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Determinants of Physicians' Job Satisfaction

A national multi-centre study from the Sultanate of Oman

Ikram A. Burney,[1] *Sulaiman D. Al Sabei,[2] Omar Al-Rawajfah,[2,3] Leodoro J. Labrague,[2] Raeda AbuAlrub[4]

[1]The Sultan Qaboos Comprehensive Cancer Care and Research Center, Muscat, Oman; [2]College of Nursing, Sultan Qaboos University, Muscat, Oman; [3]College of Nursing, Al Albayt University, Mafraq, Jordan; [4]Faculty of Nursing, Jordan University of Science and Technology, Irbid, Jordan

**Corresponding Author's e-mail: alsabei@squ.edu.om*

Abstract

***Objectives*:** Physician satisfaction with their job can lead to a better quality of care, fewer chances of making errors, and better patient outcomes. The purpose of the study was to examine physician satisfaction; and to assess job satisfaction across several factors, such as quality of care, ease of practice, relationship with leadership, and inter-professional collaboration. ***Method*:** A descriptive cross-sectional design was used. Data were collected between July 2019 and January 2020. Participants provided demographic information and completed surveys related to physician satisfaction (13-item Likert type items on a scale from 1 to 5), and inter-professional collaboration (15-item, 4-point Likert scale, ranging from 1 for "strongly disagree" to 4 for "strongly agree"). Multiple linear regressions were used to determine the relationship between overall job satisfaction and demographic features and inter-professional collaboration. ***Results*:** Out of 396 physicians who were contacted, 354 responded (response rate = 89.4%). The median age was 40 years, and there were 208 male and 124 female physicians. The vast majority

(238/354 = 62%) were expatriates. Seventy percent had a post-graduate degree. The vast majority (308 = 87%) worked in government hospitals. Results showed that 15 (5%) of the physicians were not satisfied with their job (<3.00), 179 (40%) expressed a moderate level of satisfaction (3.00 – 3.75), and 129 (55%) were highly satisfied (>3.76). There was no difference in mean job satisfaction score among different groups of study participants, except for gender, and the working grade ($p < 0.05$). The overall job satisfaction rates were higher for the quality of care (M = 3.93, *SD* = 0.61), and for ease of practice (M = 3.89, *SD* = 0.55) and lower for the relationship with leadership (M = 3.67, *SD* = 0.86). Having a clinical postgraduate degree together with a PhD, a senior level of responsibility and good inter-professional relationship were associated with higher job satisfaction rates ($p = 0.003$ and 0.007, respectively).

***Conclusion*:** Overall, the job satisfaction rate was high. There was no difference among different groups of study participants, except for the working grade. Having a clinical postgraduate degree, a senior level of responsibility, and good inter-professional relationship were associated with higher job satisfaction rates. The overall job satisfaction rates were higher for the quality of care, and for ease of practice, and lower for relationship with the leadership. Relationship with the leadership is a modifiable factor and efforts at enhancing the physician-leadership relationship may lead to even higher satisfaction rates.

Keywords: Interprofessional relations; Job Satisfaction; Leadership; Oman; Physician; Quality of health care

Advances in Knowledge

- This is the first multi-center study to report job satisfaction of physicians from the Sultanate of Oman.
- Working in an environment that facilitates interprofessional collaboration has a positive impact on physicians' job satisfaction.

Application to Patient Care

- The current study findings inform policy-makers of modifiable work-related factors that can enhance physicians' satisfaction.
- Health care providers' job satisfaction is positively correlated with the quality of care they provide.

Introduction

Job satisfaction is defined as 'a pleasurable or positive emotional state, resulting from the appraisal of one's job or job experiences'.[1] Interaction between work experience and organizational environment determine satisfaction with the job. Physician satisfaction with their job can lead to better patient outcomes and satisfied patients which can lead to better outcomes and fewer litigations.[2] Furthermore, satisfied physicians are known to provide a better quality of care, are more conscientious with their attitude towards prescribing treatment, and have less chances of making errors.[3,4] On the other hand, a lack of job satisfaction is related to higher attrition rates, work-related stress, burnout, and work-family conflict.[3,5-7]

Several personal, workplace-specific and other modifiable factors contribute to physician satisfaction, and these can be measured using different scales. For example, Domagala et al. used a 17-item questionnaire to measure the level of physicians' satisfaction working in Polish hospitals in four domains; personal, professional, performance, and inherent factors.[8] Warr-Cook-Wall scale is a 10-item scale consisting of one item for overall job satisfaction and 9 other items for different aspects of satisfaction, such as variety in job, opportunity to use abilities, freedom of working method.[9] Factors which have been well studied include professional autonomy, doctor-patient relationship, academic involvement, and work-life balance.[5,10,11] Other factors include quality of care, ease of practice, relationship with leadership and management, and inter-professional relationship.[8] A systematic review from 12 European countries consisting of 24 studies on more than 20,000 physicians identified several scales and classified the factors into three groups: personal, intrinsic, and contextual.[12] The majority of contextual or professional-related factors are modifiable, such as, the quality of care, the ease of practice, the opportunity for professional development, inter-professional collaboration, and relationship with the leadership. Healthcare organizations can study these factors to modify the work environment, in turn facilitating and improving physician satisfaction.

Oman is one of the rapidly developing Arab countries, located in southeast of the Arabian peninsula, with a population of around 5 million, of which 60% are Omani nationals, and their treatment expenses are fully covered by the government.[13] As a result of effective planning, the

health care system in Oman has seen significant advances in the last 4 decades,.[14] Oman spends 3.8% of its Gross Domestic Product (GDP) on health and is placed at number 60 on the human development index (HDI), with an average life expectancy of 77.9 years at birth.[15] The World Health Organization (WHO) ranked Oman's healthcare system as number 8 among all the member states based on population health indicators, such as, the overall level of population health, health inequalities within the population, responsiveness of the health system, and the distribution of responsiveness and health system's financial resources within the population.[16] Harvard University and other joint commissioned organizations appreciated Oman's healthcare achievements and consider it as a model for other countries.[17] There are more than 6,500 physicians, including 2400 specialists and consultants in Oman, with a density of 2.0 physicians per 1,000 population. However, there are only a few reports assessing physician satisfaction with their job in Oman.[18,19] Almost all these studies assessed various determinants of physician satisfaction in the capital area, Muscat, and the last study was published more than 10 years back. Over the last few years, healthcare system in Oman has expanded, and it is important to study the factors and determinants of physician satisfaction, especially the modifiable factors.

The aims of the current study were twofold: To examine physician job satisfaction rate; and to assess job satisfaction across several factors including demographic features, quality of care, ease of practice, relationship with leadership, and inter-professional collaboration.

Methods

Study design

A descriptive study using a cross-sectional design, and a convenience-sampling method was carried out.

Participants

Registered Omani and non-Omani physicians were eligible to participate in the study. The sample represented all geographical areas of Oman including 11 governorates. The sample was proportional to the healthcare facility (Ministry of Health (MoH), non-MoH and private hospitals). The study approval was obtained from the Medical Research Ethics Committee of the MoH, the relevant participating hospitals not related to MoH, and the selected private hospitals.

Data were collected between July 2019 and January 2020. Informed consent was obtained from study participants. The participants were assured of anonymity and confidentiality.
The purpose and significance of the study was discussed with hospital administrators. Consenting participants were contacted by one of the research officers and invited to participate voluntarily. The data was collected via a self-filling questionnaire. A survey packet containing a letter explaining the purpose of study and its significance, and the instruments were handed to the physicians, together with a return envelope. Participants were asked to drop the completed surveys in a locked box in their unit.

Instruments

Date were collected using three paper-based self-reported surveys to collect information related to participant's demographics, satisfaction, and their perception of interprofessional collaboration.

***Demographic information*.** Information was collected using a demographic sheet developed by the authors. The validity of the instrument was assessed by three investigators from both academia and the clinical setting. Information about participants' age, gender, educational level, nationality, years of work experience, marital status, place of work, and position was obtained.

***Job satisfaction*.** The Physician Satisfaction Survey, developed by Wolosin et al. [21] was used to assess physician's satisfaction. The survey consists of 13 Likert-type items, on a scale from 1 to 5. The scale is divided into three subscales, with adequate degree of reliability: quality of patient care; ease of practice; and relationship with leadership. The construct validity of the survey is well established and the tool demonstrated acceptable level of reliability. (Cronbach $\alpha = 0.76$ to 0.92 for the three scales).[21]

Inter-professional Collaboration is defined as the ability of every health care provider to effectively complement each other roles, share the responsibility and work collaboratively to make decisions about patients' care. The Assessment for Collaborative Environment tool, developed by Tilden et al.,[22] was used to measure physician's perceptions of the quality of inter-professional collaboration. The tool consists of 15 items rated on a four-point Likert scale, ranging from 1 for "strongly

disagree" to 4 for "strongly agree". The validity and reliability has been well-established.[22,23] The range of possible total scores is 15 (lowest possible score) to 60 (highest possible score). The higher the score; the higher is the perception of interprofessional collaboration. The reliability has been well-established (Cronbach's alpha of 0.80). The tool demonstrated acceptable convergent validity (r = 0.81).[22]

Sample size

Using the standardized formula for calculating sample size from the defined population, the estimated sample size was calculated to be 396 physicians with a 95% CI and a p-value of 0.05.[20]

Statistical methods

The Statistical Package for Social Sciences software (SPSS) version 22 was used for analysis. Participant's background variables were analyzed using descriptive statistics. Overall job satisfaction was assessed by looking at the mean scores across all domains. Reliability was assessed using Cronbach α. Job satisfaction was plotted as, 'low' (score ≤ 3, 'moderate' (score 3.01 – 3.76), or 'high' (score ≥ 3.76) level of satisfaction using bar charts. The relationship between job satisfaction and interprofessional collaboration was assessed using multiple linear regression. The regression model was adjusted for participants' demographic data including age, gender, educational level, nationality, years of work experience, marital status, and place of work. The four assumptions of linear regression including normality, linearity, homoscedasticity, and independence, were assessed and found to be satisfactory.

Results

Over the study period, a total of 396 physicians were contacted, and 354 responded (response rate 89.4%). Characteristics of study participants are shown in table 1. The median age of study participants was 40 years; the vast majority of participants were between the ages 30 and 40 years. There were more males than female physicians. The majority of physicians were non-Omani, married, had 1-3 children, had a postgraduate clinical degree, and worked as full-time physicians. A significant number of physicians had more than 5 years of overall work experience, and experience in the place of work at the time of interview. The vast majority of participants were working as specialist or senior house officer.

The mean satisfaction rate was 3.85 ± 0.55 on the job satisfaction scale. Overall, 5% of the physicians were not satisfied with their job (mean satisfaction score <3.00), 40 % had moderate level of satisfaction (mean satisfaction score, 3.00-3.75), and 55% were highly satisfied with their job (mean satisfaction score >3.76). There was no difference in mean job satisfaction score among different groups of study participants, except for gender, and the working grade. The means score amongst the 208 male physicians was 3.76 ± 0.54 compared to 124 female physicians (3.90 ± 0.52; p-value 0.026 using ANOVA). Figure 1 shows job satisfaction rates according to the working grade. Almost equal number of senior house officers, specialists and senior specialists expressed 'moderate' or 'high' level of satisfaction, whereas, the vast majority of consultants and senior consultants had a 'high' level of satisfaction with their job.

Mean satisfactions scores across the three domains and the 13 items are shown in table 2. The overall job satisfaction rate was 3.82 ± 0.55; for quality of care the rate was 3.93 ± 0.61; for ease of practice 3.89 ± 0.55, and for relationship with leadership, the score was 3.67 ± 0.55. Overall satisfaction score, as well as across the 3 domains showed a high level of internal consistency. Please see the table for Cronbach α levels.

Whereas, the vast majority of physicians were 'moderately' or 'highly' satisfied with ease of practice, and quality of care, 14.5% expressed a low level of satisfaction with their relationship with leadership [Figure 2]. Table 3 shows the results of physician's perceptions of the quality of inter-professional collaboration. The overall mean satisfaction rate was 3.045 ± 0.39, and the results showed a high degree of internal consistency (Cronbach's $\alpha = 0.89$). The results were consistent across the various items of the scale. The relationship between demographic variables and physician's perception of inter-professional collaboration and overall job satisfaction was assessed using linear regression. Overall, the results indicate that physicians were satisfied or highly-satisfied with different dimensions of their job, especially, if they had a clinical postgraduate degree together with a PhD ($p = 0.003$), were on a senior level of responsibility ($p = 0.007$), and had good inter-professional relationship ($p < 0.001$) [Table 4].

Discussion

This study describes the level and determinants of job satisfaction of physicians from various parts from the Sultanate of Oman. Out of the 354 physicians who responded, 95% were satisfied with their job. The majority of satisfied physicians were women, and senior consultants. Satisfaction was observed in different modifiable domains of patient care, was higher in quality of care and ease of practice, but was marginally lower in relationship with the leadership. Physicians were also perceived to be satisfied with inter-professional collaboration. Majority of satisfied physicians had a postgraduate clinical degree, and had been working for more than five years in the current job, and were working at a rank of consultant or above.

A validated, 13-item Physician Satisfaction Survey measuring physician satisfaction across the three domains of professional practice was employed.[21] The domains included quality of patient care, ease of practice, and relationship with leadership. The scale has a high degree of internal consistency, and our results are not only reliable, but match the internal consistency mark reported in the literature. Although the vast majority of physicians were satisfied or highly satisfied, with the quality of care and the ease of practice, relationship with leadership was identified as an area of opportunity for further improvement. The important determinates which could potentially enhance satisfaction were confidence of the leadership in the staff, and responsiveness of the hospital administration to the ideas and needs of the medical staff members.

In the highly complex working environment, health organizations depend on collaborative work within teams and across different teams. Teamwork not only provides specialist care, but also enhances quality of care. Team member satisfaction is one of the important determinants of job satisfaction. In fact, team climate has been shown to be a better predictor of team satisfaction than team leadership.[24] The results demonstrate that the majority of physicians had the perception of being satisfied with the quality of inter-professional collaboration. Our results are consistent with the results of studies from an academic hospital in Brazil**,** family physicians in Canada, and primary care physicians in Germany, where an important determinant of overall job satisfaction was having a good inter-professional relationship.[9,25-26]

In terms of degree of satisfaction with the job, the current study findings showed that physicians working in Oman reported higher levels of satisfaction compared with physicians working at

Saudi Arabia, Iraq, and Pakistan. The study from a tertiary hospital in Saudi Arabia reported that as many as 30% of the 344 participants were dissatisfied with their job, mainly either due to the nature of job (intensive care physicians), or low income.[27] Another study from Saudi from a tertiary medical center demonstrated more than 30% of the 217 respondents to be dissatisfied with their job, mainly because of low income, health coverage and the overall benefit package.[26] A study on 237 family physicians from two different areas of Saudi Arabia revealed an overall job satisfaction rate of 62%. Factors significantly associated with professional dissatisfaction included the physicians having an opinion that they were not respected by community members and their own perception of being inferior to other specialties.[28] A study from Pakistan conducted on hospital doctors revealed that only 35% had well-above-average or outstanding job satisfaction. Factors associated with lack of satisfaction with job included younger age, lower income, fewer number of years in service, and a lack of postgraduate qualification. [29] Another study from Pakistan assessed job satisfaction using 35 questions about sources of work-related stress and satisfaction, and concluded that overall satisfaction rate was low at 2.69±0.37. Job dissatisfaction was more amongst government sector doctors; whereas, increasing age, duration of current posting and work experience positively correlated with satisfaction level.[30]

There are at least two other studies from Oman assessing job satisfaction of physicians. Al Shafaee[18] used qualitative and quantitative tools to assess job satisfaction amongst physicians working in the capital area, Muscat governorate, and explored several organizational and job-related factors which influence satisfaction rate. Amongst the 371 physicians, the job satisfaction rate was 68.4%. Physicians were satisfied with their professional status and teamwork, however, they were less satisfied with administration, pay and workload. Al Touby[19] reported job satisfaction amongst 50 physicians working in two tertiary care hospitals in the capital area, and identified younger age and fewer years of experience to be inversely related with job satisfaction. The current study was different in several respects. The survey included physicians from all geographical areas of Oman, used a validated job satisfaction tool with high degree of internal validity, assessed modifiable factors in relation to job satisfaction, and reported an overall satisfaction rate of 95%. The results should be reassuring for the health managers, as the level of job satisfaction amongst physicians in the Sultanate of Oman is higher compared to many centers in the region. Furthermore, as the health care system in Oman continues to evolve and improve,[14]

it should be satisfying to note that that the average job satisfaction rate has increased considerably compared to the two earlier studies[18, 19]. While there are ongoing efforts and initiatives to assess and improve satisfaction of healthcare professionals[14], this study provides areas and avenues for specific targets for improvement, including the modifiable factors, such as, relationship with leadership.

Study Limitations

There are several limitations of the study. Physician's income was not assessed in relationship with job satisfaction. This has been shown to be inversely related to job satisfaction in several studies. However, over the last few years, the salary structure for physicians in the government sector in Oman has been revised and unified, and is dependent on the grade. Grade of work was assessed, and inherent in the grade is the salary. Secondly, very few physicians working in private hospitals were invited to participate, or agreed to be surveyed. However, it may be of interest to note that healthcare in private sector is only beginning to emerge in Oman, and at the moment, the vast majority of hospitals are government-managed facilities. The proportion of physicians surveyed in this study reflect the overall proportion of private hospitals in healthcare sector. Thirdly, a higher level of job satisfactions was observed amongst female doctors. This was an important observation from this study, however, reasons were not explored further and remain speculative. It may be argued that in a cross-sectional study design, only an association can be described and not causality. Longitudinal studies are needed to establish causal relationship between dependent and independent variables. In addition, this study used a self-reported method, which may be associated with a response bias. To minimize the possibility of this bias, all data were collected anonymously, without collecting any identification information. Furthermore, extra-ordinary circumstances, such as, COVID-19 pandemic may affect job satisfaction levels, due to factors such as, risk perception, psychological stress and burnout, and other factors, not studied here[31, 32]. However, data for the current study were acquired before the onset of the pandemic. Finally, organizational factors, such as, human resource management, details of ancillary facilities and leadership factors were not analyzed separately. The primary aim of the study remained to assess job satisfaction across several factors, such as, quality of care, ease of practice, relationship with leadership, and inter-professional collaboration in the

area / place or work. Therefore, the current study results and conclusions need to be interpreted with caution, as the management and leadership details specific to the site were not studied.

Conclusion

In conclusion, satisfaction of physicians with their job from the Sultanate of Oman was high, and the majority of physicians were highly satisfied. There was no difference in the level of satisfaction among different groups of study participants, except for the working grade. Having a clinical postgraduate degree, a senior level of responsibility, and the perception of a good inter-professional relationship were associated with higher job satisfaction rates. The overall job satisfaction rates were higher for the quality of care, and for ease of practice, and lower for relationship with the leadership. Relationship with the leadership is a modifiable factor and healthcare policymakers should target interventional programs to improve satisfaction of junior physicians. These results highlight areas of strength, as well as the area of opportunity, in which efforts could be made to enhance job satisfaction.

Conflict of Interest

The authors declare no conflicts of interest.

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Authors Contribution

IB prepared the article. SAS conducted the analysis, interpreted the data and provided critical revisions for the article. OA-R contributed substantially to the conception and design of the study. LJL and RA provided critical revisions for the article. All authors approved the final version for submission.

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Table 1: Demographic Characteristics and Work Environment

Demographic features		**Working environment**	
Age (years)		Experience as a Physician (years)	
Less than 30	26 (7.4%)	Less than 5	19 (5.3%)
30 – 40	123 (34.8%)	5-15	150 (42.4%)
41 – 50	80 (22.7%)	16 and more	149 (42.2%) 36 (10.2%)
51 – 66 N/R	49 (13.9%) 76 (21.4%)	Experience in Current Working Place (years)	
Gender		Less than 5	90 (25.4%)
Male	208 (58.7%%)	5-15	164 (46.3%)
Female N/R	124 (35%) 22 (6.6%)	16 and more	54 (15.2%) 46 (13%)
Nationality		Duration working with the team (years)	
Omani	91 (25.7%)	5 or less	150 (42.4%)
Non-Omani N/R	238 (67.2%) 25 (7%)	More than 5	181 (51.1%) 23 (6.5%)
Marital Status		Current Grade	
Single	34 (10%)	Medical intern	15 (4.2%)
Married	298 (89.2	Senior house officer	63 (17.7%)
Divorced N/R	2 (.05%) 20 (5.6%)	Specialist	139 (39.2%)
Number of Children		Senior specialist	41 (11.6%)
None	48 (13.5%)	Consultant	27 (7.6%)
1-3	182 (51.4%)	Senior Consultant	23 (6.4%)
4 and more	40 (11.2%) 84 (23.7%)	Others	24 (6.7%) 22 (6.1%)
Highest Educational Level		Specialty	
MD	99 (27.9%)	Obstetrics & Gynecology	55 (17%)
Post-graduate degree	199 (56.2%)	General Medicine	44 (13.6%)
Clinical + PhD	26 (7.3%)	General Surgery	39 (12%)
PhD	4 (<1%) 26 7%)	Accident & Emergency	30 (9.2%)
Employment Status		ICU and Anesthesia	26 (8%)

Full time	335 (94.6%)	Child Health	25 (7.7%)
Part time	10 (2.8%) 9 (2.5%)	Others	104 (32.2%)
		Place of Work	
		Public hospitals	308 (87%)
		Private hospitals	46 (13%)

Note. N/R: no response

***include internal medicine, cardiology, otorhinolaryngology, orthopedics, behavioral medicine, radiology, urology, dermatology, ophthalmology, and oral health*

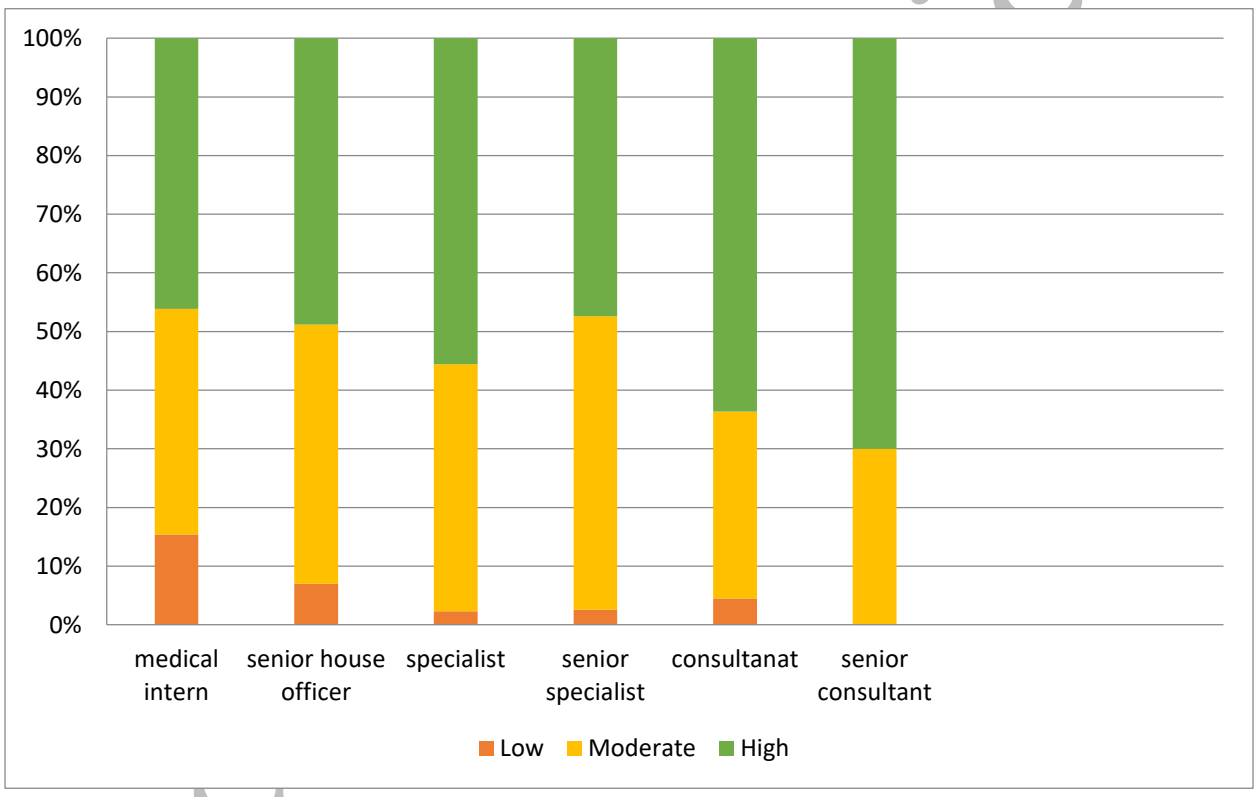

Figure 1: Job Satisfaction Rate According to Responsibility

Table 2: Job satisfaction using the Physician Satisfaction Survey

	Mean	Cronbach alpha
Quality of Care	**3.932 ±0.61**	**.83**
Quality of nursing staff	3.96 ±0.76	
Staff's concern and interest in your patient	3.95 ±0.79	
Timeliness of follow-through on written orders	3.85 ±0.76	
Staff's reliability in recognizing and reporting changes in patients' conditions	3.95 ±0.70	
Ease of Practice	**3.889 ±0.55**	**.75**
Turnaround for lab results	3.92 ±0.70	
Ease of scheduling inpatient test/therapy	4.01 ±0.69	
Ease of admitting patients	3.97 ±0.77	
Medical technology and equipment available in ICU/CCU	3.91 ±0.84	
Overall rating of the Emergency Department	3.65 ±0.89	
Relationship with Leadership	**3.670 ±0.86**	**.89**
Communication between yourself and the hospital administration	3.79 ±0.86	
Responsiveness of the Hospital Administration to ideas and needs of medical staff members	3.57 ±0.99	
Your confidence in the Hospital Administration to ideas and needs of medical staff members	3.65 ±0.96	
Overall job satisfaction scale	**3.846 ±0.55**	**.90**

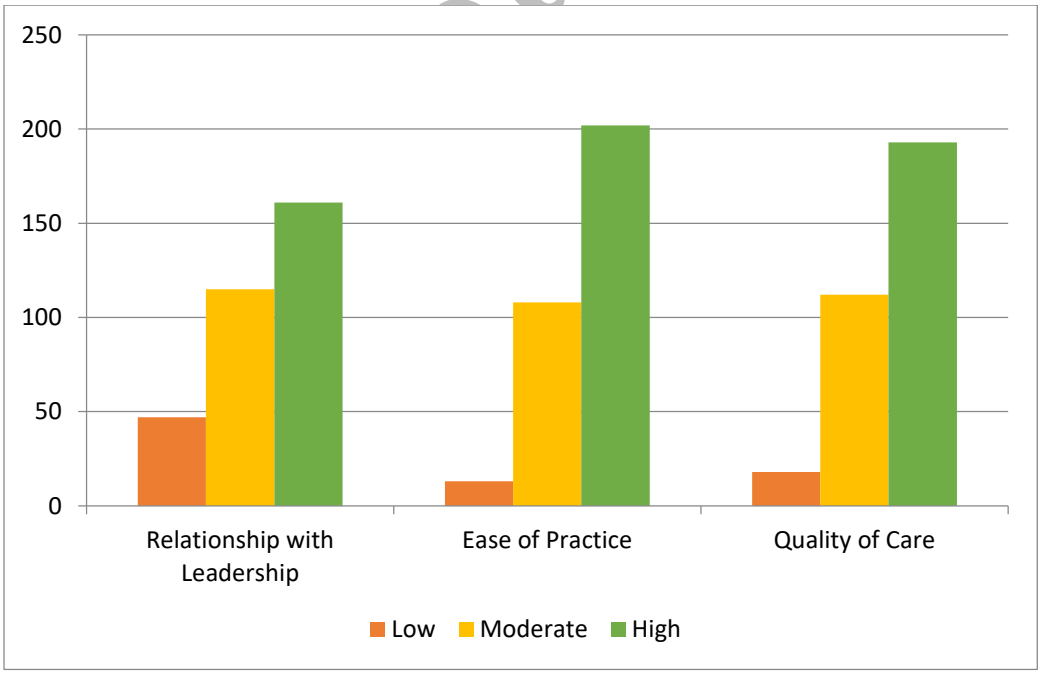

Figure 2: Job Satisfaction rate according to Physician Satisfaction Survey

447 **Table 3:** Inter-professional Collaboration

	N	Mean ± SD
1. Team members contribute to setting and evaluating goals for improving the practice.	346	3.29 ±0.59
2. The team has a culture of mutual continuous learning.	344	3.15 ±0.59
3. The team fosters a culture of continuously improving communication.	338	3.19 ±0.60
4. The team is well supported by the overall organization (e.g., practice improvement is encouraged; team training is supported).	342	3.06 ±0.67
5. Team members fail to appreciate each other's values and diversity.	339	2.85 ±0.77
6. Team members appreciate each other's roles and expertise.	346	3.11 ±0.62
7. Team members have the autonomy to implement their part of the plan once the patient's needs and goals are clear.	343	3.13 ±0.56
8. The team is effective in assigning and implementing administrative tasks (e.g., leadership, record keeping, meeting facilitation, etc.)	348	3.08 ±0.63
9. Team members do not feel safe bringing up concerns about roles and responsibilities for discussion, proactive improvement, and prevention.	339	2.83 ±0.73
10. All voices on the team are heard and valued.	342	2.96 ±0.69
11. The team encourages trust by paying attention to important personal or professional connections (e.g., celebrating achievements, milestones, etc.).	347	3.09 ±0.54

12. Members of the team are active listeners and pay close attention to the contributions of others, including the patient and family.	345	3.17 ±0.57
13. The team engages in routine, frequent, meaningful evaluation to improve its performance.	344	3.05 ±0.58
14. Team members tend not to recognize their own limitations in knowledge and skills.	342	2.78 ±0.79
15. The team constructively manages disagreements among team members.	336	2.95 ±0.60

Note: Item numbers 5, 9, and 14 were reversed coded.

Table 4. Predictors of overall job satisfaction

Predictor	**Unstandardized β**	**S.E**	**Standardized β**	**t**	**p-value**	**95% CI**	
						Lower	**Upper**
Inter-professional collaboration	.864	.071	.603	12.155	**<0.001**	.724	1.004
Education							
MD	.100	.059	.086	1.716	.087	-.015	.216
Clinical + PhD	.293	.097	.152	3.017	**.003**	.102	.484
PhD	.406	.320	.065	1.271	.205	-.223	1.036
Grade as physician							
Medical intern	-.034	.127	-.014	-.267	.789	-.284	.216
Medical officer	-.103	.077	-.069	-1.336	.183	-.256	.049
Specialist	-.136	.081	-.085	-1.672	.096	-.295	.024
Senior specialist	-.094	.100	-.048	-.936	.350	-.291	.103
Consultant	-.107	.126	-.045	-.844	.400	-.355	.142
Senior Consultant	.297	.109	.138	2.720	**.007**	.082	.511

Note. $r^2 = 0.453$; *Adjusted* $r^2 = 0.404$