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PROFESSIONAL SATISFACTION AMONGST POST-GRADUATE TRAINEES OF CIVIL HOSPITAL KARACHI

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ABSTRACT:

BACKGROUND: *Professional satisfaction among physicians has been found to be associated with better patient care and satisfaction. Previous studies in our setting have not focused on the satisfaction level of post-graduate trainees.*
AIMS AND OBJECTIVES: *To assess the level of professional satisfaction among post-graduate trainees of civil hospital Karachi and evaluate the various factors leading to dissatisfaction.*
METHODS: *A cross-sectional study was carried out at Civil Hospital Karachi from April 2010 to June 2010 over a period of two months. A questionnaire was developed and a total of two hundred post-graduate FCPS trainees participated by random sampling. The participants included trainees of all years working in various departments of Civil Hospital Karachi. Data was entered in SPSS version 17.0 and results were analyzed.*
RESULTS: *A total of two hundred forms were filled. Mean age of the participants was found to be 29.17 ± 3.94 years. One hundred and thirty-eight (69%) were males while sixty-two (31%) were females. Eighty (40%) trainees were married. Majority 192/200 (96%) of post-graduate trainees at Civil Hospital Karachi were dissatisfied with one or more factors. The various factors causing dissatisfaction among post-graduate trainees were due to inadequate sanitary conditions at work-place (56%), lack of security(47%), inadequate post-graduate training (46%), burden of work (42%), administrative problems (40%), lack of resources to carry out work (36%), lack of senior support (35%), improper accommodation (35%), ill-defined duties (33%), monetary problems (28%), harassment by colleagues or staff (20%), lack of autonomy (17%), job security (16%) and insufficient time for family and self (9%).*
CONCLUSION: *The majority (96%) of the post-graduate trainees are not professionally satisfied due to one or more factors.*

KEY WORDS: professional satisfaction, job satisfaction, post-graduate trainees, civil hospital karachi

INTRODUCTION:

Professional or job satisfaction is a complex issue dependant on so many variables which at times and in different circumstances may be difficult to define and measure. The Oxford advanced learner's dictionary defines satisfaction as "Fulfillment of one's wishes, expectations, or needs, or the pleasure derived from this" [1]. U.S. National Library of Medicine defines personal satisfaction as "the individual's experience of a sense of fulfillment of a need or want and the quality or state of being satisfied" [2]. Professional satisfaction can be defined as the fulfillment of a person's expectations from a particular profession. Professional satisfaction can be thought of as a dynamic process and not just mere achievement of a goal.

Studies among physicians have concluded that physicians tend to work more efficiently when they are satisfied with their profession [3]. Moreover professional satisfaction among doctors has been found associated with a higher degree of patient satisfaction and care [4,5]. Working environment, [6], Professional satisfaction, [7,8] support from colleagues [9] and other characteristics [10] of job are key elements for professional satisfaction.

Previous studies in Pakistan have shown a 56 – 68% [10,11] level of dissatisfaction among doctors. These studies were done in different setups and in doctors with different designations who had variable levels of dissatisfaction depending upon their designation, working place, environment and income. In public sector teaching hospitals, junior doctors including

house officers and post-graduate trainees form the main bulk of medical staff. Their performance affects and reflects the case and management provided to the patients. This study was aimed specifically at post-graduate trainees to assess the level of professional satisfaction and the various factors contributing to dissatisfaction.

MATERIAL & METHODS:

A cross-sectional study was conducted at various departments of Civil Hospital Karachi which is a public sector hospital located in the center of the city. The study spanned over a period of two months from April 2010 to May 2010. Two hundred consenting FCPS post-graduate trainees of all ages, gender, residency levels and specialties were selected as per convenience sampling. Only non-consenting trainees were excluded.

A detailed questionnaire was designed containing previously defined variables. The information included trainees' identification and demographic information. The questionnaire also contained information regarding the chosen specialty of training and any change in decisions before starting training. Participants were also questioned about various factors and conditions which made them unhappy during their training period. These factors included job security, burden of work, monetary problems, administrative problems, lack of senior support, poor resources, harassment from staff or colleagues, lack of autonomy, ill-defined duties, inadequate training, insufficient leisure time, lack of security, sanitary conditions and accommodation. The working definitions of these terms were handed over with the performa.

The questionnaire was pilot-tested and approved. It was handed over to the trainees for filling. The information was then entered in Statistical Package for Social Sciences (SPSS) version 17.0 and analyzed. Descriptive frequencies were calculated for demographic variables. The results among different groups were assessed by using independent samples t test.

TABLE 1.

WORKING DEFINITIONS OF FACTORS CONTRIBUTING TO PROFESSIONAL DISSATISFACTION

Factor	**Definition**
Job security	Insurance of job continuity
Burden of work	Amount of work and responsibility on a person or group during working time
Monetary problems	Dissatisfaction with the balance of income and expenditures. Includes low-income as well as increased expenditures in a particular setting
Administrative problems	Inappropriate civic amenities, lack of provision of security, drugs in time and other facilities, inter-departmental transfers, etc
Lack of senior support	Lack of support, advice, guidance and appraisal from seniors
Poor resources for carrying out work	Lack of different facilities for carrying out a work smoothly
Harassment at work place	Includes non-cooperation, bad manners, ill-conduct on part of colleagues or staff members, interference/ physical and verbal abuse by politically affiliated patients, attendants, social workers and para-medics.
Lack of autonomy	Lack of freedom of judgment and discretion in scheduling and completing a job
Ill-defined duties	Lack of properly defined duties for different personnel resulting in work overlaps, deficits or ignorance.
Inadequate PG training	Dissatisfaction with the training program due to a lack of structured training, improper supervision.
Insufficient leisure time	Inability to find sufficient time for self, family or friends due to prolonged working hours or increased burden of work
Working conditions	Includes various factors which are indirectly responsible for ease of completion of a work-related task and includes safety and security of hospital team, sanitary conditions and accommodation
Lack of security	Danger of physical abuse of doctors by patients, their relatives or attendants
Sanitary and hygienic conditions	Presence of clean well-ventilated environment with hygienic food and water supply, proper sanitation and sewage/hospital waste disposal
Accommodation	Proper, clean and comfy accommodation for doctors with easy availability of food, water and necessities

RESULTS:

The results of two hundred participants were analyzed. Demographic details are shown in table 1. Mean age of the participants was found to be 29.17 ± 3.94 years. One hundred and thirty-eight (69%) were males while sixty-two (31%) were females. Eighty (40%) trainees were married.

Out of two hundred postgraduat one hundred and thirty-four (67%) were from surgical and allied field while sixty-six (33%) were from medical and allied subjects. Seventy-eight (39%) had opted their field because of personal choice, fifty (25%) were attracted to procedure-based nature of the field while sixteen (8%) had chosen their field due to potential of high earning. Other factors included pressure from family or friends and financial obligations..

One hundred and thirty six participants (68%) had chosen the same specialty as was their choice in final year MBBS. One hundred and seventy-four (87%) of the trainees were still satisfied with the choice of specialty despite having one or more reservations about satisfaction. Remaining twenty-six (13%) responded that they had made a wrong decision due to improper counseling (14/26), immaturity (4/26), family pressure (2/26), friends pressure (2/26) and financial problems (2/26).

The various factors which make post-graduate trainees dissatisfied at work are listed in table 2. Despite all these factors 96% responded that they would still like to continue their profession, 3% would quit it while 1% did not understand what to do. Of those who wanted to continue but were not satisfied with their decision in the first place most remarked that it was too late to

change the decision. 4% who wanted to quit were mainly doing it because of lack of good training (66.7%) and monetary problems (33.3%). At the end of the questionnaire, 30% of the participants remarked that they would not advise a junior colleague or friend to choose the same profession.

130/138 (94%) males and 62/62 (100%) females identified one or more factors causing dissatisfaction with statistically significant difference p=0.045 but a very small effect size eta squared= 0.041. Independent-samples t test done to assess differences between male and female population did not reveal any statistically significant difference in the overall satisfaction (Males: M=1.83, SD=0.382; Females: M=1.87, SD=0.061), t(98)= -0.56, p=0.576 (2-tailed). The magnitude of differences in the means (mean difference= -0.45, 95% CI: -0.204 to 0.114 was very small (eta squared= 0.003).

DISCUSSION:

Health professionals have inherent risk of stress [12] and job dissatisfaction further aggravates levels of stress among doctors. Doctor's job satisfaction and level of stress affects quality of medical care that he or she provides as well as patient satisfaction [4,5].

This study has revealed that the level of dissatisfaction among post-graduate trainees is very high and 192/200 (96%) trainees identified one or more factors which tend to cause dissatisfaction in work. These factors are highlighted in table 2 and figure 1. These figures are much higher than the previously reported figures of 68% [10] and 56% [11]. Unlike these two studies our study is totally based in a public sector hospital setting, and did not include the senior doctors and teaching faculty who tend to have higher levels of satisfaction. This difference could also possibly be attributed to the overall economical crises and political upsets in the country. The level of dissatisfaction was significantly more in females 100% versus 94% in males (p-value=0.045, eta squared=0.041) confirming the previous study. [10]

Lack of hospital sanitary and hygienic conditions was identified as the most common (56%) cause of dissatisfaction. Surprisingly this factor has not been looked into previous studies. Public sector hospitals are being overburdened due to increasing number of patients. Most of them are very poor and hospital funds are being used to mainly investigate and treat their illnesses. Most of the patients visiting Civil Hospital Karachi come from very low-socioeconomic

TABLE 2:

DEMOGRAPHIC CHARACTERISTICS OF POST-GRADUATE TRAINEES (N=200)

	Mean	Standard deviation	Standard error
Age	29.17	3.944	0.279
		Number (n)	**Frequency (%)**
Gender			
Males		138	69 %
Females		62	31 %
Marital status			
Married		80	40 %
Single		120	60 %
Residency level			
Year 1		42	21 %
Year 2		78	39 %
Year 3		44	22 %
Year 4		36	18 %
Specialty			
Medical and allied		66	33 %
Surgical and allied		88	44 %
Gynaecology, obstetrics		26	13 %
Paediatrics		8	4 %
ENT		8	4 %
Ophthalmology		4	2 %

TABLE 3.

FREQUENCY OF FACTORS CAUSING DISSATISFACTION AMONG POST-GRADUATE TRAINEES

Factor	% Total	% Males	% Females	p-value
Lack of sanitary conditions	56%	62.32%	35.48%	0.058
Lack of security	47%	52.17%	35.48%	0.122
Inadequate PG training	46%	42.03%	51.61%	0.081
Burden of work	42%	36.23%	58.06%	0.083
Administrative problems	40%	40.6%	38.71%	0.862
Lack of resources	36%	40.29%	22.58%	0.049
Lack of senior support	35%	28.98%	45.16%	0.173
Accommodation problems	35%	39.13%	25.81%	0.185
Ill-defined duties	33%	33.33%	35.48%	0.421
Monetary problems	28%	26.09%	32.26%	0.542
Harassment by colleagues/ staff/ patients or attendants	20%	26.09%	9.68%	0.050
Lack of autonomy	17%	14.49%	22.58%	0.324
Job security	16%	15.94%	12.90%	0.576
Insufficient time for family and self	9%	10.14%	6.45%	0.875
Others	3%	4.35%	0.0%	0.083
Total	100%			

civil sense to follow hospital rules and regulations and thus contributing a lot to poor sanitary conditions. Despite this, good sanitary conditions are a basic requirement of every hospital.

Lack of security was identified as the second commonest cause (47%) of dissatisfaction. In a busy public sector hospital setting relatives and attendants very commonly react to the perceived delay in the treatment of their patients; at times reject the death of the patient and often blame it on the doctors even despite adequate treatment. This often results in physical harm to the physicians and destruction of property. Many a time doctors have to serve their duty in a hostile atmosphere under constant threats. The security provided is also insufficient and ineffective at controlling these angry mobs. [13, 14, 15, 16]. Some of the postgraduate trainees also mentioned other security problems like theft of personal belongings, . This type of problem is probably unique to our part of world.

Ninety-two (46%) of the trainees were not satisfied with their post-graduate training with insignificant difference among males and females (42% versus 51% p-value 0.081). Seventy two (36%) of the participants reported that they were not satisfied with the resources available to carry out work. Lack of an organized structured training program in the institution, increasing service-related work-load of the trainees due to insufficient nursing and para-medical staff, and pre-occupation of the supervisors with the administrative and job-related non-academic activities were some of the cited reasons.

Eighty-four (42%) trainees reported increased burden of work although they were satisfied with the number of working hours. Only eighteen (9%) complained of insufficient leisure time for family and self. Increased workload was also recognized as an important significant factor in a previous study [10]. A cross-sectional survey by Rosenberg and McNulty et al demonstrated that increased working hours negatively affect personal lives of doctors. [17] Another study in a similar setting revealed increasing dissatisfaction with the number of night duties per month. [18]

Good administration and proper utilization of available resources is pivotal to a hospital. In our study, eighty (40%) of the participants mentioned that the administrative problems and the lack of administrative support contributed to their dissatisfaction. Other related factors causing dissatisfaction were accommodation problems 70/200 (35%) and unscheduled duties 66/200 (33%).

Hoff et al [19] noted that good collaboration and professional relationships improve professional satisfaction levels, decrease stress and promote a friendly environment. Moreover encouraging words or statements by authoritative figures increases the morale of work. In our study Seventy (35%) participants reported that they did not have support of their seniors. Forty (20%) participants reported that they were being harassed by their colleagues or other staff members. In a previous study among psychiatrists, fifty-seven out of sixty reported harassment by colleagues or seniors. [20] In a study in Canadian female physicians, 77% of participants reported sexual harassment by a patient in their career. [21]

The Salary issues and monetary problems have been found to be the cause for greatest dissatisfaction in various studies [22]. This dissatisfaction has been found in some studies to reach up to 91.8%. [23] The figures were lower (28%) in our study apparently due to the recent rise in the salaries of trainees.

Lack of autonomy in administrative and professional decision making was noted in thirty-four (17%) participants. Thirty-two (16%) of the participants did not feel that their current job is secured. Twenty-six (13%) candidates reported to have made an incorrect decision regarding their choice of sub-specialty. However despite all these reasons, one hundred and ninety-two (96%) of the candidates had compromised, adjusted and would like to continue their training in their present institution.

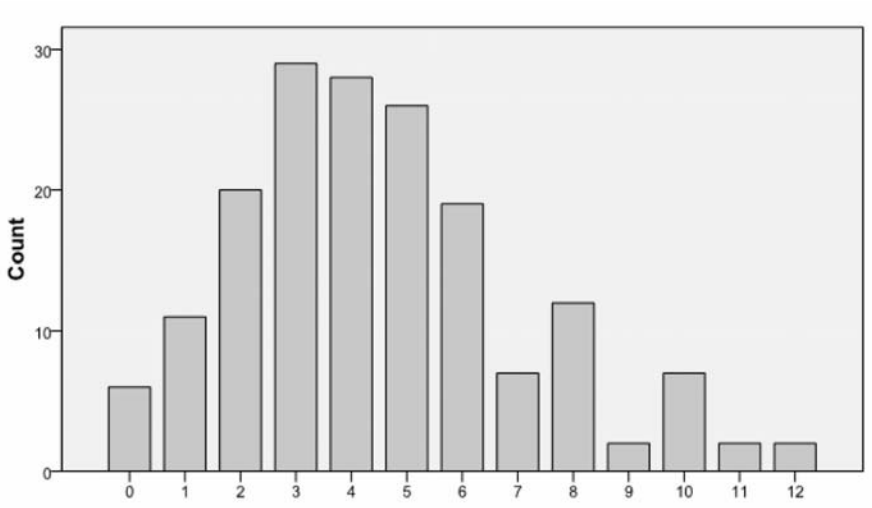


Fig-1: Number of factors causing dissatisfaction among trainees

LIMITATIONS OF THE STUDY:

This study was a question-based survey of post-graduate trainees in a single center and the results may not be representative of the overall status of post-graduate training in public sector hospitals.

CONCLUSION:

This study shows that a vast majority of the post-graduate trainees have one or more reasons of dissatisfaction with their training and setup. The three most common factors identified in this study i.e. inadequacy of sanitary conditions, security and post-graduate training were not recognized in previous studies. Further multi-center studies are needed to verify our results.

REFERENCES:

1. Oxford advanced learner's dictionary 5th edition 1995 2nd impression.
2. http://www.ncbi.nlm.nih.gov/mesh?Db=mesh&Term=%22Personal%20Satisfaction%20%22[MESH]
3. Jennifer S. Haas et al. Differences in the Professional Satisfaction of General Internists in Academically Affiliated Practices in the Greater-Boston Area. J GEN INTERN MED 1998;13:127–130
4. Haas J S, Cook E F, Puopolo A L, Burstin H R, Cleary P D, Brennan T A. Is the professional satisfaction of general internists associated with patient satisfaction? J Gen Intern Med. 2000 Feb;15(2):140-1
5. Bartell JM, Smith MA. Physician professionalism and organizational efforts to improve quality: a systems perspective. WMJ 2004;103:66-70.
6. Hoff TH, Whitcomb WF, Williams K, et al. Characteristics and work experiences of hospitalists in the United States. Arch Intern Med 2001;161:851–8
7. Lloyd S, Streiner D, Shannon S. Burnout, depression, life and job satisfaction among Canadian emergency physicians. J Emerg Med 1994;12:559–65

8. Freeborn DK. Satisfaction, commitment, and psychological well-being among HMO physicians. West J Med 2001;174:13–8
9. Bonache J. Job satisfaction among expatriates, repatriates and domestic employees: The perceived impact of international assignments on work-related variables. Personnel review, 2005, 34(1):110–24.
10. Ali Khan Khuwaja, Riaz Qureshi, Marie Andrades, Zafar Fatmi, Nadya Khan Khuwaja. Comparison of job satisfaction and stress among male and female doctors in teaching hospitals of Karachi. J Ayub Med Coll Abottabad. Jan – Mar 2004; 16(1):23-7.
11. Syed Shakir Ali Ghazali, Ijaz Ahmad Shah, Syed Arif Ahmed Zaidi, M. H. Tahir. Job satisfaction among doctors working at teaching hospital of Bahawalpur, Pakistan. J Ayub Med Coll Abbottabad 2007; 19(3).
12. Firth-Cozens J, Greenhalgh J. Doctors' preceptions of the links between stress and lowered clinical care. Soc Sci Med 1997;44:1017-22
13. Staff reporter. Doctor beaten up over death of patient. The daily dawn. 2006 Jun 13 Available from http://www.dawn.com/2006/06/13/local14.htm
14. Staff Reporter. Vandalism after negligence cry. The Telegraph [Online]. 2008 Aug 12 Available from: http://www.telegraphindia.com/1080812/jsp/calcutta/story_9679387.jsp
15. Pandey B. Lady doctor raped in a hospital in West Delhi. IBN News. 2007 Sep 25. Available from: http://ibnlive.in.com/news/lady-doctor-raped-in-a-hospital-in-west-delhi/49361-3.html
16. Lady doctor gang-raped in Quetta. The daily times. 2005 Jan 07 Available from http://www.dailytimes.com.pk/default.asp?page=story_7-1-2005_pg7_33
17. Rosenberg M, McNulty D. Beyond night float? The impact of call structure on internal medicine residents. J Gen Intern Med. 1995;10:95-98
18. Kaur S, Sharma R, Talwar R, Verma A, Singh S. A study of job satisfaction and work environment perception among doctors in a tertiary hospital in Delhi. Indian J Med Sci 2009;63:139-44
19. Hoff TH, Whitcomb WF, Williams K, et al. Characteristics and work experiences of hospitalists in the United States. Arch Intern Med 2001;161:851–8
20. A A M GAdit, G M Mugford. A pilot study of bullying and harassment among medical professionals in Pakistan, focussing on psychiatry: need for a medical ombudsman. J Med Ethics 2008;34:463-466
21. Appleton K, House A, Dowell A. A survey of job satisfaction, sources of stress and psychological symptoms among general practitioners in Leeds. British journal of general practice, 1998, 48:1059–63
22. Susan P Phillips, and Margaret S. Schneider. Sexual Harassment of Female Doctors by Patients. N Engl J Med 1993; 329:1936-1939
23. Ting, Yuan. "Determinants of Job Satisfaction of Federal Government Employees." Public Personnel Management Abstract. 1997 Sep 22;26(3):313