Research Article

Job Satisfaction among Primary Health Care Physicians in Al-Karkh district, Baghdad

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Abstract

Background: Job satisfaction refers to how well a job provides fulfillment of a need or want or how well it serves as a source or means of enjoyment. It has a potential impact on productivity, absenteeism and turnover among health care employees, and as such it affects employees' organizational commitment and the quality of health care services.
Objective: this study aimed at assessing the level of job satisfaction among primary health care physicians in al-karkh district of baghdad governorate, and to explore the relationship of their personal and job characteristics with job satisfaction.
Methods: A cross sectional study was conducted involving 270 primary health care physicians. Data collection had been done using a self-administered questionnaire which included questions about socio-demographic and professional characteristics of study people, and questions about job satisfaction which were selected from Warr-Cook-Wall job satisfaction scale.
Results: The overall job satisfaction was 35.2%. results showed a significant more satisfaction among older doctors, and those who examine less patients. There was no significant association between job satisfaction and gender, marital status, specialty. physicians were significantly dissatisfied with working environment, rate of pay, management, and working hours. However, they were more satisfied with relationship with their colleagues and opportunity to use their abilities.
Conclusion: the study showed that the overall job satisfaction was much lower than neighboring as well as developed countries. the finding of the study can serve as a road map for health system policymakers for planning and implementing effective policies in order to meet the physicians' needs and so improve quality of primary health care provided to thousands of people every day.

Key words: Job satisfaction, primary health care, Baghdad

INTRODUCTION

The definition of job satisfaction varies from person to person and even for one person from time to time. Job satisfaction is considered as an evaluation that the employee makes of the job and the environment surrounding the job.[1] It is also defined as the feelings an employee has about the job in general.[2] Generally, job satisfaction can be defined as the difference between the amount of rewards workers receive and the amount they believe they should receive.[3]

Research has demonstrated the potential impact of job satisfaction on productivity, absenteeism and turnover among health care employees, and as such it affects employees' organizational commitment and the quality of health care services.[4] The job satisfaction of the primary health care physicians (PHCP) is a critical factor for health systems, because the primary care level is responsible for providing medical care to a greater proportion of the population than any other care level.[5]

Since the introduction of primary health care (PHC) services in Iraq, several studies have been carried out to evaluate different clinical and administrative aspects of PHC activities.[6,7] However, very few studies have been undertaken to assess the level of satisfaction among PHCPs.[8] Based on this background, the present study was carried out to assess the level of job satisfaction among PHCPs in Al-Karkh district, Baghdad governorate, and to explore the relationship of some

personal and job characteristics of PHCPs with their job satisfaction.

PATIENTS AND METHODS

A cross-sectional study was performed between March and April 2013. Data collection had been done using a self-administered questionnaire. out of 325 questionnaires that were distributed to the PHCPs working at the PHC centers (PHCC) in Al-Kakh district, Baghdad governorate, 270 were received at a response rate of 83.08%.

The questionnaire contained 23 items, it included questions about socio-demographic and professional characteristics of study people, and questions about job satisfaction which were selected from Warr-Cook-Wall job satisfaction scale.[9] Participants were asked to rate their response on each item of the job satisfaction scale as satisfied, not satisfied, or neutral. In addition, the questionnaire contains an open question about the physicians' view on the main problems facing their career, and the suggested priorities for improving their job satisfaction.

The statistical package for social sciences (SPSS) software version 20.0 was used for data analysis. A p-value of < 0.05 was considered statistically significant.

RESULT

In this study, a total of 270 PHCPs were enrolled. of them 107 were males (39.6%) and 163 were females (60.4%). the age structure of the participants comprised three categories, the majority were in the age group 35-50 year (56.7%). mean age of the study subjects was 43.9 ± 8.63 years, with a range of 27-63 years. The great majority of the subjects were married 235 (87%). most of the participants were not suffering from any chronic disease 194 (71.9%) (Table 1).

Regarding specialty, the majority of doctors were branch practitioners 127 (47%), while the proportions of general practitioners and specialists were roughly the same (29.6% and 23.3%, respectively). when participants where categorized according to the length of time they worked as PHC doctors, the highest proportion of them was those who work for 10 years or less (63.7%). In this study physicians were classified regarding the number of patients examined per day into three groups, the physicians were distributed almost equally across these groups. When stratifying by part time job in the afternoon hours, it becomes obvious that about half of the participants were not working in the afternoon hours (52.2%), whereas 98 (36.3%) of them were working in their private clinics, and those who had been working in the public clinics were 31 (11.5%). Of the 270 participants, 157 (58.1%) were working in traditional PHCCs, and 113 (41.9%) were working in family medicine centers (Table 2).

With regard to overall job satisfaction, 35.2% of PHCPs reported being satisfied and 33% of them reported being not satisfied, while 31.8% of the participants decided being neutral. The result shows that there was no significant association between overall job satisfaction and participants' gender, marital status, having chronic disease, specialty, length of time worked as PHC doctor and type of the PHCC (Table 1and 2) .

In respect to age, this study showed that job satisfaction increases significantly as the participants' age increases (P=034) (Table 1).

Analysis of the job satisfaction according to the number of the patients examined by the doctors revealed that the satisfaction decreases significantly as the number of the patients increases (P=013). When subjects were classified according to part time job in the afternoon hours, the dissatisfaction was significantly higher among those without part time job (47.5%), followed by those who had worked in the public clinics (45.2%), while the lowest dissatisfaction was reported among doctors who worked in private clinics (8.2%) ($P<0.01$) (Table 2).

Table 3 shows the ten items of the job satisfaction questions selected from Warr-Cook-Wall job satisfaction scale. this study revealed that physicians were significantly dissatisfied with rate of pay (60%), working environment (50.4%), working hours (42.2%), and management (30%). However, they were more satisfied with relationship with their colleagues (64.1%) and opportunity to use their abilities (30.4%).

DISCUSSION

In the present study, 270 PHCPs were asked about their job satisfaction, about one-third of them (35.2%) were satisfied with their job. This is a very low rate if compared to neighboring countries that have similar socio-economic characteristics, such as; Saudi Arabia 47.6%,[10] Iran 59%,[11] Turkey 60%,[12] and Kuwait 61.8%.[13] while in other countries like New Zeeland and UK the rate was even higher.[14,15] However, this result conforms to that reported in a study carried out in Erbil city, Kurdistan region, Iraq, which showed a job satisfaction rate of 33.3%.[8] data showed a significant association between overall satisfaction and physician's age. This was consistent with other studies done in other countries, which showed that older doctors are more generally satisfied with their job than younger doctors.[15]

Table 1. Sociodemographic characteristics and overall satisfaction.

characteristic		Satisfied	Neutral	Not satisfied	Total	p-value	DF	X^2
Gender	Male	35 (32.7%)	34 (31.8%)	38 (35.5%)	107 (100.0%)	NS	2	0.66
	Female	60 (36.8%)	52 (31.9%)	51 (31.3%)	163 (100.0%)			
Age	<35	13 (23.2%)	22 (39.3%)	21 (37.5%)	56 (100.0%)	0.034	4	10.43
	35-50	51 (33.3%)	50 (32.7%)	52 (34.0%)	153 (100.0%)			
	>50	31 (50.8%)	14 (23.0%)	16 (26.2%)	61 (100.0%)			
Marital status	Married	83 (35.3%)	79 (33.6%)	73 (31.1%)	235 (100.0%)	NS	2	3.76
	Not married	12 (34.3%)	7 (20.0%)	16 (45.7%)	35 (100.0%)			
Chronic disease	Yes	19 (25.0%)	29 (38.2%)	28 (36.8%)	76 (100.0%)	NS	2	4.92
	No	76 (39.2%)	57 (29.4%)	61 (31.4%)	194 (100.0%)			
Total		95 (35.2%)	86 (31.8%)	89 (33.0%)	270 (100.0%)			

It is possible that the young physicians have greater demands and, as age advances, the possibility to adapt increases. Moreover the younger physicians usually have to stay a year or two until they have the chance to apply for higher degree, while older doctors usually have lost hope for further career development so they have to satisfy themselves with what they have.[16]

The study showed that there was no significant association between doctors' specialty and overall satisfaction. This can be attributed to the similarity of working conditions for all primary care physicians.

The study demonstrated that increasing patient load had a significant negative impact on physicians' job satisfaction. this result is similar to that reported in some other studies, such as a survey conducted in Qatar.[17]

Several noteworthy points emerged from this study. First, a person can be relatively satisfied with some aspect of his or her job and dissatisfied with others, either because they fail to fulfill his or her needs and values or because they do not meet his or her expectations. Second, there is a clear need for improving rate of pay, working environment, hours of work, and management in the future as there was clearly dissatisfaction with these aspects.

Majority of studies discuss the importance of financial incentives on the health care workers' job satisfaction. It is one of the major retention factors of human resources. In the present study, we found the greatest dissatisfaction lay in payments. This finding is similar to those of other studies.[12,18] Naturally, personnel are sensitive to salary issues because of their impact on living standards and providing a sense of security.[19]

Working conditions in this study was one of the lowest rated aspects contributing to the PHCPs' job satisfaction. Working conditions must be suitable for personnel needs, their expectations and aspirations. This is important because working conditions and factors that affect them are the most important issues affecting productivity. In contrast, poor working conditions could cause physiological and psychological stress.[19].

Table 2. Professional characteristics and overall satisfaction

characteristic		Satisfied	Neutral	Not satisfied	Total	p-value	DF	X^2
Specialty	General practitioner	28 (35.0%)	25 (31.3%)	27 (33.7%)	80 (100.0%)	NS	4	0.84
	Branch practitioner	45 (35.4%)	43 (33.9%)	39 (30.7%)	127 (100.0%)			
	Specialist	22 (34.9%)	18 (28.6%)	23 (36.5%)	63 (100.0%)			
PHC years	≤ 10	58 (33.7%)	64 (37.2%)	50 (29.1%)	172 (100.0%)	NS	4	7.04
	11-20	23 (39.0%)	12 (20.3%)	24 (40.7%)	59 (100.0%)			
	>20	14 (35.9%)	10 (25.6%)	15 (38.5%)	39 (100.0%)			
Patients no.	<30	35 (39.8%)	34 (38.6%)	19 (21.6%)	88 (100.0%)	0.013	4	12.68
	30-59	38 (39.6%)	27 (28.1%)	31 (32.3%)	96 (100.0%)			
	≥60	22 (25.6%)	25 (29.1%)	39 (45.3%)	86 (100.0%)			
Part time job	None	19 (13.5%)	55 (39.0%)	67 (47.5%)	141 (100.0%)	<0.01	4	78.27
	Public	15 (48.4%)	2 (6.5%)	14 (45.2%)	31 (100.0%)			
	Private	61 (62.2%)	29 (29.6%)	8 (8.2%)	98 (100.0%)			
FM center	Yes	45 (39.8%)	33 (29.2%)	35 (31.0%)	113 (100.0%)	NS	2	1.85
	No	50 (31.8%)	53 (33.8%)	54 (34.4%)	157 (100.0%)			
Total		95 (35.2%)	86 (31.8%)	89 (33.0%)	270 (100.0%)			

The main negative aspects of working in the PHCCs from the physicians' perspective were; not enjoying most of the public holidays, dealing with huge number of health programs, insecurity and increasing violence against doctors, and the uneven distribution of delegations among PHCPs which are restricted mainly to doctors working in the center of the ministry and health directorate. physicians recognized a number of priorities for improving their job satisfaction, such as getting overtime pay for working on holidays, adoption of the scheduled patient visits in PHCCs to reduce patient load, reduction of working hours, clear separation of public and private sectors, and charging additional fees for some of the PHC services like laboratory tests and x-ray to control patients' unnecessary repeated visits to PHCCs and investigations ordered by physicians.

We hope that the study will impress upon managers and supervisors in health establishments the critical importance of job satisfaction and that promoting job satisfaction among PHCPs may enable them to improve performance without incurring substantial additional costs, especially as the primary antecedents of job attitudes are within management's ability to influence.[20]

Table 3. Different items of job satisfaction selected from Warr-Cook-Wall scale

Item	Satisfied	Neutral	Not satisfied	Total	p-value	DF	X^2
working environment	79 (29.2%)	55 (20.4%)	136 (50.4%)	270 (100.0%)	<0.05	2	38.46
Autonomy	104 (38.5%)	91 (33.7%)	75 (27.8%)	270 (100.0%)	NS	2	4.69
Fellow workers	173 (64.1%)	44 (16.3%)	53 (19.6%)	270 (100.0%)	<0.05	2	115.26
Recognition for good work	93 (34.5%)	74 (27.4%)	103 (38.1%)	270 (100.0%)	NS	2	4.82
Management	72 (26.7%)	117 (43.3%)	81 (30.0%)	270 (100.0%)	<0.05	2	12.6
Rate of pay	37 (13.7%)	71 (26.3%)	162 (60.0%)	270 (100.0%)	<0.05	2	92.82
Opportunity to use abilities	82 (30.4%)	113 (41.8%)	75 (27.8%)	270 (100.0%)	<0.05	2	9.01
Working hours	74 (27.4%)	82 (30.4%)	114 (42.2%)	270 (100.0%)	<0.05	2	9.95
Amount of variety in job	79 (29.3%)	104 (38.5%)	87 (32.2%)	270 (100.0%)	NS	2	3.62
Job security	97 (35.9%)	95 (35.2%)	78 (28.9%)	270 (100.0%)	NS	2	2.42
Overall job satisfaction	95 (35.2%)	86 (31.8%)	89 (33.0%)	270 (100.0%)	NS	2	0.47

In conclusion, physicians' job satisfaction is an increasingly important issue in improvement of the quality of health care. the finding of the study can serve as a road map for health system policymakers for planning and implementing effective policies in order to meet the PHCPs' needs, and so improve quality of primary health care provided to thousands of people every day.[20]

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