A study on job satisfaction of family physicians in Basrah

Rana K. Ali & Omran S. Habib

ABSTRACT

Background: **Job satisfaction is a reflection of interaction of the physicians and all the components of the surrounding environments. A high level of satisfaction is desirable and may contribute to better workers performance.**

Objectives: **To explore the degree of satisfaction of family physicians in Basrah with their jobs.**

Methods: **A cross-sectional study targeting all family physicians who were working in Basrah at the time of the study (2018) was carried out. A total of 67 out of 74 physicians were successfully interviewed according to a special questionnaire form that was prepared in the light of selected readings and guided by the researchers view on areas of interest. The data collection phase lasted for four months (April-August 2018).**

Results: **A good proportion (43.3%) of family physicians in Basrah were posted in places other than family medicine practice. The majority were young, females, and reasonably lived close to their work sites. Family physicians were very satisfied with the supervisors (95.5%), colleagues (97.0%) and clients (86.6%). They were also satisfied with their competence in handling their daily tasks and fairly satisfied with their postgraduate training and in-services training. They were very unsatisfied with their income, their work conditions in terms of amenities and staffing, with respect to specialty under two thirds (61.2%) expressed their satisfaction with their status as family physicians but 38.8% were not satisfied and this was reflected on their desire to quit to other specialty (55.2%). A big problem is the perception that the specialty is not respected by the public (85.1%), not respected by other clinical specialties (95.5%), not supported by mass media (95.5%), and the specialty is not optimally utilized (79.1%). However, 67.2% reported that the specialty improved care delivery at primary health care centres.**

Conclusions: **Mostly family physicians were happy with competence required to handle tasks. Except for the overall work environment, participants denied to have adequate amenities. Most positive points were related to humanities. Most of negative points were related to income, recognition and amenities. They expressed negative views on all aspects of salary valuation and most of them wanted to change specialty.**

Key words: **Basrah, Family physicians, Satisfaction**

دراسة عن الرضا الوظيفي لأطباء الأسرة في البصرة

الخلفية: تعكس القناعة الوظيفية تفاعلا بين الطبيب وجميع مكونات البيئة المحيطة بالوظيفة، ومن المرغوب فيه ان يتمتع الطبيب بقناعة وظيفية عالية قد تساهم في اداء افضل للعاملين.

الاهداف: معرفة المهام التي اوكلت الى حملة زمالة المجلس العراقي في اختصاص طب الاسرة وكذلك معرفة مدى قناعتهم بالعمل الذي يؤدونه.

الطرائق: استهدفت الدراسة وهي مقطعية عرضية جميع الاختصاصيين من حملة شهادة زمالة المجلس العراقي للاختصاصات الطبية والعاملين في محافظة البصرة وقت اجراء الدراسة في عام ٢٠١٨. تمت الدراسة على ٦٧ طبيبا وتم جمع البيانات عن طريق استبانة خاصة اعدت لغرض الدراسة. استمرت مرحلة جمع البيانات لأربعة أشهر (نيسان– اب ٢٠١٨).

النتائج: اظهرت النتائج ان نسبة كبيرة (٤٣،٣%) من أطباء الأسرة كانوا يعملون في وظائف لا تمت مباشرة الى مهام طبيب الإسرة. وكان الاغلبية منهم شبابا ومن جنس الاناث. ويسكنون ضمن دائرة قريبة من مكان العمل. وكان الاغلبية الساحقة منهم مقتنعون بالأداء الاشرافي (٩٥،٥%) وبالعلاقة مع زملاء العمل (٩٧%) والمواطنين المستفيدين من الخدمات (٨٦،٦%). كان الاطباء ايضا مقتنعون بقدراتهم في اداء المهام والى حدا معقول كانوا مقتنعون بتدريبهم في مرحلة الدراسات العليا والتدريب اثناء العمل. في المقابل عبر الاطباء عن عدم قناعة عالية في الدخل المالي

Department of Family and Community Medicine, College of Medicine, University of Basrah

وظروف العمل ومستلزماته. من ناحية اخرى عبر ٦١،٢% منهم فقط عن قناعته بكونه طبيب اسرة وعبر ٥٥،٢% عن رغبته بترك اختصاصه لو اتيحت له الفرصة المناسبة. كما عبر المشاركون عن اعتقادهم بان اختصاص طب الاسرة لا يتمتع بتقييم مناسب من المجتمع (٨٥،١%) ولا من الاختصاصات الطبية الاخرى (٩٥،٥%) ولا بدعم من وسائل الاعلام (٩٥،٥%) وان الاختصاص غير مستثمر جيدا (٧٩،١%). بالمقابل يعتقد ٦٧،٢% ان وجودهم قد ساهم بتطوير الخدمات الصحية في مراكز الرعاية الصحية الاولية.

الاستنتاجات: يتمتع اطباء الاسرة في البصرة بقناعة جيدة بكفاءتهم في اداء المهام وفي الاداء الاشرافي والعلاقات البينية مع الزملاء والمستفيدين الا انهم يشكون من عدم كفاية مستلزمات العمل وانخفاض المدخولات والبيئة غير المشجعة لاختصاصهم.

الكلمات المفتاحية: البصرة، طب أسرة، قناعة وظيفية

INTRODUCTION

Job satisfaction is defined in different ways and may simply means the degree of accommodation between a person and various facets of job.[1] However, the concept encompasses many facets and views by different researchers. The concept of job satisfaction might be described as the expressed view of family physicians working in Basrah governorate on the degree of accommodation between their expectations and reality of their job situation as described by them. [1-9] Job satisfaction is a product of complex interacting factors. Some of these are briefly discussed here. Age is generally found to be positively related to job satisfaction. A relatively substantial portion of the differences in expressed satisfaction are explained by age variations in work values and job rewards.[10] The higher job satisfaction among older employees may be due to maintaining a long career, including higher salaries, better benefits and success in the workplace associated with experience. [11] Gender is also related to satisfaction. [12,13] Further factors which affect satisfaction include adequate payment and promotion.[14-17] Organization management behavior and policies are implicated in determining job satisfaction.[16] Organizations with more social solidarity financed, not-for-profit health care.[17] Furthermore, objective supervision can assure that needs in terms of deficient knowledge, skills and abilities are met through the allocation of budget and appropriate training[18] However, supervision itself need to be made by persons who themselves are knowledgeable of development concepts to facilitate their employees work with satisfaction[19] and confidence that their supervisor is sufficiently qualified to efficiently lead them.[20] Work environment is another dimension that affects job satisfaction. Psychosocial factors among workers are determined by the specific characteristics of the job (work organization, demands, task content, and social aspects) that determine the conditions of the working environment and affect the wellbeing and progress of work. [21] A business setting must provide good working conditions that satisfy the basic needs of workers and consequently enhances productivity of them. [22] This study aims at achieving one specific objective to find whether family physicians are satisfied with their jobs or not.

SUBJECTS AND METHODS

The study was a cross-section involving 67 out of 74 family physicians carried out essentially at all primary health care and teaching institutions in Basrah governorate which meet single criterion: presence, in the health care institution/teaching institutions, of at least one doctor specialized in family medicine (Fellowship) and having at least one year active work in one or more institution. The study population included all doctors specialized in family medicine and were engaged in active job for at least one year. A questionnaire form was used to compile all relevant data on each participant studied. The questionnaire was constructed in such a way to meet the objectives

of the study. A careful selective literature review was made to build a reasonable concept of the term job satisfaction among doctors. The researchers did not intend to explore the theoretical facets of job satisfaction. Rather they aimed at describing the status -quo as being visualized by doctors themselves and as identified from additional observations. No attempt was made to utilize certain scales or theories like the Warr-Cook-Wall job satisfaction scale [23] or other theories. However a good background given by a Turkish study was very beneficial in the process of questionnaire building. [24]

The questionnaire consisted of three parts:

A. Socio-demographic characteristic: including age, sex, marital state, residence.

B. Work environment: including approximate distance from home to work place in terms of travel time in minutes, years since getting Fellowship in family medicine in years, current place of work whether the work was in hospital, health Centre, administrative office or teaching institutions and nature of task (post) whether care provider, manager or teacher.

C. Satisfaction: This included inquiry about a number of aspects related to satisfaction: The main items covered were: **a.** Satisfaction with relations with supervisors, fellows and clients **b.** Satisfaction with fellowship training and **c.** Satisfaction with professional status, recognition and personal rewards. We hypothesized that a satisfactory job would make doctors positive regarding work environment, status and recognition, income, and continuity of affiliation to their job. These plus age and gender would affect expressed satisfaction. The study did not aim to study the degree of satisfaction but only to get a dichotomous measurement indicating whether the participant was satisfied or not regarding the aspect inquired about. Ethically, the researcher did not interfere at any stage of the study in process of care provided by participant. Participants were requested individually to take part in the study. All the approached doctors agreed to participate. The researcher took an active role in the interview in the sense that queries by participants were answered on spot. The data collected were confidential and participants were assured of sealing any personal information. Names of participants were excluded from the data collection process. The study beard no ethical consequences on the side of patients. All participants were informed of the purpose of the study. The study protocol was approved by **(1)** Research Ethical Committee at the College of Medicine, University of Basrah (Meeting No.2 held on April 29, 2018) (**2)** The Central Research Committee, Basrah Directorate General of Health Services. Data were fed on computer using Statistical Package for Social Sciences (SPSS-Version 20). Results were presented as tables to illustrate description and comparison of various groups.

RESULTS

Demographic characteristics: (Table-1), shows a summary of age, sex and marital status of participants. Most of participants are in the age range of 30-49 years (91.1%) a fairly young medical staff. The great Most of them are females (73.1%) and married (89.6%).

Table 1. Distribution of participants by age, sex and marital status

Characteristics	No.	%
Age		
< 30	**1**	**1.5**
30-39	**31**	**46.3**
40-49	**30**	**44.8**
50-59	**5**	**7.5**
Total	**67**	**100.0**
Sex		
Male	**18**	**26.9**
Female	**49**	**73.1**
Total	**67**	**100**
Marital status		
Married	**60**	**89.6**
Unmarried	**7**	**10.4**
Total	**67**	**100.0**

Satisfaction with supervisors, colleagues and clients: The participants seem very comfortable with work relations in regard to supervisors, colleagues and clients (Table-2). Most of them were satisfied with supervisors (95.5%), colleagues (97.0%) and clients (86.6%).

Table 2. Expressed satisfaction with the relation with supervisors, fellows and clients

Category	Satisfied *No. (%)*	Not satisfied *No. (%)*	Total *No. (%)*
Supervisors	**64 (95.5)**	**3 (4.5)**	**67 (100.0)**
Fellows	**65 (97.0)**	**2 (3.0)**	**67 (100.0)**
Clients	**58 (86.6)**	**9(13.4)**	**67 (100.0)**

Satisfaction with postgraduate and in-services training: (Table-3) summarizes the participants satisfaction about their training during the postgraduate studies and whether they received additional in-services training. Only 43(64.2%) were satisfied with postgraduate training. However 39 (58.2%) of them received some sort of in-services training on issues related to their work and specialty and doctors expressed satisfaction with such training.

Table 3. Expressed satisfaction with the postgraduate and in-services training

Type of training	No.	(%)
Postgraduate training		
Satisfied	**43**	**64.2**
Not satisfied	**24**	**35.8**
In-service training		
Received	**39**	**58.2**
Not received	**28**	**41.8**
Total	**67**	**100.0**

Satisfaction with competence in handling tasks: Most of participants reported that their competencies are adequate to handle their job as detailed in (Table-4). They reported that their job is not challenging (64.2%), not associated with high responsibility (61.2%), with accepted professional risk (91.0% and not imposing heavy daily task (74.6%). The rest reported that their job is challenging (35.8%), with high responsibility (38.8%), carrying professional risk (9.0%) and involved heavy daily task (25.4%).

Table 4. Expressed views of participants regarding their competence in their job.

Aspect of competence	Accepting the statement No. (%)	Denying the statement No. (%)
My work is challenging	**24 (35.8)**	**43(64.2)**
My responsibility is demanding	**26 (38.8)**	**41(61.2)**
My professional risk is huge	**6(9.0)**	**61(91.0)**
I have heavy task every day	**17(25.4)**	**50(74.6)**

Satisfaction with work conditions / amenities

(Table-5), shows that participants expressed high degree of dissatisfaction with certain attributes of their work conditions. The overall work conditions were reported to be comfortable by 35 (52.2%) but 47.8% said their work conditions were not comfortable. The personal office setting was satisfying and comfortable in only 31.3%, but not in 68.7% of cases. The level of staffing and supply and status of equipment in their department/health centre was very poor. Only 6 (9.0%) reported adequate staffing and only 3(4.5%) reported well equipment facility. Regarding accessibility of in-services professional information (Internet), 16 (23.9%) gave positive response.

Table 5. Expressed satisfaction with work conditions.

Area of inquiry	Accepting the statement No. (%)	Denying the statement No. (%)
My overall work conditions are comfortable	35 (52.2)	32 (47.8)
My office setting is satisfying and comfortable	21 (31.3)	46 (68.7)
Our department / health centre is well-staffed	6 (9.0)	61 (91.0)
Our department/health centre is well equipped	3 (4.5)	64 (95.5)
I have accessibility to professional information	16 (23.9)	51 (76.1)

Satisfaction with salary/income

Participants were very unsatisfied about their income and salary regardless of the way it was viewed (Table-6). Participants agreed that their income was not satisfying (74.6%),their income was not compatible to their professional status (97.0%), they were not satisfied with their social status (83.6%), their income was not proportionate to their work (86.6%) and they were unsatisfied with their income as compared to other parallel specialties (89.6%).

Table 6. Expressed satisfaction with salary/income.

Area of inquiry	Accepting the statement No. (%)	Denying the statement No. (%)
I am satisfied with my income	17 (25.4)	50 (74.6)
2. My income is compatible to my professional status	2 (.0)	65 (97.0)
I am satisfied with the social status as family physician	11 (16.4)	56 (83.6)
4. My income is proportionate to my work	9 (13.3)	58 (86.6)
I am satisfied with the income compared with other specialties	7 (10.4)	60 (89.6)

Satisfaction with specialty as family physician

Just under two thirds of the participants reported that they were satisfied with their specialty as family physicians (61.2%). The remaining 26 (38.8%) reported that they were not satisfied with such specialty as shown in (Table-7). When participants were requested to list reasons why they were satisfied or not, their answers are summarized in (Table-7a &7b) also. For those who expressed satisfaction with their specialty (Table 7a), 31.7% of them attributed their satisfaction to the view that family medicine serves people in comprehensive way and responds to immediate population needs. Further 24.4% were satisfied because their specialty allows for good balance between work requirements and time for personal and family demands. However, 8 (19.5%) of the satisfied could not give any comment. The two most frequently stated reasons for the non-satisfaction Table-7b) are as follows: Unrecognized specialty (38.5%), inadequate resources for work and inadequate services status (30.8%). Three other reasons were equally reported: long tedious work time and problems with patients, low income and Stagnant specialty with little avenue for improvement (11.5% each. Two participants reported their desire to change specialty as the reason for non-satisfaction.

Table 7 a. Reasons for satisfaction with specialty as family physician.

Reasons for being satisfied	No.	%
It provides an opportunity to serve people and deal with a variety of conditions	13	31.7
It provides a balance between public service and personal needs	10	24.4
I like the job and interested in family medicine specialty	6	14.6
It is an important specialty and represents a front line to population health	4	9.8
No comment given	8	19.5
Total	41	100.0

Table 7b. Reasons for non-satisfaction with specialty as family physician.

Reasons for being not satisfied	No.	%
Unrecognized specialty	10	38.5
Inadequate resources for work and status	8	30.8
Long tedious work with work problems	3	11.5
Low income	3	11.5
Stagnant specialty with little avenue for improvement	3	11.5
Desire for further training and sub-specialty	2	7.7
Total participants*	26	-

*Three doctors gave two reasons each

DISCUSSION

Studying job satisfaction is of great importance, especially within the health sector due to its direct effect on doctor performance which in turn touches the quality of health care provided to people. Satisfied doctors have better doctor patient relationship, less medical error and increased role in recruitment of new doctors within a specific field. [25] Family physician deserve to be in the spotlight of satisfaction studies given their role in delivering high quality primary health care, preventive medicine, referral system, management of acute and chronic disease and maintaining continuing care, All of these have their consequences on economy in addition to decrease load at secondary and tertiary health levels.[15] In this study, it was possible to explore the view of doctors specialized in family medicine about their perceived satisfaction of their work conditions and specialty. A good response rate was achieved in the present study as 67 out of 74 or 90.5% of the targeted doctors responded to the interview. This high response rate is likely to make the results fairly representative to the status quo of family physicians at the time of the study. The non-participation of the excluded 7 doctors would not likely to introduce a substantial selection bias and to distort the results and conclusions we made. High level of satisfaction was observed between participant and work relations in terms of satisfaction with supervisors, colleagues or clients. This is a good result as it suggests some sort of harmony and mutual understanding of the various partners of the health care process. This result is similar to what was published in a thesis in 2016 on evaluation of the determinants of job satisfaction among Canadian family physician.[26] Expression of such cordial relation with various stakeholders could be due to good communication, friendship and close ties to the persons in the administrative chain, work fellows and catchment population. In addition, fairly long time is spent by doctors in work (8.30 AM-2.30 PM), seeing patients who are frequently visiting primary health centers for vaccination, antenatal care, checking blood pressure, etc. Such frequent encounter is likely to enhance good relationship among doctors, fellows and clients. Also this result is generally consistent with conclusions reached by a study In the University of Groningen, the Netherlands who concluded that" Observation of the supervisor leadership behaviours specific instructions and two-way communication positively influenced residents' job satisfaction" [27] The level of satisfaction for postgraduate training was fair as nearly two thirds of participant doctors expressed satisfaction with their postgraduate training supported by in-services training. This result is consistent with the results of a study in America [28] but inconsistent with the results of a study in Turkey. [29] The main draw back in postgraduate training was related to the clinical aspect, the participant claimed (not shown in the results) that the clinical teachers in teaching hospitals did not follow systemic manner for the important topics necessary for the clinical skills required by family medicine trainees. In addition, the doctors assigned to train candidates of family medicine were, in the opinion of participants, not well qualified to train such candidates. Most of the doctors were happy with their performance in handling assigned tasks, seeing their job with minimal professional risk, not demanding and not challenging. This stance was similar to the results of studies carried out in Austria[30] and in Bahrain.[31] This could be due to the experience and higher educational level that family physician acquired making them more competent to work. Also these doctors being assigned in urban areas with moderate to high socioeconomic status could facilitate their patient-doctor relationship. Most of the participants were comfortable with the overall work conditions, a result which agrees with similar results in Qatar.[32] Participants were less comfortable with personal office setting and very unsatisfied with the level of staffing and supply and status of equipment. The latter result was similar to the results of a study done in Saudi Arabia. [33] Of course, the financial crises

in Iraq over the last few years have their great implications on the modernization of health care services in general and primary health care centres in particular. Iraq being an area of conflict resulted in poor financial resources for most of basic services including health services. Income was viewed in different ways despite that the majority was dissatisfied with their pay. Family physicians believe that they worked at least six hours per day, five days a week, managing different cases of all age groups in addition to applying the programmes of primary care, yet they have similar official salary/income to other specialties who deal with specific age or system and have fewer working days with better opportunity to have private work. This dissatisfaction with salary was also reported in a study in Baghdad. [34] suggesting that the perceived inadequate salary is likely to be universal to family physicians and physicians working in primary health care settings in Iraq. Actually even doctors at tertiary care institutions seemed unsatisfied with their income as reported in Saudi Arabia.[35] Under two thirds reported that they were satisfied with family medicine as a specialty. The main reason for satisfaction was that it is a comprehensive way to serve people and to respond to a wide range of population needs. This justification of satisfaction if taken on its face value is very encouraging as doctors seem to recognize the value of the work they do to their society. Lack of recognition of the specialty by various stakeholders and other fellows was the main reason behind expressed dissatisfaction. The view on satisfaction/ dissatisfaction with specialty in the present study was similar to findings in Pakistan.[25] but the reasons given for satisfaction were different. In Pakistan, respect of family physicians by the public was behind satisfaction. Also the reason for dissatisfaction was related to their complain that the family physician job is very demanding. A closing comment is that family medicine in most countries is just emerging practice and a lot is needed to further strengthen its bases and reputation.

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