

Assessment of the Job Satisfaction Levels of Family Physicians

Aile Hekimlerinin İş Doyumunu Düzeylerinin Değerlendirilmesi

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Abstract

Objectives: The aim of this study was to determine the level of job satisfaction and some related factors for family physicians in Turkey.

Materials and Methods: The study was conducted with all the family physicians who participated in the trainings for family physicians in Ankara between March 2015 and March 2016. Face-to-face interviews and a questionnaire form with the physicians who took part in 15 organized trainings were fulfilled. In the study, questions were prepared by the researchers in accordance with the relevant literature review and the short form of the Minnesota Job Satisfaction Questionnaire containing 20 expressions were used.

Results: When comparing average scores of general job satisfaction, internal job satisfaction, and external job satisfaction regarding the working regions of the family physicians, a statistically significant difference was found among the scores of interregional external job satisfaction. While the average score of general job satisfaction showed no statistically significant difference in terms of age, gender, marital status, child ownership and smoking status; a statistically significant difference was found between the mean scores of the general job satisfaction regarding the periods in which the physicians performed family medicine. While 622 (79.53%) of the family physicians who participated in the study had moderate job satisfaction, the proportion of family physicians having high job satisfaction was only 20.20%.

Conclusion: In this study, family physicians' general job satisfaction scores were determined to be moderate. Factors responsible for this situation should be identified and developed. Factors could be either internal or external. The steps that would be taken to identify and develop these factors would increase both the efficiency of the family physicians and their level of satisfaction in primary health care services.

Key words: Job satisfaction, family physician, health

Öz

Amaç: Birinci basamak sağlık hizmeti sunan aile hekimlerinin iş doyum düzeylerinin belirlenmesi ve ilişkili faktörlerin saptanmasıdır.

Materyal ve Metot: Araştırma, Ankara ilinde aile hekimlerine yönelik Mart 2015 - Mart 2016 tarihleri arasında Halk Sağlığı Kurumu tarafından düzenlenen eğitimlere katılan tüm aile hekimleri ile gerçekleştirilmiştir. Düzenlenen 15 eğitime katılan hekimler ile yüz yüze görüşme yöntemi ile anket formu kullanılarak yapılmıştır. Araştırmada, araştırmacılar tarafından amaca uygun olarak yapılan literatür taraması doğrultusunda oluşturulan sorular ve Minnesota İş Doyum Ölçeği'nin 20 ifadeyi içeren kısa formu kullanılmıştır.

Bulgular: Aile hekimlerinin çalıştıkları bölgeler itibarı ile genel iş doyumunu, içsel iş doyumunu ve dışsal iş doyumunu puan ortalamaları karşılaştırıldığında bölgeler arası dışsal iş doyumunu puanları arasında istatistiksel olarak anlamlı bir fark saptanmıştır. Katılımcı aile hekimlerinin genel iş doyumunu puan ortalamaları, yaş, cinsiyet, medeni durum, çocuk sahibi olma ve sigara içme durumuna göre istatistiksel olarak anlamlı bir farklılık göstermezken, hekimlerin aile hekimliği yaptıkları süreler açısından genel iş doyumunu puan ortalamaları arasında istatistiksel olarak anlamlı bir fark bulunmuştur. Araştırmaya katılan aile hekimlerinin 622'sinin (%79,53) genel iş doyumunu orta düzeyde bulunurken, yüksek iş doyumuna sahip aile hekimlerinin oranı ise %20,20 olmuştur.

Sonuç: Araştırmada aile hekimlerinin çoğunlukla orta düzeyde genel iş doyumuna sahip olması, iş doyum düzeyinin yükseltilmesi için buna neden olan faktörlerin tespit edilerek gereken iyileştirmelerin yapılmasını gerekli kılmaktadır. Bu faktörler içsel olabileceği gibi dışsal da olabilmektedir. Bu faktörlerin tespiti ve

geliştirilmesine yönelik atılacak adımlar birinci basamak sağlık hizmetlerinde aile hekimlerinin verimliliğini arttıracak ve memnuniyet düzeylerini yükseltecektir.

Anahtar kelimeler: İş doyumu, aile hekimi, sağlık

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Introduction

Job satisfaction, defined as employees' emotional status with their job evaluation and satisfaction with their work, affects their physical and mental health as well as their level of effectiveness and productivity in business life.¹

Various factors affecting the content of job satisfaction and the concepts of equilibrium, equality and goodness arising from their results constitute to job satisfaction. If the employee finds work consistent with these concepts for himself and others, he will also find it satisfactory to himself and others. If he does not perceive his work equally with the concepts of equilibrium and equality, dissatisfaction will arise. Job satisfaction is also expressed as someone's satisfaction or dissatisfaction with his/her job. The feeling of satisfaction emanates only when the characteristics of the job match the individual's desires.² Job satisfaction arises from the attitudes that employees have developed against their business and emerge as an emotional response to their work experience. Job satisfaction is not a different concept from the general sense of satisfaction, it is related to the elimination of requirements. What is important here is the predominant effect of working environments, where people spend most of their lives, on the individual's job satisfaction and the quality of life.²

Job satisfaction is one of the important determinants for employees to be successful, happy and productive. Satisfaction can be affected by organizational and environmental factors such as job content, wage policy, working conditions as well as personal characteristics such as age, gender and level of education.^{3,4} The steps that would be taken to identify and develop job satisfaction level would increase the efficiency of the family physicians and the level of satisfaction in primary health care services.

Materials and Methods

This study was conducted with the participation of 782 family physicians working in different regions of Turkey between March 2015 and March 2016. The research was carried out with family physicians who participated in the trainings for family physicians performed in Ankara between March 2015 and March 2016 with permission from related institutions. The research was conducted by face-to-face interview method and via a questionnaire form with the physicians who have participated in 15 organized trainings. In the study, questions were prepared by the researchers in accordance with the relevant literature review and the short form of the Minnesota Job Satisfaction Questionnaire containing 20 expressions were used.

The Minnesota Job Satisfaction Scale is a five-point Likert-type scale scored between 1 and 5. In the scale score, the evaluation is as follows; not satisfied at all (1 point), not satisfied (2 points), undecided (3 points), satisfied (4 points) and very satisfied (5 points). There are no inverse questions on the scale. The short form of the Minnesota Job Satisfaction Scale consists of 20 items that determine the internal, external and general satisfaction level.^{5,6} The Minnesota Job Satisfaction Scale's short form scoring is between 20 and 100, and indicates that the job satisfaction increases as the score increases.

In the scoring, 25 points and below points to low job satisfaction, 26-74 points mean medium job satisfaction and 75 points and above express high job satisfaction.⁷ Internal, external and general job satisfaction scores were calculated for each participant physician in the study. Data obtained from the study were evaluated using the SPSS 20.0 version. Normality analysis was performed according to the Shapiro-Wilk test, and the values of kurtosis and skewness of the data were evaluated and it was determined that the data showed normal distribution. The data that match normal distribution were analyzed by using Independent-Samples T Test and One-Way ANOVA test. Tukey HSD test was used in multiple comparisons. For statistical significance, $p < 0.05$ was accepted.

Results

The average age of the physicians participating in the survey is $28,52 \pm 4,67$. Of the participating family physicians, 612 (78.36%) were male and 169 (21.64%) were female. Of the physicians, who participated in the study, 669 (85.51%) had no children, 72 (9.20%) had one child, and 24 (3.14%) had two children. While 246 (31.46%) of the family physicians participating in the study were working in the Eastern Anatolia Region, 28 (3.58%) were working in the Aegean Region as the lowest group. While 329 (42.07%) of the family physicians who participated in the study indicated that they sometimes thought to change their jobs, 230 (29.41%) stated that they frequently thought that they would change their jobs.

In addition, the scores that the family physicians participating in the study got from the Minnesota Job Satisfaction Scale were assessed and the socio-demographic characteristics of family physicians and the evaluations of their work and operations are given in Table 1, Table 2 and Table 3.

In Table 1, when the average scores of the general, internal and external job satisfaction of the family physicians were compared in terms of the regions they work in, a statistically significant difference was found between the external job satisfaction scores among the regions ($p=0,015$). In the multiple comparison between the regions, it was determined that the difference is between the Black Sea Region-Marmara Region ($p = 0,032$) and the Black Sea Region -Southeastern Anatolia Region ($p = 0,018$).

While the mean scores for the general job satisfaction of the family physicians showed no statistically significant difference in terms of age, gender, marital status, child ownership and smoking status; a statistically significant difference was found between the mean scores of general job satisfaction regarding the periods in which the physicians performed family medicine practice ($p=0,026$). In the multiple comparisons made for the mean of

general job satisfaction scores regarding the length of time they performed family medicine practice, a statistically significant difference was found between the scores of the participants having performed for less than 12 months and family medicine practitioners having performed for 13-24 months ($p=0,006$).

Table 1. Comparison of job satisfaction point averages according to the regions

Regions where the physicians work	Job satisfaction score averages ($x \pm ss$)		
	General	Internal	External
Aegean (n=28)	3.22±0.75	3.38±0.77	2.99±0.84
Marmara (n=81)	3.11±0.68	3.34±0.70	2.77±0.76
Black Sea (n=99)	3.38±0.55	3.55±0.55	3.89±0.70
Central Anatolia (n=80)	3.25±0.56	3.49±0.58	2.88±0.72
Eastern Anatolia (n=246)	3.18±0.64	3.39±0.69	2.83±0.70
Southeastern Anatolia (n=190)	3.20±0.58	3.44±0.58	3.03±0.74
Mediterranean (n=40)	3.33±0.60	3.53±0.61	2.90±0.73
Statistical analysis	F=1.992 p=0.064	F=1.445 p=0.195	F=2.641 p=0.015

Table 2. Comparison of the mean scores of general job satisfaction in terms of some sociodemographic characteristics

Sociodemographic characteristic	General job satisfaction score averages $x \pm ss$	Statistical analysis
Age group (years)		
<28	3.20±0.62	t=0.955 p=0.340
≥28	3.24±0.91	
Gender		
Male	3.22±0.63	t=0.053 p=0.957
Female	3.22±0.57	
Marital Status		
Married	3.18±0.60	t=1.142 p=0.254
Single	3.24±0.62	
Status of having children		
Yes	3.25±0.63	t=0.539 p=0.590
No	3.21±0.61	
Family medicine period (months)		
≤12	3.24±0.61	F=3.092 p=0.026
13-24	3.07±0.62	

25-36	3.11±0.67	
37-48	3.51±0.75	
Smoking status		
Never smoking	3.26±0.58	F=1.412 p=0.244
Quit smoking	3.22±0.62	
Non-smoker	3.18±0.64	

In Table 3, general average of job satisfaction scores were evaluated in terms of some characteristics of the participating family physicians. It was found that the general job satisfaction scores of the family physicians who thought to change their job were lower than of those who did not think about changing their job and the difference between the groups was found statistically significant ($p<0,001$). In addition, when the status of encountering negative patient behaviors were regarded, the general job satisfaction scores (2.96 ± 0.65) of those who frequently encountered such behaviors were found to be lower than of those who did not encounter (3.86 ± 0.55) negative patient behaviors ($p=<0.001$).

Table 3. Comparing the average scores of general job satisfaction regarding some jobs and transactions

Characteristic	General job satisfaction score averages ($\bar{x} \pm ss$)	Statistical analysis
Thought of changing job		
Frequently	2.87±0.62	F=56.164 p<0.001
Sometimes	3.24±0.52	
Rarely	3.52±0.49	
Never	3.62±0.64	
Dependent population		
≤1000	3.08±0.65	F=0.678 p=0.607
1001-2000	3.27±0.74	
2001-3000	3.25±0.61	
3001-4000	3.19±0.58	
≥4001	3.19±0.70	
Negative patient behavior		
Frequently	2.96±0.65	F=23.871 p<0.001
Sometimes	3.21±0.57	
Rarely	3.42±0.56	
Never	3.86±0.55	
Using initiative		
Yes	3.40±0.58	t=9.578

No	2.99±0.58	p<0.001
Vision for the future of the profession		
Pessimistic	2.94±0.60	F=94.787 p<0.001
Optimistic	3.71±0.54	
None	3.37±0.50	
The idea of quitting family medicine		
Yes	3.05±0.62	F=44.891 p<0.001
No	3.46±0.53	
Sometimes	3.29±0.40	
Sleeping well enough		
Yes	3.35±0.59	t=5.793 p<0.001
No	3.09±0.61	
Number of outpatient clinics		
≤20	3.26±0.62	F=1.888 p=0.111
21-40	3.27±0.61	
41-60	3.12±0.58	
61-80	3.17±0.69	
≥81	3.16±0.64	
Status of negative criticism about the profession		
Frequently	2.87±0.62	F=72.237 p<0.001
Sometimes	3.33±0.48	
Rarely	3.62±0.48	
Never	3.89±0.79	

The general job satisfaction score of the physicians using the initiative was found higher than of the physicians who could not use the initiative ($p<0.001$). On the other hand, job satisfaction scores of pessimistic physicians regarding the future of the profession were found to be lower than of those of the optimistic ones ($p<0.001$). In addition, general job satisfaction score (3.35 ± 0.59) of the family physicians who stated that they slept well enough was found to be higher than of those (3.09 ± 0.61) who did not sleep well ($p<0.001$). The general job satisfaction scores of the family physicians who frequently criticize their profession negatively were found to be lower than of those who rarely or never criticize ($p<0.001$). The distribution of the average job satisfaction of the physicians who participated in the study in terms of some characteristics are given in Table 3.

Discussion

In this study, the average of job satisfaction scores of family physicians were obtained as; 3.22 ± 0.62 for general job satisfaction, 3.43 ± 0.64 for internal job satisfaction and 2.90 ± 0.72 for external job satisfaction. When the average of job satisfaction scores of the physicians is examined, it is observed that the average of external job satisfaction scores is

low. Similarly, in a study made by Tözün *et al.* (2008) it was found that family physicians' external job satisfaction score averages were lower than general and internal job satisfaction average scores.¹

The average age of the physicians participating in the study was found to be 28.52 ± 4.67 . In this study, the physicians who participated in the trainings that family physicians should take in the practice of family medicine were interviewed. These trainings are given by the related institutions in the first periods when the physician starts family medicine specialty training. For this reason, the average age of the family physicians who participated in our research was low, mainly because they were physicians who are new to medicine. Of the physicians who participated in the study, there was no difference between the average scores of general job satisfaction of physicians under 28 years of age and those of 28 years of age or older ($p > 0.005$). Similarly, in a study conducted with medical practitioners made by Sünter *et al.* (2006) no significant difference was found between age and job satisfaction. In some other studies, there was no significant relationship between age and job satisfaction.^{1,8-10}

In the study, no significant differences were found between two genders or among the married and single ones in terms of the scale scores. Similarly, while no significant difference was found between the job satisfaction scores in terms of sex by Karlıdağ *et al.* (2000) and Arslan *et al.* (1996), Hayran and Aksayan (1991) stated that job satisfaction was higher in males, and married people were more satisfied than single ones. Similarly, Arslan *et al.* (1996) found that women's job satisfaction scores were lower than those of men in a study conducted with health professionals.^{7,9,11}

In the study, a significant difference was found between the general job satisfaction scores of the physicians in terms of working duration as family physicians. When the working duration of the physicians are examined, it is seen that the physicians with less than 12 months of experience have higher job satisfaction whereas the physicians with 12-36 months of experience have lower scores, and the job satisfaction score increases again between 37-48 months. It was decided that the job satisfaction scores were high due to the fact that the expectation of the physicians who have started family medicine practice is high and they have the pleasure of starting the profession. However, it was thought that at the end of a year, by the physicians' adaptation to the profession, the emergence and realization of disadvantages or negative aspects decreased the satisfaction gradually. Afterwards, job satisfaction scores increased due to the following reasons; increasing experience in the profession, being able to cope with difficulties, getting accustomed to the system, and so on. Similarly, in a study conducted by Tözün *et al.* (2008) with family physicians, the average job satisfaction scores of the physicians who have been working for 2-12 months were found to be significantly higher than physicians who have been working for 13-20 months.¹ Prieto *et al.* (2002) reported that emotional exhaustion scores were significantly higher in employees who worked longer than 10 years in the profession, compared to those who worked shorter.¹² As the service duration of the employees increases, it is seen that the problems existing in the profession are generally solved and future anxiety decreases, therefore, job satisfaction increases.¹⁰ Piyal *et al.* (2002) indicate

that job satisfaction begins to decrease after two years of employment, and increases after the tenth year.¹³

In the study, it was found that the general job satisfaction scores of the physicians who frequently encountered with negative patient behaviors were low and the difference between the average job satisfaction scores of the physicians who encountered with negative patient behavior and of those who did not was found significant. Physicians spend most of their working hours in contact with patients, and getting negative reactions from these patients decreases their satisfaction or pleasure with the work they do. It is stated that the factors affecting job satisfaction of the employees working at the workplaces where service provision is made, at the highest level are psychosocial factors.¹⁴ Therefore, socio-psychological factors such as interpersonal relations can determine whether job satisfaction is low or high in the working conditions of the people.

Another finding obtained in the study is that; family physicians with a low general job satisfaction score often think of changing their jobs. The difference between the general job satisfaction scores of those who think and do not think to change their job was found significant. In a study made by Tözün *et al.* (2002), the difference between the general job satisfaction scores of those who think about quitting the job and of those who do not was found significant.¹ It is stated that employees with lower labor turnover rates have higher job satisfaction while those who have low job satisfaction have high rates of absenteeism and quitting work.¹⁵ Job dissatisfaction also causes quitting the job, absenteeism, poor performance, mental and physical health problems.¹⁶ In this study, it was seen that physicians with low general job satisfaction scores criticized their work negatively and had a pessimistic view about the professional future.

In the study, it was also found that physicians with low job satisfaction did not sleep for a sufficient period of time and that there was a meaningful difference between the average job satisfaction scores of physicians who sleep for a sufficient period of time and of physicians who could not. Miner (1992), found that there was a significant relationship between job dissatisfaction and nervous (insomnia, headache) and emotional depression (stress, frustration) in employees.¹⁷ As a matter of fact, since the employees spend eight hours or more of their daily life in their workplaces, the continuity of the negativities arising from these places can adversely affect the quality of life of the people in the rest of the day.

This research was conducted with the family physicians who participated in the trainings made within the scope of family medicine application in Ankara. Of the 782 family physicians who participated in the study, 622 (79.53%) had a moderate job satisfaction while the proportion of family physicians with high job satisfaction was 20.20%. In this study, family physicians' external job satisfaction scores were determined to be low. External factors, which are generally considered as environmental factors, have been evaluated such as; patient load, working environment, wages, and type of service delivery of family physicians. The steps that would be taken to identify and develop these factors would increase the efficiency of the family physicians and also the level of satisfaction of them in primary health care services.

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