



Job Satisfaction among Doctors in a Tertiary Care Teaching Hospital

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Abstract

Job satisfaction is very important but very less studied issue. This study was an attempt to identify the demographic determinants of job satisfaction and to identify the areas, which serve as potent satisfiers and dissatisfiers in a doctor's job. It was found that doctors, like all professionals, derive their satisfaction from their work itself. Nearly 2/3rd of the responding doctors are happy with their jobs, but would appreciate a raise in salary and the availability of greater opportunity to grow for a more fulfilling professional life. Doctors derive satisfaction from their work, but are not very happy with their work environment. Tertiary care teaching hospitals in small cities need to build infrastructure and create opportunities for their medical men

Key Words

Job Satisfaction, Job Content, Motivator, Satisfier, Dissatisfier

Introduction

Job satisfaction has been variously linked with increased productivity/performance (1) and negatively with absenteeism and turnover in an organization (2). In a teaching institution, this may have wider ramifications, for the discontent of a doctor may get translated into his academic output, and may influence the morale and attitudes of the new recruits to the profession. Privatization has taken the Indian health care market by storm, with 75% of our doctors employed in the private sector (3). The medical education system has seen a number of private / semi-private takers, especially in South India. However, in many states, the private sector is not well developed and medical education remains the domain of State Medical Colleges/ Institutions run by the concerned governments. Are these States good employers? Are the doctors who hold the health of the public in their hands and shape the attitudes and aptitudes of the budding generations a contented lot? The present study was done to evaluate the level of job satisfaction among the residents and the medical faculty of a tertiary care governmental teaching institution and to determine the relationship between their overall satisfaction and their socio demographic characteristics.

Materials and Methods

A cross sectional study was conducted between April 2005 and November 2005 using an English language, self-administered anonymous questionnaire. A total of 100 questionnaires were distributed, 50 to the Resident doctors, which included Senior Residents, as well as academic and non-academic Junior Residents; another 50 were distributed to the faculty. Both categories were chosen randomly from the Medical College Hospital (AIIMS). Out of 100 questionnaires distributed, 82 were received back, at a response rate of 82%, 78% from the faculty and 86% from the residents. The questionnaire was designed after detailed discussions with a group of Hospital administrators, doctors and sociologists & subjected to a pilot trial. It contained two components:

- 1) Socio demographic characteristics, consisting questions regarding age, sex, qualifications & duration of service
- 2) Job satisfaction related questions consisting of statements related to their workplace, to which the participants were required to indicate their agreement or disagreement by responding in the affirmative or negative

Participants were informed about the study objectives and procedures and the purpose for which data was being collected. Confidentiality of data was assured. The completed forms were analyzed using SPSS package.

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Results

Depicted in Fig 1 & 2 ; Table 1 & 2

Fig 1: Proportion of doctors satisfied with their jobs

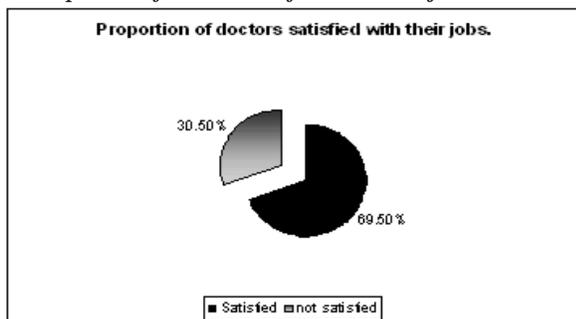


Fig 2: Correlation of job satisfaction with duration of service



Table 1: Job satisfaction level of the responding doctors vis a vis their demographic and professional characteristics:

S.No	Characteristics	Job Satisfaction (%)	Remarks
I	Age in years		
	? 35	70	
	> 35 & ? 45	50	
	>45	76.7	
II	Sex		
	Females	94.2	
	Males	63.1	<i>p</i> < .05
III	Marital status		
	Unmarried	66.6	
	Married	70.4	
IV	Education*		
	Graduation	75	
	Post graduation	66	
V	Service (yrs)		
	? 5	80.6	
	>5 & ? 10	56.2	
	>10 & ? 15	50	
	>15 & ? 20	66.6	
	>20	75.1	

Table 2: Job satisfaction of residents and faculty vis a vis their attitudinal differences

S.No	Attitudinal areas	Residents	Faculty agree (%)	Remarks agree(%)
1.	My services are being utilized as per qualification	67.4	66.6	NS
2.	Work place is equipped adequately for my job	39.5	46.1	NS
3.	Salary is proportional to work load	27.9	28.2	NS
4.	I receive perks/ incentives other than my salary	9.3	23.0	NS
5.	Duty hours are too long	53.4	7.6	<i>p</i> < .001
6.	Criteria for transfers/ promotions is satisfactory	20.9	41	<i>p</i> < .05
7.	I have adequate independence of action at my workplace	39.5	69.2	<i>p</i> < .01
8.	My work provides opportunities for growth & career	46.5	41	NS
9.	I am satisfied with my job	67.4	71.79	NS
10.	The environment at work is cordial	76.7	74.3	NS

Discussion

From the results of this study, the proportion of doctors satisfied with their jobs in the teaching tertiary health care center under study is 69.5% (Fig. 1). This is comparable with data on job satisfaction in the medical fraternity elsewhere in the world. A study conducted on Norwegian doctors in 1998 showed that 50% of the sample studied was satisfied with their jobs (4). Similar studies in Turkey, Kuwait (5) have also shown that nearly 2/3rd of their working population of doctors is content with their work place. A similar project in three teaching hospitals of Karachi is a study in contrast, with 68% of the medical doctors expressing

their dissatisfaction with their work (6). Interestingly, the proportion of medical doctors in the Indian armed forces to have expressed satisfaction with their jobs is only ~40%, as borne out by studies by Chaudhury *et al* (7).

Job satisfaction among the younger doctors was high, but fell abruptly after the age of 35 years, to again rise gradually in the fifth and sixth decades of life. This is in marked contrast with research evidence, which indicates that job satisfaction shows a positive correlation with increase in age (4,5). This finding needs to be reviewed in context with the distribution of satisfaction against the



years of service put in by these doctors (Table 1; Fig. 2). A very large proportion of doctors who had just joined the profession expressed satisfaction with their job, followed by a significant fall in the proportion of satisfied doctors after they put in 5 to 10 years of service, and subsequently, a gradual increase over the next decade or so. It could be hypothesized that the high level of job satisfaction among younger doctors is presumably because of the initial euphoria of a job, but as the years grow longer, the incremental gains appear smaller; social pressures and familial liabilities loom larger, and inputs seem to be disproportionate to output. Achievement and recognition may not keep pace with the demands of the job. Subsequently, as age increases, expectations decrease and are replaced by gradual acceptance. Groenwegen *et al* (8) explained the phenomenon by stating that old age leads to greater adaptation. Significantly greater proportion of female doctors was found to be satisfied in their jobs than males (Table 1). Sibald *et al.* (9) have reported similar trends. Other places have reported no specialists, probably because the latter have greater expectations and limited opportunities.

The latter half of the study attempted to compare the proportionate satisfaction of residents and faculty vis a vis their attitudinal differences (Table 2). While the single global rating for job satisfaction was similar for both groups, i.e. approximately 2/3rd of the sample size, the balance being slightly in favor of the faculty, marked differences of opinion were found in certain attitudinal areas. The most consistent satisfiers for both faculty and staff were cordial work environment and appropriate utilization of services (Table 2). The strongest dissatisfiers were salary and lack of incentives at work. Resident doctors were especially disgruntled with the paucity of incentives and perks at their level. They also reported significantly lower satisfaction than the faculty with their hours of work and the workload, as well as the lack of autonomy at the workplace and the criteria for promotions and transfers. One of the greatest satisfiers for the faculty was the autonomy of action available.

Research has consistently identified low income and increased workload with a decrease in satisfaction (Stoddard *et al*) (10) and increased turnover within two years (11). Most of the younger genre of doctors shall be on the look out for better avenues in the near future. Better avenues in a state where a tertiary care teaching institution is the apex health care organization can only

translate into migration outside the state. The making of a doctor does not come cheap. But the likelihood of returns on such an investment for an average Indian state seem rather poor. When asked about the facilities available at the workplace, both faculty as well as residents felt that their work place was poorly equipped and had scope for improvement. Moreover, only about 2/5th of the residents and faculty identified opportunities for growth and career building at their work place.

Conclusion

It is perhaps time for the states to look into the working schedules of resident doctors as well as the salary structure for medicos. A tired doctor can also become a tiresome doctor. The study shows that the job content of the profession is a potent motivator; the governments will be well advised to harness this potential and improve facilities at tertiary care centers.

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