



## Work Life Issues and Job Satisfaction of Doctors: A Gender Based Study

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### Abstract

The healthcare sector has not been untouched by globalization over the years. On observing the healthcare delivery and medical education in today's scenario, we find that there have been a lot of modifications in professional roles as well as boundaries. The proliferation of roles of the doctors from one to another, therefore, prompted the researcher, to highlight their work life issues. The study aims to examine those factors of quality of work life (QWL) that influence job satisfaction. A sample of 232 doctors from eighteen hospitals completed a set of the two structured questionnaires by Sinha and Sayeed (1980) and Weiss, Dawis, England and Lofquist (1977) through Purposive and Snowball sampling. Multivariate statistical techniques have been used to test the hypothesis. The findings provide evidence on the possible factors that the healthcare organizations need to focus on, to ensure the job satisfaction of doctors based on their gender. Self-respect and dignity, mental state and effect on personal life were identified as pertinent factors of QWL that influence job satisfaction of female. However, self-respect and dignity, economic benefits and supervisory relationship were the pertinent factors of QWL that influenced the job satisfaction of male doctors.

**Keywords:** Work Life Issues, Doctors, Extrinsic Satisfaction, Intrinsic Satisfaction, Healthcare Sector

**JEL Classification:** J28, I39

**Paper Classification:** Research Paper

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### Introduction

On account of the fact that the health sector depends on people, India tends to become one of the attractive destinations. India, being a developing country, offers vast opportunity with huge population of more than a billion people. Moreover, with time, people have become more conscious of their health as a result of the rampant lifestyle diseases. They are ready to spend on healthcare by paying from their own pockets and preferring private healthcare services as compared to the government ones. Some of the hospitals like Escorts Group, Max Healthcare, Apollo Group, and Fortis have done major investments by setting up corporate hospitals in various cities like Delhi, Chennai, Kolkata and Mumbai. These hospitals provide a variety of general and specific services using highly skilled medical personnel, equipment and services. The three most important inputs in the healthcare system are the physical capital, commodities



and human resources. Moreover, human resources have been described as the “heart of health system in any country” or “a critical component of healthcare activities.” Human resources in the healthcare sector are classified into two categories i.e. clinical staff and non-clinical staff. They are the ones who carry the responsibility of individuals on one hand and public health intervention on the other. An effective management of the healthcare workforce, requires the managers to understand, those factors, that influence their performance which largely depends on their skills, motivation and knowledge base.

For a healthcare organization to survive, the key resource is a doctor. A doctor’s place in the healthcare industry may be regarded as important healthcare gatekeepers and custodians. It can, therefore, be stated that approaching a healthcare organization and deriving benefits directly means consulting a doctor. The healthcare sector increasingly depends on the doctors for their patients. They are the senior members who provide expert supervision, diagnosis and guide their juniors in developing their expertise. These doctors and dentists, therefore hold high stresses occupation apart from the police, pilots, miners as well as the social workers (Cooper et al., 1988). Caplan (1975) has rightly given the reason for this, stating that doctors are responsible for people and not any object. More so, a doctor’s knowledge and behavior has a profound effect on the quality of patient care.

According to the previous studies, dissatisfaction among doctors may lead to burnout, career exit, health related issues, personal or family problems, career growth and dissatisfaction with how they spend their personal time. This serves as a proof of the critical importance of human factor as inputs to the quality of healthcare outcomes. The importance of addressing the work life issues and job satisfaction of doctors, in order to retain them, is a fact that cannot be denied. Another important issue on which the Quality of Work Life (QWL) of doctors depends is their perception of how satisfied the patients are with the hospital services. Quality of Work Life and Job Satisfaction play a pivotal role in a doctor’s daily life and their level of commitment. It is, therefore, important for the healthcare sector to identify the various factors related to quality of work life and job satisfaction of doctors.

## Literature Review

A number of researches on Quality of Work Life and Job Satisfaction have been conducted recently on different samples, regions, locations and sectors applying different methodologies and tools. One of the studies on doctors is that of Turner, I (2017), who aimed to investigate the coping strategies adopted by doctors to manage their work life balance and examined the gender differences in the experiences of male and female doctors. The findings reveal that work in Nigerian Medical Sector is notoriously intense as it underscores the challenges of working long hours, intense work demand and staff shortage. It suggests that women must tread a delicate balance between subordination to make authority, domestic responsibilities and achievement in profession. Also, the career satisfaction of the female physicians has been investigated by Scully, R.etal.(2017), taking into consideration the personal, professional and financial impact of maternity leave. It was concluded that these female physicians tend to lose a significant income leading to high rates of career dissatisfaction. Similarly, a qualitative review on the burnout and stress of physicians has been covered by Bragard, I. (2015). It was found that these physicians exhibited moderate to high levels of burnout as a result of the difficulty they faced in their working conditions such as the lack of resources, poor support etc. The challenges related to the work family balance among the female doctors and nurses in Nigeria was investigated by Adisa T. et al. (2014) and the study revealed that their work family balance was threatened by the different workplace and domestic problems thereby leading to a work-family strife. Apart from this, the

relationship between job satisfaction and job characteristics amongst Russian physicians has been determined by O'Leary et al., (2009) who concluded that male doctors were better satisfied as compared to their female counterparts. However, the female physicians were comparatively more satisfied by the relationship with their colleagues and patients. Moreover, the demographic determinants of job satisfaction of senior residents, academics and non-academic junior residents in India were identified by Madaan (2008) who concluded that though they were satisfied with their work but not with the working environment. Also, the issues like emotional exhaustion job satisfaction and burnout of psychiatrists in New Zealand were covered by Shailesh et al. (2007). Meanwhile, the impact of the demands of work on family and family life on workplace in the Israeli healthcare administration was studied by Cohen and Liani (2008) in which they found that a strong relationship exists between job satisfaction and work attitudes. Another very important issue of hospital-physician relationships (HPRs) and its effect on the economic performance of hospitals has been investigated by Burns and Muller (2008) in which they found that there was a requirement of a better financial condition for the physicians, internal changes in the clinical operations as well as the application of behavioral skills for the successful management of HPRs. The nurse doctor working relationship in the University Teaching Hospitals (UTH) in Southern Nigeria was studied by Ogbimi and Adebamowo (2006) who concluded that better working environment and working conditions, proper conflict resolution techniques, training and a balanced hospital management and government policies had a positive effect on the relationship. Another important study concerning the operational freedom of the physicians of the health care systems of Sweden was conducted by Vultee., et.al. (2007) in which it was discovered that support of the organization added to their work satisfaction and thereby decreasing the exhaustion related to their work. Other important issues such as income, work life balance, occupational health and safety was covered by Saraji and Dargahi (2006) who conducted their study on the positive and negative attitudes of the employees of Tehran University of Medical Sciences (TUMS) Hospitals.

Also, there are a few studies that have tried to establish the relationship between QWL and job satisfaction. Job satisfaction was considered to be an important component of QWL according to Seashore (1975), Khaleque & Rahman (1987). However, it is important to state that there are some industrial psychologists as well as management scholars who agree that QWL is concerned with the well-being of the employees and is different from job satisfaction. Quinn & Shepherd (1974) as well as Davis & Cherns(1975) advocated that QWL differs from Job Satisfaction. After going through the previous studies it may be concluded that job satisfaction is one of the many outcomes of QWL. The obvious reason behind this may be that the working life of employees does not only effect satisfaction with the job but a number of other aspects as family life, leisure time, social status and financial status also. Thus, the focus of QWL is much beyond job satisfaction because it involves the effect of the workplace situation on the satisfaction with personal life, happiness and wellbeing. The various concepts involved in QWL include life satisfaction, job satisfaction and work related satisfaction such as satisfaction with co-workers, pay and supervisors etc.

## Research Gap and Contribution of the Study

Certain gaps concerning the work life issues as well as the job satisfaction of the male and female doctors, in the set ups that they were working with, have been found. In the backdrop of such a review, this study has been conducted to identify such indicators of QWL that affect the Job Satisfaction of the sample of doctors. In the backdrop of the above review, a modest attempt has been made through this study to have a better understanding of their working environment, availability of resources, working relationships, and at the same time, the constraints that they have to face while performing their duties. This study also assumes its importance from the fact

that a lot of changes have taken place in the healthcare industry in India after liberalization. It would be helpful to the healthcare organizations, research institutions, health educators etc.

### Objectives of the Study

1. To know whether there seems to be any difference in the QWL and Job Satisfaction for the sample of doctors on the basis of their gender.
2. To find out which of the dimension(s) of QWL has/have greater influence on the Job Satisfaction of the sample of female doctors.
3. To find out which of the dimension(s) of QWL has/have greater influence on the Job Satisfaction of the sample of male doctors.

Keeping in view the above objectives of the present study the following hypotheses have been formulated for the study:

### Hypotheses

- Ho1: Gender will not make any difference in the QWL and Job Satisfaction for the whole sample of doctors.
- Ho2: For the sample of female doctors, none of the dimensions of QWL will be significantly related with any of the dimensions of Job Satisfaction.
- Ho3: For the sample of male doctors, none of the dimensions of QWL will be significantly related with any of the dimensions of Job Satisfaction.

## Research Methodology

### Sample Size

There are two variables in the study i.e. QWL and Job Satisfaction whose relationship has to be explored which indicates that our research design is an exploratory one. The sample of the study constitutes the allopathic doctors working with various public and private hospitals. To fulfill the purpose of research work, Delhi was selected, as it had varied number of hospitals having some of the best doctors from different specialties, regions, religion etc. with richer experience and exposure. Apart from this they get a chance to treat patients suffering from different diseases, who are from urban areas, rural areas and even foreign countries. These patients belong to rich, middle and economically weaker classes. Taking doctor as the unit of analysis, a list of hospitals existing in Delhi was made. 19 hospitals were randomly selected from 58 hospitals listed. 232 doctors were selected through purposive and snowball sampling for the study. This sampling has been resorted to due to their busy schedule and availability. The sample comprised junior residents, senior residents, junior and senior consultants with specializations such as Cardiology, Paediatrics, Surgery, General Medicine and Emergency Medicine.

<b>Gender</b>	<b>Count</b>	<b>Average Age</b>	<b>Average Experience</b>
Male	137	36.32	8.56
Female	95	36.75	8.98

## **Instruments Used**

For the purpose of tapping information on QWL, the Quality of Work Life Questionnaire developed by Sinha and Sayeed (1980) has been used. It has a 7-point scale having 85 items. It covers 17 dimensions. The validity and reliability of the questionnaire come to be 0.93 and 0.97 respectively. Minnesota Satisfaction Questionnaire (MSQ) developed by Weiss, Dawis, England and Lofquist (1977), was used to collect information on job satisfaction. It comprises twenty items. The short form of MSQ consists of three dimensions. The reliability of the questionnaire conducted by Chronbach's Alpha test was found to be 0.910. All these items of the questionnaire were stated in English language.

## **Data Collection**

The doctors were approached personally and handed over the questionnaire after explaining to them the purpose of research. They have returned the filled up questionnaire on the same day, however some of them took one or two days to give them back depending upon their duties or workload at that point of time.

## **Statistical Technique Used**

The analysis was carried out for the total sample of 232 doctors with a purpose of exploring the relationship between the QWL (Independent Variable) and Job Satisfaction (Dependant Variable) with some demographic variables to test the null hypotheses that have been framed. Data was analyzed by applying multivariate statistical techniques using the SPSS (Statistical Package for Social Sciences, 20.0) technique. Descriptive Statistics including Simple arithmetic mean and Standard deviations have been used. Also, inferential statistics such as independent t-test, Correlation, ANOVAs (two-way analysis) and Step wise Multiple Regression Analysis have been used.

## **Results and Discussion**

The results found and the related discussions have been shown in the following sections and tables:

Ho1: Gender will not make any difference in the QWL and Job Satisfaction for the whole sample of doctors.

To test this hypothesis the following 't' test analysis has been done.

**Table 2: Comparison of the dimensions of QWL and Job Satisfaction for the sample of female doctors with male doctors**

Dimensions of QWL	Female (N=95)		Male (N=137)		t	Sig. (2-tailed)
	Mean	SD	Mean	SD		
	Economic Benefits	12.28	3.628	11.49		
Physical Working Conditions	3.67	1.18	3.4	1.15	1.76	0.08
Mental State	13.12	2.414	12.88	2.27	0.77	0.44
Career Progress	3.01	1.333	2.83	1.12	1.10	0.27
Advancement on Merit	6.13	2.179	5.91	2.09	0.78	0.44
Affect on Personal Life	4.68	0.657	4.56	0.73	1.31	0.19
Self-respect & Dignity	7.84	1.69	7.69	1.66	0.67	0.51
Supervisory Relationship	<b>11.53</b>	2.547	<b>10.42</b>	2.73	<b>3.13**</b>	0.00
Intra Group Relationship	11.94	2.182	11.82	1.90	0.44	0.66
Apathy	3.61	1.24	3.37	1.22	1.45	0.15
Confidence in Management	6.24	1.412	6.34	1.33	0.56	0.58
Meaningful Development	9.64	2.809	9.42	2.66	0.60	0.55
Control, Influence and Participation	6.86	1.766	7.2	1.45	1.58	0.12
Employee Commitment	8.51	1.383	8.5	1.30	0.05	0.96
General Life Satisfaction	12.57	2.04	12.6	2.10	0.11	0.91
Organization Climate	7.32	1.671	6.96	1.66	1.59	0.11
<b>Dimensions of Job Satisfaction</b>						
General Job Satisfaction	73.87	11.669	71.8	12.12	1.30	0.20
Extrinsic Job satisfaction	20.77	4.198	19.72	4.64	1.76	0.08
Intrinsic Job Satisfaction	45.58	7.159	44.97	7.35	0.63	0.53

Note: \*\*  $p < .01$  \*  $p < .05$

The comparison of the QWL of male and female doctors done in Table 2 tells that a highly significant difference exists between their Supervisory Relationship ( $t=3.31$ ,  $p<.01$ ). Further, a difference in the means reveals that the female doctors have a better Supervisory Relationship (mean=11.53) as compared to the male doctors (mean=10.42) as they feel that their female counterparts are supported more by their superiors on account of their gender and family circumstances. The male doctors also feel that there is a lack of acknowledgement and encouragement for their work by their superiors which is a source of stress for them. Findings on similar lines have been reported by Antoniou & Cooper, 2003. No significant difference has been found in their Job Satisfaction. Findings on similar lines have been given by Keeton et.al. 2007 and Cujec et.al.,2000; Eisa et.al.,2005.; Eker et.al., 2004. The results take us to the conclusion that the hypothesis Ho1 stands rejected.

Ho2: None of the dimensions of QWL will be significantly related with any the dimensions of Job Satisfaction for the sample of female doctors.

In order to examine this hypothesis regression analysis has been done in the following Tables 3, 4 and 5:

<b>Table 3: Stepwise Multiple Regression Analysis to find the determinants of Extrinsic Satisfaction for the sample of female of doctors (N=95)</b>					
Multiple R	0.77				
R Square	0.60				
Adjusted R Square	0.57				
Standard Error	2.75				
	<b>Sum of Squares</b>	<b>Degrees of Freedom (df)</b>	<b>Mean Square</b>	<b>Anova result (F)</b>	<b>Significance</b>
Regression	989.8	6.0	165.0	21.8	.000
Residual	667.1	88.0	7.6		
	<b>Unstandardized Coefficients</b>		<b>Standardized Coefficients</b>	<b>t value</b>	<b>Significance</b>
	<b>Realization values (B)</b>	<b>Standard Error</b>	<b>Beta (β)</b>		
(Constant)	6.78	2.50		2.72	0.01
Independent Variables (IV) -Dimensions of QWL					
Meaningful Development	0.43	0.13	0.29	3.24	0.00
Career Progress	0.69	0.25	0.22	2.78	0.01
General Life Satisfaction	0.49	0.18	0.24	2.68	0.01
Supervisory Relationship	0.33	0.13	0.20	2.50	0.01
Effect on Personal Life	-1.21	0.48	-0.16	-2.16	0.03
Control, Influence and Participation	0.38	0.18	0.16	2.09	0.04

*Note: Dependent Variable (DV) - Extrinsic Satisfaction (Dimension of Job Satisfaction)*

Table 3 suggests (Multiple R=0.77) that a strong relationship exists between six independent dimensions ( Meaningful Development, Career Progress, General Life Satisfaction, Supervisory Relationship, Effect on Personal Life, Control, Influence and Participation) and the dependent dimension ( Extrinsic Job Satisfaction) for the female doctors. Further, the result (Adjusted R Square= 0.57) tells us that just six independent dimensions collectively account for 57 % of the variance of the dependent dimension while other dimensions could not yield a significant predictive value. For example, Meaningful Development has yielded a standardized beta coefficient of 0.29 indicating that the level of Extrinsic Job Satisfaction will increase by 0.29 SD with the increase in the level of ‘Meaningful Development’ by 1 SD, if all the independent dimensions are kept constant. It implies that if there is a change (increase/decrease) in the score of independent dimensions to an extent of 1 SD ,the effect thereon, the dependent dimension would also change by 0.29 SD.

In terms of relative importance of the predictors, the Meaningful Development comes out to be the best predictor and Career Progress fits as the second best. ANOVA result (F 6/88 =21.8, p<0.001) suggests that a very good predictive model has emerged from the stepwise multiple regression analysis. The final regression model is expressed in an equation as:

$$Y=6.78+0.43 X_1 + 0.69 X_2 +.49 X_3 + 0.33 X_4 - 1.21 X_5+ 0.38 X_6$$

Where,

Y=Extrinsic Job Satisfaction, the criterion dimension

$X_1$ =Meaningful Development,  $X_2$ =Career Progress,  $X_3$  =General Life Satisfaction,  $X_4$ =Supervisory Relationship,  $X_5$ = Effect on personal life and  $X_6$ = Control, Influence and Participation

Multiple R	0.63				
R Square	0.40				
Adjusted R Square	0.39				
Standard Error	5.60				
	<b>Sum of Squares</b>	<b>Degrees of Freedom (df)</b>	<b>Mean Square</b>	<b>Anova result (F)</b>	<b>Significance</b>
Regression	1937.2	2.0	968.6	30.9	.000
Residual	2880.0	92.0	31.3		
	<b>Unstandardized Coefficients</b>	<b>Standardized Coefficients</b>			
	<b>Realization values (B)</b>	<b>Standard Error</b>	<b>Beta (β)</b>	<b>t value</b>	<b>Significance</b>
(Constant)	18.83	3.68		5.06	0.00
Independent Variable (IV) -Dimensions of QWL					
Self-respect & Dignity	1.98	0.36	0.47	5.58	0.00
Mental State	0.90	0.25	0.30	3.55	0.00

*Note: Dependent Variable (DV)-Intrinsic Satisfaction (Dimension of Job Satisfaction)*

Table 4 suggests (Multiple R=0.63) that a strong relationship exists between two independent dimensions (Self Respect and Dignity and Mental State) and the dependent dimension (Intrinsic Job Satisfaction) for the female doctors. Findings on similar lines have been given by Antoniou & Cooper, 2003; Wildschut, 2010; Burke, R., Burgess, Z. and Fallon, B., 2006, Shirom, A., Westman, M., Shamai, O. and Carel, R.S. 2005, Moutzoglou, 2007.

Further, the result (Adjusted R Square= 0.39) tells us that, six independent dimensions collectively account for 39 % of the variance of the dependent dimension while other dimensions could not yield a significant predictive value. For example, Self Respect and Dignity has yielded a standardized beta coefficient of 0.47 indicating that the level of Intrinsic Job Satisfaction will increase by 0.47 SD with the increase in the level of 'Self Respect and Dignity' by 1 SD if all the independent dimensions are kept constant. It implies that if there is a change (increase/decrease) in the score of independent dimensions to an extent of 1 SD the effect thereon the dependent dimension would also change by 0.47 SD.

In terms of relative importance of the predictors, the Self Respect and Dignity comes out to be the best predictor and Mental State fits as the second best. Anova result (F 2/92 =30.9, p<0.001) suggests that a very good predictive model has emerged from the stepwise multiple regression analysis. The final regression model is expressed in an equation as:

$$Y=18.83+1.98 X_1+ 0.90 X_2$$

Where,



Y=Intrinsic Job Satisfaction, the criterion dimension

X<sub>1</sub>=Self Respect and Dignity, X<sub>2</sub>=Mental State.

Multiple R		0.73			
R Square		0.53			
Adjusted R Square		0.51			
Standard Error		8.21			
	Sum of Squares	Degrees of Freedom (df)	Mean Square	Anova result (F)	Significance
Regression	6734.1	4.0	1683.5	25.0	.0
Residual	6064.4	90.0	67.4		
	Unstandardized Coefficients		Standardized Coefficients	t value	Significance
	Realization values (B)	Standard Error	Beta (β)		
(Constant)	20.05	6.37		3.15	0.00
Self-respect & Dignity	2.81	0.61	0.41	4.61	0.00
Meaningful Development	1.09	0.36	0.26	3.02	0.00
Mental State	1.02	0.37	0.21	2.74	0.00
Confidence in Management	1.25	0.60	0.15	2.07	0.04

*Note: Dependent Variable (DV)-General Satisfaction (Dimension of Job Satisfaction)*

The regression analysis results in Table 5 suggest (Multiple R=0.73) that a strong relationship exists between four independent dimensions (Self Respect and Dignity, Meaningful Development, Mental State, Confidence in Management) and the dependent dimension (General Satisfaction) for female doctors. Further, the result (Adjusted R Square= 0.51) tells us that just four independent dimensions collectively account for 51 % of the variance of the dependent dimension while other dimensions could not yield a significant predictive value.

For example 'Self Respect and Dignity' has yielded a standardized beta coefficient of 0.41 indicating that the level of General Satisfaction will increase by 0.41 SD with the increase in the level of 'Self Respect and Dignity' by 1 SD if all the independent dimensions are kept constant. It implies that if there is a change (increase/decrease) in the score of independent dimensions to an extent of 1 SD the effect thereon the dependent dimension would also change by 0.41 SD.

In terms of relative importance of the predictors, Self-Respect and Dignity comes out to be the best predictor and Meaningful Development as the second best. Anova result (F 4/90 =25, p<0.001) suggests that a very good predictive model has emerged from the stepwise multiple regression analysis.

The final model can be expressed in an equation as:

$$Y=20.01+2.81X_1 +1.09X_2+1.02X_3+1.25 X_4$$

Where,

Y=General Satisfaction, the criterion dimension;  $X_1$ =Self Respect and Dignity,  $X_2$ =Meaningful Development,  $X_3$  = Mental State,  $X_4$  = Confidence in Management.

After looking at the stepwise regression analysis results in Tables 3, 4, and 5, the hypothesis Ho2 stands rejected.

Ho3: None of the dimensions of QWL will be significantly related with any of the dimensions of Job Satisfaction for the sample of male doctors.

In order to examine this hypothesis analysis has been done in the Tables 6, 7 and 8.

<b>Table 6: Stepwise Multiple Regression Analysis for determinants of Intrinsic Job Satisfaction for the sample of Male Doctors (N=157)</b>					
Multiple R	0.67				
R Square	0.45				
Adjusted R Square	0.43				
Standard Error	5.57				
	<b>Sum of Squares</b>	<b>Degrees of Freedom (df)</b>	<b>Mean Square</b>	<b>Anova result (F)</b>	<b>Significance</b>
Regression	3286.0	5.0	657.2	21.2	.000
Residual	4069.0	131.0	31.1		
	<b>Unstandardized Coefficients</b>		<b>Standardized Coefficients</b>		
	<b>Realization values (B)</b>	<b>Standard Error</b>	<b>Beta (<math>\beta</math>)</b>	<b>t value</b>	<b>Significance</b>
(Constant)	17.29	3.05		5.68	0.00
Independent Variable (IV) -Dimensions of QWL					
Self-respect & Dignity	1.05	0.38	0.24	2.79	0.01
Supervisory Relationship	0.55	0.21	0.20	2.63	0.01
Apathy	1.01	0.47	0.167	2.13	0.04
Economic Benefits	0.41	0.16	0.199	2.67	0.01
Control, Influence and Participation	0.80	0.37	0.158	2.17	0.03

*Note: Dependent Variable (DV)-Intrinsic Satisfaction (Dimension of Job Satisfaction)*

Table 6 suggests (Multiple R=0.67) that a strong relationship exists between five independent dimensions (Self Respect and Dignity, Supervisory Relationship, Apathy, Economic Benefits, Control, Influence and Participation) and the dependent dimension ( Intrinsic Job Satisfaction) for the male doctors. Further, the result (Adjusted R Square= 0.43) tells us that just five independent dimensions collectively account for 43 % of the variance of the dependent dimension while other dimensions could not yield a significant predictive value. For example, Self-Respect and Dignity has yielded a standardized beta coefficient of 0.24 indicating that the level of Intrinsic Job Satisfaction will increase by 0.24 SD with the increase in the level of 'Self Respect and Dignity' by 1 SD if all the independent dimensions are kept constant. It implies that if there is a change (increase/decrease) in the score of independent dimensions to an extent of 1 SD the effect thereon the dependent dimension would also change by 0.24 SD.

In terms of relative importance of the predictors, the Self Respect and Dignity comes out to be the best predictor and Supervisory Relationship fits as the second best. Anova result (F 5/131

=21.2,  $p < 0.001$ ) suggests that a very good predictive model has emerged from the stepwise multiple regression analysis. The final regression model is expressed in an equation as:

$$Y = 17.29 + 1.05 X_1 + 0.55 X_2 + 1.01 X_3 + 0.41 X_4 + 0.80 X_5$$

Where,

Y = Intrinsic Job Satisfaction, the criterion dimension

$X_1$  = Self Respect and Dignity,  $X_2$  = Supervisory Relationship,  $X_3$  = Apathy,  $X_4$  = Economic Benefit,  $X_5$  = Control, Influence and Participation.

Multiple R		0.82			
R Square		0.67			
Adjusted R Square		0.66			
Standard Error		2.71			
	Sum of Squares	Degrees of Freedom (df)	Mean Square	Anova result (F)	Significance
Regression	1966.7	6.0	327.0	44.5	.000
Residual	956.7	130.0	7.4		
	Unstandardized Coefficients		Standardized Coefficients	t value	Significance
	Realization values (B)	Standard Error	Beta (β)		
(Constant)	6.77	1.80		3.76	0.00
Independent Variable (IV) -Dimension of QWL					
Supervisory Relationship	0.57	0.10	0.33	5.48	0.00
Economic Benefits	0.37	0.08	0.28	4.91	0.00
Apathy	0.51	0.24	0.133	2.15	0.03
Effect on Personal Life	-1.40	0.34	-0.22	-4.16	0.00
Self-respect & Dignity	0.54	0.18	0.193	3.01	0.00
Organization Climate	0.48	0.17	0.172	2.75	0.01

*Note: Dependant Variable (DV)-Extrinsic Satisfaction (Dimension of Job Satisfaction)*

Table 7 suggests (Multiple R=0.82) that there exists a strong relationship between six independent dimensions (Supervisory Relationship, Economic Benefits, Apathy, Effect on Personal Life, Self-Respect and Dignity) and the dependent dimension ( Extrinsic Job Satisfaction) for the male doctors. Further, the result (Adjusted R Square= 0.66) tells us that just six independent dimensions collectively account for 66 % of the variance of the dependent dimension while other dimensions could not yield a significant predictive value. For example, Supervisory Relationship has yielded a standardized beta coefficient of 0.33 indicating that the level of Extrinsic Job Satisfaction will increase by 0.33 SD with the increase in the level of ‘Supervisory Relationship’ by 1 SD if all the independent dimensions are kept constant. It implies that if there is a change (increase/decrease) in the score of independent dimensions to an extent of 1 SD the effect thereon the dependent dimension would also change by 0.33 SD.

In terms of relative importance of the predictors, the Supervisory Relationship comes out to be the best predictor and Economic Benefit fits as the second best. Anova result ( $F_{6/130} = 44.5$ ,  $p < 0.001$ ) suggests that a very good predictive model has emerged from the stepwise multiple regression analysis. The final regression model is expressed in an equation as:

$$Y = 6.77 + 0.57X_1 + 0.37X_2 + 0.51X_3 - 1.40X_4 + 0.54X_5 + 0.48X_6$$

Where,

Y = Extrinsic Job Satisfaction, the criterion dimension

$X_1$  = Supervisory Relationship,  $X_2$  = Economic Benefit,  $X_3$  = Apathy,  $X_4$  = Effect on Personal Life,  $X_5$  = Self Respect and Dignity and  $X_6$  = Organizational Climate

**Table 8: Stepwise Multiple Regression Analysis to find the determinants of General Satisfaction for the sample of Male Doctors (N=137)**

	Sum of Squares	Degrees of Freedom (df)	Mean Square	Anova result (F)	Significance
Multiple R	0.78				
R Square	0.60				
Adjusted R Square	0.58				
Standard Error	7.83				
Regression	12027.0	6.0	2004.0	32.7	.000
Residual	7962.0	130.0	61.2		
	Unstandardized Coefficients		Standardized Coefficients	t value	Significance
	Realization values (B)	Standard Error	Beta (β)		
(Constant)	31.98	5.20		6.16	0.00
Independent Variable (IV) - Dimensions of QWL					
Supervisory Relationship	1.15	0.30	0.26	3.85	0.00
Self-respect & Dignity	1.90	0.52	0.26	3.69	0.00
Economic Benefits	0.63	0.22	0.185	2.91	0.00
Apathy	1.63	0.68	0.164	2.40	0.02
Organization Climate	1.47	0.50	0.201	2.91	0.00
Effect on Personal Life	-2.13	0.97	-0.128	-2.19	0.03

*Note: Dependent Variable (DV)-General Satisfaction (Dimension of Job Satisfaction)*

Table 8 suggests (Multiple R=0.78) that there exists a strong relationship between six independent dimensions (Supervisory Relationship, Self-Respect and Dignity Economic Benefits, Apathy, Organizational Climate, Effect on Personal Life,) and the dependent dimension (General Satisfaction) for the male doctors. Findings on similar lines have been given by Scholarious & Marks, 2004; Horak B.J. et al., 1991; Peters, H.D., 2010.

Further, the result (Adjusted R Square= 0.58) tells us that just six independent dimensions collectively account for 58 % of the variance of the dependent dimension while other dimensions could not yield a significant predictive value. For example Supervisory Relationship has yielded a standardized beta coefficient of 0.26 indicating that the level of General Satisfaction will increase by 0.26 SD with the increase in the level of ‘Supervisory Relationship’ by 1 SD if all the independent dimensions are kept constant. It implies that if there is a change (increase/decrease) in the score of independent dimensions to an extent of 1 SD the effect thereon the dependent dimension would also change by 0.26 SD.

In terms of relative importance of the predictors, the Supervisory Relationship comes out to be the best predictor and Self Respect and Dignity fits as the second best. Anova result ( $F_{6/130} = 32.7, p < 0.001$ ) suggests that a very good predictive model has emerged from the stepwise multiple regression analysis. The final regression model is expressed in an equation as:

$$Y = 31.98 + 1.15X_1 + 1.90X_2 + 0.63X_3 + 1.63X_4 + 1.47X_5 + 2.13X_6$$

Where,

Y = General Satisfaction, the criterion dimension

$X_1$  = Supervisory Relationship,  $X_2$  = Self Respect and Dignity,  $X_3$  = Economic Benefits,  $X_4$  = Apathy,  $X_5$  = Organizational Climate and  $X_6$  = Effect on Personal Life.

After looking at the regression analysis results in presented in Tables 6, 7 and 8 above, we find that the hypothesis Ho3 stands rejected.

## Conclusion and Implication

1. The study initially covers the comparison of Quality of Work Life and the Job Satisfaction. As far as the comparison of QWL and Job Satisfaction of the sample of male and female doctors is concerned, the female doctors enjoy a better QWL in terms of Supervisory Relationship than the male doctors. As against this, there was no significant difference in their Job Satisfaction. Therefore, it is important for the management to concentrate on those aspects that focus on the improvement of the Supervisory Relationship of male doctors in order to improve their QWL. A positive supervisory response would make them less stressed and more productive.
2. Another aspect that the study covered was to find out those dimensions of QWL that affect the job satisfaction of the sample of male and female doctors. Therefore, an analysis of the sample of female doctors revealed that Self Respect and Dignity, Mental State and Effect on Personal Life are the strongest QWL predictors of their Intrinsic, Extrinsic and General Job Satisfaction.
3. After an analysis of the sample of male doctors, it was revealed that Self Respect and Dignity, Economic Benefits and Supervisory Relationship emerged to be the strongest QWL predictors for their Intrinsic, Extrinsic and General Job Satisfaction.

## Limitations

1. The study is confined to the healthcare sector in Delhi only in order to reduce the demographic disparity among the doctors working with the private healthcare and the public healthcare sectors.
2. The study is only limited to the Allopathic doctors in order to maintain homogeneity. It does not cover traditional practitioners like the Homeopathic, Unani or Ayurvedic medical practitioners in the same hospitals. Further research may be done on this sample also.
3. The scope of the study has covered the doctors who are considered to be head of any healthcare organization. However the same study on the nurses and the paramedics will reveal a complete picture of the quality of working life as well as job satisfaction in the healthcare industry. Therefore further research can be taken up to compare the QWL and Job satisfaction of nurses and paramedics among the various sectors.
4. The background variables such as number of years of education, marital status, number of dependants have not been covered. So further research may be carried out for a more holistic approach.

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