

Family medicine academy trainers' satisfaction in King Saud Medical City, Riyadh, Saudi Arabia

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ABSTRACT

Background: The influence of family physicians on the health care system is indisputable. Medical doctors' satisfaction is a critical measure of their wellness which has been negatively associated with physicians' burnout. The satisfaction of physicians is also linked with different health care outcomes. **Objective:** This study aimed to measure the family medicine academy trainers' satisfaction in King Saud Medical City (KSMC), Riyadh, Saudi Arabia. **Materials and Methods:** This cross-sectional study was carried out in 2020 among KSMC trainers in Riyadh, Saudi Arabia. Data were collected by a pretested questionnaire. The data were analyzed by Statistical Package for Social Sciences (SPSS). Percentage and frequency were used to describe the categories. The Chi-square test was used to assess the differences in satisfaction levels among different categories. **Results:** A total of 80 participants were included with a mean age of 40.6 years. Most of the participants were married (86.3%). Furthermore, it was found that 37.5% were extremely satisfied, whereas 3.8% were dissatisfied. Moreover, it was also found that the social level of the trainer was a predictor of their satisfaction, as those with a more stable social life, married or lived with parents, and those who lived together had a significantly higher level of satisfaction. **Conclusion:** Most trainers were satisfied with the training program; however, limitations in tools, resources, and technology represented the most common concern for them.

Keywords: Family medicine, satisfaction, Saudi Arabia, trainers, training

Introduction

Inadequate standards in training and curriculum development might contribute to poor recruitment and retention of physicians in primary health care (PHC).^[1-4] Medical doctors' satisfaction is a critical measure of their wellness,^[5] which has been negatively associated with physicians' burnout,^[5,6] and other health care outcomes.^[6-8] Review of previous literature suggested that trainer satisfaction is likely to be associated with a triad of elements.^[9-15]

There are enormous responsibilities for the academic FM trainers. These responsibilities include training postgraduate trainees, mentoring, providing clinical care, research, participation in quality improvement, and administration roles. It is a huge responsibility to deliver a high-quality service for their patients while fulfilling the training requirements. That is why it is crucial to understand how these trainers perceive their environment and roles to attract, retain, and nurture them for future leadership roles and continued excellence.^[16]

Previous studies done in Saudi Arabia revealed that among the training centers' challenges was the inadequate space for training, like small clinic rooms and inadequate supportive medical services.^[17,18]

These studies concluded that most centers that train FM do not support the training program, which causes conflicts in addition

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to the shortage of trainers. Furthermore, many trainers are loaded with unstable managerial and clinical loads.^[17] They should have enough time in their job to meet their educational responsibilities and execute their role while meeting patient safety with a high quality of care.^[19]

A recent study done in Saudi Arabia in 2020 in the Qassim region revealed that more than 80% of trainees were satisfied with the program director, 79% were satisfied with the training program organization, and 73%–83% were satisfied with supervision and feedback, whereas a lower proportion (63%–68%) was satisfied with evaluations.^[20]

And in 2021, another study observed that 69.7% reported they were satisfied or very satisfied with their jobs (9.1% and 60.6% reported being very satisfied and satisfied, respectively). Of all the statistically significant job satisfaction predictors, six were trainers' rating of their administrative department, one was a health status variable, and two were among burnout rating.^[21]

Thus, this study aimed to investigate the factors associated with high and low satisfaction levels among trainers in King Saud Medical City (KSMC) and also to explore the relationship between satisfaction and deferent sociodemographic factors.

Subjects and Methods

This cross-sectional study was based on a survey and was carried out among KSMC trainers in Riyadh, Saudi Arabia, to assess the level of satisfaction among family medicine (FM) academy trainers in 2020. The study population included all male and female family medicine academy trainers in KSMC.

The total enumeration method was used for including 86 trainers, who agreed to answer the questionnaire in this study. Where a nonprobability sampling technique was employed to collect the data from the participants. A pre-tested, questionnaire was used for data collection. The questionnaire included questions about socio-demographic factors and questions to assess the level of satisfaction among KSMC trainers.

Data were collected according to the questionnaire and were entered in MS Excel 2010, where data were coded and IBM SPSS was used for data analysis. Percentage and frequency were used to describe the categories, and mean and standard deviation was used to describe ongoing data. The Chi-square test was used to assess the differences in satisfaction levels among different categories. The difference was considered significant when *P* value was lower than or equal to 0.05.

The research was conducted after taking approval from Ethics Committee at King Saud Medical City Research Center. Ethical considerations were considered to avoid physical or emotional harm and to ensure confidentiality and privacy of the collected data. A consent form was given to each subject before filling the questionnaire.

Results

In this study, 80 participants were included with a mean age of 40.6 years. Most of the participants were married (86.3%). Moreover, most of the participants were from Al Riyadh (95%) and 73.8% had a family income of more than 20,000 SR. Total 46.3% had been working in KSMC for 3–5 years. Finally, 78.8% indicated that they did not use any medications while those who indicated taking medications included hypoglycemic medications, antihypertensive medications, anticholesterol medications, and thyroid medications. Details are shown in Table 1.

Moreover, considering the social characters of the participants during the study, it was found that 62.5% of them lived with a family, whereas 30% of them lived in private houses. Furthermore, 55% of the participants reported that their parents lived together [Figure 1].

The satisfaction level of participants about the training was also assessed. The results of this assessment described that higher mean scores meant a higher level of satisfaction. It was found that the following statements had the lower level of agreement: (1) I have the tools and resources I need to do my job, (2) The FM department provides the technology, equipment, and resources I need to do my job well, and (3) I am encouraged to explore growth or advancement opportunities. On the other hand, the following states had the highest level of agreement: (1) I agree with the FM department in overall mission, (2) my job gives me the opportunity to learn, and (3) There is good communication from the head of FM department to FM physician [Table 2].

Table 1: Demographic factors of participants (n=80)

Variables	n	%
Age		
25-35	22	27.5%
36-45	41	51.3%
Older than 45	17	21.3%
Marital status		
Single	8	10.0%
Married	69	86.3%
Divorced	3	3.8%
Residence		
Riyadh	76	95.0%
Other	4	5.0%
Family income		
Lower than 15000 SR	6	7.5%
15000-20000 SR	15	18.8%
More than 20000 SR	59	73.8%
How long have you been working here?		
1 year or less	4	5.0%
3-5	37	46.3%
6-9	24	30.0%
More than 10	15	18.8%
Are you using any medications?		
Yes	17	21.3%
No	63	78.8%

Furthermore, the satisfaction level is shown in Figure 2.

Moreover, it was also found that the age of the trainer did not affect his satisfaction level ($P = 0.437$); however, it seemed that older trainers indicated that they were extremely satisfied than younger participants [Figure 3].

Additionally, the relation between sociodemographic factors and level of satisfaction is shown in Table 3.

Discussion

There is a continuous need for well-trained family physicians worldwide to improve health outcomes indicators, and the Kingdom of Saudi Arabia is no exception for this need.^[16] Therefore, FM is going through massive expansions and transformations globally and for effective and safe delivery of primary care services to patients, there is a need for high-quality FM training programs, which indicated a need for further improvement of the current FM training program and need of regular assessment.^[22] Previous studies had concluded that the importance of trainers' opinion in the evaluation of the program is very significant, however, their objectivity in judging is questionable as they might have been biased for their subjects.^[23] Moreover, the supervisors in any training center are usually cooperative with the trainee, seeking and helping them in whatever they need, and this is what encouraged the researcher to conduct this research. Therefore, it is important to evaluate the curriculum of any training program according to trainers need and beliefs, and there should be a regular evaluation of training programs where trainers' opinion is an important factor in evaluating the process of the training program, which reflects their satisfaction and their learning competencies as well as its relevance to their future career.^[24] Therefore, as a part of the training program quality improvement initiative, residents' satisfaction was assessed in Al Riyadh region of KSA.

In the current study, the response rate was 93%, which was lower than the response rate reported by the study of U Rabbani who reported a response rate of 100%^[22] and higher than the response rate reported by Al Helal of 74.8%.^[16] The current results showed that 37.5% of the individuals were extremely satisfied, whereas 3.8% of them were dissatisfied. It is difficult to compare these results with other studies because of using a different tool to assess the satisfaction level however, it could be recognized that there is a high satisfaction level among trainers about training program of FM academy in Al Riyadh. This result was in disagreement with the results of Al Helal who reported that the trainees were dissatisfied with the training program, where there was 35.61% of trainers who were dissatisfied with the training program,^[16] and study of Al Shareef M reported that most of the trainers were neutral in the overall training satisfaction, clinical competencies, and curative care.^[24]

Moreover, it was found that general satisfaction scores of all items ranged between 6.61 and 7.95, which was higher than reported by U Rabbani with a score of 7.61,^[20] a study of Montenegro in

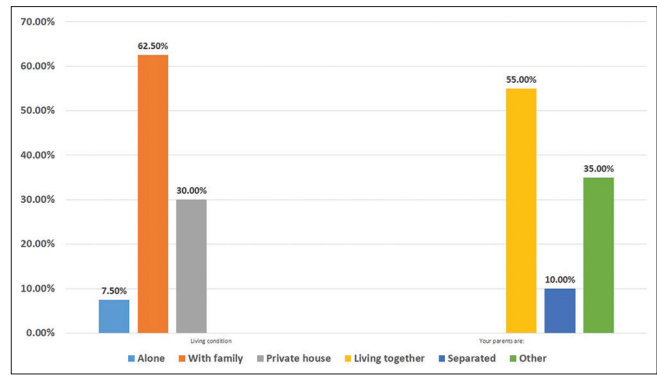


Figure 1: Social characters of the participants

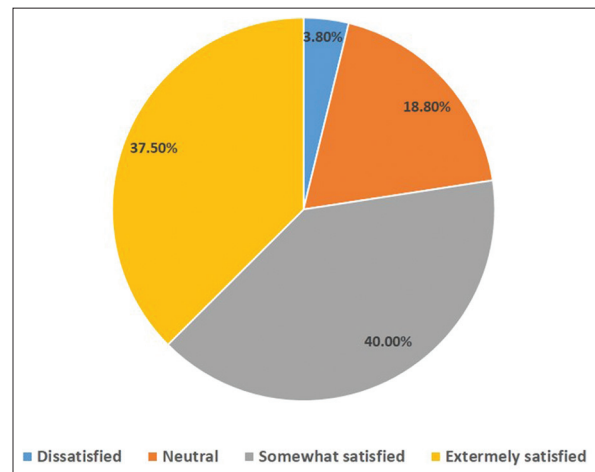


Figure 2: Overall satisfaction of the participants about working in family medicine academy

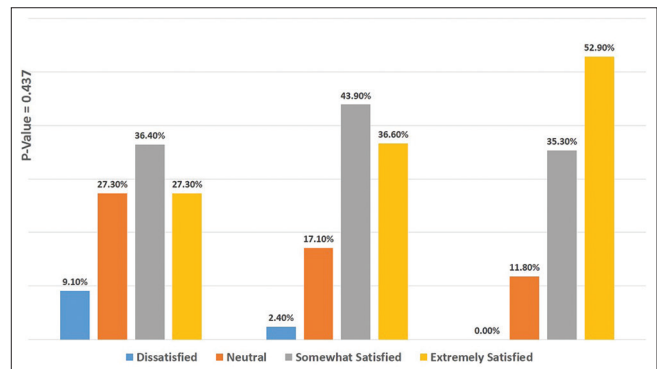


Figure 3: Age and level of satisfaction

which the satisfaction level was 4.1 out of 5^[25] and study in the USA where the satisfaction level was over 50%.^[26]

In the current study, a significant effect of age over the level of satisfaction among participants was not found. This was similar to other studies as the study of U Rabbani did not find a significant difference between basic and advanced level trainers^[20] and the study of Al Helal who did not find a significant difference in terms of the degree of satisfaction between the two genders and also among the four levels of residency.^[16] This lack of

Table 2: Level of satisfaction among participants

Variables	Mean	Standard Deviation
The FM department clearly conveys its mission to all staff:	7.53	2.36
I feel like I am a part of The FM academy in KSMC:	7.54	2.74
There is good communication from the head of FM department to FM physician:	7.64	2.39
People in my department communicate sufficiently with one another:	7.35	2.18
I have the tools and resources I need to do my job:	6.61	2.62
My job gives me the opportunity to learn:	7.70	2.42
The FM department provides the technology, equipment, and resources I need to do my job well	6.50	2.52
I am encouraged to explore growth or advancement opportunities:	6.93	2.45
I feel I am valued FM academy in KSMC:	7.46	2.56
The amount of work expected of me is reasonable:	7.27	2.43
Your possibilities for future career progression at the academy?	7.37	2.42
The vacation time you receive	7.12	2.53
I agree with The FM department in the overall mission	7.95	2.33

*The scale was 1 to 10, higher scores mean a higher level of satisfaction

Table 3: The relation between some demographic factors and level of satisfaction among participants

Variables	Overall, how satisfied are you working in the family medicine academy?									
	Dissatisfied		Neutral		Somewhat Satisfied		Extremely Satisfied		P	
	n	%	n	%	n	%	n	%		
Marital status	Single	2	25.0	3	37.5	3	37.5	0	0.0	0.01*
	Married	1	1.4	12	17.4	27	39.1	29	42.0	
	Divorced	0	0.0	0	0.0	2	66.7	1	33.3	
Residence	Riyadh	3	3.9	15	19.7	31	40.8	27	35.5	0.430
	Other	0	0.0	0	0.0	1	25.0	3	75.0	
Living condition	Alone	1	16.7	2	33.3	2	33.3	1	16.7	0.375
	With family	2	4.0	10	20.0	18	36.0	20	40.0	
	Private house	0	0.0	3	12.5	12	50.0	9	37.5	
Your parents are	Living together	1	2.3	11	25.0	14	31.8	18	40.9	0.04*
	Separated	1	12.5	0	0.0	7	87.5	0	0.0	
	Other	1	3.6	4	14.3	11	39.3	12	42.9	
Family income	Lower than 15000 SR	0	0.0	4	66.7	2	33.3	0	0.0	0.074
	15000-20000 SR	1	6.7	2	13.3	7	46.7	5	33.3	
	More than 20000 SR	2	3.4	9	15.3	23	39.0	25	42.4	
How long have you been working here?	1 year or less	0	0.0	0	0.0	4	100	0	0.0	0.039*
	3-5	2	5.4	12	32.4	13	35.1	10	27.0	
	6-9	1	4.2	3	12.5	9	37.5	11	45.8	
	More than 10	0	0.0	0	0.0	6	40.0	9	60.0	

*Significant at $P < 0.05$

significance could be due to a lack of statistical power to detect smaller differences as the sample size was small. Other possible reasons could be standardized training procedures in the program irrespective of the age of the trainer.

Moreover, it was found that the social level of the trainer could predict his satisfaction as those with a more stable social life, who were married or lived with parents, or who lived together had a significantly higher level of satisfaction. These results were similar to that reported by Al Shareef M, who reported that married were more satisfied than unmarried trainers and concluded that a more stable social life would increase the satisfaction level of trainers.^[24]

Moreover, the current study showed that the training program had some limitations which appeared due to low satisfaction of trainers including that most of the trainers were unsatisfied with

the availability of tools and resources, which they needed to do their job, availability of technology, equipment, and that program would encourage them for exploring growth and advancement opportunities. Therefore, there is a need for improving the current limitations found in this review by providing trainers with resources, tools, and advanced technology which would help them to do their job better. Improving the satisfaction level of trainers, up to different literature reviews, would improve their performance.^[20,25]

However, this study had some limitations including a small sample size, which made the statistical analysis more difficult and less reliable. Therefore, it is recommended to conduct a long-period study that would include trainers of more than one training trial to increase the sample size. Moreover, the study depended on the self-reported questionnaire, which might increase the incidence of personal bias.

In conclusion, it was found that most of the trainers at the FM academy in King Saud Medical City, Riyadh, Saudi Arabia were satisfied with the training program, however, limitations in tools, resources, and technology represented the most common concern for them. The satisfaction level of trainers was associated with their social stability; however, it was not related to their age. We should attempt to boost operating life and therefore the satisfaction of the trainers of the college of family practice by determining multiple structures. Some improvements should be conducted in the training program and the same study design should be conducted in a regular manner for more improvement.

Declaration of Participant(s) consent

The authors certify that they have obtained all appropriate participant consent forms. In the form the participant(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The participant understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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