



Appendix

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Wijeratne C, Earl JK, Peisah C, et al. Professional and psychosocial factors affecting the intention to retire of Australian medical practitioners. *Med J Aust* 2017; 206: 209-214.
doi: 10.5694/mja16.00883.

Doctors Health and Ageing

Participant Information Sheet

Invitation to Participate and Participant Selection

You are invited to participate in a study of the experiences of late career medical practitioners working in Australia. We are distributing questionnaires to medical practitioners aged 55 years+ who remain in active practice. If you have retired completely from medical practice, please disregard this questionnaire. If you complete the survey, you will be eligible to win one of ten gift vouchers, worth \$50 each, redeemable at Amazon.com. The survey will close on Friday, 6th November.

Purpose of the Study

This study has been designed primarily to determine the experiences of late career medical practitioners, in particular how you have adapted your practice to physical and other changes associated with ageing, and your plans regarding retirement. As the number of older doctors continues to increase, specific support and education programs will need to be developed. We believe that findings from this survey will contribute to the overall well-being of the profession.

The survey has a secondary purpose of determining 'successful ageing' in medical practitioners, both at a personal and professional level. We wish to understand what personal and other attributes determine adapting well to ageing.

This questionnaire is divided into four sections:

1. Demographic information
2. Health
3. Personal and professional satisfaction, and adaptations to work
4. Retirement Intentions

Description of Study and Risks

The study contains demographic questions, questions about your health, satisfaction with work and life in general, and your planning for retirement. Completing the survey is very unlikely to be associated with any harm or risk to you, and may well help you reflect on the issues discussed. The questionnaire should take approximately 15 minutes to complete.

Confidentiality and Disclosure of Information

No identification codes are being used and we guarantee complete confidentiality if you complete this survey. No information will be provided to the Medical Board of Australia (MBA) or to the Australian Health Practitioner Regulation Agency (AHPRA). Your registration will NOT be affected whether you participate or not. Nor will your relationship with the University of New South Wales be affected in any way.

By completing this questionnaire, you are permitting us to use your responses in data analysis. Findings from this study will be published in an academic research journal. In any publications or presentations that result from this work, we will report only summarised data.

That is, results will be provided in such a way that you cannot be personally identified. Please note that you are free to withdraw from this study at any time.

Enquiries

If you have any queries regarding your participation or results, please contact the investigators Dr Chanaka Wijeratne or Dr Joanne Earl on (02) 9385 8934, or email UNSWMedicineSurvey@unsw.edu.au.

Any complaints may be directed to the Ethics Secretariat, The University of New South Wales, SYDNEY 2052, AUSTRALIA (phone 02-9385-4234, fax 02-9385-6648, or email ethics.sec@unsw.edu.au).

This study has been approved by the Medical and Community Human Research Ethics Advisory Panel (HREA 2014-7-68).

Your Consent

Your decision whether or not to participate will not prejudice any existing or future relations you may have with The University of New South Wales.

By clicking NEXT, you are making a decision whether or not to participate in our study. Proceeding beyond this page by clicking NEXT indicates that, having read the information provided above, you have decided to participate. If you wish to withdraw your consent, you may exit the online survey at any time and your data will not be included in our study.

If you are willing to continue, please click NEXT.

Q1 What is your gender?

- Male
- Female

Q2 How old are you now?

Q3 Current marital status (Select one)

- Married or de-facto relationship
- Single- Widowed
- Single- Divorced or Separated
- Single- not widowed or divorced/separated

Q4 On average, how many hours per week do you work? (Please select one option)

- 20 hours or less
- 21-39 hours
- 40-49 hours
- 50-59 hours
- >60 hours

Q5 What is your specialty? (Please select one option)

- General Practice
- Surgeon
- Psychiatrist
- Anaesthetist
- Radiologist
- Dermatology
- Intensive Care Specialist
- Physician
- Paediatrician
- Rehabilitation Specialist
- Obstetrician/Gynaecologist
- Pathologist
- Emergency Medicine Specialist
- Cosmetic Practice
- Non-clinical (e.g. academic, researcher, administrator, public health)
- Career/hospital medical officer
- Specialist in training
- Other _____

Q6 In which country was your primary medical degree obtained? (Select one from the drop-down menu)

- Australia
- NZ/UK/Ireland/North America/South Africa
- Europe, except UK/Ireland
- Africa, except South Africa
- Asia
- South America
- Other

Q7 How long (in years) have you practised medicine in Australia?

Q8 What type of location do you predominantly work in? (Please select one option)

- Capital City (e.g. Canberra, Sydney, Hobart etc)
- Other metropolitan centre (urban centre population >100 000)
- Rural Centre (population 10 000 to 100 000)
- Remote (population

Q9 Please indicate the state or territory in which you predominantly work? (Select one from the drop-down menu)

- ACT
- NSW
- Northern Territory
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia

Q10 What type of setting do you predominantly work in? (Select one from the drop-down menu)

- Hospital
- University (clinical academic)
- Solo practice
- Group practice
- Community health centre
- Non-patient care

The following questions are about your physical health, cognition and psychological health.

Q11 Do you have one identified GP that you consult with about your own health? (Please select one option)

- No, I do not attend any general practice nor have an identified GP
- Yes, I attend one practice and will see whoever is available
- Yes, I have one identified GP that I always consult

Q11b Is your GP:

- a relative, friend, or peer from your local professional network
- a direct colleague (e.g. works in the same practice or department)
- None of the above

Q12 Have you undergone any of the following health screening in the past 5 years? (Please select all that apply)

- Pap smear
- Mammogram
- Blood pressure screening
- Prostate cancer screening
- Cholesterol screening
- Influenza Immunisation
- Colon cancer screening
- Cognitive screening
- Osteoporosis screening
- Blood sugar level
- None of the Above

Q13 How would you rate your overall physical health? (Please select one option)

- Excellent
- Very Good
- Good
- Fair
- Poor

Q14 The following is a list of common problems. Please answer each item, indicating whether you currently have the problem. If you do NOT have the problem, skip to the next problem. If you DO have the problem, please indicate whether you receive medication or some other type of treatment, AND if the problem limits any of your activities. Tick all that apply.

	Do you have the problem?	Do you receive treatment for it?	Does it limit your activities?
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lung disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peptic ulcer or stomach disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anaemia or other blood disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis (osteoarthritis, rheumatoid arthritis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological condition (eg Parkinson's, stroke etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q15. Have you noticed any of the following difficulties in your professional practice, over the past 5 years? (Please answer every item)

	Yes	No
Visual difficulties (even when wearing glasses or contact lenses, if worn)	<input type="radio"/>	<input type="radio"/>
Fine motor skills and co-ordination	<input type="radio"/>	<input type="radio"/>
Hearing difficulties (even when wearing hearing aid(s), if worn)	<input type="radio"/>	<input type="radio"/>
Ability to manage working on-call and overnight shifts	<input type="radio"/>	<input type="radio"/>
Ability to perform tasks requiring muscular endurance or strength	<input type="radio"/>	<input type="radio"/>
Physical effort required by work	<input type="radio"/>	<input type="radio"/>
Establishing adequate sleep patterns	<input type="radio"/>	<input type="radio"/>

Q16 Please rate the following items about cognition, according to your recent status.

	Never	Rarely	Sometimes	Often	Very Often
I _____ forget things in the immediate past or where I have placed things.	<input type="radio"/>				

Q16b

	Very little/no	Limited/inadequate	A moderate amount of	A substantial amount of	Excess
I have _____ ability to recall events that happened a while ago.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have _____ ability to recall meanings and spellings of different words/concepts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have _____ ability to acquire new knowledge or skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have _____ ability to understand and solve problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have _____ ability to perform good decision making (i.e. selecting the most appropriate choice from the available options).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16c

	Very Slow	Slow	Moderate	Fast	Very Fast
I would consider my speed of processing information (e.g. numbers, texts) to be generally _____.	<input type="radio"/>				

Q17 These questions concern how you have been feeling over the past 4 weeks. Select the column that best represents how you have been. (Please answer each item)

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
How often did you feel tired out for no good reason?	<input type="radio"/>				
How often did you feel nervous?	<input type="radio"/>				
How often did you feel so nervous that nothing could calm you down?	<input type="radio"/>				
How often did you feel hopeless?	<input type="radio"/>				
How often did you feel restless or fidgety?	<input type="radio"/>				
How often did you feel so restless you could not sit still?	<input type="radio"/>				
How often did you feel depressed?	<input type="radio"/>				
How often did you feel that everything was an effort?	<input type="radio"/>				
How often did you feel so sad that nothing could cheer you up?	<input type="radio"/>				
How often did you feel worthless?	<input type="radio"/>				

Q18 Have you made any of the following changes to your practice over the past 5 years?
(Please answer each item)

	Yes	No
Reduced total work hours	<input type="radio"/>	<input type="radio"/>
Ceased procedural work	<input type="radio"/>	<input type="radio"/>
Increased non-patient related activities (eg teaching, administration)	<input type="radio"/>	<input type="radio"/>
Ceased after hours, on-call or overnight work	<input type="radio"/>	<input type="radio"/>
Referring more difficult or complex clinical problems to other clinicians	<input type="radio"/>	<input type="radio"/>
Made ergonomic changes with regard to work equipment	<input type="radio"/>	<input type="radio"/>
Focused my practice on a narrower range of clinical problems	<input type="radio"/>	<input type="radio"/>
Recruited another colleague to my practice	<input type="radio"/>	<input type="radio"/>

Q19 Have you increased time spent in the following activities over the past 5 years? (Please answer each item)

	Yes	No
Leisure activities (eg. travel, reading, exercise, gardening)	<input type="radio"/>	<input type="radio"/>
Continuing medical education	<input type="radio"/>	<input type="radio"/>
Acted as carer for a parent, partner or (grand)child	<input type="radio"/>	<input type="radio"/>
Enrolled in formal study	<input type="radio"/>	<input type="radio"/>
Planning for, or conducted, career outside of medicine	<input type="radio"/>	<input type="radio"/>
Volunteer work	<input type="radio"/>	<input type="radio"/>

Q20 Where do you rate yourself in terms of adapting well to age, in professional practice?



Q21a How do you view your practice of medicine? (Please answer each item)

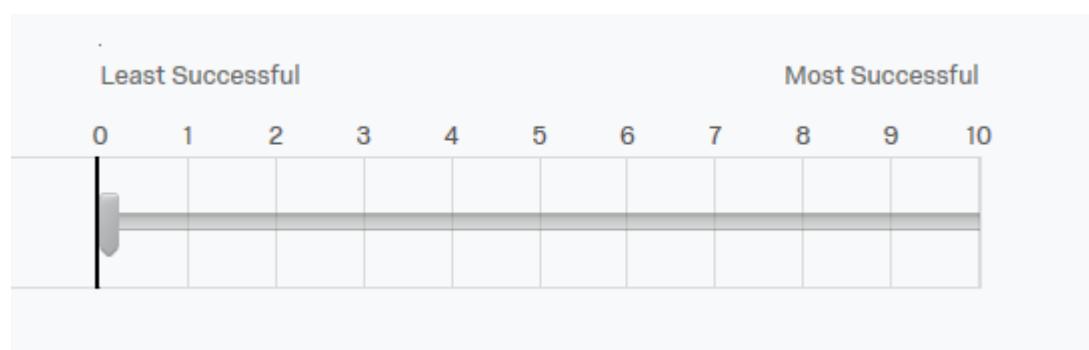
Q21b Please indicate which one of the following three options BEST describes how you view your practice of medicine.

- A job
- A career
- A calling

Q22 Please rate your agreement with the following statements about the role of work in your life.

	Strongly Disagree	Disagree	Mixed Feelings	Agree	Strongly Agree
Doing my job is important to me	<input type="radio"/>				
It is very important to me to have a successful working life	<input type="radio"/>				
I enjoy my job more than my leisure time	<input type="radio"/>				
I love my job	<input type="radio"/>				
I am fully devoted to my job	<input type="radio"/>				
I am very motivated to perform the duties and responsibilities of my job	<input type="radio"/>				

Q23 Where do you rate yourself in terms of adapting well to age, as a person?



Q 24 Please read the following five statements and rate your level of agreement with each statement. STOP. Please note that the rating scale for the next items are in reverse to the previous items (Strongly Agree to Strongly Disagree)

	Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagree	Disagree	Strongly Disagree
In most ways my life is close to my ideal.	<input type="radio"/>						
The conditions of my life are excellent.	<input type="radio"/>						
I am satisfied with my life.	<input type="radio"/>						
So far I have received the important things I want in life.	<input type="radio"/>						
If I could live my life over, I would change almost nothing.	<input type="radio"/>						

Q25 Please rate the following items about finances and social support according to your recent status.

	Very Little/No	Limited/Inadequate	A moderate amount of	A substantial Amount of	Excess
I possess _____ income to support my/my family living expenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have _____ financial support from	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

my personal savings, investments and superannuation fund.					
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Q25b

	Not at all	Fairly	Moderately	Quite	Very
I would consider interactions with friends (in general) to be _____ supportive.	<input type="radio"/>				
I would consider interactions with family members (in general) to be _____ supportive.	<input type="radio"/>				
I would consider interactions with acquaintances from community sources (e.g. religious, leisure, sporting, volunteer) to be _____ supportive.	<input type="radio"/>				
I would consider interactions with acquaintances from professional sources to be _____ supportive.	<input type="radio"/>				

Q26 Please tick whether you agree or disagree with the following statements about yourself.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I fear it will be very hard for me to find contentment in old age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It doesn't bother me at all to imagine myself as being old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I expect to feel good about life when I am old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel very comfortable when I am around an old person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that people will ignore me when I am old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have never dreaded looking old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid there will be no meaning in life when I am old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy doing things for old people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q27 Please rate the following items according to your recent status.

	Very Little/No	Limited/Inadequate	A moderate amount of	A substantial amount of	Excess
I experience <u>positive emotions</u> (i.e. interested, excited, strong, enthusiastic, proud, determined, alert, inspired, attentive, active).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q27b

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I have little control over the things that happen to me	<input type="radio"/>				
I feel that I am a person of worth, at least on an equal plane with others.	<input type="radio"/>				
When faced with difficulty, I usually increase my efforts.	<input type="radio"/>				
I can easily adapt to changes in goals, plans or circumstances	<input type="radio"/>				

Q28a Choose the option below that best describes your retirement preference. Please select one option.

- I do not intend to retire
 - I do not know whether I will retire
 - I do intend to retire

Q28b If you do intend to retire please indicate the expected age of your retirement.

- I intend to retire when I reach the age of _____
 - I have no specific retirement age in mind

Q29 Do you intend to transition to retirement? (Select one option only)

- No, I will leave work and never return
 - Yes, I will work reduced hours in the same workplace
 - Yes, I will work reduced hours at another workplace

Q30 If you do not intend to retire or are unsure about retiring, which of the following factors have determined your decision to continue working?

Q31 If you DO intend to retire, which of the following factors do you anticipate will determine the timing of your retirement? Please answer each item.

	Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagree	Disagree	Strongly Disagree
Achieving sufficient financial security	<input type="radio"/>						
Physical illness or disability	<input type="radio"/>						
Cognitive impairment	<input type="radio"/>						
Work related burnout	<input type="radio"/>						
Acting as carer for a parent, partner or (grand)child	<input type="radio"/>						
Desire for more personal or leisure time	<input type="radio"/>						
Ability to access superannuation funds	<input type="radio"/>						
Partner/spouse retiring	<input type="radio"/>						

(on completion of the survey and presented in a separate link)

Thank you for completing the survey! Would you like to go into the draw to win one of ten gift vouchers, worth \$50 each, redeemable at Amazon.com?

- Yes
- No

Please enter an email address for the researchers to contact you in the event that you win a gift voucher. To preserve confidentiality, you may prefer to use a non-identifying g-mail (or similar) address.

Q43 Do you wish to participate in future iterations of this survey? You are under no obligation and can decide whether or not to participate when you receive an invitation.

- Yes
- No

Email Study Please provide the best email address for us to contact you in the future.