Special Communication

FACTORS INFLUENCING JOB SATISFACTION AMONG PRIMARY HEALTH CARE (PHC) PHYSICIANS IN RIYADH, SAUDI ARABIA

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It is unlikely that optimal medical care can be delivered by unhappy or maladapted physicians. A description of physicians' stresses and adaptations would facilitate educational, personal, and social changes that could improve the quality of medical care.[1] Mira et al. found that general practitioners' (GPs) work yields job satisfaction, but the most important sources of stress were interruptions of family life, emergency calls, monotony and practice administration, and other conditions which disturb intimacy.[2]

Studies have shown that in the UK, GPs experienced less job satisfaction, poorer mental health and more stress in 1993 than 1987. These changes may have occurred as a result of the introduction of the new contract for GPs, and have no doubt increased the level of "burnout" among GPs.[3,4] Burnout and more generalized psychiatric morbidity warrant careful consideration, not only because they reflect the personal suffering of doctors, but also because of the risk of impairing the quality of care doctors are expected to deliver.

Since the introduction of primary health care (PHC) services in 1984 in Saudi Arabia, several studies have been carried out to evaluate different clinical and administrative aspects of PHC activities.[5-7] However, very few studies have been undertaken to assess the level of satisfaction among PHC physicians. One study showed that job satisfaction and occupational stress are those related to the doctor's social life, particularly the effects of the job's demands on family life, and another study showed that the main sources of stress are not medical but social.[8,9] The present study aims to improve the quality of patient care by identifying the factors influencing job satisfaction among PHC physicians in Riyadh, Saudi Arabia.

Materials and Methods

All PHC physicians working in Riyadh City were invited to participate in the study. Three hundred and thirty self-administered anonymous questionnaires were sent to the physicians with the help of PHC supervision offices over a period of two month starting in October 1996. The questionnaire was based on the outcome of a brainstorming meeting with a group of PHC physicians in the presence of two of the authors (Kalantan and Abdul Ghani) to explore the views of physicians on the main factors that were thought to contribute to job satisfaction. The questionnaire was subjected to a pilot trial before it was distributed in the final form to the PHC physicians. The questionnaire contained 25 items written in two forms—Arabic and English, and included both socio-demographic data and questions about the possible factors that could affect doctors' job satisfaction. The participants were asked to rate their agreement and disagreement with the statement by marking a four-point Likert scale from "strongly agree" to "strongly disagree." Confidentiality of data was assured by the investigators. The completed forms were analyzed using SPSS/PC statistical package.[10]

Results

Three hundred and two (302) out of 330 questionnaires (91.5%) were returned. The sociodemographic and professional characteristics of the responding physicians are shown in Table 1. Most physicians (83.8%) did not have postgraduate qualification. Surprisingly, among those who had higher qualification, none held a Family Medicine certificate. However, 83% indicated they were willing to join postgraduate studies in primary care specialty if they were given the chance. About 75% of the physicians thought that pressure of time was the main barrier to participating in continuing medical education (CME) activities, i.e., reading current medical journals and books, attending courses and symposia.

The majority of physicians (71.5%) thought that the current two-shift working hours (7:30-12:30, and 16:00-20:00) was not an ideal system for providing PHC services in Saudi Arabia. About 75.8% thought that the schedule was bothersome, and 27.2% were unable to utilize the break hours between the two shifts (12:30-16:00). Most

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(88.7%) agreed that the current two-shift system interfered with their social life (Table 2). The majority (84.8%) of doctors suggested that the most suitable working schedule would be a one-shift system, starting from 7:30 to 16:30.

The main negative aspects of the PHC system from the physicians' perspective were lack of incentives in general (87.9%), lack of financial incentives (78.3%), lack of administrative support (92.1%), and lack of essential medical facilities (55.9%). Experience was not found to be a factor in the doctors' opinions (Table 3).

Most of the physicians (86.6%) agreed or strongly agreed with the importance of the appointment system in reducing patient load and teamwork as a positive aspect of PHC activities. About two-thirds (61.7%) of physicians thought that it was difficult to implement promotive and preventive activities due to patient load (Table 3). About one-third (29.8%) of physicians felt that the PHC specialty is inferior to other specialties. However, 70.2% thought that the public still underestimates the role of PHC physicians.

Discussion

The present study found that about one-third of physicians were non-Arabic speakers, a finding similar to that of another study by Al-Shammari.[8] This could be the result of the high turnover rate at the PHC level, prompting new recruitment from different countries, including non-Arabic speaking countries. Unfortunately, the number of Saudi physicians working at the PHC centers is still the same (10.6%) as was reported a decade or more earlier.[11] Moreover, a recent survey has shown that only 1.6% of Saudi medical students choose PHC specialty as a future career.[12]

The study also revealed that the majority of physicians do not have postgraduate qualifications, and among those with higher degrees, none had family medicine qualifications. This may be due to the fact that only MBBS or an equivalent qualification and two years of experience are required for working as a PHC physician in the Kingdom. Fortunately, most of the participants indicated they were willing to join a postgraduate study if they were given the chance.

Various sources of stress were identified in this study, and were largely organizational and administrative. The majority of physicians admitted that the workload was an obstacle in participating in CME activities. The feeling of being "overloaded" by physicians has been recognized as an important association with physician morbidity and burn-out in a hospital-based study.[13] The workload was also found to be a barrier for providing promotive and preventive activities in the consultation. Furthermore, pressure of time is an important source of stress, which could lead to over-prescribing and mismanagement of patients.[14] It is clear from the study that the current two-shift working hours in the PHC are an important source of stress and dissatisfaction for both male and female physicians, as this interferes with their social life.

Some of the important aspects of the practice which may directly or indirectly affect job satisfaction were recognized by the majority of the physicians, namely, lack of incentives, particularly financial, and lack of essential medical facilities and administrative support. The appointment system is an important strategy for any practice to improve the quality of patient care. This importance was recognized by most of the PHC physicians (86.6%). At present, PHC services do not have an appointment system, except for some services, such as immunization, antenatal and dental clinics. All other activities are on a walk-in basis. Teamwork, such as takes place with mass vaccination, providing health education, social support, infection control and environmental health, are the most enjoyable activities of PHC service, and this was recognized by most physicians. These activities, therefore, should be encouraged and promoted.

About one-third of the physicians felt that the PHC specialty is inferior to other specialties. This could be explained by the lack of essential facilities and incentives mentioned above, resulting in more stress and low self-esteem. Another factor that could contribute to this high percentage is that about 16% of the responders were specialists. Furthermore, all physicians were not vocationally trained in the PHC service, so they may not recognize the importance of their specialty. The majority of physicians indicated that the public still underestimates the role of PHC physicians. The reason for this point of view was not clear.

TABLE 1. *Demographic and professional characteristics of the 302 primary care physicians who participated in this study.*

Characteristics	Number (%)
Age	
≤35	65 (21.5)
36-45	172 (57.0)
>45	56 (18.5)
Unknown	9 (3.0)
Sex	
Male	163 (54)
Female	139 (46)
Nationality	
Saudi	32 (10.6)
Non-Saudi	270 (89.4)
Religion	
Muslim	288 (95.4)
Non-Muslim	14 (4.6)
Language	
Arabic	208 (68.9)
Other	94 (31.1)
Postgraduate qualification	
No	256 (83.8)
Yes	49 (16.2)*
Experience in PHC setting in Saudi Arabia	
≤10 years	210 (69.5)
>10 years	80 (26.5)
Not specified	12 (4.0)

*All specialties were other than Family Medicine.

TABLE 2. *Doctors' attitude towards working hours and patient load.*

Attitudinal areas	Doctors agree			Doctors disagree		
	Male n=163 (%)	Female n=139 (%)	Total n=302 (%)	Male n=163 (%)	Female n=139 (%)	Total n=302 (%)
Two-shift working hours is an ideal system	49 (30)	37 (26.6)	86 (28.5)	114 (69.9)	102 (73.3)	216 (71.5)
Shift system is bothersome	118 (72.4)	111 (79.8)	229 (75.8)	44 (26.9)	29 (20.8)	73 (24.2)
Break between shifts cannot be utilized	42 (25.1)	40 (28.7)	82 (27.2)	120 (73.6)	100 (71.9)	220 (72.8)
Shift system conflicts with social commmitments	140 (85.8)	128 (92.0)	268 (88.7)	23 (14.1)	11 (7.9)	34 (11.3)

TABLE 3. *Doctors' attitude towards factors affecting PHC doctors' satisfaction in relation to experience (n=290, of which 12 are not specified).*

Factors affecting satisfaction	Doctors agree			Doctors disagree		
	≤10 years n=210 (%)	>10 years n=80 (%)	Total n=290 (%)	≤10 years n=210 (%)	>10 years n=80 (%)	Total n=290 (%)
Lack of essential medical facilities	121 (57.6)	41 (51.2)	162 (55.9)	89 (42.3)	39 (48.7)	128 (44.1)
Appointment systems will solve the problem of patient load	183 (87.1)	68 (85.0)	251 (86.6)	27 (12.8)	12 (15.0)	39 (13.4)
Lack of incentives in general	187 (89.0)	68 (85.0)	255 (87.9)	23 (10.9)	12 (15.0)	35 (12.1)
Need of financial incentives	162 (77.1)	65 (81.2)	227 (78.3)	48 (22.8)	15 (18.7)	63 (21.7)
Need of administrative support	192 (91.4)	75 (93.7)	267 (92.1)	17 (8.0)	6 (7.5)	23 (7.9)
Team work is important	180 (85.7)	71 (88.7)	251 (86.6)	30 (14.2)	9 (11.2)	39 (13.4)
Difficulty applying promotive and preventive activities	103 (49.0)	76 (95.0)	179 (61.7)	61 (29.0)	50 (62.5)	111 (38.2)

Finally, the study showed that the major factors of stress and dissatisfaction among PHC physicians include the workload, unsuitable working hours and lack of incentives. It also showed that the PHC is being served by some physicians who may be without adequate training. The following suggestions are made for improving physicians' job satisfaction and the quality of PHC services: 1) workload should be reduced through establishing an appointment system and adopting a one-shift system; 2) in-service vocational training should be provided for physicians, which will improve their performance; and 3) adequate incentives, both material and financial, as well as administrative support, should be provided for physicians.

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References

1. McCue JD. The effects of stress on physicians and their medical practice. N Engl J Med 1982;306:458-63.
2. Mira JJ, Vitaller J, Buil JA, et al. Job satisfaction and stress among general physicians in the public health system. Aten Primaria (Spanish) 1994;14:1135-40.
3. Kirwan M, Armstrong D. Investigation of burn out in a sample of British general practitioners. Br J Gen Pract 1995;45:259-60.
4. Rout U, Rout JK. Job satisfaction, mental health and job stress among general practitioners before and after the new contract: a compactive study. Fam Pract 1994;11:300-6.
5. Al-Mazrou Y, Al-Shammari SA, Siddique M, Jarallah JS. A preliminary report on the effect of referral system in four areas of the Kingdom of Saudi Arabia. Ann Saudi Med 1991;11:663-8.
6. Al-Shammari SA, Khoja T, Jarallah JS. The pattern of ante-natal visits with emphasis on gestational age at booking in Riyadh Health Centres. J Roy Soc Health 1994;114:62-6.
7. Khoja TA, Al-Shammari SA, Farag MK, Al-Mazrou Y. Quality of prescribing at primary care centres in Saudi Arabia. J Pharm Technol 1996;12:284-8.
8. Al-Shammari SA, Khoja TA, Al-Subaie AS. Job satisfaction and occupational stress among primary health care centre doctors. Int J Mental Health 1996;24:85-95.
9. Al-Rowais NA. Assessment of stress and coping levels among physicians at King Khalid University Hospital. Saudi Med J 1996;17: 235-44.
10. Statistical Package for Social Science. Windows Version 6.0. Microsoft, 1993.
11. Sebai ZA. Health in Saudi Arabia. Riyadh: Tihama Publication, 1985.
12. Al-Faris E, et al. Career choices among Saudi medical students. Acad Med 1997;72:65-7.
13. Ramirez AJ, Graham J, Richards MA, Cull A, Gregory WM. Mental health of hospital consultants: the effects of stress and satisfaction at work. Lancet 1996;347:724-8.
14. Linn LS, Yager J, Cope D, Leake B. Health status, job satisfaction, job stress, and life satisfaction among academic and clinical faculty. JAMA 1985;254:2775-82.