

Attitudes and Perceptions of Medical Doctors Towards Their Jobs in the State of J&K, India

Madaan Nirupam

Department of Hospital Administration, All India Institute of Medical Sciences (AIIMS), New Delhi, India

Abstract:

Background : Management gurus have long since established a relationship between the attitudes held by an organization's work force and its job satisfaction. The foundations of individual behavior lie in individual attitudes, and employee attitudes, if understood properly, can be modified by operant conditioning.

Methodology : The following study was undertaken in different but comparable study populations of doctors in Medical Education and Health selected through stratified random sampling to understand their attitudes towards and satisfaction from their work, through a cross sectional study design with the help of an anonymous questionnaire.

Results : Doctors in both Health and Medical Education have comparable levels of job satisfaction i.e. 67% for Health and 69% for Medical Education. Both study populations strive for professional excellence, but self-actualization is a potent motivator for doctors in Medical Education while financial and social security are exceedingly important for doctors in the Health sector. Satisfaction falls among doctors by the second decade of service to rise again gradually

Discussion : Job satisfaction among doctors is at the lowest during the most productive years of their lives, when knowledge is tempered with experience and age is still on their side. It is important to recognize the motivations of doctors and provide them with opportunities and resources for professional excellence, self-actualization and growth

Conclusions : Both study populations were found to have a high level of job satisfaction. They also rated professional excellence on a high scale as a job motivator, but did not think that their organization considered it important

Correspondence :

Dr. Madaan Nirupam

Department of Hospital Administration

All India Institute of Medical Sciences (AIIMS)

New Delhi - 110029, India

Introduction

Attitudes are evaluative statements ⁽¹⁾ arising out of an individual's perceptions about his environment based on his experiences and value system. An individual's attitude towards his work place reflects his perceptions about his organization and translates into his performance ⁽²⁾. Management systems are trying consistently to tap into this subjective database of their employees to evolve their personnel policy and crystallize a healthy work environment in which the workers remain satisfied, and turnover is reduced.

In the case of medical professionals, nee doctors, their attitude is tempered by the demanding nature of their jobs. Doctors are highly qualified professionals, and their jobs require not only advanced technical skills, but also the art of communicating with people, in addition to an unswerving inclination to serve.

Over the years, the dynamics of the interaction between medical men and the public has undergone a surreptitious change. The relationship between the two has assumed formal overtones, with doctors being grouped into an organized sector with a structured management. The job of this management assumes unprecedented proportions when one considers that the loss of productivity in a section of doctors as a fallout of decreased job satisfaction ⁽³⁾ could translate into the loss of human lives. Seen from this perspective, it becomes imperative to understand the attitude of doctors towards their work and workplace.

The allopathic doctors working in the twin sectors of Health and Medical Education in the State of Jammu and Kashmir undergo the grueling regime of a Bachelor's degree in Medicine before being recruited into the State services. Thereafter, some of them go for specialization and take up jobs in either Health or Medical Education, depending upon their preference and the availability of opportunity. While Medical Education is concentrated in the tertiary care teaching institutions in the State, the sector of Health covers the entire chain of referral from Primary Health Centers, catering to a population of 20,000-30,000 in villages to Community Health Centers (population: 80,000-1,20,000) and finally to District Hospitals (~5,00,000). Doctors in Healthcare are more involved with the preventive and curative aspects of health while those in Medical Education focus mainly on cure and research, and often play 'city cousin' to their counterparts in Health.

Objectives

The following project was undertaken to study doctors' attitudes, motivations and perceptions towards their workplace in both Health as well as Medical Education. An attempt was also made to determine the relationship between their overall satisfaction and their socio demographic characteristics.

Methods

A cross-sectional study was conducted among the doctors of the province of Jammu between April 2005 and April 2006, using an English language, self-administered, anonymous questionnaire. A total of 200 questionnaires were distributed, 100 to doctors in Medical Education (faculty and residents) and 100 to doctors in Health (general practitioners and specialists excluding those on administrative posts not involved with direct patient care). The sample size was representative of ~14% of the study population in both groups. Questionnaires were distributed by stratified random sampling in both the study populations, ensuring representation from residents as well as faculty of all the specialties of the Teaching Hospitals* while doctors in Health were chosen by proportionate representation from all the 5 districts** of Jammu province. Only qualified allopathic doctors in service with the Government of Jammu and Kashmir were included in the study.

The questionnaire was designed after detailed discussions with a group of Hospital administrators, doctors and sociologists. It contained two components:

Socio demographic characteristics, consisting of questions regarding age, sex, duration of service and qualifications

Perception related questions consisting of statements related to their workplace, to which the participants were required to indicate their agreement or disagreement by responding in the affirmative or negative. The questionnaire was designed to elicit information about five parameters i.e. motivation, work place environment, work recognition, criteria for transfers and promotions and job satisfaction.

Participants were informed about the study objectives and procedures and the purpose for which data was being collected. Confidentiality of data was assured. The completed forms were analyzed using the SPSS package and the chi-square test, with probability being computed within 95% confidence levels.

[*Medicine, Surgery, Obstetrics Gynecology, Dermatology, Pediatrics, Orthopedics, Psychiatry, PSM, ENT, Ophthalmology, Microbiology, Pathology, Forensic Medicine, Pharmacology, Anatomy, Biochemistry, Physiology

**Jammu, Kathua, Udhampur, Poonch, Rajouri, Doda-Kishtwar]

Results and Discussion

152 out of 200 questionnaires were returned, at a response rate of 76%, 82% from Medical Education and 70% from Health services. Table (1). indicates the affirmative responses of the study population towards the five parameters under study

Table (1). Attitudinal differences of doctors in Health and Medical Education towards the parameters under study.

| S.No | Attitudinal areas | Health (n=70) | Medical Education (n=82) | Remarks |
|------|---|---------------|--------------------------|------------|
| 1 | Motivation for work | | | |
| a | Salary | 26 | 17 | $p<0.05$ |
| b | Security | 17 | 11 | NS |
| c | Professional excellence | 37 | 53 | NS |
| d | Sense of achievement | 21 | 34 | NS |
| e | Self esteem | 6 | 17 | $p<0.04$ |
| f | Social service | 23 | 7 | $p<0.0001$ |
| g | Punitive action | 1 | 0 | NS |
| h | Status | 9 | 15 | NS |
| 2 | Atmosphere at the work place | | | |
| a | Cordial | 57 | 62 | NS |
| b | Unfriendly | 3 | 7 | NS |
| c | Indifferent | 9 | 15 | NS |
| 3 | Recognition of work by | | | |
| a | Seniors | 37 | 36 | NS |
| b | Subordinates | 26 | 23 | NS |
| c | Peers | 5 | 18 | $p<0.011$ |
| d | Patients | 35 | 52 | NS |
| e | Public | 17 | 21 | NS |
| f | None | 7 | 4 | NS |
| 4 | Transfers/ promotions at work based on: | | | |
| a | Educational qualifications | 5 | 8 | NS |
| b | Work performance | 9 | 7 | NS |
| c | Seniority | 20 | 46 | $p<0.0006$ |
| D | Favoritism | 33 | 20 | $p<0.0033$ |
| E | Bribes | 21 | 8 | $p<0.001$ |
| F | Other reasons | 11 | 9 | NS |
| 5 | Job Satisfaction | 47 | 57 | NS |

Table (1) reveals that professional excellence is the chief motivator for doctors in their workplace, be they in Health or Medical Education. This finding is a tribute to Maslow's hierarchy of needs⁽⁴⁾, for, as professionals secure in their existential requirements and as respected individuals who have already created a niche for themselves in society, medical men find their vindication in achieving new levels of professional excellence and self actualization. It is noteworthy that doctors in the set up of Medical Education lay greater store by their need for self-esteem while those in Health have a higher consideration for the pay packet they receive. Doctors in Health also described social service as a potent motivator for work (Table 1), which ranked significantly low on the list of priorities for doctors in Medical Education. This indicates a greater desire for affiliation among doctors in Health, while those in Medical Education are more focused on achievement.

Cognitive evaluation or positive reinforcement?

Have doctors interested in social service consciously chosen to go into Health or could service to the community have become a priority after leaving the haloed portals of the teaching institutions and going out into the real world? This finding needs to be interpreted in the light of the perceptions of these doctors about their policies for transfers and promotions. A significant number of doctors in Health consider favoritism an important parameter for promotions (Table 1). The desire for affiliation could be a sub conscious attempt to cultivate contacts. However, further research will be required to establish a correlation between the two.

A divergence of paths

Doctors in Medical Education assume that their organization gives due credit to seniority while planning transfers and promotions, while those in Health believe that such decisions are arbitrary and based largely on nepotism, favoritism and bribes (Table 1). It may be noted that both categories of caregivers perceive that very little weightage is given to educational

qualifications or work performance in their work place. This is a sad comment on the condition of the management or the authorities. While the individuals in the system are achievement oriented and strive for professional excellence, the authorities are perceived to have their own dubious agenda. The management has not been able to gain the confidence of its medical men, because of a failure to align the goals of the organization to those of the doctors. If the system does not encourage performance, the doctors will be loath to perform. Any efforts made in this direction are solely on the personal initiative of the doctors.

Work environment

Collegial relationships have consistently been identified as positive correlates of job satisfaction. In the study, both Health and Medical Education were found to have a cordial environment conducive to work (Table 1). In the current global health scenario where the medical profession has come under constant flak for increasing commercialization, it is heartening to note that most doctors perceive that their patients appreciate their work. Work recognition is positively correlated with the job satisfaction variable⁽⁵⁾. Work recognition has been described as one of the parameters for adjudging work to be meaningful (Herzberg's hygiene factors⁽⁴⁾). It is a window into a worker's perception of the significance of his task. And task significance varies in direct proportion to the Motivating Potential Score of the individual⁽⁶⁾. In other words, an individual who perceives his job to be important is more likely to be motivated for performing that job. The motivating potential for the doctors in Health is greater as they perceive that their peers, seniors as well as patients recognize their work.

Variation of Job Satisfaction with socio demographic characteristics

It was found that doctors in the lower age bracket tend to remain more satisfied with their jobs in Medical Education Table (2).

Table (2). Job satisfaction level of the responding doctors vis-a-vis their demographic and professional characteristic. *Resident doctors following their academic junior residency were treated as graduates provided they did not already possess a postgraduate qualification in a different branch.

| S.No | Characteristics | Job Satisfaction Medical Education (n=57) | Job Satisfaction Health (n=47) | Remarks |
|------|-----------------|---|--------------------------------|----------|
| I | Age in years | | | |
| | ≤ 35 | 27 | 9 | NS |
| | > 35 & ≤ 45 | 6 | 19 | |
| | >45 | 23 | 19 | |
| II | Sex | | | |
| | Females | 16 | 16 | NS |
| | Males | 41 | 31 | |
| III | Marital status | | | |
| | Unmarried | 12 | 1 | P<0.003 |
| | Married | 45 | 46 | |
| IV | Education* | | | |
| | Graduation | 26 | 18 | NS |
| | Post graduation | 31 | 29 | |
| V | Service (yrs) | | | |
| | ≤ 5 | 24 | 2 | P<0.0005 |
| | >5 & ≤ 10 | 7 | 17 | |
| | >10 & ≤ 15 | 1 | 3 | |
| | >15 & ≤ 20 | 4 | 8 | |
| | >20 | 21 | 18 | |

This is probably because their priority at that age is to achieve higher academic qualifications. Gradually, this enthusiasm wanes, as they get involved in their work. The level of satisfaction was significantly less for unmarried people in the Health Services, ostensibly because doctors in Health have greater interaction with the community and are more vulnerable to its norms. No significant variations in satisfaction levels were found among specialists and graduates. The single global summation score for job satisfaction in both the study populations was comparable (Table 2) though studies elsewhere have shown lesser levels of satisfaction among doctors in the hospital setting⁽⁷⁾. However, the distribution of satisfaction with service duration followed a widely divergent path in the two cases. Where

satisfaction tended to decrease with an increase in service beyond 5 years among doctors of Medical Education, it showed an increase among the Health care fraternity, before showing a downward trend (Fig. 1). This could be because the dynamics of the work place environment in Medical Education tempers the initial enthusiasm of the job quickly as doctors perceive a discrepancy between their goals towards self-actualization and those of their organization. However, in Health, where the need for affiliation and the pay packet are also important, satisfaction with the system increases initially, before the dynamics of the work place take over. Later, as service progresses, the medical fraternity in both cases settles down to a life of low expectations and gradual acceptance of their organization.

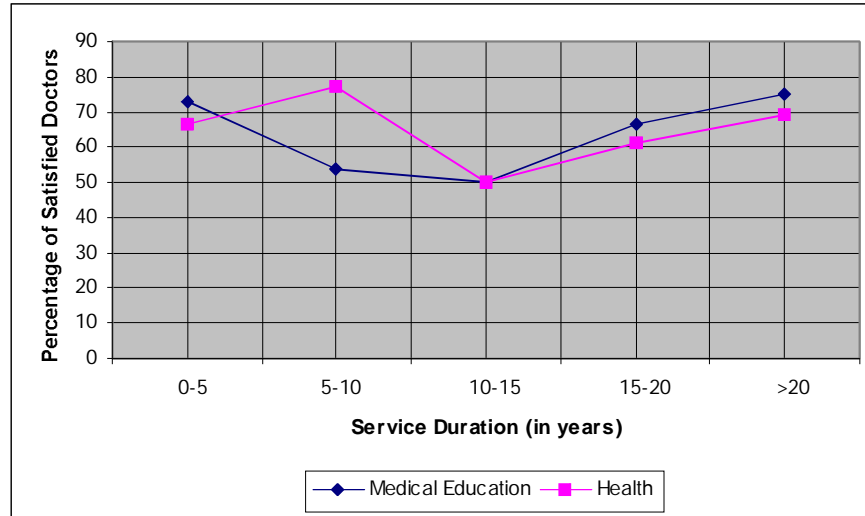


Fig. (1). Variation of Job Satisfaction with Service Duration.

Conclusion

Medical doctors in the state of Jammu and Kashmir in India are content with their jobs, even though they are not reconciled with the management's (in this case the government authorities) agenda. Their working relationships with their colleagues and the esteem in which their patients hold them are potent satisfiers in their professional lives. Most of these doctors are high achievers caught in a mediocre system. Their organizations would do well to understand their motivations and harness their potential for the benefit of the system.

References

1. Robbins S.P.: Values, Attitudes and Job Satisfaction; S.P.Robbins: Organizational Behavior, Prentice Hall of India; 2001, 9th ed, pp.60-81; ISBN-81-203-1708-4
2. Kraus S.J.: 'Attitudes and the Prediction of Behavior-A meta analysis of the Empirical Literature' Personality and Social Psychology Bulletin', January 1995, pp 58-75.
3. Ostroff C.: 'The relationship between satisfaction, attitudes and performance: an organizational level analysis' Journal of applied psychology, December 1992, 77, pp. 963-974
4. Robbins S.P.: Organizational Behavior, Prentice Hall of India; 2001, 9th ed, pp.154-187; ISBN-81-203-1708-4
5. Kaarna M, Polluste K, Lepnurm R, Thetloff M: 'The progress of reforms: job satisfaction in a typical hospital in Estonia' International Journal for Quality in Health Care; 16(3), pp 253-261
6. Pagano R.F.: 'An organization tool to enhance work motivation-part I- Job Satisfaction' Physician Executive; Jan-Feb 1993
7. Nylenna M, Gulbrandsen P, Ford R, Aasland O G. 'Unhappy doctors? A longitudinal study of life and job satisfaction among Norwegian doctors 1994-2002' BMC Health Services Research; ISSN 14726963; 2005; Vol. 5(1) pp 44 doi: 10.1186/1472-6963-5-44.