

Job Satisfaction Of Doctors In Negeri Sembilan

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Summary

A cross sectional study was carried out in Negeri Sembilan to identify factors associated with job satisfaction of doctors serving in Ministry of Health and their intentions to resign. All Ministry of Health doctors currently working in Negeri Sembilan were included in the study and data collection was done via a self-administered postal questionnaire.

The response rate was 69.4%. Out of those who responded, only 31.3% had global job satisfaction, with the majority dissatisfied. Intention to resign was high among 32.7% of the respondents. Factors found to be significantly associated with job satisfaction were age, job designation, income, duration of service and intention to resign. Intention to resign was found to be significantly associated with ethnicity and income. From logistic regression, predictors of job satisfaction identified were age, place of first graduation, and satisfaction with status and autonomy, satisfaction with career development, satisfaction with workload and satisfaction with transfers. Predictors of intention to resign were race, income and global job satisfaction.

Key Words: Job satisfaction, Doctors, Intention to resign

Introduction

Job satisfaction of doctors has been associated with client satisfaction^{1,2}, and turnover^{3,4}. Locke⁵ had defined job satisfaction as a pleasurable and positive emotional state resulting from the appraisal of one's job and job experiences. Factors found to affect job satisfaction include the work itself, pay, promotion, recognition, benefits, situation at workplace, the individual himself/herself, peers, superiors, subordinates and the management/organization^{5,6,7}.

Malaysian Medical Association had studied factors of dissatisfaction influencing intention to resign and resignation of doctors in 1980, where remuneration was identified as the most important reason then⁸. In 1989, another study revealed that 59.4% of respondents were satisfied with their jobs⁹.

Given the current situation where anecdotal records of the unhappy and dissatisfied doctor abounds, this

study was carried out to identify the level of job satisfaction among doctors serving in the Ministry of Health in Negeri Sembilan and the factors influencing it and their intention to resign from the Ministry of Health.

Methodology

A cross sectional study was carried out in 1994/1995 in Negeri Sembilan among all doctors currently serving in Ministry of Health. Out of 252 doctors, 33 who were on long leave/further studies were excluded. A total of 219 doctors were sent questionnaires. Part of the questionnaire was modified from two validated questionnaires^{4,10}. A self-administered postal questionnaire was used.

Together with the questionnaire were included a stamped self-addressed envelope and a stamped self-addressed postcard. On the postcard was written a number which is linked to the sampling frame.

Respondents were requested to post back both the questionnaire and the postcard separately.

To ensure confidentiality and encourage response, the questionnaire was totally anonymous without any identity of respondents captured. Therefore, the stamped self-addressed postcard was to follow up on non-response, with the number on it signifying the person who sent it back. It was assumed that non-respondents in this study were those who did not return this card. Hence, for those who did not send back the postcards, attempts were made to contact them by telephone. Copies of the questionnaire were mailed repeatedly to doctors who did not send back the postcards, and this actually succeeded in persuading a few more to participate.

This study followed the definition of job satisfaction as defined by Locke⁵. Global job satisfaction was measured by a four item instrument developed by Lichtenstein⁴. Facets of job satisfaction studied were satisfaction towards resources, satisfaction towards status and autonomy, satisfaction towards professional relationships, satisfaction towards workload, satisfaction towards career development, satisfaction towards transfers and satisfaction towards rewards.

Almost all items in global job satisfaction, all facets of job satisfaction, and intention to resign were measured using a Likert scale from 1 to 5 (Please refer to Appendix A for the items).

Results

A total of 152 questionnaires were received back before the closing date, giving a response rate of 69.4%.

The majority of the respondents were currently serving in hospitals (75.7%) with 24.3% in the health sector. There were 57.2% lady doctors among the respondents. Ethnicity wise, 39.5% were Malays, with 29.6% Indians and 23.7% Chinese and the remainder of other races. Majority of the respondents were married with only 25.7% single. Local graduates total 59.2%, with the rest foreign graduates. A total of 70.4% of the respondents were medical officers, with 24.3% specialists (both medical and health) and only 5.3% were house officers.

The mean age was 34.6 ± 7.4 years, with respondents from 25.8 years old to almost 55 years old. Approximately half of the respondents were 32 years old or younger. As regards to their income, the mean was $RM2898.14 \pm 1627.24$, and ranges from a house officer's pay of approximately RM1600.00 to that of RM10,922.00. Half of the respondents were earning an income (from Ministry of Health) of RM2073.00 or less, and only 10.0% were drawing a salary of RM5600.00 or more. Mean duration of service in Ministry of Health was 7.2 years, while mean duration of service in the current unit was 22.2 months.

The proportion of respondents as regards to sex, sector of service (either hospital or health), ethnicity, job designation (either house officers, medical officers or specialists) and place of graduation (for the first degree) were compared with that of the study population. The proportion of respondents (Z test) did not differ significantly from the study population in all aspects except that of job designation, where it was noted that house officers were under-represented in the study. (Table I).

For global job satisfaction, only 31.3% of the respondents were satisfied, with the majority (58.7%) dissatisfied. Ten percent were unsure of their attitude towards their jobs.

With the exclusion of house officers, a total of 25.3% doctors had absolutely no intention to resign from Ministry of Health in the next year or two, while 42.0% declared that their intention to resign was low and 32.7% rated their intention to resign as high.

Analysis revealed that age, job designation, income and duration of service in Ministry of Health were significantly associated with global job satisfaction. Increased age, specialists, increased income and increased duration of service were associated with higher global job satisfaction.

Intention to resign was also found to be negatively correlated with global job satisfaction, where increased satisfaction was linked with low intentions. Sex, ethnicity, sector of service, place of graduation and marital status had no significant association with global job satisfaction.

Table I
Comparison of respondents with study population

Characteristics	Frequency (<i>f</i>)		p-value
	Respondents	Study	
1. Gender	65	101	0.52
Male	87	118	0.52
Female			
2. Sector of service			
Health	37	46	0.45
Hospital	115	173	0.45
3. Ethnic group			
Malay	60	91	0.69
Chinese	36	46	0.54
Indian	45	69	0.70
Others	11	13	0.62
4. Job designation			
House Officers	8	32	0.01*
Medical Officers	107	146	0.45
Specialists	37	41	0.19
5. Place of Graduation			
Local	90	116	0.76
Overseas	61	84	0.76
Total Doctors (<i>n</i>)	152 ^a	219 ^b	—

* Significant at *p*-value = 0.05

a For all characteristics of respondents except place of graduation where one respondent did not answer.

b For all characteristics of study population except place of graduation where there were no information available for 19 doctors.

Ethnicity and income was found to be significantly associated with intentions to resign, with more Chinese and Indian respondents admitting to higher intention to resign compared to Malays, and higher income with low intention to resign. The other factors studied did not show any significant association. (Table II & III).

A stepwise multiple logistic regression analysis was conducted with global job satisfaction as the dependent variable. Only age, place of graduation, and satisfaction with status and autonomy, career development, workload and transfers were retained in the final model. Sex, ethnicity, job designation, sector of service, marital status, income and satisfaction with professional relationships, satisfaction with resources and satisfaction

with rewards were found not to contribute to global job satisfaction.

The most important predictor of global job satisfaction was satisfaction with status and autonomy, followed by satisfaction with career development. Furthermore, compared to local graduates, foreign graduates had a 6.2 times increased risk to be globally dissatisfied with their jobs, after controlling for the other factors in the model. (Table IV).

Results of the multivariate analysis for intention to resign revealed that only ethnicity, income and global job satisfaction were retained in the final model. Age, sex, job designation, place of graduation, sector of

Table II
Association between global job satisfaction and intention to resign
with several factors studied
 (Chi-square test)

Factor	Global Job Satisfaction		p	Intention To Resign			p
	S**	DS		None	Low	High	
Ethnicity		(n=152)			(n=150)		
Malay	19	41	0.55	14	37	8	0.00*
Chinese	9	27		6	9	21	
Indian & Other	20	36		18	17	20	
Sector of service		(n=152)			(n=150)		
Health	9	28	0.37	8	17	12	0.80
Hospital	39	76		30	46	37	
Place of Graduation		(n=151)			(n=149)		
Malaysia	28	62	0.99	18	43	29	0.15
Overseas	19	42		19	20	20	
Job designation		(n=152)			(n=142)		
House Officer	1	7	0.02 ^a				
Medical Officer	29	78	0.03 ^b	24	44	38	0.34 ^b
Specialist	18	19		12	15	9	
Marital status		(n=152)			(n=150)		
Married	39	74	0.26	26	49	36	0.58
Single	9	30		12	14	13	
Sex		(n=152)			(n=150)		
Male	22	43	0.73	14	24	26	0.40
Female	26	61		24	39	23	

** S=Satisfied, DS=Dissatisfied, p=p-value.

*= Significant at $p < 0.05$, ^a=Combined H.O. and M.O., ^b=H.O. excluded from analysis.

service, and marital status were found not to have a significant influence on intention to resign.

Ethnicity was found to be the most important predictor of intention to resign. After controlling for other factors in the model, a Chinese doctor is ten times more likely to have high intentions to resign compared to a Malay doctor. Similarly, a doctor who is very dissatisfied globally is 3.7 times more likely to have high intentions to resign compared to another doctor who is only dissatisfied, after controlling for other factors in the model.

Discussion

Job satisfaction of doctors is important not only because it is associated with client satisfaction, but because it has also been found to affect turnover. This study has found that 58.7% of Ministry of Health's doctors in Negeri Sembilan are dissatisfied with their jobs, and 32.7% have high intentions to resign in the next year or two.

The percentage of global job satisfaction may be underestimated given the fact that doctors who are

Table III
Correlation analysis for Global Job Satisfaction and intention to resign
(Spearman Rank Correlation Test)

Factor	Global job satisfaction		Intention to resign	
	r_s^{**}	p value	r_s^{**}	p value
Age	-0.37	0.00*	-0.15	0.15
Income	-0.24	0.00*	-0.19	0.03*
Duration of service in Ministry of Health	-0.14	0.13	-0.03	0.76
Duration of service in current unit	-0.23	0.01*	-0.12	0.16
Global job satisfaction	-	-	0.36	0.00*

* = Significant at $p < 0.05$,

** r_s = Spearman Rank correlation coefficient.

Table III
Logistic regression analysis for global job satisfaction

Predictors	β	p-value	Odds Ratio ^a	Confidence Interval
Intercept	-15.5	0.00	-	
Age	-0.1	0.05	0.4 ^b	0.1 - 1.0
Place of graduation	1.8	0.01*	6.2	1.5 - 25.7
Career development	2.1	0.00*	8.5	2.4 - 29.9
Status & autonomy	2.9	0.00*	17.4	3.5 - 86.7
Transfers	0.8	0.08	2.2	0.9 - 6.0
Workload	1.0	0.01*	2.7	1.3 - 5.7

* Significant at $p < 0.05$

^a Calculated with β values accurate to the third decimal point. Values shown have been rounded to one decimal point.

^b Calculated for every 10 year change in age.

away on study leave were not included in the study, and presumably they are more satisfied. Furthermore, 31.6 % of doctors did not respond to this survey.

Yap⁶ had identified that a total of 59.4% were satisfied, with only 8.1% who were dissatisfied. This is very different from the results of this study. Possible reasons for this include the time lag of six years between

studies; the context in which Yap's study was done, which was at a time when automatic promotions for doctors were present; and possibly because it was only carried out among hospital doctors and a low response rate (40.2%) was achieved.

Factors found to contribute to global job satisfaction were age, place of graduation, satisfaction with status

Table IV
Logistic Regression Analysis for Intention to Resign

Predictors	β	p-value	Odds Ratio ^a	Confidence Interval
Intercept	-3.9	0.01	-	
Race		0.00*		
Chinese	2.3	0.00*	10.0	2.8 - 35.4
Indian & other**	1.8	0.00*	6.2	2.0 - 20.0
Income	-0.0	0.06	1.0 ^b	0.9 - 1.0
Global job satisfaction	1.3	0.02*	3.7	1.2 - 10.4

* Significant at $p < 0.05$.

** Indians and other ethnic groups have been combined into one category.

^a Calculated with β values accurate to the third decimal point. Values shown have been rounded to one decimal point.

^b Calculated for every change in RM100.00 in income.

and autonomy, satisfaction with career development, satisfaction with workload and satisfaction with transfers. The most important predictor of global job satisfaction is satisfaction with status and autonomy. An older doctor is more likely to be globally satisfied with their jobs compared with a younger one, while a local graduate is more satisfied than an overseas one. Sex, ethnicity, sector of service, marital status, job designation, income and the other facets of job satisfaction such as rewards, professional relationships and resources do not seem to contribute significantly to global job satisfaction.

Intention to resign was found to be predicted by ethnicity, income and global job satisfaction. The most important predictor of intention to resign was ethnicity. A Chinese or Indian doctor has an increased risk of 10 and 6.2 times respectively of having high intentions to resign compared to a Malay doctor, after controlling for their income and global job satisfaction. Furthermore, the higher their global dissatisfaction, the more likely it is for them to possess high intentions to resign, after controlling for income and ethnicity.

One possible reason for the differences of risk between the different ethnic groups could be differing perceptions as regards to which needs and aims could

not be achieved or fulfilled without leaving the organization¹¹. Furthermore, factors such as scholarship bonds/loans with government/private organizations were not studied and these might be different for the different ethnic groups.

In conclusion, this study identified that more than half of the Ministry of Health doctors in Negeri Sembilan were dissatisfied globally with their jobs while one third had high intentions to resign in the next year or two. Factors predicting global job satisfaction were age, place of graduation, and satisfaction with status and autonomy, satisfaction with career development, satisfaction with workload and satisfaction with transfers. Intention to resign were predicted by ethnicity, income and global job satisfaction.

Acknowledgment

The authors wish to thank the Director General of Health for permission to publish this paper. The authors also wish to thank the Ministry of Health and the Negeri Sembilan State Director of Health for their permission to conduct this study and all the doctors in Ministry of Health in Negeri Sembilan for their participation. The authors wish to express their gratitude to Universiti Kebangsaan Malaysia (UKM) for giving a research grant under Project No : F/5/95.

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APPENDIX A

SATISFACTION WITH RESOURCES

- 1 Overall facilities and staff to help care for patients
- 2 Number of doctors to treat patients here
- 3 Medical equipment and supplies available
- 4 Functional quality of space to treat patients
- 5 Community support systems for patients leaving the hospital
- 6 Continuity of care for patients
- 7 Time available for each patient
- 8 Leisure time off the job

SATISFACTION WITH AUTONOMY AND STATUS

- 9 Ability to order what I believe will help my patients
- 10 Ability to initiate changes in the way work is done in my unit
- 11 Types of patients and patient problems that I see
- 12 Potential for improving the health status of my patients
- 13 Appreciation received from my superiors
- 14 Clarity of my job duties and role
- 15 The status of my profession in society

SATISFACTION WITH PROFESSIONAL RELATIONS

- 16 Competency of doctors here
- 17 Competency of other medical staff here
- 18 Efforts of nurses to help my patients
- 19 Harmony of relationships between doctors and other staff
- 20 Professional stimulation from doctor colleagues

SATISFACTION WITH WORKLOAD

- 21 With time/day off after calls (night duty)
- 22 With your daily workload now
- 23 With your workload as regards to calls (night duty)

SATISFACTION WITH CAREER DEVELOPMENT

- 24 Teaching and/or training given by superiors
- 25 Opportunity to attend training programs at state or ministry level
- 26 Opportunity for scholarships from Ministry of Health (M.O.H.)
- 27 Opportunity to obtain study leave (from service)
- 28 Opportunity to work in your choice of specialty/posting
- 29 Promotion or advancement prospects available now

SATISFACTION WITH TRANSFERS

- 30 Rural postings as regards to length/duration of posting
- 31 Rural postings as regards to how/who are chosen to be posted out
- 32 Place of transfers given without taking into consideration where spouse is working/where family is
- 33 My request for transfers and the response of M.O.H.

SATISFACTION WITH REWARDS

- 34 With the benefits given by M.O.H. (e.g. allowances, holidays)
- 35 With the benefit of loans by M.O.H., as regards to amount of money
- 36 With your total income now (including allowances etc.)
- 37 Rewards received for working after hours
- 38 Adequacy of income to meet normal expenditure

GLOBAL SATISFACTION

- 39 All in all, how satisfied are you with your work (in your work setting) now?
 - D.1 Decide again
 - D.2 Expected situation
 - D.3 Recommend