

Job satisfaction among anesthesiologists at a tertiary hospital in Nigeria

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ABSTRACT

Background: We assessed job satisfaction among anesthesiologists at a tertiary hospital in Nigeria and identified elements of job stress and dissatisfaction. **Methods:** A cross-sectional study design was employed; a structured self-administered questionnaire was distributed, which focused on sociodemographic data, rating of job satisfaction, identification of stressors, and work relationships. **Results:** Out of 55 questionnaires distributed, 46 (83.6%) completed questionnaires were returned. Overall, 27 (58.7%) of the anesthesiologists were satisfied with their job. While 8.7% were very satisfied (grade 5), 6.5% were very dissatisfied (grade 1) with their job. The stressors identified by the respondents were time pressures, long working hours with complaints of insufficient sleep, and employment status. Among the respondents, the medical officers were the most discontented (9 out of 12, 75%), followed by senior registrars (5 out of 9, 56%). A high percentage of participants (54.1%) declared that the one change if implemented that would enhance their job satisfaction was having a definite closing time. **Conclusion:** Our results showed that despite the demanding nature of anesthesiology as a specialty, many anesthesiologists were contented with their job.

Key words: Anesthesiologists, anesthesiology, dissatisfaction, job satisfaction

INTRODUCTION

Anesthesiology requires a considerable depth of knowledge, high work demand, and experience, which makes it stressful to practitioners of this discipline and increases the risk of burnouts among them.^[1,2] Studies have shown anesthesiologists dying at a younger age than other specialists and a higher than average suicide rate.^[3,4] The result is that the specialty is unattractive to young doctors and there are reports of shortages of physician anesthesiologists in resource-rich countries of North America, Europe, and Australia.^[5-7] Surveys of doctors in various medical specialties have shown dissatisfaction, disillusionment, and depression with some recently qualified practitioners regretting taking up the profession.^[1,2,5,8] To the best of our knowledge, there has been no survey on

job satisfaction among anesthesiologists in Nigeria. The purpose of this study was to assess job satisfaction among anesthesiologists at our center and identify elements of job stress and dissatisfaction.

METHODS

Following approval from the Local Research Ethics Committee, we used a cross-sectional study design conducted among anesthesiologists at our center. A total of 55 respondents were approached. Information was obtained using a structured self-administered questionnaire, which was hand-delivered. The questionnaire focused on sociodemographic data, rating of job satisfaction, identification of stressors, and work relationships. The participants comprised consultants, senior registrars, registrars, and medical officers. Overall job satisfaction was recorded on a 5-point Likert scale, which ranged from 1 “very dissatisfied” to 5 “very satisfied.” Responses were analyzed using the Statistical Package for the Social Sciences (SPSS for windows 15.0, SPSS Inc., Chicago, IL, USA). Data analysis included frequencies, percentages, and Fisher’s exact test. A $P < 0.05$ was considered statistically significant.

Access this article online	
Quick Response Code:	Website: www.saudija.org
	DOI: 10.4103/1658-354X.105857

RESULTS

Out of 55 questionnaires distributed, 46 (83.6%) completed questionnaires were returned comprising 6 consultants, 9 senior registrars, 19 registrars, and 12 medical officers. The mean age of the respondents was 37 ± 4.9 years, and the most common age range was 30–39 years (78.3%). Many (74%) of the respondents were males and most (85%) were married. No gender differences existed in job satisfaction or dissatisfaction but the older respondents (age range, 40–49 years) were more contented with their job as anesthesiologists, $P=0.031$ [Tables 1 and 2].

Overall, 27 (58.7%) of the anesthesiologists were satisfied (grade 3–5) with their job. While 8.7% were very satisfied (grade 5), 6.5% were very dissatisfied (grade 1) with their job. The hours spent at work per week for anesthesiologists below the rank of consultant was 75–88 h. In the past 1 year, 54.3% have gone on vacation and only 34.8% engage in one form of sporting activity.

The respondents identified as stressors: Long working hours with complaints of insufficient sleep, time pressure, and employment status [Table 1]. The medical officers (66.7%) who are not currently in any residency training program are unhappy with their employment status, followed by senior registrars (55.6%) who are nearing the completion of theirs. Remuneration and promotion were not reasons for dissatisfaction as 52.2% of respondents indicated. Among the respondents, the medical officers were the most discontented (9 out of 12, 75%), followed by senior registrars (5 out of 9, 56%). Only 32.6% would seek another career if given another opportunity, while 21.4% (6 out of 28) will consider opting out of the residency

program in Anesthesiology. Our respondents (100%) dealt with stress mainly by praying or seeking spiritual help. A high percentage (54.1%) declared that the one change if implemented that would enhance their job satisfaction was having a definite closing time.

DISCUSSION

Our results showed that despite the demanding nature of anesthesiology as a specialty, many (58.7%) anesthesiologists were contented with their job. In a similar survey in Canada conducted by Jenkins and Wong,^[6] a higher percentage (75%) reported overall job satisfaction. While 1% of their sample was totally dissatisfied, in our survey 6.5% were totally dissatisfied. Kinzl *et al.*^[9] also reported a high satisfaction level among anesthesiologists. In another study, a high percentage (71%) reported job satisfaction, which correlated with job control among Finnish anesthesiologists.^[10] The fact that 32.6% responders would choose another career if given another chance lends credence to the perception that anesthesiology is a stressful specialty.^[1,2]

Time pressure was identified as the leading cause of discontentment, followed by long working hours. Time constraint was also cited as the most common reason for stress among anesthesiologists in Australia and New Zealand.^[11] There is the need to look into ways of reducing the hours of work for resident doctors in anesthesiology. In Europe, the working time directive (WTD) has reduced the maximum hours of work for junior doctors from 56 h in 2007 to 48 h in 2009.^[9,12,13] The uncertainty as per working hours creates a difficult working condition where the anesthesiologist is not in control of time. This is not helped by the fact that a

Table 1: Distribution of respondents by sociodemographic characteristics and selected responses

	Consultant (%)	Senior registrar (%)	Registrar (%)	Medical officer (%)	Total (%)
Gender					
Male	66.7	77.8	89.5	50.0	73.9
Female	33.3	22.2	10.5	50.0	26.1
Age (years)					
30–39	16.7	77.8	94.7	83.3	78.3
40–49	83.3	22.2	5.3	16.7	21.7
Marital status					
Single	—	—	26.3	16.7	15.2
Married	100.0	100.0	73.7	83.3	84.8
Satisfaction with					
General working condition	66.7	33.3	68.4	41.7	54.3
Pay and promotion	33.3	44.4	73.7	33.3	52.2
Work relationship	66.7	88.9	73.7	58.3	71.7
Reasons for dissatisfaction					
Time pressures	66.6	55.6	78.9	83.3	73.9
Work load/hours of work	33.3	44.4	84.2	91.7	71.7
Employment status	16.7	55.6	26.3	66.7	41.3

Table 2: Bivariate analysis of respondents' sociodemographic characteristics and overall satisfaction

	Total satisfaction (%)	P value
Gender		
Male	22/34 (64.7)	0.19
Female	5/12 (41.7)	
Age (years)		
30–39	18/18 (50)	0.031
40–49	9/10 (90)	
Marital status		
Single	3/7 (42.9)	0.424
Married	24/39 (61.5)	

high percentage (45.7%) have not gone on vacation in the past 1 year. It is imperative therefore to impose specified rest period. If their wish to have definite closing times would become a reality, a full-shift pattern should be installed in place the present on-call system.^[12,13]

In conclusion, our results indicate a high level of job satisfaction among anesthesiologists at our center, which can be improved by reducing the maximum working hours.

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How to cite this article: Rukewe A, Fatiregun A, Oladunjoye AO, Oladunjoye OO. Job satisfaction among anesthesiologists at a tertiary hospital in Nigeria. *Saudi J Anaesth* 2012;6:341-3.
Source of Support: Nil, **Conflict of Interest:** None declared.