

Job Satisfaction of Specialized Physicians Working at Four State Hospitals in Izmir/Turkey

Dört İzmir Devlet Hastanesinde Çalışan Uzman Hekimlerin İş Doyumu

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Abstract

Objective: To evaluate the job satisfaction of specialized physicians working in four state hospitals in Izmir, Turkey with the 'Enhanced Job Descriptive Index' which has been analyzed for its validity and reliability.

Material and Method: Type of the research is cross-sectional. Study was performed between November 2008–May 2009. A data collection form consisting of 19 questions which identifies the demographic features and “Enhanced Job Descriptive Index” consisting of 45 items, has been applied to 175 specialized physicians working in four different state hospitals within the territory of the Izmir metropolitan area with a face-to-face interview. For data analysis, SPSS 16.0 package program was used.

Results: Job satisfaction differences were determined according to the hospitals and sociodemographic characteristics of physicians. Job satisfaction score averages of male physicians were found to be higher in all dimensions and in total respect to female physicians. It was seen that job satisfaction increases with age and no significant difference was identified between marital status and the field of specialization. Physicians attending professional seminars, congresses and conventions, executive physicians and the ones who allowed spare time for their hobbies scored higher in all dimensions and possessed higher job satisfaction score averages. The comparison of job satisfaction dimension averages according to hospitals displayed a significant difference in 'commitment to establishment and trust', 'physical conditions', 'inconflict solving' and in total.

Conclusions: Individual factors such as hobbies, time devoted for personal interests, vocational affinity and involvement as well as institutional factors such as the executive duty and trust in colleagues played a role in the formation of job satisfaction in specialized physicians. In accordance with the medical profession, job satisfaction increases with age and no relationship was observed between job satisfaction and marital status which can be regarded as a remarkable result. The importance of this research is the evaluation of job satisfaction by newly developed index while performing the validity and reliability analysis directly on the study group.

Key words: Job satisfaction, medicine, specialization.

Özet

Amaç: Geçerlilik ve güvenilirlik incelemeleri yapılarak kültürümüze uyarlanmış olan “Geliştirilmiş İş Betimlemesi Ölçeği” ile İzmir’de dört devlet hastanesinde çalışan uzman hekimlerin iş doyumunu, sosyodemografik belirleyiciler ve çalıştıkları hastanelere göre değerlendirmektir.

Gereç ve Yöntem: Araştırmanın tipi kesitseldir. Kasım 2008-Mayıs 2009 tarihleri arasında İzmir ili metropol sınırları içinde bulunan dört devlet hastanesinde çalışan 175 uzman hekime, 19 sorudan oluşan, sosyodemografik özellikleri tanımlayıcı veri toplama formu ile 45 maddeden oluşan “Geliştirilmiş İş Betimlemesi Ölçeği”, yüz yüze görüşülerek uygulanmıştır. Veri analizi SPSS 16.0 programı kullanılarak yapılmıştır.

Bulgular: Görev yapılan hastane ve sosyodemografik özelliklerine göre uzman hekimlerin iş doyumunu ölçek puanlarında anlamlı farklılıklar saptanmıştır. Erkek hekimlerin iş doyumunu puan ortalamaları, tüm alanlarda ve toplamda, kadın hekimlere göre daha yüksek bulunmuştur. Yaşla birlikte iş doyumunun arttığı izlenmiş, medeni durum ve uzmanlık alanına göre iş doyumunu değişkenleri arasında istatistiksel olarak anlamlı fark bulunmamıştır. Mesleki seminer, kongre ve toplantılara katılan, yöneticilik yapan ve hobilerine zaman ayıran hekimlerin iş doyumunu ölçen tüm alanlar ve toplam iş doyumunu puan ortalamalarının yüksek olduğu görülmüştür. “Kuruma

bağlılık ve güven”, “fizik koşullar”, “sorun çözme” ve toplam iş doyumunu puanlarının çalışılan hastaneye göre değiştiği ve farkın istatistiksel olarak anlamlı olduğu saptanmıştır.

Sonuç: Hobilerine zaman ayırma, mesleki ilgi ve mesleğe yatırım gibi bireysel unsurların yanı sıra çalışılan hastanenin fizik koşullarının uygunluğu, hastane yönetimi ve meslektaşlarına güvenin, uzman hekimlerin iş doyumunu önemli ölçüde belirlediği saptanmıştır. Hekimlerin yaşla birlikte iş doyumlarının artması ve medeni durumdan iş doyumunun etkilenmemesi, hekimlik mesleğinin doğasıyla örtüşen bir durum olarak dikkat çekmiştir. Bu araştırmanın önemi, iş doyumunu ölçeğinin geçerlilik güvenilirlik incelemelerinin doğrudan çalışma grubunda yapılması ve geliştirilen yeni ölçekle iş doyumunun ölçülmesidir.

Anahtar kelimeler: İş doyumunu, hekimlik, uzmanlaşma.

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Introduction

After the industrial revolution, people begun to work in larger communities and job satisfaction appeared as a concept that must be analyzed scientifically. Observations of people content with their job and increasing institutional efficiency; concepts to explain individuals job satisfaction have been developed.

In the previous studies it has been stated that; vocational esteem, job control and the integration level of the working group in a professional community provide higher job satisfaction. Moreover, increased control over the employee's own work and the work of others also cause a rise in job satisfaction (1,2,3,4).

In this respect, it can be expected that a specialization in a specified field of medicine provides a higher job satisfaction rating. This study tested the concordance of experiences in practical life with this theory. Although there are a large number of indexes for measuring job satisfaction, for an index to work properly it should be understood by the employees of that country (5).

For this reason, this study has used the “Developed Job Descriptive Index”, which has been adjusted for our culture and analyzed for its validity and reliability for specialized physicians working in the Izmir metropolitan area state hospitals (6).

Material and Methods

Type of the research:

Cross-sectional.

Scope of the research:

This study was performed between November 2008–May 2009. The scope of the research consists of eight state hospitals located within the borders of the Izmir

metropolitan area. In these hospitals 1266 specialized physicians are employed. In order to prevent bias, private and special branch hospitals were not included. Upon receiving the necessary approval from the Ethics Committee of Dokuz Eylül University, hospital management were contacted for permission. At the end of this process, the research was conducted in four hospitals. These are Tepecik Educational State Hospital, Tepecik Chest Educational Hospital, Alsancak State Hospital and Bornova State Hospital (respectively TESH, TCSH, ASH, BSH) from which the permission was obtained. In Tepecik Chest Educational Hospital, all specialization departments exist. There are a total of 480 specialized physicians in all of these hospitals.

Sample selection:

The sample size was calculated as 146 according to Epi-Info Statcalc program with 99% reliability interval, 50% observation frequency, %10 deviation; with 20% backup a total of 175 physicians were determined as the sample size to be reached. In the participating hospitals, the aim of the study was explained to every physician contributing to the study. Scale and the data collection form were applied to the voluntary physicians.

Data collection tools and methods:

The supervised physicians were asked to fill out their scale and personal information forms individually. The specialized physicians in the participant hospitals were contacted one by one. After the explanation of the aim of the study, Ethics Committee approval and hospital management permission, the individual information form consisting of 19 items and “Developed Job Descriptive Index” consisting of 45 items which evaluates job satisfaction oriented at acknowledging themselves with regard to social-demographic features and working conditions, were applied. Personal information form and scale were applied in one session. The same physicians were contacted again after 2-6 weeks period and the scale

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was reapplied for the pre-posttest procedure. All 175 physicians who gave answer for the first scale were contacted within this process and the data collection procedure was completed in seven months.

Scoring method of the scale:

The scores of seven different dimensions which evaluate job satisfaction were calculated with the arithmetic average. Answers were evaluated with a Likert type scale. In the scale; 5 points mean "I certainly agree", 4 points mean "I agree", 3 points mean "I partially agree / I partially don't agree", 2 points mean "I don't agree" and 1 point means "I don't agree at all" (1).

The total score was calculated with the arithmetic average method which was rated over individual questions. Both in dimension scores and in total score calculation; firstly, answers of the inverted questions were converted (as 1=5, 2=4, 3=3, 4=2, 5=1) then the scores were calculated. According to this; the least possible score for the dimension was equal to the number of questions present in that dimension. The highest possible score is 'number of questions X 5'. The possible score range is between 45-225 points.

Variables of the study:

The dependent variable of the study is job satisfaction. The independent variables are age, gender, marital status, specialization field, institution, willingly choice of medical profession, persistence in choice of specialization, time spent in the profession, working duration, daily working time, weekend working intervals, extra monthly duties, overtime working intervals, working form, working conditions, additional assignments, administrative task, professional interest and time devoted for private interests.

Personal information form:

This is a 19 item data collection form consisting of close end questions which inquires independent variables in the results.

Data analysis:

In the descriptive analysis, percentual distributions were used, in the comparison of group mean averages and t-test was applied. Variance analysis was utilized in the multiple group mean average comparisons and in order to determine from which group the difference originated; Bonferroni's test was used. In constant variables which were anticipated to relate with each other; the Spearman-Pearson correlation

analysis was the choice. For the reliability of the scale; pre-posttest reliability and internal consistency was evaluated. In the pre-posttest reliability; correlation tests (spearman, pearson) and ICC (intraclass coefficient correlation) measurements were made. For the evaluation of internal consistency the cronbach alpha reliability coefficient was measured. Factor analysis was used for validity test. In data analysis SPSS 16.0 package program was used.

Limitations of the study:

The most important limitation of the study was the inability to choose samples from all the state hospitals due to the lack of the official permission. However, it is presumed that the hospitals covered in the study did represent the universe of study. A second limitation was the fact that the study was conducted with voluntar physicians. On the other hand, after face-to-face interview with the physicians and explaining the aim of the study; number of the physicians refusing to participate was very low (5 physicians). The pre-posttest period is not a limitation for this study (2-6 weeks), because at least three months were required for the change and development effect in the pre-posttest procedure (7).

Results

Developed Job Descriptive Index (DJDI) including seven dimensions (Ds) that enquire, "Loyalty and Trust to the Institution", "Colleagues and Relations", "Physical Environment and Conditions", "Conflict Solving", "Support and Development of Physicians", "Communication and Contribution of the Job to the Individual" and "Salary" which were abbreviated as "Trust", "Colleagues", "Conditions", "Conflict", "Support", "Communication" and "Salary" respectively in the tables. The investigation of the physicians according to their sociodemographic distributions revealed that the majority (46.9%) were in the 41-50 age group, 65.7% were male and 81.4% have been married.

When analyzed with regard to specialization fields; it was seen that the distribution is 50.2% in surgical sciences, 49.8% in internal sciences. Anesthesia, clinical biochemistry, radiology and radiation oncology were also covered in internal sciences and pathology was covered in surgical sciences. 72.7% of the physicians did not work elsewhere outside their hospitals. 94.8% of the physicians kept up with tasks such as education, statistics, financial affairs (10-20%) besides patient diagnosis and treatment.

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In terms of working conditions; it was determined that 68.1% had been working for minimum 16 and maximum 30 years. A great majority had been on duty at nights (77.9%). Almost half of the physicians had been on night duty at least once a month. 83.7% had been on duty during the weekends in the institution they have been working.

In terms of professional choice and vocational interest; it was seen that a great majority (82.6%) had chosen the medical profession willingly. Similarly, more than half (66.3%) had selected the specialization field willingly, while 93% had been continuing to show vocational interest by attending seminars, congresses and conventions. It had also been determined that most of the specialized physicians (80.8%) did not devote any time for hobbies. When dimensional averages forming job satisfaction according to age groups were compared; it was determined that except dimension 6 "communication and contribution of the job to the individual" and dimension 7 "salary", all dimensions had a significant relationship with the age groups (Table 1).

In order to determine from which group this difference originated, Bonferroni test was applied. It was found that in dimension 1 this relation was between 29-40 and 51-64 age groups. In dimension 2 this difference was between 41-50 and 51-64 age groups; in dimension 3 there was a significant relation between 29-40 / 51-64 and 41-50 / 51-64 age groups. In dimension 4 the relation was detected between 41-50 / 51-64 age groups whereas in dimension 5 this was seen between 29-40 / 51-64 age groups. In the total of all dimensions there a

significant relation between 29-40 / 51-64 and 41-50 / 51-64 age groups (Table 1).

In all the dimensions assessing job satisfaction, it was determined that as age increases there was also an increase in mean average. Only in Ds-6 and Ds-7 this relation wasn't statistically significant. In the Bonferroni adjustment, it was specified that in dimension inquiring "loyalty and trust to the institution", the score average in 51-64 age group is more than 29-40 age group. This difference is statistically significant. In Ds-2 "colleagues and relations" 51-64 age group is significantly different than 41-50 age group. In Ds-3 when averages were compared, it was seen that 51-64 age group is significantly more than both 41-50 and 29-40 age groups. In Ds-4, the mean average of the 51-64 age group is significantly more than the 41-50 age group. In Ds-5 the mean average of the 51-64 age group is significantly more than the 29-40 age group (Table 1).

When the gender and job satisfaction score dimension mean average relationship is analyzed, it was seen that there was a significant relation between the dimension Ds-2 which evaluates "colleagues and relations". The mean average of Ds-2 is higher in male physicians compared with female physicians (p:0.034). In all dimensions the mean averages are higher in male physicians (p:0.015). There was no statistically significant difference between dimensional mean averages with regard to marital status and specialization field (p=0.791).

When the job satisfaction is analyzed in terms of night duties (extra shift), it was seen that in dimension "physical conditions" (Ds-3), the job satisfaction of physicians not on night duties was significantly higher than physicians on night duties (p:0.027). It was seen that working out of the office hours didn't effect the job satisfaction total score and dimensional score averages significantly (p:0.754).

Table 1. The comparison of dimensional averages according to age groups with Bonferroni correction*(p)

Dimensions of DJDI	29-40/41-50	29-40/51-64	41-50/51-64
Trust	1.000	0.047	0.122
Colleagues	0.332	0.072	0.001
Conditions	0.545	0.000	0.003
Conflict	1.000	0.097	0.003
Support	1.000	0.031	0.077
Communication	1.000	0.712	0.254
Salary	1.000	1.000	1.000
Total	1.000	0.002	0.001

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When the job satisfaction score averages were compared with regard to weekend working conditions, no statistically significant difference was determined (p:0.832). There was no significant difference for job satisfaction lower group between total score averages of physicians performing and not performing patient follow-up (outpatient services) (p:0.434).

Job satisfaction score averages of the physicians working as a management was examined. It was seen that the score average of Ds-5 which analyzes “support and development of employees” was significantly high (p:0.009). Total score averages of the physicians working as a management were found to be high and had statistically significant (p=0.023). The score averages of the physicians who have made a willingly choice concerning their profession were higher than the ones who have made an unwillingly choice. Especially “Support and development of employees” (Ds-5) (p:0.002) and in total this difference was statistically significant (p:0.034). When job satisfaction dimension averages of specialized physicians were analyzed with regard to vocational interest; it was seen that the score of physicians attending congresses and conventions was high in all dimensions and in total.

This difference was in Ds-2, Ds-3, Ds-5; “colleagues and relations” (p:0.005), “physical conditions” (p:0.001), support and development of employees” (p:0.000) and in total (p:0.005).

Job satisfaction score averages of the physicians were higher in all dimensions and in total concerning the group which devotes time for the hobbies compared with the one which did not. Especially “Colleagues and relations” (Ds-2), this difference was statistically significant (p:0.002).

The comparison of score dimension averages with regard to the hospitals revealed in “loyalty and trust to the institution”, “physical conditions”, “conflict solving” a significant difference (Table 2). The Bonferroni test which was conducted in order to determine the hospital of origin concerning this difference exposed that in dimension one, which analyzed “loyalty and trust to the institution” there was a significant difference in ASH with regard to BSH and in TESH with regard to BSH.

In Ds-3 which examines the “physical conditions”, ASH was significantly different from BSH; TESH from TCSH and TCSH from BDH. In Ds-4 which analyzed “conflict-solving”, ASH was significantly different from BSH. In total, TESH was significantly different from BSH, ASH from BSH and TCSH from BSH. This situation revealed that BSH employees received a lower job satisfaction score (Table 3).

When score dimensions were examined in terms of correlation with age; it was determined that all factors were correlated with age and that this relation between dimensions and age was significant in Ds-1, Ds-3 and Ds-5 (“loyalty and trust to the institution”, “physical conditions”, “support and development of employees”). There was a poor correlation in positive direction with significant relation between time spent in the profession and Ds-3, Ds-5 (Table 4).

Table 2. Comparison of dimensional averages according to state hospitals

Dimensions	TESH (±SD)	ASH(±SD)	BSH (±SD)	TCSH (±SD)	p
Trust	2.98±0.65	3.13±0.62	2.58±0.60	2.83±0.54	0.000
Colleagues	3.35±0.76	3.32±0.81	3.12±0.53	3.64±0.61	0.067
Conditions	3.14±0.69	3.42±0.83	2.80±0.71	3.80±0.61	0.000
Conflict	2.95±0.59	3.21±0.58	2.86±0.51	3.27±0.59	0.005
Support	3.40±0.64	3.61±0.68	3.31±0.53	3.60±0.49	0.082
Communication	2.84±0.70	2.89±0.62	2.59±0.43	2.94±0.54	0.056
Salary	3.25±0.85	2.79±1.22	2.91±1.22	2.82±0.87	0.131
Total	3.09±0.41	3.21±0.47	2.82±0.41	3.21±0.43	0.000

Table 3. Bonferroni correction (p value) of dimensional averages according to state hospitals

Dimensions	TESH/ ASH	TESH/ BSH	TESH/ TCSH	ASH/ BSH	ASH/ TCSH	TSCH/ BSH
Trust	1.000	0.015	1.000	0.000	0.394	0.820
Colleagues	1.000	0.792	0.833	0.489	1.000	0.052
Conditions	0.356	0.189	0.008	0.000	0.308	0.000
Conflict	0.124	1.000	0.270	0.019	1.000	0.077
Support	0.565	1.000	1.000	0.128	1.000	0.612
Communication	1.000	0.088	1.000	0.300	1.000	0.210
Salary	0.140	0.791	0.756	1.000	1.000	1.000

Table 4. The correlation and p value of index dimensions according to variables

Dimensions	Age	Monthly extra duties	Daily working time	Overtime working intervals	Weekend working intervals	Time spent in the profession
Rust	r= 0.165 p= 0.030	r=-0.010 p= 0.993	r=0.026 p=0.	r=-0.042 p= 0.586	r= 0.031 p=0.686	r= 0.108 p=0.158
Colleagues	r= 0.146 p= 0.057	r=-0.087 p= 0.246	r=-0.025 p= 0.751	r=-0.023 p= 0.765	r=-0.050 p=0.512	r= 0.134 p=0.080
Conditions	r= 0.287 p= 0.000	r=-0.099 p= 0.194	r= 0.067 p= 0.391	r=-0.039 p= 0.614	r= 0.036 p=0.643	r= 0.219 p= 0.004
Conflict	r= 0.115 p= 0.133	r=-0.109 p= 0.154	r= 0.121 p= 0.117	r= 0.079 p=0.306	r= 0.055 p=0.471	r= 0.118 p=0.123
Support	r= 0.210 p= 0.006	r=-0.029 p= 0.704	r= 0.055 p= 0.477	r=-0.072 p=0.348	r= 0.030 p=0.693	r= 0.189 p= 0.013
Communication	r= 0.121 p= 0.113	r= 0.005 p= 0.952	r= 0.127 p= 0.101	r= 0.047 p=0.537	r=-0.042 p=0.585	r= 0.115 p=0.133
Salary	r= 0.058 p= 0.451	r= 0.106 p= 0.167	r=-0.052 p= 0.506	r=-0.135 p=0.079	r=-0.089 p=0.246	r= 0.102 p=0.185

Discussion

Male physicians possess higher score averages in job satisfaction dimensions and in total, compared with female physicians. This difference shows statistical significance in “colleagues and relations” dimension. A job satisfaction and burnout level study by Karlıdağ et al. on 384 physicians revealed that the insensitivity level of female physicians is significantly lower than male physicians. In this study; the correlation between gender, marital status and age with job satisfaction was not displayed (8). In a study by Kılıç et al, the job satisfaction score averages of males were found to be higher than females (9). On the other hand, Erol et al. determined that emotional burnout is higher in male physicians and job satisfaction is lower than female physicians (10). Ünal et al. determined the job satisfaction of females to be higher (11). Whereas in Özyurt's study no difference was displayed between job satisfaction and gender, the insensitivity score of male physicians

was found to be higher (4). No relation between gender and job satisfaction was determined in the study done by Musal et al. (12). Similarly in Yıldız et al.'s study, no statistical significant difference between job satisfaction and gender was revealed (13). In Aksu et al.'s study, any difference with regard to gender wasn't determined (14). In Bodur's and studies done abroad, the job satisfaction of female physicians were found to be low (15,16,17).

In a study from the USA, authors reported that job satisfaction of female physicians were adversely affected by extinsic factors such as career advancement and salary, however as these are extinsic factors they can be prevented or modified (18). It's an important result that lower job satisfaction in women are growing workforce in medicine. For this reason job dissatisfaction in female physicians, intrinsic (family, personal) or extinsic have to be solved. As female physicians create a growing workforce in the field of medicine, the low job

satisfaction of female physicians is important and this situation has to be intrinsic (family, personal) or extrinsic solved.

When the job satisfaction variables are analyzed with regard to age groups, it was determined that job satisfaction increases in total with age, especially in “loyalty and trust to the institution”, “physical conditions” and “support/development of employees” fields. Interestingly no correlation was detected between age and “communication and contribution of the job to the individual” and “salary” dimensions. According to Herzberg, there is a 'U' formed relation between age and satisfaction. In individuals who commence the vocational life early, the job satisfaction which is high shows a decrease towards 30 years of age, afterwards it displays an increase with age (19). When the youngest (29-40) and oldest groups (51-64) are compared, it was seen that the job satisfaction shows an increase with age. This can be related with the fact that with increasing age more time is spent in the profession and more experience is gained. Bodur et al. relate the increase in job satisfaction with age with factors such as an increase in adoption to task over time and a decrease in options concerning other professions (20). Yıldız et al. were not able to show any relation between age and job satisfaction in the study that they made on the physicians working in the university hospital (13). However Bovier et al. reported that there is a vague relationship between age and gender (male) with job satisfaction (21).

On the other hand, in the job satisfaction study conducted on 174 physicians in Norway, Nylenna et al. showed that job satisfaction decreased annually and the maximum decrease is seen in first level physicians and psychiatrists, and that the anesthesiologists along with internal specialists have a higher job satisfaction (17). In the performed study, any statistically significant difference between job satisfaction variables according to specialization fields and marital status wasn't determined. In the study where the job satisfaction and burnout level of Istanbul physicians were surveyed, Özyurt was not able to display any correlation between marital status and job satisfaction (4). In the study where the job satisfaction of practitioners, research assistants, specialists and university lecturers were evaluated; Karlıdağ et al. reported the 'Personal Success Level' which is a dimension of the Maslach Burnout Inventory, was maximum in university lecturers and minimum in practitioners (8). In the performed study no

difference was determined with respect to specialization fields. But in their study which encompassed 1184 physicians, Bovier et al reported that especially internists and pediatricians had a higher job satisfaction rate compared with other specialization fields (21). Yıldız et al. reported that job satisfaction is low in primary medicine physicians, with job satisfaction being intermediately low in surgeons and that the least lowest level is seen in internists (13). In Musal's study; the job satisfaction of physicians who can utilize their vocational knowledge and abilities was found to be high both in practitioners and specialized physicians (12). Saperstein et al. reported that having a mentor is associated with greater job satisfaction. Therefore they state that a mentorship program implication might be a strategy for improving job satisfaction (22). In the study of Çelen et al. the job satisfaction score averages of married physicians were found to be higher (23). On the other hand, in the study of Aksu et al. no relation between marital status and job satisfaction was displayed (14). Similarly Erol et al. noted no correlation between marital status and job satisfaction along with depression (10). Aktuğ et al. found the job satisfaction higher in married physicians (24). Ünal et al. also determined higher job satisfaction in married physicians (11).

In the study where Sibbald et al. analyzed job satisfaction according to number and presence of children, they found that the job satisfaction of physicians who have children under the age of 18 were low (16). In the performed study, the presence and number of children were not examined. In Özyurt's study, it was shown that the emotional burnout increased parallel with the number of children and the job satisfaction decreased accordingly (4).

In the study, upon observation of professional choices and vocational interest; it was seen that majority has chosen medicine willingly (82.6%), similarly more than half (66.3%) has chosen the field of specialization willingly and has shown effort for this. The vocational interest of 93% has continued with continuous attendance to seminars, congresses and conventions. For physicians who have made a conscious professional choice, all score averages except “conflict solving” and “communication and contribution of job to the individual” were found to be higher compared with physicians who have made an unconscious professional choice, in “support and development of employees” and in total this difference was found to be statistically significant.

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Accordingly, Karlıdağ et al. also showed that the job satisfaction of physicians who had the faculty of medicine as the first choice displayed a higher job satisfaction (8). Performed study revealed a high job satisfaction in physicians with continuous vocational interest in all dimensions and in total. This difference is statistically significant in total in “colleagues and relations”, “physical conditions” and “support and development of employees”.

Dimensional score which analyzed “physical conditions” was significantly higher in physicians without night duties compared with the ones that do have night duties. This situation can be explained with the fact that, the physicians having night duties are confronted more with the negative physical conditions of the hospitals. Interestingly overtime work including weekends did not implement a significant effect on job satisfaction total scores and dimensional score averages.

Dimensional score averages of physicians doing managerial work was analyzed. It was observed that the Ds-5 score average which observes “support and development of employees” was significantly high. The score averages of physicians doing managerial work was high in all dimensions and in total; but this difference was only statistically significant for Ds-5. In a study conducted by Bodur et al. which analyzed the job satisfaction of health managers; it was observed that the job satisfaction scores were high (20). In another study performed by Aksu et al. the job satisfaction of managers employed in the establishments of Ministry of Health was observed and the job satisfaction of employees in managerial positions were found to be high (14).

In this study, it was seen that 72.7% of the physicians are active only in the institutions where they work. 94.8% of the physicians continue to have duties in educational, statistical and economical fields (10-20%) apart from their patient diagnosis and treatment assignments. There was not a statistical significant correlation between these duties and job satisfaction score averages.

Significant differences from the compared hospitals were obtained. For all the factors, the highest points were attained in Tepecik Chest State Hospital (TCSH). In total, TCSH and Alsancak State Hospital (ASH) had equal scores. Different from other hospitals, Tepecik Chest State Hospital has a comfortable environment, all departments are in a

monoblock style and a common resting room for doctors. All these factors may contributed with these hospitals physician high job satisfaction rate. In a study where job satisfaction was analyzed among physicians of three hospitals, Saygun et al. determined that there was no difference between the two hospitals which had similar characteristics whereas they reported a significant difference in the job satisfaction score averages of the physicians working in the other hospital which had distinctive features (25).

The fact that job satisfaction is high in “colleagues and relations” area may be related with the reality that physicians being active in sports and sparing time for themselves have lower burnout scores as stated in Shanafelt (26).

Conclusion

The job satisfaction score averages of male physicians are higher in all dimensions and in total compared with female physicians. Especially in “colleagues and relations” dimension this difference is statistically significant.

It was observed that job satisfaction increases with age, especially in “loyalty to establishment and trust”, “physical conditions” and “support and development of employees” areas, the job satisfaction is significantly high.

No statistically significant difference between job satisfaction variables according to marital status and field of specialization was detected. The job satisfaction score average which analyzes “physical environment and conditions” was significantly higher in physicians not working on extra duty compared with the ones that do.

The score averages of physicians who have made a conscious profession choice were high except “conflict solving” and “communication and contribution of the job to individual” compared with the ones who made an unconscious choice. In “support and development of employees” and in total this difference is statistically significant.

The dimensional score averages of physicians active in managerial fields was significantly high in “support and development of employees”.

In the future researches, independent variables can be analyzed in a broader sense; regarding life styles of the physicians and changing life conditions in a dimension which inquires biological, psychological and social roles and needs.

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