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As defined in the *Handbook of Pediatric Psychology*,

The field of pediatric psychology includes both research and clinical practice that addresses a range of issues related to physical and psychological development, health, and illness among children, adolescents, and their families. As part of a multifaceted field, scientist-practitioners in pediatric psychology explore the relationships among psychological and physical health and the welfare of children and adolescents within a developmental perspective, considering the contexts of families, caregivers, health care systems, schools, peers, and community. (Roberts & Steele, 2017, p. 3)

Given the unique expertise and focus of pediatric psychologists, their employment circumstances and activities often have overlap with other fields of clinical or health psychology and also with other medical/health professionals, but may differ substantially from other professional psychologists.

Over the past 25 years, research has characterized the workforce of pediatric psychologists to guide the field in providing equitable support and compensation ([Drotar, Sturm, Eckerle, & White, 1993](#); [Opipari-Arrigan, Stark, & Drotar, 2006](#); [Wysocki, Brosig, & Hilliard, 2016](#)). Although employment satisfaction is an important predictor of retention ([Singh & Loncar, 2010](#)), job performance ([Wright, Cropanzano, & Bonett, 2007](#)), and absenteeism ([Ybema, Smulders, & Bongers, 2010](#)), it has not been comprehensively evaluated among the workforce of pediatric psychologists since the early 1990s. At that time, [Drotar and colleagues \(1993\)](#) reported on various sources of satisfaction for pediatric psychologists, with the highest ranked being autonomy, patient care, and collegial relationships. In a comparison of work settings, they found the highest satisfaction ratings among pediatric psychologists in independent practice. In 2006, as part of an updated, comprehensive survey of the pediatric psychology workforce, Opipari-Arrigan, Stark, and Drotar reported on pediatric psychologists' satisfaction in three domains: satisfaction with salary, with performance criteria, and with performance evaluations, all of which received average ratings slightly higher than neutral. Among respondents who worked full-time, satisfaction with salary was significantly and positively correlated with actual salary. Given evolving and ever diversifying roles and responsibilities of pediatric psychologists over the past decade, an updated assessment of multiple domains of satisfaction among pediatric psychologists across work settings and career stages is needed. Better understanding the associations of demographic and employment factors with various aspects of career satisfaction would help to guide organizations, administrators, managers, pediatric psychology practice groups, and individual pediatric psychologists in efforts to enhance satisfaction.

Findings from the literature regarding career satisfaction in other fields of psychology and other health care professions may be informative for pediatric psychologists. In general, psychologists report being satisfied with their careers ([Rupert, Miller, Tuminello Hartman, & Bryant, 2012](#)). Among mental health professionals, perceived control at work, patient care load, payor mix, age, employment roles (clinical vs. research), and employment setting (private/group practice, academic settings, hospitals/agencies) have all been linked to both satisfaction and burnout ([Dupree & Day, 1995](#); [Lim, Kim, Kim, Yang, & Lee, 2010](#); [Radeke & Mahoney, 2000](#); [Rupert & Kent, 2007](#); [Rupert et al., 2012](#); [Vredenburg, Carlozzi, & Stein, 1999](#)). A meta-analysis of school psychologists' career satisfaction ratings highlighted coworker relationships, opportunities for independent work, and serving others as areas of highest satisfaction, while dissatisfaction was highest in relation to compensation, administrative policies, and opportunities for professional advancement ([VanVoorhis & Levinson, 2006](#)). Among nurses, less work-related stress, collaboration with physicians, and autonomy in employment tasks were related to employment satisfaction ([Zangaro & Soeken, 2007](#)). Diversity of work activities, colleague relationships, and opportunities to teach and train have been reported as important factors in physicians' satisfaction, and areas of greatest physician dissatisfaction include income, workload, administrative burdens, and lack of recognition ([Van Ham, Verhoeven, Groenier, Groothoff, & De Haan, 2006](#)).

The variety of themes associated with career satisfaction among individuals in related professions highlights the importance of specifically characterizing the career satisfaction of pediatric psychologists

and understanding how satisfaction relates to factors such as compensation and work expectations. Because previous studies evaluating career satisfaction among psychologists have largely focused on those working in applied clinical or school settings, an evaluation of pediatric psychologists across a wide range of work settings, occupational roles, and individual factors is needed to guide this specialty field. Finally, as demonstrated in the [Drotar et al. \(1993\)](#) study, evaluating domain-level satisfaction in addition to overall career satisfaction can inform strategies for individual psychologists to take action to enhance their satisfaction and for psychology leadership to effectively support employees, especially among subsets of pediatric psychologists who are most in need of support. For example, if satisfaction is relatively low related to productivity expectations, access to resources, or relationships with colleagues, individuals or pediatric psychology practice groups may seek opportunities for peer support targeted to the areas of highest need or pursue alternative employment roles with different expectations and resources to improve their satisfaction. Psychology leadership or managers may also consider adjusting productivity policies or communication about the policies, or may provide supplemental resources.

Thus, one aim of the 2015 Pediatric Psychology Workforce Survey was to characterize pediatric psychologists' satisfaction with their work lives, overall and across a range of career domains ([Wysocki et al., 2016](#)). Based on previous studies within other fields of psychology, pediatric psychologists were hypothesized to report moderately high overall satisfaction. Given limited data on specific aspects of satisfaction for this field, exploratory aims included (a) describing the domains that pediatric psychologists perceived to be important and found to be satisfying, and (b) evaluating associations between satisfaction and demographic characteristics (e.g., gender, years since degree) or employment-related factors (e.g., work setting, professionals' roles, compensation).

Method

This study is part of a larger initiative to provide contemporary data on the employment circumstances, compensation, and satisfaction of pediatric psychologists through a series of biannual workforce surveys. As the Society of Pediatric Psychology is a division of the American Psychological Association (APA; Division 54), this effort was conducted in collaboration with the APA Center for Workforce Studies, which has been conducting surveys of employment and education issues in psychology for over 20 years (<http://www.apa.org/workforce/>). [Wysocki et al. \(2016\)](#) described the purpose, development, methodology, and respondent characteristics of the first administration of this survey in 2015. [Brosig et al. \(2017\)](#) reported on the compensation (i.e., annual salary, benefits, and other income sources) of study participants, with an emphasis on differences in compensation across demographic and employment-related variables. The current report builds on the previous two publications and is the first to focus on the reports of employment satisfaction from the 2015 administration of the workforce survey.

Procedure and Participants

As described in detail previously ([Wysocki et al., 2016](#)), 1,314 full members of American Psychological Association Division 54/Society of Pediatric Psychology were invited to participate in the Society of Pediatric Psychology Workforce Survey via personalized emails. Membership lists provided to the study team by the Society of Pediatric Psychology board were used to generate the personalized emails, which were sent by study team members. The population of Division 54/Society of Pediatric Psychology full members was selected to sample for this study because it is the only professional organization dedicated in its entirety to the field of pediatric psychology, and there are no other similar

organizations. This was therefore deemed the most efficient method to access a large number of people who professionally identify as pediatric psychologists and who have a variety of employment settings and roles. As opposed to sending an open message to the listserv, using the membership lists permitted the study team to calculate a response rate (Wysocki et al., 2016). Invitations were returned as undeliverable for 63 members, and five surveys were initiated without providing any data. Of the 404 (32%) responses to the survey, 18 respondents who identified as administrators were omitted from the current analyses due to substantial differences in employment roles and compensation that may have different implications for satisfaction. An additional 50 people who skipped >3 of the 15 satisfaction items (>20% missing) were also omitted, resulting in a sample of 336 for these analyses. The Nemours Children’s Health System Institutional Review Board approved this study with a waiver of informed consent; survey completion and submission implied consent.

Measures

As part of the workforce survey, participants rated 15 items representing domains of career satisfaction, which were developed based on the domains included in Drotar et al. (1993), literature review, and expert consensus (Wysocki et al., 2016), and included Balance of Work and Personal Life, Input into Decision-Making, Connection with Other Pediatric Psychologists, and others (see Table 1). First, participants rated their satisfaction with each domain (“How SATISFIED are you?”) using a 4-point Likert scale ranging from *Very Dissatisfied* (1) to *Very Satisfied* (4), and second, how important each domain was to their overall career satisfaction (“How IMPORTANT is this to you?”) using a 4-point Likert scale from *No Importance* (1) to *Great Importance* (4). For each item, participants had the option to select “Not Applicable” for any domains that were not relevant to their experiences as a pediatric psychologist (e.g., full-time researchers may have selected N/A for items about clinical responsibilities). Both scales had acceptable internal consistency: Satisfaction $\alpha = .82$, Importance $\alpha = .66$. From the Satisfaction ratings, a Total Satisfaction score was calculated as the mean of all answered items (not including those marked as “Not Applicable”).

Table 1
*Mean Importance and Satisfaction Ratings Across Domains
 (n = 336), Each on a Scale from 1 = Lowest to 4 = Highest*

Domain	Importance score		Satisfaction score	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Balance of work and personal life	3.87	.37	3.02	.86
Peer/collegial support	3.81	.43	3.40	.81
Flexibility and choice	3.75	.46	3.36	.74
Support of administrative superiors	3.66	.53	2.98	.90
Clinical service	3.64	.62	3.49	.60
Clarity of expectations	3.55	.62	3.11	.90
Total compensation	3.53	.55	3.09	.85
Input into decision-making	3.50	.61	2.93	.93
Connection with other pediatric psychologists	3.49	.64	3.19	.84
Availability of resources	3.41	.56	2.94	.85
Teaching, supervision, and mentoring	3.39	.64	3.34	.75
Productivity requirements	3.32	.67	3.11	.80
Opportunities for advancement	3.32	.74	2.91	.86
Research and scholarship	3.25	.81	3.07	.81
Physical work space	3.07	.62	3.18	.86

As described in detail previously ([Wysocki et al., 2016](#)), participants reported their year of receipt of doctoral degree and gender, and for each employment position currently held as a pediatric psychologist, participants reported on their employment setting(s) (e.g., academic medical center, children's hospital, university, independent practice), annual appointment length (9, 10, or 12 months), academic rank (if applicable), and annual salary. Participants were also asked to indicate whether they felt they had clear expectations for productivity requirements (yes/no) in each position. Based on responses to the question "What percentage of time do you spend in each of the following employment roles in your primary position?" participants were categorized as Clinical, Research, Administrative, or Teaching (>50% time in any role), or Mixed (<50% time in multiple roles). All participants who identified as >50% time in an administrative role were excluded from this analysis.

While other sources of compensation (e.g., royalties, honoraria) and benefits were also measured, the compensation variable used in these analyses reflected only the unadjusted base gross salary of the primary position reported and included respondents in both part-time and full-time positions. Compensation data from this sample have been previously reported for respondents in full-time positions ([Brosig et al., 2017](#)). A sample copy of the full 2015 survey is available at <http://www.apadivisions.org/division-54/news-events/news/workforce-survey-fqs.aspx>.

Analysis Plan

Descriptive analyses were conducted to characterize the sample and provide summary data of overall satisfaction with each of the 15 domains. The mean item score across all completed satisfaction domain items was calculated as an index of Total Satisfaction. A Total Importance score was not calculated; instead, the importance rating for each item was considered individually. To describe how respondents perceived the importance of and their satisfaction in each of the 15 domains, the mean importance and satisfaction scores for each domain are reported for the full sample and across subsets of the sample based on demographic characteristics and employment-related factors. The domain scores were not compared statistically, as the goal was not to determine whether scores for each domain were different from one another.

Bivariate analyses were conducted as follows: Pearson's correlations were estimated between the calculated Total Satisfaction score and (a) annual salary and (b) years since degree, and between the satisfaction score on the Compensation domain and annual salary. A two-tailed *t* test was calculated to compare the satisfaction score on the Clarity of Productivity Requirements domain across those who reported they felt they did have clear expectations for productivity requirements compared to those who did not. Two-tailed *t* tests or ANOVAs were conducted to compare Total Satisfaction across groups: (a) the two most common self-reported primary work settings, academic medical centers versus children's hospitals; (b) number of positions, 1 versus 2 or more; (c) appointment duration, 9–10 versus 12-month appointments; (d) the two most common major employment roles, primarily clinical versus primarily research; (e) female or male gender; (f) career stage/years since degree, <3 years, 3–10 years, 11–20 years, >20 years; and (g) academic rank, Instructor, Assistant Professor, Associate Professor, Full Professor. Welch's *t* test was used to adjust for unequal sample sizes and variances across groups. To protect confidentiality, aggregate data are presented only for subsets of participants comprised of 10 or greater responses.

Results

Participant Characteristics

This sample comprised 336 respondents. Participants were primarily female (76%), Caucasian (91%; 3% Asian; 2% African American; 2% Multiple/Other; 2% missing), and non-Hispanic (94%; 4% Hispanic, 2% missing). The mean age was 45.4 ($SD = 10.6$) years (range = 30–79 years). Mean years since doctoral degree was 9.3 ($SD = 9.0$) years (range = 0–45 years), and participants spanned all career stages: 24% <3 years since degree, 45% 3–10 years, 18% 11–20 years, and 13% >20 years. Participants also represented all academic ranks: <1% Professor Emeritus, 14% Full Professor, 15% Associate Professor, 40% Assistant Professor, 5% Instructor, and 1% Research Associate (24% did not respond, perhaps due to not having an academic rank). Most respondents reported being employed full-time (80%), holding a single position as a pediatric psychologist (92%), and working in a 12-month appointment (93%). The two most common employment settings were children's hospitals (40%) and academic medical centers (33%), followed by colleges or universities with doctoral psychology programs (5%), primary care settings (5%), general hospitals (3%), and the remainder in other settings. Approximately one half (52%) of the sample reported holding primarily clinical roles, 19% primarily research, 2% primarily teaching, and the remainder had mixed roles.

Satisfaction and Importance

In this sample, the mean Total Satisfaction score (calculated from the 15 satisfaction domain items, on a scale of 1 = *Very Dissatisfied* to 4 = *Very Satisfied*) was 3.14 ($SD = 0.43$), representing an average response of *Somewhat Satisfied*. [Table 1](#) presents participants' average importance scores for each domain, followed by their average satisfaction scores in each domain. Domains with mean importance scores approaching the highest possible importance (4, *Great Importance*) across the full sample were (1) Balance of Work and Personal Life, $M = 3.87$ ($SD = 0.37$); (2) Peer/Collegial Support, $M = 3.81$ ($SD = 0.43$); and (3) Flexibility and Choice, $M = 3.75$ ($SD = 0.46$). Mean satisfaction scores in the domains of Peer/Collegial Support and Flexibility & Choice were approximately midway between 3, *Somewhat Satisfied* and 4, *Very Satisfied*. However, the mean satisfaction score for Balance of Work and Personal Life was closer to 3, *Somewhat Satisfied*.

Total Satisfaction was significantly but modestly correlated with total compensation, $r = 0.20$, $p < .001$, and with years since degree, $r = .16$, $p < .01$. Higher satisfaction scores on the Compensation domain were also significantly related to higher annual salary, $r = 0.29$, $p < .001$.

Satisfaction Across Subgroups

There were some statistically significant differences in Total Satisfaction scores across groups. Participants with 9- or 10-month appointments ($n = 24$, $M = 3.29$, $SD = 0.30$) had significantly higher Total Satisfaction than those with 12-month appointments ($n = 312$, $M = 3.13$, $SD = 0.44$), $t(30.93) = 2.38$, $p = .02$. Those whose employment roles were primarily research ($n = 64$, $M = 3.25$, $SD = 0.38$) reported significantly higher Total Satisfaction than those whose roles were primarily clinical ($n = 175$, $M = 3.07$, $SD = 0.46$), $t(131.67) = -3.04$, $p = .003$. Finally, those in higher academic ranks had significantly higher overall satisfaction than those in lower ranks: Full ($n = 47$, $M = 3.31$, $SD = 0.49$), Associate ($n = 51$, $M = 3.18$, $SD = 0.43$), Assistant ($n = 134$, $M = 3.10$, $SD = 0.41$), Instructor ($n = 18$, $M = 2.90$, $SD = 0.44$), $F(3, 246) = 4.68$, $p < .001$. Participant ratings of Total Satisfaction did not significantly differ across gender, employment setting (academic medical center vs. children's hospital), number of positions (one vs. two

or more), or years since degree (<3, 3–10, 11–20, >20 years). [Table 2](#) summarizes the mean importance and satisfaction scores in the top two domains as reported by each demographic and employment-related group.

Table 2
Means and SDs for the Importance and Satisfaction Scores of the Top Two Domains Across Demographic and Work-Related Subgroups

Group	N	Total Satisfaction		Importance			Satisfaction		
		M	SD	Item	M	SD	Item	M	SD
Work setting									
Academic medical center	112	3.36	.69	Balance of work & personal life	3.95	.23	Peer/collegial support	3.46	.80
				Peer/collegial support	3.89	.31	Teaching, supervision, & mentoring	3.43	.72
Children's hospital	135	3.32	.62	Balance of work & personal life	3.87	.36	Clinical service	3.56	.53
				Clinical service	3.83	.38	Peer/collegial support	3.41	.81
Number of positions									
One	308	3.38	.64	Balance of work & personal life	3.89	.33	Clinical service	3.47	.61
				Peer/collegial support	3.83	.40	Peer/collegial support	3.38	.82
Two or more	28	3.56	.5	Flexibility & choice	3.86	.36	Clinical service	3.69	.55
				Clinical service	3.81	.40	Peer/collegial support	3.68	.67
Appointment									
9–10 months	24	3.64	.57	Balance of work & personal life	3.92	.28	Teaching, supervision, & mentoring	3.75	.44
				Flexibility & choice	3.80	.51	Flexibility & choice	3.74	.54
12 months	312	3.4	.63	Balance of work & personal life	3.86	.38	Clinical service	3.49	.60
				Peer/collegial support	3.81	.44	Peer/collegial support	3.41	.81
Roles									
Primarily clinical	175	3.35	.65	Balance of work & personal life	3.89	.36	Clinical service	3.56	.57
				Peer/collegial support	3.84	.43	Peer/collegial support	3.37	.84
Primarily research	64	3.46	.62	Research & scholarship	3.97	.18	Research & scholarship	3.75	.50
				Balance of work & personal life	3.94	.25	Flexibility & choice	3.57	.67
Years since doctoral degree									
<3 years	79	3.52	.25	Peer/collegial support	3.95	.22	Clinical service	3.41	.67
				Balance of work & personal life	3.87	.33	Peer/collegial support	3.28	.86
3–10 years	81	3.52	.25	Balance of work & personal life	3.89	.34	Clinical service	3.46	.62
				Peer/collegial support	3.81	.39	Peer/collegial support	3.42	.83
11–20 years	71	3.48	.32	Balance of work & personal life	3.86	.48	Clinical service	3.57	.50
				Flexibility & choice	3.82	.39	Teaching, supervision, & mentoring	3.55	.60
>20 years	43	3.47	.32	Balance of work & personal life	3.80	.40	Teaching, supervision, & mentoring	3.59	.66
				Peer/collegial support	3.71	.55	Clinical service	3.59	.55
Gender									
Men	76	3.21	.47	Balance of work & personal life	3.83	.38	Clinical service	3.52	.65
				Peer/collegial support	3.75	.49	Teaching, supervision, & mentoring	3.50	.74
Women	254	3.12	.42	Balance of work & personal life	3.88	.37	Clinical service	3.48	.60
				Peer/collegial support	3.84	.40	Peer/collegial support	3.40	.80
Academic rank									
Instructor	18	2.9	.44	Clinical service	3.88	.33	Clinical service	3.65	.49
				Peer/collegial support	3.72	.75	Clarity of expectations	3.17	.86
Assistant professor	134	3.1	.41	Balance of work & personal life	3.91	.29	Peer/collegial support	3.50	.74
				Peer/collegial support	3.88	.35	Teaching, supervision, & mentoring	3.41	.64
Associate professor	51	3.18	.48	Balance of work & personal life	3.90	.36	Teaching, supervision, & mentoring	3.55	.61
				Flexibility & choice	3.80	.40	Clinical service	3.52	.51
Full professor	47	3.31	.49	Peer/collegial support	3.83	.44	Flexibility & choice	3.55	.62
				Flexibility & choice	3.74	.49	Teaching, supervision, & mentoring	3.53	.75

Discussion

The aim of this study was to characterize the key components of career satisfaction for pediatric psychologists, including aspects of their work that are important to their satisfaction and those that they

find satisfying. These data expand on previous reports of satisfaction in pediatric psychologists and other fields of psychology by evaluating 15 different domains of career satisfaction across various subsets of the sample. Total Satisfaction scores suggest that pediatric psychologists are moderately to highly satisfied with their careers, with mean satisfaction scores on all 15 domains falling between the Somewhat and Very Satisfied ranges. On average, participants reported being very satisfied with engaging in clinical service, receiving peer/collegial support, and having flexibility and choice, similar to the findings reported by [Drotar et al. \(1993\)](#) over 20 years ago. Other domains of satisfaction, including opportunities for advancement, input into decision-making, and the availability of resources, were not assessed in previous studies. Identifying domains in which pediatric psychologists reported feeling only somewhat or less satisfied may guide individuals in taking actions to improve their satisfaction, such as by seeking mentorship around career advancement, pursuing professional activities at higher levels of their organizations to participate in decision-making, or exploring funding opportunities to secure resources. This may also inform decisions made by psychology leadership and employers related to supporting professional promotions, engaging pediatric psychologists in leadership positions and decision-making activities, and allocation of resources.

This study also expands on previous literature by providing an updated view of what pediatric psychologists value as important to their satisfaction, which can help guide efforts to enhance career satisfaction and better support pediatric psychologists in the workforce. Overall, issues pediatric psychologists scored close to great importance, on average, included having a balance of work and personal life, receiving support from peers and colleagues, and having flexibility and choice. While many of these important domains also received mean satisfaction scores between somewhat and very satisfied, there were several potential mismatches between what pediatric psychologists *valued* and their *satisfaction* with those domains. For example, on average, pediatric psychologists indicated that they were only somewhat satisfied with balance of work and personal life, indicating that a major contributor to satisfaction may not be optimally met. This is consistent with the experiences reported by other health care professionals, suggesting there may be systemic barriers to satisfaction with work–life balance ([Beckett, Nettiksimmons, Howell, & Villablanca, 2015](#); [Strong et al., 2013](#)). Pediatric psychologists may want to make efforts to limit their engagement in professional activities outside of the work setting, and colleagues may offer to support one another to limit the need to address work-related responsibilities outside of work time. Additionally, professional organizations such as the Society of Pediatric Psychology may choose to incorporate professional development enhancement activities related to work–life balance at national conferences or through organizational publications. Similarly, there was an apparent mismatch in the mean importance and satisfaction scores for receiving support from administrative superiors. Possible strategies to address this include obtaining training in how to communicate needs or concerns about administrative support with managers. Professional organizations could also provide additional professional training and resources to pediatric psychologists in administrative roles to enhance their skills to support their employees.

Comparing the Total Satisfaction and domain-specific satisfaction scores across groups based on demographic characteristics and employment-related factors further extends what was previously known about pediatric psychologists' career satisfaction. Overall there were some differences in Total Satisfaction across groups. Total Satisfaction scores were higher among participants with 9–10 versus 12-month appointments, those in research versus clinical roles, and those at more advanced versus earlier career stages. One possible interpretation may be that these types of positions are more

conducive to flexibility and work-life balance, two domains that received high importance scores. Another possible interpretation is that academic roles (e.g., teaching, research) may have more concrete indicators of successful performance (e.g., student productivity, publications, receiving grants) than other roles (e.g., clinical), which could have less concrete rewards and translate into differences in satisfaction. Understanding satisfaction scores in certain subsets of the sample can help managers personalize their efforts to support their employees. For example, developing resources for peer/collegial support among junior pediatric psychologists at the Instructor level, within institutions or nationally through professional organizations, may be helpful for newer members to the field to enhance their satisfaction during the transition to faculty positions. Similarly, psychology leadership may want to provide additional resources or support for work-life balance in these settings.

Total Satisfaction and satisfaction with compensation were both modestly and significantly related to annual salary, consistent with the findings of [Opipari-Arrigan et al. \(2006\)](#). These correlations (r range = 0.20–0.29) were lower than what Opipari-Arrigan et al. reported ($r = .36$), yet were similar to rates reported in a meta-analysis across occupations: Actual compensation level has demonstrated small associations with career satisfaction overall ($r = .15$) and with compensation-related satisfaction ($r = .23$; [Judge, Piccolo, Podsakoff, Shaw, & Rich, 2010](#)). In addition to compensation, it would be valuable to understand other person-level contributors and constructs related to psychologists' satisfaction, such as work-related stress, burnout, and turnover, to fully appreciate what issues detract from career satisfaction and how career satisfaction impacts the field. For example, [D'Souza, Egan, and Rees \(2011\)](#) reported that perfectionism was linked with burnout among clinical psychologists, directly and indirectly, via stress. Personality traits and theoretical orientation of psychologists have also been linked with employment satisfaction ([Topolinski & Hertel, 2007](#)). Those factors that can be addressed through workplace policies, individual work activities, or environmental changes may help employers and individual psychologists improve satisfaction.

As with all survey research, this study had some limitations to consider. The response rate (32%) was consistent with previous studies (34%: [Opipari-Arrigan et al., 2006](#); 33%: [Drotar et al., 1993](#)), yet may limit the generalizability of the findings. Efforts to increase responsiveness at future administrations of the survey are planned to increase confidence in the representativeness of the data. Given the relatively small number of respondents in several of the categories (e.g., 27% of respondents worked in settings other than academic medical centers and children's hospitals), the responses from these individuals were not included in some analyses. As pediatric psychologists work in increasingly diverse settings (e.g., primary care), it will be important to better understand employment satisfaction across a range of employment settings. While all career stages were represented, over two thirds were early career psychologists (within the first 10 years of receiving doctoral degree), and it is possible that more senior pediatric psychologists with lower satisfaction may have left the field. Better representation from more midcareer and senior pediatric psychologists may produce findings with greater applicability across the career span. Additionally, as the health care landscape shifts it is possible that financial and productivity demands have fluctuated since the data were collected in 2015. The plan to repeat this survey biannually will provide longitudinal data to track if/how changes in the United States health care system relate to the career satisfaction of pediatric psychologists.

The instrument to assess perceived importance and satisfaction was not a validated measure, but it was based on the domains assessed by [Drotar et al. \(1993\)](#) and adapted based on career satisfaction research with other occupations and areas of psychology. There may be other domains of satisfaction

that are important but that were not assessed here, such as perception of making a difference in the lives of children and families. Indeed, anecdotal feedback from study participants about the satisfaction items will be used to refine the measure for use in future administrations of the Society of Pediatric Psychology Workforce Survey. Relatedly, the internal consistency of the Importance scale was somewhat low ($\alpha = .66$), which may reflect the variety of importance scores across domains; these items were not intended to represent a single cohesive construct but rather to capture participants' perspectives about each individual domain. In the future, data from the revised measure may be used to evaluate its psychometric properties and permit comparisons over time or with other disciplines of psychology. It will be important for the measure to be sensitive to change as efforts to enhance satisfaction will need to be measured and tracked over time. There may be opportunities to gather additional information to further refine this measure through qualitative interviews or more detailed surveys with pediatric psychologists, perhaps while a large portion of the field is gathered at annual conferences. Additionally, given the restricted range of scores on the importance and satisfaction scales, the order of domains should be interpreted as descriptive, as the differences between scores on each domain may not be statistically significant or meaningful. The mismatches between importance and satisfaction scores should also be interpreted with care, as the reported mean scores may not reflect individual responses.

This study was conducted in collaboration with researchers from the APA Center for Workforce Studies. This partnership allowed the study team to learn from the experiences and strategies of workforce surveys from the larger field of professional psychology. By contributing to the body of research about the workforce of professional psychologists, the current study may also be of value to the field more broadly by serving as an exemplar of an analysis of satisfaction issues within a particular specialty field.

In sum, pediatric psychologists appear to be generally satisfied with their careers. Pediatric psychologists rated balance of work and personal lives, peer/collegial support, and flexibility and choice in the workplace as highly important career domains. The career domains that pediatric psychologists found to be important were not consistently those currently providing high career satisfaction to professionals in the field. Total Satisfaction varied across employment situations and level of experience, but were similar for both genders. These findings have implications for psychology leadership and individual pediatric psychologists alike to generate strategies to enhance satisfaction both from a systemic/institutional level and through individual actions. The planned repetition of the survey periodically in the future will enable establishment of a longitudinal database. Increasing the survey return rate is critical to the success of this initiative.

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