

Job satisfaction among anaesthesiologists working at tertiary care teaching hospitals of Lahore

Khalid Javed¹, Zahra Ishrat², Tahir Mahmood Chaudhary³

¹Professor of Anesthesia, Fatima Jinnah Medical University/Sir Ganga Ram Hospital, Lahore Pakistan, ²Professor of Anesthesia, King Edward Medical University/Mayo Hospital, Lahore Pakistan, ³Associate Professor of Anesthesia, Fatima Jinnah Medical University/Sir Ganga Ram Hospital, Lahore Pakistan

Correspondence to: Dr. Khalid Javed, Email: buttfjmc@yahoo.com

ABSTRACT

Background: Anaesthesiology is specialized perioperative medicine that encompasses anaesthesia, intensive and critical care and pain management. The breadth of the profession has dramatically expanded in the last decade. Anesthesiology not only requires a considerable depth of knowledge but also demands experience, fine skills, vigilance, dedication and commitment to the job, which makes it stressful and increases the risk of burnouts and job dissatisfaction among anaesthesiologists. The objective of this study was to evaluate job satisfaction among anaesthesiologists working at tertiary care teaching hospitals of Lahore and to identify factors responsible for job-related stress and dissatisfaction.

Subjects and methods: A cross sectional questionnaire based study was conducted from July to December 2017 after approval from the Institutional Ethical Review Committee. Total 171 anaesthesiologists, consultants, senior registrars, registrars and medical officers working at five teaching and tertiary care hospitals of Lahore participated in this study. A questionnaire was designed to collect information regarding job satisfaction, private practice, professional income, public awareness of the speciality, identification of stress factors, working relationship with surgeons, working environment and other elements associated with job satisfaction. There were 23 close ended questions that had to be answered in either yes or no and data was presented as frequencies and percentages.

Results: Majority of the participants 161/171 (94%) joined anaesthesiology by choice but 132/171 (77%) of them were not financially satisfied. One hundred and fifty six (91%) of anaesthetists were not happy with their long working hours and they admitted that they felt stressed at the time of induction, extubation, while managing anesthetic and surgical complications and handling critically ill patients. One hundred and thirty five (79%) respondents were satisfied with their working environment, while 156/171 (91%) participants felt that society did not recognize them as medical doctors and the public awareness about their role as anaesthetists was not satisfactory. One hundred and fifty seven (92%) admitted that job stress and exposure to volatile anaesthetic agents had affected their health. One hundred and six (62%) of the participants claimed that anaesthesia speciality had affected their social and marital life. An encouraging aspect of the speciality was that 166/171 (97%) of the participants were either postgraduate degree holders or doing fellowship in anaesthesiology, one hundred and fifteen (67%) respondents were not satisfied with the equipment available in their departments and at the same time, 101 /171(59%) were not well acquainted with international standards of anaesthesia.

Conclusions: Even though job satisfaction among anaesthesiologists is fairly high, still there is a need to decrease working hours per week, to increase the handsome profile of anaesthesiologists in general public and improving working environment. This will help to minimize occupational stress and improve performance and job satisfaction among anaesthesiologists.

Keywords:

Anaesthesiologist, Job satisfaction, Tertiary care hospitals

INTRODUCTION

Anaesthesiology is specialized perioperative medicine that encompasses anaesthesia, intensive and critical care, acute trauma care and pain management. The scope of the profession has rapidly expanded during the last decade. Anaesthesiologists still work in hospital operating rooms, but their expertise is also needed in

other places, including invasive radiology, interventional cardiology, gastrointestinal endoscopy, labour analgesia, electro convulsive therapy and many more.¹ Safe anaesthesia requires in depth knowledge and experience of work stations, anaesthetic agents, advanced airway management, invasive and non-invasive hemodynamic monitoring, and diagnostic techniques like ultrasonography and transesophageal echocardiography.¹ Anaesthesiologists as peri-operative physicians are expected to have expert knowledge of human physiology, biochemistry, pharmacology and medical physics, as well as a broad general knowledge of

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all areas of medicine and surgery.² Anesthesiology not only requires a considerable depth of knowledge but also demands experience, fine skills, vigilance, dedication and commitment to the job, which makes it a stressful profession and increases the risk of burnouts among anesthesiologists.^{3,4} Anesthesiology is a highly challenging, demanding job and very much appreciated in the developed countries but unfortunately in resource limited countries like Pakistan, it is still considered as a minor and dependent speciality. In private setup, practice is largely dependent on surgeons and anesthesiologist is usually not given his due fee share despite lengthy and complicated nature of surgical procedures and critical condition of the patients and sometimes inadequately equipped working environment.⁵ This speciality is also associated with occupational hazards. Daily exposure to volatile anesthetic agents may result in liver, heart and kidney damage. Anesthesiologists have been reported to die at a younger age and having a higher suicidal rate.⁶ With increasing scope and demand, there is shortage of anesthesiologists globally and particularly in Pakistan.⁵⁻⁷

Job satisfaction depends on various factors including the quality of workplace environment, professional satisfaction, salary structure, standard of living and stressful conditions. A low level of job satisfaction definitely affects performance level. Several studies have been conducted to assess the level of job satisfaction and its related factors in different countries.⁸⁻¹² The aim of this study was to assess job satisfaction among anaesthesiologists working in teaching and tertiary care hospitals of Lahore and to identify common factors responsible for job related stress and dissatisfaction.

SUBJECTS AND METHODS

A cross sectional questionnaire based study comprising of 23 questions was conducted after approval from the Institutional Ethical Review Committee. Total 171 anaesthesiologists participated in the study. The participants comprised consultants, senior registrars, registrars and medical officers working at five teaching and tertiary care hospitals of Lahore. A closed-ended questionnaire was designed to collect information regarding job satisfaction, private practice, professional income, public awareness of the speciality, identification of stressors, working relationship with surgeons, working environment and other elements associated with job dissatisfaction. The questions had to be answered in either yes or no. Data was presented as frequencies and percentages.

RESULTS

Majority of the participants 160/171 (94%) joined anesthesiology by choice. One hundred and fifty four (90%) said that they did not repent on joining anesthesia as a profession and 146/171 (85%) would not change their speciality if get a chance. One hundred and fifty seven (91%) of anesthesiologists were not happy with their long working hours. Only 98/171 (58%) got enough time for sound sleep, while 73/171 (42%) reported that they did not get enough time for relaxation and they also admitted that they felt stressed at the time of induction, extubation, while managing anesthetic and surgical complications and handling critically ill patients. One hundred and fifty seven (92%) admitted that job stress and exposure to volatile anaesthetic agents had affected their health. One hundred and six (62%) of the participants claimed that anesthesia speciality had affected their social and marital life whereas 8/171 (5%) admitted that they had suicidal thoughts at some point of their professional career. One hundred and thirty five (79%) respondents were satisfied with their working environment and 121/171 (70%) doctors enjoyed good working relationship with their surgeons and 137/171 (80%) were of the opinion that they got proper respect from other medical specialties, while 131/171 (77%) of them were not financially satisfied. As far as private practice was concerned 164/171 (96%) were of the view that it is a dependent speciality and 90/171 (52%) complained that surgeons did not pay handsome amount as anesthesia fee. One hundred and fifty six (91%) participants felt that society did not recognize them as medical doctors and the public awareness about their role as anesthesiologists was not satisfactory. An encouraging aspect of the speciality was that 165/171 (97%) of the participants were either postgraduate degree holders or doing fellowship in anesthesiology. One hundred and sixty one (94%) were satisfied with teaching and training programs in their institutions, while 165/171 (97%) demand further improvement in clinical coaching. Majority of the anesthesiologists 166/171 (97%) were of the view that ICU should be part of the anesthesia department. One hundred and fifteen (67%) respondents were not satisfied with the equipment available in their departments, 90% of total participants were of the opinion that their departments need improvements regarding, skilled work force, latest anesthesia machines, equipment and new anesthetic drugs and techniques and at the same time, 101 /171 (59%) were not well acquainted with international standards of anesthesia.

Table 1. Responses of the participants

Questions	Yes	Percentage	No	Percentage
Did you join anesthesia by choice ?	160	94	11	6
Are you financially satisfied and stable?	40	23	131	77
Are you happy with your relations with surgical colleagues?	121	70	50	30
Do you repent on joining the speciality?	17	10	154	90
Would you like to change your speciality, if you get a chance?	25	15	146	85
Are you satisfied with your working hours per week?	14	9	157	91
Do you feel stress in the speciality?	154	90	17	10
Any improvement you want in the speciality?	165	97	6	3
Is there any regular teaching programme in your department?	160	94	11	6
Are you satisfied with working environment in your department?	135	79	36	21
Should ICU be part of anesthesia speciality as your profession?	166	97	5	3
Do you get sufficient time for your sleep?	98	58	73	42
Does society recognize your status as a doctor?	14	9	157	91
Do you get respect from other specialties?	80	47	91	53
Had your joining this speciality affected your health?	157	92	14	8
Did you ever had suicidal thought?	8	5	163	95
Did this speciality affect your social and marital life?	65	38	106	62
Do you think this speciality as a dependent one for private practice on other specialties?	164	96	7	4
Do you have Postgraduate qualification?	165	97	6	3
Do you have private practice?	12	7	159	93
Do surgeon pay you handsome amount as anesthesia fee in private practice?	81	48	90	52
Are you satisfied with anesthetic equipment available in your department?	55	33	116	67
Are you well acquainted with international standard of anesthesia?	70	41	101	59

DISCUSSION

Anesthesiology is a stressful medical profession, highly demanding and regarded in the developed countries. In Pakistan it is still considered as a minor and dependent speciality resulting in low level of job satisfaction among anesthesiologists. Job satisfaction has been defined as “the sense of accomplishment and achievement when performing a certain job”. It occurs when an employee feels he/she has attained something that has importance and will be recognized.¹³ There remains shortage of anesthesiologists globally and particularly in Pakistan. This survey showed that 160\171 (94%) of doctors joined anesthesiology by choice which indicates that they were aware of the importance and global demand of this speciality. Only 40\171 (23%) anesthesiologists were financially satisfied and 121\171 (70%) doctors enjoy good working relationship with surgeons. One hundred and thirty five out of 171 (79%) respondents were satisfied with their working environment. Ninety percent participants said that they did not repent on joining anesthesia as a profession and 145\171 (85%) would not change their speciality even if get a second chance. A previous study conducted in Pakistan observed that anesthesiology was the first-choice speciality of 47.5% as compared to 94% in this study, and 32.5% of the respondents felt remorse at some point after joining the speciality in contrast to only 10% in this study. In that national survey, 50% of Anesthesiologists were totally happy with their job and the working environment as compared to 79% of the respondents in this study. He also reported that only

12.5% of the respondents were satisfied with the stipend they get as compared to 48% in this study.⁵ This difference in the results could be due to the fact that his study was conducted at national level including both teaching and non-teaching hospitals as compared to this study which was done at city level only in teaching and tertiary care hospitals.

In another survey, Jenkin and Wong observed that 76% anesthesiologists reported overall job satisfaction.¹⁰ Similarly Kinz and coauthors found a high job satisfaction level among anesthesiologist in their survey.⁹ Another study reported 71% job satisfaction among Finnish anaesthesiologists.¹¹ This difference could be because of better working environment and handsome financial package given to anesthesiologists in the developed countries.

In this study 92% participants admitted that job stress and exposure to volatile anaesthetic agents has adversely affected their health and 15% wished to change their speciality if get a chance. Similarly, Kain and his fellows reported that 32.6% responders would adopt new career if given second chance, believing the perception that anesthesiology is actually a stressful speciality.¹⁴

The public knowledge about the role of anesthesiologist was also investigated in this study and 91% participants responded that society did not recognize them as medical doctors, though 80% admitted that they got proper respect from other medical specialties. Similar results were reported by an earlier local study.⁵ In Pakistan where literacy rate is

generally very low, it is expected that only a minority of population is aware of anesthesia or the role of anaesthesiologist in patient care. The anaesthesiologists need to directly interact with the patients during preoperative visits and post-operative rounds. Similarly pain clinics should be established in all public hospitals. Public awareness about speciality and role of anaesthesiologist can be improved by using paper and electronic media.

Job satisfaction is one of the reasons for better physical health and emotional well-being. However, doctors are stressed and tired most of the time due to long shifts. In this study only 58% of participants got enough time for sound sleep, while 42% complained that they do not get enough time for relaxation. Sixty two percent participants claimed that anesthesia speciality has affected their social and marital life whereas 5% admitted that they had suicidal thoughts at some point of their lives.

In a survey conducted at a tertiary care hospital of Nigeria, 71.7% responders were not satisfied with their long working hours.¹⁵ Time restraint was also reported as the most common reason for stress among anaesthesiologists in Australia and New Zealand.³ These findings emphasize the need to address the working hours for anaesthesiologists so that they can have adequate hours for rest and sleep and healthy social interactions. In this study 67% participants were not satisfied with the equipment available in their departments and at the same time 59% were not well acquainted with international standards of anesthesia. However, one optimistic aspect of the speciality is that 97% of the participants are either post graduate degree holders or doing fellowship in Anaesthesiology. The advances in the practice of anaesthesiology are having a significant impact on patient care, allowing a more diverse and complex patient population to benefit from the knowledge, skills and expertise of anaesthesiologists. Although the roles of anaesthesiologists are becoming more and more multi-task, their scope of work varies from country to country. The challenging new healthcare needs in Pakistan, has opened new doors of opportunities for anaesthesiologists to prove beneficial expanded roles in healthcare delivery. To accomplish these new needs of patients health care and delivery systems, post-graduation training, education and advance methods to ensure continued competency must incorporate new approaches of education to ensure that each anaesthesiologist has complete command of clinical skills required to support patient and health care system. Limitations of this study were that it was

conducted only in teaching hospitals of Lahore. Further multi centric studies with larger numbers of participants from other provinces can be done to compare and stratify data.

CONCLUSIONS

Even though, job satisfaction among anaesthesiologists is fairly high, there is a need to address working hours per week, improving working environment and providing appropriate equipment in the workplace, which will help to minimize occupational stress and improve performance and job satisfaction among anaesthesiologists.

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