

Job satisfaction amongst Nigerian ophthalmologists: an exploratory study

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Aim: This study aimed to assess job satisfaction amongst Nigerian ophthalmologists.

Methods: The study was conducted during the annual congress of the Ophthalmological Society of Nigeria in September 2008. One hundred and ten ophthalmologists were selected by simple random sampling and asked to complete a structured questionnaire.

Results: The response rate was 73%. The resulting sample comprised of 48 consultants (60%), four diplomates (5%), and 28 residents (35%). Most respondents 62 (78.5%) were satisfied with their job as ophthalmologists and 17 (21.5%) were not satisfied. Only 12 (15.4%) were satisfied with their remuneration and 42 (53.2%) were satisfied with their skill. Most respondents (75.6%) expressed readiness to pursue a career in ophthalmology if they were to make a choice again.

Conclusion: Most respondents were satisfied with their job, but only minorities were satisfied with their remuneration. Therefore, there is a need to address the issue of enhancement of remuneration for ophthalmologists in Nigeria.

Keywords: *ophthalmologists; job satisfaction; Nigeria*

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Job satisfaction describes how content an individual is with his/her job. The efficiency of an organization depends largely on the morale of the employees (1). Research suggests that job satisfaction and job performance are positively correlated (2). Job satisfaction and morale of medical practitioners is of concern worldwide (3–5). Satisfied workers usually perform well, they also have a reduced level of absenteeism and voluntary turnover (defined as employees who leave an organization at their own discretion) (6–8). It has been shown that institutional effectiveness is hindered when turnover decreases job performance (9). The cost of recruiting and training new employees increases when turnover is high (10).

Physicians' dissatisfaction with their job may have a significant public health implication (11), as it may adversely affect clinical management of patients (12–14). If prolonged, dissatisfaction may result in health problems for the physicians (15). Lewis and co-workers reported that physicians who are satisfied with their work are likely to report high satisfaction in their marriages and fewer psychiatric symptoms (16). It has been reported that

physicians' satisfaction is correlated with general life satisfaction (17). This correlation is reciprocal, as people who are satisfied with life tend to be satisfied with their job and those that are satisfied with their job tend to be satisfied with life.

Ophthalmology combines intellectual aspects of diagnosis with the opportunity to perform minor and major procedures (18). Ophthalmology has undergone substantial changes due to technological and therapeutic advances (19). These advances offer ophthalmologists a wide range of clinical and research opportunities. In view of the strong correlation between job satisfaction and productivity, this study was designed to assess job satisfaction of Nigerian ophthalmologists. We hope that the results of this study will guide policy makers in boosting job satisfaction of Nigerian ophthalmologists, which would have a positive effect on patient's care.

Methods

This study was conducted during the annual congress and scientific meeting of the Ophthalmological Society of Nigeria, which took place at the Obafemi Awolowo,

University, Ile-Ife, Osun State, South-Western Nigeria from 14th to 18th September 2008. Two hundred and eight Nigerian ophthalmologists and ophthalmologists in training attended the meeting. One hundred and ten, selected by simple random sampling, were asked to participate in the study by completing a structured questionnaire. We used a questionnaire developed from the one we used in a previous study on job satisfaction of medical practitioners in Owo (20). Informed consent was obtained from each respondent. Information obtained included age, sex, religion and tribe, as well as overall job satisfaction and satisfaction with remuneration, career prospects, workload, research opportunities, colleagues, supervisors, facilities at the work place, and patients. We used a dichotomized scale in which the respondents expressed their satisfaction or dissatisfaction with different aspects of their job. The data was analyzed using Statistical Package for Social Sciences (SPSS) version 12.0.1. Cross-tabulation was done using the chi-square test. $P \leq 0.05$ was considered statistically significant.

Results

A total of 80 filled questionnaires were retrieved out of 110 administered, giving a response rate of 73%. The 80 respondents comprised of 34 males (42.5%) and 46 females (57.5%). The ages of the respondents ranged from 28 to 59 years with a mean of 42.8 ± 8 years. Forty-eight were consultants (60%), four were diplomates (5%), and 28 were residents (35%). Most of the respondents (71, 88.8%) were married, eight (10%) were single, and one (1.3%) was widowed.

Thirty-eight respondents (47.5%) were Yorubas, 20 were Ibos (25%), one was Hausa (1.3%), and the remaining 21 (26.3%) were from other ethnic groups. Most respondents (70, 87.5%) were Christians and the rest were Muslims.

Overall job satisfaction

Most respondents 62 (78.5%) were satisfied with their job and the remaining 17 (21.5%) were not satisfied. One person did not respond to this question.

Satisfaction with remuneration

A minority of the respondents (12, 15.4%) were satisfied with their remuneration but most of them (66, 84.6%) were not. The clinical grade of the respondents did not significantly affect their satisfaction with remuneration ($p = 0.45$). The satisfaction of the respondents with certain aspects of their jobs is shown in Table 1.

Satisfaction with skill

About half of the respondents were satisfied with their skill (42, 53.2%) while 37 (46.8%) were dissatisfied. The status of the respondents significantly affected their satisfaction with their skill ($p = 0.049$): the higher their

Table 1. Satisfaction of the respondents with certain aspects of their job

	Aspects of the job satisfied (Freq./%)	Dissatisfied (Freq./%)
Patients	75 (94.9)	4 (5.1)
Workload	37 (46.8)	42 (53.2)
Career prospects	59 (78.7)	16 (21.3)
Colleagues	59 (78.7)	16 (21.3)
Supervisors	36 (57.1)	27 (42.9)
Facilities at work	23 (28.8)	57 (71.2)

status, the more satisfied they were with their skill (Table 2).

Satisfaction with research opportunities

Half of the respondents (40, 51.3%) were dissatisfied, while 38 respondents (48.7%) were satisfied, and two did not respond to this question. The status of the respondents significantly affected their satisfaction with research opportunities ($p = 0.042$): the higher their status, the more satisfied they were with research opportunities (Table 3).

Desire to specialize in ophthalmology if given another opportunity to make a career choice

Most respondents (59, 75.6%) would again choose ophthalmology if they were to make another choice, whereas 19 (24.4%) would choose another specialty.

Discussion

The age range of the respondents is in keeping with what is expected of the active workforce that they belong to. This dynamic work force, if effectively utilized will go a long way in the efforts geared at providing quality health care to the populace. It was also not surprising that most respondents belonged to the Yoruba ethnic group because the conference took place in a Yoruba community, which means that it was easier for ophthalmologists in South-Western Nigeria to attend. The study population

Table 2. Cross-tabulation of status of the respondents with satisfaction with skill

	Respondents' status		Satisfaction with skill	Total
	Yes	No		
Consultants	27	20		47
Diplomates	4	–		4
Residents	11	17		18
Total	42	37		79

Table 3. Cross-tabulation of status of respondents with research opportunities

	Satisfaction with research opportunities		Total
	Respondents' status		
	Yes	No	
Consultant	24	22	46
Diplomates	4	–	4
Residents	10	18	28
Total	38	40	78

included all the cadres of doctors involved in ophthalmic practice in Nigeria, thereby helping to reduce cadre-related bias.

Most respondents were satisfied with their job. This finding is consistent with several studies conducted in developed countries. A study of Canadian physicians reported an overall job satisfaction of 75.5% (21), and in the USA obstetrician – overall job satisfaction of gynecologists and ophthalmologist was reported to be 74% (22) and 81% (23), respectively. British medical practitioners gave a mean score of 19.5 on a job satisfaction scale of 5–25 (24), an Australian study reported a mean score of 5.66 out of seven (25), and a Lithuanian paper reported an overall job satisfaction mean score of 4.06 out of five (26). Noteworthy, however, is that we observed a higher level of job satisfaction than reported by others in Nigeria. One Nigerian study showed an overall job satisfaction of 57.5% among medical practitioners (20), and another reported that 30% of the respondents in Benin City were either very satisfied or satisfied with their job (27). The relatively high level of job satisfaction among the respondents in our study could be due to our sampling ophthalmologists who were attending the annual congress of the Ophthalmological Society of Nigeria, who might be more committed to their profession and are thus likely to be more satisfied with their job than those who chose not to attend.

Previous studies have reported that pay is a major determinant of job satisfaction. Chaudhury and co-workers reported that inadequate pay and allowance was mentioned by 48.7% of their respondents (1). Ghazali and colleagues also reported that 56% of their respondents were not satisfied with their income in Pakistan (28). In another Nigerian study, 53.7% of the respondents were either strongly dissatisfied or dissatisfied with their remuneration (20). A study of American physicians revealed that those earning from \$250,000 to \$299,999 a year were more likely to be content with their medical career than those earning half as much (29). Therefore it is not surprising that most respondents in this study were not satisfied with their remuneration.

Another factor that may contribute to our results is the failure of the Federal Government of Nigeria to respond to the demands of medical practitioners to introduce a physician salary scale. This finding emphasizes the need for the government to look at this issue in order to increase the satisfaction of the Nigerian doctors which in turn will have a positive affect on patient's care. Most respondents were satisfied with their career prospects. Policy makers should build on this by enhancing the working conditions of Nigerian ophthalmologists. Most respondents were also satisfied with their colleagues, and this should be sustained and even improved upon. The Ophthalmological Society of Nigeria should also arrange meetings among ophthalmologists in different regions in Nigeria so as to promote cohesion among them. It is notable that most respondents were satisfied with their patients as well, and it is likely that the reverse is also true. This is supported by the finding of Omolase et al. in Owo, Nigeria, in which most patients interviewed were satisfied with services rendered at the eye clinic (30).

The use of self-reporting questionnaires in this study is a limitation of the study as questionnaires may not adequately reflect the complex aspects of work environment. Thus there may be need to validate these findings using qualitative study design in future studies on job satisfaction among Nigerian ophthalmologists. The relatively small sample size is also a limitation of this study and further studies with larger sample size should be considered.

In conclusion, most respondents were satisfied with their job, but most were dissatisfied with their remuneration. The issue of satisfaction with remuneration needs to be addressed further in studies using large representative samples and including other medical specialists.

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