

CAREER SATISFACTION AMONG PHYSICIANS, DENTISTS AND PHARMACISTS: A STUDY FROM JORDAN

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ABSTRACT

OBJECTIVE:

Career satisfaction experienced by healthcare professionals has an impact on the quality of health care. This study aims to evaluate career satisfaction perceived by physicians, dentists and pharmacists working in Jordan.

DESIGN:

The study utilized an online questionnaire distributed among a sample of pharmacists, dentists and physicians working in Jordan. The questionnaire addressed career satisfaction as well as satisfaction regarding family and workplace aspects, relations with patients, colleagues, and society.

SETTING:

Healthcare institutions in Jordan.

MAIN OUTCOME MEASURES:

Physicians, dentists, and pharmacists were surveyed for factors influencing their career satisfaction.

RESULTS:

A total of 294 healthcare personnel participated in this study with a mean age of 37.65 ± 11.7 years (range= 23-68 years). Participants included 46 (15.6%) pharmacists, 128 (43.5%) physicians and 120 (40.8%) dentists with a female majority (76.9%). Only 165 (56.1%) expressed career satisfaction. Marriage, having children, a high monthly income, and house ownership were associated with a significantly higher career satisfaction (≤ 0.050). Moreover, professionals working in academic or non-governmental organizations had a significantly higher career satisfaction ($P=0.001$). Most practitioners were not satisfied with a work-family relation (51.8%), however, they were mostly satisfied with relationships with colleagues (65.9%), and perceived they received appreciation from patients and society (60.5%).

CONCLUSIONS:

Social and financial stability are associated with career satisfaction among healthcare professionals working in Jordan. Further, participants are generally satisfied with relationships with colleagues, supporting staff and patients. They are also satisfied with respect and appreciation offered from society. More attention is warranted for assessment of challenges and problems faced by practitioners in the private sector, particularly economic aspects to improve career satisfaction and mitigate turnover intention.

KEYWORDS

career satisfaction; dentists; healthcare professionals; pharmacists; physicians

INTRODUCTION

Healthcare systems worldwide may encounter several challenges and problems. One of the serious problems encountered is the deficiency of human health resources which represents a major barrier to achieving universal health coverage and building a sustainable health system [1]. This problem seems to affect many countries regardless of their socioeconomic status leading to shortage of healthcare personnel. Within the context of middle-income countries (MIC) and compared to other Eastern Mediterranean countries, Jordan has a large population of national healthcare personnel in the medical, dental, and pharmaceutical sectors. The health workforce in Jordan consists mainly of physicians, pharmacists, dentists, and nurses. Among healthcare workers physicians represent (25%), pharmacists (16%), and dentists (15%) of the workforce [2]. According to 2013 statistics, for every 10,000 Jordanians, there are 28.6 physicians, 17.8 pharmacists, and 10.4 dentists [3], which are considered among the highest per-population rates in the Middle East [2]. This geographic area is politically and culturally distinct, with a possible impact on other areas of the world. Jordan, as an example, has been influenced by the political turbulence in surrounding countries with a resultant continuous flow of refugees and immigrants from Iraq and Syria [4]. Considering that more than 40% of the population has been born abroad, Jordan hosts one of the largest percentages of immigrants in the world compared to its total population [5]. Such demographics present a burden on the country's healthcare system that is concerned with providing services to refugees [6], as well as regional patients who seek healthcare in Jordan as a medically advanced country, and is a favorable destination for medical tourism [7]. Furthermore, the important role of Jordan as a reliable regional healthcare provider is highly acknowledged internationally by large aid donors such as the European Union due to its provision of sustainable healthcare services to less privileged populations of the Middle East under the umbrella of the World Health Organization (WHO) [8].

Medicine, pharmacy, and dentistry are stereotyped in many countries, including Arabic countries, as socially prestigious professions [9], and usually students with the top scores in high school choose one of these career paths. A recent review identified factors influencing career choice among dentistry and pharmacy students including financial remuneration, job stability, job autonomy, and

prestige as important career motivators [10], and often families assume a culturally proactive role in preference of students to choose a healthcare career [11].

Career satisfaction can be described as a pleasant or positive emotional state resulting from the appraisal of job experiences, and eventually determining the productivity and efficiency of various institutions [12]. It is an important factor for healthcare professionals that influences career development and advancement [13]. Further, lack of career satisfaction is associated with suboptimal health care delivery, poor clinical outcomes [14], and increased likelihood of staff erosion due to immigration, premature retirement or changing career path. Studies have shown that less than 50% of the required healthcare staff are available to serve rural populations, and sometimes care is provided by non-qualified staff compromising quality of care for the community, particularly the poor [12]. Locally in Jordan and many other countries of the Middle East, international migration of health workers represents a major factor in regional imbalance of health professionals [15], due mainly to political turbulence [16]. Other likely factors that may compromise career satisfaction include unsafe or hostile work environment, where the healthcare provider may feel threatened by violence arising from patients or their families.

Several studies have been conducted to investigate career satisfaction among specific healthcare professional groups such as nurses and general practitioners [10,14]. However, no studies were undertaken so far to investigate career satisfaction collectively among three categories of healthcare personnel namely physicians, dentists, and pharmacists. This study hypothesizes that physicians, dentists and pharmacists working in Jordan have sufficient levels of career satisfaction with no statistically significant differences.

Therefore, this study was conducted to investigate this hypothesis by assessing career satisfaction among physicians, dentists and pharmacists working in Jordan, and determining which factors influence their career satisfaction including socioeconomic factors and relationships with family, colleagues, patients and society.

METHODS

The study was a cross-sectional observational study conducted among healthcare professionals working in

Jordan between July-August 2021. Inclusion criteria identified pharmacists, dentists and physicians who are currently practicing in Jordan. Practitioners were invited to participate through a survey link sent to three professional WhatsApp groups for physicians, pharmacists and dentists.

These WhatsApp groups were originally created by professional leaders among a wide sector of the three respective professional groups for the purpose of continuous medical education (CME). Each of the invited WhatsApp groups for the three professions consisted of 250 participants. These groups were selected by co-authors: N. D-O (dental group), E. B. (physician group) and R. D. (pharmacist group). Data were collected using an anonymous, online questionnaire created using Google Forms. Development of the questionnaire went through the following steps: The first draft of the questionnaire was designed by the first author. The draft was then revised by the other three co-authors. Being from the three professions under investigation, co-authors face-validated the questions and ensured all questions apply to members of their professions. Cronbach alpha and Kappa tests were conducted as explained below. The questionnaire was composed of 32 closed-ended questions divided into three sections of socio-professional demographics, career satisfaction aspects of work environment and career satisfaction aspects of relationship with family, patients and community. Socio-professional demographics included age, gender, marital status, number of children, country of graduation for the bachelor's degree, type of health profession, monthly income in Jordanian Dinars (JOD), overall salary satisfaction and house ownership. The framework of career satisfaction included eleven domains of job satisfaction, namely: work in the main profession of study and training, job stability, and job satisfaction; workplace relationships including relationships with colleagues and supporting staff: duties assigned at work, availability/cost of medical supplies (where relevant), respect from colleagues and level of stress at work, and the participant's career recommendation for future generations. Similarly, the final section of the study assessed career satisfaction in relation to five social domains; these included satisfaction with community respect, patient/community appreciation, and the services provided by the participants to the patients, as well as influence of work on lifestyle (leisure time for participant/family and influence of night shifts).

Sample size determination was carried out using the epidemiological software: Epi Info™ (CDC, Centers for

Disease Control, Atlanta, USA) based on a population size for the three professions in Jordan of 56,800, expected frequency (of satisfaction) 50% and a 4.8% margin of error. A sample of 292 produced a 90% power of this study.

A validity pilot test was performed to ensure clarity of questions and reproducibility of responses. A group of 10 practitioners, who were excluded from the final sample, were invited to complete the questionnaire on two occasions separated by one week to compare responses. Unclear or vague questions were modified. The calculated Cronbach alpha and Kappa values were considered acceptable (0.73 and 0.78 respectively).

Ethical approval was obtained from Deanship of Scientific Research, University of Jordan, (reference #1576). The Statistical Package for Social Science (SPSS) [version 21] was used to calculate descriptives in the form of frequency, and percentages. Statistical significance of association of demographics and other variables with career satisfaction were calculated using cross tabulation (chi square test) with level of significance set at $P \leq 0.05$. Binary logistic regression analysis was carried out to identify significant variables for the prediction of satisfaction.

RESULTS

A total of 294 practitioners participated in this study and these were distributed as follows: 46 (15.6%) pharmacists, 128 (43.5%) physicians and 120 (40.8%) dentists.

Overall response rate was 39.2% ($n=750$ for original WhatsApp groups). Response was variable with the least response rate noticed among pharmacists (18.4%), and highest among dentists (48%), and physicians (51.2%). Participants were 68 (23.1%) males and 226 (76.9%) females. They had a mean age of 37.65 ± 11.7 years (range= 23-68 years).

Satisfaction was highest among pharmacists and lowest among dentists, but differences were not significant ($P=0.546$). Marriage, having children, a high monthly income, and house ownership were associated with a significantly higher career satisfaction (≤ 0.050) (Table 1) Also professionals working in academic institutions or non-governmental organizations (NGOs) had a significantly higher career satisfaction ($P=0.001$) (Table 1). All socio-professional characteristics are presented in Table 1.

TABLE 1 SOCIO-PROFESSIONAL CHARACTERISTICS OF THE STUDY SAMPLE CROSS-TABULATED WITH CAREER SATISFACTION

| Socio-professional characteristics | Satisfaction | | Total | P value |
|--|-------------------------------|-----------------------------|-------------|---------|
| | Unsatisfied (N=129, 43.9%) | Satisfied (N=165, 56.1%) | N (%) | |
| Gender | | | | |
| Male | 31 (45.6%) | 37 (54.4%) | 68 (23.1%) | 0.746 |
| Female | 98 (43.4%) | 128 (56.6%) | 226 (76.95) | |
| Marital status | | | | |
| Single | 57 (58.8%) | 40 (41.2%) | 97 (33.0%) | 0.000 |
| Married | 66 (35.5%) | 120 (64.5%) | 186 (63.3%) | |
| Divorced | 6 (75.0%) | 2 (25.0%) | 8 (2.7%) | |
| Widow | 0 (0.0%) | 3 (100.0%) | 3 (1.0%) | |
| Number of children | | | | |
| No children | 72 (60.5%) | 47 (39.5%) | 119 (40.5%) | 0.000 |
| ≤ 4 | 52 (34.9%) | 97 (65.1%) | 149 (50.7%) | |
| > 4 | 5 (19.2%) | 21 (80.8%) | 26 (8.8%) | |
| Country of graduation for the Bachelors | | | | |
| Jordan | 99 (47.1%) | 111 (52.9%) | 210 (71.4%) | 0.074 |
| Other countries | 30 (35.7%) | 54 (64.3%) | 84 (28.6%) | |
| Profession | | | | |
| Pharmacy | 18 (39.1%) | 28 (60.9%) | 46 (15.7%) | 0.546 |
| Medicine | 54 (42.2%) | 74 (57.8%) | 128 (43.5%) | |
| Dentistry | 57 (47.5%) | 63 (52.5%) | 120 (40.8%) | |
| Monthly income (Jordanian Dinar) | | | | |
| < 500 | 52 (73.2%) | 19 (26.8%) | 71 (24.1%) | 0.000 |
| 500-<3000 | 75 (38.3%) | 121 (61.7%) | 196 (66.7%) | |
| 3000->6000 | 2 (7.4%) | 25 (92.6%) | 45 (15.2%) | |
| House ownership | | | | |
| Rented | 32 (62.7%) | 19 (37.3%) | 51 (17.3%) | 0.003 |
| Owned | 97 (39.9%) | 146 (60.1%) | 243 (82.7%) | |
| Professional setting | | | | |
| Academic | 16 (24.2%) | 50 (75.8%) | 66 (22.5%) | 0.001 |
| Private | 71 (52.2%) | 65 (47.8%) | 136 (46.3%) | |
| Public | 41 (47.7%) | 45 (52.3%) | 86 (29.2%) | |
| NGOs | 1 (16.7%) | 5 (83.3%) | 6 (2.0%) | |

Most of the study participants were satisfied with workplace factors including professional relationships (colleagues/supporting staff), assigned duties, and availability/cost of medical supplies where applicable. (Table 2) Career satisfaction was also significantly associated with these positive workplace factors. However, most of the study sample (n=198, 67.3%) stated that they would not recommend their career for future generations

(Table 2), and only 56 participants (21.21%) stated that they were satisfied with their salary (table 2).

Most participants were satisfied with the services they provide to their patients and felt respect and appreciation of their patients and community. However, they mostly felt that their work, and night shifts come at the expense of family time (Table 3).

TABLE 2 WORKPLACE FACTORS CROSS-TABULATED WITH CAREER SATISFACTION IN THE THREE HEALTHCARE PROFESSIONS.

| Workplace perspectives | Satisfaction | | Total | P value |
|--|--------------|-------------|--------------|---------|
| | unsatisfied | Satisfied | N (%) | |
| Do you work in your field of study? | | | | |
| Yes | 119 (43.0%) | 158 (57.0%) | 277 (94.2%) | 0.048 |
| In my field of study and other fields | 8 (80.0%) | 2 (20.0%) | 10 (3.4%) | |
| No | 2 (28.6%) | 5 (71.4%) | 7 (2.4%) | |
| Have you Changed your profession in last 10 years? | | | | |
| No | 96 (42.3%) | 131 (57.7%) | 227 (77.2%) | 0.008 |
| Changed it once | 20 (39.2%) | 31 (60.8%) | 51 (17.3%) | |
| Changed it more than once | 13 (81.3%) | 3 (18.8%) | 16 (5.5%) | |
| Are you satisfied with relations with colleagues? | | | | |
| No | 59 (66.3%) | 30 (33.7%) | 89 (30.3%) | 0.000 |
| Yes | 70 (34.1%) | 135 (65.9%) | 205 (69.7) | |
| Do you think your colleagues respect you? | | | | |
| No | 26 (81.3%) | 6 (18.8%) | 32 (10.84%) | 0.000 |
| Yes | 103 (39.3%) | 159 (60.7%) | 262 (89.16%) | |
| Do you have unhealthy competition with colleagues? | | | | |
| No | 64 (35.4%) | 117 (64.6%) | 181 (61.56%) | 0.000 |
| Yes | 65 (57.5%) | 48 (42.5%) | 113 (38.44%) | |
| How do you evaluate stress at work? | | | | |
| Mild-moderate stress | 57 (33.3%) | 114 (66.7) | 171 (58.2%) | 0.000 |
| High stress | 72 (58.5%) | 51 (41.5%) | 123 (41.8%) | |
| Are you satisfied with relationship with supporting staff? | | | | |
| No | 44 (57.9%) | 32 (42.1%) | 76 (25.9%) | 0.004 |
| Yes | 85 (39.0%) | 133 (61.0%) | 218 (74.1%) | |
| Are you satisfied with duties assigned to you at work? | | | | |
| No | 120 (46.0%) | 141 (54.0%) | 261 (88.8%) | 0.041 |
| Yes | 9 (27.3%) | 24 (72.7%) | 33 (11.2%) | |
| Are you satisfied with the availability of medical supplies for work? | | | | |
| No | 80 (53.0%) | 71 (47.0%) | 151 (51.4%) | 0.004 |
| Yes | 36 (32.4%) | 75 (67.6%) | 111 (37.7%) | |
| Not applicable | 13 (40.6%) | 19 (59.4%) | 32 (10.9%) | |
| Are you satisfied with the cost of medical supplies used in your work? | | | | |
| No | 89 (49.2%) | 92 (50.8%) | 181 (61.6%) | 0.030 |
| Yes | 14 (28.6%) | 35 (71.4%) | 49 (16.7%) | |
| Not applicable | 26 (40.6%) | 38 (59.4%) | 64 (21.7%) | |
| Are you Satisfied with your salary? | | | | |
| No | 125 (52.5%) | 113 (47.5%) | 238 (80.9%) | 0.000 |
| Yes | 4 (7.1%) | 52 (92.9%) | 56 (19.1%) | |
| Would you recommend your career for future generations? | | | | |
| No | 115 (58.1%) | 83 (41.9%) | 198 (67.3%) | 0.000 |
| Yes | 14 (14.6%) | 82 (85.4%) | 96 (32.7%) | |

TABLE 3 SATISFACTION WITH RELATIONS WITH FAMILY, PATIENTS AND COMMUNITY

| Satisfaction with relations (family, patients and community) | Satisfaction | | Total | P value |
|--|----------------------|--------------------|--------------|---------|
| | Unsatisfied N (%) | Satisfied N (%) | N (%) | |
| Does work allow sufficient leisure time for you and your family? | | | | |
| No | 28 (28.3%) | 71 (71.7%) | 99 (33.68%) | 0.000 |
| Yes | 101 (51.8%) | 94 (48.2%) | 195 (66.32%) | |
| Do night shifts interfere with your family's time? | | | | |
| No | 5 (17.9%) | 23 (82.1%) | 28 (9.5%) | 0.004 |
| Yes | 49 (53.3%) | 43 (46.7%) | 92 (31.3%) | |
| No night shifts | 75 (43.1%) | 99 (56.9%) | 174 (59.2%) | |
| Are you satisfied with community respect? | | | | |
| No | 42 (65.6%) | 22 (34.4%) | 64 (21.8%) | 0.000 |
| Yes | 87 (37.8%) | 143 (62.2%) | 230 (78.2%) | |
| Are you satisfied with patient and community appreciation? | | | | |
| No | 33 (64.7%) | 18 (35.3%) | 51 (17.3%) | 0.001 |
| Yes | 96 (39.5%) | 147 (60.5%) | 243 (82.7%) | |
| Are you satisfied with the services you provide to patients? | | | | |
| No | 30 (68.2%) | 14 (31.8%) | 44 (15.0%) | 0.000 |
| Yes | 99 (39.6%) | 151 (60.4%) | 250 (85.0%) | |

Binary logistic regression analysis was carried out to find significant variables for the prediction of satisfaction. Table 4 describes variables in this regression model.

Nagelkerke R² shows that 24.4% of the variability in satisfaction is accounted for by variations in independent variables.

There were no significant differences in predictive capacity of this regression model across different categories of the test sample as indicated by Hosmer and Lemeshow test (Chi-square= 13.869 and P=0.085).

Predictive capacity of the model was shown to be: 68.1% accurate which is considered an acceptable-good level of accuracy.

TABLE 4: VARIABLES IN THE REGRESSION MODEL AND THEIR SIGNIFICANCE

| | B | S.E. | Wald | df | Sig. | Exp(B) | 95% C.I. for EXP(B) | |
|---------------------|--------|-------|--------|----|-------------|--------|---------------------|-------|
| | | | | | | | Lower | Upper |
| Gender | .204 | .372 | .301 | 1 | .583 | 1.226 | .592 | 2.541 |
| Age | .001 | .042 | .001 | 1 | .972 | 1.001 | .922 | 1.087 |
| Experience in years | .014 | .045 | .097 | 1 | .755 | 1.014 | .929 | 1.107 |
| Residence ownership | .693 | .407 | 2.907 | 1 | .088 | 2.000 | .901 | 4.439 |
| Marital status | .245 | .480 | .260 | 1 | .610 | 1.278 | .499 | 3.274 |
| Having children | .443 | .475 | .871 | 1 | .351 | 1.558 | .614 | 3.953 |
| Income | 1.340 | .377 | 12.643 | 1 | .000 | 3.819 | 1.825 | 7.995 |
| Constant | -4.133 | 1.629 | 6.439 | 1 | .011 | .016 | | |

a. Variable(s) entered on step 1: Gender, Age, ExperienceYears, RentVsOwner, SingVsMarried, ChildrenCategorical, LowVsHighIncome.

Unstandardized B weights reflects the importance of various variables in the model. The higher the value the larger the effect of the variable would be (regardless of the significance of the variable).

Important variables were, in order of importance: income, residence ownership, having children, married individuals followed by female gender, years of experience and finally age. However, the only significant variable was income.

DISCUSSION

This study was conducted to investigate career satisfaction in a group of pharmacists, dentists and physicians working in Jordan as an example of a middle-income country with important regional contribution to the provision of healthcare services.

Currently, the catastrophic consequences of the COVID-19 pandemic have shown that a multidisciplinary global care agenda should be organized and conducted by a collaborative network of healthcare professionals that is directed by local and global perspectives [17].

In this study, approximately, one in two professionals were satisfied with their career, and this was paralleled in the three professions. Stress is inherent in healthcare professions including medicine, pharmacy and dentistry particularly in the settings of developing countries which adversely influences career satisfaction. Several demographic and professional factors influenced career satisfaction among the three groups. Gender and country of graduation had no influence on career satisfaction, however, the study identified marriage, having children, having a monthly salary higher than JOD 1000 (equivalent to \$1410), and house ownership to be significantly associated with satisfaction.

All these factors expectedly provide socioeconomic stability and emotional support for those with challenging careers. Work-family balance was reported to enhance career satisfaction and the perception of life satisfaction [18]. Another explanation could relate to the fact that married personnel who have children are older with more years of practice and experience making them more settled in their careers and having more stable jobs. This highlights the role that work-family conflict can play in increasing burn out among healthcare professionals.

Personnel working in academic institutions and NGOs also had a higher satisfaction rate. Academia is inherently inspiring, constantly stimulating [19], and considered prestigious on a wide scale [20]. Teaching is habitually just one aspect of a university faculty job as the position also demands conducting research, performing administrative duties and mentoring students among others [13]. Despite the common belief that academics in health professions such as medicine are less paid than their peers in private practice [21], and the possible influence this may have on

career satisfaction, this study showed a higher satisfaction rate for academics. Taking into consideration the necessary maintenance of the academic workforce in healthcare professions, the findings of this study may help highlight the advantages of the academic career and encourage the choice of academic path for these professionals.

This finding is interesting taking into consideration the staggering staffing crisis in academic medical institutions in countries such as the UK where the older workforce and high vacancy rates are prevailing [22].

This study, on the other hand, showed that working in the private sector may be a source of dissatisfaction under unstable economies which could be associated with inconsistent income or job security. Running a private practice may be associated with increased operating cost, decreasing reimbursement, and lack of job security [23]. The society may have the impression that certain healthcare professions are prestigious and highly paid placing them at the top of health professions' hierarchy. A hierarchical pay system is well acknowledged in healthcare disciplines, where physicians, followed by dentists and pharmacists are supposed to get the best pay figures. Certainly, when independent variables were collectively analyzed by logistic regression, income was identified as the significant factor in determining career satisfaction. This study found that almost one in four have a monthly income of less than JOD 500 (equivalent to \$ 705), and only 15% earn more than JOD 3000 monthly (equivalent to \$ 4231). This is way less than that of high income neighboring Gulf countries such as Saudi Arabia where the average income of pharmacists is estimated to be \$4364, or industrialized countries such as the USA where it is estimated to be \$10,459 [24]. Moreover, it is estimated that pediatricians in the USA, who are the least paid specialty, are paid approximately \$15,000 monthly [25]. Unsatisfied participants in this study were those having another work beside their own profession, or those who have changed their profession more than once in the past 10 years.

Professionals who change their profession more frequently are expected to have low satisfaction scores. This can be explained by in-depth look at factors associated with turnover intention. Turnover intention is the potential to leave one's job within a certain time period [26]. Due to ineffective human resource management practices, a substantial proportion of health workers were reported to

have turnover intentions in some developing countries [27]. Cited factors for turnover intention include concerns about burnout, lack of support, weak chances for promotion, and high work stress [28]. More than 50% of the sample had mild-moderate stress at work, while the remainder believed they had high stress. However, almost three in four participants were satisfied with their relationships with supporting staff and colleagues. Also, most participants believed that their colleagues respect them, and that competition at work was healthy (90% and 61.6% respectively). Similar results were reported by a recent Brazilian study where physicians considered relationships with their colleagues the source of the greatest point of career satisfaction [20].

On the other hand, a minority stated that they were satisfied with their professional duties, or with costs and availability of medical supplies required in their work. A previous study indicated that insufficient equipment and supplies contribute to job dissatisfaction among health workers in Africa [29]. Interestingly, most of the participants in this study would not recommend their profession to the future generations. This is in contrary to another study conducted among dentists where only 32.9% stated that they will not recommend their profession to younger generations [30]. A recent review reported that dentists were satisfied with their jobs at a moderate to high level [31]. Work environmental factors including patient relationships, respect, delivery of care, staff, professional relationships, and professional environment were associated with higher satisfaction, whereas, the least satisfaction was attributed to personal time, stress, income, practice management, and professional time [31]. Within the context of healthcare professions, dentists are particularly at risk of developing physical health complaints as a result of their work environment including infections, chemical and radiation injury, hearing and neuropathic problems [32]. Most of the study sample felt that work does not allow sufficient leisure time either for them or their families, and this feeling was significantly associated with lack of career satisfaction. A recent UK study among physicians concluded that satisfaction with leisure time is low and this is detected more among surgical careers than general practitioners [33]. Armstrong et al indicated that work-family conflict was significantly related to job satisfaction [34]. Dissatisfaction with personal time was associated with long working hours among healthcare workers [35], and an elevated suicide risk was reported in physicians, dentists and pharmacists, with a possible contributory factor being easy access to medicinal drugs by physicians and pharmacists [36].

Most of participants in this study were satisfied with their relations with patients and community in terms of respect, appreciation, and provision of services. In analyzing practitioner-patient relationship, it is important to explain the changing trends in the dynamics of this relationship over the recent years in Jordan. It is reported that the highest rates of healthcare workers exposure to violence takes place in the Middle East region with a prevalence of 61.3%, compared to 38.3% in Europe [37]. A wide survey conducted among Jordanian physicians shortly before the COVID-19 pandemic estimated an overall violence prevalence of 63.1% [38]. More recently, another survey conducted among physicians in a major public hospital after the emergence of COVID-19 reported a slightly higher percentage of 65.5% exposure to violence [39]. It seems that public hospitals have higher rates of violence against physicians [39]. On the other hand, this study reports a general satisfaction of practitioners with patients and society relationships including respect and appreciation. This is probably attributed to the wide spectrum of professional settings of the study participants.

This study has limitations attributed to the relatively low response rate and the possibility of under-representation of pharmacists. The cross-sectional design associated with self-perceptions is also another limitation. However, this study allowed for assessment of perceptions of pivotal healthcare professionals, and presented comparisons in important aspects of career satisfaction.

Findings of this study highlighted the main factors that promote career satisfaction including financial security, family stability, and collaborative work environment. This indicates the most important factors that allow for improved career satisfaction among healthcare professionals which will reflect upon enhanced staff retention and optimized quality of care. Future studies should involve larger samples and should employ in-depth analysis of factors contributing to lower career satisfaction including financial and social aspects. Work-related factors and their effects on career satisfaction should also be further investigated such as the number of working hours, the number of years of experience, geographic work location and stage of career [40].

CONCLUSIONS

Family-related factors and indicators of financial stability such as high salary and house ownership play an important

role in promoting career satisfaction among physicians, pharmacists and dentists working in Jordan. Affiliation to academic institutions and NGOs also seems to be associated with career satisfaction. On the other hand, professionals who change their jobs seem to be less satisfied about their careers.

Although the career satisfaction rate was approximately 50%, most professionals were highly satisfied with their work relations with colleagues, patients and supporting staff, however, they were not satisfied with leisure time. The fact that most of them would not recommend their career to future generations may indicate the need for promoting important career factors to enhance satisfaction. More attention is warranted for important job aspects such as provision of necessary medical supplies required for these careers, namely physicians and dentists, at an acceptable cost. Practitioners in private sector also need more attention to address challenges and problems they face. In depth analysis of economic aspects and improving salaries is warranted to prevent lack of career satisfaction and mitigate turnover intention.

Future studies can address the role that national professional associations can assume to collaborate with public authorities in improving work conditions of all healthcare specialties.

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CONFLICT OF INTEREST

Authors declare no conflict of interest

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