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Research Article

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Studying the physician job satisfaction in rural health centers under the Family Physician Program- Khuzestan province

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ABSTRACT

Physician job satisfaction affects the quantity and quality of services provided to patients, the level of motivation, and its durability, which have been considered by the public health officials. Therefore, this study was planned to evaluate physician job satisfaction working in the Family Physician Program in the selected cities of Khuzestan province. This study was a descriptive-analytic cross-sectional study. Physician job satisfaction with Family Physician Program was assessed with a researcher-made questionnaire. Using this questionnaire, demographic data, job status, and physicians' satisfaction with the Health and Treatment Network performance, function of population and the local institutions, satisfaction with administrative instructions of Family Physician were collected. The data were analyzed using Independent t-test and ANOVA. The significance level was considered 0.05. In this study, 36 patients of the Family Physician Program entered the study. Response rate was 90%. The average age of the participants in this study was 36.22±6.31. The majority of surveyed physicians were married. 61.1% of the participants were female and others were male. Half of them were contractually employed. On average, they had been working for 10 years. Overall physicians' job satisfaction with different aspects of Family Physician Program was about 20%. Findings showed that there was a significant relationship between physician job satisfaction and factors such as satisfaction with running the administrative instructions of Family Physician Program, function of population and the local institutions, expert level two and the Health and Treatment Network ($p<0.001$). There was no significant relationship between age, sex, marital status, place of residence, work experience, organization chart, management experience, and the population under the program ($p>0.05$). The results of our study and similar studies indicate low job satisfaction among employed physicians in the Family Physician Program. Therefore, it

seems that amending the rules and the administrative instructions, strengthening the referral system and making changes in the mechanism of health care networks performance can be effective in increasing physicians' satisfaction.

Keywords: Satisfaction, family physicians, Family Physicians program

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INTRODUCTION

Health has been the center of social, economic, political, and cultural development in all human societies, and has a particular importance in infrastructures development in different sections of a society. (1) The success of primary

health care (PHC) program in the form of a system of health care networks in the country led to applying four fundamental principles of the country's Health and Treatment Network, establishing social equity, intersectional collaboration, community participation, and using appropriate technology in all stages of running the rural Family Physician Program. (2) According to the Budget Law in 2005-2006, the Iran health insurance organization was obliged to issue health insurance booklet for all residents in rural areas, tribal areas, and cities with less than 20 thousand people to provide the possibility of utilization of health services in the form of Family Physician Program and through the referral system. Thus, in order to provide ease of access to health services for residents of these areas, an appropriate opportunity took place (3-2).

In the Family Physician Program and in the Referral system, general practitioner and his/her team have full responsibility for the health of individuals and households under their coverage and after referring the person to professional levels, they also have the responsibility for following up the actions done (2 and 4). Therefore, one of the most important duties of family physician is to provide services and primary health care. Without providing such services, using family physician term to provide merely medical services is improper.

"Job satisfaction" is defined as the extent of positive emotions and attitudes that a person has towards her/his job (5) which is very important in the development and promotion of any organization. Medical practice, in terms of being directly linked to human health, has long been considered as an important, fundamental, and effective profession in different societies and cultures. Therefore, investigating the employees' satisfaction in this profession and the factors that might affect this satisfaction actually and potentially can be given higher importance compared to other professions (6). On the other hand, physicians' job satisfaction because of its impact on the quantity and quality of services provided to patients, the motivation and its durability also have been always considered by the health officials (7-8).

In the Riyo's systematic study, Van noted that job satisfaction in general practitioners decreases with increasing the number of working hours and low income and it increases with good cooperation among colleagues and working diversity (9). Bovier and colleagues showed that physicians' workloads, such as the number of patients they visit in a week and the time s/he spends at work is associated with her/his job satisfaction (10). Other researchers believe that various factors including poor conditions of payment, the poor conditions of their salary, high working hours, inappropriate treatment of people, little job stability, continuing education, environmental issues and excessive visits are effective on low job satisfaction and sustainability of family physicians (11-12).

Studies done by Arash et al. (13) and Moghreb et al. (14) also showed that demographic characteristics (age, sex, marital status, and race), job characteristics, organizational characteristics, health team members and controlling the environment and cooperation and participation of the population covered with the program are the determinants of job satisfaction. Given the importance of knowing the exact dimensions and constructive elements of job satisfaction among physicians in order to encourage them to provide more quality services, this study was designed to evaluate satisfaction of Family Physicians and the factors affecting it.

MATERIALS AND METHODS

Type of study

This is a descriptive-analytic cross-sectional study.

Sampling method and sample size

All family physicians working in rural health centers in the Karun, Behbahan, Omidiyeh, Aghajari, who were 40 doctors, were entered the study in 2015, using census sampling method.

Data collection tools

Data were collected using a researcher-made questionnaire. The questionnaire consisted of three parts of demographic information (age, sex, marital status, and residence), occupational information (employment status, the organization chart of service place, management experience, experience of displacement, total covered population) and the amount of physician satisfaction (satisfaction with network performance, satisfaction with employees performance, satisfaction with the performance of covered population and the local institutions, satisfaction with the executive instructions of rural insurance). The questionnaire included 4 questions about demographic information, 7 questions about job information and 28 questions about job satisfaction among physicians. First, the researcher codified the initial questionnaire using the studies done and the specific scientific resources, and then its content validity was confirmed under opinions of the researcher's 10 professors. Reliability of the questionnaire was assessed using Cronbach test. Cronbach's alpha coefficient of the questionnaire was calculated 0.93. To score the

responses, the 5-point Likert scale: quite dissatisfied, dissatisfied, medium, satisfied and quite satisfied was used which were respectively scored from 1 to 5. The physicians by their own filled the questionnaires.

Data analysis

The Data collected were coded and entered into SPSS software (version 22). Descriptive statistics, mean, standard deviation, frequency and analytical statistics contain: Pearson correlation coefficient tests or its non-parametric equivalent such as Spearman and Kendall, one way ANOVA analysis, independent t and the linear regression of the data were analyzed. The significance level was considered less than $p<0.05$.

RESULTS

In this study, 36 Family Medicine physicians completed the questionnaire. Response rate was 90%. The average age of participants was 36.22 ± 6.31. The majority of surveyed physicians were married. 61.1% of the subjects were female and others were male. Half of the subjects were native city of their service place (Table 1).

The subjects covered 131750 people. Employment status of half of them was contractual. The average work experience of participants was 10 years. Most of them said that they had had a displacement of workplace. (Table 2)

The average of job satisfaction among the surveyed physicians was 76.58±18.72. The range of satisfaction score in the subjects was 37-117. Their overall satisfaction with different aspects of Family Physician Program was about 20%.

Based on the linear regression analysis, there was a significant relationship between the average of physicians' satisfaction and factors such as satisfaction with the running the administrative instructions of the family physician, performance of the population and the local institutions, performance of the second level expert and the Health and Treatment Network ($p<0.001$). Demographic factors such as age, sex, marital status, residence and occupational factors such as work experience, organization chart, management experience, and total covered population did not any significant relationship with the physicians' satisfaction.

The average score of the surveyed Family Physicians' satisfaction with the performance of the city Health and Treatment Network was 8.80±2.76. A statistically significant relationship was observed between the employment status of the physicians and their satisfaction with the performance of the network ($p<0.05$).

The physicians' satisfaction with the medical, administrative and welfare equipment was 38.90%. The most satisfaction was with the cooperation and participation of midwifery personnel (69.40%) and the least satisfaction was with the behavior and cooperation of the Network personnel and the campaign experts (27.80%).

Only 16.7% of the surveyed physicians were satisfied with the payment process. A statistically significant relationship was observed between the employment status of the subjects and their satisfaction with the performance of the network ($p<0.05$) (Table 3).

The average score of the family physicians with the performance of the covered population and the local institutions was 8.80±2.76. Their satisfaction with the local institutions was 38.90%, with the covered population in respect to the referral process was 25% and their satisfaction with the covered population in referring for periodic care was 47.20%. No statistically significant relationship was observed between employment and physicians' satisfaction with the performance of the covered population and the local institutions.

The results of the present study showed that 17.69% of the surveyed physicians were satisfied or quite satisfied with the administrative instructions of the rural insurance.

The average score of the family physicians' satisfaction with the performance of the second level expert physicians was 29.55±9.86.

Most dissatisfaction (86.11%) was with the administrative instructions of rural insurance to deduct 1% for the score of 89 out of 90 and most satisfaction (58.33%) was with the morning work in the centers which were open during days and nights.

The correlation coefficient between the average score of the physicians' satisfaction and the average score of their satisfaction with the administrative instructions of rural insurance was 0.91 and no statistically significant relationship between these two variables observed ($p<0.001$). In the linear regression analysis, the physicians'

satisfaction with the administrative instructions of the rural insurance was not statistically related to none of the physicians' demographic and job factors (p>0.05).

The average score of the subjects' satisfaction with the performance of the second level expert physicians was 2.52±1.18. Among the surveyed physicians, in terms of the performance of the second level expert physicians to direct the teams, 22.20% were quite dissatisfied, 30.60% dissatisfied, 25% medium, 16.7% satisfied and 5.6% quite satisfied.

The correlation coefficient between the physicians' satisfaction and the average score of the performance of the second level expert physicians was 0.56 and no statistically significant relationship was observed between these two variables (p<0.001).

In the linear regression analysis, there was statistically significant relationship between the physicians' satisfaction with the performance of the second level expert physician and none of the demographic and job satisfaction factors of the surveyed physicians (p>0.05).

Table 1 Demographic characteristic of the study participants

Variable			
quantitative variables		mean	Standard deviation
Age		36.22	6.31
	Qualitative variables	Number	Percent
Gender	Male	14	38.90
	Female	22	61.10
Marital status	Single	8	22.20
	Married	27	75
	Death of spouse	1	2.8
Residence	Native village	0	0
	Native city	18	50
	Native province	15	41.7
	Other	3	8.3

Table 2 Career information of the physicians in the study

Variable				
Quantitative variables	mean	Standard deviation	Maximum amount	Minimum amount
Work experience (years)	10.14	6.31	22	1
Population coverage (individuals)	3659.72	931.57	6200	2500
Qualitative variables		Number	Percent	
Employment status	Official	12	33.3	
	Contractual	1	2.8	
	Qualified for Human resources planning	5	13.9	
	Contractual	18	50.00	
Experience of moving	Yes	30	30	
	No	6	16.7	
Center Management experience	Yes	25	69.4	
	No	11	30.6	
Organizational Chart of the work place	During 24 hours	8	22.20	
	Not during 24 hours	28	77.80	

Table 3 the relationship between physicians' job satisfaction in this study and its related factors

	Satisfaction with the function of network			Satisfaction with the population under coverage			Satisfaction with the administrative instructions			Level two medical professionals performance		
Variable	P value	T-test	β	P value	T-test	β	P value	T-test	β	P value	T-test	β
constant	0.35	0.96	23.25	0.60	0.53	4.29	0.39	0.88	28.17	0.50	-0.68	-2.49
Occupation	0.01	2.75	3.61	0.03	2.34	1.03	0.30	1.06	1.83	0.13	1.56	0.31
Age	0.72	-0.37	-0.21	0.82	0.23	0.05	0.19	-1.33	-1.02	0.50	0.69	0.06
Gender	0.70	0.38	1.32	0.30	1.05	1.22	0.47	0.73	3.32	0.51	0.67	0.35
marital status	0.85	-0.19	-0.65	0.35	-0.96	-1.09	0.67	0.43	1.93	0.58	-0.55	-0.28
Residence	0.49	-0.70	-1.72	0.11	-1.65	-1.36	0.97	-0.04	-0.11	0.50	0.68	0.25
Organizational Chart	0.28	1.10	3.76	0.19	1.34	1.54	0.11	1.63	7.35	0.42	0.82	0.42
Management experience	0.51	-0.66	-2.16	0.90	0.13	0.14	0.97	0.03	0.15	0.96	-0.05	-0.03
Service record	0.13	1.58	0.81	0.17	1.41	0.24	0.05	2.06	1.40	0.58	0.56	0.04
Experience of displacement	0.96	-0.05	-0.22	0.72	-0.36	-0.52	0.97	-0.04	-0.23	0.07	1.92	1.24
Total population convered	0.77	0.29	0.000	0.52	-0.66	0.000	0.74	-0.34	-0.001	0.15	-1.48	0.000

DISCUSSION AND CONCLUSION

The overall satisfaction in this study was 20%. In a study done by Gholamzade Nikjoo et al, the family physicians' general satisfaction was 59.2%, satisfaction with the patients' behavior was 60.8%, and satisfaction with the performance of the family physician was 75% (15).

The results of our study showed that there was not any significant relationship between age and job satisfaction. These results were also confirmed in the studies done by Motlagh (16), Mikaniki (8), and Nasrolah Poor Shirvani (17).

However, the results of a study done by Rajaii (18) showed that when age increases, job satisfaction decreases. Conversely, the findings of a study done by Ebadi and colleagues (3), which investigated job satisfaction among the general physicians who had private office in Tehran city, showed that older physicians due to having better job position and higher relative welfare were more satisfied.

Based on the results of Moteaded's study (19, 3, 8, 17, 16), there was no statistically significant relationship between sex and the physicians' job satisfaction. These results were consistent with the results of our study. However, in the Torabiyan's study (20), female physicians were less likely to continue their cooperation in the Family Physician Program and their satisfaction was significantly lower. Then, it was concluded that sex, independent from other variables, affected the amount of job satisfaction.

In our study, there was no significant relationship between marital status and job satisfaction. These results were consistent with other studies (19, 8, 3). However, the results of Liu's study and colleagues (21) were not consistent.

In the present study, most dissatisfaction of the physicians with the performance of the Health and Treatment Network was because of non-timely payment. In Torabiyan's study (20), these results were also obtained. Maftoon et al (22) also showed that only 20.1% of physicians were satisfied with the time of payment. In our study, this variable was 16.7%. In a study done by Atefi and colleagues (11) about effective factors on leaving the Family Physician service, it was shown that delay in payment with the frequency of 19 was the first factor of service period reduction of family physicians. The results of a study, which had been done in Mashhad to assess job satisfaction among the members of the health team, showed that the physicians employed in the health groups had most dissatisfaction with their salary and benefits and then with the management (23).

In the studies done by Motlagh (24), Raiisi (25), and Jabbari (26), similar results were obtained. Low satisfaction among the members of the health teams (physicians and midwives) with their salary was observed in most of these studies, which indicates the importance of the amount of salary in physicians' persistence in the program.

In Maftoon's study (22), 63.7% of physicians were dissatisfied or quite dissatisfied with the manner of deductions resulting from the monitoring and evaluation. This variable was 86.10% in our study. In the Farkhani's study (27), the amount of salary, and the effect of monitoring's score on it (more than 38%) was the most important cause of leaving the Family Physician Program.

In the present study, no statistical relationship was observed between service experience and job satisfaction. This result was consistent with the results of Mikaniki's study, but not with Ebadi's findings.

The standard number of population covered by each physician is 1000 to 2500 persons (28), but unfortunately, due to shortage of doctors recruited in the Family Physician Program, this standard does not observed. In our study, only 8.3% of the physicians had 2500 persons under their support. Pourshirvani (17), in his study, also reported that 40% of all family phyicians in the country had a population about 4000 persons under their support. While in the Family Physician Program, increasing salary for increasing population for each physician has led to lower dissatisfaction among physicians, but due to heavy workload and multiple tasks, in long run high population will lead to dissatisfaction among these physicians. However, in our study, no statistically significant relationship was obtained among the number of the population covered and physicians' job satisfaction and a convers relationship between these two variables was observed. In the study done by Mikaniki (8), Motlagh (24) and Nasrolah pour Shirvani (17), these results were obtained too.

Most physicians in the present study declared that they had had the displacement of the workplace. However, a significant relationship between physicians' satisfaction and the displacement of the workplace was not observed. But a converse relationship exists between physicians' satisfaction and displacement that lead to some problems including inability of physicians to plan properly for the promotion the indices and non-attracting the participation of the local institutions and members of the health team. This finding was consistent with the results of Mekaniki's study (8).

In the present study, the physicians' most satisfaction was with the amount of cooperation of midwives' health team which was the same as the results of the studies of Amiri (9), Motlagh (24) and Mikaniki (8). And the least cooperation and participation was for health workers which was the same as the result of the Mikaniki's study.

The results of the present study showed that the physicians' satisfaction with the population covered was not desirable. These results were consistent with the results of the studies done by Mikaniki (8), Motlagh (24) and Nasrolah Pour Shirvani (17).

The results of the studies have been done about related subjects to family physicians' satisfaction (24, 17, 8) show that the physicians' dissatisfaction was with the population covered by them. In the present study, most dissatisfaction was due to non-participation and cooperation of the local institutions and then with the non-observing the referral process which both can be due to the unclear rules and the numerous changes of them and the administrative procedure of the program for the public.

The surveyed physicians were dissatisfied with the performance of the second level experts. These results were consistent with the results of the studies done by Mikaniki (8), Motlagh (24), Nasrolah Pour Shirvani (17), and Amiri (19). This can be explained in two ways: on one hand, different studies have shown that the performance of the family physicians in referring the patients to higher levels is not desirable and most of these references are made based on the patient's request (17) rather than physician's opinion, which itself can be effective in providing feedback on the part of medical professionals. On the other hand, the referral process and feedback has not been explained to physicians in detail. To solve this problem, it is necessary to amend the referral system, train the family physicians, motivate the experts, and express the importance of feedback in detail.

Study limitations and strengths

One of the strengths of the study was the high response rate. One of the limitations of the study was the small sample size and using non-random sample.

In this study, all aspects affecting job satisfaction including family circumstances, being away from parents and being forced to take legal obligations had not been addressed.

CONCLUSION

Job satisfaction among physicians increases productivity, organizational commitment, Guaranteeing physical and mental health and life satisfaction. According to the results of this study, it seems that employment status, salary, the effect of monitoring score on salary, non-cooperation from local institutions are the most important factors affecting family physicians' dissatisfaction.

To increase physicians' job satisfaction, following cases are recommended:

1. Accurate and precise implementation of administrative instructions of Family Physician Program
2. Stability in the approving and enforcing the instructions of Family Physician Program
3. Explaining and informing the public about the Family Physician Program to attract their participation and local institutions' cooperation in order to increase job satisfaction among physicians
4. Suitable cooperation of the network management and staff and the environmental centers with family physicians
5. Decreasing population covered by each physician up to a standard level

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