

Job Satisfaction of Primary Health Care Physicians at Capital Health Region, Kuwait

Authors:

Ibrahim S Al-Eisa (1)
Manal S Al-Mutar (2)
Huda K Al-Abduljalil (3)

(1) Head of Primary Health Care at Capital Health Region,
(2) Sawaber Health Center,
(3) Shamiya Health Center, Primary Care Capital Health Region, Ministry of Health, Kuwait

Correspondence:

Ibrahim Al-Eisa, (R.C.G.P.)
P.O. Box : 13061 Kaifan Postal Code:71951
Tel: (965)2541428
Fax: (965)2552358
E-mail: mmutar@doctor.com

ABSTRACT

Objectives: To evaluate the extent of job satisfaction of primary health care physicians working in Capital Health Region.

Subject and Methods: A population-based study was conducted during July 2004. Out of 95 questionnaires distributed to all physicians working in primary health care centers, Capital Region during the study period, 89 questionnaires were received. An English form self-administered questionnaire was used. The questionnaire collected information on socio-demographic characteristics and job satisfaction.

Results: A total of 89 participants in the study consisted of 42 males and 47 females; 56.2% were Kuwaiti 82.0% were married and 73.0% had children. The overall satisfaction was 61.8%. Significantly the higher the age the higher the job satisfaction. There were no significant differences in overall job satisfaction for nationality, sex, marital status and number of children. The GPs were less satisfied with their rate of pay but more satisfied with their colleagues.

Conclusion: Job satisfaction of primary health care physicians is critical for improvement of health systems. The results of our study showed that GPs were less satisfied with the rate of pay and the amount of variety in work. Young physicians appear to need more attention.

Key words: physicians, job satisfaction, primary health care, Kuwait.

INTRODUCTION

The 1978 Alma Ata declaration by the World Health Organization emphasized the importance of primary health care [1]. The job satisfaction of the primary health care physician 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 [2]. The perception of health care practitioners may affect the way that they treat patients both medically and personally [3]. Primary health care physicians usually live among their patients, deal with 90% of health care problems and need to address them in global terms, specifically the physical, psychological and social dimensions [4]. The role demands high levels of skill and motivation, yet despite this, general practitioners (GPs) are often perceived as second rank doctors by medical students, administrators and specialists. Hence, many GPs feel both geographically and professionally isolated, with a demanding job and unsatisfactory status [5]. Also, job satisfaction levels could be related to the quality and efficiency of the care given [2].

Objectives of our study were to evaluate the level of job satisfaction among primary health care physicians at Capital Health Region and to determine the relationships between overall satisfaction and physicians' socio-demographic characteristics (age, nationality, sex and marital status).

SUBJECTS AND METHODS

A population-based study was conducted during July 2004 using an English language self-administered questionnaire. Out of 95 questionnaires that were distributed to all GPs working at Capital Health Region during the study period, 89 were received at a response rate of 93.7%. The questionnaire contained two components:

- (1) socio-demographic characteristics and
- (2) job satisfaction questions were selected from Warr-Cook Wall job satisfaction scale [6]. Participants were informed about the study objectives and procedures and that data collected would be used only for the stated research purpose.

The data collected was manually checked for completeness, then were coded and fed in to an IBM personal computer. The Statistical Package for Social Sciences (SPSS) software window version 11.0 was used for data analysis. The chi-square test was used to assess the association between two variables. If $P = 0.05$ this mean there is significant and type I error is limited ($=0.05$) and confidence in our results become 95%.

RESULTS

In this study, 89 questionnaires were completed. Of all participants, 42(47.2%) were males, 50 (56.2%) were Kuwaitis and 31(34.8%) were in the age group of 30-39 years old. The great majority of subjects were married 73 (82.0%) and had children 65 (73.0%). About one-third of the participants were newly working at primary health care centers (39.3%). Most of our participants 71(80.0%) were not suffering from any chronic disease and the amount of sick leave they took was less than three days per year. Only 17 (21.3%) of participants were family practitioners. More than two-third of our participants were not facing problems with patients (67.4%) and they were not thinking to change their specialty (73.0%). Significantly the higher the age of the subjects and the number of years working, the higher job satisfaction ($\chi^2 = 6.28$, $df = 1$, $P < 0.05$) and ($\chi^2 = 11.5$, $df = 5$, $P < 0.05$) respectively. Our data showed that the more time to enjoy life and the least problems face from the patients, the higher the satisfaction ($\chi^2 = 5.44$, $df = 1$, $P < 0.05$) and ($\chi^2 = 10.37$, $df = 1$, $P < 0.001$) respectively. There was no significant difference in overall job satisfaction for nationality, gender, specialty, marital status, the presence of children and chronic disease and number of days of sick leave (Table1).

Table 2 shows the ten items of job satisfaction questions selected from Warr, Cook and Wall job satisfaction scale. The overall job satisfaction was 61.8%. The results show that GPs were significantly less satisfied with their rate of pay and job variety. However, they were more satisfied with their colleagues and their job responsibility. There were significant associations between overall satisfaction and different items of job satisfaction.

DISCUSSION

A study of 89 GPs working at Capital Health Region showed that the overall physician's satisfaction was similar to a study done in Kuwait 1998 showed that the level of overall satisfaction was 66.9%. This meant that there was no improvement in different items of job satisfaction during this period [7].

Our data showed a significant association between overall satisfaction and physician's age as well as number of years worked. This was consistent with other studies done in other countries, which show that older

doctors are more generally satisfied with their jobs than younger doctors [8,9]. It is possible that the young physicians have greater demands and, as age advances, the possibility to adapt increases [10]. A study done in Barcelona showed that there was a positive association between overall satisfaction and the less years working in primary health [11]. Similar to our study, Mainous A et al [12] reported that those who are dissatisfied with their work were most likely to leave the practice. In contrast to other studies that showed that family medicine specialists reported lower satisfaction [2]. Our study showed that there were no significant difference between being a specialist in family medicine and overall satisfaction. This can be attributed to the similarity of working conditions for all primary care physicians. Similar to our finding, Eker L et al [13] showed that there was no significant satisfaction difference between genders. Aspects such as physician's health and number of sick leave days have no relation to job satisfaction. There is a commonly held belief that doctors are indispensable and should carry on working even when they are ill [14]. The results of our study showed that physicians who faced less problems with patients were more satisfied. This can be explained by study done by Bascunan R [15] who reported that all physicians included in his study mentioned that changes in physician-patient relationships are one of the most important factors that has impact on their satisfaction.

Our findings coincide with what has been reported in the literature, which showed that the area of greatest job satisfaction includes their contact with other physicians and their relationship with other health care workers and the area of least satisfaction included physician salary [16-20].

CONCLUSION

Physician satisfaction is an increasingly important issue in improvement of the quality of health care. About two thirds of primary care physicians were satisfied with their job. Clear areas of satisfaction and dissatisfaction have been defined. Our findings suggest that more attention should be given to income, variety in work and practice conditions in order to improve the overall physician satisfaction. This information may help us in the development of policy to structure a medical system in Capital Health Region to meet Physician satisfaction.

Table1: Socio-demographic characteristic and overall satisfaction

Characteristic	Satisfied	Un-Satisfied	Significant
Nationality			
Kuwaiti	31	19	NS
Non-Kuwaiti	24	15	
Gender			
Male	29	13	NS
Female	26	21	
Age			
<30	10	12	P<0.05
30-39	17	14	
40-49	17	5	
50-59	11	3	
Specialty			
General practitioner	42	28	NS
Family practitioner	13	6	
Number of years working in PHCC			
1-5	19	16	P<0.05
6-10	9	11	
11-15	9	3	
16-20	6	4	
21-25	10	0	
>25	2	0	
Marital status			
Single	8	6	NS
Married	47	26	
Divorce	0	2	
Widow	0	0	
Presence of children			
Yes	42	23	NS
No	13	11	
Presence of chronic illness			
Yes	11	7	NS
No	44	27	
Availability of time to enjoy			
Yes	38	15	P<0.05
No	17	19	
Number of sick leave/year			
<3 days	45	26	NS
3-5 days	8	6	
>5 days	2	2	
Find any problem(s) with patients			
Yes	11	18	P<0.001
No	44	16	
Thinking to change specialty			
Yes	6	18	P<0.0001
No	49	16	

Table 2: Different items of job satisfaction selected from Warr- Cook Wall scale

Items	Satisfied	%	Un-satisfied	%
The amount of responsibility you are given *	69	77.5	20	22.5
The freedom to choose your own method of work **	60	67.4	29	32.6
The amount of variety in your work **	50	56.2	39	43.8
Your colleagues and fellow worker (s) **	72	80.9	17	19.1
Taking everything in to consideration, how do you feel about your job as a whole	55	61.8	34	38.2
The physical working conditions **	53	59.6	36	40.4
The opportunity to use your ability **	53	59.6	36	40.4
Your rate of pay *	33	37.1	56	62.9
The recognition you get for your good work **	58	65.2	31	34.8
Your hours of work **	59	66.3	30	33.7

P<0.05 *

P<0.001 **

ACKNOWLEDGMENTS

We are grateful to all general practitioners for their co-operation with our study.

REFERENCES

1. World Health Organization. Alma Ata 1978 Primary Health Care. Geneva: WHO, 1978.
2. Carmen G, Sandra R, Isabel R, Onofre M. Family Physician Job Satisfaction in different medical care organization models. *Family Practice* 2000; 17(4): 309-313.
3. John H, Aki N, David M, Sharon H, Merrill N. Patient and Provider Satisfaction With Medical Care. *The Journal of Family Practice* 1992; 35(2): 176-179.
4. Mc Whiney R. An introduction to family practice. Oxford, Oxford University Press, 1983.
5. Braithwaite A, Alistair R. Satisfaction and job stress in general practice. *Family Practice* 1988; 5: 83-93.
6. Warr P, Cook J, Wall T. Scales for measurement of some work attitudes and aspects of psychological well-being. *J Occupat Psychol* 1979; 52: 129-148.
7. Al-Zaid BM, Buhamra SS, Al-Ibrahim AH. Factors for job satisfaction among Primary Care Physicians in Kuwait. *Medical Principles and Practice* 1998; 7(2): 109-119.
8. Branthwaite A, Ross A. Satisfaction and job stress in general practice. *Fam Pract* 1988; 5: 83-93.
9. Winefield HR, Anstey TJ. Job stress in general practice: practitioners age, sex and attitudes as predictors. *Fam Pract* 1991; 8: 140-144.
10. Groenwegen P, Hutten J. Workload and job satisfaction among general practitioners: a review of the literature. *Soc Sci Med* 1991; 32: 1111-1119.
11. Sobreques J, Cebria J, Segura J, Rodriguez C, Garcia M, Juncosa S. Job satisfaction And burnout in general practitioners. *Aten Primaria*. 2003 March 15; 31 (4): 227-33.
12. Mainous AG 3rd, Ramsbottom-Lucier M, Rich EC. The role of clinical workload and satisfaction with workload in rural primary care physician retention. *Archives of Family Medicine* 1994; 3(9): 787-92.
13. Eker L, Tuzun EH, Daskapan A, Surenkok O. Predictors of job satisfaction among physiotherapists in Turkey. *J Occup Health*. 2004 Nov; 46 (6): 500-5.
14. Richards C. The Health of Doctors. King's Fund project paper no. 78. London: King's Fund, 1989.
15. Bascunan R ML. Changes in physician-patient relationship and medical satisfaction. *Rev Med Chil* 2005 Jan; 133 (1): 11-6.
16. Ramsbottom-Lucier MT, Caudill TS, Johnson MM, Rich EC. Interactions with colleagues and their effects on the satisfaction of rural primary care physicians. *J Rural Health* 1995; 11(3): 185- 91.
17. Lee MC, Chou MC. Job and life satisfaction among remote physicians in Taiwan. *Journal of the Formosan Medical Association* 1991; 90(7): 681-7.
18. Bovier PA, Perneger TV. Predictors of work satisfaction among physicians. *Eur J Public Health*. 2003 Dec; 13 (4): 299-305.
19. Simoens S, Scott A, Sibbald B. Job satisfaction, work related stress and intentions to quit of Scottish GPs. *Scott Med J*. 2002 Aug; 47(4): 80-6.
20. Buciuniene I, Blazeviene A, Bliudziute E. Health care reform and job satisfaction of primary health care physicians in Lithuania. *BMC Fam Pract* 2005 Mar 7; 6 (1): 10