De arbeidssatisfactie van de Nederlandse huisarts
Ham, Irene van

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2006

Link to publication in University of Groningen/UMCG research database

Citation for published version (APA):

Copyright
Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

Take-down policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): http://www.rug.nl/research/portal. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

Download date: 18-02-2019
Summary
Summary

During the past decades, physicians have had an increasing number of psychological disorders. Surmenage and burnout are examples of these conditions. Whether or not a physician will suffer from burnout is determined by a large number of factors, with job stress one of the most important. Job stress is closely related to job satisfaction. Although job satisfaction among physicians, including general practitioners (GPs), has been investigated in various countries, it has not been systematically studied in The Netherlands. This led us to study the job satisfaction experienced by Dutch GPs.

The questions to be answered include:

- To what extent do a number of characteristics relating to the GP and his or her practice relate to his or her job satisfaction?
- To what extent does the measured job satisfaction relate to the desire to stop practicing?

The reasoning behind the study is described in Chapter 1. Strike actions by the Dutch GPs in October 2000 and April 2001 clearly demonstrated that there were problems with primary health care. The GPs were increasingly prepared to go on strike to convey their dissatisfaction with health care policies. There is an increasing shortage of GPs which is due to several factors. There are too few training positions. There was a wave of GPs who were retiring as a result of a change in the regulations concerning the former “goodwill” agreement, which made retirement more attractive prior to 2003. The average age of GPs is also going up: approximately 80% of GPs are now over 40, and approximately one third is over 50.

A shortage of GPs threatens the continuity of primary care.

A potential solution to counter the increasing workload, the Central Physician On Call System (CPOCS), has been increasing considerably during the past several years.
We measured the job satisfaction experienced by the GP. Job satisfaction is always the result of a process in which coping behavior, among other things, plays a role. Coping behavior, in turn, is determined by a number of factors such as personality, social support, and the possibility to control and organize.

The design and procedure for the study are described in Chapter 2. Firstly, an overview of the literature relating to this issue is given, and the development of our study is described.

The concept “job satisfaction” was defined as the satisfaction with regard to various work aspects. “Job satisfaction” was further divided into a number of factors. Two questionnaires were used in this study: a general one and one specifically addressing job satisfaction in which the aforementioned factors are revisited. All the GPs who were insured through AO Physician Insurance NV (since merged with Movir, subsidiary of ING NV) before 1 January 2000, who were working full time, who were partially unable to work, or who had been unable to work for no longer than one year (80-100% disability for one's own occupation) were included in the potential study population (inclusion criteria). The questionnaires were mailed to 1151 GPs randomly selected by computer from the insured population. The percentage of usable responses was higher than expected at 62% (n=710). A study of the non-responders revealed that there were no significant differences between responders and non-responders with respect to the research questions.

Our study population did not appear to be representative for the entire group of GPs in The Netherlands. There was a higher percentage of males in the study population, and the average age was slightly higher than that found in the entire population of GPs. This is probably due to the fact that there are relatively few salaried GPs insured by AO Physician Insurance NV. The vast majority of these are women. Furthermore, the insured population was somewhat older.
Summary

The systematic literature review of GP job satisfaction is described in Chapter 3. The goal was to gain insight into the factors which influence the job satisfaction experienced by GPs.

Several studies consistently identified a number of aspects as either increasing or decreasing job satisfaction. Job variety, relationships and contact with colleagues, and teaching medical students were all identified as factors which increase job satisfaction. On the other hand, income, the number of work hours, the administrative load, too much work, lack of time, and lack of recognition were all identified as decreasing job satisfaction.

It therefore appears that aspects relating to what the profession entails generally appear to increase job satisfaction whereas factors relating to employment conditions tend to lower job satisfaction.

A general questionnaire addressing a number of GP and practice characteristics was used (chapter 4), and a more specific questionnaire was developed by the researchers to examine job satisfaction as it is experienced by GPs in The Netherlands. An item analysis was applied to the way the questions were originally divided into sections, and Cronbach’s alpha was calculated. Then, a factor analysis was done. Six factors were identified which, together, accounted for 42.3% of the variation. These are:

Factor 1: collaborating with and relating to others
Factor 2: external work environment
Factor 3: extent of satisfaction with the amount of time available for work and personal time
Factor 4: extent of satisfaction with respect to call and coverage schedules
Factor 5: extent of satisfaction with general work aspects
Factor 6: degree of satisfaction with financial aspects of the profession

The validity of the questionnaire was examined. The conclusion was that an internally validated questionnaire had been developed, which could, with a few minor modifications, such as leaving out certain questions which were unclear,
be used in future research into the job satisfaction of GPs and possibly also of paramedical workers.

In Chapter 5, we examine which characteristics of the GP and his or her practice are related to job satisfaction.

We found the following relationship: for GPs who are involved in the training of interns or general practitioner specialty training or those with a pharmacy in their practice, there was a positive correlation with a number of area specific factors relating to job satisfaction. It is noteworthy that GPs with a pharmacy in their practice have a higher job satisfaction with respect to finances. There appears to be a negative relationship between being threatened by patients or their families and a number of job satisfaction factors.

Being an instructor is mentioned a number of times in the literature as increasing the job satisfaction. Although the relationship between being threatened and job satisfaction is not described in the literature, this is, nonetheless, an important finding. An increase in the number of threats could decrease the job satisfaction experienced by the GP with all of the associated consequences.

No relationship was found between job satisfaction and a great number of other characteristics, such as the size of the practice, working part-time, the percentage of immigrants in the practice, whether or not they perform deliveries, and the degree of job satisfaction.

The connection between job satisfaction and the inclination to retire prematurely is described in Chapter 6. This inclination was divided into three levels: low, medium, and high. With the help of ordinal logistical regression, the connection between the job satisfaction factors and the inclination to retire early was investigated, with the results subdivided according to age and gender.

34% of respondents want to stop working before age 60. The most important factors predicting when a GP will decide to retire are age, satisfaction with call scheduling, and satisfaction with general work aspects. Greater job satisfaction and increasing age are associated with a lower inclination to stop working.
However, this applies only to male GPs. There is no readily available logical explanation for why this does not apply to female GPs. There is currently a shortage of GPs in The Netherlands, which will continue to increase if more and more GPs choose to retire early. The satisfaction with the call scheduling appears to play an important role. During the past several years, there has been a strong tendency to organize call schedules on a larger scale. This will undoubtedly also influence job satisfaction.

What measures can be taken to increase the job satisfaction experienced by GPs in The Netherlands? In Chapter 7, the discussion, we look back on the research and consider this question. Working conditions will have to be improved through better national health care regulations and policies and through adequate remuneration. The GP’s status will have to be adjusted upward, partially to make the profession more attractive to physicians who have recently graduated. The latter may also be achieved by making the profession inherently more interesting by, for example, the introduction of more advanced medical technology. This study should be repeated to evaluate the effects of recent changes in practice organization. Has satisfaction with respect to call scheduling increased as a result of the widespread implementation of larger scale on call systems? Another interesting issue to examine is the effect on job satisfaction of increasing the number of people with whom the GP works.