

## **Job Satisfaction of Doctors in Government Hospitals of Manipur: A Sociological Study**

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**Abstract:** *To bring about a sound relationship between doctors and patients, it is necessary to clearly articulate the expectations of both patients and doctors. Although much has been emphasised on satisfaction of patients, there is scarcity of studies on the satisfaction of doctors. The study examines whether the extent of expectation of doctors in their job determine the level of satisfaction and dissatisfaction. The study design is descriptive and exploratory. Data was obtained through semi-structured, self-administered questionnaire from 32 doctors and in-depth interview of 15 doctors among them. The study was carried out in three Government Hospitals in Manipur. Statistical method includes percentages and chi-square test. Majority of the doctors have medium level of satisfaction with their job. The influence of socio-demographic characteristics of doctors is not associated with the job satisfaction level of doctors and type of hospitals. Doctors were discontent with the behavior and attitude of patient parties. Grievances of doctors were explored regarding inadequate infrastructure, facilities and shortage of manpower in the Government hospitals of Manipur.*

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### **I. Introduction**

Physician's satisfaction with professional life is considered as an important determinant of a healthy doctor-patient relationship. It seems that physicians who are themselves more satisfied with their professional life may have more positive effect, which may in turn affect their communication with patients which then affect patients satisfaction (Wong Samuel and Lee Albert, 2006. p.8). Moreover, physician satisfaction can be increased by improving patient-physician communication (Johns Hopkins, 2003, p.4). One of the major contributing factors to growing job dissatisfaction among doctors is work related stress. It has been found that job stress impacts not only on doctor's health but also their abilities to cope with job demands. This will seriously impair the provision of quality care and the efficacy of the health service delivery (Dasgupta and Kumar, 2009.p.367). The degree of dissatisfaction is indicated by the number of doctors who claimed that they would not enter the profession again if given the chance. Some respondents even complained that doctors employed by government are "treated shabbily", even "trod upon like dirt". There is a general feeling among doctors that there was insufficient realization on the part of the people in general that 'doctors also are human beings that they too want to enjoy creature comforts'(Madan, 1980, p.195 and 71).. The forms, patterns and directions of the relationship with the goals (of doctors, patients and general goals of the system) and the norms have to be ascertained in relation to the functioning of the system with reference to the doctors, patients and their satisfaction in a given situation, existing in a hospital at a particular time (Advani, 1980. p. 3). The study examines whether the extent of expectation of doctors in their job determine the level of satisfaction and dissatisfaction.

### **II. Materials and Methods**

The study employed mixed research approach (quantitative and qualitative research). The study design is descriptive and exploratory. Validated and reliable satisfaction questionnaire was used to measure doctors' satisfaction and dissatisfaction. The study was focused on three government hospitals in Manipur. They are Jawaharlal Nehru Institute of Medical Sciences (JNIMS), Imphal East; District Hospital, Bishnupur and District Hospital, Churachandpur. Statistical method includes percentages and chi-square test. Semi-structured, self-administered questionnaire was distributed to a random sample of 42 doctors and have obtained response rate of 76 p.c. i.e. 32 doctors by using stratified random sampling under proportional allocation. In-depth interview of 15 doctors, 5 from each of the three hospitals were also conducted using audio-tape.

### III. Results

**Table 1: Satisfaction of doctors**

Variables		No. of Doctors	Percent
Sufficient time for family, social and cultural activities	No	23	71.9
	Yes	9	28.1
Recognition and respect from the public	Dissatisfied	4	12.5
	Moderately satisfied	15	46.9
	Satisfied	13	40.6
Working hours	Dissatisfied	9	28.1
	Moderately satisfied	9	28.1
	Satisfied	14	43.8
Co-operation from patients	Dissatisfied	4	12.5
	Moderately satisfied	17	53.1
	Satisfied	11	34.4
Behavior of patients	Dissatisfied	5	15.6
	Moderately satisfied	18	56.3
	Satisfied	9	28.1
Job satisfaction level	Low	4	12.5
	Medium	18	56.3
	High	10	31.3
	<b>Total</b>	<b>32</b>	<b>100.0</b>

Doctors' satisfaction was assessed using five variables such as sufficient time for family, social and cultural activities; recognition and respect from public; working hours; co-operation from patients; and behavior of patients. Using 3 points Likart's scale by assigning value 1 to 'dissatisfied', 2 to 'moderately satisfied' and 3 to 'satisfied', the satisfaction level for the four variables were measured excluding the variable, sufficient time for family, social and cultural activities which has a direct answer of 'yes' and 'no' with 'no' highly exceeding than 'yes'. As shown in table 1, majority (71.9 percent) of doctors have no sufficient time for family, social and cultural activities as they are confined to their duties. Forty-seven percent of doctors are moderately satisfied with recognition and respect from public on their service, 40.6 percent of them are satisfied and only 12.5 percent of them are not satisfied. Majority (43.8 p.c.) of doctors is satisfied with the working hour, 28.1 percent of them answered that they are moderately satisfied and the remaining 28.1 percent of them are not satisfied. The satisfaction level of co-operation from patients is moderate by 53.1 percent, fully satisfied by 34.4 percent and not satisfied by 12.5 percent of doctors. Similarly, maximum number of doctors (56.3 percent) is moderately satisfied with the behavior of their patients, fully satisfied by 28.1 percent and not satisfied by 15.6 percent of the doctors. Further, the satisfaction level is categorized into three groups as low, medium and high. The result indicated that majority (56.3 percent) of doctors has medium level of satisfaction, 31.1 percent of them have high level of satisfaction and only 12.5 percent of doctors are at low level of satisfaction.

**Table 2: Satisfaction level of doctors by type of hospital and socio-demographic characteristics**

		Job satisfaction level						Total	Chi-square	P-value
		Low (%)		Medium (%)		High (%)				
Type of hospital	JNIMS Hospital	1	(5.9)	12	(70.6)	4	(23.5)	17	3.288	0.511
	District Hospital Bishnupur	1	(20.0)	2	(40.0)	2	(40.0)	5		
	District Hospital Churachandpur	2	(20.0)	4	(40.0)	4	(40.0)	10		
Age group	25-34	1	(8.3)	8	(66.7)	3	(25.0)	12	10.719	0.097
	35-44	1	(11.1)	7	(77.8)	1	(11.1)	9		
	45-54	2	(33.3)	2	(33.3)	2	(33.3)	6		
	55-64	0	0.0	1	(20.0)	4	(80.0)	5		
Gender	Female	2	(22.2)	6	(66.7)	1	(11.1)	9	2.814	0.245
	Male	2	(8.7)	12	(52.2)	9	(39.1)	23		
Marital status	Married	4	(16.0)	13	(52.0)	8	(32.0)	25	1.508	0.471
	Unmarried	0	0.0	5	(71.4)	2	(28.6)	7		
Religion	Hindu	3	(15.0)	11	(55.0)	6	(30.0)	20	3.173	0.787
	Christian	1	(10.0)	6	(60.0)	3	(30.0)	10		
	Muslim	0	0.0	0	0.0	1	(100.0)	1		
	Others	0	0.0	1	(100.0)	0	0.0	1		
Social background	Rural	2	(14.3)	8	(57.1)	4s	(28.6)	14	0.124	0.940
	Urban	2	(11.1)	10	(55.6)	6	(33.3)	18		

The influence of socio-demographic characteristics of doctors on their satisfaction level can be determined by using chi-square test. As evident by chi-square test, there is no significant association between the satisfaction of doctors and type of hospitals and it suggests that satisfaction level of doctors is not significantly varied by different types of hospital. So also age, gender, marital status, religion and social background of doctors are not associated with the job satisfaction level of doctors. In-depth interview reveals that lack of infrastructure is the major constraint doctors faced while performing duty. Because of this, confrontation with patients arises. Doctors find patients in general as co-operative but patient parties lack co-operation and understanding. They interfere and irritate doctors, even causing destruction to hospital property. Behaviour of Patients in general are said to be cool, calm and understanding but there are also patients who are over sensitive, complaining, blaming and dominating. Doctors feel that recognition and respect from the public has diminished compared to earlier days as some people think doctors can be used in any way they wish. This type of attitude leads to doctors' discontentment. Working hour in the hospitals is sufficient though there are times when they were asked to overwork. Since there is lack of manpower, there is overburden to the staffs.

#### **IV. Conclusion**

Doctors' satisfaction with professional and personal life is an important factor that has positive impact on job performance leading to sound doctor-patient relationship. There is moderate satisfaction relating to recognition and respect from the public, co-operation from the patients, and behaviour of the patients. Doctors feel that recognition and respect from the public has been shrinking to their utter discontentment. Since there is insufficient manpower, there is overburden to the staffs. Inadequate infrastructure and facilities is something commonly faced by doctors in the work place leading to confrontation with patients. If the authority provides enough resources to make best use of knowledge and experience, it will be of utmost satisfaction to the doctors.

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## **Doctor-Patient Communication and Patient Satisfaction: A Sociological Study**

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**Abstract:** *Effective and sound communication between doctors and patients is the key determinant to enhance patient satisfaction and positive health outcome. The study aims to examine the level of satisfaction of patients with regard to doctors' communication during consultation. The study was focused on OPD (Out-patient department) patients in three government hospitals in Manipur during 2013. The study design is descriptive. Data was obtained through structured interview schedule. Face-to-face interview of 238 patients were conducted. Statistical method includes percentage, mean, standard deviation and F-test. Nearly 80 per cent of patients are highly satisfied with the communication of doctors.*

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### **I. Introduction**

The goal for health care from the traditional hospital treatment to the modern emergency treatment primarily is to provide quality care. But the quality care is ascertained in many ways from different perspectives. Doctors may count it on the number of remissions or successful treatment. And for the patients, it may be probably, efficiency, promptness, equitable care, and positive interpersonal relationship with doctors. Often, satisfied patients felt that they have been listened to, treated kindly, and had positive interpersonal dynamics.

Effective interpersonal communication between health care provider and patient is an important element for improving patient satisfaction, treatment compliance and health outcome. Patients who understand the nature of their illness and its treatment and faith on the provider show greater satisfaction with the care received and more likely to comply with treatment regimens. Several studies conducted in developed countries show strong positive health outcomes and improved quality of care associated with effective communication<sup>1</sup>.

The focal point of health care delivery has traditionally been the face-to-face interaction between the patient and physician<sup>2</sup>. This interaction ranges from a superficial exchange between two strangers to an intimate, emotional experience between two people who know each other well<sup>3</sup>. It is argued that clinical interaction is not merely a 'two-way communication' desired for exchange of information, rather, it is an outcome of the socialization of doctors (thought styles) and patient (life world) about an event (illness) within their respective contexts. Doctors need accurate information from the patient parties for precise diagnosis and treatment. Patients demand for information about their medical problems and knowledge of the treatment plan and procedure<sup>4</sup>. Specifically, doctors' general information provision during consultations is positively related to patient satisfaction<sup>5</sup>. At the same time, patient dissatisfaction in the doctor's communication is reflected in complaints and litigation<sup>6</sup>. In this perspective, the present study was conducted to assess the level of patients' satisfaction with doctor's communication in addition to their socio-demographic background.

### **II. Materials and Methods**

The study was based on OPD patients' opinion in addition to their socio-demographic background and was conducted in three large government hospitals of Manipur, India, during 2013. Selected at random, altogether 238 patients who attended OPD during the study period and who attended OPD of the concerned hospitals at least once during the previous year were included in the study. Patients who attended Pediatric and Psychiatry OPDs and patients below 16 years of age were excluded from the study. Face-to-face interview technique was adopted as survey method using structured interview schedule for assessing the patients' satisfaction. This method has an advantage of being more flexibility which includes opportunity to probe inconsistent or ambiguous responses<sup>7</sup>. Written informed consent was obtained from each participant before the interview and confidentiality was maintained. Even though the questions were framed in English, interviews were conducted in local language (Manipur) to facilitate better understanding. Statistical method includes percentage, mean, standard deviation and F-test.

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III. Results

Table 1: Patient satisfaction level by communication and hospital system

Satisfaction of patients		No. of respondents	Percent
Duration of time spent before consultation	less than 30 minute	50	21.0
	more than 30 min	66	27.7
	more than 1 hr	122	51.3
Registration system	Dissatisfied	18	07.5
	Moderately satisfied	63	26.5
	Satisfied	157	66.0
Interaction with doctor	Dissatisfied	8	03.4
	Moderately satisfied	51	21.4
	Satisfied	179	75.2
Chance given by doctor to fully express their problems	Dissatisfied	6	02.5
	Moderately satisfied	50	21.0
	Satisfied	182	76.5
Encouragement given by doctor to clarify about the illness	Dissatisfied	16	06.7
	Moderately satisfied	70	29.4
	Satisfied	152	63.9
Response of doctor on your enquiry	Dissatisfied	17	07.1
	Moderately satisfied	57	24.0
	Satisfied	164	68.9
Information provided about the illness and treatment	Dissatisfied	12	05.0
	Moderately satisfied	72	30.3
	Satisfied	154	64.7
Satisfaction level	Low	4	01.7
	Medium	45	18.9
	High	189	79.4
	Total	238	100.0

To study doctor-patient communication and satisfaction level of patients, seven variables were used seeking patients’ opinion. Registration counter where the first encounter patient faces as soon as he or she entered the hospital instill the perception of the hospital as a whole. On account of this, patients’ satisfaction with the registration system was assessed. Majority, 157 (66 percent) patients were satisfied, 63 patients (26.5 percent) were moderately satisfied and only 18 patients (7.5 percent) were not satisfied with the registration system. Generally, government hospitals are overcrowded and patients have to wait for a very long time to consult the doctor. In order to examine the time variation, patients were asked about the duration of time spent before consultation. Majority, (51.3 percent) of the patients waited for more than one hour before consultation. Sixty-six (27.7 per cent) waited for less than one hour and fifty (21 per cent) patients waited for less than 30 minutes. Whether this waiting time for consultation is acceptable or not needs further studies. On the variable, over all interaction with the doctor, majority 179 (75.2%) were satisfied, 51 (21.4%), moderately satisfied and only 8 (3.4%) were dissatisfied. The chance given by doctors to the patients to express fully their problems was satisfied by 182 patients (76.5 percent), moderately satisfied by 50 patients (21.0 percent) and dissatisfied by 6 patients (2.5 percent). According to the opinion of the patients, 152 (63.9%) of them were fully satisfied with the encouragement given by doctors to clarify about the illness, 70 of them (29.4 percent) were moderately satisfied and 16 patients (6.7 percent) were dissatisfied with it. The responses of doctors on patients’ enquiry was fully satisfied by 164 patients (68.9 percent), moderately satisfied by 57 patients (24 percent) and not satisfied by 17 patients (7.1 percent). Regarding the information provided about the illness and treatment by the doctors 154 patients (64.7 percent) were satisfied, 72 patients (30.3 percent) were moderately satisfied and 12 patients (5.0 percent) were dissatisfied.

The overall satisfaction of the patients is measured by using Likart’s 3-point scale by assigning values 1, 2, and 3 to dissatisfied, moderately satisfied and satisfied respectively. Further, the satisfaction level of patients is classified into three groups as “Low” with score of 7-11.7, “Medium” with score range 11.8-16.4 and “High” with score ranges from 16.5 to 21. Thus 79.4 percent of the patients have High in satisfaction level with doctors’ communication during consultation, 18.9 percent of patients have Medium level of satisfaction and only 1.7 percent of them have Low level of satisfaction.

**Table 2: Satisfaction of patient by socio-demographic characteristics**

Profiles of patients		Patients satisfaction			F/t	P-value
		N	Mean	SD		
Age (years)	16-30	103	17.94	2.44	1.248	0.291
	31-45	83	18.47	2.28		
	46-60	36	18.00	2.45		
	61-75	12	18.42	2.43		
	76-90	4	16.25	3.77		
Gender	Female	110	18.51	2.12	2.299	0.022
	Male	128	17.80	2.60		
Marital status	Married	176	18.37	2.27	3.399	0.035
	Unmarried	61	17.46	2.71		
	Widowed	1	17.00			
Social background	Rural	184	18.33	2.32	2.332	0.021
	Urban	54	17.46	2.63		
Religion	Hindu	101	18.66	2.04	3.553	0.015
	Christian	84	17.70	2.59		
	Muslim	19	17.21	2.39		
	Others	34	18.12	2.73		
Community	SC	11	17.45	3.11	2.065	0.086
	ST	78	17.71	2.62		
	OBC	36	17.81	2.58		
	General	112	18.59	2.07		
	Others	1	19.00			
Education	Illiterate	22	18.59	2.06	1.898	0.096
	Primary	23	18.70	1.96		
	High School	76	18.37	2.43		
	Secondary	47	18.30	2.34		
	Graduate	60	17.50	2.53		
	Post-Graduate & above	10	17.00	3.02		
Occupation	Govt employed	33	17.82	2.32	1.552	0.197
	Professional	16	17.81	2.40		
	Self-employed	81	18.05	2.69		
	Unemployed	48	17.79	2.59		
	House-wife	60	18.77	1.81		
Income	0-10000	144	18.44	2.25	1.619	0.156
	10001-20000	55	17.65	2.75		
	20001-30000	27	17.44	2.38		
	30001-40000	8	18.38	2.26		
	40001-50000	3	17.00	3.00		
	50001-60000	1	20.00			

\*Significant at 0.05 level of probability

Further, the satisfaction level of patients on doctors' communication with respect to various personal characteristics of patients i.e., age, gender, marital status, social background, religion, community, educational level, occupation and income have been analysed by using ANOVA (F-test). The satisfaction level of OPD patients on doctor's communication is not statistically significant in differences by age groups, difference in communities, education, occupation and income of patients. However, the satisfaction level of patients is statistically and significantly different by gender as evident by F-test which is found to be significant at 0.05 level of significance with  $p\text{-value}=0.022 < 0.05$ . Female patients are more satisfied than male patients. And there is also statistically significant difference by marital status of patients ( $p\text{-value}=0.035 < 0.05$ ). Thus, married patients are more satisfied than unmarried and widowed patients. The satisfaction level also varied significantly by social background of patients ( $p\text{-value}=0.021 < 0.05$ ); patients of rural background are more satisfied than those from urban background. Similarly, the difference in religion of patients shows variation on satisfaction level. Patients who are Hindu by religion are more satisfied than Christian and Muslim patients.

#### IV. Conclusion

Out of the total 238 patients who participated in the study, nearly 80 per cent were highly satisfied with the communication of doctors during consultation. But there is significant difference in the level of satisfaction of patients by socio-demographic characteristics. Hence, there is need to improve cross-cultural communication in health-care settings.

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