

Occupational status of Shaheed Beheshti University of Medical Sciences Graduates in 1993-7

Yadegarynia D, MD¹; Emami H, PhD²; Peyrovi H, MD³

¹ Professor, infectious and tropical disease research center, Shahid Beheshti University of Medical Sciences and Health Services

² Assistant researcher, Tuberculosis and lung disease research center, Shahid Beheshti University of Medical Sciences and Health Services

³ Professor, Department of Surgery, Shahid Beheshti University of Medical Sciences and Health Services

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Abstract

Background and purpose: Job Satisfaction of the physicians and factors influencing it, are the issues receiving special attention by the health systems of every country. The present study aimed at revealing the current status of the employment and academic achievements of our physician and their attitude toward their job, in order to provide required information for the relevant authorities.

Methods: In this descriptive cross-sectional study, an 8-item questionnaire was developed including 7 closed as well as 1 open question. The list of the physicians who were graduated from the Medical School of Shaheed Beheshti University of Medical Sciences and Health Services (SBMU) from 1993 to 1997, was obtained from the Education Deputy of the University and Islamic Republic of Iran Medical Council. The questionnaires were then posted to the target group of physicians. The returned questionnaires were controlled and the related data was entered into the SPSS software.

Results: Of all respondents, 356(67.3%) were male and others were female; 363(68.4%) were married; 260 (50.8%) had completed the military service, and others were exempted. One hundred ninety (55.1%) of the men and 103 (62%) of the women had entered the university using open quota. Ninety four (61%) of the single participants were dissatisfied with their jobs. This was 174 (49.2%) in the married group. The most dissatisfied (162, 57.4%) were among open quota group. More than half of the men and half of the women were dissatisfied with their jobs

Conclusion: Physician's workforce are among the most expensive human resources. A general dissatisfaction which has been shown in this study should be viewed as warning for policymakers and authorities to take measures to safeguard this expensive human capitals.

Key word: JOB SATISFACTION, PHYSICIAN OCCUPATION

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Introduction

Health is particularly important as it is related to human's life and society's physical and mental well being. One most effective factor in the health system of Iran which is based on health

Corresponding author: Dr Davood Yadegarinia, the head of infectious and tropical disease research center; has been long working in improvement of education in Shaheed Beheshti Medical School and was the former deputy of education.

Tel: 98 21 224 24 205

Fax: 98 21 224 24 206

E-mail: yadegarynia@yahoo.com

networks, are general practitioners. Job Satisfaction of these physicians and factors influencing it, are the issues receiving special attention by the health societies of every country (1). It motivates medical students to get the required capabilities in knowledge and skills during their academic years, thereby leading to the health improvement of the society brought about by these same graduates (2). Increased numbers of the physicians, besides limited employment opportunities in our current health system, have resulted in an excess of physician

work force supply, decreased earnings of individual physician, lack of financial security, job instability, etc. The consequences have been lack of motivation and lower performance of the young doctors in the health system. In our society physicians' tendency to practice in non-medical jobs and businesses that are totally incongruent with their academic field of study, lack of doctors' motivation to update their knowledge and even to provide services, and finally destructive job competitions that have resulted in diminished social altitude of the profession, have faced this profession with a critical crisis (3).

Unemployment, not having proper jobs, and lack of opportunity to study in graduate programs, as well as the increased annual number of the graduates of the medical universities of the country, are now important national issues. Imbalance actions taken by different social organizations responsible for this critical issue, e.g. lack of opportunity to study in graduate programs, or place graduates in the jobs congruent to their academic field of study, risk of disappointment and dissatisfaction of the graduates with medicine and its related jobs, would induce negative effects on a wide range of young people who have planned to choose medicine as their profession in the future. This is in addition to the destructive effects that are imposed on the spirits of these potential national human capitals.

There are various causes for the job dissatisfaction of the physicians, including, lack of opportunity to practice in clinical fields (4,5), low employment opportunities in the health market, job insecurity, or unwillingness of insurance companies to make contracts especially with the younger physicians. These are the defects that are not hidden from the authorities of the medical society (6,7). Failing to connect to academic or scientific parties, inability to access new scientific data, lack of enough notifications to exchange professional knowledge, low income, lack of the opportunity to get professional advice from other health professionals, and the so called "family physician system" are of those causes that are involved in the dissatisfaction of the physicians (8). To

what extent does a student entering a medical school with a hope of fulfilling his spirits and seeking of knowledge, reach his/her goals by the time s/he graduates (9)?

In recent years, researchers have become interested in examining the factors related to job satisfaction of the physicians, as our last search in the MEDLINE database revealed that 50% of the articles related to this topic, were conducted during the last 5 years.

The present study was aimed at revealing the current status of the employment and academic achievements of a part of our physician society and their attitude toward their job, in order to provide practical guidelines for the relevant authorities.

Methods

In this descriptive cross-sectional study, a 16-itemed questionnaire was developed including 7 closed as well as 1 open question. The items were chosen considering the views of the high ranking managers and those who have been involved in education at medical universities for years. List of the physicians who were graduated from the Medical School, of Shaheed Beheshti University of Medical Sciences and Health Services (SBMU) from 1993 to 1997, was obtained from the Education Deputy of the University and Islamic Republic of Iran Medical Council. The internal validity of the questionnaire was assessed by a number of faculty members with years of experience in medical education. The questionnaires were then posted to the target group of physicians. The returned questionnaires were controlled and the related data was entered into the SPSS software. The Data was analyzed in two parts: 1. Data related to the closed questions; for this part, frequency of the different jobs taken by physicians, their academic achievements, and so on were demonstrated in the form of charts and diagrams. 2. Data related to the open questions; for this part, an experienced expert in medical education read the answers carefully, extracted the common axial themes and coded them using a coding system; then by using the SPSS software the frequencies

of these axial themes were depicted in charts and diagrams. Of the 2500 questionnaires sent, 610 were returned, 529 of which had completed answers that made them analyzable. It must be noted that as not everybody had answered all the questions, so the total sums of the data in charts and tables are differing.

Results

Of the total number of the filled questionnaires, 356(67.3%) belonged to the men and others belonged to the women; 363(68.4%) of the participants were married; 260 (50.8%) had completed the military service, and others were exempted. Note that women were also included in exempted group (Table1).

Table 1. Demographic characteristics of the participants

Characteristics	number	percentage
Gender		
-man	356	67.3
-woman	173	32.7
Marital status		
-Single	168	31.6
-married	363	68.4
Military Service		
-completed	260	50.8
-exempted	251	49.2
Quota		
-open	298	43.4
-zone specific	138	20.1
-Other quotas	250	36.4

Regarding the marital status, 239(67.5%) of the men and 121(70.3%)of the women were married; The difference was not significant (Figure1).

Among the male respondents, 254 (74.1%) completed the military service and 88 (25.9%) of them were exempted .All the female participants were exempted from the military service. Most of the participants were the physicians who had used the open quota,

numbering 298 (43.4%) of the participants; 138 (20.1%) had used zone specific and 250 (36.4%) other quotas (Figure 2).

Figure 1. Marital status of the participants

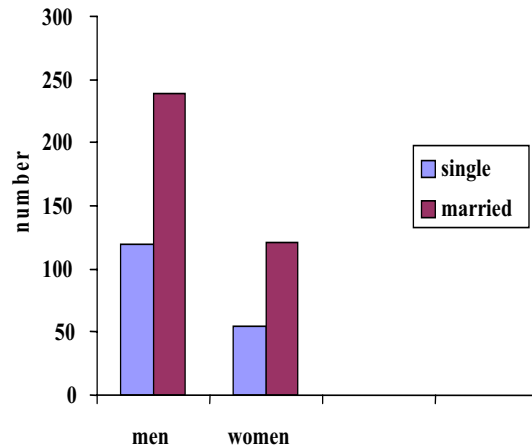
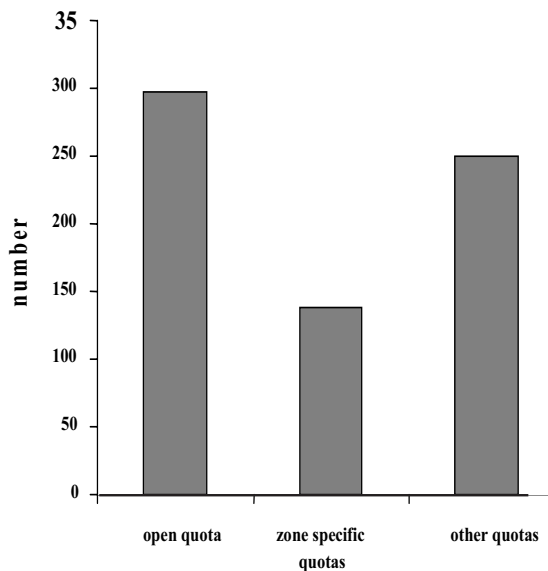


Figure 2. Distribution of the participants based on quotas



Of all respondents, 190 (55.1%) of the men and 103 (62%) of the women had entered the university using open quota. The difference between men and women based on their quotas was significant (p=.004). Table 1 illustrates the

participants distribution based on their military service status and used university entrance quotas. Sixty (23%) of the men and 57 (42.9%) of women that filled the questionnaires and had taken part in residency entrance exams of the country, had passed the exams. The difference between the two groups was significant ($p=.03$). 14 (21.2%) of the men and 5 (21.7%) of the women expressed their interests in studying in non-medical fields. Here the difference was not significant (Table 2).

Table 2. Distribution of the participants based on their residency entrance exam results and entering graduate studies, separated by gender, 2002

Post graduate study status	man		woman	
	number	percentage	number	percentage
Passed the residency entrance examination of Iran*	60	23	57	43.5
Passed the residency entrance examinations of other countries	5	41.7	3	75
Interested in studying in non-medical fields	14	21.2	5	21.7

* The difference between the male and female groups was with a P-value of .03.

positive answers. This was 3 of 4 (75%) in the female group. Twenty three men had non-medical jobs, either private or governmental. In female group this figure was 3.

Of the 581 who had answered the question related to job satisfaction, 18 (3%) claimed that they were satisfied with their jobs, 222 (30.2%) were relatively satisfied, and the rest (58.7%) were dissatisfied. More than half of the men and half of the women were dissatisfied with their jobs.

This was 180 (52.3%) of the men and 161 (52.8%) of the women with no significant difference (Table 3).

Ninety four (61%) of the single participants were dissatisfied with their jobs. This was 174 (49.2%) in the married group. (Table 4).

The most number of job dissatisfactions was expressed by the participants in open quota group, numbering 162 (57.4%) of the participants. This was 8% more than the numbers seen in the zone specific quotas group, and 13% more in other quotas (martyrs family, scarifires, war veterans) group. The difference between these groups was significant ($P=.0000$) (Table 5).

At the time of study most of the participant, numbering 304 (57.8%) of the participants, were doing office practice. Of these, 155 (57.7%) were dissatisfied with their situation. Most of the dissatisfactions were expressed by jobless physicians, as 70 (86.4%) of them were

Table 3. Job satisfaction of the participants separated by gender

Gender	Total number (N=581)		Current job satisfaction status					
			satisfied		Relatively satisfied		Dissatisfied	
	No.	%	No.	%	No.	%	No.	%
male	344	59.2	12	3.5	152	44.2	180	52.3
Female	237	40.8	6	2.5	70	43.5	161	52.8
Total	581	100	18	3	222	30.2	341	58.7

At the time of the study, 200 (98.5%) of the men and 99 (99%) of the women were practicing in their offices. Of the 12 men who had answered the question related to homeopathy, 6 (50%) gave

dissatisfied with their situation (Table 6).

Of all the most important causes of job dissatisfaction mentioned by the participants, inappropriate regional distribution of the

Table 4. Distribution of job satisfaction of the participants separated by marital status

Marital status	Total number (N=508)		Current status of job satisfaction					
			satisfied		Relatively satisfied		dissatisfied	
	No.	%	No.	%	No.	%	No.	%
Single	154	30.3	7	4.5	53	34.4	94	61.0
married	354	69.6	11	3.1	169	47.7	174	49.2

Table 5. Distribution of job satisfaction of the participants separated by the university entrance quotas used

Type of quota	Total number (N=543)		Current status of job satisfaction					
			Satisfied		Relatively satisfied		Dissatisfied	
	No.	%	No.	%	No.	%	No.	%
Open	282	51.9	9	3.2	111	39.4	162	57.4
Zone specific	132	24.3	4	3.0	62	46.6	66	49.6
Other	129	23.7	18	4.3	59	50.9	52	43.7

Table 6. Distribution of job satisfaction of the participants separated by their jobs

Type of practice	Number (N=529)		Current job satisfaction of the participants					
			Satisfied		Relatively satisfied		Dissatisfied	
	No.	%	No.	%	No.	%	No.	%
Office practice	306	57.8	7	2.3	144	47.1	155	
Clinical practice for governmental or private organizations	197	37.2	5	2.5	117	59.4	75	
Jobless	81	15.3	2	2.5	9	11.1	70	
Resident	75	14.1	7	9.3	40	53.3	28	
Non-medical jobs in governmental or private organizations	27	5.1	2	7.4	15	55.6	10	
Work in research centers	16	3.0	1	6.3	9	56.3	6	
Study in non-medical fields	8	1.5	0	0	6	75.0	2	
Work in basic sciences related jobs	5	.9	0	0	1	20.0	4	
Other jobs	52	9.8	0	0	19	36.5	33	

physicians numbering to 299 (56.5%) of the cases was the most cause, and difficulty in accessing medical articles, numbering 156 (29%) of cases, was the least cause claimed. Low income with 212 (59.6%) of the cases was the most and, difficulty in accessing medical articles with 108

(30.3%) of the cases was the least cause claimed by men as their causes for job dissatisfaction. The numbers in female group were 104(60.1%) for the brain drain, and 48 (27.7%) for difficulty in accessing medical articles, consecutively (Table 7).

Table7. Distribution of the causes of job satisfactions of the participants

Causes of dissatisfaction	Total number (N=529)		gender			
			Male		Female	
	No.	%	No.	%	No.	%
Inappropriate regional distribution of physicians	299	56.5	207	58.1	92	53.2
Low income	298	56.3	212	59.6	86	49.7
Increased home visit of the physicians	295	55.7	194	54.5	101	58.4
Increased student intake number in different quotas	291	55.0	191	53.7	100	57.8
Brain drain	289	54.6	185	52	104	60.1
Lack of a suitable governmental plan	284	53.6	195	54.8	89	51.4
Spiritual problems	273	51.6	182	51.1	91	52.6
Difficulty in entering residency programs	269	50.8	179	50.3	90	52.0
Privileges given to deprived regions	269	50.8	182	51.1	87	50.3
Welfare and insurance issues	268	50.6	188	52.8	80	46.2
Favoritism (Nepotism)	267	50.4	185	52	82	47.4
Excessive number of physicians	262	49.5	173	48.6	89	51.4
Housing problems	255	48.2	165	46.3	90	52.0
Inefficient instructional programs	253	47.8	172	48.3	81	46.8
Lack of research centers	253	47.8	174	48.9	79	45.7
Low employment rate	252	47.6	171	48.0	81	46.8
Low payments	250	47.2	178	50.0	72	41.6
Troublesome laws, rules, and regulations	244	46.1	175	49.2	69	39.9
Job security	178	33.6	127	35.7	51	29.5
Low visit fees	175	33.0	119	33.4	56	32.4
Difficulty in finding jobs	171	32.3	109	30.6	62	35.8
Social respect	170	32.1	115	32.3	55	31.8
Financial problems	164	31.0	109	30.6	55	31.8
Difficulty in accessing medical articles	156	29.0	108	30.3	48	27.7

Discussion

The number of participants with complete job satisfaction was few in this study. Inappropriate regional distribution of the physicians, low income, and home visits fees increased student number in different quotas, brain drain, lack of clear human resource development policies, spiritual problems, difficulty in entering residency programs, were of the most important causes involved in job dissatisfaction of the study group. In a study on 300 young physicians, difficulty in

entering residency programs, and its consequences was claimed to be an important cause of job dissatisfaction.

The participants believed that the financial and professional improvements of the field, i.e. medicine, in the future are not promising (16). A study by Asefzadeh and his colleagues to reveal interns' viewpoints about the future prospect of the profession, showed only 5% had a trust on the financial security, comfort, and economic welfare that the profession would bring to them; less than 20% believed in job security

to be good and very good; 45% believed in the spiritual satisfaction the profession brings about to be good and very good. More than 60% believed that their chances to have scientific vocations in the future are moderate to very bad. The study also showed that 95% of the study group viewed the future financial prospects of the profession as moderate to very bad; hence 50% regarded the future scientific value of the profession as good to very good.

Many of the factors involved in decreased job satisfaction are brought into mind before one graduate from medical school. A study was conducted by Dr. Reza Ghaderi and his colleagues (18) on 227 students in different study levels in Birjand medical University, aimed at assessing the students' attitude toward the profession as they enter the university and causes of their later job dissatisfactions. Personal interests (73%), social status of the profession (62%), social inspiration with the significance of the profession, were the most important reasons the students gave for choosing medicine as their vocation in this study. The most important factors they stated as the causes of job dissatisfaction included, lack of research facilities (64%), compulsory medical services (59%), job insecurity (59%) and inappropriate educational planning (55%). In another study of pre-graduate students, most of the dissatisfaction expressed were with some educational departments, clerkship and internship phases, welfare issues, teaching aids, and traditional teaching methods of some faculty members¹⁹. A study of 302 practicing physicians in the health system of Riaz, Saudi Arabia, 71.5% of the participants were dissatisfied with working in two shifts a day, and 75.8% found it tiresome.

Forty eight percent of the physicians were discontented with the instructional programs. In a study conducted on 60 office practicing physicians to reveal their educational needs, only 10% believed that the content and the quality of the training materials were enough and desirable²¹. On another study of all the participants in instructional programs during March 2000 to September 2001 in Zahedan, Iran, instead of traditional instructional programs, the

participants asked for self-instruction programs related to the common diseases of their province (22).

Response rate in a study is usually related to the data gathering method; for example, response rate found in different data gathering methods are as follows: by newspaper, 1% to 2%; by post, 50%-60%; by telephone, up to 80%, and by face to face, as high as 90%²³. Therefore one of the limitations of our study was that the data gathered can not be generalized to the physician population of the country, as it was mentioned in methods section of the article, 24.4% of the target group had answered and sent back the questionnaires. One of the different causes of low response rate here may be discontent and distrust in surveys. Behavioral and social studies have shown a significant and direct correlation between job satisfaction and professional performance (14). Therefore the high ranking managers and higher decision making educational authorities need to know the factors involving job dissatisfaction and think of preventive remedial strategies and measures to increase professional performance.

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