

JOB SATISFACTION AMONG PHYSICIANS IN AL-SABAH HOSPITAL, KUWAIT.

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ABSTRACT

Background: The prevalence of dissatisfaction among doctors has been given considerable importance in recent years as it affects the quality of health care

Objectives: The aim of the present study was to determine the level of job satisfaction among doctors working at AL-Sabah Hospital in Kuwait, identify aspects of dissatisfaction and factors that could be associated with.

Methods: All sixty physicians currently working in the department of internal medicine were asked to participate. A self-administered close-ended questionnaire was used to obtain personal data and information from the physicians on various aspects of job satisfaction. It included 20 items divided into 5 aspects that are relevant to a number of job facets. A 5-point, Likert-scale was used. Analysis was carried out using Chi-square and Fisher Exact tests.

Results: The response rate was 83.3%. Overall, 50% of participating physicians were generally satisfied with their job. Higher scores of satisfaction were reported among male, married, with longer experience, with higher qualification. Proportions of satisfaction with each item were presented. No significant difference could be detected according to personal factors and working conditions regarding these items except for nationality. Higher proportions of satisfied non Kuwaiti physicians were recorded regarding the freedom to use their own judgment (62.2% versus 14.4%, $P = 0.004$) and to do their own method to do the job (59.5 % versus 23.1%, $P = 0.02$), whereas only 18.9% of non-Kuwaiti physicians were satisfied with their payment as compared with 69.2% in Kuwaiti physicians ($P = 0.002$)

Conclusion: It is urgent and necessary to improve physician working conditions and their working pattern to maintain job satisfaction. Physicians themselves, hospital administrators and the government should take the initiative to improve the working conditions in Kuwait hospitals. Larger multi-centric research about this issue is needed.

Keywords: job satisfaction - physicians - working conditions

INTRODUCTION

The prevalence of dissatisfaction among doctors has been given considerable importance in recent years as it affects patient satisfaction and can adversely influence patient behavior as adherence to medical treatment, leading to a reduction in the quality of care.^(1,2) At the individual level, low level of job satisfaction and high level of job stress are threats to mental and physical health, quality of life, goal achievement and personal development. At the workplace, these conditions can lead to increased absenteeism, conflict and turnover; and reduced quality and quantity of work.⁽²⁾ Job satisfaction is also important to the future recruitment of new doctors and retention of the existing doctors, in addition to the productivity and quality of the services provided by the doctors, who are an

essential and integral component of medical care system. Many doctors are dissatisfied with their jobs, which is due to long working hours and overwork.⁽³⁾ Job satisfaction is associated with the health conditions of workers including mental or psychological problems such as burnout, low self-esteem, depression and anxiety.⁽⁴⁾

Several factors related to working conditions have been identified to be associated with physician job satisfaction. The job demand resource model was used to characterize working conditions by two categories: job demands and job resources. Job demands refer to organizational, physical, psychological or social characteristics of work environment, demanding one's time and cognitive or physical efforts.⁽⁵⁾ Examples of job demands on physicians at work are heavy patient load, working under schedule pressure, and being emotionally involved in the job.⁽⁶⁾ Job resources are defined as psychological, social and organizational characteristics of work that may positively influence

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an employee's well-being. Examples of job resources are job autonomy and participation, social support, and quality of leadership.⁽⁵⁾

Kuwait is a small country with too few physicians and good health indicators when compared to other countries. The current health care system is the result of a national planning.⁽⁷⁾ It is organized and run by the government, although the number of private facilities are also increasing. In the health care profession, expatriates constitute the majority of physicians. In Kuwait, some physicians quit their hospital posts and then open their own clinics or move to other hospitals with better working conditions.⁽⁸⁾ This phenomenon cannot be fully explained by a hard workload and unsatisfactory salary for physicians.⁽⁹⁾ A limited number of studies on job satisfaction among physicians have been conducted in Kuwait.⁽⁸⁾

The aim of the present study is to determine the level of job satisfaction among doctors working in Sabah hospital in Kuwait, identify aspects of dissatisfaction and factors that could be associated with.

METHODS

This study was carried out in the Department of Internal Medicine in AlSabah Hospital during April 2009. The study design is a cross-sectional descriptive one. All sixty physicians currently working in the department were asked to participate in the study. Local ethics committee approval was obtained for the study.

A self-administered close-ended questionnaire was used to obtain personal data and information from the physicians on various aspects of job satisfaction. It was derived from other published studies dealing with the same topic as well as from our own experience.⁽¹⁰⁻¹³⁾ It was a modified form of the short form of the Minnesota Satisfaction Questionnaire that was derived by Weiss, et al.⁽¹⁰⁾ and is a well regarded measure of job satisfaction that has been used in various studies. The questionnaire included 20 items that are relevant to a number of job facets. We divided the 20 items into 5 aspects of job satisfaction namely job career / profession, autonomy, working conditions, relationships, and payment. Physicians indicated their degrees of relative satisfaction for each item using a 5-point, Likert-scale ranging from 1 (very dissatisfied) to 5 (very satisfied). For each participant, the scores were summed so as to show each participant's satisfaction level ranging from 20 to 100. Participants were then categorized into high and low scores considering the median as the cutoff level.

The administrative time for the questionnaire was mostly 5 minutes. Participation was optional and data collection was anonymous.

Statistical analysis:

Analysis was carried out based on a series of univariate comparisons using Chi-square and Fisher Exact tests. Statistical significance was set at 0.05. Data were calculated using the SPSS software package for social sciences; Version 17.0.

RESULTS

Out of 60 internists working in AlSabah Hospital, 50 returned the filled questionnaire with a response rate of 83.3%.

Demographic data and working conditions were presented in table I. Of the participants, 72% were males, 26% were Kuwaiti, 92% were married, 70% were internists, 30% had subspecialty, 68% had profession experience ≥ 10 years, 94% had monthly income < 2000 KD, only 6% had income ≥ 2000 KD. Sixteen percent were qualified with diploma or bachelor, 52% had master degree, 32% had MRCP, FRCP or Canadian board. Fourteen percent were trainees, 8% were assistant registrar, 48% were registrar, 18% were senior registrar, 12% were either specialist, senior specialist or consultant.

Overall, 50% of participating physicians were generally satisfied with their job. Table II showed that higher scores of satisfaction were reported among male, married, with longer experience, with higher qualification than MD and higher job than registrar, whereas lower scores of satisfaction were found among female, younger physicians with lesser experience, lower qualifications and monthly income < 2000 KD. However, the differences could not reach the significant level.

Considering each item of satisfaction, table III illustrates the proportion of satisfaction (very satisfied/satisfied) among participant. Regarding job career aspect, 66% of participants were satisfied with their importance in the community development, 50% with being able to do things that do not go against their conscience, 66% with the chance to do things for others. However, only 28% were satisfied with the chance for advancement on their job, 38% with the promotion they got for doing good job, 40% with the feel of accomplishment, and 50% with the way their job provided for steady employment.

Regarding autonomy items, 60% of physicians were satisfied with the chance to work alone on the work, 52% with the chance to do different things from time to time, 50% with the chance to do something that makes use of their abilities, and the freedom to use their own judgment, and 42% with the chance to do their own method to do the job.

With respect to working administration, only 28% were satisfied with working conditions in general, 40% with the way hospital policies were put into practice whereas 64% were satisfied with being able to keep busy all the time.

Regarding physicians' relationships, 62% declared that they were satisfied with the chance of telling patients what they do, 60% with the way their co-worker got along with each other, 58% with the way their boss handled their workers, and 62% with the competence of their boss in making decision. Only 32% of physicians were satisfied with their income fairness.

No significant difference could be detected according to personal factors and working conditions regarding these items except for

nationality. Table IV shows satisfaction difference between Kuwaiti and non-Kuwaiti with the studied items. Higher proportions of satisfied non Kuwaiti physicians were recorded regarding the freedom to use their own judgment (62.2% versus 15.4%, $P = 0.004$) and to do their own method to do the job (59.5 % versus 23.1%, $P = 0.02$), whereas only 18.9% of non-Kuwaiti physicians were satisfied with their payment as compared with 69.2% in Kuwaiti physicians ($P = 0.002$).

Table I: General characters of participating hlan physicians and their work features.

Characteristics	No.	%
Gender		
Males	31	72.0
Females	13	28.0
Nationality		
Kuwaiti	13	26.0
Non-Kuwaiti	37	74.0
Marital status		
Married	46	92.0
Unmarried	4	8.0
Qualification		
Diploma / Bachelor	8	16.0
Master	26	52.0
Higher	16	32.0
Experience (year)		
< 10	16	32.0
≥ 10	34	68.0
Job		
Trainee	7	14.0
Assistant registrar	4	8.0
Registrar	24	48.0
Senior registrar	9	18.0
Specialist / higher	6	12.0
Specialty		
Internist	35	70.0
Subspecialist	15	30.0
Monthly income (KD)		
< 2000	47	94.0
≥ 2000	2	6.0
Total	50	100.0

Table II: Job satisfaction score and personal factors of participating physicians

Variables	Satisfaction score				P
	Low (n = 25)		High (n= 25)		
	No.	%	No.	%	
Nationality					
Kuwaiti	6	24.0	7	28.0	0.75
Non-Kuwaiti	19	76.0	18	72.0	
Gender					
Male	16	64.0	20	80.0	0.21
Female	9	36.0	5	20.0	
Marital status					
Marries	1	4.0	3	12	0.61*
Unmarried	24	96.0	22	88	
Experience (years)					
< 10	10	40.0	6	24.0	0.23
≥ 10	15	60.0	19	76.0	
Qualification					
Diploma / Bachelor / MD	18	72.0	16	64.0	0.54
Higher	7	28.0	9	36.0	
Job					
Registrar / assistant / Trainee	6	24.0	7	28.0	0.75
Higher	19	76.0	18	72.0	
Monthly income (KD)					
<2000 KD	24	96.0	23	92.0	1.00*
≥2000 KD	1	4.0	2	8.0	
Specialty					
Internist	16	64.0	19	76.0	0.36
Subspecialty	9	36.0	6	24.0	

*: Fisher Exact test

Table III: Perception of job satisfaction among participating physicians

Statement	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Job career / profession:					
-My importance to the community development	10.0	56.0	20.0	10.0	4.0
-Being able to do things that do not go against my conscience.	10.0	40.0	34.0	8.0	8.0
-The chance to do things for others	14.0	52.0	28.0	6.0	0.0
-The chance for advancement on my job	2.0	26.0	40.0	26.0	6.0
-The promotion I get for doing good job	12.0	26.0	30.0	22.0	20.0
-The feel of accomplishment	4.0	36.0	34.0	16.0	10.0
-The way my job provides for steady employment	10.0	40.0	28.0	22.0	0.0
Decision autonomy:					
-The chance to work alone on the work	10.0	50.0	24.0	8.0	8.0
-The chance to do different things from time to time	12.0	40.0	32.0	12.0	4.0
-The chance to do something that makes use of my abilities	8.0	42.0	32.0	12.0	6.0
-The freedom to use my own judgment	4.0	46.0	24.0	22.0	4.0
-The chance to do my own method to do the job	6.0	36.0	32.0	20.0	6.0
Working administrations:					
-Working condition in general	6.0	22.0	34.0	24.0	14.0
-Being able to keep busy all the time	14.0	50.0	26.0	4.0	6.0
-The way hospital policies are put into practice	4.0	36.0	30.0	20.0	10.0
Relationships (patient, colleagues, boss):					
-The chance to tell patients what I do	4.0	58.0	28.0	6.0	4.0
-The way my co-workers get along with each other	12.0	46.0	28.0	12.0	2.0
-The way my boss handle his workers	14.0	44.0	22.0	14.0	6.0
-The competence of my boss in making decision	16.0	46.0	13.0	6.0	6.0
Payment:					
-My pay and amount of work I do	6.0	26.0	14.0	30.0	24.0

Data are presented as raw percentage (n = 50 participants)

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Table IV: Percentage of satisfied physicians among Kuwaiti and non-Kuwaiti participants, regarding each item

Statement	Kuwaiti (n = 13)		Non-Kuwaiti (n = 37)		Total (n = 50)		P
	No.	%	No.	%	No.	%	
Job career / profession:							
– My importance to the community development	8	61.5	25	67.6	33	66.0	0.74*
– Being able to do things that do not go against my conscience.	7	53.8	18	48.6	25	50.0	0.75
– The chance to do things for others	10	76.9	23	62.2	33	66.0	0.50*
– The chance for advancement on my job	5	38.5	9	24.3	14	28.0	0.47*
– The promotion I get for doing good job	5	38.5	9	24.3	14	38.0	0.47*
– The feel of accomplishment	5	38.5	15	40.5	20	40.0	0.90
– The way my job provides for steady employment	9	69.2	16	43.2	25	50.0	0.12
Decision autonomy:							
– The chance to work alone on the work	7	53.8	23	62.2	30	60.0	0.60
– The chance to do different things from time to time	6	46.2	20	54.1	26	52.0	0.62
– The chance to do something that makes use of my abilities	8	61.5	17	45.9	25	50.0	0.33
– The freedom to use my own judgment	2	15.4	23	62.2	25	50.0	0.004
– The chance to do my own method to do the job	3	23.1	22	59.5	25	42.0	0.02
Working administrations:							
– Working condition in general	3	23.1	11	29.7	14	28.0	0.73*
– Being able to keep busy all the time	7	53.8	25	67.6	32	64.0	0.50*
– The way hospital policies are put into practice	5	38.5	15	40.5	20	40.0	0.90
Relationships (patient, colleagues, boss):							
– The chance to tell patients what I do	9	69.2	22	59.5	31	62.0	0.74*
– The way my co-workers get along with each other	7	53.8	22	59.5	29	60.0	0.72
– The way my boss handle his workers	8	61.5	21	56.8	29	58.0	0.76
– The competence of my boss in making decision	9	69.2	22	59.5	31	62.0	0.74*
Payment:							
– My pay and amount of work I do	9	69.2	7	18.9	16	32.0	0.002*

*: Fisher Exact test

DISCUSSION

The response rate in the current study was 83.3% which is higher than reported in many other similar studies. The corresponding figure was 41.9% to 70% in Japan,^(13,14) 52% to 53% in the USA,^(15,16) 61% in Germany,⁽¹⁷⁾ 46.7% in Canada,⁽²⁾ and 51% in New Zealand.⁽¹⁸⁾ This could be explained by the increasing interest of physicians working in Kuwait for improving working conditions that subsequently increase physician job satisfaction for ensuring the quality and sustainability of health provision.⁽¹⁹⁾

In the this study, 50% of participating physicians were generally satisfied with their job. This is consistent with some other recent studies that reported declining job satisfaction among physicians in many countries.^(12,13,20) However, Job satisfaction among physicians is often higher in other countries like Switzerland (77%), Canada (75%), united States (75%).⁽²¹⁻²³⁾ This could be related to early retirement, intent to stay, job turnover and increased absenteeism. Similar explanation has been reported by London et al.⁽²⁴⁾ Also, Janus et al, reported that job dissatisfaction caused declining the desire to seek employment within German hospitals, and that

this trend toward emigration among medical professionals has caused a shortage of qualified physicians within the German health care system.⁽³⁾

Actually, work dissatisfaction among physicians worldwide continues to rise over the last few decades, mainly due to declining professional prestige, lack of self fulfillment, time pressure and lack of leisure time. Physicians' burnout is a major result of dissatisfaction, causing doctors to leave the medical profession, and to provide lower quality of care.

Predictors of job satisfaction include autonomy, control over daily practice, nurse-physician collaboration, transformational leadership, group cohesion, job stress, structural empowerment, and psychological empowerment.⁽²⁵⁾

Two physicians may express the same amount of general satisfaction with their work but for entirely different reasons. Therefore, it is likely that physicians find different satisfactions in work, and to understand these differences, it is useful to measure satisfaction with specific aspects of work and environments.⁽¹⁰⁾

Item by item, physicians in the present study were

satisfied with 7 items of their work: "importance to the community development" (66%), "the chance to do things for others" 66%, "the chance to work alone on the work" (60%), "being able to keep busy all the time" (64%), "the chance to tell patients what they do" (62%), "the way their co-workers get along with each other" (60%), "the competence of their boss in making decision" (62%)

With respect to career satisfaction, in spite that 66% of physicians were satisfied with their importance in the community and doing things for others, more than half of them were dissatisfied with the advancement on their job, promotion they get, and feeling of accomplishment. Similar results have been found in studies by Kaur in India,⁽¹²⁾ Mache in Germany,⁽²⁶⁾ Frank in the USA,⁽²⁷⁾ and Wada in Japan.⁽¹³⁾ Career satisfaction among physicians has been paid great attention because it is associated with quality of care and patient outcomes. Further attention must be given to these matters which will eventually improve patient care.⁽²⁸⁾

Regarding decision autonomy, 60% declared that they could work alone on the work. However, about half of them were dissatisfied with the chance and freedom to express their skill, ability and judgment. In contrast, Linzer et al, found that physicians were more satisfied with their autonomy and freedom from administrative issues.⁽¹⁵⁾ A possible explanation for the low degree of autonomy might be that in most cases the restraints placed on medical treatment and care by legal rules and regulations, leaving little area for individual decision making or self determination.⁽²⁹⁾

In present study, only 28% of physicians were satisfied with working conditions in general, and 40% were satisfied with the way hospital policies are put into practice. This could be due the increased paper work and frequency of administrative meetings. In this area, the introduction of IT technologies such as electronic medical recording might reduce the workload.⁽²¹⁾

A growing number of physicians are leaving their hospitals because of painful working conditions in hospitals throughout Japan.⁽¹³⁾ Also, Harrison et al, found that physicians working at public hospitals complained that it was insufficiently rewarding in that they received little recognition for good work from superiors. Moreover, physicians rated contentment with the process of performance assessment.⁽³⁰⁾

Factors like the average number of work-hours per day and the number of night shifts per month were found to have a significant relation with dissatisfaction. Also, insufficient personal time and vacation are of the most important job dissatisfaction.^(11-13, 31) A striking figure was that 64% of physicians, in this study, stated that they were satisfied being able busy all the time. This

indicated that the number of working hours was settled suitable without working overload in the selected hospital. Another explanation might be due good physician-patient relationship, a finding that has been documented in other researches. In a similar study conducted in the USA, participants reported that time spent with patients was a source of great satisfaction and made their work personally meaningful.^(32,33) In his study, Wada et al, reported that despite that physicians in Japan are generally overloaded, neither workload nor lack of personal time was associated with job satisfaction.⁽¹³⁾

Positive inter-professional relationships improve quality of patient care and staff job satisfaction.⁽³⁴⁾ In the present study, some of the highest satisfaction rates were found in the area of physician' relationship. This might be explained by the clear roles and job specifications settled by hospital organization. This goes in accordance with other studies.^(26,35) A survey of the National Health Service staff in London also showed that physicians considered their work colleagues as a key factor in job satisfaction.⁽¹⁹⁾ However, difficulty in communication between physicians and other staff were often reported.⁽³⁶⁾ One of the most important features that emerged in physician' attitudes was the need to encourage and acknowledge teamwork and information sharing.⁽³⁷⁾ In this regard, educational and training programs to promote better communication among staff should be regularly carried out at hospitals.⁽¹³⁾

Income, in fact, appeared to be among the most consistent of all covariates for job satisfaction.⁽¹⁶⁾ In spite of the fact that physicians salaries in Kuwait are considered among the highest in the world, about two thirds (68%) of the doctors were dissatisfied with their salary especially in non-Kuwaiti physicians. This might be due the inequity of payment between Kuwaiti and non-Kuwaiti physicians, and between private and public hospitals. Previous studies demonstrated in terms of both pay and benefits physicians at private hospitals received better compensation for their work than physicians at public hospitals.^(26,38) It is urgent and necessary to considerably consider this matter to maintain high motivation at work.

Several factors relating to working conditions have been identified to be associated with physician job satisfaction in other countries.^(15,21) These factors include personal characteristics and working conditions. Some differences were observed in many previous studies.^(12,13,16) In the present study, non of these factors could be detected as a significant determinant of global job satisfaction. This could be, partly, due to the small sample size. We recommend a larger study for determining predictors of job satisfaction especially those considered amenable for improving working conditions and consequently

health care for patients. However, significant differences between Kuwaiti and non-Kuwait were found regarding certain items in decision autonomy and payment. It is necessary to address the effect of nationality at the level of satisfaction. Similar results were found by Ommen et al, who reported that job satisfaction increased slightly with age, gender and professional experience were not identified as significant factors to explain the variance.⁽¹⁷⁾

We apologize some limitations in the present study. The generalization of our results was not confirmed due to the small sample size and conducting the study in a single department in a single hospital. However, it could be considered as a model for further larger multi-centric studies. Another limitation of the study was its cross-sectional nature that create difficulties in ascertaining causality. The data was collected before the specialized commission revised the salaries of the doctor, so the figures on satisfaction with salary might have changed after such revision of salaries. Many factors were not taken into account and should be considered in future studies.

Conclusions:

It is urgent and necessary to considerably improve physician working conditions and their working pattern to maintain job satisfaction. Physicians themselves, hospital administrators and the government should take the initiative to improve the working conditions. Further research about this issue may help policy-makers and hospital administrators understand sources of discontent and encourage talented physicians to work within the domestic job market by improving working conditions in Kuwait hospitals, which would lead to overall improvements in health services.

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