

## ORIGINAL ARTICLE

# MALAYSIAN FAMILY PHYSICIANS: ARE THEY SATISFIED WITH THEIR JOB?

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## ABSTRACT

*Job satisfaction is defined as pleasurable or positive emotional state which results from the appraisal of one's job or job experience. It is often determined by how well outcome meet or exceed expectations. There are many factors which are related to job satisfaction among family physicians. Data on satisfaction among family physicians varies from country to country. This study aimed to determine the level of job satisfaction among family physicians in Malaysia and its associated factors. A cross sectional study was performed among 117 Family physicians in Malaysia between July 2012 and December 2012. A questionnaire consists of socio-demographic characteristic, professional and health clinic characteristics and Warr-Cook-Wall job satisfaction scale was used. The results showed that 85% of Malaysian family physicians are satisfied with their job. They are mostly satisfied with hours of work, colleagues and fellow workers, and freedom to choose own method of working. They are least satisfied with physical working condition, rate of pay and recognition. Female gender and less number of health clinics in-charged were associated with increased in overall job satisfaction. Most of the family physicians in Malaysia are satisfied with their job. However there are certain areas that should be looked into which are physical working condition, rate of pay and recognition. Malaysian family physicians should receive equal career opportunity, promotion and salary scale like other specialties.*

**Keywords:** Job satisfaction, family physician, primary care, general practice

## INTRODUCTION

Job satisfaction is defined as pleasurable or positive emotional state which results from the appraisal of one's job or job experience<sup>1</sup>. It is often determined by how well outcomes meet or exceed expectations. There are many factors which are related to job satisfaction among family physicians. Among them are threats to physicians' autonomy, their ability to manage their day-to-day patient interactions and their time and their ability to provide high-quality care<sup>2</sup>. Among the common causes of doctor's unhappiness are overwork and lack of support<sup>3</sup>. Others include frustrations in their attempts to deliver ideal care, restrictions on their personal time, financial incentives that strain their professional principles and loss of control over their clinical decisions. Apart from clinical work, some doctors also involve in administrative work such as attending meetings, preparing paperwork and managing staff. These left the doctors with little time for their families, maintenance of physical fitness, personal reflection or keeping up with medical literature<sup>4</sup>. Performance at work is associated with level of job satisfaction. It was found that better performance is a result of higher job satisfaction<sup>5</sup>. Level of job satisfaction affect employee's productivity and this in turn give effect on performance.

Over the years, several surveys have been carried out to look into doctors' satisfaction. In a telephone survey of 2000 physicians which was

conducted in 1995, 40% of doctors said they would not recommend the profession of medicine to a qualified college student<sup>6</sup>. Among family physicians in America, there is a decline in job satisfaction from 42.4% in 1997 to 38.5% in 2001<sup>2</sup>. However, for Scottish family physician, despite moderate pressures at work they are satisfied with their job<sup>7</sup>. Study on job satisfaction among general practitioners in Australia showed that rural GPs are more satisfied than urban GPs<sup>8</sup>. There is no difference in job satisfaction between men and women, with women are more satisfied with their work-life balance compared to men. Factors that contribute to better satisfaction include better pay, less paper work and more time with each patient<sup>9</sup>. Dissatisfaction in job may result in several consequences. Dissatisfied physicians are 2 to 3 times more likely to leave medicine than satisfied physicians<sup>10</sup>.

In Malaysia, there are limited studies done among doctors or other medical personnel with regards to job satisfaction. A study on job satisfaction among government medical officers working at Government Hospitals in Malaysia found that many factors similar to other occupation affected job satisfaction. Among them are salary, benefit, job promotion, reward and recognition, supervision, and colleague. Apart from that, communication, working hours, performance evaluation, equipment, facility and welfare were also found to

be the determinant factors for job satisfaction<sup>11</sup>. A study on job satisfaction among nurses in one of the public hospitals in Malaysia shows that they are moderately satisfied with their job and therefore perceive lower level of intention to leave the job<sup>12</sup>.

At present, the number of family physicians in Malaysia is about 300 and is still inadequate to serve about 28 million Malaysian population. They are mostly working at primary care clinics in rural areas and some have to stay separately from their spouse and children. Majority of the clinics have limited facilities with high number of patients. The responsibilities of family physicians range from clinical to administrative work. They mainly act as clinical specialists in their areas. They have to manage and supervise their staff as well as attending regular meetings.

As time passes, family physicians in Malaysia have been serving the community for 40 years. This study enables us to determine job satisfaction among Family physicians in Malaysia so that improvement can be made. The study aimed to determine the prevalence of overall job satisfaction among family physicians in Malaysia and to determine the factors associated with their job satisfaction

## METHODOLOGY

This was a cross-sectional study which was conducted between July 2012 and December 2012. It involved 117 Family Physicians who were randomly selected using simple random sampling from 198 family physicians working in public health clinics. Questionnaires were distributed to the participants either by hand or postage. They were reminded to return the questionnaires after 4, 8 and 12 weeks of the distribution by phone or e-mail.

The questionnaire used consists of socio-demographic data, professional and health clinic information and Warr-Cook-Wall job satisfaction scale<sup>13</sup>. Warr-Cook-Wall job satisfaction scale was widely used in assessing job satisfaction among family physicians and is validated well in the West. The Cronbach's alpha from previous studies using this scale is good ranging from 0.82 to 0.9 suggesting that it has adequate reliability<sup>14, 15, 16</sup>. Validation of the questionnaire was done among local general medical officers and it produced Cronbach's alpha of 0.90. This questionnaire was chosen because the items assess working conditions that are applicable to Malaysian Family Physicians in evaluating their job satisfaction.

The questionnaire consists of 9 different aspects of working condition and 1 question on overall job satisfaction<sup>13</sup>. It measures 2 aspects of job satisfaction, the extrinsic job satisfaction (4 items)

and intrinsic job satisfaction (5 items). The 4 extrinsic factors are the physical work condition, the colleagues and fellow workers, the rate of pay and the hours of work. The 5 intrinsic factors are the freedom to choose own method of working, the recognition get for good work, the amount of responsibility given, the opportunities to use their abilities and the amount of variety in the job. Each item was rated on a 7-point scale with score 1 as extreme dissatisfaction and score 7 as extreme satisfaction. The 10th item that is the question on overall job satisfaction is taken as satisfaction with the job as a whole. A cut-off of 5 or more on the seven-point scale is taken to indicate satisfaction in the overall satisfaction on in every facet of job satisfaction<sup>15</sup>.

Descriptive analysis was done to obtain the frequency and percentage of all items in the Warr-Cook-Wall job satisfaction scale. Simple Logistic Regression followed by Multiple Logistic Regression was used to determine the factors associated with the overall job satisfaction while controlling for other confounders. Findings were presented as adjusted odds ratio (OR), 95% confidence interval (CI) and *P* value. Level of significance was set at 0.05 with two tailed fashion.

## RESULTS

Of 117 family physicians who were selected in this study, only 100 responded making a response rate of 85.5%. The mean (SD) age is 42.5 (5.04) years. Majority of them are female and married. Their mean (SD) years of practice as family physician is 6.6 (4.74) and mean (SD) number of health clinics they were in-charged is 3.5 (2.14). The details of socio-demographic, professional and health clinic characteristics of the family physicians are shown in Table 1.

From this study, 85% of Family physicians in Malaysia were satisfied with their overall job satisfaction. The prevalence of satisfaction for each facet of job satisfaction is shown in Table 2.

Table 3 shows factors associated overall job satisfaction using Multiple Logistic Regression. It shows that gender and number of health clinics in-charged were significant factors associated with overall job satisfaction ( $p < 0.05$ ). Female family physicians are 4.1 times higher odds than male family physician to be satisfied with their job. For every 1 unit increase in the number of health clinic, there was 20% reduction in overall job satisfaction.

**Table 1: Socio-demographic, professional and health clinic characteristics of the family physicians**

Characteristics	Mean (SD <sup>a</sup> )	n(%)
Age (years)	42.5 (5.04)	
Gender		
Male		18 (18%)
Female		82 (82%)
Marital status		
Married		87 (87%)
Single		13 (13%)
Years of practice as Family physician (years)	6.6 (4.74)	
Health clinic distance from capital city (km)	103.9 (147.59)	
Number of medical officers in health clinic	5.0 (3.52)	
Number of support staff in health clinic	54.6 (26.82)	
Number of health clinics in-charged	3.5 (2.14)	
Number of patients attending health clinic per day		
≤300		
>300		54 (54%) 46 (46%)

<sup>a</sup>Standard Deviation

## DISCUSSION

From this study, 85% of family physicians in Malaysia were satisfied with their job. This is based on their reports on satisfaction with their job as a whole. The extrinsic and intrinsic facets of job satisfaction determine the total job satisfaction. In this study most were satisfied with all of the facets of job satisfaction. They are physical working condition, freedom to choose own method of working, recognition, amount of responsibility, rate of pay, opportunity, hours of work and amount of variety in job. They were most satisfied with hours of work (90%) but least satisfied with recognition of their job (55%). Malaysian family physicians only work during office hours from 8.00 a.m. till 5.00 p.m. They do not have to do ‘on-calls’ (out-of-hours work) like hospital doctors who regularly work beyond office hours. They are also not working during weekends or public holidays. Therefore they have more time off-work to spend time with their families or other personal interests. This is most likely the reason that put hours of work as the highest satisfied facet of job satisfaction.

**Table 2: Prevalence of satisfaction for each facet of job satisfaction**

Facet	n	%
Physical working condition	73	73
Freedom to choose own method of working	83	83
Colleagues and fellow workers	87	87
Recognition for work	55	55
Amount of responsibility	76	76
Rate of pay	68	68
Opportunity	74	74
Hours of work	90	90
Amount of variety in job	81	81

A study among general practitioners in Kuwait showed that 61.8% of them were satisfied while 64% of primary care physicians in Germany were satisfied with their job<sup>17,18</sup>. The difference in prevalence is probably because of the difference in healthcare system. Other possible reason might be because the majority of our respondents are females whereas in their studies they had equal distribution of females and males. Findings from our study show that females were significantly associated with overall job satisfaction compared to male. Compared to general practitioners in Germany, less than half of them were satisfied with their working hours<sup>18</sup>. In contrast to our family physicians, they have variable working hours. Majority of the respondents in the study worked 40-60 hours per week while Malaysian family physicians work for about 40 hours a week. In Norway, the general practitioners hours of work was also found to be the least satisfied facet despite their average working hours is around 40-45 hours per week<sup>19</sup>. The reason is probably because the general practitioners in Germany and Norway also need to do out-of-hours work. Despite that, one study in Australia found that there was no association between on-calls and number of hours work per week with job satisfaction<sup>20</sup>. The study however was done among doctors that include general practitioners, hospital specialists and non-hospital specialists. Therefore the results reflected an overall association with the doctors and not specific for general practitioners.

The second most satisfied facet of job satisfaction among Malaysian family physician is their colleague and fellow workers. This shows that they have good cooperation and support from their colleagues as well as the fellow workers. They frequently meet through meetings and discussions in addressing any issues or problems that arise in their day-to-day work. Freedom to choose own method of working

and amount of variety in job were the next satisfied facets which account for 83% and 81% respectively. The items are related to each other hence almost similar results between them. Family physicians in Malaysia hold varieties of job ranging from clinical work to management as well as continuous education and research in order to progress in their career.

Compared to a study done in Kuwait, the least satisfied facet among general practitioners was rate of pay, which was 37.1%<sup>17</sup>. In our study, 68% of family physicians are satisfied with their rate of pay. However, it was the second least satisfied facets. Although the service scheme has been revised recently, further promotion to a higher

grade is very slow. Satisfaction with pay was also low in Germany in which only 28% of their general practitioners were satisfied with their pay<sup>18</sup>. However, their salary scheme is different from that of Malaysia. Difference in the population studied might also be the reason of different satisfaction rate from country to country. The Norwegian general practitioners however found rate of pay is the most satisfied facet of job satisfaction<sup>19</sup>. The payment for Norwegian general practitioners come from several sources such as fee-for-service, capitation and salary, therefore the difference in the rate of pay most probably due to difference in their remuneration system.

**Table 3: Factors associated with overall job satisfaction using multiple logistic regression**

Variables	Adjusted OR <sup>a</sup> (95% CI <sup>b</sup> )	LR statistic <sup>c</sup>	p value
Gender			
Male	1.00		
Female	4.1 (1.08, 15.66)	4.31	0.038
Number of health clinics in-charged	0.8 (0.62, 0.98)	4.41	0.036

<sup>a</sup> Odds Ratio

<sup>b</sup> Confidence interval

<sup>c</sup> Likelihood Ratio Statistic

<sup>d</sup> There was no interaction between the variables and no multicollinearity problem; model of assumption met.

Despite most of the Malaysian family physicians' satisfaction with method of working and variety in job, they are less satisfied with the physical working condition. It is known that primary care clinics usually have limited facilities such as tests and equipment as well as sometimes poor physical condition. This is especially so when the clinic is situated at a rural area. Family physicians in Malaysia are reasonably satisfied with freedom in working method. Compared to Germany's general practitioners, only 37% were satisfied or very satisfied in this facet<sup>18</sup>.

The least satisfied facet among Malaysian family physicians is job recognition. Their promotion is very much slower than other specialties despite the same duration of work experience. They are not given the same opportunity to be promoted like other specialties despite the increasing workload that has been shifted from tertiary centres to primary care centres. They may be disappointed because their contributions are not well recognized compared to other specialists. At the moment, among about almost 300 family physicians working in the Ministry of Health in Malaysia, only about 20% received the Special Grade (JUSA) post and salary scale, which is very much behind other specialties. The results of our study are similar to a study in Bahrain where promotion, pay and operating condition were among the least satisfied facets<sup>21</sup>. The reasons are probably because of the

similar systems with that of Malaysia. Gender was found to be one of the associated factors that contribute to job satisfaction among primary care physicians in Bahrain. However, in contrast to our finding, their male primary care physicians were found to be more satisfied<sup>21</sup>. In United Kingdom, female general practitioners were more satisfied with their job<sup>22</sup>. This is probably because the nature of job as primary physician that gives the opportunity to better balance between career and family life. This is supported by one study that found first top reason for female to choose general practice was compatibility with family life<sup>23</sup>.

Another factor that was found to be associated with overall job satisfaction in our study was number of health clinics in-charged by the family physicians. In Malaysia, family physicians are in-charged of a few primary care clinics due to inadequate number of them. This is probably different from other developed countries when general practitioners are only in charge of one practice. They usually have to travel to visit these clinics in a rotation. Increased number of health clinics in-charged was associated with reduction of overall job satisfaction. An increase in number of health clinics in-charged reflects increase in workload which subsequently contributes to less overall job satisfaction.

## CONCLUSION

Most family physicians in Malaysia are satisfied with their job. However, there are several areas that need attention and improvement especially the extrinsic factors which are recognition and rate of pay. Family physicians in Malaysia deserve to be better recognized like other specialists. They should receive equal career opportunity, promotion and salary scale like other specialties. The Ministry of Health should relook into this matter as family physicians play an undoubtedly important role in Malaysia's health care system.

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## Declaration

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Conflict of interest: none

## REFERENCES

- 1 Locke EA. *The nature and causes of job satisfaction*. In: Dunnette MD, editor. *Handbook of Industrial and Organizational Psychology*. 1st ed. Chicago: Rand-McNally; 1976. p. 1297-349.
- 2 Landon BE, Reschovsky J, Blumenthal D. Changes in career satisfaction among primary care and specialist physicians, 1997-2001. *JAMA* 2003;289:442-9.
- 3 Smith R. Why are doctors so unhappy? There are probably many causes, some of them deep. *BMJ* 2001;322:1073-4.
- 4 Kassirer JP. Doctor discontent. *N Engl J Med* 1998;339:1543-5.
- 5 Khan AH, Nawaz MM, Aleem M, et al. Impact of job satisfaction on employee performance: An empirical study of autonomous Medical Institutions of Pakistan. *Afr J Bus Manage* 2012;6: 2697-705.
- 6 Zuger A. Dissatisfaction with medical practice. *New Engl J Med* 2004;350:69-75.
- 7 Simoens S, Scott A, Sibbald B. Job satisfaction, work-related stress and intentions to quit of Scottish GPs. *Scot Med J* 2002;47:80-6.
- 8 Ulmer B, Harris M. Australian GPs are satisfied with their job: even more so in rural areas. *FamPractv* 2002;19:300-3.
- 9 Walker KA, Pirotta M. What keeps Melbourne GPs satisfied in their jobs? *AustFam Physician* 2007;36:877-80.
- 10 Landon BE, Reschovsky JD, Pham HH, et al. Leaving medicine: the consequences of physician dissatisfaction. *Med Care* 2006;44:234-42.
- 11 Omar NW, Muda MS, Amin WM. Analysis of Satisfaction amongst the Government Medical Officer and its Relation to the Behavioral Factors. *J Global Bus Man* 2009;5(1).
- 12 Alam MM, Mohammad JF. Level of job satisfaction and intent to leave among Malaysian nurses. *Business Intelligence Journal* 2010;3:123-37.
- 13 Warr P, Cook J, Wall T. Scales for the measurement of some work attitudes and aspects of psychological well-being. *J OccupPsychol* 1979;52:129-48.
- 14 Goetz K, Musselmann B, Szecsenyi J, et al. The influence of workload and health behavior on job satisfaction of general practitioners. *Fam Med* 2013;45:95-101.
- 15 Turner S, Ross MK, Ibbetson RJ. Job satisfaction among dually qualified dental hygienist-therapists in UK primary care: a structural model. *Brit Dent J* 2011;210:E5.
- 16 Goetz K, Campbell SM, Broge B et al. The impact of intrinsic and extrinsic factors on the job satisfaction of dentists. *Community dent oral*. 2012;40:474-80.
- 17 Ibrahim SA, Manal SA, Huda KA. Job Satisfaction of Primary Health Care Physicians at Capital Health Region, Kuwait. *Middle East J FAM Med* 2005;3:2-5.
- 18 Behmann M, Schmiemann G, Lingner H et al. Job Satisfaction Among Primary Care Physicians. *DtschArzteblInt* 2012;109:193-200.
- 19 Nylenna M, Gulbrandsen P, Forde R, Aasland OG. Job satisfaction among Norwegian general practitioners. *Scand J Prim Health Care*. 2005;23:198-202.
- 20 Joyce CM, Schurer S, Scott A et al. Australian doctors' satisfaction with their

work: results from the MABEL longitudinal survey of doctors. *Med J Australia* 2011;194:30-3.

- 21 Sharaf E, Madan N, Sharaf A. Physician Job Satisfaction in Primary Care. *Bahrain Med B.* 2008;30:1-7.
- 22 Whalley D, Bojke C, Gravelle H, Sibbald B. GP job satisfaction in view of contract reform: a national survey. *Brit J Gen Pract* 2006;56:87-92.
- 23 Watson J, Humphrey A, Peters-Klimm F, Hamilton W. Motivation and satisfaction in GP training: a UK cross-sectional survey. *Brit J Gen Pract* 2011;61:e645-9.