



Job Satisfaction, Quality of Life Levels, and Other Factors Affecting Physicians Working in Primary Health Care Institutions (Sivas)

ORIGINAL
ARTICLE

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ABSTRACT

Objective: The aim of this study was to evaluate job satisfaction and quality of life levels of physicians working in primary health care institutions in Sivas, as well as other factors affecting them.

Materials and Methods: This cross-sectional study included 135 (100%) physicians working in the Provincial Health Directorate (PHD), Community Health Center (CHC), and 29 Family Health Centers (FHC) between June 2018 and August 2018. The sociodemographic data form was prepared using the literature, and the Minnesota Job Satisfaction Scale (MJSS) and the World Health Organization Quality of Life Scale (WHOQOL-8) were applied. Student's t-test, analysis of variance, Pearson's chi-squared test, Fisher's exact test, and Pearson's correlation analysis were used in the analysis of the study data. A p-value <0.05 was accepted as statistically significant.

Results: Most physicians (73.3%) expressed the medium level of job satisfaction, and their quality of life was good (63%). There was no difference between the FHC physicians' and CHC/PHD physicians' job satisfaction and quality of life levels ($p>0.05$). While job satisfaction and quality of life were lower in those who frequently thought about quitting their job and those who experienced violence within the past year ($p<0.05$), it was higher in those who would be physicians if they were to choose their profession again and who were satisfied with the family medicine system ($p<0.05$). As the job satisfaction of physicians increased, the quality of life also increased ($p<0.05$).

Conclusion: Health policies should be developed and implemented to correct the factors affecting physicians' job satisfaction negatively, especially with regard to violence against physicians.

Keywords: Job satisfaction, quality of life, physician

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INTRODUCTION

Job satisfaction can be defined as the satisfaction of the employee with his or her job, including a positive emotional state resulting from his or her job (1). It first emerged in the 1920s and has become one of the behavioral issues in recent years. Job satisfaction, which is a two-way concept, can both reflect the positive feelings that employees feel about their jobs, and also the negative feelings they feel about their job, labeled as "job dissatisfaction." The most important indicators of job dissatisfaction are a decrease in efficiency, an increase in complaints and remonstrance, and an increase in absenteeism and delay (2–4).

The factors that affect job satisfaction are divided into individual and organizational. The individual factors are age, gender, the level of education, marital status, job status, time of service, sociocultural environment, and personality structure, and when it comes to the organizational factors, they can be arranged as job and its quality, management and administration, payment, development and having opportunity to advance, the environmental conditions of the work place, and the social environment of the workplace (1, 5).

In addition, the quality of life covers the physical, functional, social, and emotional well-being of the individual (6). It is a popular term that can be explained and includes overall healthiness, satisfaction throughout a life, and happiness. Other factors that affect the quality of life in addition to healthiness are occupation, domestic life, school life, and neighborliness (7). The indicators that show the quality of life can be classified as gender, age, the marital status, social support, housing and its features, health, education, income, job life, and leisure activities (8, 9).

In Turkey, the primary health care structure has changed greatly with the Health Transformation Program (STP) in 2003 and enacted law and regulations. It is possible that the change in the health system in Turkey positively or negatively affects the job satisfaction and quality of life levels of the physicians working in primary health care.

Studies on job satisfaction and the quality of life have been conducted separately and generally on specific groups, both in our country and in the world. The studies are very limited that both evaluating together on physicians. An

evaluation of job satisfaction together with the quality of life can make the results more meaningful. In this study, the aim was to evaluate the job satisfaction and quality of life levels of physicians working in primary health care institutions in Sivas, as well as other factors affecting them.

MATERIALS and METHODS

This cross-sectional study was conducted between June 2018 and August 2018 in primary health care institutions. The population of the study included all physicians (135 people) working in the Provincial Health Directorate (PHD), the Community Health Center (CHC), and 29 Family Health Centers (FHC). Four of those physicians were working in the PHD, 18 in the CHC, and 113 in the FHC. No sample was selected for the study, all these physicians were reached. No exclusion criteria were applied.

For this study, after obtaining an approval from the Non-interventional Clinical Research Ethics Committee (Decision no. 2018-02/55, dated 02/26/2018) and PHD (No. 19448395-044, dated 06/29/2018), informed consent was obtained from the physicians who agreed to participate in the study. The sociodemographic data form which prepared suitable for the purpose of the study with the use of literature (10, 11), the Minnesota Job Satisfaction Scale (MJSS), and World Health Organization Quality of Life Scale (WHOQOL-8) was personally handed out to all physicians by the researchers, and it was collected the same day.

The MJSS was used for the evaluation of job satisfaction. The original version of this scale was developed by Weiss and his colleagues in 1967. The reliability and validity were made by Baycan in 1985 for the Turkish version, and it is a 5-point Likert-type scale. Answers for each question were evaluated as very dissatisfied, 1 point; dissatisfied, 2 points; neither, 3 points; satisfied, 4 points; and very satisfied, 5 points. The MJSS consists of 20 items which demonstrate the level of job satisfaction, and they are internal (job satisfaction due to personal factors), external (job satisfaction due to environmental factors), and general. The features with regards to the internal job satisfaction are found in the items no. 1–4, 7–11, 15, 16, and 20, and the features with regard to the external job satisfaction are found in the items no. 5–6, 12–14, and 17–19 items, and those with regard to general job satisfaction are found in the items no. 1–20. To obtain general job satisfaction points, the points gained from 20 parameters are divided by 20; to obtain internal satisfaction points are found by dividing 12 to the all points which are gained from the parameter consisting of internal factors, and the external satisfaction points are found by dividing 8 to the all points which are gained from the parameter consisting of external factors. The value of all-point arithmetic means ranges between 1.0 and 5.0. Expressed as a percentage value, 25% and under indicate low job satisfaction, 26%–74% indicate medium job satisfaction, and 75% and above indicate high job satisfaction (12, 13).

The WHOQOL-8 was used to measure the quality of life. The validity of the Turkish version of the scale was shown by Eser and his colleagues in 2010 (14). The WHOQOL-8 is a general-purpose index composed of eight questions selected from WHOQOL and based on a specific methodology of the Health Quality of Life scale (15). Two of those questions are on general health and general

quality of life, and the remaining six questions are questions covering the physical, spiritual, social, and environmental dimensions (14). Response options are 5-point Likert-type, the end-words of the response options are “none” and “complete,” and as the score increases, the quality of life gets better. The score of the scale can be calculated by some alternative ways, such as getting the means of the questions, adding questions, or converting this sum to 100 (14). The first two questions of the scale (general life quality and general health perception questions) are wanted to be non-answered in the Turkish version. If one of these two questions is left unanswered, the calculation of the score is not recommended, while mostly one of the remaining six questions may be allowed to remain unanswered (14). The means of other questions (energy, satisfaction with daily life skills, being satisfied with oneself, being satisfied with the relationship with other people, money, conditions at home) are calculated by using the mean of the unanswered question (14). The cutoff point of the scale was accepted as 26, and the quality of life of the physicians who scored 27 or higher was defined as good. (11).

Statistical Analysis

Our survey data were evaluated using the SPSS 22.0 program. In the evaluation, descriptive statistics such as the mean, standard deviation, and percentage distribution were calculated. Data were analyzed by the Kolmogorov–Smirnov test. Because all the data structures were normal according to the parametrical tests, the independent samples t-test was used for two groups, and the F test (analysis of variance [ANOVA]) was used for more than two groups. While using ANOVA for the comparisons of more than two groups, to determine which group was different from others, Tukey was used in the groups that showed homogeneity, and for those not showing homogeneity, Tamhane’s T2 tests were used. Pearson’s chi-squared analysis and Fisher’s exact test were applied for the categorical data analysis. Both asymptotic and exact p-values were calculated for Pearson’s chi-squared analysis. Pearson’s correlation analysis was performed. To determine the reliability of scales, internal consistency analysis (Cronbach’s alpha) was used. The error level was taken as 0.05.

RESULTS

The distribution of the sociodemographic characteristics of the physicians working in the study group according to the health center is presented in Table 1. Most of the physicians involved in this study were male (72.6%), and most of their spouses were employed (82.4%). In addition, there was no difference between the CHC/PHD and the FHC physicians in the distribution of these features ($p>0.05$). Most of the physicians were married (85.2%), and 77.8% had at least one child. The total working times of the physicians varied from 4 to 372 months, and the FHC physicians had more working time than the CHC/PHD physicians ($p<0.05$).

The distribution of job satisfaction and quality of life levels of physicians in the study group according to the health center where they worked is presented in Table 2. Most of the physicians’ (73.3%) job satisfaction was at the medium level, and most of them (63%) had a good quality of life. There was no difference between the level of job satisfaction and quality of life of the physicians working in the FHC and the CHC/PHD ($p>0.05$).

Table 1. Distribution of sociodemographic characteristics of physicians working in the study group according to the health center

Sociodemographic characteristics	Health center						
	FHC ¹		CHC/PHD ²		Total		
	n	%	n	%	n	%	
Gender							
Male	85	75.2	13	59.1	98	72.6	$\chi^2=2.408$
Female	28	24.8	9	40.9	37	27.4	$p=0.121$
Age group (years)							
<40	44	38.9	22	100.0	66	48.9	$\chi^2=27.478$
≥40	69	61.1	0	0.0	69	51.1	$p=0.001$
Marital status							
Single + Widow	11	9.7	9	40.9	20	14.8	
Married	102	90.3	13	59.1	115	85.2	$p=0.001^*$
Number of children							
0	17	15.0	13	59.1	30	22.2	
1	33	29.2	8	36.4	41	30.4	$\chi^2=26.608$
2	48	42.5	1	4.5	49	36.3	$p=0.001$
3 and above	15	13.3	0	0.0	15	11.1	
Working status of the spouse							
Yes	84	83.2	12	92.3	96	84.2	
No	17	16.8	1	7.7	18	15.8	$p=0.689^*$
Presence of chronic disease							
Yes	20	17.7	0	0.0	20	14.8	
No	93	82.3	22	100.0	115	85.2	$p=0.043^*$
Total working time (months)							
4-120	26	23.0	22	100.0	48	35.6	
121-240	55	48.7	0	0.0	55	40.7	$\chi^2=47.638$
241-372	32	28.3	0	0.0	32	23.7	$p=0.001$

¹Family Health Center; ²Community Health Center/Provincial Health Directorate; *Fisher's Exact Test

Table 2. The distribution of job satisfaction and quality of life levels of the physicians working in the study group according to the health center

	Health center						
	FHC ¹		CHC/PHD ²		Total		
	n	%	n	%	n	%	
Job satisfaction							
Low	2	1.8	0	0.0	2	1.5	
Medium	81	71.7	18	81.8	99	73.3	$\chi^2=1.159$
High	30	26.5	4	18.2	34	25.2	$p=0.607$
Quality of life							
Good	72	63.7	13	59.1	85	63.0	$\chi^2=0.169$
Bad	41	36.3	9	40.9	50	37.0	$p=0.681$

¹Family Health Center; ²Community Health Center/Provincial Health Directorate

The distribution of the physicians' general, internal, and external job satisfaction and the quality of life score means according to the

health center are presented in Table 3. There was no difference between the physicians working in the FHC and CHC/PHD with regard to their general, internal, and external job satisfaction mean scores and their life quality mean scores ($p>0.05$).

The distribution of general job satisfaction and quality of life score means according to sociodemographic characteristics is presented in Table 4. Gender, age, the marital status, number of children, working status of the spouse, and presence of chronic diseases did not differ between the general job satisfaction and quality of life scores of the physicians involved in this study ($p>0.05$). While there was no difference in general job satisfaction among the total working time groups ($p>0.05$), the quality of life score means of physicians with a working history of over 20 years were higher ($p<0.05$).

Table 5 shows the distribution of general job satisfaction and quality of life score means according to certain characteristics. Most of the physicians involved in this study have chosen their profession as they requested (82.2%). There were more physicians occasionally thinking about quitting their job (47.4%), choosing the same profession again (59.3%), being satisfied with payment (69.6%), considering the workload as medium (63%), and being satisfied

Table 3. The distribution of the physicians' general, internal and external job satisfaction and quality of life score means according to the health center

Health center	Job Satisfaction Score Means (X±SD)			Quality of Life Score Means (X±SD)
	General	Internal	External	
FHC ¹ (n=113)	3.28±0.72	3.46±0.78	2.97±0.81	28.19±6.09
CHC/PHD ² (n=22)	3.37±0.57	3.43±0.57	3.26±0.72	28.18±5.19
t; p	-0.548; 0.585	0.168; 0.867	-1.560; 0.121	0.009; 0.993

¹Family Health Center; ²Community Health Center/Provincial Health Directorate; SD: Standart deviation

Table 4. Distribution of general job satisfaction and quality of life score means according to sociodemographic characteristics

Sociodemographic characteristics	General Job Satisfaction Score Means (X±SD)	Quality of Life Score Means (X±SD)
Gender		
Male	3.33±0.77	28.08±6.14
Female	3.19±0.46	28.48±5.43
	t=1.249; p=0.214	t=-0.352; p=0.725
Age group (years)		
<40	3.28±0.62	28.33±5.16
≥40	3.31±0.77	28.05±6.63
	t=-0.197; p=0.844	t=0.268; p=0.789
Marital status		
Single + Widow	3.20±0.66	29.20±4.96
Married	3.31±0.71	28.01±6.09
	t=-0.633; p=0.528	t=0.820; p=0.413
Number of children		
0	3.14±0.60	28.43±4.93
1	3.38±0.75	27.43±5.86
2	3.33±0.69	29.06±6.47
3 and above	3.25±0.78	26.93±6.26
	F=0.768; p=0.514	F=0.806; p=0.493
Working status of the spouse		
Yes	3.34±0.66	28.42±6.07
No	3.23±0.92	26.05±6.10
	t=-0.572; p=0.568	t=-1.519; p=0.132
Presence of chronic disease		
Yes	3.49±0.89	28.45±7.11
No	3.26±0.66	28.14±5.74
	t=-1.353; p=0.179	t=-0.209; p=0.835
Total working time (months)		
4-120	3.32±0.71	28.39±5.15
121-240	3.18±0.66	26.72±6.24
241-372	3.46±0.73	30.40±5.96
	F=1.692; p=0.188	F=4.101; p=0.019*

*Tukey HSD (121-240; 241-372); Mean difference=-3.67 p=0.014

with the family medicine system (69.6%). On the other hand, a total of 39.3% stated that they have been subjected to violence within the last year, 94.8% found the physician profession stressful, 94.8% believed that the reputation of profession has deteriorated in the past 10 years, and 54.1% viewed the service liability negatively. There was no difference between the job satisfaction and quality of life score means of those who found their profession stressful and who voluntarily chose their profession ($p>0.05$). The job satisfaction and quality of life score means were lower among those who frequently thought about quitting their job, those who have experienced violence within the past year, and those who had a negative view of the obligatory service liability ($p<0.05$). The job satisfaction and quality of life score means were higher among those who would choose the same profession again, and those who were satisfied with the payment and the family medicine system ($p<0.05$). The job satisfaction scores of the physicians who stated that the workload was too high and that the reputation of profession deteriorated were lower ($p<0.05$). Most physicians (65.9%) stated that they were using less than 3 weeks of permission, and the most frequent reasons for not using them were loss of wages (25.9%) and lack of physicians (20%).

The correlation between general job satisfaction and the quality of life of physicians and Cronbach's alpha values are presented in Table 6, and the relationship between the job satisfaction and life quality scales is presented in Figure 1. There was a high positive

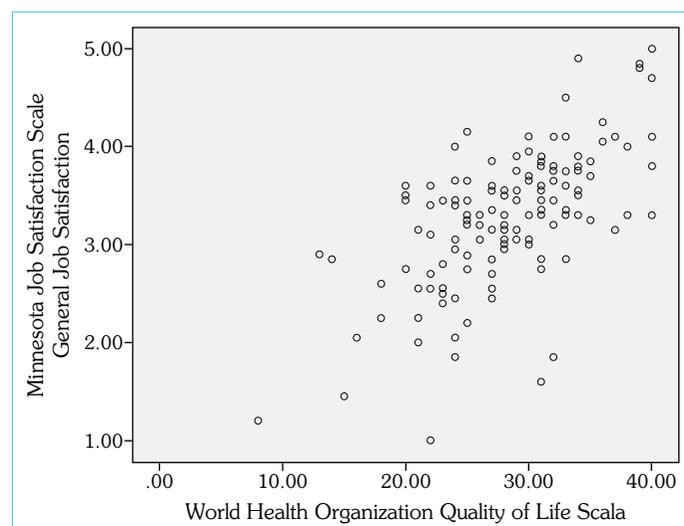
**Figure 1.** The relationship between job satisfaction and life quality scales

Table 5. Distribution of general job satisfaction and quality of life score means of physicians according to following characteristics

Some characteristics	n	%	General Job Satisfaction Score Means (X±SD)	Quality of Life Score Means (X±SD)
Choosing the profession on his own request				
Yes	111	82.2	3.34±0.71	28.50±5.95
No	24	17.8	3.08±0.62	26.75±5.78
			t=-1.668; p=0.098	t=-1.315; p=0.191
Thinking about quitting the current job				
1. Frequently	20	14.8	2.62±0.67	23.80±5.61
2. Occasionally	64	47.4	3.19±0.53	26.48±4.86
3. Never	51	37.8	3.69±0.66	32.05±5.11
			F=24.476; p= 0.001 *	F=25.930; p= 0.001 *
*Tukey HSD		1-2	-0.56; 0.001	No difference
(Mean difference; p)		1-3	-1.07; 0.001	-8.25; 0.001
		2-3	-0.50; 0.001	-5.57; 0.001
Choosing being a physician again if they choose a profession again				
Yes	80	59.3	3.54±0.61	30.03±5.23
No	55	40.7	2.94±0.67	25.50±5.93
			t=-5.382; p= 0.001	t=-4.676; p= 0.001
Satisfaction with the payment				
Satisfied	94	69.6	3.50±0.59	29.90±5.23
Not satisfied	41	30.4	2.82±0.71	24.26±5.66
			t=5.712; p= 0.001	t=5.614; p= 0.001
Workload weight in terms of working speed and job density				
1. Light	14	10.4	3.37±0.49	28.78±5.60
2. Medium	85	63.0	3.44±0.56	28.83±5.16
3. Heavy	36	26.7	2.92±0.91	26.44±7.43
			F=7.692; p= 0.001 *	F=2.161; p=0.119
*Tamhane's T2 (2-3) Mean difference =0.51 p=0.008				
The change in the professional esteem of physician in the last 10 years				
Going well	7	5.2	4.04±0.51	32.14±5.11
Going bad	128	94.8	3.25±0.69	27.97±5.92
			t=2.953; p= 0.004	t=1.822; p=0.071
Finding physician profession stressful				
Yes	128	94.8	3.28±0.69	28.08±5.81
No	7	5.2	3.62±0.82	30.14±8.27
			t=1.275; p=0.205	t=0.891; p=0.375
Violence by patient/patient relatives within the last year				
Yes	53	39.3	3.00±0.77	26.20±6.38
No	82	60.7	3.48±0.58	29.47±5.29
			t=3.866; p= 0.001	t=3.228; p= 0.002
Positive finding status for obligatory service liability				
Yes	62	45.9	3.52±0.63	29.95±5.00
No	73	54.1	3.10±0.70	26.69±6.28
			t=-3.627; p= 0.001	t=-3.283; p= 0.001
Satisfaction status of family medicine system				
Yes	94	69.6	3.50±0.61	29.51±5.84
No	41	30.4	2.82±0.66	25.17±5.03
			t=-5.786; p= 0.001	t=-4.129; p= 0.001
Duration of permission within the last year				
Less than three weeks	89	65.9	3.28±0.72	27.76±5.98
Three weeks or more	46	34.1	3.31±0.66	29.02±5.83
			t=-0.228; p=0.820	t=-1.167; p=0.245

Table 6. Correlation between general job satisfaction and the quality of life of physicians and Cronbach's alpha values

	Job satisfaction	Quality of life
Job satisfaction	Cronbach's alpha =0.868	
Quality of life	r=0.617*; p=0.001	Cronbach's alpha =0.894
*p<0.05		

correlation between the physicians' job satisfaction and quality of life ($r=0.617$, $p=0.001$), and meaning the higher the job satisfaction, the higher the quality of life ($p<0.05$). Cronbach's alpha values of the scales were calculated 0.868 for the MJSS and 0.894 for the WHOQOL-8.

DISCUSSION

In our study, it was determined that physicians working in primary health care institutions had a medium level of job satisfaction and a good life quality. In the studies conducted by Tözün et al. in Eskişehir (10), Sevimli and Iscan in Erzurum (13), and Emiroglu and Pala in Bursa (11), a significant majority of general practitioners were reported to have a medium level of job satisfaction. In addition, a study (7) that included Internal and Surgical Medicine Sciences assistants who worked in a university hospital showed that the physicians had a lower level of quality of life, which was different than our study. Working in the tertiary health care institution, under more intense working conditions, may have led to this result.

In our study, there was no difference between the job satisfaction and quality of life levels of physicians who worked in the FHC and CHC/PHD. In another study (10) conducted in 2008, the mean scores of general job satisfaction of the FHC physicians were found to be higher than scores of the CHC physicians. On the other hand, a study (11) from 2017 showed that the FHC physicians had lower mean points with regard to job satisfaction and the quality of life levels than the CHC physicians. The reason for this difference in research results may be that the FHC physicians are confronted directly by the patient and that there may be recent increasing violence against physicians.

It is expected that women will have a lower level of job satisfaction and the quality of life as they need to work harder to secure a job and because they have more roles outside of the job (16, 17). In various studies, there was no difference in terms of job satisfaction according to gender like in our study (2, 4, 10, 18). And some studies found that gender did not affect the quality of life as in our study (7, 19, 20). Recently, men have started to take an active role in home life, leading to such findings.

In contrast to our study, it has been reported that job satisfaction has increased in some studies because of the increase in the experience and compliance with the work done in relation to the job (21, 22). On the other hand, there are studies indicating similar results with our study (4, 10).

In addition to similar studies which show that there was no difference between the marital status and job satisfaction (2, 10, 18), there are studies (13) that showed that married physicians had a higher job

satisfaction level than those who were single. Again, there is another study different from ours, which showed that being married or living with a partner significantly improved the quality of life (23). This may be due to the fact that being married provides some benefits, such as social support, economic strength (double salary), elimination of loneliness, and creation of a regular family life (10, 24).

Tözün et al. (10) found no difference in how the number of children affected job satisfaction, like in our study; however, there are studies that stated that having a child made the job satisfaction higher (1, 25). Since job satisfaction is directly connected with work-related factors, it may be acceptable that having a child does not affect job satisfaction, but on the other hand, it may affect job satisfaction positively because it brings order in the life of the individual (10, 22).

In many studies (2, 10), it was found that there was no difference between the mean score of job satisfaction in terms of the spousal working status, like in our study. But in a study by Kaya and Oğuzöncül (22), the mean job satisfaction scale score of health personnel whose spouse worked was found to be significantly higher than in those whose spouse did not work. The spouse's employment can have a positive effect on job satisfaction by increasing the household income level.

Some studies found that the total working time and job satisfaction level had no connection, similar to our study (10, 4). In our research, it was found that physicians who worked longer than 20 years had a higher mean value of the quality of life, and in another research (7), there was no connection. Such an increase in job satisfaction and the quality of life with total working time can be caused by the individual becoming more accustomed to the work environment, having a more positive perception of job security with increasing seniority, and that the expectations of the new recruits are high.

In some studies (10, 26), there was no difference in the overall job satisfaction scores between physicians with and without chronic diseases, similar to our study. It is also possible that various physical disorders and chronic diseases will decrease the quality of life and thus job satisfaction of individuals. The reason for this difference may be that other studies included health care workers who were in the primary care (working conditions relatively better, no night duty, less patient intensity, etc.).

In the study by Emiroğlu and Pala including primary care physicians in Bursa (11), 58.22% of physicians defined their workload as heavy, more than half (54.44%) stated that they would not want to be a physician if they were to choose a profession again, and 47.83% of them stated that they had been subjected to violence within the last year. The reason why these rates were lower in our study may be due to the fact that the population density of the cities where the studies were conducted is different, and thus the workload is increased. In the same study (11), the ratio of those who stated that the professional esteem of physicians worsened in the past 10 years (92.60%) and those who found their profession to be stressful (92.63%) was found to be similar to our study.

In our study, there was no significant difference between the job satisfaction and quality of life scores of those who chose their profession voluntarily and those who found the job stressed. Although

there is a study that reported a similar result (10), Kaya and Oğuzöncül (22) found that the mean job satisfaction score of the employees who chose the profession voluntarily was significantly higher than those who chose the profession unintentionally. This may be due to the difference in sample selection.

In some studies (10, 22), job satisfaction levels were found to be lower in those who frequently thought about quitting their job, similar to our study. This was an expected result.

In a study by Çakır et al. (7), a positive relationship was found between the quality of life and perceived economic status. In some studies (10, 16, 22), physicians who were satisfied with their payment had higher job satisfaction levels, which was a finding similar to our study. An increase in the quality of life and job satisfaction levels as their satisfaction with the payment increases is an expected result.

Tözün et al. (10) reported that the job satisfaction level of those who are satisfied with the family medicine system was higher, like in our study. This may be due to high salaries of family physicians.

In a study conducted in Bursa (11), it was found that the quality of life increased as the job satisfaction of primary care physicians increased, which was a finding similar to our study. It can be said that the satisfaction with work positively affects the quality of life.

CONCLUSION

In this study, it was determined that physicians working in primary health care institutions (FHC, CHC/PHD) showed a medium level of job satisfaction and a good life quality. It was also determined that physicians who worked longer than 20 years had a higher mean value of the quality of life level. The job satisfaction and quality of life score means were lower among those physicians who frequently thought about quitting their job, those who have experienced violence within the last year, and those who had a negative view of the obligatory service liability. The job satisfaction and quality of life score means were higher among those who would choose the same profession again, those who were satisfied with the payment, and those who were satisfied with the family medicine system. The job satisfaction scores of physicians who stated that the workload was heavy and that the profession reputation deteriorated were lower. It was found that the quality of life increased with the job satisfaction. It is recommended that health policies be developed and implemented to correct the factors affecting the physicians' job satisfaction negatively, especially with regard to violence and workload. Thus, it is believed that the quality of life of physicians will increase.

Ethics Committee Approval: Ethics committee approval was received for this study from the Non-interventional Clinical Research Ethics Committee of Cumhuriyet University (Decision Date: 02/26/2018, Decision No: 2018- 02/55).

Informed Consent: Written informed consent was obtained from the participants in this study.

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Author Contributions: Conceived and designed the experiments or case: İA, ÖH. Performed the experiments or case: İA, ÖH. Analyzed the data: İA, ÖH. Wrote the paper: İA, ÖH. All authors have read and approved the final manuscript.

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REFERENCES

- Çimen M, Şahin İ. Determination of the Job Satisfaction Level of Health Personnel Working in an Institution. Available at: www.sabem.saglik.gov.tr/Akademik_Metinler/goto.aspx?id=2314. Accessed October 6, 2018.
- Yavuzylmaz A, Topbaş M, Çan E, Çan G, Özgün Ş. Burnout Syndrome, Job Satisfaction Levels And Related Factors In Central Trabzon Province Primary Health Center Workers. *TAF Prev Med Bull* 2007; 6(1): 41–50.
- Keçecioglu T, Ertürk E. Relations between the Levels of Employees' Job Satisfaction and Burnout: A Sample Application on the Teachers. *Ege Academic Rev* 2012; 12(1): 39–52.
- Sünter AT, Canbaz S, Dabak Ş, Öz H, Peşken Y. The Levels of Burnout, Work-Related Strain and Work Satisfaction in General Practitioners. *J General Med* 2006; 16: 9–14.
- Yüksel H, Yüksel M. The Correlation between Job Satisfaction and Job Turnover: A Case Study on the Secondary School Teachers. *J Int Social Research* 2014; 7(32): 559–72.
- Fallowfield L. What is Quality of Life? 2nd edition. Oxford: Bandolier; 2009.
- Çakır M, Piyal B, Ayca S. Healthy Lifestyle Behaviours and Quality of Life in Physicians: A Faculty of Medicine Based Cross-Sectional Study. *Ankara Med J* 2015; 15(4): 209–19.
- Özmete E. Family Quality of Life: Perception of Family Interaction, Parenting Responsibility, Emotional Well-Being and Physical / Material Well-Being. *J Int Social Research* 2010; 3(11): 455–65.
- Torlak SE, Yavuzçehre PS. A Study on the Quality Of Life of Denizli Urban Poor. *J Contemporary Local Governments* 2008; 17(2): 23–44.
- Tözün M, Çulhacı A, Ünsal A. The Job Satisfaction of Physicians That Working in Primary Health Care Institutions in Family Medicine System (Eskişehir). *TAF Prev Med Bull* 2008; 7: 377–84.
- Şavlı Emiroğlu P, Pala K. Job Satisfaction and Quality Of Life Level of Physicians Working under Bursa Provincial Public Health Department and Influencing Factors. Available at: <http://uhsk.org/ocs/index.php/UHsk19/mask17/paper/view/1259>. Accessed October 6, 2017.
- Özyurt A, Hayran O, Sur H. Predictors of Burnout and Job Satisfaction among Turkish Physicians. *QJM* 2006; 99(3): 161–9. [CrossRef]
- Sevimli F, İşcan ÖF. Job Satisfaction for Individual and Business Environments. Available at: www.eab.ege.edu.tr/pdf/5/C5-S1-2-M7.pdf. Accessed September 20, 2017.
- Eser E, Lağarlı T, Baydur H, Akkurt V, Akkuş H, Arslan E, et al. Psychometric Properties of The Turkish Version of The EUROHIS-Tr (WHOQOL-8-Tr) in A Turkish Population. *Turk J Public Health* 2010; 8: 136–52.
- Schmidt S, Muhlan H, Power M. The EUROHIS-QOL 8-Item Index: Psychometric Results of a Cross-Cultural Field Study. *Eur J Public Health* 2006; 16(4): 420–8. [CrossRef]
- Özçatal, E.O. Patriarchy, Gender and Women's Participation in Working Life. *Çankırı Karatekin JFAS* 2011; 1(1): 21–39.
- Aslan, D. The Concept of Life Quality in the Period of Senility: Women's Health Overview. *Aging Women's Symposium* 2009. Available at: https://www.huzurevleri.org.tr/docs/Yaslilik_Doneminde_Yasam_Kalitesi_Kavrami.pdf. Accessed February 6, 2019.
- Abdel-Rahman AG, Meki F, Abdel-Halim AWE, Allam MF. Low Job Satisfaction among Physicians in Egypt. *TAF Prev Med Bull* 2008; 7(2): 91–6.

19. Güler G, Güler N, Kocataş S, Yıldırım F, Akgül N. Behaviors of Healthy Life Style of Academic Personnel Who Work at A University. *Cumhuriyet Nurs J* 2008; 12(3): 18–26.
20. Kostak MA, Kurt S, Süt N, Akarsu Ö, Ergül GD. Healthy Lifestyle Behaviours of Nursing and Classroom Teaching Students. *TAF Prev Med Bull* 2014; 13(3): 189–96. [\[CrossRef\]](#)
21. Yaşan A, Eşsizoğlu A, Yalçın M, Özkan M. Job Satisfaction, Anxiety Level and Associated Factors in a Group of Residents in a University Hospital. *Dicle Med J* 2008; 35(4): 228–33.
22. Kaya F, Oğuzöncül AF. Job Satisfaction and Affecting Factors in Primary Health Care Providers. *Dicle Med J* 2016; 43(2): 248–55.
23. Avcı K, Pala K. Evaluation of the Quality of Life of Research Assistants and Specialists Working in Uludag University School of Medicine. *Uludag Med J* 2004; 30(2): 81–5.
24. Boylu AA, Paçacıoğlu B. Quality of Life and Indicators. *J Academic Researches and Studies* 2016; 8(15): 137–50.
25. Aydın M, Akan N. Job Satisfaction of Midwives Working in the Boundaries of Mersin Municipality. *Mersin J Health Sciences* 2010; 3(1): 15–21.
26. Al-Eisa IS, Al-Mutar MS, Al-Abduljalil HK. Job Satisfaction of Primary Health Care Physicians at Capital Health Region, Kuwait. *MEJFM* 2005; 3(3): 2–5.