

Correlates of Job Satisfaction in Medical Officers

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Abstract

Background : A study was carried out to assess the job satisfaction of medical officers of the Armed Forces.

Methods : Medical officers having a minimum of five years service, stationed in a large cantonment having a tertiary care service hospital were administered anonymously the scale developed by Brayfield and Rothe to assess job satisfaction. A total of 64 medical officers (22 administrative cadre, 26 specialists and 16 superspecialists), participated in the study.

Results : Overall there was a low level of job satisfaction among the medical officers. There was no significant difference in the level of job satisfaction in the three groups. Only 3 each of administrative cadre and specialist officers were in the higher satisfied group. The most common factor stated (91.5% of the respondents), as contributing towards job satisfaction was an opportunity for self-development. Others in decreasing frequency were job security (51.6%), prestige of organization (38.5%), nature of work (28.8%) and opportunity for promotion (21.6%). Factors for dissatisfaction were poor utilization of skills (80.8%), poor promotional prospects (78.4%), inadequate redressal of grievances (72.7%), organizational policy (68.7%) and inadequate pay and allowances (48.7%).

Conclusion : It was concluded that job satisfaction is a multi-dimensional phenomenon where it is not easy to assign one factor as the sole determinant of satisfaction/dissatisfaction with the job.

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Key Words : Correlates; Determinant; Job satisfaction; Medical

Introduction

An organization's efficiency depends to a large extent on the morale of its employees. Behavioral and social science research suggests that job satisfaction and job performance are positively correlated [1]. Job satisfaction and morale among medical practitioners is a current concern worldwide [2-4]. Poor job satisfaction leads to increased physician turnover, adversely affecting medical care [5-6]. Recent research into some determinants of job satisfaction has examined individual factors as well as the organization's role [7]. Calnan et al [8] showed that people respond differently to similar working conditions. More work needs to be done to link the perceptions of individual physicians with the organizational context in which they work and with the wider political, economic and social context of medical service reforms. In view of the paucity of Indian work in this field, we undertook a pilot study to assess the job satisfaction of medical practitioners in the Armed Forces.

Material and Methods

Medical officers having a minimum of five years service, stationed in a big military cantonment having a tertiary care hospital, were the subjects of the study. To ensure confidentiality, they were told to respond anonymously to a self-administered questionnaire on job satisfaction. Besides,

qualitative data was also elicited using open-ended questions on their perceptions regarding factors contributing to job satisfaction/dissatisfaction.

Job satisfaction was assessed using the scale developed and standardized by Brayfield and Rothe [9]. This scale consists of 18 items with five alternative responses i.e., strongly agree, agree, undecided, disagree and strongly disagree which are scored 1 to 5. The scale measures the individuals' job satisfaction as compared to that of their colleagues, enthusiasm and difficulty towards the job along with enjoyment and disappointment that they derive from their jobs. The scale contains nine positive and nine negative scales. The higher score on the scale indicates higher job satisfaction while lower scores indicate lower job satisfaction. The scale has a high index of reliability and high coefficient of correlation of .87 and .97 respectively. It has been widely used in Western countries to measure job satisfaction of health professionals. In India, it has been used to assess the job satisfaction of nurses [10]. Statistical analysis (non parametric tests Kruskal Wallis and Chi Square) was carried out using computer programme EPI INFO version 6 developed by WHO/CDC Atlanta.

Results

A total of 64 medical officers consisting of 22 administrative cadre, 26 specialists and 16 superspecialists were included in the study with their consent. Thus comparatively more specialists were included in the study. The sociodemographic

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Table 1
Demographic characteristics of medical officers

Variable	Adm cadre	Specialist	Superspecialist
Number	22	26	16
Age (in years)			
Mean	41.6	41.7	40.6
SD	4.2	4.8	2.1
Range	34-54	31-53	38-48
Sex			
Male	21	25	16
Female	1	1	-
Rank			
Maj	2	3	1
Lt Col	19	22	14
Col	1	1	1
Qualification			
MBBS	22	26	16
PG Diploma	1	5	1
PG Degree	5	26	16
DNB	-	1	4
DM/MCH	-	-	11
PhD	-	2	1
MSc (Mil Sc)	3	-	-
Service (in years)			
Mean	17.7	17.7	17.3
SD	3.9	4.5	1.9
Range	8-29	8-31	15-26

variables of the sample are shown in Table 1.

It is apparent from Table 1 that the three groups were well matched in respect of age, service and rank distribution. Only 2 lady medical officers were included in the study so that the influence of sex on job satisfaction could not be studied. As expected, specialists and superspecialists had postgraduate qualifications. Five administrative cadre officers had postgraduate degrees, while 3 had passed M.Sc (Military Science). The scores on the job satisfaction scale of the three groups are shown in Table 2. There was no significant difference in the job satisfaction scores in the three groups ($p > 0.05$, Kruskal Wallis). In all the three groups there was low level of job satisfaction, though it is obvious that administrative cadre medical officers obtained somewhat higher scores, specialists had intermediate scores while superspecialists got the lowest scores (Table 2). Further analysis of the data using a cut-off score of 54 to differentiate the higher satisfied group from the less satisfied group revealed that only 3 each of administrative cadre and specialist officers were in the higher satisfied group, all remaining officers being in the less satisfied group (Table 3). The difference between the administrative cadre officers and all specialists was not statistically significant ($X^2 = 0.15$; $df = 1$; $p > 0.05$).

The factors contributing towards job satisfaction, which emerged from the present study are shown in Table 4. The factors contributing towards job dissatisfaction are given in Table 5.

Table 2
Scores of medical officers on Job Satisfaction Scale

Variable	Adm Cadre	Specialist	Superspecialist
Mean	44.1	40.1	39.6
SD	11.4	10.2	7.8
Variance	130.8	103.6	66.3
Minimum	24	24	25
25 th percentile	38	32	34
Median	44.5	40	39
75 th percentile	46	45	44.1
Maximum	78	61	52
Mode	41	43	36

$p > 0.05$ (Kruskal Wallis)

Discussion

The major finding of our pilot study was that there is a rather low level of job satisfaction among defence medical officers both in administrative cadre and specialist cadre. Though discouraging, the phenomenon is not restricted to medical officers of the Armed Forces. Studies worldwide have brought out similar results. Dramatic changes in the health sector have altered doctors' jobs, limiting autonomy and reducing morale [11]. A better understanding of what physicians consider important to job satisfaction may help to ameliorate conditions linked to medical disaffection, possibly improving health care.

Chopra and Singh [12] studied the job satisfaction of 46 Employee State Insurance (ESI) doctors by interview method. The age group of the subjects was 25-55 years with 30% having postgraduate qualification. None of the subjects found the job greatly satisfying. Only 1 (2.5%) doctor found the job very satisfying. The percentages of doctors who were moderately satisfied, just satisfied and not at all satisfied were 12 (30%), 16 (40%) and 11 (27.5%) respectively. These findings are in agreement with our study. Similarly, Rodriguez et al [13] studied job satisfaction and its determinants in 465 Spanish Health care providers. Age, sex and type of job appeared to be the best predictors of job satisfaction. Females reported more job satisfaction and less job related burnout than males. Being male was the best predictor of job related tension. A permanent job was the best predictor of work overload. Casual workers reported more satisfaction and less tension, less burnout level, less perceived responsibility and less work overload than permanent workers. Mulvany [14] reported that flexible working conditions for doctors enhanced job satisfaction.

Konrad et al [11] used previous research, physician focus groups, secondary analysis of survey data, interviews with physician informants, and a multispecialty physician expert panel to uncover factors

Table 3
Levels of job satisfaction of administrative (Adm) cadre, specialists and superspecialist medical officers

Variable	Adm Cadre	Specialist	Superspecialist	Total
High job satisfaction	3 (13.6%)	3 (11.5%)	Nil	6 (9.4%)
Low job satisfaction	19 (86.4%)	23 (88.5%)	16 (100%)	58 (90.6%)
Total	22(100%)	26 (100%)	16 (100%)	64(100%)

$X^2=2.27$, $df = 2$, $p > 0.05$

Table 4
Factors mentioned by medical officers as contributing towards job satisfaction

Factor	Percentage of MO's
Opportunity for self development	91.5
Job security	51.6
Prestige of organization	38.5
Work itself	28.8
Opportunity for promotion	21.6

that influence physician job satisfaction. They found that autonomy, relationship with colleagues, relationship with patients, relationship with staff, pay, resources, and status, all influenced physicians' job satisfaction. They also uncovered several other factors affecting job satisfaction: intrinsic satisfaction, free time away from work, administrative support, and community involvement.

The most important factor contributing towards job satisfaction in the present study was an opportunity for self-development. The medical officers had adequate opportunity for higher education. The present system of selection for post graduation (PG) courses was universally felt to be very fair and the administration deserves to be commended for devising it.

The next factor enhancing job satisfaction was job security (51.6%). Security is perhaps of less importance to professionals like doctors, who may be confident of being able to find alternative employment, if necessary [15].

The prestige of the organization was mentioned as a factor by 38.5% of the subjects. Individuals who work for prestigious organizations definitely feel important and recognized, thereby enhancing the level of job satisfaction [15].

The nature of the job itself was identified as a factor increasing the level of job satisfaction by 28.8% of respondents. The research literature concerning employee attitudes and job satisfaction clearly shows a general relationship between occupational level and job satisfaction. Super [16], shows a significant but not linear relationship between occupational level and job satisfaction. Herzberg et al [17] point out that lower occupational group have lower levels of job satisfaction.

Table 5
Factors mentioned by medical officers contributing towards job dissatisfaction

Factor	Percentage of MO's
Poor utilisation of skills	80.8
Poor promotional prospects	78.4
Inadequate redressal of grievances	72.7
Organisation policy and administration	68.7
Inadequate pay and allowances	48.7

Their findings indicate office workers consider wages and security to be most important. Darley and Hagenah [18] concluded that work below a certain level is primarily a means of survival and tasks of these jobs are not intrinsically interesting. On the other hand, above a certain level, a job may be satisfying, challenging and interesting.

The theoretical explanation for the relationship between occupational level and job satisfaction stems from 'reference group theory' in that, overall, our society values some jobs, for e.g., medical profession, more than others. Therefore, people make great efforts to attain these jobs. Hence people in valued jobs will like them more than those who are in non-valued jobs. A second reason may stem from the fact that job increases in range and spread of activities the higher one goes up in the occupational world. All others being equal, then people who need to have their needs fulfilled in order to be satisfied are more likely to find this to be the case in higher level jobs rather than in the lower level ones.

It is generally believed that higher the degree of skill utilization, higher would be the level of satisfaction, since self-actualization need is satisfied. Poor utilization of skills was identified as a factor contributing towards job dissatisfaction by 80.8% of subjects. This finding is in agreement with the findings of Chopra and Singh [12] in their study of 46 employee state insurance (ESI) doctors. Brophy [19], in a study of nurses found that less the nurse perceived her job as demanding of the qualities she possessed, lower was her level of job satisfaction. Similar findings were also reported by Rodriguez et al [13] and Schwab and Wallace [20]. It is apparent that improved skill utilization will improve the level of job satisfaction among medical officers.

Though it is tempting to emphasize that no difference was noticed in the job satisfaction levels among the administrative medical officers, the specialists and the superspecialists (all having different hierarchies of professional skill), it must be conceded that the study lacked adequate power (because of limited sample size), to detect appreciable difference (if any), in job satisfaction levels among the three categories of medical officers. This aspect needs further research with larger sample size.

All other things being equal, promotional opportunities have a positive correlation to job satisfaction. Herzberg [21] in his two-factor theory emphasized the fact that opportunities for growth and advancement are strong motivators and hence lead to job satisfaction. Poor promotional prospect was given as a factor leading to job dissatisfaction by 78.4% of subjects. Improved opportunity for promotion/advancement would obviously improve the level of job satisfaction of medical officers.

The grievance handling procedure was considered to be inadequate by majority of respondents (72.7%) and was identified as the third most important factor causing job dissatisfaction. Mulvany [14] showed that those organizations, which handled the grievances of their workers efficiently, had highly satisfied workers. The National Industrial Conference Board (Studies in Personnel Policy) also stated that labour leaders took handling of grievances as one of the important factors that affect employee morale [15].

Organizational policy and administration was another important cause of dissatisfaction. Majority of the respondents (68.7%) agreed that some of the organizational policies, viz appraisal system, posting policy, etc, need reform. Only negative feedback was available in the present appraisal system while appreciation was secret. It is a well-established fact that every worker wants appreciation because his work is an extension of his self [15]. Appreciation at the correct time will definitely enhance job satisfaction.

Inadequate pay and allowances was mentioned by 48.7% subjects as a factor contributing towards job dissatisfaction. Of the many aspects of job satisfaction investigated in recent years, satisfaction with pay appears to be the most deserving of special attention. Studies have reported that pay is a major component determining job satisfaction [11,15].

In conclusion, we can state that job satisfaction is a multi-dimensional phenomenon where it is not easy to assign one factor as the sole determinant of satisfaction/dissatisfaction with the job. A number of factors operate simultaneously. The dynamics of the relations between the factors is more important than any one factor in isolation [2]. While some steps have been taken to

improve job satisfaction, it must be conceded that a lot more can be done.

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