

## **JOB SATISFACTION AMONG RESIDENT DOCTORS IN A TERTIARY HEALTHCARE FACILITY IN NORTHERN NIGERIA; A CROSS SECTIONAL SURVEY**

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### **ABSTRACT**

**Background:** Over the past few years the number of doctors choosing to work abroad or in non-medical professions has been growing. Among those doctors who have remained in the workforce, there is a similar dissatisfaction, reflected in part by a general strike in 2010 by Nigerian doctors especially Association of Resident Doctors (ARD) in favour of higher wages and better working conditions. Job demands and workload of hospital doctors are increasing. The aim of this paper is to assess job satisfaction among junior and senior resident doctors of different specialties in Aminu Kano Teaching Hospital (AKTH) and to compare the level of satisfaction between these two groups of professionals with the purpose of making recommendation for improvement to health human resource managers.

**Method:** This was a cross-sectional study that involved 150 resident doctors of different cadre and specialization between 1<sup>st</sup> December, 2011 and 28<sup>th</sup> January, 2012. The questionnaire was used to assess the socio-demographic information of the respondents, job satisfaction and work related conditions.

**Result:** Most of the doctors (41.3%) were aged 31-35 years. The mean age of junior residents was 32.6±3.7 years, while that of senior residents were 35±4 years. This difference was not statistically significant (p=0.094). Most resident doctors (64.2%) worked for 7-9 hours daily. All doctors worked for average duration of 9.4±2.6 hours. Junior residents worked for mean duration of 9±2.3 hours while senior residents worked for 9.1±3.2 hours. This was not statistically significant p=0.075. Most of the resident doctors (56.7%) had been in the service of the hospital for 1-3 years. The mean duration of service was 3.5±2.1. Most of the doctors (78%) had 7-9 dependents. The average number of dependents for junior residents was 4±3, while for senior residents was 6±2 and this was statistically significant (p=0.03). The mean number of dependents was 5±3. Most doctors (60%) had their last promotion less 1 year prior to the study with mean of 0.9±0.9 years. 80.1% of doctors were satisfied with their job, 17.3% were undecided and 5.2% were dissatisfied. More senior residents (82.2%) felt satisfied with their jobs than junior residents (77.9%) and this was statistically significant, p=0.035. Job satisfaction among doctors was more among those who were aged 41-45 (100%) but there was a very weak positive correlation (r=0.21) between age and job satisfaction. Job satisfaction was more in those who have worked for at least 4 years with a weak positive coefficient of correlation (r=0.28). Length of service correlates more with job satisfaction than any other factors among doctors. Job satisfaction was highest among resident doctors in chemical pathology and radiology and lowest among resident doctors in obstetrics and gynaecology. Increase in manpower

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employment by management so as to reduce work hour per day may improve satisfaction among obstetrics and gynaecology residents.

**Conclusion:** Job satisfaction among the doctors in this study was higher when compared with other studies within Nigeria and other developing countries. However, Job satisfaction may increase if physicians experienced more opportunities to advance their careers, team spirit, and better supervision.

**Keywords:** *Job Satisfaction, Dissatisfaction, Resident Doctors, Tertiary Healthcare, Northern Nigeria, Cross Sectional Survey*

## INTRODUCTION

Job satisfaction, according to Spector, is simply how people feel about their jobs and different aspects of their jobs.<sup>1</sup> It is the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs. Investigated by several disciplines such as psychology, sociology, economics and management sciences, job satisfaction is a frequently studied subject in work and organisational literature. This is mainly due to the fact that many experts believe that job satisfaction trends can affect labour market behaviour and influence work productivity, work effort, employee absenteeism and staff turnover. Moreover, job satisfaction is considered a strong predictor of overall individual well-being<sup>2</sup>, as well as a good predictor of intentions or decisions of employees to leave a job.<sup>3</sup> Beyond the research literature and studies, job satisfaction is also important in everyday life. Organisations have significant effects on the people who work for them and some of those effects are reflected in how people feel about their work<sup>1</sup>. This makes job satisfaction an issue of substantial importance for both employers and employees. As many studies suggest, employers benefit from satisfied employees as they are more likely to profit from lower staff turnover and higher productivity if their employees experience a

high level of job satisfaction. However, employees should also 'be happy in their work, given the amount of time they have to devote to it throughout their working lives'<sup>4</sup>

Over the past few years the number of doctors choosing to work abroad or in non-medical professions has been growing. Among those doctors who have remained in the workforce, there is a similar dissatisfaction, reflected in part by a general strike in 2010 by Nigerian doctors especially Association of Resident Doctors (ARD) in favour of higher wages and better working conditions. Job demands and workload of hospital doctors are increasing.

Historically, the concept of job satisfaction and the assessment of job satisfaction began first in 1911 with the research of Frank Taylor.<sup>5</sup> However, job satisfaction research among health workers started on laboratory personnel in United States of America in 1971<sup>6</sup>. Since then multiple researches on various categories of health worker like physicians<sup>7</sup>, dentists<sup>8,9</sup>, nurses<sup>10</sup>, physiotherapists<sup>6,11</sup>, and primary health care workers<sup>12</sup> in different parts of the world have been conducted. The implication of job satisfaction of health worker on patient care, patient satisfaction, improved patient outcome and overall health care delivery quality may have been the driving force<sup>13</sup>.

Physicians' dissatisfaction with their job may have a significant public health implication<sup>14</sup>, as it may adversely affect clinical management of patients.<sup>15,16,17</sup> If prolonged, dissatisfaction may result in health problems for the physicians.<sup>18</sup>

Lewis and co-workers reported that physicians who are satisfied with their work are likely to report high satisfaction in their marriages and fewer psychiatric symptoms.<sup>19</sup> It has been reported that physicians' satisfaction is correlated with general life satisfaction.<sup>20</sup> This correlation is reciprocal, as people who are satisfied with life tend to be satisfied with their job and those that are satisfied with their job tend to be satisfied with life.

The implication of job satisfaction of health worker on patient care, patient satisfaction, improved patient outcome and overall health care delivery quality cannot be over-emphasized. Studies conducted to assess job satisfaction among health professionals were majorly in developed countries. Studies on this subject matter remain scanty in the African continent where shortage of health manpower and high burden of the disease are prevalent. The Millennium Development Goals seek, among other things, to reduce all the indices of poor health by various fractions by 2015 but the human resource in the health sector needed to achieve these goals need to be motivated in order to achieve the goals.

The aim of this paper is to assess job satisfaction among junior and senior resident doctors of different specialties in Aminu Kano Teaching Hospital (AKTH) and to compare the level of satisfaction between these two groups of professionals with the purpose of making recommendation for improvement to health human resource managers.

## **MATERIALS AND METHODS**

This will be a questionnaire-based cross-sectional survey of resident doctors working at various specialties in Aminu Kano Teaching Hospital, Kano. Informed consent was obtained

before recruitment of the participants. All resident doctors with at least 1 year in service at the hospital were included in the study. The mode of distribution was by hand delivery. The questionnaire was divided into 2 sections: Section A assessed the demography of the respondents. Information sought included demographic and work data such as age, area of specialization, number of working hours per day and length of service, presence of dependents and promotion issues. Section B: was made up of 24 questions on job satisfaction and work related conditions and issues like work conditions, facilities at the work place, nature of work, promotion, professional training, interpersonal relationships and co-workers, intention to leave the profession. The responses in a 5 point Likert scale: strongly agree, agree, undecided, disagree and strongly disagree were recorded. Their response to each question was scored as follows: 1 = agree; 2 = somewhat agree; 3 = neutral; 4 = somewhat disagree; and 5 = disagree. A lower score was therefore associated with agreement and higher scores with increasing levels of disagreement. Individual questions will be grouped by aspect covered into several composite indices and the means of the responses for these composite indices were reported. Each question carried equal weight. For the ease of analysis, three response groups will be allotted. Strongly agree and agree (satisfied), undecided, disagree and strongly disagree (dissatisfied).

The data obtained was analyzed using ANOVA. Absolute numbers and simple percentages were used to describe categorical variables. Similarly, quantitative variables will be described using measures of central tendency (mean, median) and measures of dispersion (range, standard deviation) as appropriate. Significant

association of job satisfaction with socio-demographic and employment characteristics was tested and  $p < 0.05$  was considered significant.

## RESULTS

This was a cross-sectional study that involved 150 resident doctors of different cadre and specialization between 1<sup>st</sup> December, 2011 and 28<sup>th</sup> January, 2012. The questionnaire was used to assess the socio-demographic information of the respondents, job satisfaction and work related conditions.

**Table 1** shows distribution of socio-demographic information of the study groups. Most of the doctors (41.3%) were aged 31-35 years. The mean age of junior residents was  $32.6 \pm 3.7$  years, while that of senior residents were  $35 \pm 4$  years. This difference was not statistically significant ( $p = 0.094$ ). Most of the doctors were Muslims (81.3%) and of Hausa tribe (42%). Most of the doctors (73.3%) were married compared to those who were single.

**Table 2** shows distribution of work information and resource dependents. Most resident doctors (64.2%) worked for 7-9 hours daily. All doctors worked for average duration of  $9.4 \pm 2.6$  hours. Junior residents worked for mean duration of  $9 \pm 2.3$  hours while senior residents worked for  $9.1 \pm 3.2$  hours. This was not statistically significant ( $p = 0.075$ ). Most of the resident doctors (56.7%) had been in the service of the hospital for 1-3 years. The mean duration of service was  $3.5 \pm 2.1$ . Most of the doctors (78%) had 7-9 dependents. The average number of dependents for junior residents was  $4 \pm 3$ , while for senior residents was  $6 \pm 2$  and this was statistically significant ( $p = 0.03$ ). The mean number of dependents was  $5 \pm 3$ . Most doctors (60%) had their last promotion less than 1 year prior

to the study with mean of  $0.9 \pm 0.9$  years.

**Table 3** shows distribution of levels of job satisfaction among junior and senior residents. Overall, 80.1% of doctors were satisfied with their job, 17.3% were undecided and 5.2% were dissatisfied. More senior residents (82.2%) felt satisfied with their jobs than junior residents (77.9%) and this was statistically significant,  $p = 0.035$ .

**Table 4** shows correlation between job satisfactions with socio-demographic and Job characteristics among doctors. Job satisfaction among doctors was more among those who were aged 41-45 (100%) but there was a very weak positive correlation ( $r = 0.21$ ) between age and job satisfaction. Those who were single were more satisfied with their job but there was also a very weak negative correlation between marital status and job satisfaction ( $p = -0.11$ ). Job satisfaction was more in those who have worked for at least 4 years with a weak positive coefficient of correlation ( $r = 0.28$ ). Those who had no dependents were more job satisfied but correlation between number of dependents and job satisfaction was very weak ( $r = -0.22$ ). The senior registrars were more satisfied with their jobs than the registrars ( $r = -0.16$ ). Therefore, duration of service correlates more with job satisfaction than any other factors among doctors. Job satisfaction was highest among resident doctors in chemical pathology and radiology and lowest among resident doctors in obstetrics and gynaecology.

**Table 1:** Distribution of socio-demographic information of the study groups

Parameters	No.	Frequency	Mean (Junior Residents) N=73	Mean (Senior Residents) N=77	Cumulative Mean	P- Value
<b>Age (years)</b>						
26-30	39	26				
31-35	62	41.3				
36-40	39	26	32.6±3.7	35±4	34.5±5.3	0.094
41-45	10	6.7				
<b>Religion</b>						
Islam	122	81.3				
Christianity	24	16				
traditional	4	2.7				
<b>Tribe</b>						
Hausa	63	42				
Fulani	25	16.7				
Ibo	10	6.7				
Yoruba	13	8.7				
others	39	26				
<b>Marital status</b>						
Single	40	26.7				
Married	110	73.3				

**Table 2:** Distribution of Work Information and Resource Dependents

Parameters	No.	Frequency	Mean (Junior Residents) N=73	Mean (Senior Residents) N=77	Cumulative mean	P- Value
<b>Number of work hour/day</b>						
4-6						
7-9						
10-12	4	2.7				
13-15	96	64				
16-18	36	24	9±2.3	9.1±3.2	9.4±2.6	0.075
	4	2.7				
	10	8				
<b>Duration in service (years)</b>						
1-3	85	56.7			3.5±2.1	
4-6	65	43.3				
<b>Number of Dependents</b>						
None						
1-3	5	3.3				
4-6	11	7.3				
7-9	18	12	4±3	6±2	5±3	0.03
Mean= 9±3	117	78				
<b>Duration of last promotion (years)</b>						
<1	90	60			0.9±0.9	
1-2	45	30				
3-4	15	10				

**Table 3:** Distribution of levels of job satisfaction among resident doctors

Level of satisfaction	No. of Junior Residents (%)	No. Senior Residents (%)	Cumulative %	p-value
Dissatisfied	4(5.2)	0	2.6	
Undecided	13(16.9)	13(17.6)	17.3	0.035
Satisfied	60(77.9)	60(82.2)	80.1	
Total	77(100)	73(100)	150(100)	

**Table 4:** Correlation between job satisfaction with socio-demographic and Job characteristics among doctors (N=120)

Parameters	Frequency (%)	Coefficient of correlation
<b>Age</b>		
26-30	31(77.3)	0.21
31-35	48(78.9)	
36-40	31(77.3)	
41-45	10(100)	
<b>Marital status</b>		
Single	41(89.1)	-0.11
Married	98(76)	
<b>Duration of service</b>		
1-3	64(72.6)	0.28
4-6	56(85.7)	
<b>Number of Dependents</b>		
None	11(100)	-0.22
1-3	19(62.5)	
4-6	68(94.7)	
7-9	41(73.3)	
<b>Position</b>		
Senior Registrars	60(82.2)	0.16
Registrars	60(77.9)	
<b>Specialization</b>		

## DISCUSSION

Over the past few years the number of doctors and nurses choosing to work abroad or in non-medical professions has been growing. Among those doctors who have remained in the workforce, there is a similar dissatisfaction, reflected in part by a general strike in 2010 by Nigerian doctors especially ARD in favour of higher wages and better working conditions. Job demands and workload of hospital doctors are increasing. The aim of this survey was to compare job satisfaction among doctors and the non-monetary factors affecting job satisfaction.

Our data suggest that non-monetary factors are important determinants of doctors job satisfaction, perhaps more important than monetary incentives that may augment or reduce their base incomes. Factor analysis revealed that age, positions, marital status, length of service, number of dependents and working hours per day showed carious correlations with job

satisfaction.

From the results of this study, the proportion of doctors satisfied with their jobs in the tertiary health care center under review is 80.1% (table 3) and comparable to previous report among ophthalmologists who showed 78.5%<sup>29</sup> satisfaction rate at Owo in Ondo state, Nigeria. This is higher than 69.5%<sup>21</sup>, 50%<sup>22</sup> and 40%<sup>23</sup>, 30%<sup>24</sup> elsewhere. In Pakistan for instance 56% of doctors have expressed dissatisfaction in their jobs.<sup>25</sup> Job satisfaction among the younger doctors was low, but increased abruptly until the age of 40-45 years. This is in keeping with research evidence, which indicates that job satisfaction increases with age<sup>22,26</sup> but in contrast to another where younger doctors expressed more satisfaction with their jobs<sup>21</sup>. This finding needs to be reviewed in context with the distribution of satisfaction against the years of service put in by these doctors. A very large proportion of doctors who had been in the service longer expressed satisfaction with their job while those who have been in the service for shorter duration expressed more dissatisfaction. This is in contrast with findings by Madaan<sup>21</sup> who hypothesized that the high level of job satisfaction among younger doctors is presumably because of the initial euphoria of a job, but as the years grow longer, the incremental gains appear smaller; social pressures and familial liabilities loom larger, and inputs seem to be disproportionate to output. Achievement and recognition may not keep pace with the demands of the job. Groenwegen *et al*<sup>27</sup> opined that as age increases, expectations decrease and are replaced by gradual acceptance stating that old age leads to greater adaptation. Research has consistently identified low income and increased workload

with a decrease in satisfaction<sup>28</sup>. Many doctors are dissatisfied with their jobs, which is due to long working hours and overwork.<sup>29</sup> this can affect patient care and reduce quality of care. The mean working hours per day among doctors in this study was  $9.4 \pm 2.6$  (table 1) and is similar to  $9.7 \pm 2.7$  hours per day reported in India<sup>29</sup>. However, the level of job satisfaction in this present study was significantly higher than that reported in the Indian study. Those in radiology and chemical pathology had highest job satisfaction in this study. Previous study reported highest job satisfaction among paediatrics emergency medicine<sup>32</sup> and other specialties compared to family medicine. Satisfaction was lowest among residents in obstetrics and gynaecology when compared with other specialties.

Job satisfaction among the doctors in this study was higher when compared with other studies within Nigeria and other developing countries. However, Job satisfaction may increase if physicians experienced more opportunities to advance their careers, team spirit, and better supervision. Previous studies showed a relationship between job resources such as interpersonal relationships, cooperative arrangements and teamwork and higher job satisfaction.<sup>30,31</sup> Hence, these results have important implications for hospital management. Increase in manpower employment as to reduce work hour per day may improve satisfaction among obstetrics and gynaecology residents. Reducing sources of interpersonal conflict and promoting teamwork should rate high on the list of hospital managers' priorities.

## CONCLUSION

Hospital doctors in Nigeria are less satisfied than

their colleagues in England, USA, Germany, South Africa, New Zealand and Norway. Improvement of job satisfaction and working conditions should be achieved via effective regulation of working hours and improvement of recognition for medical work regarding monetary and non-monetary factors such as payment and positive feedback for good work. The limitation of this study is that it did not consider the effect of health professional monetary gain to their job satisfaction. Therefore further study to determine the effect of health professional monetary gain to their job satisfaction is highly recommended.

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