



Job Satisfaction among Doctors in a Tertiary Care Teaching Hospital

Nirpuma Madaan

Abstract

Quality is the buzzword in healthcare today. The concept of Total Quality Management has found its vindication in 'Customer Satisfaction.' But is customer (read patient) satisfaction possible if the needs/demands of the caregivers are not gratified? Can a doctor who is not at peace with his work place deliver to the best of his ability? It is necessary to understand the motivations of today's work force to ensure their participation in the teamwork involved in ensuring the patient's satisfaction. 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

Key Words

Job satisfaction, turnover, job content, motivator, satisfier, dissatisfier

Key Messages

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

Introduction

Job satisfaction has been variously linked with increased productivity/performance (1), and negatively with absenteeism and turnover in an organization (2). Naturally, it follows that doctors, nee caregivers, who are happy with their jobs are likely to give much better service and greater customer satisfaction. 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 under his tutelage.

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? Or will the governments be satisfied in sitting back and watching as foreign shores and the lure of the private sector continue to lap up the best brains in the country?

The following study was conducted to delve into the mindset of the doctors working in a governmental tertiary care teaching medical college, to gauge their satisfaction levels with their jobs and to identify factors contributing

From the Department of Administration, All India Institute of Medical Sciences, New Delhi.

Correspondence to : Dr Nirpuma Madaan, Senior Resident, AIIMS New Delhi.

to their perspective.

Aims and Objectives

The objectives of the study were 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. Out of the 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. It was subjected to a pilot trial before it was distributed. It contained two components:

- 1) Socio demographic characteristics, consisting of open ended questions regarding age, sex, qualifications and 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.

Results and 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 the third world countries ie. 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).

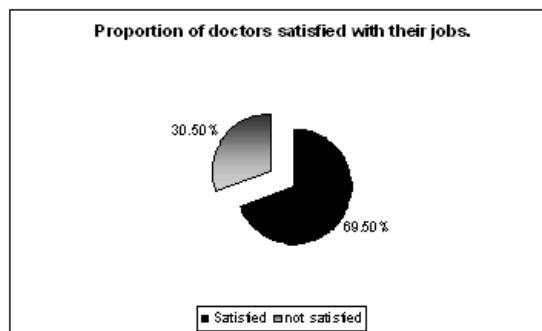


Fig 1: Proportion of doctors satisfied with their jobs

The socio-demographic and professional characteristics of the responding doctors are shown in *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 | |

* Resident doctors following their academic junior residency were treated as graduates provided they did not already possess a post graduate qualification in a different branch

Interestingly, 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, which comes as a package deal with financial autonomy, security and self esteem. 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.

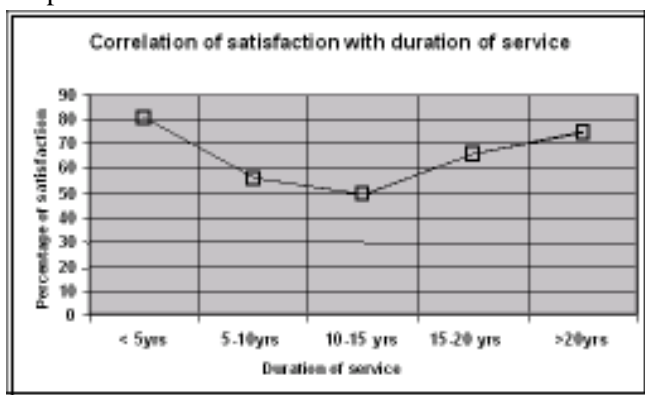


Fig 2: Correlation of job satisfaction with duration of service

Significantly greater proportion of female doctors was found to be satisfied in their jobs than males (Table 1). Sibald et al. have reported similar trends. Other places have reported no significant gender differences while observations from Karachi indicate that females were

more disgruntled with their jobs than males. There is a possibility that gender differences in job satisfaction are dictated by cultural character and work ethos. However, research will be required to bear this out.

While the correlation of job satisfaction with marital status is not conclusive, data does show that simple graduates tend to be more satisfied with their jobs than 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, ie. 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). This has grave implications for our tertiary care centers in small towns and cities. Most of the younger genre of doctors shall be on the look out for better avenues in the near future. This scenario can only be compounded by their lack of confidence in the governmental transfer/promotion system. 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 if it does not spruce up its act and try to improve the working conditions of its doctors, especially the residents. When asked about the facilities available at the workplace, both faculty as well as residents felt that



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

| S.No | Attitudnal areas | Residents agree (%) | Faculty agree (%) | Remarks |
|------|---|---------------------|-------------------|---------|
| 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 | p<.001 |
| 6 | Criteria for transfers/ promotions is satisfactory | 20.9 | 41 | p<.05 |
| 7 | I have adequate independence of action at my workplace | 39.5 | 69.2 | p<.01 |
| 8 | My work provides opportunities for growth and career building | 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 |

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. Every doctor exults in a clinical challenge he wins. If the tools to fight that challenge are brought to his doorstep, he will not look for such professional highs in foreign places. 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. Keeping abreast of developments in the field of medical science and providing resources and facilities for optimal utilization of the skills of these highly professional people will go a long way in motivating doctors as well as in reducing the referral of cases outside the States.

References

- Ostroff C. 'The relationship between satisfaction, attitudes and performance: an organizational level analysis' Journal of applied psychology, 1992; pp. 963-974

- Robbins S. Organizational Behavior, 9th ed, Prentice Hall of India; pp.78
- Duggal R. 'Right to Health' (Mimeo) CEHAT, Mumbai-2002
- Nylenna M, Gulbrandsen P, Ford R, *et al.* 'Unhappy doctors? A longitudinal study of life and job satisfaction among Norwegian doctors 1994-2002'
- Al-Eisa I S, Al-Muttar M S, Al-Abduljalil H K. 'Job satisfaction of Primary Health Care Physicians at Primary Health Care Region, Kuwait'; MEJM, Vol 3 (3), 2005.
- Khuwaja A K, Qureshi R, Andrades M, *et al.* 'Comparison of Job Satisfaction and Stress among Male and Female Doctors in Teaching Hospitals of Karachi' E mail: ali.khuwaja@aku.edu
- Chaudhury S, Bannerjee A. 'Correlates of Job Satisfaction in Medical Officers'; MJAFI 2004;60:329-332
- Groenwegen P, Hutten J. 'Workload and Job Satisfaction among General Practitioners- A review of literature'; Soc Science Med; 1991pp.32
- Sibald B, Enzer I, Cooper C, *et al.* 'GP Job Satisfaction in 1987,1990&1998: lessons for the future?'
- Stoddard J J, Hargraves J L, Reed M, *et al.* 'Managed Care- Professional Autonomy and Income'.J. Gen. Intern Med.2001;16pp.675-684
- Landon B E, Aseltine R, Shaw J A, *et al.* 'Evolving dissatisfaction among Primary Care Physicians'; *Am J. Managed Care*; 2002; 8: 890-901
- Oyzurt A, Hayran O, Sut H. 'Predictors of Burnout and Job Satisfaction among Turkish Physicians' QJM 2006, Vol. 99, no.3, pp.161-169