

## Several factors increased job dissatisfaction among medical doctors in Indonesia

Bastaman Basuki,<sup>1</sup> Pamela A. Priyudha,<sup>1</sup> R. Irawati Ismail<sup>2</sup>

<sup>1</sup>Department of Community Medicine, Faculty of Medicine, Universitas Indonesia

<sup>2</sup>Department of Psychiatry, Faculty of Medicine, Universitas Indonesia

Received: March 20, 2013; Revised: April 10, 2013; Accepted: April 18, 2013

### Abstrak

**Latar belakang:** Beberapa faktor stresor kerja dapat meningkatkan ketidakpuasan kerja. Tujuan penelitian ini untuk mengidentifikasi beberapa faktor dominan terkait dengan ketidakpuasan kerja.

**Metode:** Studi potong lintang dengan sampling purposif yang dilakukan pada bulan April-Juli 2011. Subyek terdiri dari mahasiswa pascasarjana dan dosen Fakultas Kedokteran Universitas Indonesia. Regresi linier digunakan untuk menganalisis data.

**Hasil:** Peserta terdiri dari 306 subyek, berusia 23-47 tahun, mayoritas perempuan (61,4%), menikah, dan tidak pernah mengikuti pelatihan manajemen stres. Sedangkan pekerjaan saat ini/sebelumnya adalah dalam pelayanan kesehatan, atau pejabat pemerintah. Tingkat ketidakpuasan kerja berkaitan dengan tujuh faktor: yang tertinggi ialah kurangnya dukungan dari atasan, dan yang terendah ialah melakukan layanan di luar jam kerja. Satu poin kurang dukungan atasan akan meningkatkan ketidakpuasan kerja sebesar 1,26 [koefisien regresi ( $\beta$ ) = 1,26,  $P = 0,000$ ]; satu poin untuk menyediakan layanan di luar jam kerja akan meningkatkan 0,61 poin ketidakpuasan kerja ( $\beta = 0,6$ ,  $P = 0,001$ ).

**Kesimpulan:** Kurangnya dukungan atasan dan interaksi dengan rekan kerja, peran organisasi ambiguitas, prosedur birokrasi, memberikan pelayanan di luar jam kerja, dan umpan balik yang tidak memadai dari pasien akan meningkatkan ketidakpuasan kerja. (*Health Science Indones 2013;1:11-6*)

**Kata kunci:** ketidakpuasan kerja, stresor kerja, dokter

### Abstract

**Background:** Several factors of work stressors may increase a person's job dissatisfaction level. This study aimed to identify several dominant factors related to job dissatisfaction among medical doctors.

**Methods:** A cross-sectional study with purposive sampling was conducted in April-July 2011. Subjects consisted of postgraduate students and faculty members of the Faculty of Medicine, Universitas Indonesia. Linear regression was used to analyze the data.

**Results:** The participants consisted of 306 subjects, aged 23-47 years old, the majority were female (61.4%), married, current/previous work was in health services, government officials and never had stress management training. Job dissatisfaction level related to seven factors, the highest was having lack of support from superiors and the lowest was being required to provide services outside normal working hours. One point of having lack of support from superiors increased job dissatisfaction by 1.26 [regression coefficient ( $\beta$ ) = 1.26;  $P=0.000$ ]; one point of being required to provide services outside normal working hours increased job dissatisfaction by 0.61 point ( $\beta = 0.6$ ;  $P=0.001$ ).

**Conclusion:** Lack of superiors' support and interaction with colleagues, role organization ambiguity, bureaucratic procedures, having to provide services outside normal working hours, and inadequate feedback from patients all increased job dissatisfaction. (*Health Science Indones 2013;1:11-6*)

**Keywords:** job dissatisfaction, work stressor, medical doctors

Medical doctors are increasingly being dissatisfied with their job.<sup>1</sup> This fact is also supported by another study in Sudan which shows that a doctor's satisfaction decreased dramatically over the past years, they overworked and often began losing sight on their career goals and personal ambition.<sup>2</sup> Job dissatisfaction is a complex function of a number of factors. Recently there are lots of grouses and dissatisfactions amongst the medical officers related to promotion, rewards, long working hours, workloads, work pressure, work environment apart from the public complaints on the government poor medical scheme.<sup>3</sup> Role-related demands, lack of resources, lack of support and insufficient time to keep abreast with overall job demands are frequently reported as the sources of stress among academics including medical doctor.<sup>4</sup>

The issue of job dissatisfaction is very important. Job dissatisfaction affects the patient-rated quality of care and is strongly related to early retirement and cutting back of one's working hours.<sup>5</sup>

If employees were satisfied at work, they are likely to be more stable, productive and accomplished towards organisational goals.<sup>6</sup> In a healthcare setting, an employee's satisfaction has been found to be positively related to quality of service and patient satisfaction.<sup>7</sup>

This study aimed to identify several dominant work stressors related to job dissatisfaction among medical doctors in Indonesia.

## METHODS

This cross-sectional study using purposive selected subjects was conducted in the teaching hospital of Faculty of Medicine, Universitas Indonesia in April-May 2011 among first year postgraduate students/residents and faculty members. Data collection was performed after the subjects finished an examination or class.

Some demographic data were collected: gender (male/female); age; marital status (unmarried/married/widow/widower); education (general practitioners/specialist); type of workplace (health services/education/research/office/others); previous/current work place (government/private company/private practice/others); stress management training (never/ever).

Work stressors in a medical doctor's workplace were modified from previous study.<sup>8</sup> It consisted of six stressor groups (work environment; conflict with work & home life; organizational issues, interaction & support; managerial duties; role; job task). Furthermore, each sub-group consisted of 3-8 items. For each item the stressor was rated from 0 to 10

(0=lowest; 10=highest).

Total job dissatisfaction scores were accumulated from seven items of job dissatisfaction factors. They consisted of feeling that they had inadequate participation in their unit or institution, dealing with lack of appreciation from supervisors, having a lack of opportunities in training, feeling that their accumulated skills and expertise were not being put to their best use, having a poor prospect of career advancement, experiencing boredom due to routine aspects of work, and having an inadequate income. The score for each stressors ranged from 0 to 10 (0=lowest; 10=highest). Therefore, the minimum score for total job dissatisfaction was 0, and the maximum score was 70.

We performed linear regression to identify several dominant work stressors related to total job dissatisfaction scores using Stata released 9.

## RESULTS

Our subjects consisted of 306 persons, aged 23 to 47 years old. The majority of our subjects were female (61.4%), married, current/previous work was in health services, and government officials. Most of them had never had stress management training before (Table 1).

Table 2, descriptive data on work environment, home life and organizational factors notes that the highest stressor score was on having problem with the physical environment in one's workplace (mean = 5.28) followed by having inadequate facilities to do the job properly (mean = 5.16). The least stressor score was encountering difficulties in relationships with administrative staff (mean = 3.07).

Table 3, descriptive data on managerial duties, role and the job task, shows that the highest stressor score was having too much work (mean = 5.59), This was followed by having sleep deprivation due to work (mean = 5.11 ). The least stressor score was having a conflict of responsibilities in one's role (mean = 4.09).

Table 4, dominant stressors related to job-dissatisfaction score, (our final model) notes that seven items increased the job dissatisfaction level. Having lack of support from superiors was the most likely factor to increase job dissatisfaction, and the lowest one was being required to provide services outside of normal working hours. One point of having lack of support from superiors increased job dissatisfaction by 1.26 point. One point of being required to provide services outside normal working hours increased job dissatisfaction by 0.61 point.

Table 1. Demographic characteristic of subjects

	n=306	%
<b>Gender</b>		
Male	118	38.6
Female	188	61.4
<b>Marital status</b>		
Not yet	131	42.8
Married	172	56.2
Widow/widower	3	1.0
<b>Education</b>		
General practitioner	272	88.9
Master/specialist	34	11.1
<b>Work place type</b>		
Health service	233	76.1
Education	60	19.6
Research	2	0.7
Office	6	2.0
Other	5	1.6
<b>Work place status</b>		
Government	196	64.1
Private company	29	9.5
Private practice	18	5.9
Others	63	20.6
<b>Training on management stress</b>		
Never	288	94.1
Ever	18	5.9

Table 2. Descriptive data on work environment, home life, organizational stressor

Stressor	N	Mean	Std. Dev.	Min.	Max.
<b>Work environment factors</b>					
Dealing with exposure to infections without adequate protections	306	4.82	2.93	0	10
Having problem of physical environment in your workplace	306	5.28	3.00	0	10
Having inadequate facilities to do your job properly	306	5.16	2.59	0	10
<b>Conflict with work &amp; home life factors</b>					
Disruption of your personal/family life through spending long hours at work	306	4.73	2.73	0	10
Disruption of personal / family life as a result of taking paperwork home	306	4.59	2.70	0	10
Having demands of job interfering with family life	306	4.62	2.64	0	10
Disruption of your personal / family life as a result of being on call	306	4.31	2.70	0	10
Having conflict between work and personal / family Commitment	306	3.96	2.64	0	10
<b>Organizational, interaction and support factors</b>					
Encountering difficulties in relationship with fellow Practitioners	306	3.13	2.34	0	10
Encountering difficulties in relationship with administrative staff	306	3.07	2.43	0	10
Having inadequate supporting / nursing staff	306	3.55	2.53	0	10
Having lack of support from superiors	306	3.72	2.55	0	10
Encountering difficulties in relationship with supporting /nursing staff	306	3.31	2.47	0	10
Receiving inadequate feedback on your job performance from colleagues	306	3.39	2.38	0	10
Receiving inadequate feedback on your job performance from patients	306	3.24	2.30	0	10
Lack of interaction with fellow colleagues Professionals	306	3.15	2.33	0	10

Table 3. Descriptive data on managerial duties, role ,and job task ‘s stressor

Stressor	n	Mean	Std. Dev.	Min.	Max.
<b>Managerial duties factors</b>					
Having to comply with bureaucratic procedures	306	5.07	2.62	0	10
Having managerial responsibilities	306	5.02	2.55	0	10
Being responsible for the quality of work of other staff	306	4.85	2.62	0	10
Having conflicting demands on your time (e.g. patient care/ management / research)	306	4.87	2.45	0	10
Undergoing performance evaluation	306	4.77	2.56	0	10
Having inadequate number of doctors in your unit	306	4.10	2.66	0	10
Managing paperwork	306	5.10	2.42	0	10
Interference your professional practice from non-health professionals (e.g. hospital administrator, insurance company)	306	4.18	2.55	0	10
<b>Role factors</b>					
Having conflict of responsibilities	306	4.09	2.50	0	10
Doing work unrelated to specified duties	306	4.56	2.64	0	10
Having ambiguity about own role and position within organization	306	4.12	2.52	0	10
Feeling ultimately responsible for patient outcome	306	5.02	2.73	0	10
<b>Job task factors</b>					
Having too much work	306	5.59	2.57	0	10
Having sleep deprivation due to work	306	5.11	2.73	0	10
Being required to provide services outside normal working hours	306	5.05	2.82	0	10
<b>Job dissatisfaction score</b>	306	27.12	13.44	0	66

Table 4. Dominant stressor related to job dissatisfaction score

Stressors	Adjusted regression coefficient	P
Having lack of support from superiors (e.g. unavailable, not supportive, or inactive in key issues)	1.26	0.000
Lack of interaction with fellow colleagues / professionals	0.94	0.018
Having ambiguity about own role and position within organization	0.91	0.000
Encountering difficulties in relationship with fellow practitioners	0.90	0.002
Having to comply with bureaucratic procedures	0.79	0.000
Receiving inadequate feedback on your job performance from patients	0.66	0.062
Being required to provide services outside normal working hours	0.61	0.001
Constant	3.86	0.000

**DISCUSSION**

Several limitations must be considered in interpreting our findings, among others, most of our subjects were purposive selections among postgraduate students. Secondly, data on the type of workplace for residents/postgraduate students were their last one before they enrolled in the university. Thirdly, this study was taken in Jakarta which may have different characteristics with another city in Indonesia.

Our study noted that having lack of support from superiors increased job dissatisfaction. This finding

is supported by another study which analyzes the effect of a supervisor’s behavior on a subordinate’s job satisfaction: perceptual discrepancy, supportive behavior and similar personalities do have a significant relation with job satisfaction and suggest that perceived organizational support is strongly related to leadership behavior, hence insufficient support from a leader is one of the important factors leading to an employees’ dissatisfaction and burnout. The results are same with the lack of support from the organization.<sup>9</sup>

Another study noted that variables such as the opportunity to develop, responsibility, patient care and staff relations were found to significantly influence job satisfaction and there was a significant positive medium association between job satisfaction and the opportunity to develop, responsibility, patient care and staff relations.<sup>7</sup> In addition, this study noted that the lack of interaction and encountering difficulties with fellow colleagues/professionals increased job dissatisfaction. This supported our finding.

Role ambiguity within an organization may also increase job dissatisfaction. According to role theory, role ambiguity refers to the lack of specificity and predictability for an employee's job or role functions and responsibilities.<sup>10</sup>

A study from Cervoni A, shows role conflict, role ambiguity, time spent on counseling related duties, time spent on consultation related duties, and time spent on non-ASCA functions were all found to be significant predictors of job satisfaction.<sup>11</sup> Theory and study above supported our finding: having ambiguity about one's own role and position within an organization increased job dissatisfaction.

Having to comply with bureaucratic procedures also lead to job dissatisfaction, previous report noted word 'bureaucracy' conjures up an image of a mass of office workers buried in mounds of paper and tied to a set of petty rules, the notorious 'red tape.' Bureaucracies are often the focus of popular dislike, especially because they are perceived to be inefficient and lack flexibility to meet individual requirements. This situation may lead to stress and furthermore decrease satisfaction.<sup>12</sup>

Our study also noted that receiving inadequate feedback on your job performance from patients decreased job dissatisfaction. This was similar with a previous report that stated receiving inadequate feedback on job performance from patients increased medical doctors' job dissatisfaction.<sup>6</sup>

Finally, our study noted that being required to provide services outside normal working hours increased medical doctors' job dissatisfaction. This condition was similar with previous studies that found extended and irregular hours are associated with acute reactions such as stress and fatigue, adverse health behavior such as smoking, and chronic outcomes such as cardiovascular and musculoskeletal disorders.<sup>13</sup>

In conclusion, lack of superiors' support and interaction with colleagues, role organization ambiguity, bure-

aucratic procedures, need to provide services outside normal working hours, inadequate feedback from patients increased job dissatisfaction.

### Acknowledgments

The authors wish to thank all subjects who willingly participated in this study, and also for Dr. Elisabeth Emerson for her reviewing and editing this manuscript.

### REFERENCES

1. Forbes. Why do so many doctors regret their job choice? 2012 [cited 2013 April 09]. Available from <http://www.forbes.com/sites/susan-adams/2012/04/27/why-do-so-many-doctors-regret-their-job-choice/>
2. Elbashir HMI. Factors influencing medical doctors satisfaction in Khartoum teaching hospital. *Sudanese J Public Health*. 2008;4:310-11.
3. Omar NW, Muda MS, Amin WAA. Analysis of satisfaction amongst the government medical officer and its relation to the behavioral factors [cited 2013 April 9]. Available from <http://www.jgbm.org/page/17%20Mohd%20Shaladdin%20Muda%20.pdf>
4. Idris MK. Over time effects of role stress on psychological strain among Malaysian public university academics. *Int J Business and Social Science*. 2011;2:154-61.
5. Wada K, Arimatsu M, Higashi T, et al. Physician job satisfaction and working condition in Japan. *J Occup Health*. 2009;51:261-66
6. Jessen JT. Job satisfaction and social rewards in the social services. *J Comparative Social Work*. 2010/1. [cited 2013 April 09]. Available from [http://jcs.w.no/local/media/jcs.w/docs/jcs.w\\_issue\\_2010\\_1\\_3\\_article.pdf](http://jcs.w.no/local/media/jcs.w/docs/jcs.w_issue_2010_1_3_article.pdf)
7. Ramasodi JMB. Factors influencing job satisfaction among healthcare professionals at South Rand Hospital [dissertation]. Medunsa (South Africa): University of Limpopo; 2010 [cited 2012 Apr 12]. Available from: <http://policyresearch.limpopo.gov.za/bitstream/handle/123456789/708/FACTORS%20INFLUENCING%20JOB%20SATISFACTION%20AMONG%20HEALTHCARE%20PROFESSIONALS%20AT%20SOUTH%20RAND%20HOSPITAL.pdf?sequence=1>
8. Zuger A. Special report: Dissatisfaction with Medical Practice. *N Engl J Med*. 2004;350:69-75 [cited 2010 Sep 12]. Available from <http://www.nejm.org/doi/full/10.1056/NEJMSr031703>
9. Mehboob M, Arif I, Jalal M. Analysis of Effect of Supervisors' Behavior on Subordinates'. *Australian Journal of Basic and Applied Sciences*. 2011;5:2984-93 [cited 2013 April 11]. Available from <http://www.ajbasweb.com/ajbas/2011/December-2011/2984-2993.pdf>

10. Tang YT, Chang CH. Impact of role ambiguity and role conflict on employee Creativity. *African Journal of Business Management*. June 2010; 4(6): 869-81 [cited 2013 April 10]. Available online at <http://www.academicjournals.org/AJBM>
11. Cervoni A. Role conflict and ambiguity as predictors of job satisfaction in high school. University at Buffalo. The State University of New York [cite 2003 Apr 12]. Available from <http://jsc.montana.edu/articles/v9n1.pdf>
12. Martin B. Bereaucracy [cited 2013 April 13]. Available from <http://www.bmartin.cc/pubs/90uw/uw08.html>
13. Johnson JV, Lipscomb J. Long working hours, occupational health and the changing nature of work organization. *Am J Ind Med*. 2006; 49:921–929. [cited 2013 April 13]. Available from <http://www.rci.rutgers.edu/~insects/robson/Long%20Hours.pdf>.