

Research Article

SATISFACTION LEVEL OF MEDICAL EDUCATORS WORKING IN TEACHING INSTITUTIONS : A QUESTIONNAIRE BASED CROSS-SECTIONAL STUDY

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ABSTRACT: In a resource-limited and high-burden disease setting, satisfied health professional is an asset in terms of maximized productivity, efficiency and quality health care. Job Satisfaction Index is a validated measure to identify the components that influence those issues. A multi-faceted structured questionnaire study was conducted upon a cross-section of medical educators (n=160) serving two tertiary care teaching institutions under different management set-up. Multiple demographic features were independent variables whereas three (3) critical areas of satisfaction index (SI) were outcome variables. All participants were interviewed using 15 item Likert response-based, modified job satisfaction scale. It was observed that total SI scores among doctors representing the private group remained marginally higher ($P<0.05$) while compared to the other group. The comparative analysis of SI scores in critical areas like availability of academic supports and job security remained higher among the private doctors than that of the government ones though not significant. However the private doctors remained marginally satisfied in terms of working environment. The study outcome necessitates appropriate intervention measures at the organizational levels.

Key words: Satisfaction Index, Cross-sectional study, Medical educator, Teaching institutions.

INTRODUCTION

Job satisfaction or dissatisfaction of health professionals is an important issue that influences the performance, patient behavior and quality of care (Hass *et al.* 2000; DiMatteo *et al.* 1993). Physician's satisfaction from their job becomes more decisive which is associated with vital issues of the patients. Low level of job

satisfaction and high level of job stress are threats to mental and physical health, quality of life, goal achievement and professional development. Human resource management encompasses organizational development whereas human resource functions relates to recruitment, induction, growth, appraisal, skill development and motivation (Rao and Pareek 1982). Medical

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educators serving tertiary care teaching-institutions are overburdened with patient care in one hand and teaching et researches on the other. Governance patterns of public and private sectors differ in many respects especially in terms of funding and managerial planning (Kaur *et al.* 2009).

Measuring job satisfaction indices discloses many facts and factors which could be an eye opener to the organizers for policy planning and decision making (Sharma *et al.* 2014). It is one of the most important determining factors of enhanced efficiency, productivity and also quality of work within an organization. The phenomenon of job satisfaction has been inversely associated with absenteeism, stress, exhaustion and increased turnover (McManus *et al.* 2004). There exists a lacuna in documentation in the Indian system representing the present situation at tertiary care hospital and suggesting for remedial measures. In Pakistan a study was conducted to evaluate the job satisfaction and analysis of multiple personal and professional demographic factors which affected the subject parameters (Atif *et al.* 2015). While making future strategies all these factors can be addressed more religiously to enhance the satisfaction level of care givers and thereby improving of both qualitative and quantitative clinical output.

MATERIALS AND METHODS

Subjects

Faculty members (n=160) of tertiary care teaching institutions of Kolkata run by the government and private sector were included in the study. All participants were PG qualified and holding the designation from Clinical Tutor up to the rank of Professor. All of them were the permanent employees of the respective organizations.

Tools

A self-administered, comprehensive, customized, close-ended questionnaire was used to obtain information from the participants on various aspects of job satisfaction. Total fifteen (15) questions were classified into three domains such as (i) academic supports rendered by the institute (ii) working environment of the institute and (iii) security of jobs holding against the post.

Every participant was allowed fifteen minutes each for giving reply to the questions. The participants who denied replying to specific questions were excluded from the study. The study was approved by the Institutional Ethics Committee. All data collection was anonymous and all replies were collected in closed boxes which were opened only at the time of analysis. The numerical values were converted into a computer based spread-sheet.

Calculation

Response to each question was devised by using five point Likert Scale (Likert 1932) and the level of satisfaction ranged between low to very high. The responses were further converted to Normal Scale for the ease of statistical calculation. The score of job satisfaction index was calculated by using standard methods (Jaiswal 2015).

$$\text{Job Satisfaction} = \frac{\text{Total obtained score of a respondent}}{5 \times \text{Total number of questions}}$$

Statistical Analysis

Descriptive statistics like Students' 't' test was applied for the test of significance by using the graph-pad prism software. $P < 0.05$ was considered as significant.

RESULTS AND DISCUSSION

Socio-personal profile of respondent

The ages of the respondents ranged between

30-65 years. The gender ratio was skewed in favor of males. All the respondents from both RGKMC and KPCMC were PG qualified and majorities were non-practicing (62.5 % and 65%). The average length of service was more than 20 years (57.5 % and 52.5 %) and average working hours per week were more than 40 hours (56.3 % and 80 %) respectively (Table 1).

Levels of job satisfaction

The level of job satisfaction was expressed in terms of job-satisfaction index which was calculated by standard formula. Higher score indicated greater job satisfaction. It was observed that the job-satisfaction index in totality was higher in private sector (0.1312 vs 0.0915) which appears to be statistically significant ($p < 0.05$). Value of satisfaction index of academic support was more or less same in both government as well as private sectors (0.088 vs 0.091). Regarding environmental condition of the institutional working place the satisfaction index was more in private sector (0.1155 vs 0.077) which was statistically significant ($P < 0.0001$). Satisfaction index in terms of job security remained unaltered in the government sector while compared with that of private one (0.110 vs 0.111) which was not significant (Table 2).

Job satisfaction has been defined as the degree to which individuals feel positive or negative about their jobs (Schederhorn 2000). It is an attitude or emotional response to one's tasks as well as to the physical and social conditions of the workplace. Job satisfaction in general is an attitudinal variable (Rao and Pareck 1982). The present study had attempted to ascertain the features of intrinsic affective reactions of the care-givers those are integral to the work itself (Freeborn and Hooker 1995). It has been observed that dissatisfied employees are more likely to provide inferior services and the physical, mental status and organizational functioning of these employees can be affected substantially by the level of their job satisfaction (McNeely 1988). A physician's satisfaction considerably influences patient's satisfaction and enhances physician-patient / peers relationship (Shakir *et al.* 2007). Again occupational and non-occupational variables play a vital role to predict job satisfaction and psychological distress in every field (Decker 1997). One report is available from Pakistan stating that the job satisfaction diminishes with age (Grant 2004, Iliopoulos and Priporas 2011). Whereas large income has got a positive impact on satisfaction level (Joyce *et al.* 2011). In an Indian study it was observed that

Table 1. Socio-personal profile of respondents.

Sl.No.	Parameters	RGKMC (n=80)		KPCMC (n=80)	
I	Practicing	30 (37.5%)		28 (35%)	
	Non-Practicing	50 (62.5%)		52 (65%)	
II	Average length of Service (Yrs)	> 20 yrs	46 (57.5%)	< 20 yrs	42 (52.5%)
		>20 yrs	34 (42.5%)	<20 yrs	38 (47.5%)
III	Average working hours per week (hrs)	>40 hrs	45 (56.3%)	<40 hrs	64 (80%)
		>40 hrs	35 (43.7%)	<40 hrs)	16 (20%)

Table 2. Satisfaction Index (S I) of both the hospitals.

	Total SI	SI of A (Academic)	SI of E (Environment)	SI of JS (Job satisfaction)
RGKMC	0.0915±0.032	0.088±0.037	0.077±0.042	0.1105±0.049
KPC	0.1312±0.142	0.091±0.047	0.1155±0.047	0.1112±0.064
P value	0.015*	0.653	0.0001*	0.936

*Statistically significant.

significant number of doctors remained dissatisfied with their work environment, average working hours and number of night shifts (Kaur *et al.* 2009). Another study had elicited that job satisfaction had enhanced with liberty of work, freedom, salary and benefits like bonus and salary enhancement (Okerland *et al.* 1994). Additionally reports are available showing the impacts of marital status, level of education, nature of job and number of working hours on job satisfaction (Joyce *et al.* 2011; Iliopoulos and Priporas 2011).

The present study had disclosed that a plethora of factors were directly proportional to job satisfaction on the part of doctors. These include nature of jobs, working milieu of the hospital, available support systems, working hours, socio-economic status, designation, remuneration package and length of service. In totality, the Satisfaction Index (SI) was marginally higher amongst the private doctors assuming that those persons were comparatively happier in serving their existing employments. Another critical factor influencing SI was the academic supports provided by the employer in the forms of books, journals, internets. Adequate availability of academic supports to the private doctors compared to the government ones. This finding suggests that the opportunity to update further knowledge on recent advances was more among private doctors. However, this value was marginally higher and statistically not significant. Congenial environmental conditions of the

working place in the private institution while compared to that of government one could be explained in terms of either limited patient loads or appropriate monitoring and supervision of local governance system. Area like job security remained more or less similar in both the groups which suggests that all faculty members remained satisfied with their remuneration, promotional avenues and other in-service as well as post-retirement benefits. All these aforesaid factors are crucially important in discharging fruitful services resulting in positive outcomes either by rendering better patient care services in the institutions or producing effective basic medical graduates for the society.

The limitations of the present pilot study were that our sample size was small and we could not include non-confirmation of the causal relationship. Hence the results could not be extrapolated. We did not correlate the personal and demographic variables with SI. Additionally the study was conducted purely upon subjective rating and based upon self-assessment of the respondents which might have been influenced by their lack of knowledge in the subject matter. Since the salary structures of both the institutions are different and many of the teachers are not engaged in private practices the salary indicators are not incorporated in the instant study.

It is concluded that by enhancing job satisfaction the institutional authorities can improve not only mental, psychological and social well-being of work-force, but also the

financial health of an organization by increasing the output quantitatively. This observation in agreement with the previous report (Jaiswal *et al.* 2015). Three identified critical factors theory could be used by the employers as simple tools for assessing the SI among the faculty members of any tertiary care teaching institutions. The outcome of the study indicates necessary intervention programs and suitable policy planning towards better care-givers satisfaction by the respective authorities.

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