

Socio-Demographic Correlates of Satisfaction Level of Primary Health Care Personnel in Gjilan, Kosovo

Zejdush Tahiri¹, Ervin Toçi², Llukan Rrumbullaku³, Polikron Pulluqi³, Enver Roshi⁴, Genc Burazeri^{4,5}

¹Principal Family Medicine Centre, Gjilan, Kosovo; ²Institute of Public Health, Tirana, Albania; ³Department of Family Medicine, Faculty of Medicine, Tirana University, Tirana, Albania; ⁴Department of Public Health, Faculty of Medicine, Tirana University, Tirana, Albania; ⁵Department of International Health, School for Public Health and Primary Care (CAPHR), Faculty of Health, Medicine and Life Sciences, Maastricht University, Maastricht, The Netherlands

Abstract

Citation: Tahiri Z, Toçi E, Rrumbullaku L, Pulluqi P, Roshi E, Burazeri G. Socio-Demographic Correlates of Satisfaction Level of Primary Health Care Personnel in Gjilan, Kosovo. *Maced J Med Sci.* 2012 Jul 31; 5(2):202-204. doi:10.3889/MJMS.1957-5773.2012.0232.

Key words: Kosovo; nurse; physician; primary health care; staff satisfaction.

Correspondence: Zejdush Tahiri, MD. Principal Family Medicine Centre, St. Avdulla Tahiri, 60000, Gjilan, Kosove. Telephone: +37744176713. E-mail: zejdushtahiri@hotmail.com

Received: 03-Feb-2012; Revised: 03-Mar-2012; Accepted: 08-Mar-2012; Online first: 30-Jul-2012

Copyright: © 2012 Tahiri Z. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Competing Interests: The author have declared that no competing interests exist.

Our survey conducted in 2011 aimed to assess the socio-economic correlates of primary health care personnel satisfaction in Kosovo, the newest country in Europe which is undergoing a difficult socioeconomic transition. In a sample of 142 primary health care professionals in Gjilan region, a significantly lower satisfaction level was reported among nurses compared with physicians. Overall, satisfaction level was positively related to work experience and work conditions.

Introduction

For a successful attainment of medical encounter, it is important for both medical staff and patients to fulfill their expectations. There is evidence that staff satisfaction is associated with patient satisfaction, quality of care and better health outcomes [1-4]. In the complex doctor-patient relationship, it is indispensable for the medical staff to be caring and show positive attitudes since the doctor and/or nurse is the leader of the medical encounter and his/her communication style strongly predicts patient satisfaction [5]. The job satisfaction of medical staff working in

general practice might be influenced by a whole range of factors involving not only personal characteristics [3], but also factors related to the working environment and income [6-8]. Physician dissatisfaction is associated with increased likelihood of burnout [9], and quitting medicine [10]. Primary care physicians play a very distinct role in keeping down the costs of health care services through the gate-keeping function of primary care [11]. Keeping health care costs under control is important for Kosovo, a country which is under reconstruction after emerging from a devastating war [12]. At a time of ongoing reforms, the weakness of primary health care (PHC) service in Kosovo leads to

low levels of satisfaction among general practice staff.

In this context, we conducted a survey aiming to assess the satisfaction of physicians and nurses working in PHC in Kosovo, in order to shed light upon personal determinants and correlates of staff satisfaction in an under-researched area in this country.

Material and Methods

Gjilan region comprises three communes. Each commune has a Principal Family Medicine Center (PFMC), several Family Medicine Centers (FMCs) and several Family Medicine Ambulances (FMAs). We interviewed all medical staff found in three PFMCs (one in each commune), and fourteen FMCs and seven AMCs in Gjilan commune for a total of 142 persons. A self-administered questionnaire (adapted from the Dartmouth-Hitchcock Medical Center instrument [13]) was used tapping different aspects of working conditions of the general practitioners, family doctors and nurses working in Gjilan region during September-December 2010. The response categories for each item ranged from 1 ("poor") to 5 ("excellent"). A summary score was calculated for each participant based on 9 individual questions, which was dichotomized in the analysis based on the median score into unsatisfied (below median) and satisfied (above median). Binary logistic regression was used to assess the association of satisfaction level with socio-demographic characteristics of participants. Age-adjusted and multivariable-adjusted odds ratios (ORs) and their respective 95% confidence intervals (95% CIs) were calculated.

The study was approved by the Kosovo Board of Biomedical Ethics.

Table 1: Socio-demographic characteristics of primary health care personnel in Gjilan, Kosovo, 2011.

Numerical variables	Median	Interquartile range (IQR)
Age (in years)	42	(36-49)
Work experience (in years)	8	(4-20)
Total satisfaction score (9 items)	28	(23-35)
Categorical variables	Number	Percentage
Sex:		
Male	59	41.5
Female	83	58.5
Profession:		
Family doctor	35	24.6
General practitioner	41	28.9
Nurse	66	46.5
Place of work:		
PFMC	51	35.9
FMC	78	54.9
FMA	13	9.2

Results

Mean age of participants was 42±9 years (range 24-62 years), and 41.5% of individuals were males (Table 1). Age-adjusted analysis (Table 2) showed that the place of work and the work experience were significantly associated with the satisfaction level: health professionals working in PFMCs were almost 5 times more likely to be satisfied compared to FMAs counterparts (OR=4.8, 95%CI=1.3-16.1), but results should be interpreted with caution due to the small number of participants. Conversely, no significant difference was noticed in satisfaction levels of those working in FMCs. Work experience was positively associated with satisfaction level (OR=1.07, 95% CI=1.01-1.13). Upon multivariable adjustment, there was a significant association between satisfaction level and profession,

Table 2: Association of satisfaction level with socio-demographic characteristics of primary health care personnel in Kosovo; age-adjusted and multivariable-adjusted odds ratios (ORs) from binary logistic regression.

Variable	Age-adjusted		Multivariable adjusted	
	Overall score (9 items)* OR (95% CI) [†]	P	Overall score (9 items)* OR (95% CI) [†]	P
Age	1.01 (0.97-1.05)	0.684	0.95 (0.90-1.01)	0.130
Sex				
Male	Reference	0.509	Reference	0.918
Female	1.25 (0.64-2.45)		1.04 (0.46-2.37)	
Profession		0.494 (2)		0.046 (2)
Family doctor	1.49 (0.64-3.49)	0.356	4.03 (1.34-12.14)	0.013
General practitioner	0.85 (0.38-1.87)	0.681	2.15 (0.72-6.49)	0.173
Nurse	Reference	-	Reference	-
Place of work		0.004 (2)		0.003 (2)
PFMC	4.51 (1.27-16.08)	0.020	4.80 (1.29-17.95)	0.020
FMC	1.52 (0.41-5.63)	0.529	1.37 (0.35-5.41)	0.652
FMA	Reference	-	Reference	-
Work experience	1.05 (1.01-1.10)	0.037	1.07 (1.01-1.13)	0.020

* An overall satisfaction score (including 9 items) was calculated for each participant and dichotomized into "unsatisfied" (below median overall score) vs. "satisfied" (above median).

[†] OR = odds ratio (satisfied vs. unsatisfied); CI = confidence interval.

with family doctors being 4 times more likely to be satisfied compared to nurses (OR=4.0, 95%CI=1.3-12.1). Working in PFMCs and work experience retained their significance, whereas age and sex were not significantly associated with satisfaction level (Table 2).

Discussion

Besides being professional, the medical staff should be supportive and caring and, to succeed this mission, health professionals should enjoy and feel their vocation. Primary care physicians and nurses, by the very nature of the general practice which implies greater continuity of care, closer, more personal contacts and more trust with the patients, are more attached to their patients compared to other levels of care. Indeed, there is documented evidence positively associating physicians and patients' satisfaction living in same geographical locations [1]. Research suggests physician career

satisfaction is strongly correlated to patient satisfaction [1]. Career satisfaction depends, besides other factors, on the satisfaction with the working environment.

According to our findings, place of work does influence the level of staff satisfaction. Physicians working in PFMCs were significantly more satisfied compared to their counterparts working in FMAs. PFMCs are located at the center of the communes and in many countries there is a tendency of physicians opting to work in city centers rather than in peripheral or rural areas. We found a weak and positive relationship between work experience and satisfaction level even though the literature suggests for inconsistent relationships [14]. However, in our sample, age was not significantly associated with satisfaction. Research shows that age is weakly associated with satisfaction when it is treated as a numerical variable and there is a U-shape association when treated as categorical variable [14]. Apparently, age-experience-satisfaction relationship is complex. Notwithstanding the argument that, the older the more experienced, it is the working environment (with an array of factors influencing satisfaction) which determines the association with satisfaction level.

In our study, a strong determinant of staff satisfaction in general practice was the type of profession, with family doctors being significantly more satisfied compared to nurses. This finding is of particular importance because it pinpoints to the fact that nurses are not sufficiently satisfied and several studies have reported a strong influence of the satisfaction of non-physician staff to patient satisfaction [2, 4]. As one study reported, in general practice, nurses are commonly considered as supplements rather than substitutes for the care given [15] and this might influence their overall satisfaction.

In conclusion, profession, work experience and work place were significant predictors of satisfaction level of health care personnel in this region of Kosovo. There is an obvious need to increase self-confidence and self-esteem of nurses working in general practice, as an effective intervention in order to meet health needs of the population in Kosovo.

References

1. DeVoe J, Fryer GE Jr, Straub A, McCann J, Fairbrother G. Congruent satisfaction: is there geographic correlation between patient and physician satisfaction? *Med Care.* 2007; 45(1):88-94.
2. Henry SG, Fuhrel-Forbis A, Rogers MA, Eggly S. Association between nonverbal communication during clinical interactions and

outcomes: A systematic review and meta-analysis. *Patient Educ Couns.* 2011. [Epub ahead of print].

3. DeVoe J, Fryer Jr GE, Hargraves JL, Phillips RL, Green LA. Does career dissatisfaction affect the ability of family physicians to deliver high-quality patient care? *J Fam Pract.* 2002; 51(3):223-8.
4. Szecsenyi J, Goetz K, Campbell S, Broge B, Reuschenbach B, Wensing M. Is the job satisfaction of primary care team members associated with patient satisfaction? *BMJ Qual Saf.* 2011; 20(6):508-14.
5. Cousin G, Schmid Mast M, Roter DL, Hall JA. Concordance between physician communication style and patient attitudes predicts patient satisfaction. *Patient Educ Couns* 2011. [Epub ahead of print].
6. Williams ES, Konrad TR, Linzer M, McMurray J, Pathman DE, Gerrity M, Schwartz MD, Scheckler WE, Douglas J. Physician, practice, and patient characteristics related to primary care physician physical and mental health: results from the Physician Worklife Study. *Health Serv Res.* 2002; 37(1):121-43.
7. Deshpande SP, Demello J. An empirical investigation of factors influencing career satisfaction of primary care physicians. *J Am Board Fam Med.* 2010; 23(6):762-9.
8. Konrad TR, Williams ES, Linzer M, McMurray J, Pathman DE, Gerrity M, Schwartz MD, Scheckler WE, Van Kirk J, Rhodes E, Douglas J. Measuring physician job satisfaction in a changing workplace and a challenging environment. *Med Care.* 1999; 37(11):1174-82.
9. Keeton K, Fenner DE, Johnson TR, Hayward RA. Predictors of physician career satisfaction, work-life balance, and burnout. *Obstet Gynecol.* 2007; 109(4):949-55.
10. Landon BE, Reschovsky JD, Pham HH, Blumenthal D. Leaving medicine: the consequences of physician dissatisfaction. *Med Care.* 2006; 44(3):234-42.
11. Ferrer RL, Hambidge SJ, Maly RC. The essential role of generalists in health care systems. *Ann Intern Med.* 2005; 142(8):691-9.
12. Buwa D, Vuori H. Rebuilding a health care system: war, reconstruction and health care reforms in Kosovo. *Eur J Public Health.* 2007; 17(2):226-30.
13. Trustees of Dartmouth College, Godfrey, Nelson, Batalden, Institute for Healthcare Improvement. *Assessing, Diagnosing and Treating Your Outpatient Primary Care Practice* (page 12). Adapted from the original version, Dartmouth-Hitchcock, Version 2, February 2005.

Available at: http://www.clinicalmicrosystem.org/materials/workbooks/outpatient_primary_care.doc. Accessed on 1 February 2012

14. Scheurer D, McKean S, Miller J, Wetterneck T. U.S. physician satisfaction: a systematic review. *J Hosp Med.* 2009; 4(9):560-8.
15. Laurant MG, Hermens RP, Braspenning JC, Sibbald B, Grol RP. Impact of nurse practitioners on workload of general practitioners: randomised controlled trial. *BMJ.* 2004; 328(7445):927.