

## Job satisfaction and mental health of Sri Lankan doctors

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### Abstract:

**Aim:** To measure job satisfaction and mental wellbeing among medical practitioners working in Gampaha District, Sri Lanka.

**Methodology:** A cross sectional survey was conducted on randomly selected doctors working in three large hospitals in Gampaha District, Sri Lanka in 2008 and 2009. Warr, Cook, and Wall job satisfaction scale and the 12-item General Health Questionnaire were used respectively to measure job satisfaction and mental health wellbeing of doctors.

**Results:** A total of 172 doctors responded (response rate 28.6%). Average job satisfaction score was 47.8 (range- 10-70) and 43.6% of doctors reported high job satisfaction. Better remuneration (97.1%) and better working hours (44.8%) were identified as ways to improve job satisfaction. Average GHQ-12 score was 1.9 and less than 10% scored greater than 3. No doctor reported drinking daily or using recreational drugs.

**Conclusion:** The response rate was low, thus preventing generalization of findings. The majority of doctors responding had good job satisfaction.

### Introduction

The medical profession has long been recognised as one of the most respected and prestigious professions. However recent studies suggest that increasingly lesser number of doctors believe their profession as desirable or satisfying and this trend is worsening (Taylor et al., 2005, Schernhammer and Colditz, 2004, Clarke and Singh, 2004, Firth-Cozens, 2003, Burbeck et al., 2002). High work load, increased expectations from patients and relatives, interference with family life, poor remuneration, restricted autonomy in practice and repeated exposure to extremes of human suffering have been cited as possible sources of discontent within the medical profession (Taylor et al., 2005, Schernhammer and Colditz, 2004, Clarke and Singh, 2004, Firth-Cozens, 2003, Burbeck et al., 2002).

Psychiatric morbidity and mortality are higher among doctors. Increased demands at work, pre-existing personality characteristics, reluctance or inability to seek treatment along with poor job satisfaction being contributory factors (Taylor et al., 2005, Schernhammer and Colditz, 2004, Firth-Cozens, 2003, Burbeck et al., 2002). Taylor et al reported that the proportion of British medical specialists with psychiatric morbidity is 32% (Taylor et al., 2005). Suicides among doctors are significantly higher than that of the general population (Schernhammer and Colditz, 2004).

Most of these data come from the western world and relatively little is known about doctors' health and job satisfaction in the developing countries where circumstances at work are different. To the best of our knowledge this is the first such study conducted in Sri Lanka.

## Method

The study was conducted as a cross sectional survey from July 2008 to June 2009. Anonymous questionnaires were distributed among doctors working at randomly selected units including wards, clinics and outpatient departments of three large hospitals, with bed strength over 300 each, in Gampaha district, Sri Lanka. Random selection of units was done to reflect a representative sample in terms of specialty and grade of doctors. Research assistants distributed questionnaires and requested doctors to place completed questionnaires in a designated box in their respective units. Weekly reminders were done twice to increase the response rates.

Each questionnaire included questions on basic demographic details, current post, time commitment, income and views on improving job

satisfaction. Current mental health of participants was measured with the 12-item General Health Questionnaire (GHQ-12) and job satisfaction with the Warr, Cook, Wall job satisfaction scale (JSS) (Goldberg and Williams, 1988, Warr et al., 1979). There was a free text column for remarks.

## Results

### Demographics

A total of 172 doctors returned usable questionnaires with a response rate of 28.6%. Minimum response rates were from consultants (10%). The basic demographic details of the participants are summarised in table 1. All the consultants (100%), 68 medical officers / senior house officers (60.8%) and 6 registrars / senior registrars (23%) engaged in private medical practice in addition to government working hours.

**Table 1 - Demographic details of participants**

		n	%
Gender	Male	98	57.0
	Female	74	43.0
Age (Years)	25-34	81	47.1
	35-44	65	38.7
	45-54	28	16.3
	55-64	4	2.3
Grade	Intern Medical Officer	43	25.0
	Medical Officer/Senior House Officer	97	56.4
	Registrar/Senior Registrar	26	15.1
	Consultant	6	3.5

### Job satisfaction

Average job satisfaction score was 47.8 (range - min 10 to max 70). Overall, 43.6% of doctors scored more than 50 indicating high satisfaction with their job. Table 2 illustrates the item-wise score (min 1 to max 7) of JSS for each doctor's grade. Intern medical officers reported significantly lower satisfaction score than the overall mean. There was no significant correlation with age or gender of the doctors.

All but 5 doctors (97.1%) identified better remuneration as a way to improve job satisfaction followed by better working hours (n=77, 44.8%).

As for free texts, considerable number of intern and postgraduate trainee doctors

commented on long working hours and sleep deprivation leading to poor and potentially dangerous patient care. Negative feedback by senior doctors in ward rounds in front of patients was mentioned as one of the biggest stressors in their job. Introduction of annual leave for doctors was suggested by some participants. While 'poor quality of life' and 'low salary' have been cited as reasons for doctors to migrate, two consultants commented on how satisfied they were in their current jobs when compared to their time in foreign countries. Positive comments were self-fulfilling experiences of the job and respect and gratefulness of the Sri Lankan society.

### **Mental distress and health**

We followed the standard method of defining the GHQ case, in which individuals scored 0 if choosing either of the first two categories or 1 for choosing either the third or fourth category with maximum summative score of 12 (Goldberg and Williams, 1988). Probable cases of psychological disturbance were defined as scores greater than 3, and severe distress by scores greater than 8 (Goldberg and Williams, 1988).

Average GHQ score was 1.9 and 9.9% (n=17) scored greater than 3. Only two participants, both

female intern medical officers, scored greater than 8. Although the scores were highest among intern medical officers there was no significant correlation with grade, age or gender. Only 5 doctors (2.9%) reported smoking and all of them smoked less than 5 cigarettes a day. As far as self-reported alcohol consumption was concerned, 148 (86%) were teetotalers, 22 (12.8%) had an occasional drink and 2 (1.2%) had several drinks a week. No doctor reported drinking daily or using recreational drugs. All the doctors who reported drinking and smoking were males and none of them considered it as a problem.

**Table 2 - Warr, Cook, Wall job satisfaction scale scores according the doctor's grade**

	<b>Intern Medical Officer</b>	<b>Medical Officer/Senior House Officer</b>	<b>Registrar/Senior Registrar</b>	<b>Consultant</b>
Amount of responsibility given to you	5.8	5.6	6.0	6.3
Amount of variety in your job	5.7	5.1	5.8	6.0
Your colleagues and fellow workers	4.1	5.0	5.4	4.7
Physical working condition	4.2	4.4	4.2	4.8
Your opportunity to use your abilities	5.8	4.9	5.9	5.7
Taking everything into consideration how do you feel about your job	4.1	5.0	4.8	5.3
Freedom to choose your own method of working	2.9	5.1	4.0	6.3
Recognition you get for good work	4.7	4.9	5.1	6.3
Your rate of pay	3.2	4.0	3.9	3.7
Your hours of work	2.8	5.1	3.7	6.0
<b>Total</b>	<b>4.3</b>	<b>4.9</b>	<b>4.9</b>	<b>5.5</b>

### **Discussion**

Many previous studies done in the west and other parts of the world have concluded unhappy doctors are a worldwide phenomenon (Taylor et al., 2005, Schernhammer and Colditz, 2004, Khuwaja et al., 2004, Clarke and Singh, 2004, Burbeck et al., 2002). Our findings challenge this well-established finding. Most of the doctors in our study were happy and satisfied. Overall career satisfaction among doctors was high despite low scores in some domains. While main factors of job dissatisfaction were low income and unsociable working hours, a sense of accomplishment and diversity of work contributed towards job satisfaction.

The mental health of the doctors studied was remarkably good in contrast to some of the

previous studies done elsewhere (Taylor et al., 2005, Clarke and Singh, 2004). None of the doctors reported problems with substance dependence in our study in contrast to some previous studies which reported 7% of substance dependence among doctors (McAuliffe et al., 1987). The alcohol consumption among Sri Lankan doctors was much lower than the normative population (Perera et al., 2005, Samarasinghe et al., 1987). However it should be noted that given the stigma of mental health and alcohol use in Sri Lankan society, the social desirability effect might have biased doctors to under-report mental distress and alcohol consumption. Few uncompleted questionnaires stated that they were too stressed and time-pressured to complete the survey, indicating that the incidence of mental health problems among

participants might have been underestimated. Although we did not investigate suicides of Sri Lankan doctors such incidents have been a rarity in a country with one of the highest suicidal rates in the world.

The low pay has been identified as the main overall reason for job dissatisfaction. However previous studies done elsewhere have reported salary had lesser effect on job satisfaction of health care professionals than factors such as autonomy and management (Rozier et al., 1998, Grumbach et al., 1998, Akroyd et al., 1994). However it should be noted that these studies were done in affluent countries where the salaries are relatively higher. A study done on migration of doctors has reported increments in wages of low and middle income country medical practitioners

are unlikely to have significant impact on the migration trends (Vujicic et al., 2004).

We can conclude despite its adversities, medicine remains a respected prestigious vocation and more than a reasonably agreeable way of earning a living in Sri Lanka.

## Limitations

These findings are difficult to generalise given the small sample size, disappointingly low response rate and sampling bias. The doctors who participated in the study worked in relatively affluent Gampaha district and results may significantly differ in remote and resource-poor regions.

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