

The Factors Affecting the Level of Job Satisfaction of Family Physicians and their Relationship with Professional Self-Esteem

Aile Hekimlerinin İş Doyumu Düzeyini Etkileyen Faktörler ve Mesleki Benlik Saygısı İle İlişkisi

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ABSTRACT

Objective: The study aimed to investigate the relationship between job satisfaction and professional self-esteem levels of family medicine practitioners working in Family Health Center.

Materials and Methods: Between April 2021 and April 2022, 128 family physicians who volunteered from 155 family physicians working in family health centres in Giresun province were included in the study. The socio-demographic descriptive form, the Minnesota Job Satisfaction and Occupational Self-Esteem Scales were administered face-to-face and online (via WhatsApp groups and e-mail communities).

Results: There was no significant relationship between job satisfaction and its sub-dimensions with age, gender, marital status, specialisation status, physical conditions of the Family Health Center, total years of practice and years of training in family medicine ($p>0.05$). The mean level of occupational self-esteem was 112.48. It was found to be significantly positively correlated with age, total years of practice, years of family medicine practice and average number of patients seen ($p=0.05$, $p=0.004$, $p=0.004$, $p=0.004$, $p=0.009$, respectively).

Conclusion: Professional self-esteem levels increase as professional age, total years of profession, and total years of working in family medicine increase.

Keywords: Family physicians, job satisfaction, professional self-esteem

ÖZ

Amaç: Bu çalışmada Aile Sağlığı Merkezi'nde görev yapan aile hekimliği uygulayıcılarının iş doyumları ile mesleki benlik saygısı düzeyleri arasındaki ilişkisini araştırmak amaçlanmıştır.

Materyal ve Metot: Nisan 2021- Nisan 2022 tarihleri arasında Giresun ilinde aile sağlığı merkezlerinde görev yapan 155 aile hekiminden gönüllü olan 128 aile hekimi çalışmaya dahil edilmiştir. Sosyo-demografik tanımlayıcı form, Minnesota İş Doyum ve Mesleki Benlik Saygısı Ölçekleri yüz yüze ve online (whatsapp grupları, e-posta toplulukları aracılığıyla) olarak uygulandı.

Bulgular: İş doyum ve alt boyutları ile yaş, cinsiyet, medeni durum, uzmanlık durumu, Aile Sağlığı Merkezinin fiziki koşulları, toplam çalışma yılı ve aile hekimliği çalışma yılı arasında anlamlı bir ilişki bulunmamıştır ($p>0,05$). Mesleki benlik saygısı düzeyi ortalaması 112,48 bulunmuş olup yaş, toplam meslek yılı, aile hekimliğinde çalışma süresi ve ortalama bakılan hasta sayısı ile anlamlı pozitif ilişkili bulunmuştur (sırasıyla $p=0,05$, $p=0,004$, $p=0,004$, $p=0,009$).

Sonuç: Mesleki yaş, toplam meslek yılı, aile hekimliğinde toplam çalışma yılı arttıkça mesleki benlik saygısı düzeyleri artmaktadır.

Anahtar Kelimeler: Aile hekimliği, iş doyum, mesleki benlik saygısı

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INTRODUCTION

Primary health care is an important part of a country's health care system and plays a central role.¹ It is the first contact area of individuals with the health care system.² Burnout is more common among frontline physicians, as in family medicine.³

Job satisfaction can be defined as the general attitude of employees towards certain elements of their work, such as their job, work environment and communication with coworkers.³ It is considered an indicator of the sustainability of the health system and quality of work-life.⁴ It directly affects patient satisfaction due to the interaction of employees with patients.⁴

Professional self-esteem is a concept that has a significant impact on behavioural achievements, and can predict individual professional achievements which has a significant impact on clinical trials.⁵ The process of forming a professional self is a unique journey. It is affected by many internal and external factors.⁶ On this basis, professional self-esteem can be defined as the subjective acceptance of the characteristics of a physician with professionalism and clinical skill.⁷ In addition, the identity of a physician is defined as an individual in whom the medical profession's characteristics, values and norms are internalised and, as a result, thinks, acts and feels like a doctor.⁸ High self-esteem has been shown to increase productivity.⁹ Family medicine practitioners struggle alone with limited resources in more isolated conditions.¹⁰ Among the factors affecting job satisfaction, which is one of the important determinants for physicians to be successful, happy and productive autonomy can be affected by a variety of features, such as colleagues/staff/patient relationships, income, health resources, social reputation, personal leisure time, management, restrictions and regulations, and working hours.¹¹ The steps to be taken to determine and improve the level of job satisfaction will increase the efficiency of family physicians and the level of satisfaction with primary health care services.¹² Finally, no study has been found in Türkiye on professional self-esteem for Family Medicine.

In this context, our study was planned considering that family physicians can comparatively examine the factors affecting job satisfaction, determine the factors that decrease satisfaction, make suggestions that can increase satisfaction, and contribute to the connection with professional self-esteem.

MATERIALS AND METHODS

Ethical Aspect of the Study Our study was approved by the Giresun University Non-Interventional Ethics Committee (Date: 18.03.2021, decision No: 25). Approval numbered E-41544352-799 was obtained from the Provincial Health Directorate. The study

was conducted by the International Declaration of Helsinki.

Information and Parameters: The descriptive cross-sectional study was conducted between April 2021 and April 2022. Our population consists of 155 individuals practising Family Medicine in Giresun province. Epi Info (Centers for Disease Control and Prevention) was used for sample selection. The population size was calculated as 126 with a 5% margin of error at 99% confidence interval. One hundred twenty-eight individuals were reached.

Subjects and Methods: A three-part data collection form was applied to family medicine practitioners who agreed to participate in the research. Socio-demographic descriptive and job-related questions (age, gender, marital status, speciality status, professional years, total professional years in family medicine, number of patients cared for daily, and physical status of the family health centre, as well as the Minnesota Job Satisfaction Scale and the Arıcak Professional Self-Esteem scales were applied. The survey was applied face-to-face and online (via WhatsApp groups, and mail communities).

The Minnesota Job Satisfaction Scale (MISS): It was developed by Dawis, Weiss, England, and Lofquist in 1967 in the form of one hundred questions.¹³ It was adapted into Turkish, and its validity and reliability study was carried out by Baycan¹⁴ in 1985, with the internal consistency coefficient being found to be 0.77. According to the reliability analysis of the Minnesota Job Satisfaction Scale, which we used to measure the level of job satisfaction in our study, the Cronbach-alpha values of general, intrinsic and extrinsic job satisfaction were found to be 0.932, 0.917 and 0.83, respectively. The scale was designed as a long and short form and, in our study, a short form consisting of twenty items with features that detect intrinsic and extrinsic satisfaction factors was used. The scale is a five-point Likert type scored between 1 and 5 with the scoring conducted as '1=Not at all satisfied, 2=Not satisfied, 3=I am undecided, 4=I am satisfied, and 5=Very satisfied'. Using the scale, general satisfaction, internal and external satisfaction scores can be determined.

The Arıcak Professional Self-Esteem Scale aims to measure the attitudes of individuals aged seventeen and over who have received training or were practising a profession based on their respect for the job.¹⁵ In 1999, the "Arıcak Professional Self-Esteem" scale developed by Arıcak, consisting of 30 items was used. In Arıcak's study, the Cronbach's alpha reliability coefficient of the scale was 0.93, and the test-retest reliability coefficient was 0.90. For content validity, 34 experts from 9 different universities were consulted. The items accepted by 75% of the expert group were included in the scale, while

the others were removed. Factor analysis technique was used to test construct validity. There is no cut-off value, and high scores indicate increased professional self-esteem. According to the reliability analysis of the professional self-esteem scale of the family physicians participating in our study, the Cronbach Alpha value was found to be 0.706. In our study, the professional self-esteem score also increases as the age variable increases. The scale was prepared in a five-point Likert type. The evaluation was as follows: In the positive sentences in the Professional Self-Esteem Scale, Totally Agree 5, Agree 4, Undecided 3, Disagree 2, and Never Disagree 1 were scored. Any negative sentences were scored oppositely.

Statistical Analysis: IBM SPSS v20.0 program was used for the data analysis. According to the results of normality tests, a student t-test and the Pearson Correlation Coefficient test were used when the data met the normal distribution condition, and the Mann-Whitney U test, Kruskal-Wallis test and Spearman Correlation test were used when the data did not meet the normal distribution conditions. The statistical significance level was accepted as $p < 0.05$.

RESULTS

The demographic data of 128 physicians who participated in the survey were categorised according to frequency distributions. Of the physicians who participated in the study, 70.3% were male and 29.7% were female. Considering the age distribution of the physicians participating in the study, the highest participation was found in the 41-50 age group, while the lowest participation was found in the 26-30 age group with 5.5%. When the speciality status of the physicians was examined, 86.7% were general practitioners, 7.8% were family medicine specialists, and 5.5% received speciality training with Family medicine speciality training to be provided to Contractual Family Physicians (CFPs) (Table 1).

The mean and standard deviation values of Minnesota general job satisfaction were calculated based on the age variable. This table explains that the mean of general job satisfaction of 7 individuals between the ages of 26-30 was 61.86 ± 16.25 , and the mean of general job satisfaction of 18 individuals between the ages of 31-35 was 59.33 ± 15.22 . It is seen that the age group with the highest mean of general job satisfaction is individuals aged 51-55 with a value of 62.81, and the age group with the

Table 1: Demographic data.

Variables		All individuals n (%)
Gender	Male	90 (70.3)
	Female	38 (29.7)
Ages	Between 26-30	7 (5.5)
	Between 31-35	18 (14.1)
	Between 36-40	26 (20.3)
	Between 41-50	49 (38.3)
	Between 51-55	16 (12.5)
	56 and over	12 (9.4)
Marital Status	Single	14 (10.9)
	Married	114 (89.1)
Your Specialization	I am a family medicine specialist	10 (7.8)
	I am a general practitioner	111 (86.7)
	I am Contractual Family Physicians (CFPs)	7 (5.5)
Your Total Professional Years	Between 2-12 years	45 (35.2)
	Between 13-22 years	45 (35.2)
	Between 23-32 years	29 (22.7)
	32 years and more	9 (7.0)
How Many Years Working in a Family Medicine Practice?	Between 1-5	32 (25.0)
	Between 6-10	33 (25.8)
	11 and more	63 (49.2)
How Many Patients Do You Examine in a Day?	Between 20-40	30 (23.4)
	Between 41-60	48 (37.5)
	Between 61-80	41 (32.0)
	81 and more	9 (7.0)
Are You Satisfied with the FHC's Physical Conditions?	I'm undecided	15 (11.7)
	I agree	59 (46.1)
	I do not agree	31 (24.2)
	I totally agree	10 (7.8)
	I totally disagree	13 (10.2)

lowest mean of general job satisfaction is individuals over 56 with a value of 57.92 (Table 2).

Whether there is a relationship between the numerical variable "How many years have you been working in family medicine practice?" and the variables of the professional self-esteem scale, Minnesota general job satisfaction, intrinsic job satisfaction and extrinsic job satisfaction were examined one by one. The Spearman Correlation test was used to analyse the data. When the results are examined, it is seen that the p-value of the age variable and the number of occupational self's scale variables is 0.004. p-value less than 0.05 indicates that there is a relationship between these two variables. If it is concluded that there is a relationship between them, then the correlation coefficient is examined to look at the degree and direction of the relationship. The correlation coefficient was found to be 0.25. This value indicates a positive relationship. A value between 0 and 0.25 indicates a very weak relationship, between 0.26 and 0.49 indicates a weak relationship, between 0.50 and 0.69 indicates a moderate relationship, be-

tween 0.70 and 0.89 indicates a high relationship, and a value greater than 0.90 indicates a strong relationship. In this case, it shows that there is a weak positive relationship between the numerical variable "How many years have you been working in family medicine practice?" and the scale of professional self-esteem. In other words, as the value of how many years you have been working in family medicine practice increases, the professional self-esteem score also increases (Table 3).

No significant relationship was found between the specialisation status of family physicians and the physical conditions of the FHCs they work with and their professional self-esteem. It has been concluded that there is a moderate positive relationship between professional self-esteem and general job satisfaction and internal job satisfaction, and a weak positive relationship with external job satisfaction. The professional self-esteem score was found to be 112.48 in family physicians, and a similar result was obtained with the mean scores of other occupational groups (Table 4).

Table 2. Numerical values of Minnesota General Job Satisfaction by age variable.

Age range	Minnesota Overall Job Satisfaction	
	Mean±SD	n
26-30	1.86±16.25	7
31-35	59.33±15.22	18
36-40	60.46±13.48	26
41-50	58.08±15.04	49
51-55	62.81±15.35	16
56 and over	57.92±11.45	12
Total	59.52±14.38	128

Table 3. How many years have you been working in Family Medicine Practice?.

Spearman Correlation Test		Years of work in Family Medicine	Professional Self-Esteem Scale	Minnesota Overall Job Satisfaction	Intrinsic Job Satisfaction	Extrinsic Job Satisfaction
Years of work in Family Medicine	Correlation Coefficient	1.000	0.250*	0.052	0.053	0.107
	p-value	0.05	0.004	0.557	0.554	0.230
	n	128	128	128	128	128

*: The correlation coefficient was found to be 0.250; This value indicates a positive relationship.

Table 4. Family medicine speciality status, Professional Self and General Job Satisfaction and its sub-dimensions.

		Profesyonel Self-Esteem Scale	Minnesota Overall Job Satisfaction	Intrinsic Job Satisfaction	Extrinsic Job Satisfaction
Total Mean±SD		112.48±18.37	2.97±0.71	3.08±0.76	2.81±0.76
Your Specialization Mean±SD	I am a family medicine specialist	122±13.92	2.78±0.81	3.0±1.12	2.43±0.06
	I am a general practitioner	111.8±17.95	2.99±0.71	3.08±0.73	2.86±0.76
	I am Contractual Family Physicians (CFPs)	108.43±27.62	3.0±0.77	3.22±0.86	2.66±0.77
	p-value	0.186	0.448	0.479	0.144

DISCUSSION AND CONCLUSION

We accessed 128 of 155 family physicians working in the Giresun province family health centres, and we reached two important results in our study examining the factors affecting the level of job satisfaction of family physicians and its relationship with professional self-esteem. The first of these is the conclusion that the professional self-esteem levels of family physicians are positively related to age, total professional years, total working years in family medicine and the average number of patients cared for daily. The other is a moderately positive and significant relationship between professional self-esteem levels and general and internal job satisfaction, as well as a weak positive significant relationship between professional self-esteem and external job satisfaction.

In a study on job satisfaction among family physicians in Saudi Arabia, it was reported that physicians were highly satisfied with their career choices, regardless of gender, age, public or private, and marital status.¹⁶ In another study on effort-reward imbalance and job satisfaction of 1,105 family medicine practitioners in China, it was revealed that age, education, job rank, type of institution, working year and monthly income, were factors affecting job satisfaction and that the general job satisfaction level was relatively low.¹⁷ In this study, no significant relationship was found between age, gender and marital status as demographic factors of job satisfaction of family physicians and general job satisfaction and its sub-dimensions.

In a study on the job satisfaction of primary care physicians in China, physicians with longer years of service were reported to be less satisfied than other physicians.¹⁸ Another study reported that those who worked in their occupations for 16-20 years were more satisfied with their jobs.¹⁷ In this study, a significant positive result was obtained between the total professional years in medicine and the level of professional self-esteem in family medicine practice. According to this, it was observed that the level of professional self-esteem increased as the total number of professional years in medicine and working years in family medicine increased. As the value of professional self-esteem increases, the values of general job satisfaction, internal job satisfaction and external job satisfaction also increase.

In a study comparing the factors associated with occupational satisfaction/dissatisfaction among family physicians in two regions affiliated with the Ministry of Health, it was shown that 84% and 78% of family medicine participants were satisfied and that most of them were willing to choose the same speciality another time if given a chance.¹⁹ In this study, general job satisfaction, internal job satisfaction and external job satisfaction were found to be moderate

by the literature, and internal job satisfaction was higher than external job satisfaction.

Professional self-esteem reflects an individual's professional self-understanding, self-esteem, and behavioural orientations, including knowledge, skills, flexibility, leadership, communication ability, and satisfaction with their profession.⁵ Again, in a study conducted with 1,083 nursing faculty students in China, it was shown that a positive professional self-concept reduces the level of academic burnout.²⁰ An awareness of burnout has increased significantly in recent years.²¹ In this study, it was found that 50.8% of family medicine practitioners respected their profession greatly, and were not affected by the speciality and the physical conditions of the FHC. In addition, it was concluded that professional self-esteem increased significantly as the total working time in medicine, the total time worked in family medicine practice and the average number of patients cared for daily increased.

In conclusion, a positive relationship was found between job satisfaction and professional self-esteem among family medicine physicians, as with other occupational groups. This is a praise for Family Medicine as a medical speciality. We are moving towards our goals of high service satisfaction and adopting a healthy lifestyle in line with our country's strong primary healthcare vision. There are many deficiencies and weak points in our study. These are the following: not being able to access all our family physicians; conducting the study only in a city centre; not making a distinguishing between urban and rural; and not evaluating the results according to the family medicine class. The originality of our study is that it is the first study to examine the relationship between job satisfaction and professional self-esteem in family physicians. With our study results, more studies are needed to reach definitive conclusions.

Ethics Committee Approval: Our study was approved by the Giresun University Non-Interventional Ethics Committee (Date: 18.03.2021, decision No: 25). Approval numbered E-41544352-799 was obtained from the Provincial Health Directorate. The study was conducted by the International Declaration of Helsinki.

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