

## Job Satisfaction among Doctors of a Government Medical College and Hospital of Eastern India

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### Abstract:

**Background:** Job satisfaction expresses the extent of congruence between an individual's expectation of the job and the reward that the job provides. Job satisfaction among doctors is an issue that is of utmost importance because of factors like patient relationships and time pressures associated with managed care. The current study was done to determine the level of job satisfaction in doctors posted in a tertiary care hospital of eastern India and to find out the factors associated with it.

**Materials and Methods:** A descriptive cross sectional study was conducted among 255 doctors posted in a tertiary care hospital of eastern India. Data were collected using a self-reported questionnaire consisting of 49 items addressing the seven domains of job satisfaction, where higher values indicated higher level of satisfaction. The average scores of items were computed to construct factor scores for each individual. Two stage cluster analysis was performed to get the proportion of satisfied doctors and binary logistic regression was used for comparison of predictors of job satisfaction.

**Results:** The proportion of job satisfaction was found to be 59.6% and the most important factor was found to be working space. On adjustment, the odds of being satisfied were found to be higher in the older age groups, among males, doctors posted in preclinical or paraclinical departments and those staying in present setting for 5 years or more.

**Conclusion:** More than half of the doctors were found to be satisfied with their job which can help the policy makers to make necessary strategies to increase the level of satisfaction of the employees.

**Keyword:** Job satisfaction; doctors; predictors; cluster analysis.

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## Introduction

Job satisfaction has been defined as the favourable or unfavourable subjective feeling with which employees assess their work [1]. It also expresses the extent of congruence between an individual's expectation of the job and the reward that the job provides. If the summation of these influences gives rise to feelings of satisfaction, the individual has job satisfaction [2].

According to Frederick Herzberg, there are two dimensions to job satisfaction: intrinsic-motivation (i.e. recognition, responsibility) and extrinsic-hygiene (i.e. job security, salary and working conditions) factors. Intrinsic-motivation factors enable higher satisfaction and performance, whereas the absence of extrinsic factors helps alleviate dissatisfaction [3].

Health sector is labour intensive where quality of patient care services are directly related to workers' satisfaction with their job, motivation and their readiness to apply resources to the task at work place [4]. Job satisfaction among doctors is an issue that is of utmost importance in the present context where doctors are no longer held in the high regard as in the past [5]. The context in which doctors now work and the way health care is delivered has changed considerably over the last decade [6]. Contemporary factors like internet-derived healthcare information, frequent malpractice suits, the diminished patient relationships, and the time pressures associated with managed care – have been speculated to influence doctors' job satisfaction [7-10].

The consequences of physician dissatisfaction are overwhelming. It has been seen that the doctors who are dissatisfied with their jobs have less satisfied patients, and are more likely to suffer from physical and mental illness [11]. Dissatisfied physicians may also deter future students from entering the field of medicine [12].

It becomes paramount to understand the extent to which the doctors are satisfied by the organization and other contextual variables, given the critical role that they play in determining the efficiency, effectiveness and sustainability of health care systems.

In view of its multi-faceted concept, job satisfaction can be measured using qualitative methods supplemented by quantitative methods [13, 14]. In this regard, numerous instruments have been developed to assess overall job satisfaction and/or facets of job satisfaction among different settings and population [15].

Job satisfaction surveys among doctors have been conducted in many parts of the country. However, published data in this part of the country are scarce. With this in mind, the present study was conducted with the objectives to determine the level of job satisfaction in doctors posted in a tertiary care hospital of eastern India and to find out the factors associated with it.

## Methodology

### *Study design and the participants:*

A descriptive study with cross sectional design was conducted among the doctors in a tertiary care hospital of eastern India. The hospital is the largest government healthcare facility in the eastern part of India serving as a tertiary referral institute and has teaching programs for graduation and post-graduation. There are currently 290 doctors employed in the hospital.

### *Data collection*

Data were collected using a self-reported english questionnaire consisting of- background characteristics of participants and a job satisfaction questionnaire.

The participants were asked to fill up the questionnaire at their earliest convenient time. Subsequent queries regarding the questionnaire were clarified by the researcher over the telephone. The filled up questionnaires were collected by the researcher at a pre-specified time from their respective departments.

### *Questionnaire*

The job satisfaction questionnaire, specifically developed & validated by Kumar and Khan [16], aims to measure the job satisfaction among medical personnel. It consists of 49 items addressing the seven domains of job satisfaction: (1) privileges attached with job, (2) interpersonal relation and cooperation, (3) working environment, (4) patient relationship, (5) organization facilities, (6) career development, (7) human resource issues. All items are rated using a 5-point Likert scale ranging from 1 (very dissatisfied) to 7 (very satisfied) and higher values indicated higher level of satisfaction.

### *Inclusion criteria:*

All the doctors hailing from various departments and age groups, posted for at least 3 months in the study setting were included in the study.

### *Exclusion criteria:*

Those who refused to consent were excluded from the study

### *Sample size calculation:*

Complete enumeration or census method was applied as sampling method and the sample size was 290

### *Outcome Variable:*

Being satisfied with the current job was the outcome variable

### *Explanatory variables:*

Background predictor variables were age, gender, department, having post graduation, discipline where posted, stay in the current place of employment in years, work experience, and whether staying with family.

### *Ethical committee approval:*

Prior to conduction of the study, permission was obtained from the college authorities and ethical clearance from the Institutional Ethics Committee. Informed consent was taken from each individual participating in the study after assuring confidentiality and anonymity of the information.

**Data management and statistical analysis:**

The average scores of items loading to the factors of job satisfaction questionnaire were computed to construct factor scores for each individual. Individual items were used to perform a two stage cluster analysis to identify groups of study population who were homogenous within themselves, but heterogeneous with each other, regarding their job satisfaction. Before the cluster analysis, the presence of outliers, collinearity among variables and the adequacy of sample size were examined. Preliminary analyses showed that there was no violation of assumptions which might cause a poor representation of the clusters. Using log-likelihood distance measure, a two cluster solution was retained. Cluster with higher mean scores was labelled as ‘satisfied’ and other as ‘not satisfied’.

Binary logistic regression was used for comparison of predictors of job satisfaction. IBM Statistical Package for the Social Sciences (SPSS) version 20 was used in all the analysis. p value <0.05 was considered significant.

**Results**

Of all the 290 individuals handed over the questionnaires, only 269 returned them and of these 14 were found to be incomplete. Therefore, 255 questionnaires were finally included for analysis.

**Background characteristics**

The mean age of the participants was 43.31 ± 8.84 years, 82% were married and the males (73.3%) outnumbered the females (26.7%). 69.4% of the study population had work experience of more than 5 years and 35.3% were staying at the current place of posting of more than 5 years. Furthermore, doctors from clinical departments comprised of 65.5% of the study population and 82% had any post graduate degree or diploma in addition to the basic MBBS degree. The median time spent in the present designation was 30 (Range: 6 to 312) months.

When the different domains of job satisfaction were analyzed, it was found that the participants were more satisfied in domains of interpersonal relation and cooperation (3.42), human resource issues, working environment, patient relationship and privileges attached with job but less satisfied in the domains of career development and organization facilities (2.45). [Table 1]

After performing two stage cluster analysis, the proportion of job satisfaction was found to be 59.6% in the study population [Fig. 1]. The most important predictor was found to be working space. The quality of cluster solution was fair (average silhouette= 0.2).

**Predictors of job satisfaction [Table 2]**

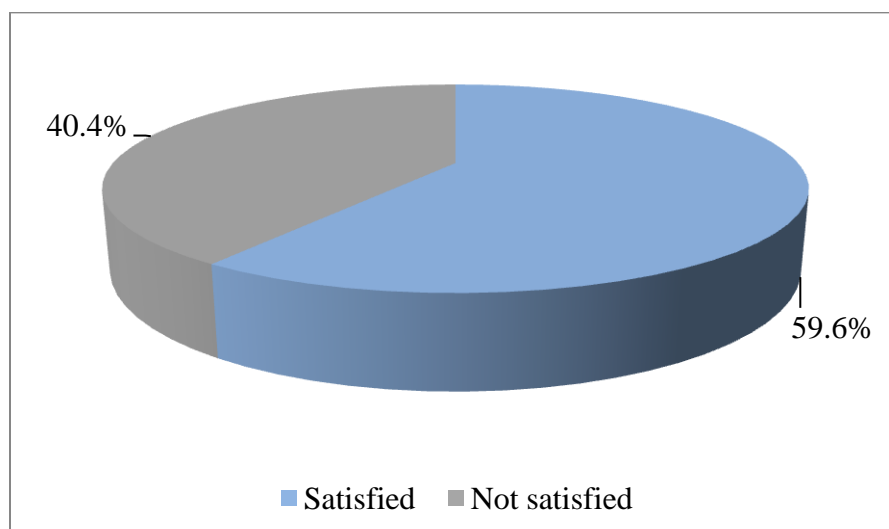
On adjustment, the odds of job satisfaction were significantly higher in the older age groups. Higher odds were also found among males, doctors posted in preclinical or paraclinical departments and those staying in present setting for 5 years or more. Doctors with post graduate diploma or degree were found to be less satisfied than their less qualified counterparts.

**Table 1: Domains and factors of job satisfaction n=255**

	Mean	SD
<b>Domain 1: Privileges attached with job</b>	2.84	0.58
• Pension benefits	3.20	.883
• Housing loan facility	3.11	.820
• Provident fund/gratuity provisions	3.47	.797
• Children education assistance	2.43	.977
• Maternity and paternity benefits	2.88	1.009
• Residential accommodation facility	2.54	1.104
• Salary and allowances	2.28	1.129
• Conveyance reimbursement facility	2.17	1.051
• Leave provisions	3.49	.975
<b>Domain 2: Interpersonal relation and cooperation</b>	3.42	0.74
• Appreciation of work by seniors	3.46	1.022
• Encouragement I get for the well-accomplished job	3.26	1.099
• Openness in the relationship amongst employees	3.57	1.036
• Support I get from my boss for family related problems/issues	3.58	.931
• Senior’s attitude toward the juniors	3.58	.922
• The way subordinates respect my authority	3.45	1.021

• Working with co-workers	3.78	.844
• Supervision by seniors	3.30	1.100
• The way discipline is imposed	2.87	1.154
<b>Domain 3: Working environment</b>	2.97	0.62
• Job security	3.38	1.015
• Degree of independence associated with my work roles	3.42	.947
• Retirement age for health care personnel's in the organization	2.83	1.188
• Keeping all parameters into consideration overall satisfaction for working	2.97	1.083
• Facility of electricity	3.33	.901
• The way insecurity is created about job among staff	2.76	.781
• Number of staff deployed/available in the health facility	2.24	.993
• Working environment	2.87	1.139
<b>Domain 4: Patient relationship</b>	2.95	0.66
• Demand from the patients	3.24	.872
• Behavior of the patients toward staff	3.32	.975
• Facilities like supply of essential items/logistics required to run the health facility	2.54	1.078
• Quality of care in the health facility	2.61	1.021
• Implementation of health programs in the health facility	3.04	.932
<b>Domain 5: Organization facilities</b>	2.45	1.05
• Working space	2.80	1.190
• Drinking water facility	2.22	1.161
• Tea and coffee facility	2.08	1.089
• Cooling facility in the summer	2.16	1.080
• Physical working conditions of health facility	2.46	1.142
• Location of health facility	3.04	1.079
• Heating facility in summer	2.21	1.021
<b>Domain 6: Career development</b>	2.54	0.96
• Chance of learning new skills I get in the present job	2.74	1.221
• Provision of training	2.65	1.194
• Chance of getting official trainings for skill development outside the city/country	2.24	1.046
• Career growth and promotions	2.53	1.107
<b>Domain 7: Human resource issues</b>	2.97	0.74
• Transparency in recruitment/selection of the staff	2.60	.999
• Time taken in the process of recruitment/selection for the staff	2.47	1.042
• Time spent reaching the health facility	3.13	1.030
• Instructions about the job	2.95	1.006
• Workload at working place	3.18	1.197
• Working hours	3.41	1.049
• Family and work balance	3.10	1.244

**Figure 1: Proportion of job satisfaction among the study population (n=255)**



**Table 2: Age specific incidence of five major cancers per 100,000 in males in Nepal, 2012**

Variable	Job satisfaction (%)	Total	AOR (95% CI)
<b>Age group</b>			
Less than 40 years	56 (54.9%)	102 (40.0)	1
40 years and above	96 (62.7%)	153 (60.0)	2.815 (1.135 - 6.984)
<b>Gender</b>			
Male	110 (58.8%)	187 (73.3)	1
Female	42 (61.8%)	68 (26.7)	0.786 (0.418 - 1.475)
<b>Length of service</b>			
5 years or less	46 (59.0%)	78 (30.6)	1
More than 5 years	106 (59.9%)	177 (69.4)	0.447 (0.174 - 1.143)
<b>Stay in present setting</b>			
5 years or less	94 (57.0%)	165 (64.7)	1
More than 5 years	58 (64.4%)	90 (35.3)	1.268 (0.629 - 2.557)
<b>Discipline</b>			
Pre-clinical and Para-clinical	70 (79.5%)	88 (34.5)	1
Clinical	82 (49.1%)	167 (65.5)	0.203 (0.107 - 0.386)

### Stays with family

<b>Yes</b>	104 (61.5%)	169 (66.3)	1
<b>No</b>	48 (55.8%)	86 (33.7)	0.675 (0.371 - 1.228)
<b>Having any post graduate degree/diploma</b>			
<b>Yes</b>	120 (57.4%)	209 (82.0)	1
<b>No</b>	32 (69.6%)	46 (18.0)	1.611 (0.769 - 3.377)
<b>Total</b>	<b>152 (59.6%)</b>	<b>255 (100.0)</b>	

## Discussion:

### *Job satisfaction*

Job satisfaction among doctors is of major concern as it directly affects patient safety and health service quality [17]. In the present study, more than half of the participants were satisfied with their job. The findings were quite similar to the studies done among doctors of Chandigarh [18] and Delhi [19]. However, in a study among physicians of Armed Forces Medical College, Pune the proportion of job satisfaction was 40% [20]. One reason for this seeming disparity may be because of the use of diverse instruments for measuring job satisfaction.

Studies done in developing and developed countries have shown difference in job satisfaction. In a study covering ten nations of the European Union, it was found that only a quarter of the doctors were dissatisfied [21]. On the other hand, studies done in Karachi [22] and Srilanka [23] have shown the proportion of satisfied doctors to be 32% and 43.6% respectively. This may be due to the perks and privileges attached to the job, mainly salary, in the developed countries.

### *Predictors of job satisfaction*

Whilst job satisfaction contains some universal dimensions, it is also affected by several predictors that vary across worker groups and settings.

#### *Age*

Increasing age was found to be associated with higher levels of satisfaction. A longitudinal study among Norwegian doctors by Nylenna et al showed positive correlation with age (job satisfaction better with growing age) [24]. This may be attributed to fact that as age increases, expectations decrease and are replaced by gradual acceptance of the situation and adaptation [25]. In contrast, younger age is associated with restlessness and increased expectations from the job, which if not met may result in dissatisfaction.

#### *Gender*

As in other studies, females were found to be more satisfied than their male colleagues [19, 26, 27]. Male dominated

societies, like India, dictate women to be in a more subservient position, may be the reason for this observation. Women are more resigned to their fate and their expectations are lower than that of males.

#### *Length of service*

Like studies done in non-medical sector, the present study revealed a positive correlation between length of service and job satisfaction. Length of service is an important predictor of job satisfaction as individuals who are satisfied with their jobs will be less likely to leave the organization as length of service increases [28, 29].

#### *Specialities*

In terms of specialities, it was seen that the doctors in specialities which require round the clock patient services are less satisfied than their colleagues deployed in non-clinical specialities. This can be attributed to irregular work hours and uncontrollable lifestyle [30, 31].

#### *Post graduate qualification*

Similar to the findings of the present study, NirupamaMadaan found that doctors with post graduation were less satisfied than their less qualified colleagues [19]. A study among Kuwaiti nursing personnel showed that a higher level of education qualification has an invasive relationship with job satisfaction [32]. The reason for this may be that higher qualified individuals have greater expectations from their job, the limited opportunities of which may lead to dissatisfaction.

## Conclusion

Though more than half of the study population of doctors were satisfied with their present job, it becomes quite certain that some areas were commonly associated with dis-satisfaction; workplace and income being the frontrunners. These should elicit concern from policy makers since they appear to be in critical areas of patient care.

### Limitations of the study

The limitations of this study are its cross-sectional design, and its use of self-reporting questionnaires, which rely on the honesty of the individuals completing them. In addition, there may be a possibility of sampling bias, where people who chose to return the questionnaire might have been attitudinally different compared with those who chose not to return the questionnaire. Moreover, study would have been more generalizable if both private sector and Government sector from teaching hospital and non-teaching hospital were included in sample selection

### Future scope of the study:

Longitudinal studies depicting the development of satisfaction or dissatisfaction over time in the doctors would enrich the system and the policy makers so that corrective actions, if any, may be taken timely.

### What is already known on this topic:

Many studies have been conducted in different parts of the world showing that doctors tend to be dissatisfied than their other colleagues, especially in the recent past. The factors contributing to this may be manifold.

### What this study adds:

The findings of the study indicate that more than half of the doctors were satisfied with their current job. The areas of dissatisfaction could be emphasized to the policy makers who can implement newer operational strategies through which they can increase satisfaction level.

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### Author's contributions:

SB, KR, JKR: made substantial contributions to the conception or design of the work; the acquisition, analysis, interpretation of data for the work. AM, HR, SD helped in drafting the work or revising it critically for important intellectual content.

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### Conflict of interest:

The authors hereby announce that they have no conflict of interest arising from the study.

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Nil

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