

Original Article

Specialty Satisfaction of Senior Specialists of a Tertiary Level Medical Teaching Institution.

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Abstract:

Introduction: Like any other professions specialty satisfaction is an important factor for quality service in the healthcare institutions also. There are different reasons of satisfaction and dissatisfaction in different age group, gender and types of specialties. Aim of this study was to evaluate the satisfaction and dissatisfaction of the senior specialists on their own specialties.

Methodology: It was a questionnaire based survey. Sample size was 45. Specialists have more than 5-year experience were included in this study. Reasons of selecting the specialty, causes of satisfaction or dissatisfaction were included in the questionnaire. Level of satisfaction was documented by Satisfaction with Life Scale (SWLS) guideline. Non-judgmental or neutral participants were excluded from the study. Chi-square test was done for the significance tests for categorical data.

Result: Satisfaction level was very high (93%) and was equally distributed in both the genders. Among the participants 29 (65%) were male and 16 (35%) were female. Key reasons of selecting the specialty were scope to teach (44.44%), scope to treat patients (33.33%) and duration of the course (26.67%). Main causes of satisfaction were less physical / mental stress (21.92%), student / patient satisfaction (17.81%) and scope of job / family time balance (16.44%). The most important factor for specialist dissatisfaction was less time to work-family imbalance (26.09%).

Conclusion: Selecting the specialty is an important decision of life. Spending time with family is desirable for the specialists and lack of work-family imbalance can lead to high level of dissatisfaction.

Key words: Specialty, satisfaction, dissatisfaction.

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Introduction:

Specialty choice of physicians are always very important for professional satisfaction. There is a strong reason of evaluating physician satisfaction for specialty.¹

It has been documented that satisfied physicians serve patients with more professionalism than the dissatisfied physicians. It was found that patient's satisfaction has been strongly related with the treating doctor's specialty satisfaction. Now a days a lot of sub-specialty options are available for the physicians. The common preferred specialties for Bangladeshi doctors are Anatomy (7.6%) Biochemistry (2.1%) Cardiology (1.0%) Forensic medicine (1.0%) OBG (15.2%) Medicine (23.9%) Microbiology (93.2%) Pediatrics (9.7%) Pathology (3.2%) Pharmacology (5.4%) and General surgery (27.1%).² According to undergraduate medical course curriculum these specialties are classified under the heading of preclinical, para-clinical and clinical.

There are different reasons and variables which contribute physician's specialty satisfaction which includes demography.³ Few studies found lady doctors have 60% more possibility of leaving specialty over male doctors. Some other reported lady physicians more satisfied with

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specialty in comparison to male counterpart. Middle-aged physicians had more satisfaction than the younger doctors.⁵ Physicians of few specialties expressed high satisfaction which included emergency medicine, obstetrics-gynecology, family medicine, dermatology, geriatric and psychiatry.⁶ Nature of the residency training program or the post-graduation course curriculum play important roles in specialty satisfaction. Other contributory factors are age, academic background, settings of the work place or individual's interest for the subject.⁷

Plenty of studies have been performed to evaluate job satisfaction of physicians but published studies on physician's specialty satisfaction are very limited. The aim of the study was to evaluate the satisfaction or dissatisfaction level of specialty of the senior physicians and to find out causes.

Methodology:

This was a questionnaire based survey on the senior physicians of an undergraduate medical institution of Bangladesh, who has at least 5-year experience in respective specialty. The sample size was 45. The study period was 1 month. Specialists who work at the Sylhet Women's Medical College and having five year or more professional experience were included in the study. The questionnaire was based on the Satisfaction with Life Scale (SWLS) guideline theme, so non-judgmental participants were not included in the study.⁸ Specialists who did not show interest to be included were also excluded from the study. The questionnaire was pretested on 5(10% of the sample size) specialists. After collecting the data collecting forms (DCF) from the participants all the variables were inserted in an Excel master data sheet. Chi-square test was

done for the categorical variables and independent t-test was done for the numerical data.

Result:

This was questionnaire based survey on 45 senior specialists of an academic medical college of Bangladesh. Among the participants 29 (65%) were male and 16 (35%) were female.

Table-1: According to satisfaction level.

Satisfaction level	Number (n)	Percentage	p-value (chi-square test)
Satisfied	34	75.56	< 0.00001
Highly satisfied	8	17.78	
Not satisfied	1	2.22	
Slightly dissatisfied	1	2.22	
Highly dissatisfied	1	2.22	

Table-1 shows a total 93% of the participants were satisfied / highly satisfied with their current specialty.

Table-2: Satisfaction level according to gender.

	Highly satisfied	Satisfied	Not satisfied	Slightly dissatisfied	Highly dissatisfied	p-value (chi-square test)
Male (n=29)	07	20	01	00	01	< 0.00001
Female (n=16)	02	13	00	01	00	

Table-2 explains that number of satisfied / highly satisfied participants were significantly higher in both the genders. In this study 93.1 % of male and 93.75% of female were satisfied (including highly satisfied) with their specialty.

Table-3: Satisfaction level according to year of experiences.

	Highly satisfied (n)	%	Satisfied (n)	%	Not satisfied (n)	%	Slightly dissatisfied (n)	%	Highly dissatisfied (n)	%
5-9 year (n=13)	02	15	11	85	00	00	00	00	00	00
10-15 year (n=18)	04	23.5	14	76.5	00	00	00	00	00	00
16-20 year (n=8)	00	00	06	75	00	00	01	12.5	01	12.5
>20 year (n=06)	02	33	03	50	01	17	00	00	00	00

According to table-3 there was no dissatisfaction among the 5-9 year and 10-15 year age group participants.

Table-4: Satisfaction level according to subtypes of specialty

	Highly satisfied	%	Satisfied	%	Not satisfied	%	Slightly dissatisfied	%	Highly dissatisfied	%
Preclinical (08)	01	12.5	07	87.5	00	00	00	00	00	00
Para-clinical (n=16)	01	6	14	88	00	00	01	6	00	00
Clinical (n=21)	06	28.5	13	62	01	4.75	00	4.75	01	4.75

Table-4 shows that highly satisfaction and highly dissatisfaction both were higher in clinical specialty participants.

Table-5: According to reasons of choosing the specialty

Reason of choosing specialty	Number (n)	Percentage (%)
Scope to teach	20	44.44
Scope to treat patients	15	33.33
Duration of the course	12	26.67
It was my dream since earlier	8	17.78
Less saturated subject	6	13.33
Other	6	13.33
Easy to enter	5	11.11
Financial benefit	2	4.44
Force by family	1	2.22

According to table-5, scope of teaching, scope of treating patients and the course duration were the important parameters when took decision about the specialties.

Table-6: According to causes of satisfaction

Causes of satisfaction	Number (n)	Percentage (%)
Less physical / mental stress	16	21.92
Student / patient satisfaction	13	17.81
Scope of job / family time balance	12	16.44
Socially respected subject	11	15.07
Challenging subject	9	12.33
Financial benefit	6	8.22
Scope of people interaction	4	5.48

Table-6 illustrates that less stress, student / patient satisfaction and scope of job / family life balance are the top three causes of satisfaction for the participants.

Table-7: According to causes of dissatisfaction

Causes of dissatisfaction	Number (n)	Percentage (%)
Less time for family	6	26.09
Mental / Physical stress	4	17.39
Not socially appreciated	4	17.39
Lack of scope for skill improvement	4	17.39
Financial	3	13.04
Lack of academic environment	2	8.7

According to the table-7 providing less time to family was commonest cause of dissatisfaction followed by stress, lack of social appreciation and lack of skill improvement.

Table-8: According to the preference of subjects if allowed to swith specialty

Preferences of subject	Number (n)	Percentage (%)
Pathology	4	16
General surgery	3	12
Internal medicine	3	12
Radiology	3	12
Cardiac surgery	1	4
Colorectal surgery	1	4
Neuromedicine	1	4
Neurosurgery	1	4
Nutrition	1	4
Oncology	1	4
Ophthalmology	1	4
Pediatric	1	4
Physical medicine	1	4
Psychiatry	1	4
Onco-pathology	1	4
Virology	1	4

Table-8 illustrates 44% of the participants want to stay in their own specialities even they are given a chance to swith the subject. Among the other 56% participants highest preference was for Pathology followed by General Surgery, Internal Medicine and Radiology.

Discussion:

According to the study of Heikkila et al only 12% of the physician wanted to change their specialty and the rest 88% were quite happy with their specialty.⁹ They also found the reasons of dissatisfaction are different in male and female. For male salary, appreciation and career were the key causes of dissatisfaction, on the other hand work-family balance was important for female. The younger group of the specialists were more satisfied with their specialties. In this study work-family imbalance was the main cause of dissatisfaction followed by physical / mental stress and lack of scope of skill improvement.

Paul Leigh et revealed that Pediatricians and Dermatologists were among the happiest specialist.¹⁰ Ophthalmologists were significantly dissatisfied during the studies of 90s but during the studies of 2004-2005 it was found that Ophthalmologists started becoming satisfied with their specialties. Obstetrics and Gynecological surgeons and Neurosurgeons were the most unsatisfied specialists due to medical malpractice lawsuits, irregular hours and loss of autonomy. Specialists of anesthesiology, diagnostic radiology, and pathology thought their job were controllable by themselves. Younger specialists and the specialist of 65-year or more had more satisfaction for their specialties. Work hour was the strongest variable of dissatisfaction for most of the specialties. Higher income specialties were more satisfied than lower income groups. In this study younger specialists were not included. Dissatisfied specialists opted Pathology, Surgery, Internal Medicine and Radiology for their preferences if they were allowed to switch the specialty.

According to the study of Rivers Woodward a sense of empowerment, variety in work, connection with patients, visible impact of one's work, feelings of community with coworkers and colleagues, and experiencing a sense of calling are the important variables of specialty satisfaction.¹¹ Calling vocational and Spirituality, impact community and patient's lives and connection with patients are the peak causes of satisfaction. In one report it was found

that burnout in specialist physicians have increased to more than 50% in some cases in comparison to 23% in other full time professionals.¹² In this study scope of teach (students) and treat (patients) and the post graduate course duration were the key reasons of preferring the specialty.

Satisfaction with overall career choice as specialist doctor was lowest among early career specialists, higher in middle career, and highest in the senior specialists.¹³ In the early age dissatisfaction group there was no significant gender difference. In the early age specialists career satisfaction was lowest in primary care physicians and surgeons. In the middle career group dissatisfaction was highest in medicine specialists and pediatricians. Work-life balance was the main cause of dissatisfaction and the key reason for not recommending this profession to kids. Long working hours and frequents on calls were responsible for work-life imbalance mostly. In this study there was no dissatisfaction in the middle career group (5-15 years after post-graduation). On the other hand, clinical specialties showed extreme end experiences. They were highest in highly satisfied and highly dissatisfied options.

After comparing the results of this study with the international results a fair similarity was revealed.

Conclusion: Work-family balance is a key factor of professionals. Relatively younger specialists have a higher level of satisfaction. Physical or mental stresses are the negative factors for healthcare specialists. Overall satisfaction level is very much higher among the middle and senior specialist of this tertiary level teaching institution.

Conflict of interest: No conflict of interest was expressed by any of the co-authors.

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