

## **Physician Job Satisfaction in Primary Care**

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**Objective:** To evaluate the level of job satisfaction among primary care physicians (PHCPs) in the Ministry of Health in Bahrain.

**Design:** Questionnaire cross-sectional study.

**Setting:** Primary care, Bahrain.

**Method:** Self-administered questionnaire which consist of two parts: social and personal characteristic part, and job satisfaction survey part. It was distributed to 262 primary health care physicians in December 2006. Job satisfaction survey studied nine aspects (pay, promotion, supervision, fringe benefits, contingent rewards, operating condition, co-workers, nature of work, and communication). Each aspect was studied by 4 items. Job satisfaction measured by 6-likert rating scale, ranging from disagrees very much (rating 1) to agree very much (rating 6).

**Result:** Hundred and eleven primary care physicians (PHCPs) (42%) returned the completed questionnaire. In general, PHCPs were slightly satisfied. The highest level of satisfaction was derived from the nature of work (mean=4.69, SD=1.06), supervision (mean=4.62, SD=1.20), co-workers (mean=4.58, SD=0.86), and communication (mean=3.80, SD=1.09, while the least satisfaction was derived from the promotion (mean=2.56, SD= 1.12) and unexpected rewards (mean=2.61, SD= 1.15), followed by fringe benefits (mean=2.65, SD=1.09), pay (mean=2.76, SD=1.26), and operating conditions (mean=2.85, SD=0.71). Non-Bahraini, males, older than 50 years, married and those working evening shifts were the most satisfied.

**Conclusion:** PHCPs were found to be slightly satisfied. There was variation in level of satisfaction between different health centers. Moderately satisfied was the maximum that could be achieved.

*Bahrain Med Bull 2008; 30(2):*

Ever since the establishment of primary care service in Bahrain in 1979, concurred with Alma Ata declaration of the World Health Organization (WHO) in 1978, which strongly reaffirmed the importance of primary health care<sup>1</sup>. The system of primary care has remained dynamic, changing and developing according to the people's needs. Ever since, all efforts in the Ministry of Health have been concentrated on how to improve the quality of services provided, which acknowledged that primary care being the first health "gate" for society members.

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Furthermore, it is known that PHCPs deal with 90% of people's health problems, and health centers cover almost 100% of the citizens in Bahrain as illustrated in the annual statistic report (2005); this is an indication of the attainment of the goal "Health for all" that WHO declared<sup>2,3</sup>. The majority of PHCPs needed to improve themselves and to increase their self esteem.

In a study performed in 2000, the highest percentage reported for extremely satisfied was for "fellow physicians" (14.4%), and "immediate boss" (14.3%) while extremely dissatisfied was for "promotion" (37.2%). They also reported that non-Bahraini, male and older PHCPs and those who spent longer periods in their job were the most satisfied<sup>4</sup>.

Changes have been made in the area of dissatisfaction reported above, where great number of PHCPs were promoted. In addition, consultants extra hours payment has improved, overtime hours was compensated and other fringe benefits improvements. The increase in manpower was one of the main factors to reduce the work load, prolonging the consultation time and improving working atmosphere. Medical training and study opportunities were provided; in addition, the PHCPs were given the opportunity of being part of the academic faculty at the medical college of the Arabian Gulf University. The Ministry has also increased the number of working health system committees and has given the option for the PHCP to be a member of the committee.

The aim of this study is to evaluate the level of job satisfaction among primary care physicians (PHCPs) in the Ministry of Health in Bahrain.

## **METHOD**

Questionnaire was distributed to all PHCPs working in governmental health centers in Bahrain. The questionnaire consisted of two parts: 1) Social and personal characteristics (Age, gender, nationality, marital status, date of joining primary care, educational degree, professional status and duration and working time). 2) Job satisfaction survey questionnaire (JSS): which was developed by Specter (10), it consists of 36 items through nine aspects to assess pay, promotions, supervision, fringe benefits, contingent rewards, operating condition, co-workers, nature of work, and communication. A 6-likert scale used (Disagree very much=1, disagree moderately=2, disagree slightly=3, agree slightly=4, agree moderately=5, agree very much=6). Items are written in both directions; therefore, about half must be reversely scored. The questionnaire was distributed during December 2006, after explanatory call to all health centers in-charge or their deputies by the authors. In addition, an explanatory letter accompanied each questionnaire from the authors. Absolute confidentiality was ensured by PHCPs returning their questionnaire to the doctor in-charge anonymously in a sealed envelop. SPSS version 14 was used for entering and analyzing the data. T-test was used to compare between two means, while ANOVA (analysis of variance) was used to compare more than two means. In either test we used 0.05 and 0.01 as a significance level.

## RESULT

Two hundred and four of 262 (77.9%) questionnaire were returned, out of which 111 were fully completed (42.4%) The social and personal characteristic of the sample are shown in table1. Respondents were 67 (60.4%) females and 81 (73.0%) were Bahraini.

**Table 1: Social and Personal Characteristic of Physicians in Primary Care**

		Count	%
<b>Age</b>	< 40 years	37	33.3
	40-50 years	54	48.6
	> 50 years	20	18.0
<b>Gender</b>	Male	44	39.6
	Female	67	60.4
<b>Nationality</b>	Bahraini	81	73.0
	Non-Bahraini	30	27.0
<b>Marital status</b>	Single	7	6.3
	Married	102	91.9
	Divorced	2	1.8

The overall satisfaction mean was 3.46 (SD=0.67) which can be interpreted as agree or slightly satisfied; nature of work (mean=4.69, SD=1.06), supervision (mean=4.62, SD=1.20), co-workers (mean=4.58, SD=0.86), and communication (mean=3.80, SD=1.09), had the highest means. The physicians were dissatisfied with all other aspects. The lowest satisfaction was for promotion (mean=2.56, SD= 1.12) and contingent rewards (mean=2.61, SD= 1.15), followed by fringe benefits (mean=2.65, SD=1.09), pay (mean=2.76, SD=1.26), and operating conditions (mean=2.85, SD=0.71) as shown in table 2.

**Table 2: Level of PHCPs's Satisfaction in All Aspects**

	Mean Satisfaction	Standard Deviation
Pay	2.76	1.26
Promotion	2.56	1.12
Supervision	4.62	1.20
Fringe Benefit	2.65	1.09
Contingent Rewards	2.61	1.15
Operating Condition	2.85	0.71
Co-workers	4.58	0.86
Nature of Work	4.69	1.06
Communication	3.80	1.09
Satisfaction	3.46	0.67

Age, gender, nationality, marital status, current professional status and working time were found to have an association with the level of overall job satisfaction as shown in table 3. Age was found to have an association with level of satisfaction in relation to fringe benefits. Physicians < 40 years were found to be slightly dissatisfied in relation to fringe benefits (mean 2.34, SD=0.89), while those above 50 years were slightly satisfied (mean=3.11, SD=1.39), and the difference in satisfaction was found statistically significant (P- value 0.033). Educational degree was found to have an association with the level of satisfaction in relation to fringe benefits, contingent rewards and operating condition. Family medicine board certified (AUB, Irish) physicians found to be the least satisfied about fringe benefits, contingent rewards, and operating conditions (mean=2.38 SD=0.93, 2.42 SD=0.10, and 2.72 SD= 0.65) respectively, and that was statistically significant (P- value 0.003, 0.045, and 0.046 respectively).

It was difficult to study job satisfaction in relation to health centres, because the number of variables were more than 18, but by tracing means of overall job satisfaction among health centres results showed that Hamad kanoo health centre (HC) (mean= 4.57, SD=0.92) and Muharraq HC (mean=4.05, SD=0.81) had the highest overall satisfaction; while Naim (mean=3.01, SD= 0.55), and East Riffa HC (mean=3.01, SD= 0.92) showed the lowest means.

**Table 3: Satisfaction in Relation to Physicians' Social and Personal Characteristics**

<b>Social and personal Characteristic</b>		<b>Mean satisfaction</b>	<b>SD</b>	<b>P value</b>
<b>Nationality</b>	Bahraini	3.27	0.54	0.000
	Non Bahraini	3.98	0.72	
<b>Gender</b>	Male	3.65	0.83	0.026
	Female	3.33	0.50	
<b>Age</b>	< 40 years	3.34	0.48	0.030
	40-50 years	3.45	0.71	
	> 50 years	3.70	0.81	
<b>Marital Status</b>	Single	3.35	0.48	0.24
	Married	3.47	0.69	
	Divorced	3.39	0.24	
<b>Current Educational Degree</b>	MBBS	3.65	0.80	0.000
	Family Medicine*	3.34	0.57	
	Other Family**	3.67	0.69	
	Medicine			
<b>Current Professional Status</b>	P 5	4.15	0.70	0.000
	P 6	3.54	0.70	
	P 7	3.26	0.46	
	P 8	3.29	0.59	
	P 9	3.14	0.79	
<b>Working Time</b>	Morning	3.32	0.58	0.001

Evening	3.94	0.75
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\* Family medicine board (AUB, Irish).

\*\* Other family medicine board certificate.

## DISCUSSION

Studies have proven that when physicians are more satisfied with their jobs the quality of care improves<sup>5</sup>. More over satisfied employees tend to be more creative and committed to their employers. Recent studies have shown direct relation between staff satisfaction and patient satisfaction<sup>5</sup>. In addition, essential medical outcome has been linked to physician satisfaction, including prescribing behaviour, patient adherence to medications, patient satisfaction, and quality of care<sup>6</sup>. Dissatisfaction may lead to increased job turnover and dissatisfied primary care physicians are more likely to express difficulty caring for patients and are less able to provide quality care. More over, they are more likely to have dissatisfied patients<sup>7</sup>. Consequently, patient dissatisfaction is associated with worse health outcome<sup>8</sup>.

Our study has shown that most of physicians in the present study were Bahrainis (73.0%), compared to the studies done by Al Marri et al in Qatar, and A Kalantan in Riyadh, which showed that most of the physicians were non-nationals<sup>5,8</sup>. These findings could be explained by the fact that Bahrain had a well established family physician residency program for more than two decades with priority of enrolment given to Bahraini physicians, and the same explanation applies to the findings of 73% of the respondents who were family medicine certified.

The study has revealed that primary care physicians in Bahrain tend to be slightly satisfied (mean=3.46 SD=0.67) according to job satisfaction survey **JSS** norms (mean=3.79, SD=0.33). According to Spector, the highly satisfying variables were found to be supervision, nature of work, co-workers, and communication<sup>10</sup>. The least satisfying factors were promotion, contingent rewards, fringe benefits, operating conditions and pay. Our results were comparable to **JSS** norms in relation to pay, supervision, co-workers, nature of work and communication. Lower level of satisfaction was noted in promotion, fringe benefits, contingent rewards and operating condition see table 4.

**Table 4: Physicians Satisfaction Level for All Facets in Our Study and JSS Norms**

	Our Study		JSS norms	
	Mean	SD	Mean	SD
Pay	2.76	1.26	2.95	0.65
Promotion	2.56	1.12	3.0	0.47
Supervision	4.62	1.20	4.8	0.37
Fringe Benefit	2.65	1.09	3.52	0.55
Contingent Rewards	2.61	1.15	3.4	0.5
Operating Condition	2.85	0.71	3.37	0.55
Co-workers	4.58	0.86	4.6	0.27
Nature of Work	4.69	1.06	4.8	0.32
Communication	3.80	1.09	3.6	0.45
Total Satisfaction	3.46	0.67	3.79	0.33

In the study by Hamada et al, it was found that the highest percentage reported for extremely satisfied was fellow physicians (14.4%) and immediate boss (14.3%), while extremely dissatisfied was opportunity of promotion (37.2%)<sup>4</sup>.

In another study, the respondents were satisfied with the level of autonomy they get at work and their relationship with the supervisor, while rewards and social status turned to be causing the highest dissatisfaction among respondents<sup>11</sup>. Another study showed that supervision and promotion were sources of dissatisfaction<sup>12</sup>.

Age, gender, nationality, marital status, educational degree, and current professional status were associated with higher job satisfaction. In particular non-Bahraini males who do evening shifts, physicians above fifty years of age, married physicians and those on p5 (government payment scale) were more satisfied. The results confirmed what Hamada et al found that non-Bahraini males are more satisfied. In our study, non-Bahraini were more satisfied about payment, promotion, fringe benefits, contingent rewards and communications. These findings could be explained by the fact that non-Bahraini physicians who generally work in the evening shifts usually are receiving extra financial allowances not provided to Bahraini physicians; in addition, their basic salary is higher compared to their country of origin. The other reason could be the fear of annoying the employer if recognized.

In addition, factors of satisfaction reported more by males than females were fringe benefits ( $p=0.011$ ), contingent rewards ( $p= 0.002$ ), pay ( $P=0.033$ ) and promotion ( $p=0.002$ ); this could be attributed to government law of paying social security allowance to male but not female spouse. Other explanation could be that the majority of Non-Bahraini physicians were males, and they receive extra allowances such as residency, educational, tickets ...etc.

Physicians working in evening shifts showed higher level of total satisfaction (mean=3.94, SD=0.75) in comparison with those working in morning (mean=3.32, SD=0.58); the difference in satisfaction was found to be statistically significant ( $P$ -value=0.001). It is obviously related to the allowance provided for evening shifts physicians;

these shifts are unacceptable to many because of the disadvantages including its negative effects on their families and their social activities.

## CONCLUSION

**This study revealed that primary care physicians working in ministry of health in Bahrain tend to be slightly satisfied. The highest satisfaction among PHCPs in 2006 was obtained from the nature of work, supervision, co-workers, and communication respectively, while the least satisfaction was for promotion, contingent rewards, fringe benefits, pay and operating conditions respectively.**

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