

Job Satisfaction among Medical Doctors in One of the Countries in Transition: Experience from Croatia

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ABSTRACT

Our aim was to explore and compare the job satisfaction between family physicians and hospital specialists in Split, Croatia. The survey was carried out in 2005 and 2006. A validated questionnaire was composed of two parts: 92 statements and questions about job satisfaction in the form of a Lickert scale (range 1–5) and eight questions concerning demographic issues. The questionnaire was completed and returned by 165 hospital specialists from the University Hospital and by 131 family physicians from the Split County. Response rate for family physicians was 39.81% and 41.46% for hospital specialists. Hospital doctors were divided in two groups: internal and surgical. There were no significant differences between family physicians and hospital specialists in total job satisfaction ($F=1.02$; $p=0.41$). Family physicians were more satisfied with their workplace conditions than internal medicine specialists (19.37 ± 4.23 vs. 17.37 ± 4.59 ; $F=5.93$; $p=0.003$), and less satisfied with the possibilities for postgraduate training than surgeons (5.27 ± 1.90 vs. 6.59 ± 2.07 ; $F=9.26$; $p<0.001$). Global job satisfaction was rather low but does not differ between the three medical groups. Disparities were observed in some segments (opportunity for further training and academic advancement, vacation, and salary). The reason for the family physician's relative satisfaction may be due to stable working conditions, independence in organizing work schedules and personal responsibility.

Key words: family medicine, general practitioners, internists, surgeons, job satisfaction, professional satisfaction

Introduction

»At the beginning and at the end of healing process there is always our personality as the most important therapeutic remedy«

D. Sackett

Job satisfaction is a positive experience (feeling of comfort) that employees have while performing their professional tasks¹. According to Bovier and Perneger, in medicine it may be examined through five levels: patient care, work and its limitations, salary and status, personal achievements, and professional relations with the colleagues². Of all the duties a doctor has, patient care comes first. The physician acts as a mediator – a link between a patient's disease and health, and consequently job dissatisfaction affects both the quality of health care

and the doctor-patient relationship^{3,4}. It could be argued that even patients are more satisfied if doctors take better care of themselves⁵ since their satisfaction is the best guarantee of patients' satisfaction⁶. Job satisfaction is enhanced by a good salary, a stress-free workplace and professional gratification⁷. Too high professional expectations develop negative feelings that produce poor work outcomes and a fragile doctor-patient relationship. They affect work-life balance, engender and perpetuate dissatisfaction with family life and contribute to the low quality of leisure time^{8,9}. William Osler (1849–1919) noticed time ago that many physicians were not happy in their professional lives¹⁰, and it seems that job dissatisfaction is increasing; most doctors »feel overworked and under-supported«¹¹. Approximately half of the senior medical staff suffer high stress levels and almost the same num-

ber tend to develop anxiety. High workloads and fatigue seem to be significant factors behind job dissatisfaction and stress among doctors^{1,12}. In 2001 Dutch family physicians staged a strike to express their discontent and draw attention to their problems¹³. Great Britain is currently facing family physicians' shortage: overtime work, low wages, and increased administrative obligations are the major causes of job dissatisfaction and principal reasons why physicians leave their practices¹⁴. They are least satisfied with their wages, insufficient time to follow the professional literature, and limited social life due to work overload^{15,16}. Conversely, Norwegian doctors enjoyed an increasing level of job satisfaction from 1994 to 2002. General practitioners (GPs) and psychiatrists reported significantly higher level of job satisfaction than the others^{7,17,18}. Job satisfaction among GPs in Denmark is even higher than in Norway or Great Britain. Certain level of discontent is considered to be a direct consequence of long working hours and excessive workload^{19,20}. A recent study in 12 European countries has shown that the burnout phenomenon is highly prevalent, ranging from 32% for personal accomplishment to 35% for depersonalization and to 43% for emotional exhaustion²¹.

It seems that GPs express more dissatisfaction with professional advancement, training opportunities and vacation time, and more satisfaction with their wages and workplace when compared with other speciality groups^{14,19,22}. In Croatia, during 2005, hospital doctors went on strike protesting, among other things, against inadequate wages, degraded social status, bad working conditions and high responsibility. They also expressed their discontent with the actual approach to medical education²³. The privatization of the Primary Health Care Sector brought about profound changes in the orga-

nization of health care and financing GPs/family physicians: their wages have been calculated according to the number of insured patients *per* doctor, which affected both their professional attitudes and job satisfaction.

In this study we have tried to explore the potential differences in the level of overall satisfaction/dissatisfaction among doctors from different groups of physicians, to identify factors contributing to their satisfaction/dissatisfaction and to examine the differences in these factors.

Participants and Methods

For the purpose of this study the MOT-2004 questionnaire, developed and validated in the »Puls« agency (an independent, full service marketing and public opinion research bureau from Zagreb, Croatia) was used. The form is regularly utilized to evaluate job satisfaction levels among different professions. The reliability analysis of MOT-2004 (unpublished) show high internal consistency ($\alpha=0.9$). The questionnaire consisted of 100 questions; 8 about demographic data and 92 about job satisfaction. The respondents were asked to rate 73 job satisfaction statements on a 5 point Likert scale, ranging from 1 – fully disagree, to 5 – fully agree. Overall job satisfaction was defined as a total score sum of the 73 statements, i.e. the highest possible score was 365, and the lowest 73. The following facts have been evaluated: place of work (6 statements), working time (3 statements), wage (3 statements), vacation (2 statements), professional development (2 statements), safety (2 statements), management (10 statements) and superiors (7 statements). The remaining 19 factors believed to contribute to satisfaction/dissatisfaction were defined in the same way, on a 5-point scale.

TABLE 1
GENERAL CHARACTERISTICS OF THE EXAMINEES (N=226)

	Surgical specialties (n=53)	Internal medicine (n=42)	Family medicine (n=131)	Total	χ^2	p
Gender						
Male	44 (33.33%)	62 (46.97%)	26 (19.67%)	132		
Female	10 (6.09%)	49 (29.88%)	105 (64.035)	164	67.91	<0.001
Age group						
≤ 40 years	23 (22.55%)	38 (37.25%)	41 (40.20%)	102		
41–50 years	12 (9.60%)	45 (36%)	68 (54.40%)	125		
≥ 51 years	18 (26.47%)	28 (41.18%)	22 (32.35%)	68	14.56	0.006
Working experience						
≤ 10 years	20 (26.32%)	29 (38.16%)	27 (35.53%)	76		
11–20 years	8 (7.48%)	31 (28.97%)	68 (63.55%)	107		
≥ 21 years	26 (23.015)	51 (45.13%)	36 (31.86%)	113	28.99	<0.001
Education levels						
Graduate doctors	13 (13.68%)	23 (24.21%)	59 (62.11%)	95		
Postgraduate students	27 (19.71%)	47 (34.31%)	63 (66.32%)	137		
Academic degree (MSc/ PhD)	14 (21.88%)	41 (64.06%)	9 (14.06%)	64	38.71	<0.001

The poll has been carried out in 2005 among family and hospital physicians (specialists and/or residents) in Split. Official records of the Split University Hospital for 2005 revealed 398 employed doctors. A request for participation was sent to the heads of all 19 departments, and 10 of them did not want to take part in the study. The reasons were numerous, from organizational problems to overt refusal. Therefore, included were 232 (58.29%) hospital specialists only. Out of 232 distributed questionnaires, 165 (71.12%) were correctly completed, 49 (21.12%) were not completed and 18 (7.76%) were completed only partially. Their consent to participate provided also 155 GPs/family physicians (47.29 % of all contract family physicians in Split-Dalmatian County, according to the 2005 official records of Croatian Institute for Health Insurance). Returned were 131 (84.51%) duly completed questionnaires, 19 (12.26%) were incomplete, and 5 (3.23%) partially filled. The responses were divided in three groups: specialists/residents in surgical branches, specialists/residents in internal medicine, and specialists/residents in GP/family medicine. The obtained data were tabulated and evaluated using descriptive statistics, *t* test and analysis of variance with post hoc tests; the level of significance was set at 95% ($p < 0.05$).

Results

Analyzed were 296 questionnaires: 165 (55.74%) from hospital doctors and 131 (44.27%) from GPs. Predominant respondents were women: 164 (55.4%) vs. 132 (44.6%) men; the female pollees were mostly, 64.02%, family physicians ($\chi^2=67.91$; $p < 0.001$). Most GPs belonged to the 41–50 age group ($\chi^2=14.56$; $p=0.006$), and they had significantly less academic degrees ($\chi^2=38.71$;

$p < 0.001$; Table 1). However, there was no significant difference in the overall job satisfaction level among different specialists ($F=1.02$; $p=0.41$). Concerning the wage satisfaction a significant difference was found between the three medical groups ($F=6.82$; $p=0.001$; Table 2). The lowest mean score was reported by internal medicine specialists (6.70±4.43), and the highest (7.82±2.71) by GPs. Compared to specialists, GPs scored higher (17.37±4.59 vs. 19.37±4.23) concerning satisfaction with workplace ($F=5.93$; $p=0.003$) as well. However, in reference to vacation-taking, GPs reported the lowest level of satisfaction (5.16±2.59), while internal medicine specialists (6.56±2.26) revealed the highest ($F=10.52$; $p < 0.001$). The postgraduate training opportunities were scored lowest by GPs (5.27±1.90), while surgical specialists (6.59±2.07) ranked the highest ($F=9.26$; $p < 0.001$). There were no significant differences between speciality groups about either external ($F=0.247$; $p=0.781$) or internal ($F=1.154$; $p=0.317$) satisfaction factors. The highest job satisfaction level was reported by the youngest age group ($F=11.18$; $p < 0.001$; Table 3). Respondents with higher academic degrees (MSc or PhD degree) were significantly less satisfied with their workplace ($F=4.292$; $p=0.015$), work time ($F=3.151$; $p=0.04$), wage ($F=4.768$; $p=0.009$) and vacation ($F=5.517$; $p=0.004$).

Discussion and Conclusion

Our study has shown no difference between the medical groups in the overall job satisfaction, including both external and internal factors^{9,24}. In a similar poll of another professional group, the economists (unpublished own results), we have obtained similar results, with no difference between those two professional groups

TABLE 2
TOTAL SCORES ON JOB SATISFACTION

	Surgical specialties (n=53)	Internal medicine (n=42)	Family medicine (n=131)	F	p
Total*	232.29±31.71	222.51±31.10	221.21±31.42	2.54	0.081
Workplace†	18.23±4.82	17.37±4.59	19.37±4.32	5.93	0.003
Work time‡	10.00±2.47	9.57±2.31	9.18±2.38	2.34	0.099
Wage§	6.75±2.43	6.70±2.34	7.82±2.71	6.82	0.001
Vacation	6.23±2.30	6.56±2.26	5.16±2.59	10.52	<0.001
Professional development¶	6.59±2.07	6.12±2.20	5.27±1.90	9.62	<0.001
Safety**	6.15±2.19	6.18±2.06	6.22±1.98	0.031	0.970
Management††	26.98±5.49	25.06±5.47	25.64±5.74	1.99	0.138
Superior‡‡	22.94±4.36	21.71±5.24	18.72±5.60	15.26	<0.001

* – Average score from 73 questions (the highest possible score 365, the lowest 73)
 † – Average workplace satisfaction score from 6 questions (the highest 30, the lowest 6)
 ‡ – Average score of working time from 3 questions (the highest 15, the lowest 3)
 § – Average wage score from 3 questions (the highest 15, the lowest 3)
 || – Average vacation score from 2 questions (the highest 10, the lowest 2)
 ¶ – Average professional development score from 2 questions (the highest 10, the lowest 2)
 ** – Average safety score from 2 questions (the highest 10, the lowest 2)
 †† – Average management score from 10 questions (the highest 50, the lowest 10)
 ‡‡ – Average superior score from 7 questions (the highest 35, the lowest 7)

TABLE 3
JOB SATISFACTION ACCORDING TO PHYSICIANS' CHARACTERISTICS

	N	Workplace	Working time	Wage	Vacation	Professional development	Safety	Management	Superior
Age group									
≤40 years	100	18.73±4.96	9.64±2.48	7.19±2.25	5.54±2.55	5.90±2.23	5.49±2.13	22.11±6.01	26.12±6.24
41–50 years	124	18.32±4.37	9.37±2.23	7.18±2.87	5.84±2.45	5.81±2.05	6.42±1.78	19.81±4.96	25.53±5.05
≥51 years	66	18.00±4.42	9.34±2.43	7.36±2.46	6.48±2.44	5.76±2.08	6.88±2.06	19.78±5.24	25.25±5.64
F		0.526	0.44	0.12	2.92	0.104	11.18	0.537	5.812
p		0.592	0.64	0.89	0.056	0.901	<0.001	0.585	0.003
Education level									
Graduate doctors	96	19.39±4.20	9.85±2.20	7.85±2.77	5.46± 2.39	5.80±2.00	5.96±2.15	21.01±6.27	26.27±6.03
Postgraduate students	132	18.29±4.70	9.49±2.40	6.79±2.36	5.75±2.60	5.80±2.15	6.22±1.91	20.28±5.06	25.72±5.33
Academic degree (MSc/PhD)	64	17.25±4.65	8.89±2.52	7.16±2.56	6.75±2.26	5.97±2.20	6.52±2.12	20.84±5.27	24.62±5.48
F		4.292	3.151	4.768	5.517	0.168	1.444	1.602	0.520
p		0.015	0.044	0.009	0.004	0.846	0.238	0.203	0.595
Gender									
Male	131	17.93±4.94	9.90±2.28	6.89±2.56	6.25±2.29	6.23±2.14	6.30±2.12	21.63±5.51	25.72±5.74
Female	164	18.80±4.25	9.12±2.41	7.47±2.57	5.58±2.63	5.51±2.03	6.12±1.98	19.81±5.40	25.62±5.53
F		3.555	0.623	0.000	7.364	0.268	2.002	0.081	0.180
P		0.060	0.431	0.994	0.007	0.605	0.158	0.776	0.672
Working experience									
≥ 10 years	76	18.74±4.69	10.15±2.19	7.36±2.23	5.93±2.51	6.09±2.11	5.35±2.15	23.27±5.58	27.146.30
11–20 years	107	18.68±4.65	9.10±2.29	7.17±2.68	5.28±2.47	5.64±2.05	6.29±1.85	19.12±5.04	25.31±5.17
≤ 21	112	17.93±4.46	9.39±2.51	7.15±2.71	6.41±2.40	5.84±2.17	6.68±1.97	20.31±5.31	24.97±5.37
F		0.990	4.446	0.178	5.799	1.00	10.437	3.577	13.598
p		0.373	0.013	0.837	0.003	0.369	<0.001	0.029	<0.001

Symbols and abbreviations as in Table 2

(61.3±8.6 vs. 62.06±9.03 points; $t=1.7$; $p>0.05$). One of the possible reasons for such results may be that providing high quality health care and establishing a good doctor-patient relationship are still the most important factors in achieving high levels of satisfaction in medical profession^{25–28}. Family physicians are more satisfied with their workplace than hospital doctors. Differences in levels of satisfaction with workplace, wage, vacation, professional development and superiors identified in our study are in accordance with previous reports of Van Ham and Verhoeven¹³. If doctors work under familiar and unchangeable conditions (work environment, labour time, colleagues, and patients), organize their schedule independently and feel personal responsibility for the job, they will identify with their workplace. Hospital doctors were unhappy with their wages: although besides regular salary they receive some remuneration for shift work (formally higher income), their workload is expanded out of proportion, augmenting the dissatisfaction feelings²³. In Croatia GPs receive monthly lump-sum payments according to the number of patients they care of. All the costs, including the wages of nursing personnel are covered from that amount. Doctor's wage is what remains after all costs have been covered. In our society a family

physician's status has been devaluated due to the unusual organization of the health system, and the common belief that anyone can do that job. There might be additional reasons as well²⁹. However, even under such circumstances GPs seem to be more satisfied with their wages than other respondents – maybe due to low self-confidence level. Out-of-hospital doctors, especially family physicians, have recently been exposed to additional stress because of the queer privatization with vague financial relations between obligations and rights. Thus, to the three-fold burden (services, research, teaching), to which Abraham Flexner³⁰ drew attention far back in 1910, a fourth has been added to GPs: management dexterity in a transitional country! The process of privatization made family physicians professionally isolated: they could only rely on themselves, with just few opportunities to share experience and new insights with colleagues, to attend professional meetings and socialize during and after work hours. Due to excessive workload and huge paperwork they can follow the professional literature only in their free time^{31,32}. Maintenance of good contacts and supportive relationships, as well as effective communication with colleagues contribute substantially to doctors' satisfaction^{13,33}. Therefore, GPs are deeply

dissatisfied with their prospective professional development.

Family physicians are equally malcontent with their vacations. Their days of rest must be planned not according to needs or wishes but in compliance with the workload. Substitute doctors and nurses are paid from physicians' own earnings, and additional problem lies in the shortage of available replacements. On the other hand, hospital doctors may plan well in advance and substitute each other during vacations, with no additional financial load.

Family physicians are least satisfied with their »superiors«, i.e. the payers, the Croatian Institute for Health Insurance. Communication between these two parties is reduced to official letters and unilateral decisions, without consultation or personal contact. Consequently, a phenomenon of »imaginary manager« is emerging. For GPs is hardly possible to influence the decision-making process; in any attempt they encounter a lot of administrative obstacles. Hospital doctors achieved higher academic degrees, although there was no significant difference in enrolment and/or completion of the postgraduate training. One of the reasons may be the divide between family physicians' practices and schools of medicine, withdrawing them from research and teaching (delivering lectures to medical students, preparing and writing research papers, etc.) during the working time. Academic achievement is not in balance with extraordinary efforts made by GPs to pursue an academic career. Nevertheless, they often report more job satisfaction than those in clinical practice⁴³. Medicine in general, and family medi-

cine in particular, is becoming a prevalently female profession (yet less lady doctors work in hospital, especially in surgical specialties). The proportion of female medical students is constantly increasing. Almost two thirds of graduate students from the Split School of Medicine are women; they study faster than their male peers and get better marks, not affecting the male-female ratio among hospital doctors, however³⁴. One of the possible reasons may be that the resident recruitment criteria are designed to prefer male gender^{34,35}. Different roles in family and society, as well as psychological and anthropological differences may also contribute to this gender distribution. Gender-based prejudice affects professional self-confidence, self-respect, collegiality, isolation, and job satisfaction as well^{34–36}. Canadian female doctors emphasize the importance of mentoring, collegial support, childcare provision, day-care facilities for toddlers, and combating sexual discrimination (e.g. by using gender-neutral language) in this respect³⁷.

The limitations of this report are relatively small sample size and the inherent subjectivity drawbacks of a survey. A more elaborate comparison of medical doctors with other professions is highly desirable. The study has revealed possible causes of physicians' stress and dissatisfaction. We believe that our results may help creators and reformers of the health care system to improve the doctors' status. The quality of health services could be improved, medical staff motivated and young people encouraged to enter this important, difficult and responsible profession, providing deep satisfaction to both doctors and patients.

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ZADOVOLJSTVO LIJEČNIKA SVOJIM RADOM U JEDNOJ TRANZICIJSKOJ ZEMLJI: ISKUSTVO IZ HRVATSKE

S A Ž E T A K

Cilj rada bio je istražiti i usporediti zadovoljstvo poslom između obiteljskih liječnika i liječnika zaposlenih u KBC Split. Istraživanje je provedeno u periodu od sredine 2005. do kraja 2006. godine. Korišten je validirani upitnik koji se sastoji od dva dijela: prvi dio sadrži 92 tvrdnje i pitanja o zadovoljstvu poslom u obliku Likertove skale (raspon 1–5), a drugi osam pitanja o demografskim obilježjima ispitanika. Od liječnika zaposlenih u KBC Split dobili smo 165 ispravno popunjenih upitnika, a 131 od obiteljskih liječnika s područja Splita. Stopa odgovora za obiteljske liječnike bila je 39,81%, a 41,46% za bolničke specijaliste. Bolničke liječnike smo prema specijalnosti podijelili u dvije grupe: internističke i kirurške grane. Nije bilo značajne razlike između obiteljskih liječnika i bolničkih specijalista u ukupnom zadovoljstvu poslom ($F=1,02$; $p=0,41$). Obiteljski liječnici bili su zadovoljniji s uvjetima radne okoline nego specijalisti internističkih grana ($19,37\pm 4,23$ vs. $17,37\pm 4,59$; $F=5,93$; $p=0,003$), ali manje zadovoljni s mogućnostima poslijediplomskog usavršavanja nego specijalisti kirurških grana ($5,27\pm 1,90$ vs. $6,59\pm 2,07$; $F=9,26$; $p<0,001$). Opće zadovoljstvo poslom nije veliko, ali se ne razlikuje između tri skupine liječnika. Razlike su uočene u nekim segmentima (prilika za daljnju edukaciju, akademsko napredovanje, mogućnost ostvarenja godišnjeg odmora i visina plaće). Razlozi za relativno zadovoljstvo obiteljskih liječnika mogu se objasniti specifičnostima u radu obiteljskog liječnika od kojih su možda najvažnije samostalnost u radu i osobna odgovornost.