

JOB SATISFACTION, HEALTH AND PSYCHOSOCIAL WELLBEING AMONG MEDICAL DOCTORS IN PUBLIC HOSPITALS IN CALABAR, NIGERIA: A QUALITATIVE STUDY

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ABSTRACT

OBJECTIVE: The aim of the study was to assess job satisfaction, health and psychosocial wellbeing of doctors in public hospitals in Calabar using indepth qualitative method.

METHODS: Two focused group discussions were conducted among male and female resident doctors. Doctors were selected purposively giving considerations to departments, hierarchy and the hospitals. Doctor selection also involved the three major public hospitals in Calabar and five different departments/specialties. A focus group discussion guide was used to direct discussion and a digital audio recorder was used to record discussion with permission from participants. A research assistant also took notes during the sessions. The discussions were transcribed from the audio recorder and compared with the notes taken. Thematic analysis was done and narratives of the discussion was reported.

RESULTS: Participants expressed general satisfaction with their work. Reasons expressed for job dissatisfaction from some participants included poor salary, inadequate tools and consumables, and dissatisfaction with level of training from consultants. Areas of the work environment in which discussants were most satisfied included opportunities for learning and career development, appreciation from patients and patients' relatives. Least satisfaction was derived from high level of mortality in a department, inadequate tools to work with, poor facilities, poor supervision, poor coworkers perception of their specialities, and inability to rest after calls. Regarding health, discussants suffered headaches, backaches, malaria, social stress from being away from family, inadequate sleep, and fear of patient assault.

CONCLUSION: Hospital management could improve doctors' job satisfaction by carrying out regular and adequate maintenance of hospital facilities and provide ergonomically suitable environment for resident doctors. Clinical team leads could also improve the opportunities for engagement with their subordinates.

KEYWORDS: Healthcare provider satisfaction, thematic analysis, hospital management, psycho-social work environment

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INTRODUCTION

Job satisfaction is a multi-dimensional concept of employee's feelings related to both the work and the work environment.¹ It has been defined in several context including as pleasurable feelings derived from one's work,² emotional affective response to a job,³ or individual employee's comparisons of inputs (pains) versus output (gains).⁴ Common to all definitions however, is a consideration of some form of gratification which employees derived from their work.

The work place provides a social environment which affords opportunities for social interactions and a feeling of personal fulfilment. Thus, work plays a significant role in the physical as well as the psychosocial well being of individuals. The work environment may sometimes exert a greater negative impact on people's greater than what they earn from the job.

Satisfaction with work correlates with life satisfaction.⁵ People spend more than half of their wake-time at work depending on the job contract and the use of overtime. It is therefore, not surprising that work has a significant impact on employees' wellbeing. Studies have documented positive relationship between satisfaction with work and psychological wellbeing of employees

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among the occupations both in resource-limited and developed countries.⁶⁻⁸ Improved job satisfaction tends to improve psychological wellbeing of individuals, improve job productivity and decrease work absenteeism.

Dissatisfaction with job and/or work environment can have adverse consequences on health and wellbeing and may present with psychosomatic symptoms in individuals such as headache, insomnia etc.⁹ Job dissatisfaction is a known work place stressor and may inadvertently lead to negligence, frustration and medical errors in the hospital environment, and reduces productivity and efficiency in the work place.

Job satisfaction in the health sector of sub-Saharan African countries has been consistently low,^{7, 10-13} giving rise to perennial unrests in these countries especially in Nigeria. This is as a result of dissatisfaction with several aspects of the work environment ranging from pay, equipments, opportunities for career advancement and poor infrastructure thus, leading to continuous migration of the health workforce in search of greener pastures thereby, depleting the already inadequate health manpower.¹⁴

Most studies on job satisfaction and psychological health of hospital employees adopted a quantitative approach.^{7,11,15} These studies provided limited opportunities for indepth probing of job satisfaction and psychological well being of health workers. Thus, we were interested in qualitative indepth investigation of job satisfaction, causes of job dissatisfaction, health and related psychosocial issues in the work place among physicians in public hospitals in Calabar, Nigeria.

METHODS

A focused group discussion (FGD) was carried out to validate the result of the quantitative study.⁷ The FGD was conducted among two different groups in the study population. Male and female doctors were each selected taking into consideration their departments, their level and the institutions. Selection was purposeful to cover as many institutions (University of Calabar Teaching Hospital, Federal Psychiatry Hospital, Calabar and General Hospital, Calabar), as many departments (Internal Medicine, Psychiatry, Obstetrics and Gynaecology, Community Medicine, and Surgery) and as many cadres

(registrars and senior registrars) as possible. Ten participants were invited for each of the groups.

A focus group discussion guide (appendix) was used to direct the discussion. The principal investigator moderated the discussion while an assistant took notes for each session of the FGD. A digital voice recorder (Olympus VN-a500PC) was also used (with the permission of the participants) to audio-record discussion.

After the FGDs, the principal investigator transcribed the discussions from the digital audio recorder and compared with the notes taken. Thematic analysis of the FGD was done and narratives of the discussion reported.

Ethical approval was sought and obtained from the Ethics Review Committee of the University of Calabar Teaching Hospital. A verbal informed consent was obtained from each participant. The participants were informed of the purpose of the research and their right to participate or refuse to participate in the study. They were also informed of the time they might have to sacrifice in attending the FGD. Participants were also assured of confidentiality of all information volunteered and were informed not to mention the name of their hospitals because the discussion was been recorded.

RESULTS

Eight male and six female doctors participated in the FGDs. Responses from the focus group discussion for each of the FGD guide question are summarized below.

Guide one: How are you finding your work generally?

Most of the male doctors expressed that they found their work challenging. In the words of participants:

“It is very challenging”

“I'm very passionate about my work but where I have issues with is the tool to work with. It could be very challenging. Sometimes you have a patient and after history and physical examination, you are suspecting for example renal failure and you order for simple EUC, it could take 3-4 days before you get result and it could be very frustrating. Patient is going down and the relatives are looking up to you”

For the female doctors, some said their work was okay and not so stressful while others rated their job as not too conducive. In their own words:

"Mine is not so stressful. I would prefer if the pay was better"

"I would rate my job as fair but I wouldn't say I'm 100% satisfied"

"Not too conducive. My patients are fairly okay"

Guide two: Are you satisfied with your present work? (*Probe for reasons for satisfaction and/or dissatisfaction*)

Male doctors expressed satisfaction with their work for various reasons including satisfaction with number of hours, having time to spend with the family and the love for the job.

"I am satisfied with the number of hours I work"

"I am satisfied because in my department I have time for myself and I have very good relationship with my family"

"I like my work but the salary is too poor"

Female doctors however, expressed fair satisfaction for their work. Two participants expressed dissatisfaction for pay and lack of materials to work with.

"I am not satisfied because we don't have materials to work with. Ordinary cannula may not be available"

"I am not satisfied with my salary. The pay needs improvement"

"I am fairly satisfied: It is a training but our seniors emphasize more on the work and the educational thing is missing. There is a vacuum in the position of the consultants. The emphasis is on the work, not on the training proper"

"We have morning meetings where our senior colleagues teach and correct us in the management of patients. It has really helped someone like me in the management of my patients. Secondly, in terms of my patients, we have very low mortality. Ever since I've been there we had only one mortality, our patients also recover and sometimes when we have patients, in about four weeks they are looking better fine and improved. Patients relatives really appreciate what we are doing to their patient. We are also paid our salary early, before the first of the following month"

"My work is not so stressful, it has given me time to do other things. I can spend more time with my family. At my level, I could assign duties and do other things. I could travel may be for some other things whenever I want to. The person doing the same thing as I am doing in National Hospital earns twice what as I'm earning in Calabar. I would prefer if the pay is better. We do not have a conducive place where we can stay. We just come in and leave"

Guide three: I would want us to discuss the areas(s) of your work that give(s) you the most satisfaction. Probe for reasons and also probe for specific work domains (*Pay, Promotion, Supervision, Benefits, Rewards, Workload, relationship with colleagues, nature of work, communication, job security, work hours and job autonomy*).

Male doctors expressed highest satisfaction with knowledge and experience acquired from senior colleagues, relationship with their colleagues and patients' appreciation of their work. One doctor said the pay was fair.

"I am satisfied with my level of knowledge that I have gained over the years. My senior colleagues have been wonderful especially the senior registrar, in their mentorship"

"The pay is fair, there is room for improvement"

"We relate very well where I work (O&G). We don't have senior registrar. Patient comes back and say doctor, thank you. That is the area that gives me the greatest satisfaction"

Some female doctors expressed satisfaction with training and having time for their families.

"In my department, we have time to do other things. We have time for our family"

"In our hospital, we have very low mortality. I am always happy when they bring in a seemingly very psychotic patient and after three weeks of treatment, the patient himself or herself walks into the clinic for follow-up"

"Residents pass their exams very well in my department"

Guide four: Which areas of your work give(s) you the least satisfaction? *Probe why*

Male doctors expressed least satisfaction with the level of mortality, lack of materials to work with, poor facilities and poor supervision.

“In terms of supervision, I am not satisfied with my consultants. We are not getting optimal supervision. They will tell you that they did it on their own, so you too should do it on your own. But otherwise I am very cordial with my colleagues unlike in Paediatrics and Surgery where my fellow registrars dock whenever they see their senior colleagues”

“Where I am not satisfied with is the issue of mortality. My department has perhaps the highest mortality in this hospital. Some of these deaths would have been prevented if we had basic things to work with. For example, somebody could be gasping but there is no oxygen in the hospital. Each time relatives are crying, their cries tears through my heart. I feel very terrible about it”

“As a resident doctor, there are two sides to the coin. You are working for the hospital and you are not supposed to forget your residency training itself. In my department the residency training is lacking. For example, as a senior registrar you don't have a table where you can sit down and work. That is the area I am least satisfied with”

“What I am dissatisfied with where I work is the fact that there is no supervision where I work. Hence, I find myself at certain situations where I have to take a lot of risks which may land you into trouble and when you are landed into trouble, you are on your own and if you do not take those risks, the patients' relatives are there on you. So, many times, you are the alpha and omega and when you pick up your phone to call a senior colleague, the phone is ringing and nobody is picking up the phone or the phone is switched off. In fact, I am very dissatisfied with supervision”

Female doctors expressed dissatisfaction with poor facilities, the treatment they receive from some of their colleagues and inability to rest after calls.

“The area that gives me dissatisfaction is that when you are on call, you are not given the privilege to go home and rest. You just go home, freshen up and come back. It is stressful”

“Most of the other resident doctors do not even know what we do in my department, they just think that they are just there, loafing around unserious people, eating money, they don't have a focus. I'm very dissatisfied with this. I expect our colleagues to protect the interest of others and I expect them to come in and ask what we do. The other clinical departments do not allow us to function maximally”

“We are being stigmatized with our patients. People easily attribute eccentric behaviours of some doctors in Psychiatry as though it was because they were dealing with mentally ill patients, that is why they also behaved like that. Among our colleagues, they stigmatize us”

“Another area is poor working environment. Nothing stops doctors from having AC in their consulting rooms; you see doctors sweating while attending to patients. There is also risk associated with my area of work. There was a patient who wanted to remove my eyeballs. Our senior colleagues are not looking at our welfare as something very important. The hazard allowance is not commensurate with the hazard we are facing in our work place”

Guide five: Given the opportunity, how would you want your work/work environment to be improved in order to give you a better satisfaction? Male doctors expressed wish for their Consultants to carry them along especially in academic work and publications, physical work environment should be improved, employment of more doctors to reduce workload especially in the state general hospital.

“The consultants should carry us along. For example, I have been used to collect data severally and they publish the papers without even acknowledging my efforts. We do all these and they carry all the glory. The work environment should be made more conducive. For example, here you still see doctors carrying samples, chasing results, doing the work of orderlies while the orderlies are busy selling minerals and biscuits on the ward. The light should be

made more regular. The hospital should float an internet service. We should not be paying for internet services from our pockets”

“Advocacy to the government. There are a lot of things that are not there for you to work with and if there is any little mismanagement, they hit on you. Government should increase salary and provide basic things like emergency drugs and oxygen”

“Our consultants should introduce clinical meetings even it is once a month” (state general hospital)

Female doctors wanted improvement in supervision, upgrading of facilities, upgrading of pay, improving in mentorship especially in the area of training opportunities.

“I want supervision to be improved. Our consultants should come around more often and they should have time for us. Administration should improve the working condition, regular light, things to work with. The clinics should be made more conducive. For example, five doctors are sharing a consulting table, it doesn't look like a consulting room. It should be made more professional. Improve pay” (State)

“For our department, we need more space and structures and our departments should be brought together”

“There are training opportunities, the consultant should mentor people. Opportunities that come, the consultants would go twenty times instead of putting some people that are younger to grow. We don't have that culture in this environment like I see in places like Ibadan. We keep doing the same things over and over, running round in circles. The consultant keep everything to themselves”

Guide six: How does your work affect your health? *Probe for positive and negative effects. Probe for sick leaves in the last year, effect on sleep, family life, leisure and other aspects of social life.*

Male doctors also said that they usually had headaches, backache, malaria from mosquito bite when on call, social stress when away from their families on outside postings. One said he found it difficult to get sick leave unless the illness was really serious.

“As I'm sitting here I'm having headache. The stress is too much”

“My wife always complain that I sit in front of computer 24 hours. The light and the heat generated by the computer affect my eyes. At times, when I'm there for more than three hours, I see myself sweating”

“I'm in surgery department, only me and my consultant, we would enter theatre from 9am sometimes we come out 9pm. We might have a list for six or seven surgeries, and then four emergencies. The back pains me a lot. Coming out from the theatre, I might be the only one in casualty and if I'm unlucky sometimes, I could have RTA and might have to suture. There are some suturing you can do for over two hours. All these work, you are bending. It is a lot of stress”

“The stress affects me a lot. The work environment also contribute to my ill health especially when I'm on call. Mosquitoes in this hospital are a special breed. They can push you down. Whenever I do a weekend call, I come down with malaria. So, I started taking anti-malaria in advance anytime I have call. Rats also run around and do not allow me to sleep whenever I want to catch a little sleep before my attention is needed again. Cockroaches are everywhere and they will come and peck on you and you cannot close your eyes and the next thing you hear a knock on the door, your attention is needed”

“We may find it difficult to get sick leave unless the illness is really serious. Many times we come to work with illness”

“Sometimes you go for outside posting and you are away for six months or a year and you leave your family, it a source of social stress”

Among female doctors, one said work afforded her opportunity to exercise. Other effects expressed included fear of patients' assault and social stress.

“Positively, walking around in the hospital is exercise for me especially when my HOD is around, he can send me to twenty places. So, the exercise is good for me because on a good day, I don't think I will go to the stadium to do exercise”

“I'm in contact with sputum positive patient every day and our clinic has only one tiny window and is small and you cannot tell the patient to stop coughing. I remember a nurse in ward 1 (medical ward) who just thought it wise to repeat her mantoux because she said she still remembers her mantoux when she was employed. Her mantoux came out positive (18)”

“Psychologically, my work affects me because of the kind of patients I deal with. When I'm on call, I'm always afraid and hope I won't meet a manic case because our consulting room is not big and thus not safe”

“Socially, my work gives me time to relax and prepare for the next day”

“The nature of where I work, sometimes I might be in the market and they can call you”

Guide seven: Are there other factors beyond your work that put you under stress?

For male doctors, financial challenges, loss of a relation and pressure/demand from relationships were said to be sources of stress.

“When I lost my dad because I was so much emotionally attached to him, it affected my work”

“When you are working in a place when your pay cannot take you home, it affects you. For example, for the past 2 days, I've not really relaxed to do my work just because my rent has expired. I thought it would expire next month but all of a sudden the landlady called me and said my rent has last month and so I had to raise 250,000 naira within 24 hours to pay and I discovered that for the past two weeks their countenance towards me changed. But after paying the money, everybody started smiling with me again”

“I am not married but I have a fiancée who find it difficult sometimes when she calls and I tell her there is no money. For example, recently, instead of the state

government to increase our salary, they went ahead and slashed it down. That action really killed my morale”

Female doctors expressed that social issues related to their families especially their husbands and children put them under stress.

“When I'm on outside posting, and I had to put my kids in care of other people, my mind was not always at rest and I had to pay the prize. When I wasn't there, the children performance in school dropped until the time I came back before she recovered”

“As a woman you leave a man here you cannot have peace. Even if the man is ugly, one woman would admire him and this can put the family in danger. In extreme cases, it might be worse and might lead to family disintegration”

“My child had to be in school as early as eight months old because of my work. I keep him in school till 5pm and he learns a lot of bad habits from there”

DISCUSSION

Findings from the FGD reveals that doctors were passionate about their job and were highly motivated by the smiles they put on patients and patients' relatives faces. This may also explain the dissatisfaction due to high mortality in a discussants' department because of their helplessness in being able to effectively treat and return majority of patients to their relatives alive and well.

Poor facilities to work with dominated a significant part of the discussion. This ranged from discussants' frustration with delays in investigation results, inadequate consumables, to poorly furnished or non-existent offices and call rooms. Delays in confirming diagnosis may lead to poor patients outcomes such as death and a sense of guilt on the part of doctors who may think the treatment outcome would have been more promising if the results had been made available on time. This may affect the psychological health of these doctors. Resident doctors are senior public servants and deserves a minimum conducive environment in which to work such as an office space for conveniences and call rooms for light rest. Convenient, properly ventilated and insecticide-sprayed, clean call rooms are particular

essential for doctors on call most of whom would still be expected to attend and function properly in the normal day's work.

Understandably, available opportunities for training and obtaining requisite experience, was a source of satisfaction among discussants. Conversely, the participant from the state general hospital expressed concerns about limited or no opportunities for academic activities such as seminars, which would challenge them to learn from their senior colleagues especially the consultants. Some participants in the teaching hospital also expressed dissatisfaction about the limited guidance given to them by their consultants thus, feeling neglected. In the quantitative survey among this population, we found that respondents who were satisfied with supervision were more likely to have overall job satisfaction, and satisfaction with supervision domain was an independent predictor of overall job satisfaction of doctors.¹⁶

Doctors work longer hours than in most occupations. It is thus not surprising that some of the discussant expressed satisfaction with the not so stressful number of hours they worked because it affords them the opportunities to have a more balanced family-work life. Heavy patients load in hospitals with limited number of doctors may mean that the few doctors employed would have to work longer hours, sometimes taking several calls which is inimical to the quality of the services rendered. It may also cause burnout and lead to inadvertent negligence and errors.

The psychosocial interphase is probably the most neglected part of the work environment. Our discussion with the participants showed that some of the resident doctors in specific fields expressed dissatisfaction with their colleagues' perception about their specialty. For example, a participant from community medicine specialty expressed concerns that her colleagues from the other specialties perceived that community physicians did very minimal work but received the same salary. Another discussant from psychiatry specialty expressed dissatisfaction about colleagues' general perception that psychiatrists exhibited eccentric behaviours because they had associated much with psychiatric patients. It was quite surprising to note that poor peer acceptance

was considered a source of job dissatisfaction among doctors.

Burnout and poor work environment may present with psychosomatic symptoms and illness in employees¹⁷ as sometimes experienced by participants in this study. This may reduce concentration at work and may sometimes cause inadvertent errors. In extreme cases, job productivity in terms of quantity (man-hour) and quality (manifesting sometimes in attention to details and quality of interaction with patients) may be reduced.

A perceived weakness of this study is that only two FGD sessions were conducted implying that limited breath of doctors' population was covered. However, we tried to enrol doctors from as many specialties as could be represented in the discussion groups. We included only resident doctors in the discussion because about 75% of respondents involved in the quantitative survey were resident doctors and this also enabled free-flow of discussions because of the relative population homogeneity.

The FGD sessions examined indepth areas of job satisfaction/dissatisfaction some of which were not revealed in the quantitative survey. Doctors expressed fair satisfaction with their job but were dissatisfied with poor state of the facilities they work with, pay, supervision and poor co-workers' perception about their specialty. We recommend hospital management pay adequate attention to regular and adequate maintenance of hospital facilities and provide ergonomically suitable offices/calls rooms for resident doctors. We also encourage clinical team leads to engage their subordinates regularly and improve opportunities for quality mentorship in order to motivate them. The health and wellbeing of resident doctors is of paramount importance. In this regards, applications for sick leave should be given due consideration. The state and federal government could contribute to improving resident doctors job satisfaction by improving pay and employing more doctors to reduce workload.

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