

JOB SATISFACTION AMONG PRIMARY HEALTH CARE PHYSICIANS IN IDEAL FAMILY PRIMARY HEALTH CARE CENTERS IN BAGHDAD-IRAQ

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ABSTRACT

Background: Primary health care center physicians significantly influence treatment timing and health services. Improved working conditions, pay scales, and facilities can enhance their performance and patient care. **Objectives:** To estimate the proportion of satisfied family physicians and general practitioners in ideal PHCCs and determine the factors associated with this satisfaction. **Methods:** A cross sectional study was conducted involving 201 family physician and general practitioners in the ideal family PHCs in Baghdad, Data collection had been done using a self-administered questionnaire which included questions about socio-demographic and professional characteristics of studied people, and questions about job. **Results:** The overall job satisfaction was 82%. The results showed a significant association in satisfaction level and physicians' specialty, there was no significant association in gender and age with level of satisfaction. The physicians were satisfied in working conditions, their control on practice including the freedom to spend sufficient time with each patient, to control his work schedule, to discuss cases with colleagues, to care for patient who require heavy use of time and resources and to decide the nurse services. While the physicians were satisfied with relation with the patients and their work group, while they were not satisfied in time control in their job, income, and administration decisions. **Conclusion:** The majority of family physicians and general practitioners were satisfied with their job at Baghdad PHCCs, which in fact an important feature to provide better health care.

KEYWORDS: Job Satisfaction, Family Physicians, Primary Health Care

INTRODUCTION

Job satisfaction in Medicine is crucial for the quality of care provided by physicians, affecting factors like workload, health behavior, income, and health organization legislations. Locke's definition of job satisfaction is a positive emotional state resulting from job appraisal and an effective response to one's job.^[1-3]

The Alma Ata declaration by the World Health Organization emphasizes the importance of primary health care, emphasizing the job satisfaction of primary healthcare physicians who provide medical care to a larger population. Their perception affects patient treatment, addressing 90% of healthcare problems globally.^[4-6]

Primary healthcare physicians often feel isolated and unsatisfied due to their demanding job and lack of quality and efficiency, despite their high skill and motivation levels.^[4-7]

Primary health family physicians are crucial in providing medical care to the larger population and play a pivotal role in treatment timing and health services. Improving their working conditions, pay scales, and facilities can improve medical care, as poor job satisfaction can lead to suboptimal healthcare delivery and poor clinical outcomes.^[8]

A systematic literature review found that physicians' job satisfaction decreases with working hours and low income, while increasing with contact with colleagues and more variety in jobs. In an international comparison, the Common Wealth Fund surveyed family physicians from seven countries, finding that German physicians have the highest workload and are most dissatisfied. Job dissatisfaction is a major cause of physician turnover, leading to a shortage of physicians in some areas, particularly in rural areas. Workload characteristics, such as patient visits per week and administrative work time, are associated with job satisfaction.^[9-15]

Gender and age significantly influence job satisfaction among physicians, with male physicians being less satisfied than female physicians and younger physicians being less satisfied than older physicians. Job satisfaction is also linked to physicians' health and wellness, which can impact their sickness absence. Low job satisfaction is associated with poor mental and physical health and can lead to increased health risk behavior such as smoking or reduced physical activity.^[16-22] Work-related stress has been found to have a protective effect on medical specialists, but evidence on its impact on health behavior is scarce. In the Middle East, studies suggest that income, work interests, and practice conditions should be considered to improve physician satisfaction. In Qatar, incentives, workload reduction, and vocational training can improve the quality of PHC services. In Iraq, a study by Dr. Ahmed Khairi found that overall job satisfaction among family physicians in PHCs in Al-Karikh district was lower than in neighboring and developed countries.^[23-26]

The study aims to provide a roadmap for health system policymakers to improve primary health care quality by meeting physicians' needs. It also explores job satisfaction of medical doctors in Al-Kadhmiyah teaching hospital. The study identifies culturally sensitive and dependent factors on job characteristics, health behavior, and indicators. By understanding these factors, the study can develop a plan to develop family medicine healthcare by identifying problems and finding solutions. This will help improve the quality of care for thousands of people daily.

Aim of the study

The study aim to estimate the proportion of satisfied family physicians and general practitioners in different PHCs and determine the factors associated with this satisfaction.

METHODOLOGY

Study design: The present study is designed as a cross sectional survey.

Study sitting: The study was conducted in Baghdad (both Al-Karikh and Al-Resafah districts) ideal family physician's PHCCs which have both family physicians (board certified) and General practitioners were selected.

Participants and Sample: All family physicians and general practitioners who worked in the visited PHCCs at the time of conducting the study and agreed to participate in it were included, the numbers of family physicians and general practitioners were primarily determined according to the information that obtained from health directorates of Al-Karkh and Al-Resafah.

Data collection: The researcher got approval from the Al-Karikh and Al-Resafah directorates, contacted the participants for their consent of the participation in the

study, and gave them his address to contact him. Because of the different work schedule of the doctors in the PHCCs and shortening the number of researcher's visits to the PHCCs, one focal point assigned in each center to collect the questionnaire forms. The aim and objective of the study explained to the participants. A period of three weeks given to each participant for the completion of the form. This period was an average time depending on the number of PHCCs in each sector and the availability of reaching the included PHCCs, some participants send the form by e-mail provided by the researcher at the end of the questionnaire, some asked the researcher to take it in person, and some filled the form instantly. The data collection started at first of September 2014 and completed at 31 December 2014.

The components and details of the research instrument

The questionnaire form adapted from (John W Beasley, Employed Family Physician Satisfaction and Commitment to Their Practice, Work Group, and Health Care Organization. 2010)^[27], also from literature reviews nationally and internationally, revised by the researcher to fit Iraqi real health practice in PHCC.

Statistical methods

Both descriptive and inferential statistical methods carried out to fulfill the research objectives. The descriptive statistics used in term of frequencies, means, mode and standard deviations. Inferential methods included the chi square. Relationships between nominal variables explored through figures, cross tables for all the variables in the questionnaire. Chi square test used in assessing the degree of association between groups and the overall job satisfaction. The overall satisfaction separated as a single variable after calculating the mode of each form then analyzed as independent variable. The chi-square test used to test independences of many variables in the study, the test used in, the age factor in relation to the overall job satisfaction, the academic degree factor, gender difference in relation to the job satisfaction.

RESULTS

At the time of conducting this study there were 210 doctors in the Al-Resafah and Al-Karikh PHCs in Baghdad, the total number of questionnaire distributed was 210, the returned number of forms was 201, and the response rate is 95.7%.

The total participants were 74 males (36.8%) and 127 females (63.2%), with mean age of $37.25 \pm S.D. 8.01$ years, marital status for males (single 30%, married 70% and divorced of 0%) and for females (single 12%, married 84% and divorced 4%) with age years of practicing medicine of mean duration (years) $12.71 \pm SD 7.4$ years and years practicing at the current PHC of mean duration (years) $3.72 \pm SD 3.3$ years as shown in table (1).

Table (1): Frequency of Gender and marital status.

Category	Single	Married	Divorced	Total
	No. (%)	No. (%)	No. (%)	
Male	22 (30.0)	52 (70.0)	0(0.0)	74
Female	15(12.0)	107(84.0)	5(4.0)	127
Total				201

Among the 201 participants in this study, there were 88 board certified family physician (44%) (32% male and 68% female) with 113 general practitioner (56%) (41%

male and 59% female) at the time conducting the study as shown in table (2).

Table (2): Gender distribution in relation to specialty.

Category	Specialist	General Practitioner	Total
	No. (%)	No. (%)	
Male	28(38.0)	46(62.0)	74
Female	60(47.0)	67(53.0)	127
Total			201

The age of the participants divided into three categories (<35) years with 46%, (35-50) with 44% and (>50) with 10%, the participants Hours/Week practice were 40.8%

working 30 hours/week and 45.8% work 35 hours/week as shown in table (3).

Table (3): Frequency distribution of the study sample according to weekly working hours.

Hours / week	Number	Percent
24	8	4.0
30	82	40.8
35	92	45.8
40	19	9.5
Total	201	100.0

The study found that 18.4 % not satisfied which was 37 participants, 78.6% satisfied (158 participants) and 3% very satisfied (six participants). The overall satisfaction calculated by measuring the mode of each participant

questionnaire forum then the researcher calculated mode of all the participants' mode results, this lead to skipping all the data from each forum as the statistical characteristic of mode as shown in table (4).

Table (4): The overall job satisfaction level.

Category	Number	Percent
Not Satisfied	37	18.4
Satisfied	158	78.6
Very Satisfied	6	3.0
Total	201	100.0

Age and satisfaction level The study found that there is 100% satisfaction in the above 50 years of age in the participants but there is no statistical difference

significant between the age and the satisfaction level ($p = 0.076$) as shown in table (5).

Table (5): Age in relation to satisfaction level.

Age groups	Satisfaction level		Total	P value
	Not satisfied	satisfied		
age <35	19(10.0)	73(36.0)	92(46.0)	0.076
35-49	14(7.0)	75 (37.0)	89(44.0)	
>=50	0(0.0)	20(10.0)	20(10.0)	
Total	33 (17.0)	168(83.0)	201(100.0)	

The study found that 8.3% of the specialists' participants were unsatisfied, satisfied 87.3% and very satisfied 4.4%, compared with the participants of M.B.Ch.B. degree results which was 28% Not Satisfied, 70% satisfied and 2% V. satisfied. The study found a

statistical significant difference between levels of job satisfaction among specialists and general practitioners participants ($p = 0.000$).

Table (6): Participants' specialty in relation to satisfaction level.

Age groups	Satisfaction level		Total	P value
	Not satisfied	satisfied		
General practitioners	30(15.0)	77(38.0)	105(53.0)	0.000
Specialist	8(4.0)	86(43.0)	94(47.0)	
Total	38(19.0)	163(81.0)	201(100.0)	

DISCUSSION

The response rate in this study was 97%. This high response rate could be attributed to the visits of the researcher to the PHCCs for follow up of the forum also the two to three weeks period for the participants to complete the questionnaire and the e-mail reference, which provided more freedom to the participants to complete and send the forum to the researcher.

The Job Satisfaction among Primary Health Care Physicians in Al-Karkh district, Baghdad study found that the response rate was 83%.^[28] At the study Job Satisfaction of Primary Health Care Physicians at Capital Health Region, Kuwait, the response rate was 93.7%, which is nearly as high as in this study.^[24] Job Satisfaction Among Primary Health Care Physicians and Nurses in Al-Madinah Al-Munawwara the response rate was 85.4%^[29], factors influencing job satisfaction among primary health care physicians in Riyadh, Saudi Arabia the response rate was 91.5%.^[26]

Physician job satisfaction in primary care in Bahrain study the response rate was 77.9% (29), Job satisfaction among primary care physicians in Germany the response rate was 34%.^[30]

The study found that 18.4 % not satisfied which was 37 participants, 78.6 % satisfied (158 participants) and 3% very satisfied (six participants). In a study in Al-Karkh district overall job satisfaction, 35.2% of PHCC Physicians reported being satisfied and 33% of them reported being not satisfied, while 31.8% of the participants decided being neutral.^[28]

This difference in satisfaction may be attributed to the methodology of the research (the options in the forum was satisfied, neutral and not satisfied) or (in the present study the researcher choose the ideal family medicine primary health care center) or to a real difference in the level of job satisfaction. In Kuwait study of 89 GPs work in PHCCs overall satisfaction was 66.9%^[24], In Al-Madinah Al-Monawarah study published in The Journal of the Egyptian Public Health Association found that 24.7% of physicians were satisfied and 52.4% were not satisfied.^[31]

In Bahrain Kingdom study of 262 PHCC Physicians, the overall satisfaction mean was 3.46 (SD=0.67) which can be interpreted as agree or slightly satisfied.^[29] The differences among some of the results of the studies regarded to the difference in some corners of the health systems. The overall satisfaction in this study in Baghdad the researcher attribute it to the heavy interest of the

ministry of health to the PHCCs in Baghdad and the increasing number of the modern family medicine PHCCs.

Job satisfaction is a net result of multi factors, the least satisfied category is the income in its three facet (the current income, the future earnings prospective and the income commensurate the workload). It had found in the work condition category that the participants were most satisfied in the continuity of care to the patients and in the Ability of the doctors' primary clinical assistant support. Also the least satisfied at the extent of administration's goals, which may attributed to lack of managerial skills in the health organization or lack of the managerial education to the doctors to understand the decisions of the health organization management decision, also may be attributed to the stiff manager plans in the PHCCs. The second factor the participants least satisfied is the opportunity to stay up-to-date with new medical information which is one of the important step to good health service as the updated medical information play an pivotal role in doctors performance and self-satisfaction on medical practice. This non-satisfaction may attributed to the lack of the continuous medical education programs for the doctors in the PHCCs. According to the control over day-to-day activities, it had found that the most satisfied categories are the freedom to discuss cases with colleagues and the freedom to care for patients who require heavy use of time and resources, which may attributed to the good relation between the work groups in the same PHCC. Also the least satisfied category is the freedom to spend a sufficient time with each patient in the outpatient clinic which may be attributed to lack of Patients' appointment system, in the contrary to the patients which registered in the PHCC as a family, the doctors have sufficient time with them. Which explain the satisfaction of the doctors in the freedom to care for patients who require heavy use of time and resources, this factor show the importance of the family medicine system in the PHCC, also the outpatient clinic work separated from the care for the families registered to the PHCC.

According to the present study there is 100% satisfaction in the age group above 50 years but there is no significant statistical association in age and satisfaction level as ($p=0.07$). The study in Al-Karikh Baghdad revealed that older doctors are more generally satisfied with their job than younger doctors, in Kuwait the higher the age of the subjects and the number of years working, the higher job satisfaction ($P < 0.05$) and ($P < 0.05$) respectively. In Saudi Arabia Al-Madinah Al-Munawwara, physicians aged 50 years and older had

higher overall mean score of job satisfaction than those in younger age groups. The study found a statistical significant association between degree the participants have and job satisfaction with ($p=0.000$) also a significant association in the number of patient seen daily and overall job satisfaction, but in hours per week working and number of years practicing medicine in the current PHCC factors there are no significant association with the satisfaction. The study found that there is no significant statistical association between the gender and the job satisfaction with ($p=0.07$), in Kuwait the study found that there is no statistical association between gender and level of satisfaction.

The unity in the health programs in most of PHCCs is an important in resulting a great health work for improvement of community health, also this mean the great efforts of ministry of health in Iraq to make a difference in primary health care providing sector. The shortage and inability of the governmental sector to compete the private sector in the drugs quality section is devastating factors, which decrease the attention and trust of the patients in the PHCCs, this will have a great negative effect in community health. The unavailability of some laboratory investigations limit the practice of the doctors in the PHCC.

CONCLUSION

Family physicians and general practitioners in Baghdad PHCs are generally satisfied with their jobs, which is crucial for improving healthcare. However, there is a weak bond between doctors and sector and directorate management, and doctors feel unup-to-date in their practice, negatively impacting health service quality. The lowest level of satisfaction is found in the income category, and time pressure challenges in outpatient clinics decrease health service quality.

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