

Physicians' Job Satisfaction and its Correlates in a Tertiary Medical Care Center, Riyadh, Saudi Arabia

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ABSTRACT

Objectives: To measure the degree of job satisfaction among physicians working in a Tertiary Care Hospital and to identify background and work environment characteristics that affect overall and differential job satisfaction.

Subjects and Methods: This is a cross-sectional study of 340 physicians selected from a Tertiary Care Center using a stratified random sample with proportional allocation using a self-administered questionnaire with the 5-point Likert scale. From the 340 physicians requested to participate in the study, 217 (63.8%) completed the questionnaire. Descriptive statistics were used appropriately, including mean \pm standard deviation for the quantitative variables, while frequency and percentages were used for the qualitative variables. ANOVA, *t*-test, and Chi-square were used as necessary to determine if there are any significant relationships between satisfaction scores and the predictor variables.

Results: A total of 217 physicians (males 75.6% females 24.4%) completed the questionnaire. Of this total, 52.5% were non-Saudis. The overall perceived satisfaction as measured by one question was 3.42 points out of 5 (68.4%) significantly lower than the overall satisfaction which took in consideration all variables 3.67 points (73.4%). Mean satisfaction scores were significantly negatively related to the number of children ($P < 0.001$) the physicians had, but positively correlated to stipend, duration of vacation leave, sick leave policy, health coverage for the employee and family, overall benefits package, involvement in academic work, and involvement in research work ($P < 0.001$).

Conclusion: The working environment and policies of an organization play important roles in the satisfaction of its physicians. Boosting physician satisfaction is important for both the success of a Tertiary Care Center and for the high quality services offered to patients.

Key words: Job satisfaction, physicians, Saudi Arabia, Tertiary Care Centers

ملخص البحث :

هذه دراسة مقطعية لقياس مدى الرضاء الوظيفي لأطباء يعملون في إحدى المدن الطبية بمدينة الرياض بالمملكة العربية السعودية. اشترك في هذه الدراسة 340 طبيباً وطبيبة وأجاب 217 منهم إجابات كاملة. بلغت درجة الرضاء الوظيفي المنبئية على متغير واحد أكثر من 68% مقارنة بأكثر من 73% لدرجة رضاء أخذت في الحسبان كل المتغيرات. أوضحت الدراسة أهمية الرضاء الوظيفي للأطباء في رفع كفاءة المدينة الطبية والذي ينعكس على الخدمة المقدمة للمرضى. وبينت الدراسة أن أنظمة العمل بالمدينة الطبية مثل الإجازات العادية والمرضية والاشتراك بالتدريس وكذلك إتاحة الفرصة للأطباء للقيام بالأبحاث تلعب دوراً معنوياً في الارتقاء بمستوى رضائهم الوظيفي.

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INTRODUCTION

Retaining talented and satisfied physicians in tertiary health care facilities, such as King Fahad Medical City (KFMC), Riyadh, is a constant challenge. This is due to the acute shortage of experienced and talented physicians in Saudi Arabia and the fierce competition with other organizations. Approximately one-third of a human's adult life is spent in the workplace. Work bestows a personal identity, self-actualization, and social image.^[1-3] A satisfied worker is more likely to be creative, productive, and loyal to an organization with fewer complaints, lower absenteeism and termination rates.^[1-3] Different instruments have been developed to measure job satisfaction. Some of these instruments are single-item measures, while others have a varying number of items and dimensions.^[2] Several studies have addressed physician satisfaction and associated factors, which include both physician and job factors.^[2,4] Reports have suggested that physician satisfaction has decreased in recent years due to the amount of time a physician spends with individual patients, personal autonomy, and the time available for family and personal life.^[4]

Several international studies have revealed that a significant number of physicians are not satisfied with their job and the associated working conditions.^[2,5-7] Physician satisfaction studies in Saudi Arabia and other Gulf countries are scarce and many concentrated on the nursing profession or general practitioners in primary care facilities.^[8-10] This study attempts to address physician satisfaction, and its correlates and predictors of high and low satisfaction levels to provide information on the organization's health and areas of dissatisfaction. This will support intervention strategies to boost the level of job satisfaction and retain experienced and talented physicians. In general, the more satisfied a physician, is the greater the patient's satisfaction. Other benefits include a reduction in physician turnover and a reduction in training costs.^[1-6] The objectives of this study were to measure the degree of job satisfaction among physicians working in a Tertiary Care Hospital in each job rank and identify background and work environment characteristics that affect overall and differential job satisfaction.

SUBJECTS AND METHODS

This is a cross-sectional study, conducted in 2013, of all physicians working in KFMC, a major Tertiary Care Hospital in Riyadh, Saudi Arabia. Assuming a response rate of 80%, a margin of error of 5% and confidence level of 95%, the minimum sample size was calculated

to be 340 physicians. A stratified random sample with a proportional allocation from all physicians working in this facility was included. This sample was proportional according the rank (consultants, associate consultants, assistant consultants, residents) and to the different hospitals and centers in KFMC. A self-administered questionnaire with clear instructions was distributed to the selected physicians who participated in the study. The questionnaire contained demographic variables, job rank, and 40 statements measured on a 5-point Likert scale to measure the physicians' satisfaction.

Prior to distribution, the questionnaire was reviewed by three experts in the fields of Community medicine, Ethics and Human Resources for internal validity. On the recommendations of the experts, four of the items were amended and subsequently verified by the experts. Prior to conducting the actual study, a pilot study was conducted of 30 physicians. The analysis of the data from the pilot study was excluded from the final analysis. The reliability of the questionnaire was tested using Cronbach's alpha (α) and it was $\alpha = 81.3\%$, which indicates a high level of reliability.

Institutional Review Board (IRB) approval and informed written consent from all participants were obtained.

The collected data were entered in a SPSS File - Version 17 by Chicago: SPSS Inc. for analysis. Descriptive statistics, that is, mean score \pm its standard deviation for each quantitative variable was calculated. Inferential statistics, that is, *t*-test, one-way ANOVA with Scheffe's method for comparison and Chi-square test were used appropriately to determine whether there was any significant relationship between the satisfaction score and the predictor variables. Pearson product moment correlation (*r*) was used to find if there is any linear correlation between physician satisfaction scores and some related variables. $P < 0.05$ was used throughout the study.

RESULTS

From the 340 physicians who were requested to participate in the study, 217 completed the self-administered questionnaire (63.8%). The mean age of the participants was 38.95 ± 9.7 years. The majority of the physicians were males 164 (75.6%), married 171 (78.8%), living with their families in Saudi Arabia 173 (79.7%), non-Saudis 114 (52.5%), had their undergraduate medical education from Middle Eastern medical schools 88 (62.9%), and had completed their graduate studies in North America or Canada 48 (28.7%) [Table 1].

Table 2 shows certain working characteristics for the participating physicians. It shows that 75 (34.7%) were consultants, 179 had regular working hours (85.8%), 157 (72.4%) were involved in academic work. With a mean percentage of 4.25 ± 2.9 years, involvement in research work 107(49.3%) with a mean percentage of 15.76 ± 13.2 , and with mean hours for involvement in administrative work was $27.36 + 21.9\%$ of the total working hours.

The overall perceived satisfaction, as measured by one question, was 3.42 points out of 5 (68.4%), which was significantly lower than the overall satisfaction which took into consideration all variables 3.67 points (73.4%). Table 3 presents the difference of mean satisfaction scores according to selected job-related variables. There was no significant difference in the mean satisfaction scores with respect to each job category and where the participant completed his or her under or postgraduate studies. Physicians' satisfaction scores were significantly positively correlated with self-reported overall satisfaction

($r = 0.743$, $P < 0.001$) but significantly negatively correlated with the number of children the physician has ($r = -0.25$, $P < 0.001$). There was no significant correlation between physicians' satisfaction scores related to age and the duration spent in the current recent job [Table 4]. Table 5 shows that those who worked regular hours, had academic responsibilities, and involved in research work were significantly more satisfied than other physicians who were not involved in these activities ($P < 0.001$). The study results showed a significant relationship between the physicians' satisfaction scores and work environment policies, such as duration of vacation leave, sick leave policy, health coverage to the participant and his family, retirement plan benefits (for Saudis), disability benefits, and the overall benefits package ($P < 0.001$). The physicians' stipend was significantly related to the level of job satisfaction ($P < 0.001$) [Table 6].

DISCUSSION

From the 340 physicians requested to participate in the study, 217 (63.8%) completed the questionnaire, which is comparable to other studies.^[1, 3] The acceptable response rate may indicate the importance of job satisfaction for physicians in this center. The overall perceived satisfaction as measured by one question was 3.42 points out of 5 (68.4%) significantly lower than the overall satisfaction which took in consideration all variables 3.67 points (73.4%). Satisfaction studies have reported disparities between perceived satisfaction scores and calculated satisfaction scores. Sometimes, the perceived satisfaction score may be high, but many individual items may reveal considerable dissatisfaction. Therefore, it is preferable to consider both factors. The overall satisfaction rate for physicians included in this study is 73.4%, which is comparable to the satisfaction level among physicians in tertiary health care centers.^[11]

Much lower satisfaction rates were reported by other studies from developed and developing countries among physicians working in Tertiary Care Centers. Studies conducted in health institutes in Norway, India, and Pakistan indicated that approximately half of the Norwegian and Indian physicians were satisfied, compared to approximately a third of the Pakistani physicians.^[12-14] We have to note that job satisfaction is a complex function of a number of variables. A person may be satisfied with one or more aspects of his/her job but at the same time may be unhappy with other things related to the job. Variations in overall satisfaction can also be due to different methodologies and satisfaction

Table 1: Sample characteristics

Variable	n (%)
Sex	
Male	164 (75.6)
Female	53 (24.4)
Marital status	
Married	171 (78.8)
Single	36 (16.6)
Divorced	10 (4.6)
Primary Family Housing	
In Saudi Arabia	173 (79.7)
Outside Saudi Arabia	44 (20.3)
Nationality	
Saudi	103 (47.5)
Non-Saudi	114 (52.5)
Undergraduate education	
North America	11 (7.9)
Europe/Australia	5 (3.6)
Asia	30 (21.4)
Africa	6 (4.3)
Middle East	88 (62.9)
Postgraduate education	
North America	48 (28.7)
Europe/Australia	43 (25.7)
Asia	27 (16.2)
Africa	4 (2.4)
Middle East	45 (26.9)
Age (years)	
Mean±SD	38.95±9.7

Table 2: Distribution of the participants according to working environment

Variable	n (%)
Job title	
Consultant	75 (7.9)
Associate Consultant	18 (3.6)
Assistant Consultant	49 (22.6)
Fellow	8 (3.7)
Resident	67 (30.9)
Working hours	
Regular	179 (85.8)
Shift	29 (14.2)
Academic work	
Yes	157 (72.4)
No	60 (27.6)
Involvement in research	
Yes	107 (49.3)
No	110 (50.7)
	Mean±SD Minimum Maximum
Period worked in KFMC	4.25±2.9 1 14
Percent of academic teaching	23.14±19.1 1 95
Percent of research work	15.76±13.2 1 65
Percent of administrative work	27.36±21.9 2 90

SD – Standard deviation; KFMC – King Fahad Medical City

Table 3: Difference among satisfaction scores with the same job-related variable

Variable	F	P
Job categories	0.56	0.69
Undergraduate education	1.15	0.33
Postgraduate education	0.93	0.45

Table 4: Correlation between physicians' calculated satisfaction scores and the same related variable

Variable	r*	P
Reported overall satisfaction	0.743	<0.0001
Period in current job	-0.047	0.52
Number of children in the family	-0.25	<0.0001
Age	0.07	0.32

*Pearson product moment correlation

scales and measurements used. The level of satisfaction was significantly negatively associated with the number of children each physician included in this study had. It may not be the mere number of children which affect the satisfaction rate; other factors such as health or education of children in addition to other marital factors could explain differences in physician job satisfaction. It may also be due to policies related to the payment of educational fees for employees' children.

Other socio-demographics such as age, gender, or educational status were not significantly associated with satisfaction in this study. In line with other studies, our findings did not reveal any differences in the level satisfaction between males and females.^[13-15] In addition, the age of the physician was not significantly associated with the level of satisfaction in this study. Studies elsewhere, showed no or inconsistent association of physician satisfaction with age.^[2,4,16,17] The stipend paid to the physician was a significant predictor of job satisfaction, which is in line with many other studies.^[7,12,18] On the other hand, a study reported that nonmonetary factors are important determinants of doctors' job satisfaction than monetary incentives.^[19,20] No significant association between the satisfaction level and nationality was detected in this study, despite the widely diversified ethnic and cultural origins of physicians working in this center. This is an indication that the physicians in this center are treated fairly irrespective of their nationality. We have to note that socio-demographic characteristics of physicians and their association with job satisfaction can be confounded with other variables including personal perceptions and attitudes toward life itself. No significant differences in the level of satisfaction between the different specialties were found.

Studies conducted in other countries reported that career satisfaction levels varied widely across specialties.^[21,22] High job satisfaction of physicians is an important factor in the retention of physicians and dissatisfied physicians tend to exit the profession. Factors associated with physician's satisfaction are important for physicians themselves, their professional organizations, their employers, in addition to their patients and the community as a whole. Both perceived and calculated satisfaction levels were significantly correlated with the duration of vacation leave, sick leave policy, health coverage to physician and family, disability benefits, and the overall benefits package offered by this center. Studies among different specialties found that the five most significant predictors of satisfaction were sense of accomplishment, creativity, income satisfaction, security, and autonomy.^[4,17] Satisfaction was significantly associated with regular work hours, involvement in research and academic activities. Regular work hours give a physician more freedom in organizing and scheduling family and social obligations, which may result in greater job satisfaction. Involvement in research and academic activities tends to be associated with more prestige and confidence and higher levels

Table 5: Comparison between mean satisfaction scores according to some predicted variables

Variable	Mean \pm SD	t-test	P
Sex			
Male	3.66 \pm 0.65	-0.08	0.94
Female	3.67 \pm 0.56		
Family lives in KSA			
Yes	3.69 \pm 0.64	1.16	0.24
No	3.56 \pm 0.59		
Working hours			
Regular	3.98 \pm 0.65	4.03	<0.001
Shift	3.47 \pm 0.5		
Academic work			
Yes	3.89 \pm 0.64	5.13	<0.001
No	3.4 \pm 0.6		
Research work			
Yes	3.75 \pm 0.66	3.62	<0.001
No	3.44 \pm 0.6		
Marital status			
Single	3.76 \pm 0.6	1.9*	0.15
Married	3.66 \pm 0.6		
Divorced	3.67 \pm 0.4		

*Kruskal–Wallis. SD – Standard deviation; KSA: Kingdom of Saudi Arabia

Table 6: Correlation between physician and work environment policies

Variable	Correlation coefficient r^*	P
Duration of vacation leave	0.302	<0.0001
Sick leave policy	0.342	<0.0001
Health coverage	0.316	<0.0001
Income	0.594	<0.001
Physician and family		
Retirement benefits	0.522	<0.001
Disability benefits	0.491	<0.0001
Overall benefits package	0.566	<0.0001

*Pearson product moment correlation

of job satisfaction. Physician job satisfaction is crucial for physicians, employers, and patients, and in some countries, this has resulted in interventional methods to promote physician well-being and job satisfaction.^[23]

This study revealed that the level of job satisfaction of physicians in this center is acceptable with no significant differences according to socio-demographic, ethnic, or cultural characteristics. Higher satisfaction was associated with the overall package of benefits. Boosting satisfaction levels can be achieved by regular revision and improvement of benefits. Because job satisfaction is crucial for patients' satisfaction and achieving the objectives of the organization, we recommend that job

satisfaction should be monitored regularly for all health care workers and should be tracked as one of the key indicators of the center's performance.

CONCLUSION

The study showed that physician satisfaction is important for both the success of the Tertiary Care Center and for the high quality services offered to patients. The working environment and the policy of the organization, such as the duration of vacation leave, sick leave policy, health coverage to participant and family, retirement plan benefits (for Saudis), disability benefits, overall benefits package, and the physicians' stipend were significantly related to their level of job satisfaction.

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Conflicts of interest

There are no conflicts of interest.

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