i>Consultant (Overlæge med vagt)</i>	915	16.0
<i>Consultant (Overlæge uden vagt)</i>	610	10.7
<i>Consultant (Specialeansvarlig overlæge)</i>	247	4.3
<i>Hospital Medical Director (Cheflæge / Lægelig direktør / Centerchef)</i>	53	0.9
<i>Public Health Consultant (Speciallægekonsulent ved sygehus eller andre institutioner)</i>	27	0.5
<i>University staff (Lektor, adjunkt, professor, ansat ved universitet)</i>	113	2.0
<i>Other (Andet)</i>	69	1.2
	5695	100

a2. Hvor mange timer har du faktisk arbejdet i gennemsnit per uge i hovedbeskæftigelsen i 2008?

Ved besvarelsen af spørgsmålet bedes du tænke på det faktiske, lønnet og ulønnet, antal timer om ugen.

a2. How many hours have you worked in fact on average per week in your main job in 2008?

When you answer this question, please think about the factual number of hours per week, paid and unpaid.

	Freq.	Percent
<i>Færre end 37 timer/uge H/week</i>	162	3.2
<i>37-40 timer/uge H/week</i>	1274	25.1
<i>41-44 timer/uge H/week</i>	1514	29.8
<i>45-49 timer/uge H/week</i>	1212	23.9
<i>50-54 timer/uge H/week</i>	520	10.2
<i>55-60 timer/uge H/week</i>	254	5.0

61-69 timer/uge H/week	95	1.9
>69 timer/uge H/week	42	0.8
	5073	100

a3. Hvor mange af disse ugentlige timer var i gennemsnit ulønnet?

For eksempel ulønnet arbejdstid i forbindelse med tillidsposter, udvalgsarbejde, udviklingsprojekter, kvalitetsudvikling eller andet ulønnet fagligt arbejde.

a3. On average, how many of these weekly hours were unpaid?

For example, unpaid working time in connection to position as a representative, work in various commissions, quality development projects, etc.

	Freq.	Percent
0 timer/uge H/week	1396	27.6
1-2 timer/uge H/week	1178	23.3
3-4 timer/uge H/week	915	18.1
5-6 timer/uge H/week	637	12.6
7-10 timer/uge H/week	501	9.9
>10 timer/uge H/week	429	8.5
	5056	100

a4. Har du modtaget løn for pålagt overtidsarbejde i 2008?

a4. Have you received a salary for planned overtime work in 2008?

	Freq.	Percent
Ja Yes	2864	56.9
Nej No	2169	43.1
	5033	100

a5. Hvilke ønsker har du med hensyn til lønnet arbejdstid fremover?

Ved besvarelsen af spørgsmålet bedes du tænke på din nuværende timeløn for normal arbejdstid og overarbejde.

a5. Which preferences do you have with respect to your working time in the future? Put one or several crosses.

When you answer the question, please think of your present hourly wage for normal working time and overtime.

	No. of observations	Freq.	Percent
Flere arbejdstimer for normaltimelønnen <i>More working time for the normal hourly wage</i>	5084	191	3.7
Mere frivilligt ekstra arbejde med overarbejds løn <i>More voluntary extra work for overtime wage</i>	5089	2798	55.0
Uændret antal arbejdstimer <i>Unchanged number of hours</i>	5084	1257	24.7
Færre arbejdstimer per uge for normaltimelønnen <i>Less hours per week for the normal hourly wage</i>	5088	693	13.6
Mindre overtidsarbejde <i>Less overtime work</i>	5088	968	19.0
		5091	100

a6. Er der mulighed for, at du kan arbejde flere lønnede timer om ugen, hvis du ønsker?

a6. Is there the possibility for you to work more paid hours per week, if you would like to?

	<i>Freq.</i>	<i>Percent</i>
<i>Ja, for normaltimelønnen Yes, for the normal hourly wage</i>	522	10.4
<i>Ja, for overarbejdslønnen Yes, for the overtime wage</i>	1975	39.4
<i>Nej, slet ikke No, there is not</i>	2509	50.1
	5006	100

a7. Hvad var din gennemsnitlig månedlige indkomst fra hovedbeskæftigelsen i 2008?

Angiv beløb for indkomstskat (eksklusiv pensionsbidrag).

a7. Which was your average monthly income from your main job in 2008?

State the amount before income tax (excluding contributions to the pension fund): ...

	Percentiles	Smallest	Obs	4831
1%	26,000	10,833	Sum of Wgt.	4831
5%	29,167	11,667	Mean	50,381
10%	30,600	12,083	Std. Dev.	16,536
25%	35,000	12,500	Variance	273.457
			Skewness	0.584
50%	50,000		Kurtosis	3.007
		Largest		
75%	61,218	120,000		
90%	72,000	120,000		
95%	80,000	120,000		
99%	98,000	125,000		

A*. VAGTARBEJDE I HOVEDBESKÆFTIGELSEN

A*. ON-CALL DUTY IN THE MAIN JOB

a8 Har du deltaget i vagtarbejde i 2008?

a8. Did you participate in on-call duties in 2008?

	<i>Freq.</i>	<i>Percent</i>
<i>Ja Yes</i>	3588	81.0
<i>Nej No</i>	841	19.0
	4429	100

a9. Hvad var dit gennemsnitlige månedlige antal af vagter/delvagter i 2008?

Ved besvarelsen af spørgsmålet bedes du **tænke på alle vagttyper**.

a9. What was your average monthly number of on-call duties in 2008?

When answering this question please **think of all kinds of on-call duties**.

	Freq.	Percent
0 vagter per måned on-duty periods/month	12	0.3
1-2 vagter per måned on-duty periods/month	316	8.8
3-4 vagter per måned on-duty periods/month	1417	39.5
5-6 vagter per måned on-duty periods/month	1189	33.2
7-8 vagter per måned on-duty periods/month	381	10.6
9-10 vagter per måned on-duty periods/month	147	4.1
>10 vagter per måned on-duty periods/month	122	3.4
	3584	100

a10. Har du haft ekstraordinær vagt i tilslutning til planlagt vagt i 2008?

a10. Did you have exceptional on-call duties in addition to planned on-call duties in 2008?

	Freq.	Percent
Ja Yes	1811	41.0
Nej No	2602	59.0
	4413	100

Hvor mange: ca. ... How many: ca. ...

	Percentiles	Smallest	Obs	4204
1%	0	0	Sum of Wgt.	4204
5%	0	0	Mean	2.19
10%	0	0	Std. Dev.	4.42
25%	0	0	Variance	19.62
50%	0		Skewness	4.07
		Largest	Kurtosis	30.54
75%	3	44		
90%	6	50		
95%	10	50		
99%	20	63		

a11. Hvilke ønsker har du med hensyn til antallet af vagter fremover?

a11. What are your preferences concerning the number of on-call duties in the future?

	Freq.	Percent
Flere vagter More on-duty periods	100	2.8
Vagter som nu As many on-duty periods as now	1775	49.6
Færre vagter Less on-duty periods	1339	37.4
Ingen vagter No on-duty periods	364	10.2
	3578	100

B. TILFREDSHED med HOVEDBESKÆFTIGELSEN:

Er du enig i de følgende udsagn om din hovedbeskæftigelse?

B. SATISFACTION with MAIN JOB:

Do you agree with the following statements about your main job?

	Freq.	Meget enig Strongly agree	Enig Agree	Hverken enig eller uenig Neither agree nor disagree	Uenig Disagree	Meget Uenig Strongly disagree
<i>b1. Arbejdsvilkårene giver mig mulighed for at udføre et fagligt tilfredsstillende arbejde</i> <i>b1. My working conditions give me the possibility to carry out my work to my professional satisfaction..</i>	5072	804 (17.1%)	2199 (43.4%)	799 (15.7%)	939 (18.5%)	266 (5.2%)
<i>b2. Min indflydelse på mine arbejdsforhold er passende i forhold til min erfaring og kvalifikationer.</i> <i>b2. My influence on my tasks is suitable for my experience and qualifications.</i>	5070	752 (14.8%)	1870 (36.9%)	803 (17.0%)	1168 (23.0%)	417 (8.2%)
<i>b3. Jeg føler mig motiveret i arbejdet.</i> <i>b3. I feel motivated in my work.</i>	5070	1321 (26.1%)	2714 (53.5%)	657 (13.0%)	302 (6.0%)	76 (1.5%)
<i>b4. Jeg synes mit arbejde er passende aflønnet.</i> <i>b4. I think my work is reimbursed adequately.</i>	5056	369 (7.3%)	1569 (31.0%)	977 (19.3%)	1462 (28.9%)	679 (13.4%)
<i>b5. Jeg finder mit arbejde psykisk belastende.</i> <i>b5. I find my work psychologically demanding.</i>	5061	356 (7.0%)	1403 (27.7%)	1308 (25.8%)	1357 (26.8%)	637 (12.6%)

b6. Er du interesseret i at skifte din hovedbeskæftigelse?

b6. Are you interested in changing your main job?

	Freq.	Percent
<i>Ja, i høj grad Yes, to a high degree</i>	335	6.6
<i>Ja, i nogen grad Yes, to some degree</i>	1396	27.6
<i>Nej, slet ikke No, I am not</i>	3336	65.8
	5067	100

b7. Har du et job ved siden af hovedbeskæftigelsen?

b7. Do you have an extra job aside your main job?

	Freq.	Percent
<i>Ja Yes</i>	2193	43.2
<i>Nej No</i>	2884	56.8
	5077	100

b8. Er du interesseret i at få et ekstra job ved siden af din hovedbeskæftigelse?

b8. Are you interested in obtaining an extra job aside your main job?

	Freq.	Percent
<i>Ja, i høj grad Yes, to a high degree</i>	143	5.0
<i>Ja, i nogen grad Yes, to some degree</i>	887	31.0
<i>Nej, slet ikke No, I am not</i>	1828	64.0
	2858	100

Evt. uddybende bemærkninger til tilfredshed med hovedbeskæftigelsen:

Comments concerning your satisfaction with your main job:

--

C. FORSKNING, KVALITETSUDVIKLINGARBEJDE og EFTERUDDANNELSE:

I det følgende afsnit bedes du anføre generel information om din forskning, kvalitetsudviklingsarbejde og efteruddannelse i 2008.

C. RESEARCH, QUALITY DEVELOPMENT and TRAINING:

In the following section you are asked to provide general information about your research, quality development work and training activities in 2008.

c1. Har du deltaget i et forskningsprojekt og/eller kvalitetsudviklingsprojekt i 2008?

c1. Have you participated in a research project and/or quality development project in 2008?

	Freq.	Percent
<i>Ja Yes</i>	3049	60.2
<i>Nej No</i>	2015	39.8
	5064	100

Hvor mange... Yes ☐ How many...

c2. Har du publiceret videnskabelige artikler i tidsskrifter som har en peer-bedømmelse publikationsprocedure i 2008?

c2. Have you published scientific articles in peer-reviewed journals in 2008?

	Freq.	Percent
<i>Ja Yes</i>	1540	30.4
<i>Nej No</i>	3528	69.6
	5068	100

Hvor mange... Yes ☐ How many...

c3. Hvor mange dage har du deltaget i kurser, seminarer, kongresser o.l. i 2008?

c3. How many days have you participated in courses, seminars, congresses or the like in 2008?

	Freq.	Percent
0 dage days	149	2.9
1-5 dage days	1385	27.3
6-10 dage days	1992	39.3
11-15 dage days	1029	20.3
16-20 dage days	302	5.9
>20 dage days	215	4.2
	5072	100

D. BIBESKÆFTIGELSE: ART, ARBEJDSSTID og INDKOMST

d1. I det følgende bedes du angive en art af din bibeskæftigelse(r), det gennemsnitlige antal timer om ugen, hvori du arbejder i din bibeskæftigelse(r), og den gennemsnit månedlige indkomst.

D. SECONDARY JOB: TYPE, WORKING TIME and INCOME

Please, only answer the questions in this section, if you have an extra job aside of your main job – otherwise click on 'next'.

	Freq.	Percent
<i>The private health care sector (Den private sektor):</i> Private hospital (Privathospital): 258 Private specialist practice in a public hospital (Praktiserende speciallæge praksis på sygehus): 29 Private specialist practice (Praktiserende speciallæge praksis andet sted end sygehus): 155	425 (442 stillinger/ jobs)	8.3
Public Health Consultant (Speciallægekonsulent)	407	8.0
Private consulting business (Egen konsulentvirksomhed)	199	3.9
Attestation work (Attesthonorar)	251	4.9
Teaching (Ekstern / klinisk lektor / Undervisning og censorvirksomhed)	662	13.0
Municipality physician (Kommunallægevirksomhed)	17	0.3
Vicar / substitute in a public hospital (Vikaransættelse på offentlige sygehus)	292	5.7
Vicar/substitute in a foreign country (Vikaransættelse i udlandet)	114	2.2
	2193 (2384 stillinger/ jobs)	43.3
No second job (Ingen bibeskæftigelse)	2884	56.7
	5077	100

d2. Arbejder du regelmæssigt ekstra ved siden af din hovedbeskæftigelse eller sjældent?

d2. Do you work regularly aside your main job or rarely?

	Freq.	Percent
Regelmæssigt Regularly	1414	70.0
Sjældent Seldom	605	30.0
	2019	100

Fra hvornår? (Anfør år): ... Since when? (State the year)...

	Percentile	Smallest	Obs	1762
1%	1975	1968	Sum of Wgt.	1762
5%	1985	1970	Mean	2000
10%	1990	1970	Std. Dev.	7.56
25%	1998	1970	Variance	57.29
			Skewness	-1.46
50%	2004		Kurtosis	5.01
		Largest		
75%	2007	2008		
90%	2008	2008		
95%	2008	2008		
99%	2008	2008		

d3. Er du interesseret i at arbejde flere timer om ugen i din bibeskæftigelse?

Hvis du har flere bibeskæftigelser **bedes du svare ud fra det job, hvor du tjener mest.**

d3. Are you interested in working more hours per week in your secondary job?

If you have multiple secondary jobs please answer for the job in which you work most.

	Freq.	Percent
Ja, i høj grad Yes, to a high degree	134	6.6
Ja, i nogen grad Yes, to some degree	696	34.4
Nej, slet ikke No, I am not	1191	58.9
	2021	100

d4. Er der mulighed for at du kan arbejde flere timer om ugen i din bibeskæftigelse?

Hvis du har flere bibeskæftigelser **bedes du svare ud fra det job, hvor du tjener mest.**

d4. Is there the possibility that you can work more hours per week in your secondary job?

If you have multiple secondary jobs please answer for the job in which you work most.

	Freq.	Percent
Ja, i høj grad Yes, to a high degree	490	24.3
Ja, i nogen grad Yes, to some degree	1036	51.3
Nej, slet ikke No, I am not	492	24.4
	2018	100

E. TILFREDSHED med BIBESKÆFTIGELSEN:

Er du enig i de følgende udsagn om din bibeskæftigelse?

Hvis du har flere bibeskæftigelser **bedes du svare ud fra det job, hvor du tjener mest.**

E. SATISFACTION with SECONDARY JOB:

Do you agree with the following statements about your secondary job?

If you have multiple secondary jobs please answer for the job in which you work most.

	Freq.	Meget enig Strongly agree	Enig Agree	Hverken enig eller uenig Neither agree nor disagree	Uenig Disagree	Meget uenig Strongly disagree
e1. <i>Mulighederne for at have en bibeskæftigelse er vigtigt for min karriere-udvikling.</i> e1. The possibility to have a secondary job is important for my career.	2167	282 (13.0%)	707 (32.6%)	613 (28.3%)	406 (18.7%)	159 (7.3%)
e2. <i>Muligheden for at kombinere hovedbeskæftigelsen med et ekstra job øger generelt min arbejdstilfredshed.</i> e2. The possibility to combine the secondary job with my primary job generally lifts my job satisfaction.	2164	424 (19.6%)	1060 (49.0%)	454 (21.0%)	178 (8.2%)	48 (2.2%)
e3. <i>Min indflydelse på mine arbejdsforhold er bedre i forhold til min erfaring og kvalifikationer end i hovedbeskæftigelsen.</i> e3. My influence on my tasks with respect to my experience and qualifications is more suitable than in my main job.	2164	340 (15.7%)	509 (23.5%)	785 (36.3%)	385 (17.8%)	145 (6.7%)
e4. <i>Arbejdsvilkårene er bedre end i hovedbeskæftigelsen.</i> e4. My employment conditions give me better possibility to carry out my work to my professional satisfaction than in my main job.	2164	358 (16.5%)	534 (24.7%)	776 (35.9%)	393 (18.2%)	103 (4.8%)
e5. <i>Jeg er mere tilfreds med min kolleger end i hovedbeskæftigelsen.</i> e5. I am more satisfied with cooperation with my colleagues than in my main job.	2155	93 (4.3%)	179 (8.3%)	1031 (47.8%)	642 (29.8%)	210 (9.7%)
e6. <i>Jeg er mere tilfreds med forholdet mellem administrative og kliniske opgaver end i hovedbeskæftigelsen.</i> e6. I am more satisfied with respect to the balance between administrative and clinical tasks than in the main job.	2159	229 (10.6%)	377 (17.5%)	988 (45.8%)	432 (20.0%)	133 (6.2%)
e7. <i>Jeg føler mig bedre motiveret end i hovedbeskæftigelsen.</i> e7. I feel more motivated than in the main job.	2160	154 (7.1%)	333 (15.4%)	838 (38.8%)	633 (29.3%)	202 (9.3%)
e8. <i>Jeg føler mig bedre kompenseret end i hovedbeskæftigelsen.</i> e8. I feel better compensated than in the main job.	2152	481 (22.3%)	647 (30.1%)	619 (28.8%)	285 (13.2%)	120 (5.6%)

e9. Vil du ophøre din bibeskæftigelse(r) hvis modtager en lønforhøjelse i hovedbeskæftigelsen?

e9. Would you terminate your secondary job if you got a pay rise in the main job?

	Freq.	Percent
<i>Ja, jeg vil helt ophøre bibeskæftigelsen for lønforhøjelsen i offentligt sygehus. Yes, I would completely terminate my secondary job for a pay rise of: (give number in percent)...</i>	379	17.9
<i>Ja men kun i nogen grad uanset procentdelen af lønforhøjelsen. Yes, but only to a certain extent, independent of the size of the pay rise.</i>	750	35.5
<i>Nej – jeg vil fortsætte med at arbejde i bibeskæftigelsen som nu, uanset procentdelen af lønforhøjelsen. No, I would not – I would continue working in the secondary job independent of the size of the pay rise.</i>	983	46.6
	2112	100

Yderligere bemærkninger til din bibeskæftigelse kan angives neden for:

Comments concerning your secondary job can be given below:

F. BAGGRUNDSINFORMATION:

Afslutningsvist vi vil gerne spørge om din uddannelse, alder, køn og din familie.

F. BCKGROUND INFORMATION:

Finally, we would like to ask about your education, age, gender, and your family.

f1. Årstal for kandidateksamen (Anfør år).

f1. Year of your end-of-education exam (state year): ...

2009 minus Årstal for kandidateksamen = års erfaring / 2009 minus year of end-of-education exam.

	Percentiles	Smallest	Obs	5015
1%	1	0	Sum of Wgt.	5015
5%	1	0	Mean	16.30
10%	3	0	Std. Dev.	11.11
25%	6	0	Variance	123.45
			Skewness	0.31
50%	16		Kurtosis	1.96
		Largest		
75%	25	44		
90%	32	47		
95%	35	49		
99%	40	49		

f2. Anfør din speciallægeuddannelse.

f2. What is your medical specialty?

f3. Arbejder du på et universitetssygehus i din hovedbeskæftigelse?

f3. Do you work in a university hospital in your main job?

	Freq.	Pct.
<i>Ja Yes</i>	3215	63,7
<i>Nej No</i>	1831	36.3
	5046	100

f4. Hvilket år er du født?

f4. In which year are you born? ...

2009 minus fødselsår = Alder. / 2009 minus year of birth

	Percentiles	Smallest	Obs	5030
1%	28	26	Sum of Wgt.	5030
5%	30	26	Mean	44.90
10%	31	27	Std. Dev.	10.81
25%	35	27	Variance	116.86
			Skewness	0.22
50%	45		Kurtosis	1.92
		Largest		
75%	54	71		
90%	60	71		
95%	63	71		
99%	67	73		

f5. Køn:... f5. Gender: ...

	Freq.	Pct.
<i>Mand Man</i>	2635	52.4
<i>Kvinde Woman</i>	2393	47.6
	5028	100

f6. Hvor mange børn under 18 år har du?

f6. How many children under 18 do you have? ...

	Percentiles	Smallest	Obs	5000
1%	0	0	Sum of Wgt.	5000
5%	0	0	Mean	1.14
10%	0	0	Std. Dev.	1.13
25%	0	0	Variance	1.29
			Skewness	0.59
50%	1		Kurtosis	2.50
		Largest		
75%	2	6		
90%	3	6		
95%	3	6		
99%	4	6		

f7. Bor du sammen med ægtefælle/partner?

f7. Do you live together with a spouse/partner?

	Freq.	Percent
<i>Ja Yes</i>	4322	85.4
<i>Nej No</i>	741	14.6
	5063	100

f8. Er din ægtefælle/partner en arbejdstager?

f8. Is your spouse/partner working?

	Freq.	Percent
<i>Ja, fuldtid Yes, fulltime</i>	3253	76.4
<i>Ja, deltid Yes, part-time</i>	653	15.3
<i>Nej No</i>	353	8.3
	4259	100

Yderligere kommentarer kan angives neden for:

Further comments can be given below:

Vi takker for din tid og deltagelse!

We thank you for your participation!

References

- Bennett N, Phillips Carson P, Carson KD, Blum TC. A comparison of traditional and atypical workers: demographic, behavioral and attitudinal differences. *Journal of Business and Psychology* 1994; 8:467-474.
- Danish Medical Association (Overlægeforeningen). Overlægers arbejdsvilkår: En spørgeskemaundersøgelse blandt Overlægeforeningens medlemmer sommeren. 2008b.
- Danish Medical Association (Regionernes Lønnings og Takstnævn, Foreningen af Speciallæger og Yngre Læger). Aftale om Oplysningspligt ved Bibeskæftigelse. 2008a.
- De Pietro C. private medical services in the Italian hospitals: The case for improving HRM. *Health Policy* 2006;78:56-69.
- Eggleston K, Bir A. Physician dual practice. *Health Policy* 2006;78:157-66.
- Ferrinho P, Van Lerberghe W, Fronteira I, Hipólito F, Biscaia A. Dual practice in the health care sector: review of evidence. *Human Resources for Health* 2004;2.
- Jamal M, Baba VV, Rivière R. Job stress and well-being of moonlighters: the perspective of deprivation or aspiration revisited. *Stress Medicine* 1998; 14:195-202.
- Jamal M, Crawford RL. Consequences of extended work hours: a comparison of moonlighters, overtimers, and modal employees. *Human Resource Management* 1981; 20:18-23.
- Jamal M. How much do we really know about moonlighters? *Public Personnel Management* 1992; 21:65-73.

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