

Association between Stress and Job Satisfaction in Young Doctors in Tertiary Care Hospitals in Lahore, Pakistan

Zohaib A. Khan¹ , Zeelaf Butt¹, Arfaa Asghar¹,
Aijaz Zeeshan Khan Chachar² , Kinza Khan³

¹Shaikh Zayed Hospital, Lahore

²Fatima Memorial Hospital College of Medicine & Dentistry, Shadman Lahore

³University of Tennessee, USA

Abstract: Background: With the introduction of the countless technological advancement in today's day and age, one would expect the overall wellness of the physical being and the mind to rise significantly. Granted there has been an increase in the overall physical health of the people of the world, however the overall mental health problems of the world over have also increased over time, with WHO estimating as many as 450 million people affected worldwide.¹ Often the decrease in mental health is manifested in ways such as, depression, stress and suicidal tendencies. **objectives:** The objective of this article was to determine if there was an association of stress with the job satisfaction. In addition, the secondary objectives were to determine if there were any demographic associations with job satisfaction. **Materials and Methods:** Study Design & Study Settings: This was a cross sectional study was set to include the doctors from two tertiary care hospitals in Lahore, Pakistan. Namely, Shaikh Zayed Medical Complex and Jinnah Hospital, Lahore. **Results:** In the sample pool, majority of the doctors were male (56.7%) and out of the 150, 86% were under the age of 25, even though the average age of the responders was 27 years old. A huge majority (60%) of the doctors worked at the level of a Post Graduate Trainee, with 56% of the total doctors having worked in the Medicine Department. Of the 150 doctors, only 5 of them claimed to be under low levels of stress with the majority of the doctors landing in areas of drastically elevated stress. The average for the stress levels is at 12 which register as moderately high stress levels on the used scales. It was found that job satisfaction correlates negatively with job stress meaning that an increasing job stress will decrease job satisfaction and this finding was significant. ($p < .001$). for independent predictors like age, gender marital status residential status, and job title, Age showed a negative beta for job satisfaction i.e. each unit increase in job results in decreasing satisfaction level, while the rest of covariates also showed a non-significant relationship with job satisfaction. **Conclusion:** The regression analysis done with the data does hint that there may be an association between the two parameters. According to the results there is however a definite decrease in the over satisfaction of the job as the levels of overall stress rises.

Keywords: Stress, Job Satisfaction, Young Doctors

Introduction : With the introduction of the countless technological advancement in today's day and age, one would expect the overall wellness of the physical being and the mind to rise significantly. Granted there has been an increase in the overall physical health of the people of the world, however the overall mental health problems of the world over have also increased over time, with WHO estimating as many as 450 million people affected worldwide.¹ Often the decrease in mental health is manifested in ways such as, depression, stress and suicidal tendencies.

Doctors too are not immune to these statistics. Although they are considered to be the top amongst the professional categories, they too suffer from multiple mental problems, many of which are ignored and overlooked. One of the greatest problems that the doctors, and other professional beings face, is that of workplace stress. Among the job professions, the healthcare system is one that shows the greatest levels of stress.²

Workplace Stress is defined as the response people may have when presented with work demands and

pressures that are not matched to their knowledge and abilities and which challenge their ability to cope.³

The stress levels in the work place across the globe have risen dramatically. According to a study by Korn Ferry,⁴ it was seen that over 76% of the people questioned believed that the stress levels they face are responsible for their strained personal relations and has led to the decrease in their work productivity and output. In 2015/16 alone, stress accounted for 37% of all work-related ill health cases and 45% of all working days lost due to ill health.²

We believe that in today's age of evolving diseases and increased workload, the demands placed on the doctors, especially here in the Indo-Pak Sub continental region, has led to an increasing number of doctors being dissatisfied with their job, i.e. job satisfaction has decreased greatly. This is an important and consequential association as a decrease in job satisfaction is often, in the field of medicine, associated with a decrease in the quality of patient care with an introduction of apathy and carelessness in their dealings with their patients.



We also believe that job dissatisfaction has inevitably led to an increase in physician burnout and turn over leading to a further drop in doctors in the region or people staying away from the medical field all together. In some cases, it has even acted as a detriment to their health with the rates of suicides among doctors in the world being reported as higher than the general population.⁵ Mental health problems such as stress and anxiety are something that are not recognized very well and are tackled even poorly here in Pakistan. Rather they are considered the norm and patients suffering from such conditions are told to 'man up'. No proper method of dealing with stress, anxiety or depression currently exists in our society, be it for doctors or for normal civilians.

Multiple articles were read prior to the writing of this one, many of which were found to be relevant to this article. We will begin the review in order of geographical proximity to our own article.

A study was done in Lahore Pakistan, in the combined Military Hospital (CMH) in 2014. The study aimed at assessing the job satisfaction of the doctors there and determining any correlates to their demographic information. Out of the 97 doctors participating, 10 (10.3%) doctors had below average job satisfaction, 32(33.0%) had average, 21(21.6%) had above average, 21(21.6%) had well above average and 13(13.3%) had outstanding job satisfaction. Of the demographics, only the age group, education, service years and income per month had any statistically significant impact on the job satisfaction.⁶

A similar study was conducted in Karachi Pakistan, regarding the satisfaction and job stress levels of doctors in tertiary care hospitals in 2002. In order to compare the means between the two variables, (stress and job satisfaction), chi square and t-tests with a 95% CI was used. In this study, which contained 182 responses, it was found that 68% of the doctors were not satisfied with their job, especially in regards to the pay and benefits, safety and security, and workloads placed on them. In addition, 48% of the participants graded their job stress to be ranging from high to very high.⁷

Similarly, a study conducted among doctors working at Bahawal-Victoria Hospital / Quaid-e-Azam Medical College, Bahawalpur showed similar results. A mailed questionnaire was answered by 60 out of 244 doctors, the results of which showed that 56% of the doctors were not happy with their level of income. Additionally, 92% of the doctors were not satisfied with the service structure in their hospitals or with the career prospects.⁸

A problem with income is a not something seen in Pakistan alone. A study conducted in a tertiary care hospital in Eastern India also showed that despite the 59.6% of doctors being satisfied with their job, a great area of dissatisfaction for them related to their workplace and income.⁹

Likewise, a study conducted in Sri Lanka showed that of a total of 172 responses, 56.4% reported lower job satisfaction. More importantly, of those responses, 97.1% believed that a better pay and 43.8% better working hours would greatly improve job satisfaction.¹⁰

A study done in China to show the job satisfaction in the Primary Care Workforce (PCW) also showed similar results. Overall, only 47.6% of the Chinese PCW reported as being satisfied or very satisfied with their job. As in the cases mentioned beforehand, only 8.6% were satisfied with their income level and 37.2% of the doctors were satisfied with their workload. Moreover, only 19.5% of the doctors were satisfied with their professional development. This again highlights the effect that low-income satisfaction and high workloads have on the overall job satisfaction of doctors.¹¹ A study conducted on 250 doctors in a tertiary care hospital in Delhi found that as in the Sri Lankan study, about half (49.6%) of the doctors were dissatisfied with their working hours. In addition, about half of the doctors (45.6%) considered their salaries bad. However, what was most troubling was that more than half (55.2%) of the doctors reported that they were dissatisfied with their choice of profession.¹² In comparison, a study conducted by the Women Physicians' Health Study based in the United States of America, surveyed a national sample of 4501 US women physicians. In contrast to the previously mentioned study, 84% of the responses indicated that the doctors were either always, almost always, or usually satisfied with their careers. In addition, 69% reported that if made to choose again, they would definitely or probably want to be a physician again, and 62% would definitely or probably want to stay in their specialty. These being a stark difference to the Delhi study¹² showing that about half the responders were dissatisfied with their jobs and more than half dissatisfied with their choice of profession. This shows that on the surface the increasing levels of job satisfaction has some effect on the professional loyalty to the job. Of the predictors, some of the significant ones included stress at home, mental health, specialty, practice type, and workload.¹³ The problem of income is a major issue as indicated by the various studies previously mentioned. Another factor can be seen due to the findings of a study in tertiary care hospitals in Pakistan. In a multi-center cross sectional study, 373 doctors were assessed with self-reported

questionnaires using a 5-point Likert Scale. A mean of 3.0 indicated satisfaction. The overall mean satisfaction score was of 2.69 ± 0.37 . Departmental mean satisfaction scores for Internal Medicine was 2.71 ± 0.35 , and for Surgical and Allied was 2.73 ± 0.45 . When a comparison was done for public and private sectors, the mean satisfaction scores were 2.53 ± 0.80 and 2.92 ± 0.84 respectively, indicating relatively higher levels of satisfaction among doctors in the private set up.¹⁴ Problems of income and workload are not limited to the subcontinental and Asian region only. This can be seen in the fact that a study conducted in Lithuania, also showed similar findings. The study used a 7 Likert Scale questionnaire in order to assess job satisfaction. Out of the sample of 191 doctors containing both GPs and physicians, the mean job satisfaction was 4.74, a reading interpreted as low job satisfaction. Of the 191, 75.5% would not recommend their children to choose a doctor's profession. The study shows that respondents were most satisfied with autonomy at work – 5.28, relationship with colleagues – 5.06, and management quality – 5.04, while compensation (2.09), social status (3.36), and work load (3.93) turned to be causing the highest dissatisfaction among them.¹⁵

A study was done in Switzerland in 2007 to assess the differences in the work satisfaction in doctors as compared to their counterparts in 1998. A 17 item questionnaire was filled by 1146 doctors in 1998 and 1546 doctors in 2007. On comparison, it was seen that there was a significant decrease in the proportion of doctors who were highly satisfied, in 15 out of the 17 items over the 11 years. Some of the greatest decreases were seen in the domains for “enjoyment of work” (-17.2%), “autonomy in treating your patients” (-15.8%), “autonomy in referring patients to a specialist” (-14.0%), “relations with patients” (-13.9%) and “global satisfaction with current work situation” (-13.3%). The proportion of respondents who were highly dissatisfied increased the most in the domains for “administrative burden” (+8.9%) and “social status and respect” (+5.0%). The results were evident enough to suggest that here has been a sharp decrease in the job satisfaction of doctors over the past decade.¹⁶

A similar comparison was conducted back in 1998 in the United Kingdom aimed to see the changes in the overall job satisfaction and the psychological symptoms in GPs on the Leeds Health Authority list as compared to a similar survey conducted in 1987. Of the 406 GPs, 285 responded. The results of 52% of the responses showed high levels of psychological symptoms and 56% of the total responses showed that they felt their work had affected their physical health. As compared to the similar survey held in

1987, the GPs in Leeds, expressed that they were less satisfied and suffering from more psychological symptoms than before. The concerned GPs expressed the least satisfaction with their hours, recognition for their work, and rates of pay.¹⁷

In order to assess the levels of job satisfaction and its relationship with psychological disorders, the University of Benin Teaching Hospital conducted a study on the 190 doctors present there. Of the 152 responses, 14% of the doctors had GHQ scores of 4 or above indicating them being at an increased likelihood for suffering from psychological disorders. 54% of the doctors were either highly dissatisfied or dissatisfied with their job and although the proportion of doctors with GHQ scores of 4 or above increased with the level of dissatisfaction, this was not statistically significant.¹⁸

However, the dissatisfaction is not a universal law. In a study conducted in Norway, self-answering questionnaires were answered by GPs and then compared to similar data from 1994, 2000 and 2002. The results showed that the GPs had stable levels of job satisfaction through the years. The greatest areas of Satisfaction mainly pertained to their ability to control their own job and the way they worked and interacted with their colleagues.¹⁹

Objectives: The objective of this article was to determine if there was an association of stress with the job satisfaction. In addition, the secondary objectives are to determine if there are any demographic associations with job satisfaction

Materials and Methods: This was a cross sectional study was set to include the doctors from two tertiary care hospitals in Lahore, Pakistan. Namely, Shaikh Zayed Medical Complex and Jinnah Hospital, Lahore.

The inclusion criterion for the doctors to be surveyed was twofold.

1. First, they must have had completed their MBBS, and were working at the rank of one of the following in either of the aforementioned hospitals:
 - House Officer
 - Post Graduate Resident
 - Senior Registrar
2. Secondly, at the time of the filling of the questionnaire, they must have been working in either the Medicine or General Surgery for at least 4 weeks.

The Exclusion criterion for the subjects was anyone who refused to consent to the participating.

The questionnaire of this article was made up of two pre-formed and verified questionnaires, the permission to use which was obtained beforehand. One was for assessing stress and the other for assessing the job satisfaction.

- The Stress Survey was taken from the International Stress Management Association.² The ISMA is an international company that deals with how to deal with stress and also in its identification. The stress survey was composed of 25 question which were to be answered as either a 'Yes' or 'No'. According to the scaling provided by the ISMA, all the 'Yes' answers were to be counted and if judged accordingly:
 - 4 points or less: You are least likely to suffer from stress-related illness. (Interpreted by author as Low Levels of Stress)
 - 5 - 13 points: You are more likely to experience stress related ill health either mental, physical or both. You would benefit from stress management / counseling or advice to help in the identified areas. (Interpreted by author as Moderately High Levels of Stress)
 - 14 points or more: You are the most prone to stress showing a great many traits or characteristics that are creating un-healthy behaviors. (Interpreted by author as Excessively High Levels of Stress)

The Job Satisfaction Survey was taken from a questionnaire developed and verified by Shi Jing-fen, Li Yuan-feng and Hu Pei, in their study conducted in China published in January 2016. The scale had an Alpha Cronbach Number of .82 and was deemed suitable to be used. The questionnaire was composed of 35 questions, covering various domains of job satisfaction, namely: the job itself, the internal environment, the job returns, the organization and administration, the working environment, social responsibility, professional loyalty and turnover intention. It was a self-answered survey with a choice of choosing an answer on a 7-linkert scale, with 1 being 'Strongly Disagree' and 7 being 'Strongly Agree'.

A participant with an average result of 5 (labeled as 'More or Less Agree') was considered to be satisfied with their job. In addition, a small section was added for the participants to fill their personal information namely: name, age, gender, marital status, domicile, hospital, department, total family members and total earning family members. The average filling time for the entire questionnaire was 8-12 minutes. Upon completion of both a consent form, which contained all relevant information, and the questionnaire itself, the forms were recollected and then entered into SPSS version 21, from where it was analyzed. The

tests used on them were the F Test and Regression Analysis **Rationale:** This research article aims to increase the awareness of the problems of stress and its association with the job satisfaction in the young doctors in tertiary care government hospitals. The lack of such studies which directly show the association between the two, and the general increase in stress worldwide is what motivates this article. The Authors hope to be able to shed enough light on the matter at hand so as to bring about changes in policies that would allow proper care to be taken of such mental problems.

Results: The demographic information of the 150 valid responses is documented below in tabular form:

Table 1.0: Demographic Distribution of Frequency

Variables	Frequency	Percent
Age	129	86.0
< 25 years		
> 25 years	21	14.0
Average Age:	27.48	
Male	85	56.7
Female	65	43.3
Residence:	65	43.3
From within Lahore		
From out of Lahore	85	56.7
Job Title	56	37.3
House officer		
Post graduate resident	90	60
Senior Registrar	4	2.7
Department	84	56.0
Medicine		
Surgerv	66	44.0
JHL Jinnah Hospital	108	72.0
SZH Shaikh Zaid Hospital	42	28.0
Family Members	5	3.3
< 2 members		
3 - 6 members	95	63.3
7- 12 members	50	33.3
Total earning members		
< 2 members	81	54.0
3 - 6 members	67	44.7
7- 12 members	2	1.3

In the sample pool, majority of the doctors were male (56.7%) and out of the 150, 86% were under the age of 25, even though the average age of the responders was 27 years old.

A huge majority (60%) of the doctors worked at the level of a Post Graduate Trainee, with 56% of the total doctors having worked in the Medicine

Department. An F test was done on the information to relate it to the Stress and Job Satisfaction. The tabulations are below:

Table 2.0: P value (F Test) Demographic Variables

		Stress Levels	Satisfaction Overall	P value (f test)
Total	N	150	150	
	Mean	12.7533	4.0152	
	Std. Deviation	4.46002	.81439	
Age				
< 25 years	N	129	129	Stress level p= 0.436 Overall Satisfaction p= 0.975
	Mean	12.8682	4.0144	
	Std. Deviation	4.40415	.82890	
> 25 years	N	21	21	
	Mean	12.0476	4.0204	
	Std. Deviation	4.84227	.73746	
Gender				
	N	85	85	Stress level p= 0.046 Overall Satisfaction p= 0.288
	Mean	12.1176	3.9533	
	Std. Deviation	4.72433	.76524	
	N	65	65	
	Mean	13.5846	4.0963	
	Std. Deviation	3.97214	.87392	
Marital status				
Single	N	107	107	Stress level p= 0.301 Overall Satisfaction p= 0.532
	Mean	12.5140	3.9888	
	Std. Deviation	4.47080	.85886	
Married	N	107	107	
	Mean	13.3488	4.0811	
	Std. Deviation	4.42871	.69643	
Residential status				
Lahore	N	65	65	Stress level p= 0.054 Overall Satisfaction p= 0.161
	Mean	13.5538	3.9086	
	Std. Deviation	4.43365	.82765	
Non Residential	N	85	85	
	Mean	12.1412	4.0968	
	Std. Deviation	4.42871	.69643	

Table 2.1: Department & Job TitleWise Distribution:

Department		Stress Levels	Satisfaction Overall	P value
Medicine	N	84	84	Stress level p= 0.479 Overall Satisfaction p= 0.846 Job
	Mean	12.5238	4.0037	
	Std. Deviation	4.67878	.87450	
Surgery	N	66	66	
	Mean	13.0455	4.0299	
	Std. Deviation	4.18213	.73718	
Job title				
House officer	N	56	56	Stress level p= 0.182 Overall Satisfaction p= 0.500
	Mean	13.6786	3.9265	
	Std. Deviation	4.00503	.82985	
PG	N	2	2	
	Mean	12.5000	4.4714	
	Std. Deviation	7.77817	.94954	
Registrar	N	88	88	
	Mean	12.2955	4.0429	
	Std. Deviation	4.58172	.80007	
Senior Registrar	N	4	4	
	Mean	10.0000	4.4214	
	Std. Deviation	5.71548	.96111	

From the table above we can clearly see that while some domains for determining the satisfaction and the stress levels are significant, not all of them are. Domains such as age and marital status are factors that seem to play the strongest roles.

Table 3.0: Frequency Distribution of Self-Reported Stress Levels

Job Aspect	Mean	Standard Deviation	Interpretation
The Job Itself	5.7	1.33	Satisfied
The Internal Environment	4.2	1.56	Unsatisfied
The Job Returns	3.01	1.51	Unsatisfied
The Organization and Administration	3.37	1.43	Unsatisfied
The Working Environment	3.03	1.35	Unsatisfied
The Social Responsibility	5.26	1.14	Satisfied
The Professional Loyalty	5.11	1.56	Satisfied
The Turnover Intention	3.72	1.78	No Intention

In the above table, all the sub sections of the Job Satisfaction Survey were analyzed individually so as to see what part of the job in particular was bothering the doctors. As above, the satisfaction bench mark was set at least 5. From the table we can see that the satisfaction regarding the Job Returns -meaning the pay and benefits- and the Working Environment were the lowest of the sections with scores of 3.01 and 3.03 respectively. However of great interest is the fact that despite their severe complaints in this regard and the overall dissatisfaction, the scores for Professional Loyalty were predominantly high (5.11) with very low intentions for a turnover or a change in profession. Of the 150 doctors that were sampled, the following was the distribution and the self-reported levels of their stress levels

Table 4.0: Frequency Distribution of Self-Reported Stress Levels

Stress Levels	Frequency	Percentage
Low Levels of Stress (<4)	5	3.3%
Moderately High Levels of Stress (5-13)	80	53.3%
Excessively High Levels of Stress (>14)	65	43.3%
Total:	150	100%

Average Stress Score: 12.7533 (Moderately High Levels of Stress)
SD: 4.46002

Table 6.0: Co-relation of Satisfaction and Stress

		Stress			Total
		Low Levels of Stress	Moderately High Levels of Stress	Excessively High Levels of Stress	
Total Number of Doctors in each category of Stress		5	80	65	150
Job Satisfaction	Number of Unsatisfied doctors in each category of stress	4	65	60	129
	Number of Satisfied doctors in each category of stress	1	15	5	21

From the above cross tabulation, it becomes clear that the levels of stress in doctors and the degree of their job satisfaction are related to each other. Of the 5 doctors that reported low levels of stress, 4 of them, (80%) were dissatisfied with their job. And of the 80 doctors who reported moderately high levels of stress, 65 of them (81.3%) were unsatisfied with their job. And of the 65 doctors who reported excessively

Standard Error Mean: 0.36416

From the above table it is clearly visible just how much the doctors in the study face Stress in their life. Of the 150 doctors, only 5 of them claimed to be under low levels of stress with the majority of the doctors landing in areas of drastically elevated stress. The average for the stress levels is at 12 which register as moderately high stress levels on the used scales. as for the Job Satisfaction of the same doctors, the results are tabulated below:

Table 5.0: Frequency Distribution of Job Satisfaction

Job Satisfaction	Frequency	Percentage
Dissatisfied (<5)	129	86%
Satisfied (>5)	21	14%
Total:	150	100%

Average Job Satisfaction Score: 4.0152 (dissatisfied)
SD: 0.81439 & Standard Error Mean: 0.6649

From the numbers and figures above, it is clear that a large number of doctors scored less than 5 and their satisfaction with their job is low to say the least with the satisfaction levels averaging at around 4 which is equated to dissatisfied on the scales used. In order to see how the two factors of stress and job satisfaction went when held side to side, cross tabulation was carried out resulting in the following table:

high levels of stress, 60 of them (92.3%) were unsatisfied with their job.

Liner regression analysis was performed for overall job satisfaction and Job stress with co-variates like age, gender marital status, department and job title, using enter method. Tables for the estimate, correlation and model fitting summary were obtained

Table 7.1 Regression Analysis

Correlations			
		Satisfaction Overall	Stress Levels
Pearson Correlation	Satisfaction Overall	1.000	-.246
	Stress Levels	-.246	1.000
Sig. (1-tailed)	Satisfaction Overall	.	.001
	Stress Levels	.001	.
N	Satisfaction Overall	150	150
	Stress Levels	150	150

Table 7.2: Regression Analysis

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.246 ^a	.060	.054	.79211

a. Predictors: (Constant), Stress Levels

It was found that job satisfaction correlates negatively with job stress meaning that an increasing job stress will decrease job satisfaction and this finding was significant. ($p < .001$).

The b coefficients which indicated how many units job performance decreased for a single unit increase in stress (the predictor) was 4.587 meaning for every one unit increase in stress job satisfaction decreased to 4.587 units and was significant ($p < .000$).

For independent predictors like age, gender marital status residential status, and job title, Age showed a negative beta for job satisfaction i.e. each unit increase in job results in decreasing satisfaction level, while the rest of covariates also showed a non-significant relationship with job satisfaction.

Discussion: The doctors that were interviewed were all doctors who had signed their consent forms prior to starting the questionnaire. However, it was noted that more often than not, doctors refused to consent saying they didn't have the time to spare and fill out the forms. The excuse most often cited was that the rounds were about to start and that they needed to prepare for them. To avoid these issues, times were switched in which the doctors were approached after the completion of the rounds. However, at this point many doctors, especially the males became very carefree and non-serious.

This behavior indicated two things. Firstly, that the overall awareness of the importance of research in Pakistan is limited and hence people are not very open to the idea of helping out and filling in as many forms as possible. Secondly that the doctors of the Jinnah and Shaikh Zaid Hospital (SZH) did not have the free time, or the commitment, to fill out the forms as requested. Most of them were concerned only with completing their duties and then leaving the hospital as soon as possible. This in the mind of the data collectors and authors show how little the doctors

feel about their profession, a true reflection of their job dissatisfaction.

It was also noted by the team collecting data, that the doctors were visibly stressed and were looking sleep deprived as well. When informed what the topic of the survey was almost 85% of the doctors scoffed and replied, "Of course we're stressed. Haven't you seen the look on our faces?" However, no comments were made in regards to the job satisfaction, a sentiment we believe shows how little awareness there is regarding the effects of stress and the lack of suitable measures and techniques to deal with it.

As discussed in the results section beforehand, the stress level in the participants was dangerously high, with the mean value being 12.75. In addition, their job satisfaction was also relatively low with the mean value being 4.01. When compared to various other studies, this data holds up. As can be seen in the literature review above, the overall experience of doctors 'world over is mostly harrowing. This article is no different. The general trends from world over are also reflected here, with a high level of stress and low level of job satisfaction. Out of the 14 articles read prior to the writing of this article, 12 of them showed that doctors in general were not very satisfied with their jobs at the time. And these results were not from a certain area alone. Doctors in from all over Pakistan, India, Sri Lanka, China, Nigeria, Switzerland and The United Kingdom all showed the same problems. They all showed a lack of Job Satisfaction indicating that the problem is not one of sub continental origin but rather one with international settings.

One of the chief complaints of the doctors was their pay. Many of the doctors weren't happy with the amount of pay they were receiving and a study done in Sri Lanka showed that most doctors felt that they would be happier with their jobs if there was an increase in their pays.¹¹ This is a consistent finding with the doctors surveyed in this article. With regards to their pay, the average of satisfaction was 3.01 out of 7. This was in fact the lowest scoring division of the job satisfaction, with the working environment coming in at 3.07. For further score please refer to Table. 3.0

In some cases, such as in the survey done in Delhi and China, a large and significant proportion of the doctors surveyed felt dissatisfied with their jobs and also felt that they would be better off if they hadn't chosen the medical profession. While this aspect was not asked about directly in the course of the questionnaire, a section was dedicated to the turnover intentions of the doctors. The take home message

from the data being that while they may be dissatisfied with some aspects of the job, there is no intention of them leaving it just as yet.

As visible from Table 4.0, out of a total of 150 doctors, 145 of them (96.7%) reported their stress levels to be ranging from moderately high to excessively high. Of these 145, 125 of them (86.2%) of them reported that they were unsatisfied with their job (meaning low job satisfaction). This is a troubling statistic as it shows that the doctors involved in this study are working in adverse conditions where they are being subjected to conditions and experiences that are highly inadequate in terms of the amount of stress, they face every day.

Conclusion:

The regression analysis done with the data does hint that there may be an association between the two parameters. According to the results there is however a definite decrease in the over satisfaction of the job as the levels of overall stress rises.

Limitations:

The short comings of this research lie not only in the difficulty that the authors faced in procuring this information but also in the knowledge that the sample size was not large enough to be statistically sound. Another research must be done in order to assess the topic even more accurately. However, it must be noted that the authors did all they could in their limited time and resources. The other shortcoming was the large size of both the surveys used. This made for a longer overall survey that may have hindered the number of people willing to partake and the honesty of some of the answers towards the end. However, the authors believe in the validity of their results and the answers. The data collected was not large enough for there to be a definitive statistical significance.

Recommendations:

On the basis of our tiring efforts, we strongly recommend that all the measures must be taken in which the hospital administration improves the overall levels of work satisfaction. This can be done again by keeping in mind the areas that have brought about the greatest degree of dissatisfaction from the job.

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