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JOB SATISFACTION AND PSYCHOLOGICAL HEALTH OF MEDICAL DOCTORS IN CALABAR, SOUTHERN NIGERIA
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ABSTRACT

Background: Employees should be happy at their work, considering the amount of time they devote to it throughout their working life. There is paucity of data on the job satisfaction and psychological health of medical doctors in Nigeria.

Objective: To assess the level of job satisfaction and its relationship to psychological health among medical doctors in a southern city of Nigeria.

Design: A cross-sectional descriptive survey.

Setting: Three major public hospitals in Calabar, Nigeria.

Subjects: Medical doctors who had worked for at least six months in the hospitals.

Results: Response rate was 73.0%. More than half (56.7%) of the respondents expressed overall satisfaction with their job. Inadequate pay and work overload were the most commonly mentioned reasons for job dissatisfaction. About a fifth of the respondents were at increased likelihood of psychological disorder. There was a statistically significant negative correlation between job satisfaction scores and GHQ scores. Satisfied respondents were least likely to have psychological disorder.

Conclusion: Causes of job dissatisfaction among medical doctors should be addressed to improve their psychological health.

INTRODUCTION

Job satisfaction is the positive emotional feelings that an individual has towards his or her job. It is highly correlated with productivity and health of workers (1-3).

Employees should be happy at their work, considering the amount of time they devote to it throughout their working life. Job satisfaction is particularly an important consideration among health workers in developing countries where a large number of skilled health professionals have been lost to developed countries due to low levels of job satisfaction. This further depletes an already sub-optimal doctor to population ratio.

Job satisfaction among health workers in sub-Saharan Africa is generally low compared to health workers in developed countries. Mean job satisfaction score among nurses in south Africa was reported by Pillay to be below average (4). Hagopian and colleagues (5) reported a job satisfaction level of 49% among health workers in Uganda while Ofili and coworkers reported job satisfaction levels of 36%,

37% and 30% among nurses in a teaching hospital, (6) nurses in a private hospital, (7) and among doctors in a teaching hospital, (8) respectively. Isah and colleagues however, reported a job satisfaction level of 84% among health workers in a mental health hospital in Benin, Nigeria (9). Levels of job satisfaction among health workers in developed countries were however, more consistently higher than average (10).

Causes of job dissatisfaction have been mainly due to poor working conditions and poor infrastructural development (5,11-13). These may constitute push factors for brain drain (13).

Satisfied workers are less likely to have adverse health conditions and psychological morbidity (8,14-16). Using GHQ-28, Ofili and colleagues reported a level of psychological morbidity of 14% and 18% among doctors (8) and nurses (6) respectively, in a teaching hospital in Benin, Nigeria. Using GHQ-12, Isah and coworkers reported mild psychological morbidity of 60.5% among health workers in a mental health hospital in Benin, Nigeria. Yussuf and colleagues also reported a psychological morbidity level of 25.7% among resident doctors (17) and 18.5%

among consultants, (18) in the same teaching hospital in Ilorin, Nigeria.

There is paucity of data on job satisfaction and psychological health among medical doctors in Nigeria. This is the first study on job satisfaction and psychological health among medical doctors in Calabar, Nigeria. This study aimed to assess the level of job satisfaction, causes of job dissatisfaction and level of psychological health among medical doctors in Calabar, southern Nigeria.

MATERIALS AND METHODS

A descriptive cross-sectional study was conducted among medical doctors employed in public service in Calabar between February and March, 2011. The public institutions included the General Hospital, Federal Psychiatric Hospital and the University of Calabar Teaching Hospital.

A pretested self-administered semi-structured questionnaire was used to collect data. The questionnaire contained three sections:

- 1) respondents' socio-demographic characteristics and work history;
- 2) respondents' job satisfaction and
- 3) psychological health of respondents.

Overall job satisfaction was assessed using a single-item 5-point Likert scale (1-very dissatisfied 2-dissatisfied, 3-undecided, 4-satisfied, 5-very satisfied) of job satisfaction. Psychological health was assessed using a standard instrument, the GHQ-28. The GHQ-28 is a self-administered screening instrument designed to detect current diagnosable psychological disorders in community and non-psychiatric settings (17) The GHQ-28 has been validated in Nigeria with high sensitivity and specificity (18).

Questionnaires were distributed by the investigator. Only doctors who had worked for at least six months in the institutions were included in the survey. Respondents were informed about the purpose of the study and were assured of strict confidentiality. Verbal informed consent was obtained from each respondent because of the sensitive nature of the topic and to further safeguard confidentiality. Survey was conducted in clinical meetings of each department. All eligible doctors that consented were included in the study. The study was approved by the Joint Research Ethics Committee of the University of Calabar and the University of Calabar Teaching Hospital.

Both the GHQ (0,0,1,1) and the Likert (0,1,2,3) scoring systems were adopted in this study. The cut-off for psychological disorder was 4/5 and 23/24 on GHQ and Likert scoring respectively (19,21). Correlation between job satisfaction and psychological health was calculated using the Pearson's correlation coefficient.

RESULTS

A total of 215 questionnaires were distributed and 157 (73.0%) were returned. Mean age of respondents was 32.8 ± 5.4 years. Majority (54.9%) of respondents were between 30-39 years old, 68.2% were male, while 68.4% had worked for less than two years in their current employment (Table 1). Only about a quarter (24.2%) had ever been promoted (Table 1).

Table 1

Socio-demographic characteristics and work history of respondents

Variable	Frequency (n= 157)
Age (yrs)	
20 – 29	50 (31.9)
30 – 39	86 (54.9)
≥ 40	21 (13.2)
Sex	
Male	107 (68.2)
Female	50 (31.8)
Religion	
Christian	150 (95.5)
Islam	3 (1.9)
Others	4 (2.6)
Marital Status	
Single	70 (45.8)
Married living with spouse	81 (51.6)
Married not living with spouse	6 (2.7)
Happy with marriage	
Yes	156 (99.4)
No	1 (0.6)
No of children	
1-2	47 (29.9)
3-4	15 (9.6)
>4	4 (2.5)
No child	91 (58.0)
Institutions worked	
1	39 (24.7)

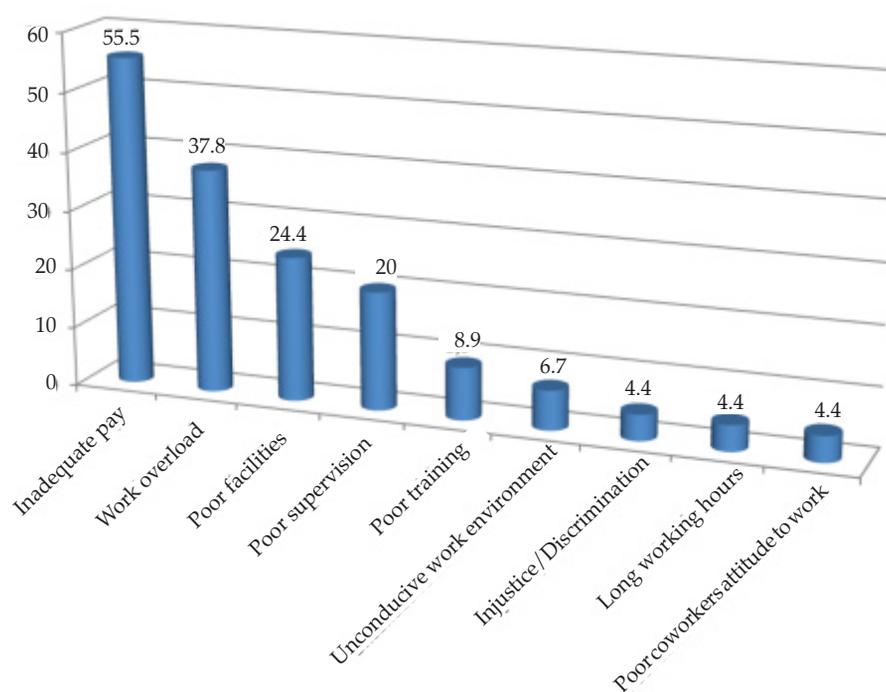
2 – 3 places	82 (52.0)
4 or more places	36 (23.3)
Length of service (Total) (years)	
≤ 2	53 (33.8)
3 – 5	51 (32.2)
≥6	53 (34.0)
Length of service (present work, yrs)	
≤ 2	53 107 (68.4)
3 – 5	27 (17.1)
≥6	23 (14.5)
Ever been promoted	
Yes	
No	

More than half (56.7%) of respondents expressed overall satisfaction with their job (Table 2). Reasons for job satisfaction included; “I love my job/I put smile on my patients and relatives” (38.2%), job has good prospect/opportunities for training (25.8%), pay is adequate (15.7%), better than nothing (10.1%), I have time for other things (7.9%), coworkers are good (6.7%), workload is not too much (4.5%), supervision is good (2.2%), fringe benefit (1.1%). Major reasons for dissatisfaction included; inadequate pay (55.5%), work overload (37.8%), poor facilities (24.4%) and poor supervision (20.0%) (Figure 1).

Table 2
Overall job satisfaction among respondents

Level of satisfaction	Frequency (n = 157)
Very Satisfied	14 (8.7)
Satisfied	75 (48.0)
Undecided	23 (14.7)
Dissatisfied	38 (24.0)
Very Dissatisfied	7 (4.7)

Figure 1
Reasons for job dissatisfaction among respondents



Respondents' mean total score on the GHQ instrument was 2.64 ± 4.0 on GHQ scoring (maximum total score of 28) and 42.35 ± 9.6 on Likert scoring (maximum total score of 94). About a fifth of respondents were probable psychiatric cases; from the GHQ of 4/5 and the Likert cut-off of 23/24, 21.7% and 15.9% respectively were probable psychiatric cases.

Sources of stress beyond work were; family pressure / demand (38.8%), social amenities-related pressures (20.4%), lack of time for other things outside work (12.2%), personal engagements (10.2%), pregnancy / nursing / househelp problems (10.2%), health challenges (6.1%). In the last 12 months preceding survey, 18.5% of respondents had gone on sick leave for between 1-28 days while only one (0.6%) had gone on sick leave for a total of > 28 days. About half (50.3%) had attended work with illness for a total of 1-28 days while 1.3% had attended work with illness for a total of > 28 days.

There was a weak and statistically significant negative correlation (GHQ $r = -0.231$, $p = 0.005$, Likert $r = -0.157$, $p = 0.059$) between overall job satisfaction score and total score on the GHQ instrument. The higher the score on the single-item job satisfaction (i.e. higher job satisfaction), the lower the score on the GHQ-28 instrument (i.e. psychologically healthier). Similarly, there was a statistically significant association between job satisfaction and probable psychiatric caseness. Satisfied respondents were least likely to have psychological disorder (GHQ $\chi^2 = 10.104$, $p = 0.006$, Likert $\chi^2 = 3.255$, $p = 0.196$) (Table 3 and 4).

Table 3*Job satisfaction and psychiatric caseness (GHQ)*

Job satisfaction	Psychiatric caseness		Total
	Yes (34)	No (123)	
Satisfied	12 (13.5)	77 (86.5)	89 (100.0)
Undecided	10 (44.4)	13 (55.6)	23 (100.0)
Dissatisfied	12 (26.7)	33 (73.3)	45 (100.0)

 $\chi^2 = 10.104$, $p = 0.006$ **Table 4***Job satisfaction and psychiatric caseness (Likert)*

Job satisfaction	Psychiatric caseness		Total
	Yes (25)	No (132)	
Satisfied	10 (11.2)	79 (88.8)	89 (100.0)
Undecided	4 (16.7)	19 (83.3)	23 (100.0)
Dissatisfied	11 (24.4)	34 (75.6)	45 (100.0)

 $\chi^2 = 3.255$, $p = 0.196$

DISCUSSION

Response rate (73%) obtained in this study was lower than the 80% reported by Ofili and colleagues in a similar study among doctors in a teaching hospital in Benin, Nigeria (8). The age group with

the highest proportion of respondents was the same in both studies. However, more doctors were in the lower age group of 20-29 years in our study than in the Benin study. Male to female ratio (2:1) was the same in both studies. Older age and female sex have been associated with higher job satisfaction (22,23). The age and sex distributions of respondents in our study and the Benin study were different from those reported by a similar study on psychological health of resident doctors in a teaching hospital in Ilorin, Nigeria (17). This is probably due to differences in inclusion criteria.

More than 50% of respondents expressed overall job satisfaction. Our finding was much higher than what was reported among doctors in Benin in a comparable study where investigators used the same single-item self-report. Both studies are separated by more than a decade and the increase in job satisfaction could be due to the possible impact of the democratic government in Nigeria which has increased the salaries of doctors a few times. There could also have been a possible impact of the health sector reform which has increased the funding of the health sector and subsequent rehabilitation of some federal hospitals. Improvement in job satisfaction with health sector reforms have been documented in Norway (24). A similarly recent study also reported a high level of job satisfaction among healthcare providers in a mental hospital in Benin, Nigeria. Job satisfaction have been investigated in Norway and Germany using single-item seven point scale with mean scores of 5.41 and 4.55 respectively (10). Hagopian and coworkers reported a level of job satisfaction among health workers in Uganda of 49%, (5) while Ofili and colleagues reported a job satisfaction of 36% and 37% among nurses in a teaching hospital⁶ and among nurses in a private hospital (7) in Benin respectively. Job satisfaction among nurses in South Africa had also been reported to be below average (4).

Top among the reasons given for job satisfaction was the love for the job and the joy they derive from putting smiles on the faces of patients and their relatives. However, patient consideration was not among the top five reasons for job satisfaction among medical doctors in the UK (25). The most commonly mentioned reason for job dissatisfaction was inadequate pay; more than half of dissatisfied doctors stated poor pay as a cause of job dissatisfaction. Other commonly mentioned cause of job dissatisfaction included work overload, poor facilities and poor supervision. Ofili and coworkers also reported that lack of materials to work with, lack of maintenance culture, poor remuneration and irregular and delay in the payment of salaries, were major causes of job dissatisfaction among doctors in University of Benin Teaching Hospital (12). A similar study among health workers in Uganda reported that only about a third thought their workload was manageable, about half

did not have the supplies needed to work with, less than half had good access to electricity. 5 Poor working conditions may be a more wide-spread problem for health workers in sub-Saharan Africa. Unfavourable working conditions have been reported as a major cause of migration of medical doctors from Southern Africa to Australia (13).

About a fifth of respondents had probable psychological disorders. Using GHQ-28, Ofili and coworkers reported a probable psychiatric caseness of 14% among doctors (8) and 18% among nurses⁶ in University of Benin Teaching Hospital. Isah and colleagues, using GHQ-12, reported that 60.5% of health workers in a mental health hospital had mild psychological disorders (9). Using GHQ-30, Yussuf and coworkers reported probable psychiatric caseness of 25.7% and 18.5% among resident doctors (17) and consultants (18) in a teaching hospital in Ilorin, Nigeria.

There was a weak negative correlation between overall job satisfaction scores and GHQ scores. Thus the more satisfied respondents were, the better their psychological health was likely to be. Our finding supports the finding of Faragher and colleagues in a meta-analysis: they reported that correlation between job satisfaction and psychological health rarely exceeds 0.3.²⁶ Several studies have also reported that the more satisfied workers were, the more healthy they were likely to be (8,14-16).

A limitation of this study is that majority of respondents (86%) were below the age of 40 years, and 66% had worked for less than five years. Thus, this study may not be representative of job satisfaction and psychological health of doctors older than 40 years. Further research among older and more experienced doctors may be warranted.

In conclusion, satisfied doctors were least likely to have psychological disorders. Causes of job dissatisfaction among doctors should be addressed by employers to improve the psychological health of doctors.

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