



Profession fulfillment of physician special reference to private hospitals in Coimbatore

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Abstract

Purpose: This paper is to study the Profession Fulfillment of Physician and also, to discover the inter association between the factors that influence of Profession Fulfillment of Physician with special reference to Private Hospitals in Coimbatore.

Design/methodology/approach: The researchers are proposing a model that highlights level of professional fulfillment of Physician and the inter association between the factors that influence Profession Fulfillment. The study follows the quantitative process. An investigation is arranged for data collection and for statistically analyzing the planned model.

Research limitations/implications: Data for the study was collected from the Physician of Private Hospitals and so the results cannot be generalized to other geographical areas. The respondents may have completed the questionnaires during a part of the year that was overwhelming. The time in which the respondent completed the questionnaires may have influenced their profession fulfillment level.

Practical implications: This study is based on Private Hospitals only. The research can be widespread to all sectors right through the country.

Social implications: The social implications of this research is to find the professional fulfillment is to be expected and inevitable in the hospital sector. Fulfillment can be defined as a feeling of pleasure because getting all desires from jobs. This study confirms that professional fulfillment leads to have satisfaction in their professional life as well as personal life.

Originality/value: The paper is based on a sample of respondents with a new model suggested and tested scientifically, following a thorough process. It evaluates the professional fulfillment has positive and significant impact on physician job satisfaction resulting in high-quality psychological health and development in their profession.

Keywords: professional fulfillment, job satisfaction, physician, private hospitals

Introduction

The current medical workplace is a multifarious atmosphere with extreme performance. Regular work tension with a raid of patient admissions, responsibility of significant decisions, prospective serious consequences, and stress to evade medical mistakes were among different facets of job situation that have rendered medical practice intrinsically disconcerting.

The progression from clinician centered to patient centered concern in the present medical place of work has challenged medical professionals to maintain reliability in providing quality health care and patient satisfaction. Stress on medical professionals has risen because of different health care reforms affecting clinicians' independence, esteem, qualities, and returns ensuing in high work stress and burnout.

Professional fulfillment among physicians has been related to a massive amount of enviable social and financial outcomes.

Long-lasting physician disappointment has also been related to increased health problems between physicians themselves. When physicians are ill, costs to the physicians' organizations rise further due to lost work hours, and additional burdens are placed on those who remain at work.

Literature Review

Haas J, Cook E, Puopolo A, Burstin H, Cleary P, Brennan T (2000) in their research state that a physician's self-reported satisfaction was powerfully correlated to patient satisfaction. Patients of physicians who rated themselves as being extremely

or enormously satisfied with their work were established to be more satisfied with their concern, signifying that physician fulfillment affects patients' view of the quality of their health care.

Grembowski D, Paschane D, Diehr P, Katon W, Martin D, Patrick D (2005) identified that patients of physicians who rank themselves as having high profession fulfillment had better levels of confidence and self-belief in their physicians.

Beasley, M.S., Carcello, J.V., Hermanson, D.R., (1999) revealed that overall job satisfaction was extremely inversely related with turnover.

Buchbinder *et al.* establish that physician job dissatisfaction was the most prevailing interpreter of physician departures. Turnover tends to generate an intellect of unsteadiness, requiring remaining physicians to wrap a larger patient load. This may decrease patient concern and give to physician be exhausted, while probably influencing a descending spiral of diminishing self-confidence and additional departures.

Oluwatayo (2015) confirmed that opposing to well-liked attitude, most of the respondents were satisfied with their jobs on the whole, even though they were slightest satisfied with their pay.

Konrad T, Williams E, Linzer M (2018) highlighted that ten factors must be considered when evaluating the satisfaction of community physicians: independence, associations with colleagues, relations with patients, interaction with staff, income, possessions, essential satisfaction, free time away from work, organizational sustain, and community participation.

Coyle Y, Aday L, Battles J, Hynan L. (2009) identified that the following eight factors might be used to appraise the work satisfaction of academic physician: autonomy, professional associations, reimbursement, scientific resources, institutional supremacy, professional eminence, teaching conduct, and professional progression.

Objectives of Study

Primary Objectives

To measure the level of Profession Fulfillment of Physician with special references to Private Hospitals in Coimbatore.

Secondary Objectives

1. To identify the factors influencing Profession Fulfillment of Physician.
2. To find the inter relationship between the factors that Profession Fulfillment of Physician.

Methodology

This cross-sectional research was conducted among 90 physician at the private hospitals in Coimbatore. All physician in the hospital at the point of the study were approached by using a universal sampling technique. After approval with relevant head of departments and hospital management, physician from all six major departments (Medicine, Obstetrics & Gynecology, Surgery, Emergency Medicine, Pediatrics, and Orthopedics) were approached during and after working hours. Objectives and benefits of the research were explained orally to the physician and in a written form attached to the questionnaires. Respondents were guaranteed that data gathered would be confidential.

Results and Discussion

This section deals with the analysis of the data collected from the respondents.

Table 1: Demographic characteristics of the Sample

Demographic factors	Classification	Number of Respondents	Percentage
Age (in Years)	25 & Below	43	47.78
	26 - 35	20	22.22
	36 - 45	15	16.67
	Above 45	12	13.33
Gender	Male	68	75.56
	Female	22	24.44
Marital status	Single	37	41.11
	Married	53	58.89
Experience (Years)	Below 1	24	26.67
	2-5	36	40.00
	6-15	21	23.33
	Above 15	9	10.00
Income (Rs.)	Below 30000	17	18.89
	30001-60000	28	31.11
	60001-90000	25	27.78
	Above 90000	20	22.22
Current rotation	Obstetrics & Gynecology	19	21.11
	Medicine	24	26.67
	Surgery	13	14.44
	Emergency Medicine	15	16.67
	Pediatrics	10	11.11
	Orthopedics	9	10.00
Work hours of the past week	60 hours	59	65.56
	72 hours	31	34.44

Among the 90 respondents, 43 (47.8%) belong to 25 & below years age group; 68 (75.56%) are male; 53 (58.9%) are unmarried; 36 (40 %) are 2 to 5 years-experience group; 28

(31.1%) belong to Rs. 30001 - Rs. 60000 income group; 59(65.56%) worked for 60 hours over the past week (61.3%)

Table 2: Professional fulfillment and commitment among respondents (n = 90)

S. No	Statement	No of Respondents	Percentage (%)
1.	Prologue of a two-way-feedback/report-system of physician -superior association	85	94.44
2.	Reduce working hours to 60-72 hours and the prologue of "a two days off" per week.	83	92.22
3.	Pay increase.	81	90.00
4.	Prologue of the "Flexi-Work-Hours Policy".	76	84.44
5.	Replacement of "on-call" with "shift work."	73	81.11
6.	Substitution of "on-call allowance" with "Flexi-Work-Hours Allowance."	69	76.67
7.	Overall satisfaction with learning practice.	65	72.22
8.	Attractive incentives (free food from canteen, allocation of parking lots, conveniences area, and supplementary days of annual leave and vacation).	61	67.78

The majority were satisfied with the following efforts to be professionally engaged: Prologue of a two-way-feedback/report system of physician superior association (94.44%), Reduce working hours to 60–72 hours and the prologue of “a two days off” per week (92.22%), Pay increase (90.00%), Prologue of the “Flexi-Work-Hours Policy” (84.44%), Replacement of “on-call”

with “shift work.” (81.11%), Substitution of “on-call allowance” with “Flexi-Work-Hours Allowance.” (76.67%), Overall satisfaction with learning practice (72.22%), and Attractive incentives (67.78). The majority of residents (72.22%) were satisfied with the overall learning practice.

Table 3: Association between Professional Fulfillment and commitment and Emotional Burnout (n = 90).

S. No	Statement	Emotional burnout mean (SD)		P value
		Satisfied	Unsatisfied	
1.	Prologue of a two-way-feedback/report-system of physician -superior association	22.3 (9.7)	30.8 (13.7)	0.001
2.	Reduce working hours to 60–72 hours and the prologue of “a two days off” per week.	17.8 (8.5)	23.7 (10.4)	0.020
3.	Pay increase.	20.8 (10.9)	23.4 (10.3)	0.286
4.	Prologue of the “Flexi-Work-Hours Policy”.	18.8 (9.2)	23.9 (10.4)	0.014
5.	Replacement of “on-call” with “shift work.”	20.7 (10.7)	23.6 (10.3)	0.156
6.	Substitution of “on-call allowance” with “Flexi-Work-Hours Allowance.”	20.5 (9.2)	23.7 (10.6)	0.089
7.	Overall satisfaction with learning practice.	22.7 (10.3)	24.2 (10.7)	0.374
8.	Attractive incentives (free food from canteen, allocation of parking lots, conveniences area, and supplementary days of annual leave and vacation).	22.2 (9.0)	24.6 (12.3)	0.121

Mean and (\pm SD) total emotional burnout score was compared between those being “satisfied” and “unsatisfied” on each item of professional fulfillment and commitment. Four out of nine items were significantly associated with emotional burnout ($p < 0.05$)

A Theory of Fulfillment

Integrating the others investigate result into a consistent theory of physician fulfillment. Over the years, theory about employee fulfillment and productivity have spawned efforts to renovate unattached workers into highly provoked ones. Unfortunately, most plans, from financial incentives to sensitivity guidance to analysis, have left employers shaking their heads, with no considerable increase in employee motivation, fulfillment, or efficiency. One option is approaching professional fulfillment from the incorrect point of view. Most people be liable to view fulfillment and dissatisfaction as two poles of a scale.

Conclusion

For academic medicine to prosper in the coming years, which require to focus more suspiciously than ever to the factors that progress and detract from the worth of work done. There should be reasonable of the psychology of professional fulfillment and the various organizational strategies that advance it, support a authoritative logic of fulfillment among physicians. This, in turn, can help to regenerate the dignified aspirations that drew us to careers in medicine in the first place.

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