Causes Of Job Dissatisfaction Among Doctors At A Nigerian Teaching Hospital. (Comparison Of Focus Group Discussions With Cross-sectional Study).

*A. N. Ofili **M. C. Asuzu *E. C. Isah *O. Ogbeide

SUMMARY

***Objective*: A total of 32 doctors were involved in the focus group discussions (FGD) aimed at finding out the level and causes of job dissatisfaction at the University of Benin Teaching Hosiptal Benin-City, Nigeria. The focus group discussions also aimed to validate a previous cross-sectional study on causes of job dissatisfaction among doctors in the hospital.**

***Materials and Methods*: Focus group discussions (FGD) were conducted at the University of Benin Teaching Hospital among doctors. The doctors were divided into four group of 8 participants each with the authors as the facilitator.**

***Results*: All participants had worked in the hospital for at least one year, with over half of them spending 6–15years. The majority of the FGD participants were dissatified with their jobs. The most important causes of job dissatisfaction were lack of materials and equipment, lack of maintenance culture, poor remuneration and irregular and delay in the payment of salaries. The focus group discussions validated the responses of the cross-sectional study[8] as the major causes of job dissatisfaction found during both studies were the same. However other factors were mentioned during the FGD which were not revealed during the cross-sectional study. These were lack of resource persons, low patient turnover resulting in inadequate patients for training of residents and medical students and lack of teamwork. The cross-sectional study[8] also showed that the majority of the doctors were dissatisfied with their jobs as shown in this study.**

***Recommendations*: Based on the findings of this study several recommendations have been made including adequate provision and maintenance of materials and equipment in the hospital, enhancement of workers salaries and regular and timely payment of salaries.** *Niger Med. J, Vol 46, No.3, July -Sept., 2005: 60 – 63.*

KEY WORDS: ***Job dissatisfaction, doctors, Focus group discussions.***

From: *Department of Community Health. School of Medicine, University of Benin, P.M.B. 1154, Benin City, Nigeria.
**Department of Community Medicine. University College Hospital, P.M.B. 5116, Ibadan, Oyo State, Nigeria.

Correspondence: Dr. (Mrs.) A. N. Ofili

INTRODUCTION

Recurrent strikes have been the order of the day in Nigerian Teaching Hospitals. Strikes are clear manifestation of workers discontent.

The implication of employees' dissatisfaction cannot be over emphasised. It leads to incessant industrial unrest, apathy and low productivity, and organisational inefficiency and in the extreme case closure of the institution. It also results in disruption of the continuity of patients' care (1,2).

For people to work productively, they have to be satisfied with their jobs. Many Teaching hospitals depend mostly on Government subvention to pay workers salaries as they do not generate enough funds. The inability to generate enough funds to cater for staff welfare may be associated with low productivity stemming from job dissatisfaction.

Job dissatisfaction also has other negative effects on workers health. The occupation of an individual determines his socio-economic status, and both have a synergistic effect on his health status. Therefore any study of the health status of a working population in the community must consider the socio-economic status in conjuction with their occupation.

Some of the factors that have been found to indicate lack of job satisfaction include poor quality output, absenteeism, industrial disputes, resistance to change, unacceptable behaviour, poor job performance in terms of quality and quantity, high labour turn-over, frequent staff disputes and most importantly stress from some of the hazards of the work environment (3).

A study carried out on family physicians in the state of Pennsylvania showed that 65% (about two thirds) were satisfied with their professional lives while 35% (one third) of them were not (4). These rates of satisfaction and dissatisfaction are similar to those found among internists in 1991 and among family practi-tioners in a managed care setting in 1992 (5,6). Heim in 1993 in Germany found 80% job satisfaction among health professionals (7). A cross-sectional study carried out among 152 doctors at the University of Benin Teaching Hospital found a low level of job satisfaction among doctors (30.3%) (8).

Some factors have been found to cause job dissati-faction (4,9,10,11,12,13,14) such as work overload, lack of control over medical decisions, loss of control of referral organisation of physicians, reduction of income, type of management style, inadequate working conditions and counter productive attitude within employing organizations, dissatisfaction with remuneration and benefits, poor relationship with colleagues and other specialists.

The following were found as the major causes of job

dissati-faction in a cross-sectional study carried out on doctors at the University of Benin Teaching Hospital, lack of materials and equipment to work with (85.5%), poor salaries (78.3%) and delay in payment of salaries (67.1%) (8). These findings were similar to report of the study at the University of Calabar Teaching Hospital, Calabar, Nigeria, where the doctors complained that many a times there may be nothing available to work with in the hospital and that even water, electricity or drapes for operations may not be available (15). A study carried out in Nigeria by Erinosho found out that close to one-third of the equipment in a series of health care institutions were out of order (16). Doctors in University of Calabar Teaching Hospital, Calabar, Nigeria, were also not satisfied with their monthly wages (15) Other causes of job dissatisfaction in a cross-sectional study carried out on doctors at the University of Benin Teaching Hospital were low creativity in the profession (29.0%), housing problems (27.6%), time pressure (27.6%), work overload (23.7%), inadequate leisure time (23.7%), poor job security (21.1%) and high cost of transportation from home (18.4%) (8). Detailed, as these factors may seem, the process of generating the data in the cross-sectional study through the use of semi-structured question-naire may suffer the pitfall of restructured and stereotyped responses. To accommodate such detailed and varied responses, FGD (focus group discussions) were employed and responses compared with what was obtained in an earlier study using a questionnaire.

This study will validate these findings using focus group discussions.

METHODOLOGY

Focus group discussions (FGD) were conducted at the University of Benin Teaching Hospital Benin City, (UBTH) Nigeria between October 1997 and January 1998 among four groups of 8 participants each with the authors as the facilitator.

Two groups were made up of residents while the other two groups consisted of consultant doctors. The stratification of the groups was to enable the respondents express themselves correctly and freely without fear of victimisation of junior colleagues by senior ones. All the doctors who had spent at least one year in the service of the hosiptal were included in the previous cross-sectional study on causes of job dissatisfaction among doctors in the hospital. Similarly, the 32 doctors who participated in the focus group discussions were also doctors who had spent at least one year in the service of the hospital. At least one resident and one consultant were selected from each of the departments for the focus group discussions.

Participation in the discussions was voluntary and the participants were given enough notice of the discussion date (a week to the fixed date for the discussion). The focus group discussions took place in a quiet enviornment and away from hospital wards and clinics in order to give the discussants some privacy.

The facilitator (researcher) introduced herself and explained to the group that the purpose of the meeting was to discuss an issue (without naming the focus). All participants then introduced themselves.

The discussions started with a general question: How are you finding your job here at the University of Benin Teaching Hospital? this was to ensure that participants were relaxed and to enable them speak in front of a group. It was also meant to show that every person's contribution was important and confidential. In addition, it gave the facilitator a first impression of the group. Thereafter, the facilitator guided the group to the focus, using a prepared guideline. The structured moderating approach with a non-directive style was used since some degree of flexibility in the flow of conversation was desired. The discussions were recorded on tape and an observer additionally took note of the FGD participants' comments during the discussions.

At the end of each focus group discussion the facilitator (researcher) gave a run-down of the discussion and encouraged the participants to correct any wrong impression. This enabled the facilitator to vertify any conclusion reached and afforded the participants an overview of what had happened.

The study was approved by Univesity of Benin Teaching Hosiptal Ethical Committee.

RESULTS

Level of satisfaction

Only two of the 32 doctors who participated in the FGD were satisfied with their job.

For those satisfied the following were their comments:

"I have worked in other places before coming to UBTH that gives me a broad view. UBTH is generally better than other places I have worked, that gives me some degree of satisfaction." FGD (resident group)

"It is alright as far as I am able to do the residency programme, do not exceed the maximum number of years, improve my status with regard to public health, I feel satisfied.

We can not isolate this system (UBTH) from Nigeria. If you look at it relative to what is happening nationally, it is all right"

The majority of the FGD participants disagreed with the above comments. In response one of the participants made the following comments:

"You may not appreciate the shortfall in your training untill you go elsewhere. You may even regret your training here because of lack of enough exposure" FGD (Resident group)

Causes of job dissatisfaction

Eighteen causes of job dissatisfaction were mentioned by the FGD participants, and in order of importance, they were: Lack of materials and equipment to work with and lack of mainten-ance culture, poor remuneration, irregular and delay in payment of salaries, poor doctor to doctor relationship, lack of incentives like housing, poor management, low patient turnover resulting in inadequate patient for training of residents and medical students. Other causes of job dissatification were, lack of resource persons, poor doctor to nurse relationship, non involvement in decision making process, problem with litigation, lack of teamwork, work overload, problems with death and dying, victimization of doctors by senior colleague, lack of respect of the profession by the society, problems of administrative bureaucracy and unclean environment.

Lack of materials and equipment to work with

Lack of materials and equipment to work with was the most important cause of job dissatisfaction among doctors who participated in the FGD. The following were some of the comments made by the FGD participants:

'There is lack of functional laboratory in the hospital.' FGD (Resident Group).

'There are no journals, and no functional library for post-graudate training, and no theatre gowns.' FGD (Resident Group)

'There are absence of facilities such as communications and secretarial facilities, these have resulted in pathology results not getting to the requesting doctors on time.' FGD (Resident Group)

'Lack of maintenance of the limited facilities is also a cause of job dissatisfaction' FGD (Resident Group)

Poor remuneration

Poor remuneration was ranked second by FGD participants as the cause of job dissatisfaction. *"Salaries and allowances are poor". "Money given for examinations or courses is inadequate. It is so bad that residents who go for examination look for sleeping accommodation among medical students in Ibadan and Lagos".*One of the **FGD** participants said, *"I got four thousand Naira for a two weeks course in Lagos. The money was not paid until after one year of coming back from Lagos. The course fee was two thousand Naira."* Poor remuneration has resulted in poor work attitude. Another FGD participants said, *"the general environment is that of depressing poverty, self-centredness and poor work attitude." FGD-(Consultant).* A participant who was dissatisfied with remuneration likened the job to a missionary service, he commented thus: *I am dissatisfied because of inadequate remuneration perhaps were are engaged in a missionary service."-FGD (Consultant).*

Irregular and delay in payment of salaries and allowances

Irregular and delay in payment of salaries ranked third as cause of job dissatisfaction by FGD participants. *Call duties allowances are not paid on time," and " salaries are also not paid on time" -FGD (Consultant).*

Poor doctor to doctor relationship

Poor doctor to doctor relationship was ranked fourth as cause of job dissatisfaction. The FGD participants complained of lack of respect from senior and junior colleagues. This lack of respect for one another has resulted in low self-esteem and has affected innovations. It has also encouraged stagnation and has impeded motivation. In the words of one of the FGD participants.

"There is poor doctor to doctor relationship,which is very annoying. Doctors do not show respect for one another. In some cases this leads to very low self-esteem, oppressive tendencies that impedes innovation. It impedes liberty of thinking, it encourages stagnation and impedes motivation."

Lack of incentives such as housing

The poor housing system was a cause of job dissatisfaction for some of the FGD participants. *"People get houses based on who they know particularly the female doctors"-FGD (Resident)*

Some of the other comments made by the FGD participants (Resident) were:

"I applied for a house 2 years ago and yet my name is not on the list while people, especially females, who know the "people at the top" who have just joined the system (UBTH) have been given houses."

"The houses are poorly maintained and some of the rooms in the houses are not functional"

"Water does not flow in most of the houses, in others water only flows in trickles"

"There is also poor security. Most of the houses, have been attacked by armed robbers"

"The housing system appears to be the worst hit in this hospital"

DISCUSSION

Majority of the doctors who participated in the focus group discussions (FGD) were dissatisfied with their work.

The three important causes of job dissatisfaction among doctors who participated in the focus group discussions corresponded with the cross-sectional study reponses. These were lack of materials and equipment to work with, poor remune-ration and irregular and delay in payment of salaries and allowances (8). These findings were similar to the report of the study by Asuquo and co-workers in the University of Calabar Teaching Hospital, Calabar, Nigeria, where the doctors complained that many times there may be nothing available to work with in the hospital and that even water, electricity or drapes for operations may not be available (15). Patients for caesarian section are usually given a long shopping list even at night before an emergency caesarian section is to be carried out (15). They were also not satisfied with their monthly wages (15). A study carried out in Nigeria by Erinosho found out that close to one-third of the equipment in a series of health care institution were out of order (16). Other factors mentioned by the doctors who participated in the FGD corresponded with the cross-sectional study responses. Factors mentioned by the doctors who participated in the FGD discussions which were not mentioned during the cross-sectional study were lack of manpower and low patient turnover resulting in inadequate patients for training of residents and students, and lack of teamwork.

While there is considerable interest in qualitative research techinques among social and biomedical scientists, few are familiar with all aspects of qualitative research and analysis techiques when issues bothering on social and biomedical sciences are being surveyed or anaylsed. FGD might offer an alternative approach or a better approach than a cross-sectional study.

Based on the findings of the study the following recommen-dations are suggested:

A To the Government

1. The remuneration of the health workers should be enhanced and remain competitive.
2. The Federal Government subvention should be given to hospitals as at when due.
3. Special funds could be allocated to Teaching Hospitals to cover cost of treatment of patients who cannot afford hosiptal bills but whose conditions are useful for teaching and research.
4. Government should look into the possibility of providing more houses for the workers in the hospitals.

B. To the Hospital

1. There should be adequate provision and maintenance of materials and equipment in the hospital through cost-effective allocation of financial resources. A committee should be set up charged with responsibilities of procuring and the maintenance of materials and equipment used in the hospital.
2. Salaries should be regularly and timely paid to workers.
3. Workers should be involved in decision-making processes.
4. There is need for management training for doctors in the hospital as health resources are scarce. Residents in Community Health should be encouraged to take up health services planning and management as a subspecialty as there are few health management specialists in the country. There should also be continuous education in management for all doctors in the hospital.
5. More doctors should be employed to reduce workload.
6. There should be better communication between workers and the hospital management. Communication should not only be from top to bottom but also from bottom to top.

C. To the Staff

1. There should be better communication between doctors and nurses through departmental meetings as this would help in the harmonisation of ideas, discussion of new trends and serve as a forum for social interaction.

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