

PHYSICIAN CAREER SATISFACTION WITHIN SPECIALTIES IN ERBIL CITY



Haitham Issa Bahoo Al- Banna ^a

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ABSTRACT

Background

Doctors' satisfaction with their careers and lifestyle is of considerable importance since it affects their healthcare providers and may influence the chosen specialty of the upcoming doctors. It is affected by many factors and varies among different specialties.

Objectives

To determine the level of satisfaction among different specialties and the factors influencing their satisfaction.

Subjects and Methods

A cross-sectional study was carried on 2019 among 170 specialists from Hawler Medical University/college of medicine, four governmental hospitals, and two online Facebook groups by distributing two forms of a self-administered questionnaire, a hard copy and an online form. The randomly distributed questionnaire included doctors' socio-demographic data, specialty, and lifestyle. SPSS was used for data analysis, Chi-square and Fisher exact test as appropriate was used, P-value to be significant at ≤ 0.05

Results

Of the 170 participating doctors, 68.8% were males. About thirty-four percent were medicine specialists, and twenty percent were from the surgical field. Eighty percent said that they were happy during working time. This study also revealed that surgeons do not give their families enough time 26.5%. About twenty percent reported they are stressed most of the time, while 64.1% are only sometimes stressed, of whom radiologists (33.3%) are the least stressed. About sixty percent of specialists chose their specialty because of personal interest, in 79.4% of surgeons were with them. In contrast, 21.8% of doctors chose it because it was the best available for them, of whom 52.9% were gynecologists. Nearly fifty-nine percent of physicians reported being very satisfied, and 16.5% were extremely satisfied, with specialty having no significant effect.

Conclusion

Satisfaction varies by specialty. Personal interest was the main factor in choosing a specialty, most doctors were happy during working time, and they agreed on "more free time" to be more satisfied.

Keywords: *Stress, Physician satisfaction. Job satisfaction, Doctor-patient relationship.*

^a Community Medicine, Hawler College of Medicine, Hawler Medical University, Kurdistan Region, Iraq.
Correspondence: haitham.issa@univsul.edu.iq

INTRODUCTION

The career satisfaction of a doctor is a complex question. It may be affected by workload, workplace stress, work organization, quality of care, ability to access quality patient services, and fair distribution of rewards ⁽¹⁾. It seems obvious that patients would prefer that their physician not be depressed, burned out, sleep-deprived, or addicted to drugs or alcohol. But in addition, it seems likely that patients would prefer their physician to be reasonably satisfied with his or her work ⁽²⁾. If cognitive capacity, concentration, effort, empathy, and professionalism are reduced, there may be negative impacts on patients: The physician may be more likely to make an incorrect diagnosis, make other medical errors, write an inappropriate prescription and make unnecessary referrals for specialist care and expensive diagnostic tests, and so perform particularly poorly in the area of medical care that is difficult to the patient, peers, or outside entities that measure physician performance to observe ⁽³⁾.

Research suggests a negative correlation between physician dissatisfaction and well-being, though not all dissatisfied physicians report being burnt out, and not all physicians report being burned out report being dissatisfied ⁽⁴⁾. Several international studies show that professional satisfaction is globally high in the medical community, with around 85% of physicians moderately or very satisfied with their profession. ⁽⁵⁾ However, differences between specialties are significant and infectious Diseases, Dermatology, and Pediatrics showed higher professional satisfaction in the largest study carried out to date, while other specialties such as Obstetrics/ Gynecology, Respiratory Medicine, and ENT Surgery were at the opposite end. ⁽⁶⁾ This study was to find out the main reason for choosing a medical specialty and to find out the extent of satisfaction among different specialists

SUBJECTS AND METHODS

A cross-sectional study with a convenient sampling method has been conducted in Erbil/Iraq, among doctors of different specialties in Hawler Medical University/College of Medicine, four governmental hospitals, and two online Facebook groups. Our sample size included 170 specialist doctors, 100 were lecturers in the college of medicine, and the remaining 70 were from general teaching hospitals.

To enhance the integrity of the finding, we combined specialty classification with fewer than 13 respondents

into related specialty classification to achieve a minimum of 13 respondents in each of the resulting eight specialties. An anonymous questionnaire was designed based on document research, expert consultation, and occupation characteristics. This questionnaire assessed the physician's subjective perception regarding his/her specialty in terms of free time and time spent with their families, satisfaction during work, stress level and ways of managing it, factors for choosing their specialty, exercise, and how active they are on social media.

We distributed 130 questionnaires as hard copies; 90 questionnaires were returned with a response rate of 69.2 %, and also, we uploaded our research as an online questionnaire form; we received 80 responses. Verbal consent was taken from the physicians. Satisfaction percentage was measured using a 5 Likert scale (1= extremely dissatisfied to 5= extremely satisfied). Data analysis was done using SPSS version 20, characteristics of participating physicians were presented as numbers and percentages, descriptive statistics and Pearson's chi-square test, or Fisher's exact test as appropriate were used to test for association between categorical variables. P-value was set as ≤ 0.05 to be statistically significant.

RESULTS

This study revealed that out of 170 doctors, 68.8% were males, and their mean age was 44.1 ± 8.9 . 88.8% of participants were married and had spouses' occupations, 57.1% were physicians, 55.9% were in the medium socioeconomic status, 44.1% did not exercise regularly, and 24.1% exercised 3-4 days/week. Regarding social media use, 47.1% are inactive, but 35.3% are moderately active. Of happiness during working time, 51.8% are somewhat happy, as shown in Table (1). About sixty-five percent of sampled physicians were sometimes experiencing stress throughout their day, but the result is not significant ($p=0.13$) between physicians' specialties and stress experienced by them; however, 35.3% of gynecologists and 32.4% of surgeons were most of the time stressed while 33.3% of radiologist rarely feel the stress throughout their workday as shown in Table (2)

There is no significant association $P=0.08$ between physicians' specialties and the time spent with their families; psychiatrists ranked the highest, with 80% giving enough time to their families, followed by preventive medicine at 62.5%. Still, surgeons were the least 26.5%, as shown in Table (3). There is a highly significant association ($P=0.003$) between different

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specialists and factors for choosing their specialty; 79.4% of surgeons and 61.4% of medicine chose it because it was a personal interest for them; however, 52.9% of gynecologists mentioned that it was the best available for them as shown in Table (4). Although there is no significant association (P=0.9) between satisfaction and different specialties, 58.8% were very satisfied, 16.5% were extremely satisfied, and only 6.5% and 1.8% were both dissatisfied and extremely dissatisfied. Respectively, Eighty percent of psychiatrists and 70.6% of surgery and Gyne/Obs are very satisfied, as shown

in Table (5). Significant association (P=0.04) between different specialists and the factors needed to be more satisfied; 44.7% need more free time. Nineteen percent need to live or work elsewhere, Sixteen percent need more money, and 10% need more communication skills. Sixty-five percent of gynecologists, Forty-four percent of surgeons, and 43.9% of internists need more free time. In contrast, 60% of psychiatrists want more money, and 37.5% of preventive medicine wish to live or work elsewhere to be more satisfied, Table (6).

Table 1. Socio-demographic data among 170 studied physicians.

Variable	Subgroup	No (%)
Age (Year)	≤35	35 (20.6)
	36-45	71 (41.8)
	46-55	39 (22.9)
	≥56	25 (14.7)
Gender	Male	117 (68.8)
	Female	53(31.2)
Marital status	Single	18(10.6)
	Married	151(88.8)
	Divorced	1(0.6)
Spouse's occupation	Physician	97(57.1)
	Not a Physician but in healthcare field	17(10)
	None of them	37(21.8)
	Unmarried	19(11.2)
Income	Low	37(21.8)
	Medium	95(55.9)
	High	38(22.4)
Exercise	Daily	23(13.5)
	3-4 days/week	41(24.1)
	Not regularly	75(44.1)
	I don't exercise	31(18.2)
Social media	Very active	14(8.2)
	Moderately active	60(35.3)
	Not so active	80(47.1)
	I do not use social media	16(9.4)
Happy during working time	Very happy	48(28.2)
	Somewhat happy	88(51.8)
	No difference	18(10.6)
	Somewhat unhappy	16(9.4)

Table 2. Different specialties give the family time.

Special	Time for family No. (%)			P-value
	most of the time	Sometimes	No (%)	
Medicine	20(35.1)	27(47.4)	10 (17.5)	0.08
Surgery	8(23.5)	17(50)	9 (26.5)	
Gyne/Obs	5(29.4)	11(64.7)	1(5.9)	
Psychiatry	4(80.0)	1(20)	0 (0.0)	
Preventive Medicine	10(62.5)	5(31.3)	1 (6.3)	
Pediatric	3(23.1)	7(53.8)	3 (23.1)	
Radiology	4((26.7)	8(53.3)	3 (20.0)	
Basic Science	8(61.5)	5(38.5)	0 (0.0)	
Total	62(36.5)	81(47.6)	27(15.9)	

Table 3. Stress among different specialties.

Specialty	Stress No. (%)			P-Value
	Most of time	Sometimes	Rarely	
Medicine	10(17.5)	38(66.7)	9(15.8)	0.13
Surgery	11(32.4)	21(61.8)	2(5.9)	
Gyne/Obs	6(35.3)	10(58.8)	1(5.9)	
Psychiatry	1(20.0)	4(80.0)	0(0.0)	
Preventive Medicine	0(0.0)	11(68.8)	5(31.3)	
Pediatric	1(7.7)	9(69.2)	3(23.1)	
Radiology	2(13.3)	8(53.3)	5(33.3)	
Basic Science	3(23.1)	8(61.5)	2(15.4)	
Total	34(20.0)	109(64.1)	27(15.9)	

Table 4. Factors for choosing specialty among different specialists.

Specialty	Factors for choosing specialty No. (%)						P- value
	Personal interest (%)	Good income (%)	Influenced by a role model (%)	Best available (%)	Fewer shifts and calls (%)	Others (%)	
Medicine	35(61.4)	1(1.8)	1(1.8)	14(24.6)	4(7.0)	2(3.5)	0.003
Surgery	27(79.4)	2(5.9)	1(2.9)	0(0.0)	1(2.9)	3(8.8)	
Gyne/Obs	6(35.3)	1(5.9)	0(0.0)	9(52.9)	1(5.9)	0(0.0)	
Psychiatry	2(40.0)	0(0.0)	1(20.0)	1(20.0)	1(20.0)	0(0.0)	
Preventive	7(43.8)	0(0.0)	0(0.0)	3(18.8)	6(37.5)	0(0.0)	
Pediatric	7(53.8)	0(0.0)	0(0.0)	5(38.5)	0(0.0)	1(7.7)	
Radiology	8(53.3)	0(0.0)	0(0.0)	2(13.3)	4(26.7)	1(6.7)	
Basic Sciences	9(69.2)	0(0.0)	0(0.0)	3(23.1)	1(7.7)	0(0.0)	
Total	101(59.4)	4(2.3)	3(1.8)	37(21.8)	18(10.6)	7(4.1)	

Table 5. Satisfaction rates in each specialty.

Specialty	Satisfaction Rate (No.%)					P-value
	Extremely dissatisfied	Dissatisfied	Satisfied	Very satisfied	Extremely satisfied	
Medicine	2 (3.5)	4 (7.0)	11(19.3)	30(52.6)	10(17.5)	0.913
Surgery	1 (2.9)	1 (2.9)	4(11.8)	24(70.6)	4(11.8)	
Gyne/Obs	0 (0.0)	0 (0.0)	2(11.8)	12(70.6)	3(17.6)	
Psychiatry	0 (0.0)	0 (0.0)	0(0.0)	4(80.0)	1(20.0)	
Preventive	0 (0.0)	1 (6.3)	4(25.0)	9(56.3)	2(12.5)	
Pediatric	0 (0.0)	2(15.4)	1(7.7)	7(53.8)	3(23.1)	
Radiology	0 (0.0)	1 (6.7)	4(26.7)	9(60.0)	1(6.7)	
Basic Science	0 (0.0)	2(15.4)	2(15.4)	5(38.5)	4(30.8)	
Total	3 (1.8)	10(6.5)	28(16.5)	100(58.8)	28(16.5)	

Table 6. Factors needed by each specialty to be more satisfied.

Specialty	Factors needed to be more satisfied No (%)							P-value
	free time	money	Communication skills	More friend	New clinic	Living/ Working elsewhere	Others	
Medicine	25(43.9)	10(17.5%)	4(7.0%)	3(5.3%)	2(3.5)	10(17.5)	3(5.3%)	0.04
Surgery	15(44.1)	5(14.7)	5(14.7)	1(2.9)	0(0.0)	7(20.6)	1(2.9)	
Gyne/Obs	11(64.7)	2(11.8)	1(5.9)	1(5.9)	0(0.0)	2(11.8)	0(0.0)	
Psychiatry	0(0.0)	3(60.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	2(40)	
Preventive	5(31.3)	1(6.3)	3(18.8)	0(0.0)	0(0.0)	6(37.5)	1(6.3)	
Pediatric	7(53.8)	1(7.7)	1(7.7)	0(0.0)	0(0.0)	3(23.1)	1(7.7)	
Radiology	7(46.7)	2(13.3)	1(6.7)	1(6.7)	3(20)	1(6.7)	0(0.0)	
Basic Science	6(46.2)	2(15.4)	2(15.4)	0(0.0)	0(0.0)	3(23.1)	0(0.0)	
Total	76(44.7)	26(15.9)	17(10)	6(3.5)	5(2.9)	32(18.8)	8(4.7)	

DISCUSSION

Job satisfaction, in general, varies among individuals, and it is a complex content that can be affected by many factors. Prior research suggests physician dissatisfaction negatively impacts patients, healthcare organizations, and physicians. Therefore, assessing physicians' satisfaction within their practice context seems essential to hospital quality-improvement initiatives ⁽⁷⁾. 41.8% of participants were aged 36-45 years and predominantly male, 68.8%, consistent with the study conducted in the US in 2009 that participants' age ranging from 36-45 was 30.7%; also, the male gender was predominant at 72% ⁽⁸⁾. For females, motives related to work-family

balance were more important, while males preferred motives related to the external factors of work life, such as career, professional appreciation, and salary. For females, flexibility and quality of life seem to be essential factors when choosing their medical career, even when compromising professional achievements. ⁽⁹⁾84.1% give time to their family. The highest was preventive medicine, 62.5%, and basic science, 61.5%, which is higher than a survey conducted in 2014 in the Netherlands; 60% of doctors made work-life balance their top concern. Out of this percentage, specialists from preventive medicine and dermatologists were the highest ⁽¹⁰⁾. Stress undeniably, most doctors have experienced it at some time in their life because they

are at the forefront of public health services, and there is always someone who needs medical attention. Most of our participants who complained of stress from gynecology and surgery are stressed most of the time, with 35.3% and 32.4%. Respectively, however, those who rarely experience stress were from Radiology 33.3% and Preventive medicine 31.3%, consistent with a study done in Germany in 2016 the same findings that doctors of surgery and gynecology ranked as highest stress in their life ⁽¹¹⁾.consistent with other research showing that pediatricians encounter less work stress than other physicians and are rated high on satisfaction. ⁽¹²⁾.Choice of specialty in our study shows that 59.4% of specialists were due to personal interest compared to other studies in 2011 in Southeastern Nigeria; personal interest was highest among them, 66.6% ⁽¹³⁾. Compared to a study in the UK in 2003, only 12% would not have chosen the same specialty; out of this percentage, the majority were psychiatrists ⁽¹⁴⁾.

A Finnish national study revealed that 12% of the respondents would not have chosen the same medical specialty if making a choice. This means that most specialists were quite happy with their interests ⁽¹⁵⁾.In general, satisfaction is a personal experience, and it has usually related to work settings, work performance, and mental health status; it is of utmost importance because of factors like patient relationships and time pressures associated with managed care nevertheless sources of satisfaction and dissatisfaction vary between different specialties. On a 5 Likert score, the overall satisfaction rate was 58.8% very satisfied, 16.5% were extremely satisfied and satisfied, meaning the majority were satisfied with their life in general, while only 3.5%, 2.9%, were from medicine and surgery.

Respectively were extremely dissatisfied, consistent with a study in Canada in 2006, which shows general surgery and medicine had the lowest level of satisfaction ⁽¹⁶⁾.Many researchers in China show that doctor's job satisfaction remains at a 40-65 level, consistent with our study⁽¹⁷⁾. Most family medicine practices in southwestern Ontario are " very satisfied" with their current practice, and marital status, teaching involvement, practice volume, difficulty in specialist referrals, and lack of timely specialist response are significant determinants of their satisfaction level ⁽¹⁸⁾.

To increase the satisfaction rate among our specialists, "more free time" was highest at 44.7%, especially among Gynecologists and pediatricians, with 64.7% and 53.6%. Consistent with a study in 2003 in Switzerland,

"more money" was the highest among their sampled physicians⁽¹⁹⁾.Hospitals often spend significant time and money measuring and working to improve patient and employee satisfaction. However, the fact that their physicians are key components in achieving positive outcomes sought within the organization is sometimes overlooked. Any efforts to improve patient and organizational outcomes that do not consider the medical staff's satisfaction with and influence over such issues may be without value⁽²⁰⁾.We conclude that personal interest was the main factor in choosing a specialty; most doctors agreed on more free time to be more satisfied.

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