FACTORS INFLUENCING JOB SATISFACTION AMONG DOCTORS AT A CORPORATE MULTISPECIALITY HOSPITAL, BANGALORE

Internship Training
at
Health Care Home India Private Limited, Bangalore

By
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MBA Hospital & Health Management
2013–15

Institute of Health Management Research
Jaipur
2015

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

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The Candidate has successfully carried out the study designated to her during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all his future endeavors.

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FACTORS INFLUENCING JOB SATISFACTION AMONG DOCTORS AT A CORPORATE MULTISPECIALITY HOSPITAL,BANGALORE

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He/She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning

We wish him/her all the best for future endeavors

Health Care at Home India Pvt. Ltd. Bangalore
Rima Bhattacherjee

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This is to certify that the dissertation titled FACTORS INFLUENCING JOB SATISFACTION AMONG DOCTORS and submitted by Dr.Pragna.U.Kumar Enrollment No 1475 under the supervision of Dr.Rima for award of MBA Hospital and Health Management IIHMR university carried out during the period from 2nd February 2015 to 30th April 2015 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

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ABSTRACT

Relationships have been reported between job satisfaction, productivity, absenteeism and turnover among healthcare employees and as such it affects employees' organizational commitment and the quality of healthcare services.

The aim of the study was to determine the factors influencing job satisfaction among doctors in corporate hospitals in Bangalore. The study was conducted among 50 participants. Self-administered questionnaires were used to collect data from the participants. The results showed a low level of job satisfaction. Almost more than 50 % of participants were not satisfied with their jobs, and there was no association between job satisfactions.

Variables such as opportunity to develop, responsibility, patient care and staff relations were found to be significantly influencing job satisfaction and there was a significant positive medium association between job satisfaction and opportunity to develop, responsibility, patient care and staff relations for both clinical and clinical support staff , there was also a gender difference in the level of satisfaction. Satisfaction with one's job can affect not only motivation at work but also career decisions, relationship with others and personal health.

Those who are working in a profession that is extremely demanding and sometimes unpredictable can be susceptible to feelings of uncertainty and reduced job satisfaction. Job satisfaction is also an essential part of ensuring high quality care. Dissatisfied healthcare providers give poor quality, less efficient care. Interventions need to be implemented in order to improve the level of job satisfaction among doctors at corporate hospitals in Bangalore.

2.1.2) ACKNOWLEDGEMENT

I am immensely grateful to all those who have been involved in my project. My project would not have been possible without the kind support and help of many individuals and organization.

I would like to extend my sincere thanks to my institute, Indian institute of Health Management Research, Jaipur, from where I got this opportunity. I am highly indebted to Project manager Dr.Rima Bhattacherjee (PT) for her constant guidance and supervision.

My gratitude towards the management of **Health care at home india private limited,** Bangalore, Business development head Mr.Pankaj Poovanna for putting me in touch with the doctors.

I'm grateful to my guide, **Ms . Seema Mehta, professor** IIHMR Jaipur, for her cooperation, help and wholehearted encouragement. Her assistance enabled me, to overcome obstacles during the work of my project study.

I'm thankful to all those who directly or indirectly encouraged me to complete this project.

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1 INTRODUCTION

1.1 BACKGROUND

The shortage of healthcare professionals in most countries is well documented; it has reached such an extent that some hospitals are offering bonuses to lure healthcare workers from other employers. Every healthcare professional is an important part of the healthcare system, and shortage in any area creates problems for other cadres of workers. Industry-wide shortages create the possibility that patients will receive substandard care or even be placed in danger. These shortages also create an environment that is not conducive to retaining the most qualified and experienced healthcare professionals.

The healthcare industry requires a more skilled workforce today as a result of advancement in medical technology and the demand for more sophisticated patient care. Job satisfaction among healthcare professionals is increasingly being recognized as a measure that should be included in quality improvement programs. Low job satisfaction can result in increased staff turnover and absenteeism, which affects the efficiency of health services.

In many countries employers pay close attention to the subjective well-being of their employees and its impact on their jobs. In Denmark, several companies regularly conduct their own job satisfaction surveys and an employee satisfaction index has been computed for a number of European countries. The European Union has called the attention of member states to the quality aspects of work and highlighted the importance of improving job quality to promote employment and social inclusion(European Commission, 2002).

There is growing consensus that the significant health status challenges facing South Africa cannot be properly addressed without strengthening health systems and professionals working in those systems. A study on work satisfaction of professional nurses in South Africa by Pillay (2008) indicated overall dissatisfaction among South African nurses and highlighted the disparity between levels of job satisfaction in the public and private sectors. Another South African study found that organizational factors and poor working conditions were strongly associated with job dissatisfaction, while the social aspects of the job were found to be a strong predictor of job satisfaction (Kekana et al, 2007).

The search for enhanced productivity has been a major concern for all organizations in more developed societies. In developing countries the need to optimize productivity is also a consideration. Job satisfaction of employees has been found to be an important factor affecting productivity and has received considerable interest (Collinset al, 2000).

The subject of job satisfaction is particularly relevant and of interest to public health practitioners due to the fact that organizational and employees' health and well-being rest a great deal on job satisfaction (Adams et al, 2000).This is particularly important because employees in a healthcare delivery system are expected to provide quality patient care while working in a highly stressful environment (Arnetz, 2000).

The evidence from published research points to specific determinants and correlates of job satisfaction and productivity. Various studies have established that dissatisfaction with one's job may result in higher employee turnover, absenteeism, tardiness and grievances. Improved job satisfaction, on the other hand, results in increased productivity (White, 2000).
Every individual has unique needs and desires that need to be satisfied, which are related to the behavior they exhibit, and these play a significant role in their preferences in different areas such as their workplace. Social, cultural and job factors all influence employees' behaviour (Gibsonal, 2000).

Overall job satisfaction is actually a combination of intrinsic and extrinsic job satisfaction. Intrinsic job satisfaction is when workers consider only the kind of work they do and the tasks that make up the job, while extrinsic job satisfaction is when workers considers the conditions of the work, such as but not limited to pay, coworkers, management style and communication.
From the point of view of employees, job satisfaction may reflect benefits that people might be looking for when they take the job; these benefits are usually determined by the employer based on their strategy to be profitable and competitive in recruiting and retaining people. On the other hand job-related factors that affect satisfaction relate to employees' desire to use their skills and abilities to make a meaningful contribution and to be valued. From an organization's point of view, they employ people to perform specific tasks in order to achieve their business goals. When organizations finds people who fit their job requirements and are happy with what is being offered, then a win-win situation is created between the employer and the employee.
Many organizational scholars have shown interest in why some people report being satisfied with their jobs, while others express lower levels of job satisfaction.
Satisfied employees tend to be more productive and committed to their jobs (AlHussami,2008).
In a healthcare setting, employee satisfaction has been found to be positively related to quality of service and patient satisfaction (Tzeng, 2002).
Employees can directly influence patient satisfaction in that their involvement and interaction with patients plays a significant role in quality perception. A number of studies have looked into job satisfaction in the healthcare setting (Seo, 2004; Lyons,
2003; Chu et al, 2003) and the focus was on the need to understand job satisfaction of healthcare providers.
Herzberg and Mausner (1959) suggested a motivation–hygiene theory where factors influencing job satisfaction are separate from those that lead to job dissatisfaction.
Factors leading to satisfaction, describes as motivators, were promotional and personal growth opportunities, responsibility, achievement and recognition. These are factors that are intrinsically rewarding to the individual. Extrinsic factors, described as "hygiene" factors, leading to job dissatisfaction include pay, physical working conditions, job security, company policies, quality of supervision and relationship with others (Robbins, 2003).
Factors contributing to high levels of employee satisfaction have been identified as: supportive colleagues, supportive working conditions, mentally challenging work and equitable rewards (Locke, 1983).

1.2 JOB SATISFACTION

Job satisfaction is a complex phenomenon that has been studied quite extensively.
Various literature sources indicate that there is an association between job satisfaction and motivation, motivation is hard to define, but there is a positive correlation between job satisfaction, performance and motivation, whereby motivation encourages an employee, depending on their level of job satisfaction, to act in a certain manner (Hollyforde, 2002).
Job satisfaction is described at this point as a pleasurable or positive emotional state resulting from the appraisal of one's job or job experience. Job satisfaction results from the perception that one's job fulfils or allows the fulfillment of one's own important job values, providing that and to the degree that those values are congruent with one's needs. According to Kreitner et al (2002) job satisfaction is an affective and emotional response to various facets of one's job.
According to Woods et al (2004), job satisfaction can be achieved when an employee becomes one with the organization, performs to the best of their ability and shows commitment; moreover, job satisfaction and performance are positively influenced by rewards. Kreitner et al (2002) identified various factors influencing job satisfaction, such as the need for management to create an environment that encourages employee involvement and manages stress in the workplace.
In order to understand job satisfaction it is useful to distinguish morale and attitude, and their relationship to job satisfaction (Locke, 1968).Morale can be defined as the extent to which an individual's needs are satisfied and the extent to which an individual perceives that satisfaction as stemming from the total job. Attitude can be defined as an evaluation that predisposes a person to act in a certain way and includes cognitive, affective and behavioural components..
It is therefore imperative that managers pay special attention to employees' attitudes as job satisfaction can decline more quickly than it develops. Managers need to be proactive in improving and maintaining employees' life satisfaction and not only satisfaction in the work environment as job satisfaction is part of life satisfaction, meaning an individual's life outside work may have an influence on one's feelings on the job(Staw,1977).
The level of job satisfaction across various groups may not be consistent, but could be related to a number of variables. This allows managers to predict which groups are likely to exhibit behaviour associated with dissatisfaction. Older employees are generally satisfied with their jobs although this may change as their chances of advancement get diminished and they face the reality of retirement. Management also tends to be satisfied with their jobs, probably due to better remuneration, better working conditions and job content (Greenberg et al, 1997).

1.3 JUSTIFICATION OF THE STUDY

Given the critical role that doctors play in determining the efficiency, effectiveness and sustainability of health care systems, it is paramount to understand what motivates them and to what extent they are satisfied by the organization and other contextual variables. Job satisfaction

is also an essential part of ensuring quality care, as dissatisfied healthcare providers are likely to give poor quality and less efficient care. According to Tzeng (2002) there is evidence of a positive correlation between professional satisfaction and patient satisfaction. A number of studies have addressed job satisfaction among doctors. Indian studies are limited in that most studies have been conducted among nurses and other health care professions. Given the noticeable lack of studies addressing job satisfaction among doctors in Indian corporate hospital setting, this study will attempt to address the gap in the literature. The information obtained will hopefully assist in identifying factors influencing job satisfaction among doctors in a hospital setting.

2 OBJECTIVE OF THE STUDY

1. to determine the factors influencing job satisfaction
2. to measure the level of job satisfaction in doctors in a corporate hospitals
3. to analyze the distribution of satisfaction levels gender wise

3 REVIEW OF LITERATURE

A study of job satisfaction and work environment perception among doctors in a tertiary hospital in Delhi.(Kaur S1, Sharma R, Talwar R, Verma A, Singh S)(2009) Showed that a significant proportion of doctors were found to be dissatisfied with the average number of their work-hours and salary. Factors like the average number of work-hours per day and the number of night shifts per month were found to have a significant relation with dissatisfaction. Further studies were suggested to explore how best the work-hours of doctors could be adjusted to improve their job satisfaction

Determinants of Indian physicians satisfaction & dissatisfaction from their job(IJMR-Meenakshi Sharma, Sonu Goel, Sharad Kumar Singh, Raman Sharma, and Pramod K. Gupta)(2014)A comparative assessment of the results of this study with those of other studies revealed that satisfaction percentage of Indian physicians and those of the developed countries were almost the same Perhaps, magnitude of satisfaction level (average score) of the Indian physicians were towards the lower side. Nine determinants, identified in this study can be used safely to assess any professional's satisfaction.

Workplace stress among doctors in government hospitals (Irfana Baba) (2012) this study showed that stress experienced at work can have adverse outcomes for the well-being of individual employees and organization as whole.

Stress among general practitioners in UK (Cooper et al., 1989; Howie et al., 1989; Rout & Rout, 1993; Sutherland & Cooper, 1992) a study that compared to a normative sample showed that male GPs exhibit significantly higher levels of anxiety, whereas female GPs compare favorable to the population norms. Job satisfaction levels among male and female GPs were significantly lower than when they were measured in 1987. Multivariate analysis revealed five major stressors that were predictive of high levels of job dissatisfaction and negative mental well-being; these were practice administration and demands of the job, interference with family and social life, routine medical work, interruptions and working environment. In addition, emotional involvement and type A behavior were predictive of lack of mental well-being. It is concluded that there may be substantial benefit in providing training in management skills and introducing a stress management programme for GPs.

Job Satisfaction among Doctors(Holger Gothe, Ann-Dorothee Köster, Philipp Storz, Hans-Dieter Nolting, Bertram Häussler)(2007) . 44% of the reviewed studies included analyses of effects on quality of care, with particular reference to error related reductions in standards of care, medication errors, and patient compliance.

Australian doctors' satisfaction with their work(results from the MABEL longitudinal survey of doctors) 85.7% of doctors were moderately or very satisfied with their jobs. There were no differences in job satisfaction between GPs, specialists and specialists-in-training. Hospital non-specialists were the least satisfied compared with GPs For all doctors, factors associated with high job satisfaction were a good support network, patients not having unrealistic expectations , and having no difficulty in taking time off work . These associations did not vary across doctor types. Compared with GPs, on-call work was associated with lower job satisfaction for specialists and hospital non-specialists,

Physician job satisfaction driven by quality of patient care(2013)(rand corporation) An in-depth study about doctors' job satisfaction has found physicians are motivated primarily by their ability to provide quality health care to their patients. Obstacles that interfere with those efforts are a source of stress for doctors.

A study of job satisfaction and work environment perception among doctors in a tertiary hospital in Delhi(Suminder Kaur, Rahul Sharma, Richa Talwar, Anita Verma, Saudan Singh)(2009) The mean number of work-hours among doctors was 9.7 ± 2.7 hours per day, and the mean number of night shifts was 5.6 per month. About half (49.6%) of the doctors were dissatisfied with the average number of work-hours per day. Dissatisfaction was significantly more in those who had an average of >8 work-hours per day and who had ≥8 night shifts per month. About half (45.6%) of the doctors considered their salary as 'bad,' and this was significantly more among unmarried doctors, interns and those who had ≥8 night shifts per month. More than half (55.2%) of the doctors were dissatisfied with their choice of profession, i.e., being a doctor, as compared to other professions

Predictors of work satisfaction among physicians(Patrick A. Bovier , Thomas V. Perneger)(2003) In general, physicians were more satisfied with the following aspects of their current work situation: patient care, professional relations and personal rewards (intellectual stimulation, opportunities for continuing medical education, enjoyment at work). The lowest satisfaction scores were found for work-related burden (workload, time available for family, friends or leisure, work-related stress, administrative burden) and work-related income and prestige. In multivariate models, variables associated with most dimensions of satisfaction included type of practice (physician in training were less satisfied), specialty (internal medicine specialists and pediatricians were more satisfied), time spent on administrative tasks (globally negative effect), time spent on continuing medical education (globally positive effect). Age and sex had only a minor influence on satisfaction scores

Job satisfaction among hospital doctors in Norway and Germany. A comparative study on national samples (Judith Rosta)(2009)Norwegian hospital doctors had significantly higher life satisfaction (mean 5.31 vs. 5.15) and job satisfaction than their German colleagues. Item by item, doctors in Norway were significantly more content with seven aspects of their work: ``Freedom to choose your own methods of working opportunities to use your skills physical working conditions, recognition you get for good achievements, overall job situation, work hours, rate of pay. General life satisfaction and age, but not gender, were positively associated with job satisfaction in both countries.

4 RESEARCH METHODOLOGY

4.1 RESEARCH DESIGN

A cross-sectional survey was used to determine the factors influencing job satisfaction among doctors at corporate hospitals, Bangalore.

4.2 STUDY SITE

The study was conducted among doctors working in different corporate hospitals in Bangalore associated with Health care at home, Bangalore.

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4.3 STUDY POPULATION

The study population consisted of 50 doctors from all departments and wards at the time the study was conducted. It included doctors between the age groups 30 and 40 years .With an equal distribution of males and females.

4.4 SAMPLING AND SAMPLE SIZE

3.4.1 Sample size

A purposive sampling method was used to obtain the selected sample of 50 doctors. Participants were contacted online by the researcher and invited to complete the questionnaire

4.4.2 Inclusion and exclusion criteria

The inclusion criteria were all healthcare professionals at the hospital who were available at the time of the study and willing to participate. The exclusion criteria were those who were not available such as those who were on leave and those who decided to exercise their right not to participate.

4.5 DATA COLLECTION TOOL

4.5.1 Components and details of the instrument

A structured self-administered questionnaire was used to collect data from the participants. It consists of 5 major sections. It consisted of 29 job satisfaction statements measured on a five-point Likert scale (‘strongly agree’ to ‘strongly disagree’)..

4.6 DATA COLLECTION METHOD

Over the 6 week period, the sample of 50 participants was drawn from the hospitals. The researcher was personally responsible for the distribution and collection of all questionnaires online. Data was captured electronically for the purpose of analysis.

4.7 ETHICAL CONSIDERATIONS

The ethical considerations took into account the personal and revealing nature of the study, which required that voluntary, informed consent, using the consent form designed for this study, needed to be obtained from the doctors. Prior to administering the questionnaires, the aims and objectives of the study were clearly explained to the doctors and written informed consent was obtained

Confidentiality and anonymity were ensured throughout the execution of the study as doctors were not required to disclose personal information on the questionnaire. Provisions were made to have doctors concerns relating to the study addressed and misconceptions corrected. Doctors were informed that their participation was voluntary and that they could withdraw from the study at any time if they wished to do so.

4.8 LIMITATIONS OF THE STUDY

Important limitations are inherent in a survey of this kind. Firstly, the information presented by participants is based upon their subjective perceptions. Although participants were assured of confidentiality, it is therefore possible that they either over- or underreported their level of satisfaction. Secondly, even with 50 doctors participating in this study, there is a possibility that responses of individuals who did not participate may have differed in some manner from those who did in fact participate. The findings of the study may not be generalized to doctors in other hospitals, as the different environment and circumstances prevailing in other hospitals may impact on job satisfaction.

5 RESULTS

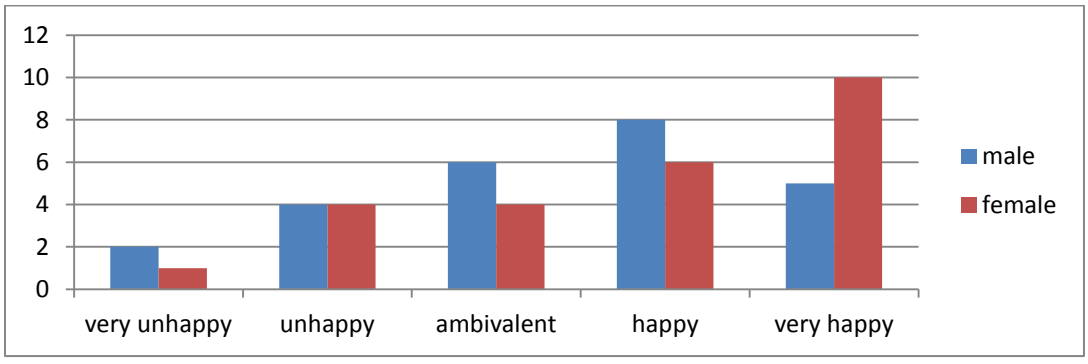
- **The factors affecting doctor satisfaction are:**
  They are divided into the follow sub headings.

1) Recruitment and initial orientation
2) Compensation, benefits and incentives
3) Clinical job pros and cons
4) Recognition/ appreciation
5) Involvement in the organizations

1) Recruitment and initial orientation

Recruitment and orientation was chosen as the first sub heading to analyze the satisfaction relating to the initial attraction to the organization and the level to which it was satisfied once they joined, their initial experience in the organization, the level of orientation they got and how comfortable they were made to feel in the organization. This plays an important factor as the initial few days in the organization will leave an impact that will determine the level of satisfaction in the organization for the days to come.

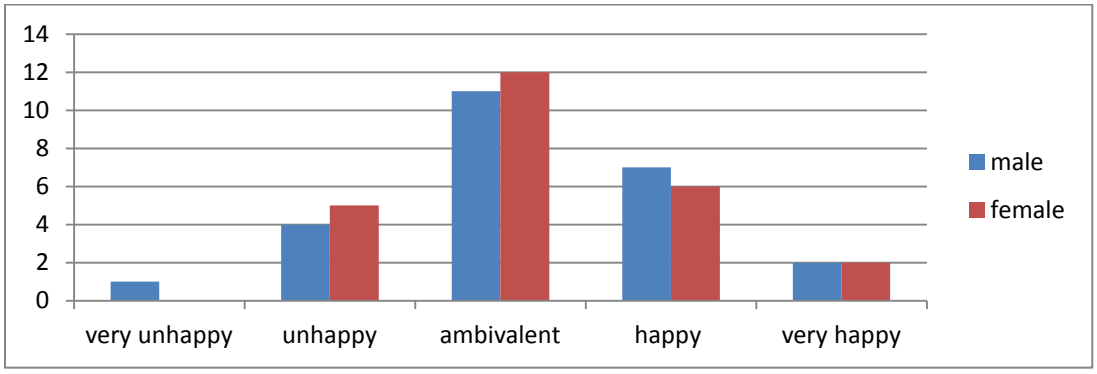
1.1) The level of satisfaction in relation to the initial attraction towards the organization.



graph-1.1

Here,
The x axis shows the level of satisfaction.
The y axis shows the number of doctors responding to that level.
This graph signifies the relation between the initial attraction that made them want to join the attraction and level of satisfaction that they felt once they joined the organization. The results show that the male doctors were relatively happy during the initial few days where as the female doctors were very happy.

1.2) The level of satisfaction in relation to the interview for employment



graph-1.2

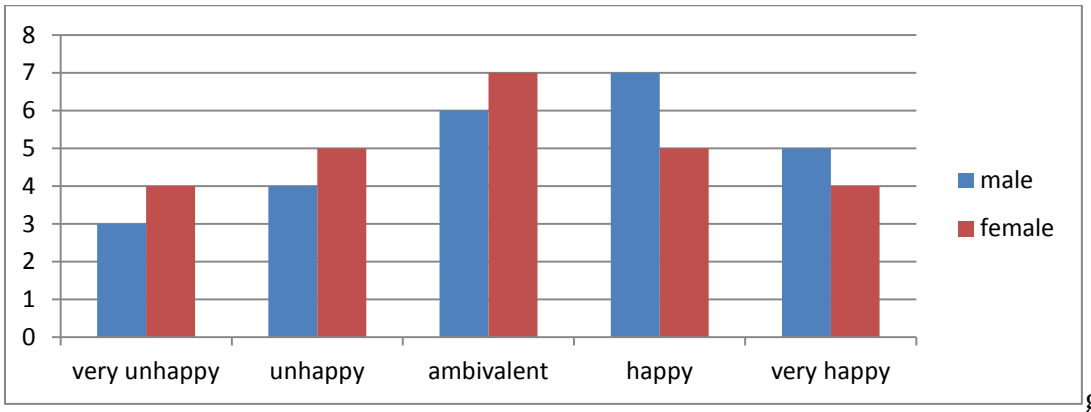
Here,

The x axis shows the level of satisfaction.

The y axis shows the number of doctors corresponding to that level of satisfaction

This graph shows the level to which the process, clarity and method of interview conducted was satisfactory to the doctors. It also included whether the interview was done on time, whether there were long waiting periods and the level of comfort they were made to feel during the interview process. Most doctors both male and female were ambivalent to the interview process .

1.3) The level of job satisfaction in relation to job orientation



graph-1.3

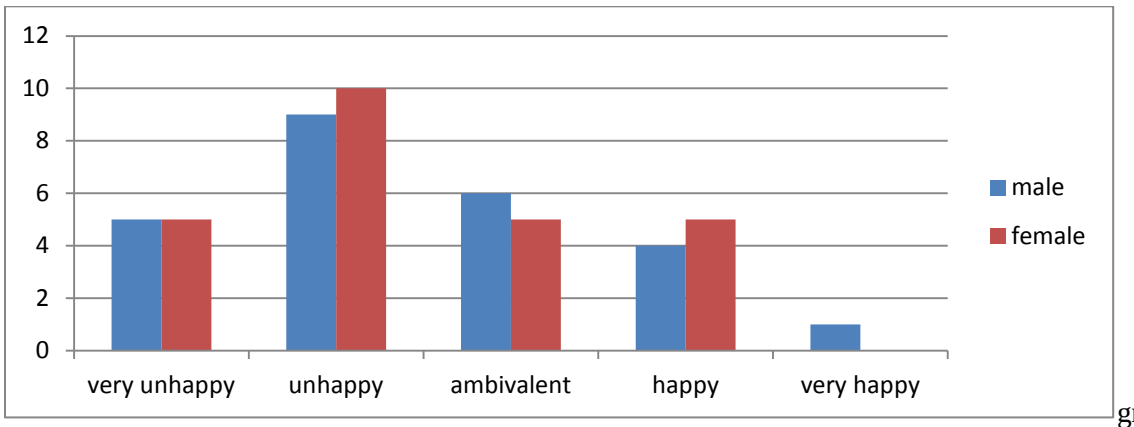
Here,

The x axis shows the level of satisfaction.

The y axis shows the number of doctors corresponding to that level of satisfaction

This graph shows the level of satisfaction in relation to the job orientation provided by the organization to help the doctors understand the working process in the organization and make them comfortable with their role in the organization. Male doctors were happy with the job orientation provided by the organization and female doctors had an ambivalent response to this.

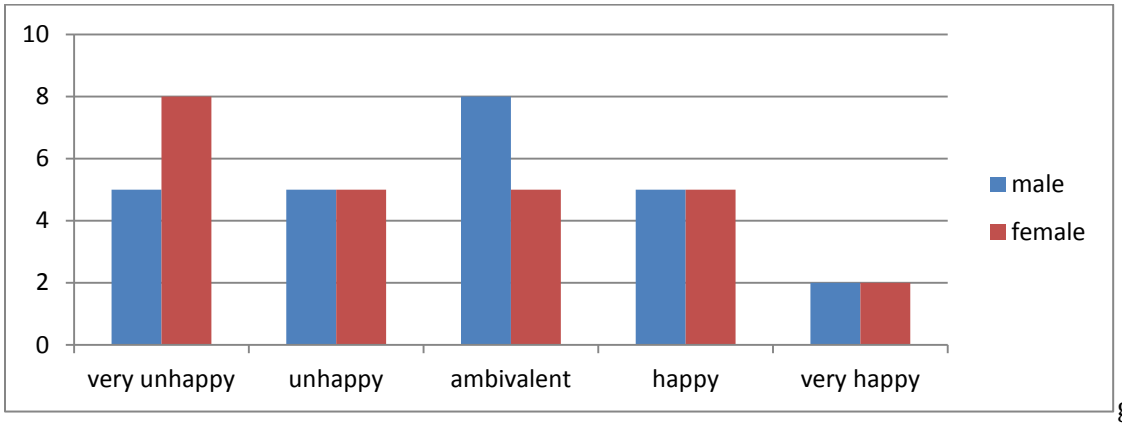
1.4)The level of satisfaction in relation to what the expectation is from doctors both by the peers within their service, other medical staff and administration is made clear to them.



graph-1.4

Here,
The x axis shows the level of satisfaction.
The y axis shows the number of doctors corresponding to that level of satisfaction
The graph signifies if doctors are made clear about what they are expected to do by their peers the other doctors, other medical staff and the administration. The level of satisfaction with this regard is very low both male and female doctors are very dis satisfied.

1.5)The level of satisfaction the lifestyle changes found after employment

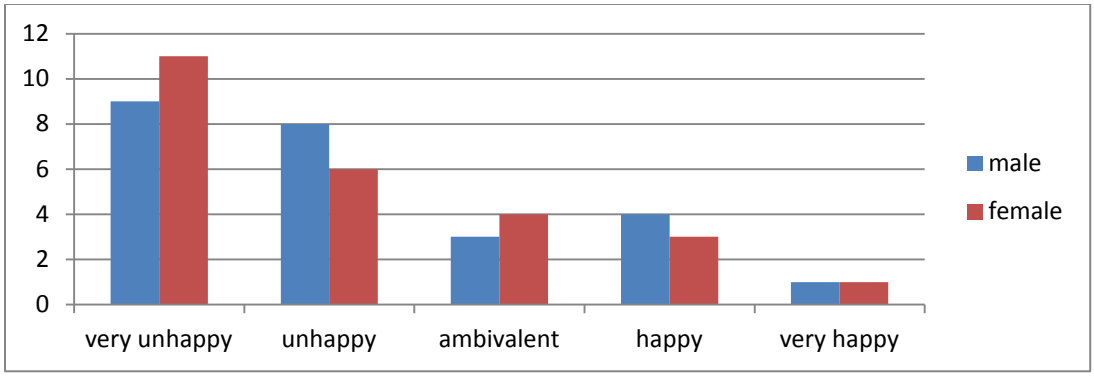


graph-1.5

Here,
The x axis shows the level of satisfaction.
The y axis shows the number of doctors corresponding to that level of satisfaction
This graph signifies the level to which the doctors had to make a change in life style changed after they joined this organization. Their work timings, time for hobbies etc… during the initial period of starting to work with the organization. The male doctors were ambivalent to the change

meaning they did not encounter many changes for the better or for the worse where as the female doctors encountered changes they were very unhappy with.

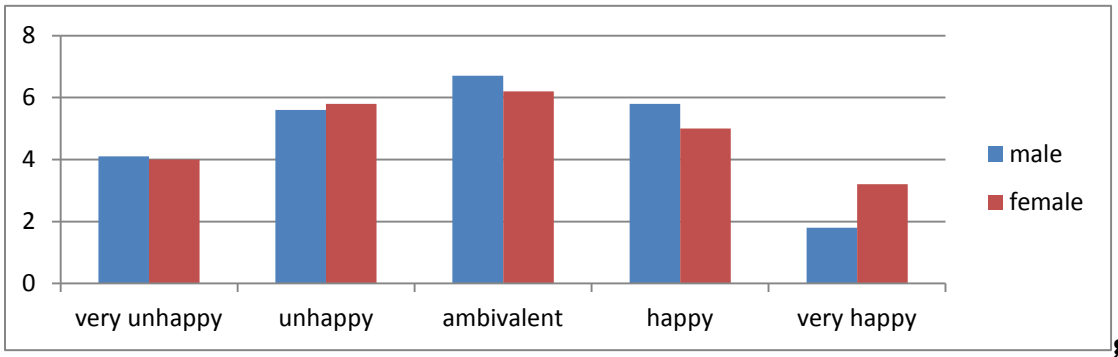
1.6)The level of satisfaction in relation to the mentor assigned in the initial few days



graph-1.6

Here,
The x axis shows the level of satisfaction.
The y axis shows the number of doctors corresponding to that level of satisfaction.
This graph shows the relation between the comfort level the doctors had with the mentor assigned to them during the initial few days who was in charge of training them and orienting them to the organization and answering their queries .both male and female doctors were unhappy with the mentor given to them with a higher number of female doctors.

The satisfaction level in relation to recruitment and orientation:



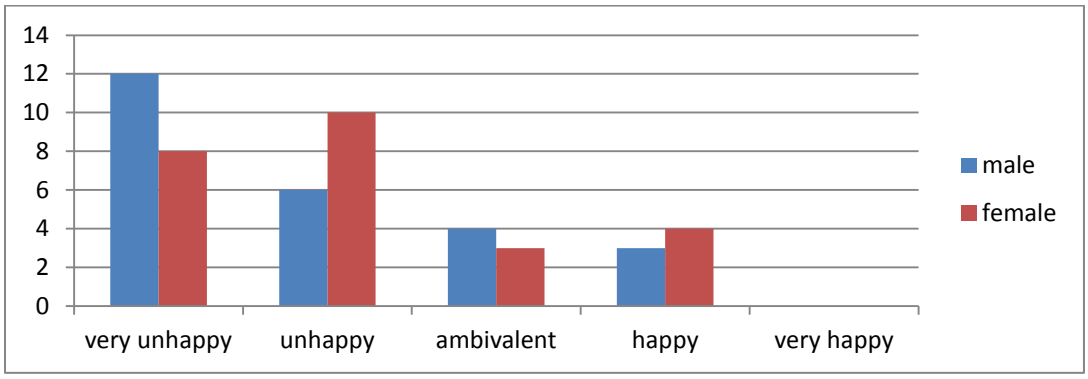
graph 1.7

Doctors both male were ambivalent to the recruitment and orientation process.

2) compensation , benefits and incentives

Compensation benefits and incentives play a very important role in determining job satisfaction in doctors. Considering doctors have very long study duration and are almost entering their thirties by the time they start working with financial and personal liabilities and responsibilities the compensation being paid to them must be in accordance with the general market rate and depending on their type of specialty, skill set and experience. Apart from the compensation the other factors that influence satisfaction are the benefits they get from the hospital for themselves and their families such as insurance and paid leaves. Medical incentive such as free drugs or free hospitalization provided by the organization for the doctor and his immediate family also plays a very important role.

2.1) The level of satisfaction in relation to the compensation being given is competitive with the current market for that particular specialty and type of practice.



graph-2.1

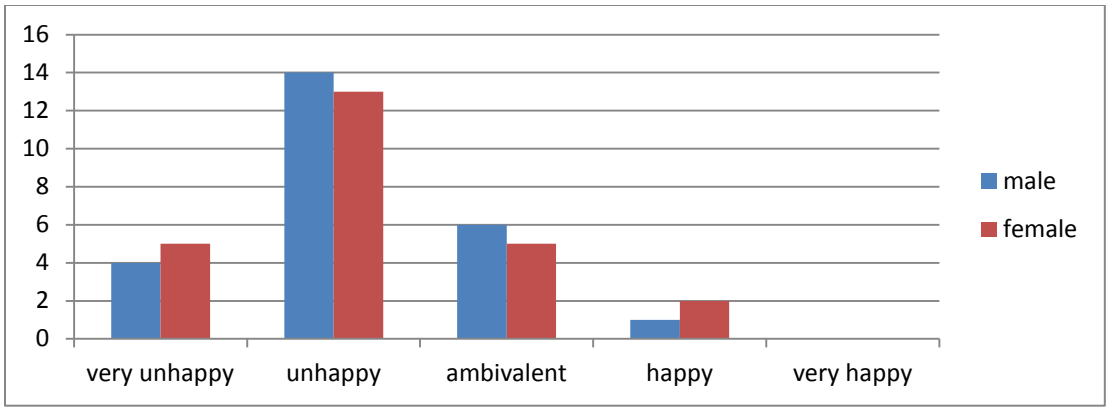
Here,

The x axis shows the level of satisfaction.

The y axis shows the number of doctors corresponding to that level of satisfaction.

The graph shows how happy the doctors are with the compensation they are being offered by the organization with respect to their level of skill, experience and type of specialty in comparison with people in similar positions. Male doctors are very unhappy with the compensation they are receiving whereas female doctors even though unhappy are at a lesser degree than male doctors

2.2)The level of satisfaction in relation to the benefit package including insurance, sick leave, vacation and holidays.

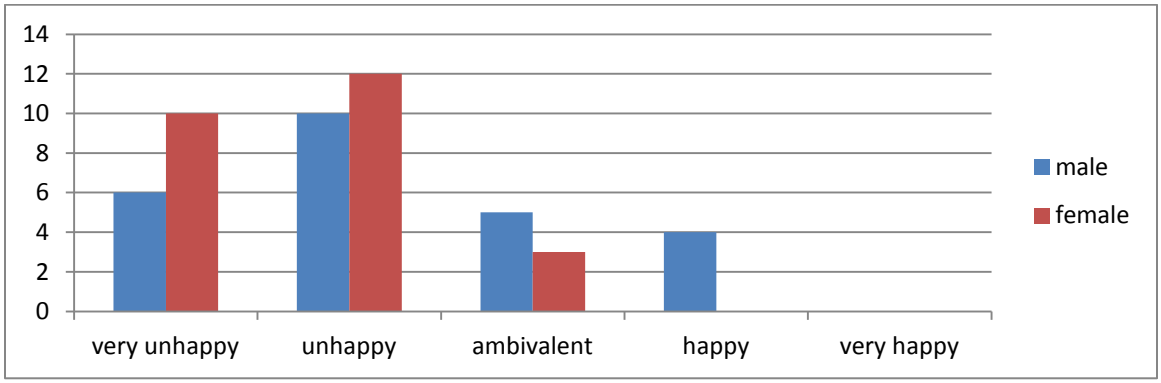


graph-2.2

Here,
The x axis shows the level of satisfaction.
The y axis shows the number of doctors corresponding to that level of satisfaction

This graph shows the doctors satisfaction level with respect to the benefits beings offered to them for being an employee of the organization including insurance for them and their families , paid vacation and holidays. Both doctors male and female are unhappy wth the benefits.

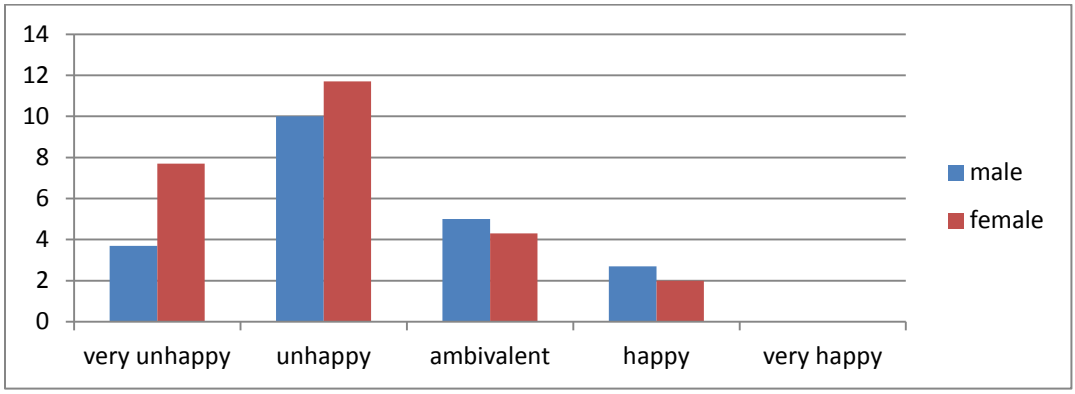
2.3)The level of satisfaction in relation to the medical incentives



Here,
The x axis shows the level of satisfaction.
The y axis shows the number of doctors corresponding to that level of satisfaction

This graph shows the doctors satisfaction level with respect to the medical benefits beings offered to them and their families in the hospital they work for female doctors are more unhappy then male doctors with respect to this.

The satisfaction level in relation to compensation, benefits and incentives.



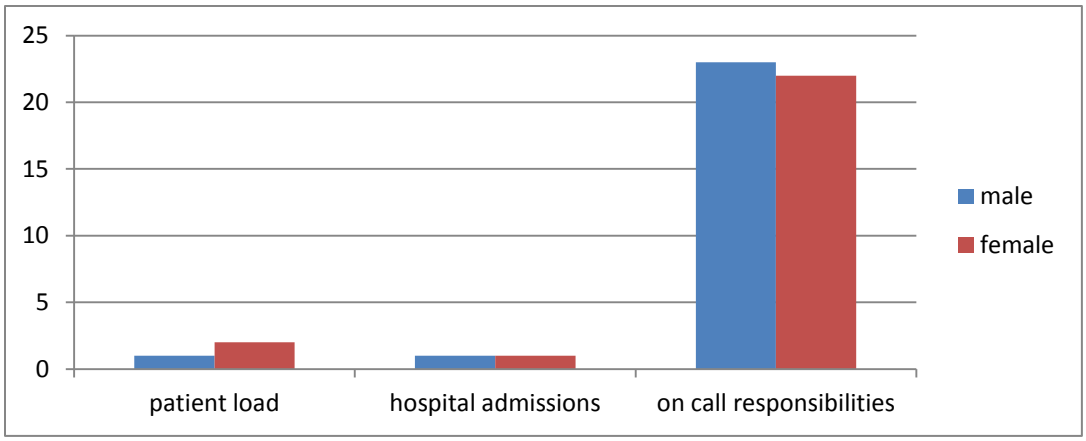
graph-2.4

Doctors both male and female are unhappy with the compensation, benefits and incentives being offered to them

3) clinical job satisfaction –pros and cons

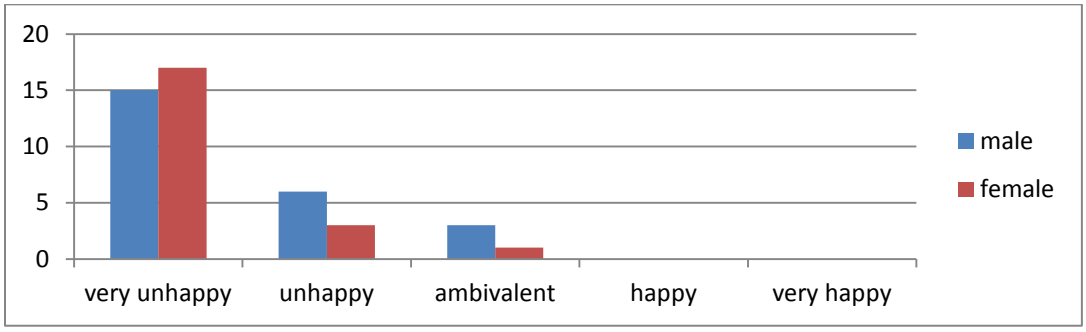
Clinical job satisfaction is the most important factor influencing job satisfaction if doctors are able to perform their clinical duties well they will be able to provide quality care to the patients which in turn will result in patient satisfaction and benefits the organization. But for this to work smoothly the organization has to take steps to figure out the problems that doctors are facing in the clinical setting , working hours and its distribution, the system the organization is following in case of emergencies, cooperation of other staff and most importantly their ability to fulfill professional and personal goals in the present job.

3.1) Most commonly picked problem out of equality of patient load, hospital admissions (if applicable) and on-call responsibilities (if applicable) was ON CALL RESPONSIBILITIES



graph-3.1

45/50 doctors chose the above

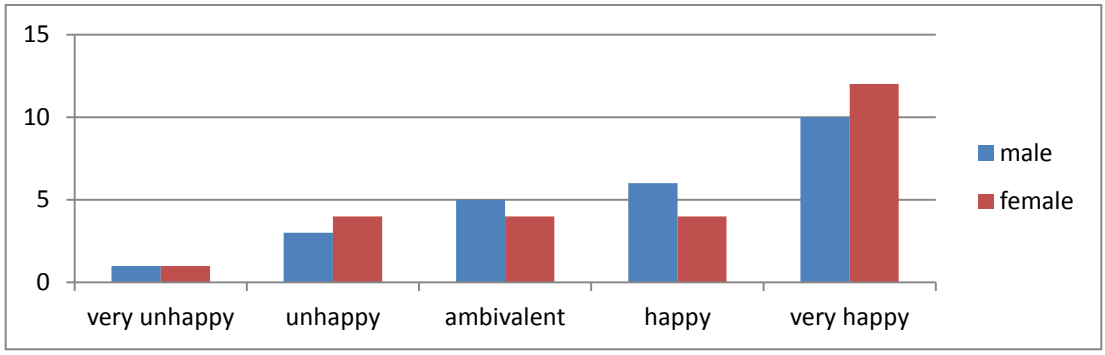


graph-3.2

Here,
The x axis shows the level of satisfaction.
The y axis shows the number of doctors corresponding to that level of satisfaction

This graph shows the most commonly encountered problem in the clinical setting which the doctors chose as on call responsibilities and its distribution doctors both male and female are very unhappy in this aspect.

3.2)Satisfaction levels In relation to cooperation of other allied staff

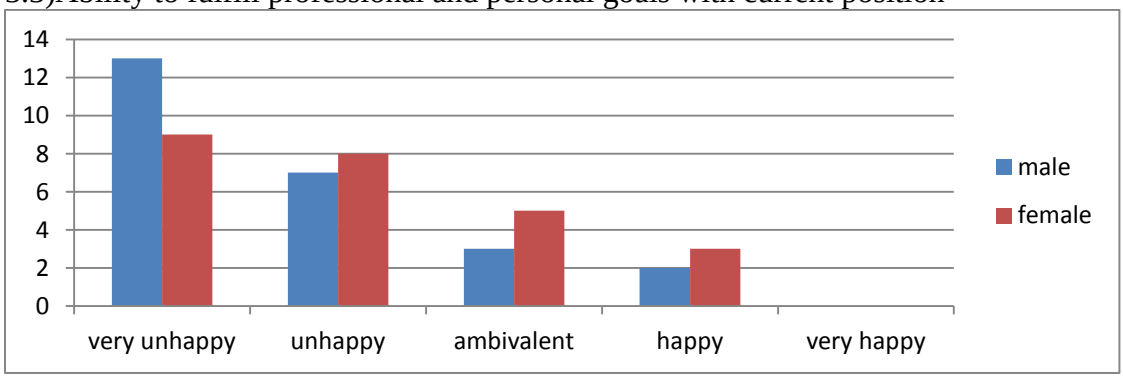


graph-3.3

Here,
The x axis shows the level of satisfaction.
The y axis shows the number of doctors corresponding to that level of satisfaction

This graph shows the level of satisfaction in relation to the cooperation being provided by the other allied staff such as nurses, para medical staff and others. Doctors both male and female are very happy and satisfied with level of support they are being given by the allied staff.

3.3)Ability to fulfill professional and personal goals with current position

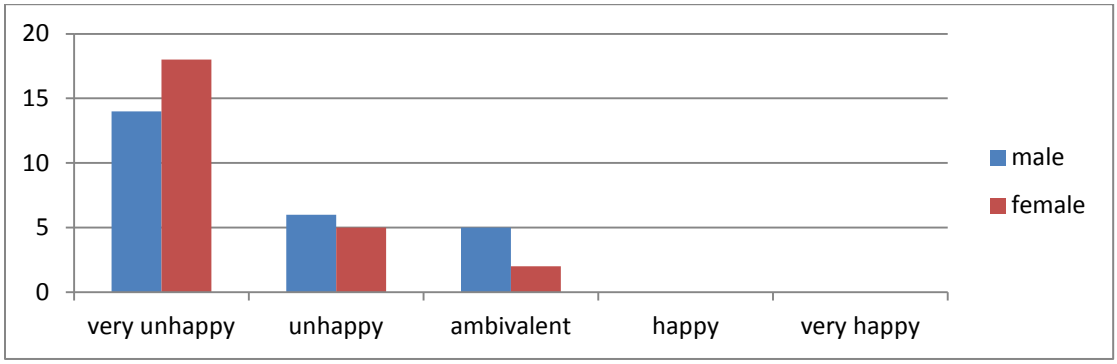


graph-3.4

Here,
The x axis shows the level of satisfaction.
The y axis shows the number of doctors corresponding to that level of satisfaction.

This graph shows the ability of the doctor to fulfill his/her professional goals in the present organization. Both doctors male and female are very unhappy with the opportunities given to them in the organization to fulfill their goals with male doctors being at a higher degree.

3.4) Satisfaction level related to long work hours mostly due to shortage of staff



graph-3.5

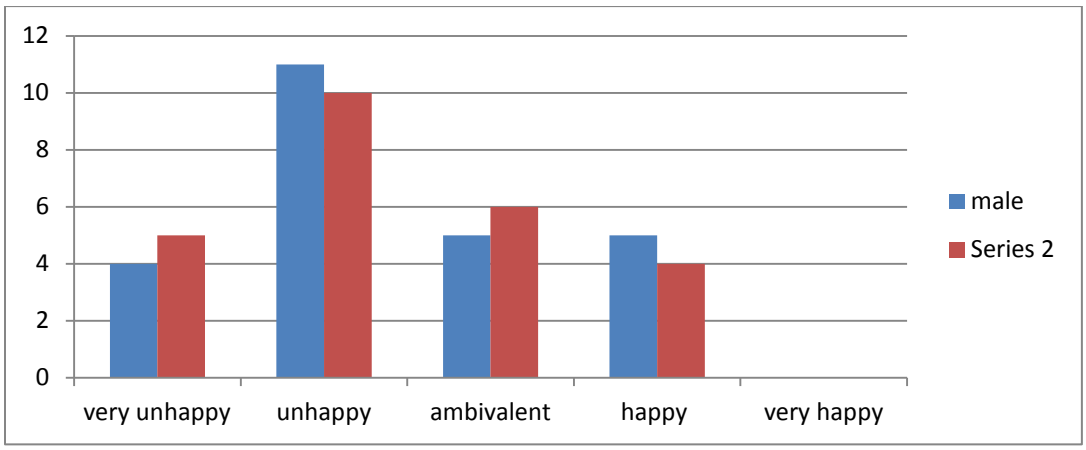
Here,

The x axis shows the level of satisfaction.

The y axis shows the number of doctors corresponding to that level of satisfaction.

This graph shows the level of satisfaction the doctors have with the working hours at the hospital. There seem to be long working hours for doctors in most cases and the most common reason seems to be the shortage of staff. Both doctors male and female are unhappy with the present arrangement and female doctors seem to be more unhappy with the arrangement.

3.5)System in cases of emergencies



graph-3.6

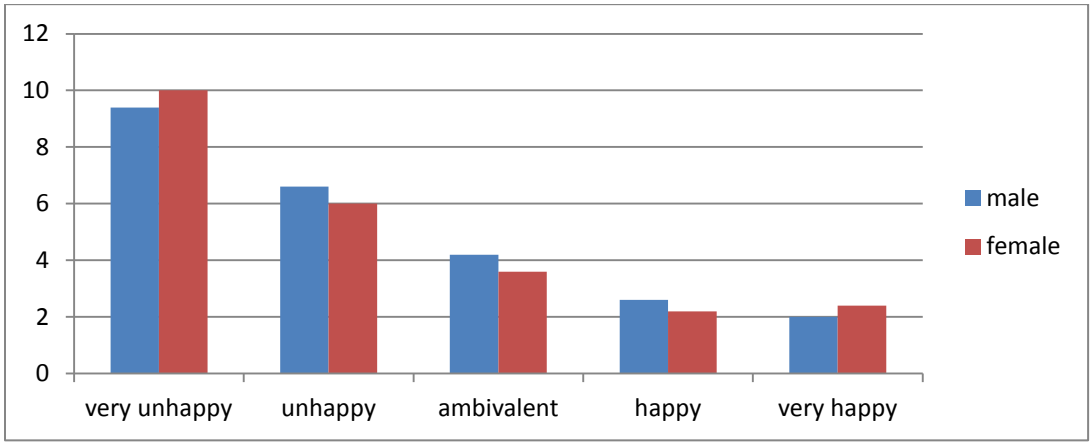
Here,

The x axis shows the level of satisfaction.

The y axis shows the number of doctors corresponding to that level of satisfaction.

This graph shows the level satisfaction of the doctors have with the system the organization has in place to deal with emergency cases. Both doctors male and female are unhappy with the way the organizations are dealing with emergency cases.

The level of satisfaction in relation to clinical job setting



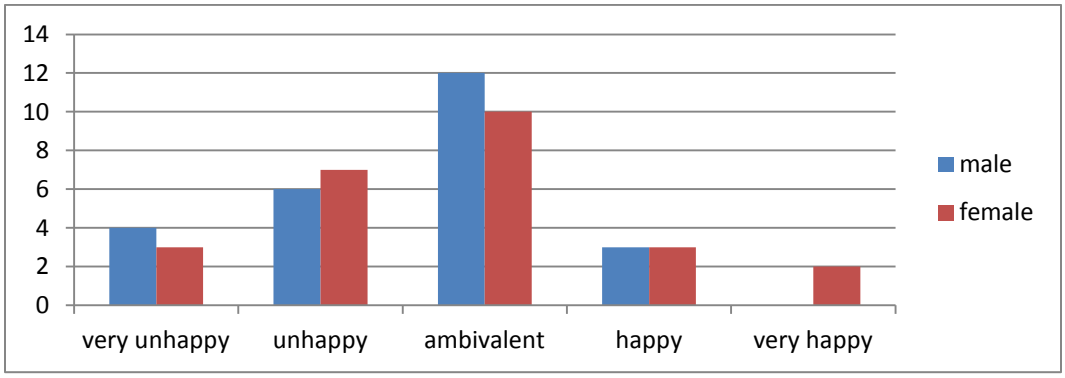
graph-3.7

Doctors both male and female are very unhappy with the job satisfaction in reference to clinical settings.

4) **Appreciation/ recognition**

Appreciation and recognition for good work done will be the biggest motivation for work to be well done. Especially among doctors who have long working hours and hectic schedules, who are also making compromises in their personal life and undergoing lifestyle changes in the process of providing quality care to patients. Recognition and appreciation will play a very important role in motivating them. The system the organization has to recognize appreciate and reward valued doctors plays a very important role.

4.1)Level of satisfaction with the feeling of being valued, appreciated and rewarded by the organization



graph-4.1

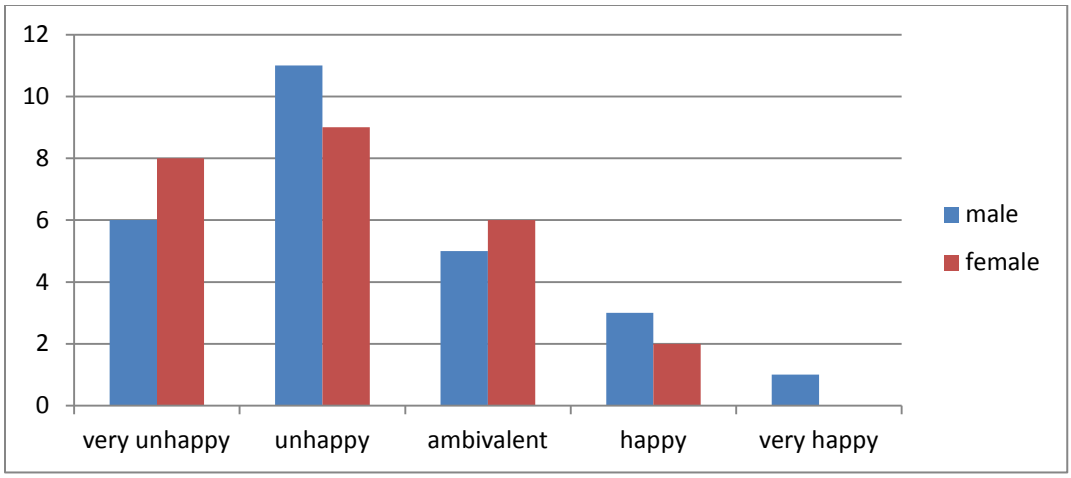
Here,

The x axis shows the level of satisfaction.

The y axis shows the number of doctors corresponding to that level of satisfaction.

This graph shows the level of satisfaction doctors that doctors have with the organization's ability to appreciate and recognize good or outstanding work done by doctors. Doctors both male and female seem to be ambivalent to the appreciation they are getting by the organization,

4.2) Level of satisfaction with the administrative support being provided to accomplish daily workload and provide a high level of service to the patients.



graph-4.2

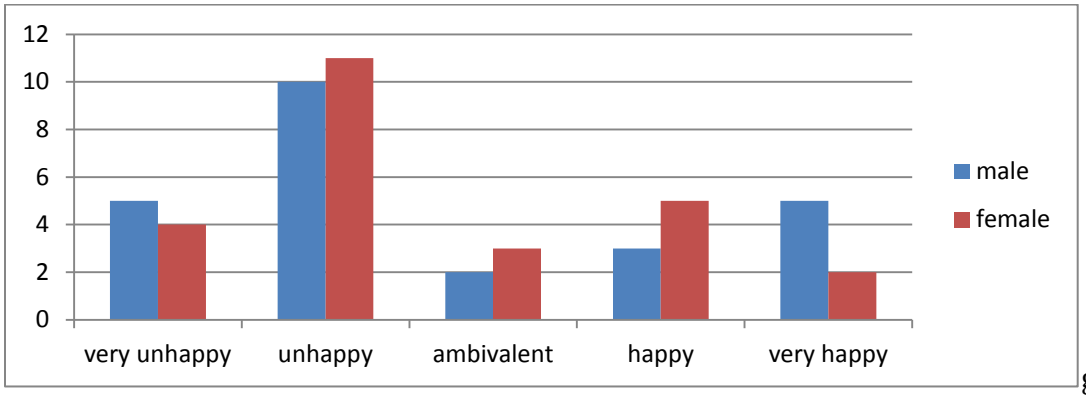
Here,

The x axis shows the level of satisfaction.

The y axis shows the number of doctors corresponding to that level of satisfaction.

The graph shows the level of administrative support being provided by the organization to provide quality care to patients by the doctors and their level of satisfaction with it. Doctors both male and female seem very unhappy with the level of support they are being given by the organization with a male predominance.

4.3) Level of satisfaction with the formal and informal support and appreciation from peers and coworkers being given in and out of the hospital



graph-4.3

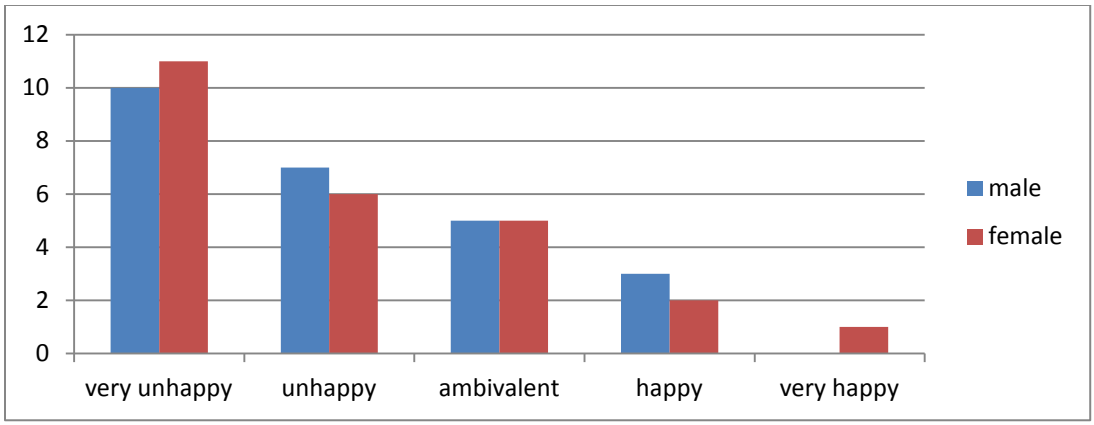
Here,

The x axis shows the level of satisfaction.

The y axis shows the number of doctors corresponding to that level of satisfaction.

This graph signifies the level of satisfaction the doctors have with respect to the informal support and appreciation from their peers and coworkers are giving to them to give support in providing quality care to patients and help them in having good relationships with coworkers. Both doctors male and female are unhappy with the support they are getting from their peers and coworkers.

4.4)Level of satisfaction with system to recognize and reward valued employees



graph-4.4

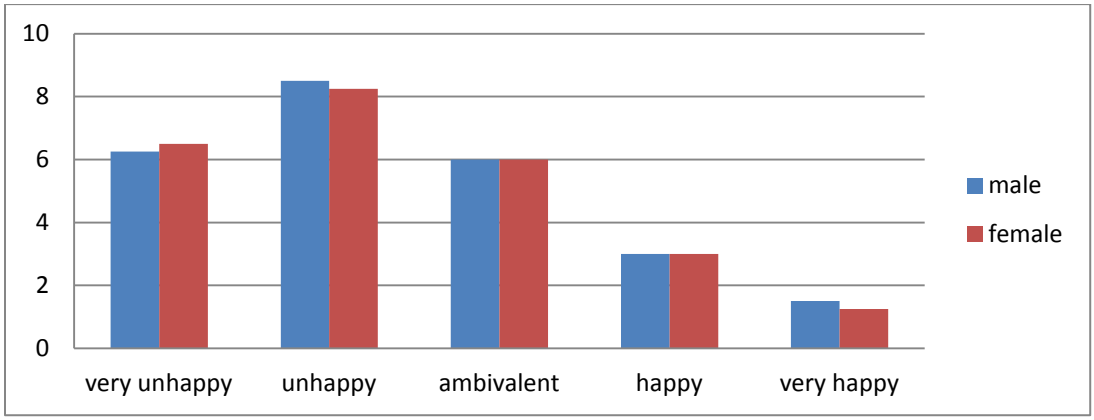
Here,

The x axis shows the level of satisfaction.

The y axis shows the number of doctors corresponding to that level of satisfaction.

The level of satisfaction in relation to the system present in the organization to recognize and reward employees who exhibit outstanding performance by employees. Both doctors and male and female are very unhappy with the system present in the organization for recognition of valued employees.

The satisfaction level with respect to awards and recognition :



graph-4.5

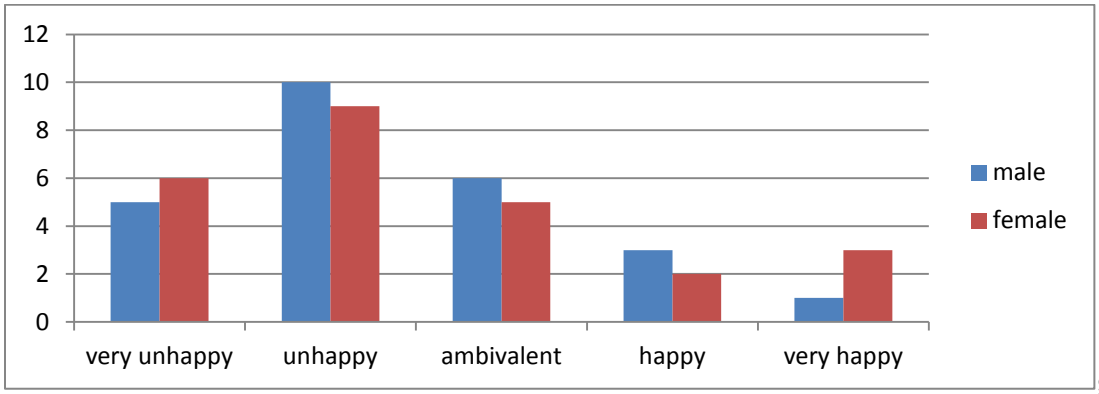
Doctors both male and female are unhappy with the system for recognition and reward with a male predominance

5) **Involvement in the organization**

Most work done in the hospital is done by team effort which included doctors, nurses, para medical staff and supervising administrative staff. All the health care professionals must work closely together to give quality care to patients. If they work as individual units it will be not be possible to provide the care that is expected to be provided. Hence the organization must involve health care professional in decision making and policy formulation and other important activities so that the doctors feel involved in the running of the organization and work together with other staff to provide quality care.

- Acceptance levels

By the organization



graph-5.1

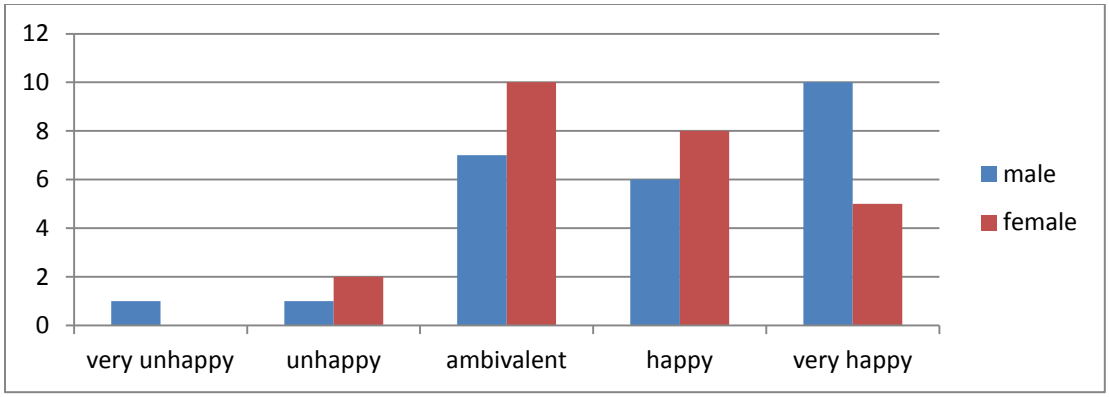
Here,

The x axis shows the level of satisfaction.

The y axis shows the number of doctors corresponding to that level of satisfaction.

This graph shows the acceptance level the doctors feel in the organization and the steps the organization is taking to make the doctors feel more accepted . both doctors male and female are unhappy with the level of acceptance .

By the patients

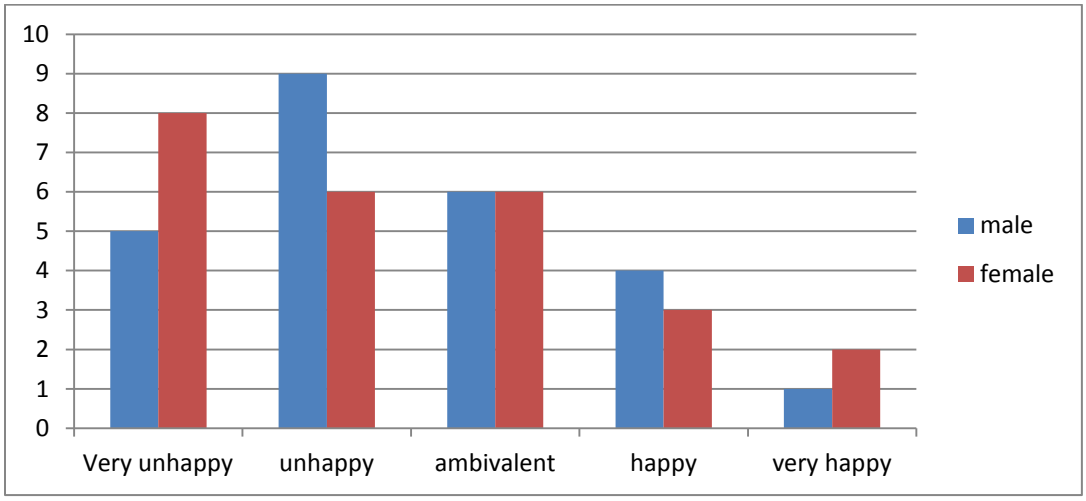


graph-5.2

Here,
The x axis shows the level of satisfaction.
The y axis shows the number of doctors corresponding to that level of satisfaction.

This graph shows the level of acceptance the doctors feel with the patients. There is big difference in the male and female doctor distribution . male doctors are very satisfied with their level of acceptance by patients where as female doctors are ambivalent to it

- Input in decision making and policy formulation

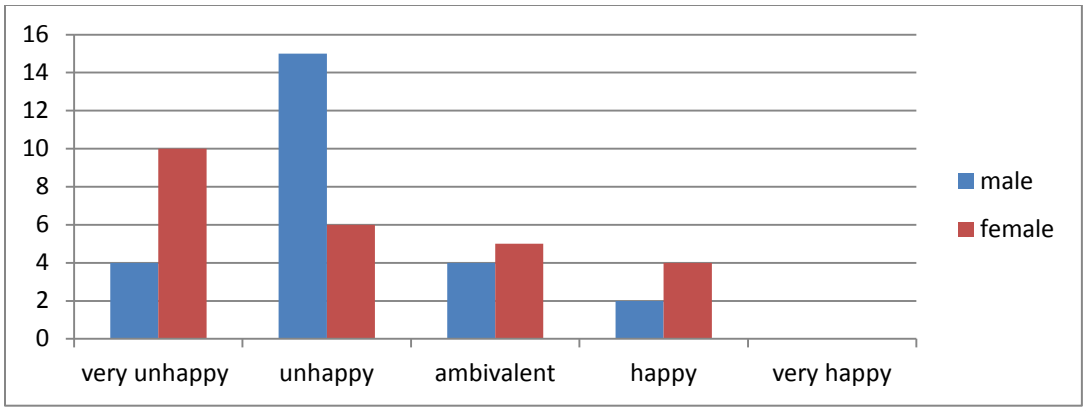


graph-5.3

Here,
The x axis shows the level of satisfaction.
The y axis shows the number of doctors corresponding to that level of satisfaction.

This graph shows the level of satisfaction the doctors have with their involvement in decision making both with regard to matters clinical and administrative especially with regards to their respective departments. The male doctors are unhappy with their involvement in decision making and policy formulation where as female doctors are very unhappy and dis satisfied with their involvement in decision making.

- Level of satisfaction with level on involvemnt in Recruitment process of sub ordinates



graph-5.4

Here,

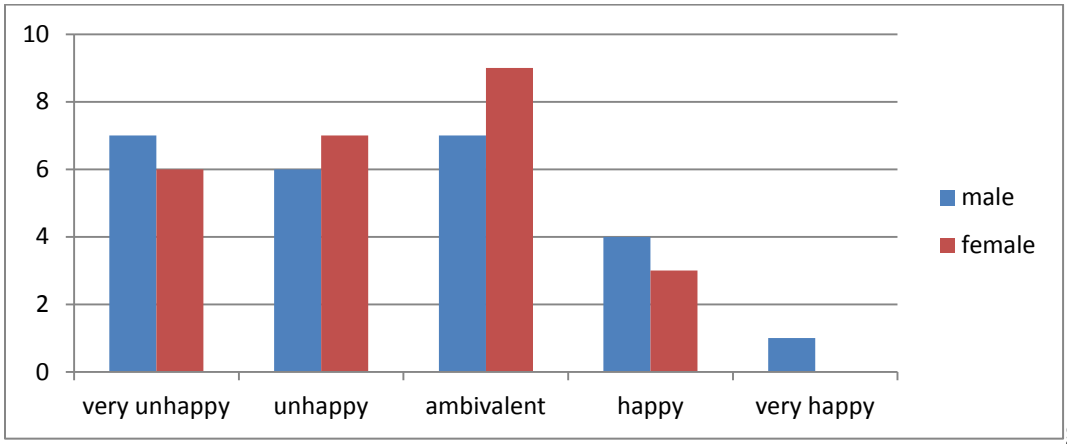
The x axis shows the level of satisfaction.

The y axis shows the number of doctors corresponding to that level of satisfaction.

This graph shows the satisfaction level of the doctors with their involvement in the recruitment of their sub ordinates who work directly and in directly below them specifically in their department and in other related departments. Male doctors are unhappy with their involvement in the recruitment of subordinates and female doctors are very unhappy with their involvement in the same.

- Personal activities

Time for leisure activities



graph-5.5

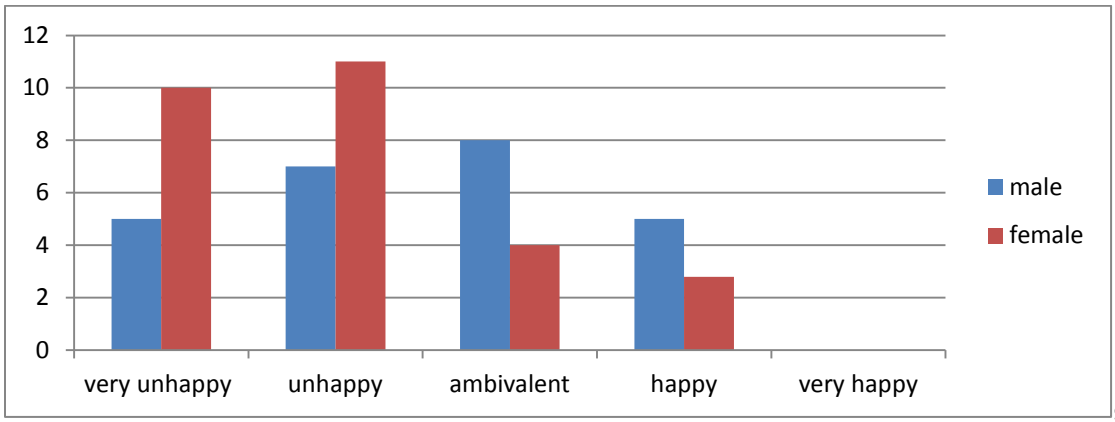
Here,

The x axis shows the level of satisfaction.

The y axis shows the number of doctors corresponding to that level of satisfaction.

This graph shows the doctors satisfaction level with the amount of time they are getting for leisure activities.female doctors are ambivalent to this whereas male doctors are very unhappy with the time they are getting for leisure activities.

Satisfaction level with respect to facing personal concerns due to work culture.



graph-5.6

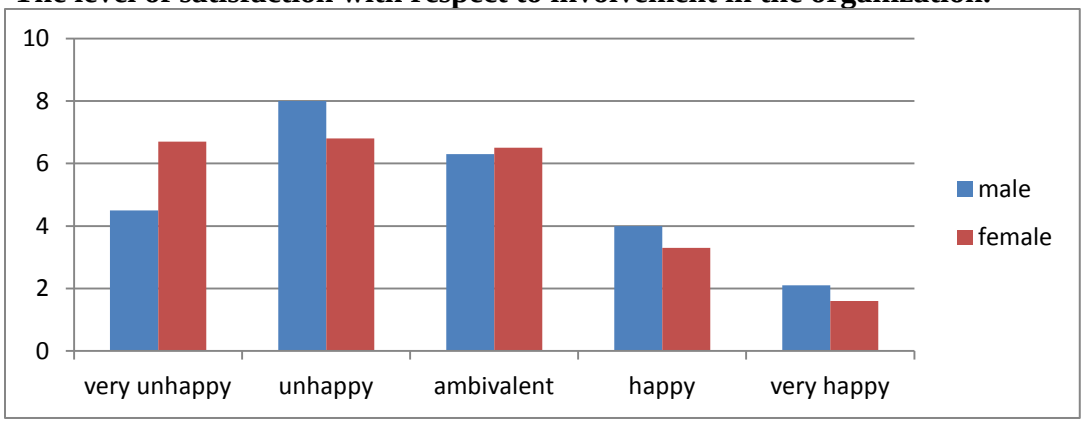
Here,

The x axis shows the level of satisfaction.

The y axis shows the number of doctors corresponding to that level of satisfaction.

This graph shows the level of satisfaction to the level at which the job is causing personal concerns. The male doctors are ambivalent to this whereas female doctors are very unhappy with the amount of personal concerns they are facing.

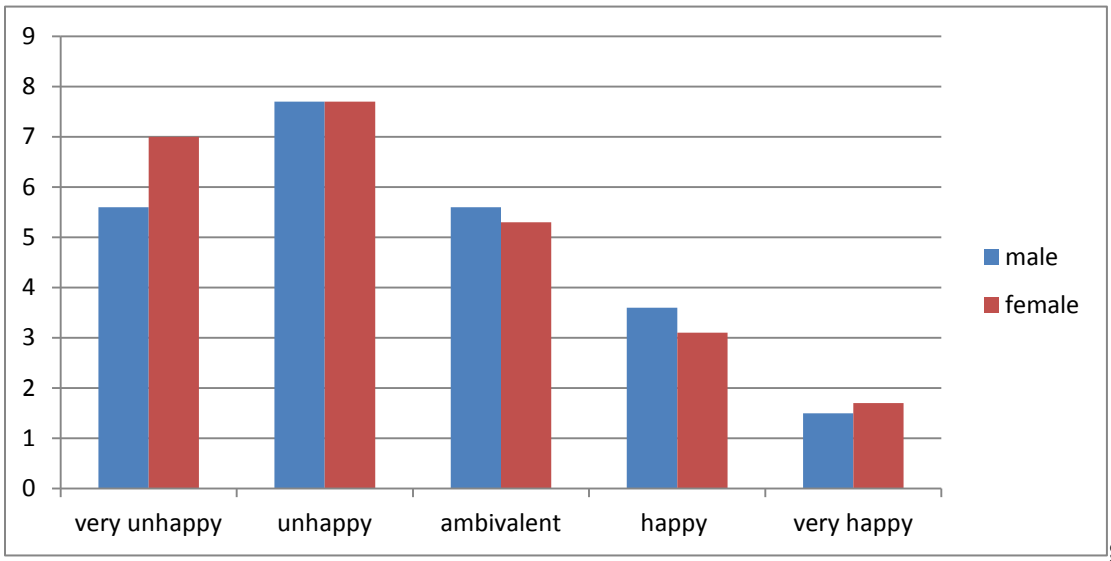
The level of satisfaction with respect to involvement in the organization.



graph-5.7

Both male and female doctors are happy with the level of involvement in the organization

AVERAGE OF ALL THE FACTORS, GENERAL SATISFACTION LEVELS OF DOCTORS .



graph -6

In male doctors the percentage of satisfaction is as follows:
22.4% - very dis-satisfied
30.8%- dis-satisfied
22.4%- ambivalent
14.4%- satisfies
6.0%- very satisfied

In female doctors the percent of satisfaction is as follows:
28%-- very dis- satisfied
30.8%-dis-satisfied
21.2%-ambivalent
12.4%-satisfied
6.8%-very satisfied

1.4 DISCUSSION

Recruitment and initial orientation analysis can be discussed as below:

- The satisfaction levels during the initial few days when compared to what attracted the doctors to the organization initially are high. The doctors seem satisfied during the initial few days. The satisfaction levels are higher in female doctors.
- The level of satisfaction with the conduct of interview for employment is moderate neither highly dis satisfied or satisfied.
- The satisfaction levels as to whether expectation from doctors both by peers within their service, other medical staff and administration is clearly defined is low most doctors feel that their role is not clearly defined with a female predominance of dis satisfaction.
- The level of satisfaction in relation to lifestyle changes after joining the organization is very low in female doctors whereas the male doctors are ambivalent.
- The level of satisfaction with the mentor assigned to them during the initial few days is very low most doctors both male and female that they did not get the guidance ther required from the mentor assigned to them
- On the whole with the process of recruitment and orientation both doctors male and female are neither satisfied or dis satisfied they are ambivalent

Compensation, benefits and incentives:

- The level of satisfaction in relation to whether the compensation being given is competitive with the current market for that particular specialty and type of practice is very low in male doctors and is low in female doctors , doctors in general are unhappy with the compensation being paid to them.
- The level of satisfaction in relation to the benefit package including insurance, sick leave, vacation and holidays is low both in male and female doctors.
- The level of satisfaction in relation to the medical incentives is very low in female doctors and is low in male doctors.
- On the whole both male and female doctors are unhappy with the compensation benefits and incentives being paid to them

Clinical job pros and cons:

- Most common clinical problem was voted as on call responsibilities with 45 out of 50 doctors voting for it and the level of dis satisfaction is higher in female doctors than male doctors with on call responsibilities
- Satisfaction levels In relation to cooperation of other allied staff are high both in male and female doctors they are very happy with the cooperation of the allied stuff.

- Satisfaction levels in relation to the ability to fulfill professional and personal goals with current position are very low in both male and female doctor with a male predominance.
- Satisfaction level related to long work hours mostly due to shortage of staff are very low in both male and female doctors with a female predominance
- Satisfaction levels in relation to System in cases of emergencies is low both in male and female doctors with a male predominance.
- On the whole doctors both female and male are very unhappy with the system for the clinical b.

Recognition/ appreciation:

- Level of satisfaction with the feeling of being valued, appreciated and rewarded by the organization is ambivalent doctors both male and female are neither satisfied nor dis satisfied.
- Level of satisfaction with the administrative support being provided to accomplish daily workload and provide a high level of service to the patient is low in both doctors male and female with male pre dominance.
- Level of satisfaction with the formal and informal support and appreciation from peers and coworkers being given in and out of the hospital is low in doctors both male and female with a female predominance.
- Level of satisfaction with system to recognize and reward valued employees is very low in both doctors male and female with female pre dominance
- On the whole doctors both male and female are unhappy with the system for recognition and appreciation

Involvement level in the organization:

- Acceptance levels by the organization is low in both male and female doctors with a male pre dominance
- Acceptance levels by patients are ambivalent in female doctors but are very high in the case of male doctors.
- Satisfaction levels with Input in decision making and policy formulation is very low in case of female doctors where as low in case of male doctors
- Satisfaction levels with the involvement in Recruitment process of sub ordinates is low in case of male doctors and very low in case of female doctors
- Satisfaction levels with respect to free time for leisure activities is very low in case of male doctors where as female doctors are ambivalent
- Satisfaction level with respect to facing personal concerns due to work culture is very low in case of female doctors whereas male doctors are ambivalent.
- On the whole doctors are unhappy with their involvement level in the organization with a male predominance.

- Analyzing all factors affecting job satisfaction we can conclude that job satisfaction levels are low and doctors both male and female are unhappy with their present job.

1.5 CONCLUSION

In conclusion the main reasons for doctors not being satisfied amounts to the following reasons:

- Erratic work timings resulting in loss of leisure time and it also effecting personal and family life. The main reason for which being lack of sufficient staff and also lack of good system of shifts in the organization.
- Doctors feeling that there is lack of cooperation/acceptance and guidance from the organization causing decrease in the levels of service and quality of service.(graph5.1)
- The other main issue seems to be the level of involvement the doctors feel in the organization. The in ability of the organization to include the doctor's inputs and the lack of freedom to take decisions.(graph -5.3)
- The lack of pay according to prevailing market rates according to skill sets and experience
- The lack of support by contemporaries and peers is another important issue because a doctor of a particular specialization cannot thrive without a good referral system and support from his peers.
- There should be a system to recognize and reward valued employees which is currently absent and reduces motivation to work.
- The highest level of dis satisfaction is in relation to on call duties and emergencies.

SUGGESTIONS

According to the results of the study the following suggestions were recommended.

- The work timings system should be made more effective. Adequate number of staff in each department, trained junior doctors who can handle situations which are not serious enough for the doctor to be in hospital and can be handled by giving instructions on phone,
- If doctors are facing personal/family issues living facilities close by with educational facilities for children and a day care center for female doctors with infants or toddlers will also be highly appreciated.
- Involvement of the doctors in taking decisions a panel of doctors made of the senior most doctor must be made and involved in making all decisions

and policies. A doctor from a particular department must be involved before any decisions are made about that particular department.

- The organization must make efforts to make the doctors feel involved and should practice team building activities to bring the feel of working as a organization instead of individuals.
- The organization should also recognize and reward doctors who are making an extra effort to give quality treatment. They should also promote and support continued medical education, conferences and workshops
- If the organizations are not able to pay market rates of compensations it should be compensated in the form of other incentives such as free transportation, education for children, free medical facilities for doctors and their immediate families , housing facilities and other employee benefits.
- Night calls and duties could be equally distributed and the call should be based on the seniority basis and the need for care depending on the type of emergency.

SUPPLEMENTARY

1) INSTRUMENT

PHYSICIAN SATISFACTION SURVEY

AGE- GENDER- SPECIALITY-

SCALE

1= Strongly Disagree, Very Unhappy

2= Disagree, Unhappy

3= Ambivalent about this issue

4= Agree, Happy

5= Strongly Agree, Very Happy

IMPORTANT NOTE: If a statement is not applicable to you, please write in N/A

1. RECRUITMENT

A) When I consider my initial attraction to come to the present organization, I am satisfied with my decision.

1 2 3 4 5

B) When I interviewed for employment I was made to feel welcome, felt free to ask questions and had an opportunity to visit my work location to tour the site and visit with staff.

1 2 3 4 5

C) The job orientation was appropriate and important for me to understand the organization and structure of the organization.

1 2 3 4 5

D) I have a good understanding of what is expected of me both by the peers within my service, other medical staff and administration.

1 2 3 4 5

E) The lifestyle I found after employment is what I had hoped for.

1 2 3 4 5

F) When I consider my expectations when I joined the staff. I am pleased with how things turned out during the initial days.

1 2 3 4 5

G) When I remember my first few days and weeks on the job, I think it would be important toto have a member of the medical staff assigned as a mentor to new physicians.

1 2 3 4 5

2. COMPENSATION, BENEFITS AND INCENTIVES

A) To my knowledge, my compensation is competitive with the current market for my specialty and type of practice.

1 2 3 4 5

B)I feel the benefit package including insurance, sick leave, vacation and holidays is competitive considering my knowledge of other medical practice scenarios.

1 2 3 4 5

C) The medical staff incentives provided by the Health System are important to my over-all job satisfaction.

1 2 3 4 5

3. CLINICAL JOB SATISFACTION-PROS AND CONS

A) In my Clinical setting, I am satisfied with the equality of patient load/ hospital admissions/ (if applicable)/ on-call responsibilities (if applicable). Select one

1 2 3 4 5

B) When I consider my practice setting, I feel I receive adequate support while performing my job functions and taking care of my patients.

1 2 3 4 5

C) If I had a wish list, it would include having the same nurse in my clinic everyday, being able to supervise that nurse and having oversight of the clinic.

1 2 3 4 5

D) I feel I am able to meet my professional and personal goals with my current position.

1 2 3 4 5

E))I feel am over burdened with work due to shortage of staff

1 2 3 4 5

F) I feel my long hours of work are unjustified for.

1 1 2 3 4 5

G)I am satisfied with the system of care in case of emergencies

1 2 3 4 5

4. APPRECIATION / RECOGNITION

A) I feel valued and appreciated.

1 2 3 4 5

B) I receive the level of administrative support needed to accomplish my daily workload and provide a high level of service for my patients.

1 2 3 4 5

C) I am satisfied with their system to recognize and reward valued employees on a regular basis

1 2 3 4 5

D) I receive both formal and informal support and recognition from my peers and administration.

1 2 3 4 5

E) I am comfortable with the level of social activity outside of work with my peers. It is adequate for me to feel welcome, nurture friendships and makes me feel like an integral part of the medical staff.

1 2 3 4 5

5. INVOLVEMENT

A) I feel accepted and welcomed into the organization.

1 2 3 4 5

B) I feel accepted and appreciated by the patient population I serve.

1 2 3 4 5

C) Today, I am able to enjoy the leisure activities that are important to me.

1 2 3 4 5

D)) Relocation may be in my future because of personal concerns (e.g., family lives too far away, my family is not happy here)

1 2 3 4 5

E) When I consider the policies and processes that affect my medical practice, I feel I am provided an opportunity for adequate input into decision-making and policy formation.

1 2 3 4 5

F) In my opinion I have been given a free hand to take decisions and give my opinions

1 2 3 4 5

G) I am involved in the recruitment process of my sub ordinates in my concerned department
1 2 3 4 5

On the whole:

Overall, I am satisfied with my job and don't anticipate leaving within the next five years.

1 2 3 4 5

Overall I feel the quality of care provided by my service is of good quality.

1 2 3 4 5

****

Please feel free to provide any additional comments below. We are especially interested in what makes you want to remain with the organization. You may attach additional sheets to document your response. We value your opinions. Thank you for taking the time to complete this survey.

_____
_____

_____
_____

_____
_____