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STRATEGIES FOR IMPROVING PHYSICIANS AND NURSES' PROFESSIONAL SATISFACTION AT THE MOI TEACHING AND REFERRAL HOSPITAL, ELDORET, KENYA

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ABSTRACT

Motivated human resources are the most important assets of any healthcare organization. Human resources, especially the nurses, work directly with the health consumers (patients). As such, when nurses are motivated, the work productivity increases resulting in good care outcomes. However, it is widely acknowledged that health systems, especially in developing countries like Kenya, are not producing the desired outcomes of health interventions due to factors such as insufficient skilled and experienced health personnel, demotivated health personnel, lack of management skills, poor working conditions and environment and inadequate remuneration. Therefore, the study examined the strategies that may be used by hospitals to improve physicians and nurses' professional satisfaction drawing lessons from a study conducted at the Moi Teaching and Referral Hospital in Eldoret, Kenya. The study used a descriptive quantitative research design. Data was collected using a structured questionnaire that was administered to a stratified sample of 82 Physicians and 220 Nurses. All the completed questionnaires were entered into IBM SPSS 21.0 statistical software and data analysed for descriptive statistics. The results were presented in tables and figures. The study was powered to 95% confidence interval. From the study findings on the strategies for improving physicians' and nurses' professional satisfaction, it was suggested that the hospital should strengthen working relationships between employees and supervisors, ensure good working relationships with professional associations and provide clear direction about career advancement on medical/nursing services. Therefore, healthcare systems need to mainstream their organizational structure to facilitate patient care through consultative processes with physicians and nurses. The need for interdepartmental support and strengthened working relationships between physicians and nurses in healthcare environment is also an important strategy to influencing satisfaction.

Keywords: *Strategies, Improving Professional Satisfaction, Physicians, Nurses' Moi Teaching, Referral Hospital, MTRH, Kenya*

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INTRODUCTION

As several authors have noted previously, there are good reasons to care about professional satisfaction among physicians (Friedberg *et al.*, 2013; Sinsky, Willard-Grace, Schutzban, Margolius & Bodenheimer, 2013). First, better professional satisfaction in any field (including medicine) is inherently good. Second, due to many factors such as brain drain and low support for medical training programmes, Kenya faces a looming shortage of physicians. Better professional satisfaction could address such shortages by improving recruitment among college students (which may not be necessary, given that medical school applications are on the rise) and encouraging fully trained physicians to spend more hours in practice per week and have longer careers. However, the accuracy of predicted physician shortages is unclear, as the Institute of Medicine points out in its recent report on graduate medical education reform (Eden, Berwick & Wilensky, 2014). Third, greater physician professional satisfaction might lead to higher quality care and improved patient safety. This idea certainly has intuitive appeal. After all, who would not feel uncomfortable receiving care from a burned-out, possibly depressed physician who is on the cusp of quitting? It seems completely reasonable to assume that a happier, more professionally satisfied physician would deliver better care.

Despite the face validity of this association, empirical evidence to support it is sparse. One of the most comprehensive quantitative investigations on this topic, the Minimizing Errors, Maximizing Outcomes (MEMO) study by Linzer and colleagues, found no associations between physicians' overall professional satisfaction and measures of technical quality and errors in ambulatory care (Linzer *et al.*, 2009). Moreover, when observational studies have found quantitative associations between physician professional satisfaction and quality of care, the direction of causation is unclear (Friedberg *et al.*, 2013). In other words, it just is not apparent which is driving which. What could explain the absence of strong empirical links between physician professional satisfaction and the patient care? On one hand, there might be no true relationship. On the other hand, there might truly be a relationship, but the available measures of quality and patient care could be too narrow or insensitive to detect it. Or, perhaps, this is the wrong question. In studies based on physicians' overall levels of satisfaction, analytic models typically treat all “satisfied” physicians as if they are alike. In reality, the reasons for professional satisfaction and dissatisfaction can vary from physician to physician, and even satisfied physicians encounter frustrations in their day-to-day patient care. Some of these frustrations, which are poorly captured by overall satisfaction measures, may have direct implications for quality and safety (Friedberg *et al.*, 2013).

This brings us to a fourth reason to care about physician professional satisfaction: as an indicator of health system performance. Proponents of this idea believe that when a group of physicians is dissatisfied, stressed, or burned out, the key step to helping them is to investigate why these physicians are so miserable. If the underlying causes of physician dissatisfaction also seem likely to threaten the patients and quality of care, these factors may be high-priority targets for remediation. In this view, physician professional satisfaction can serve as the proverbial “canary in a coal mine” for health systems problems that also affect patients. However, everything hinges on detailed investigation. Some causes of professional dissatisfaction may have little to do with patient care (just as canaries can die from causes other than poison gas), and it is not reasonable to expect physicians to be perfectly satisfied with every aspect of their professional lives, even in an optimal health system.

In a 2013 study carried out by Research and Development (RAND) and the American Medical Association (AMA), the researchers undertook a detailed mixed-methods analysis of contributors to

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physician professional satisfaction (Friedberg *et al.*, 2013). They found that, in general, the main, unifying determinant of professional satisfaction was physicians' perceptions that they were delivering safe, high-quality care. Conversely, physicians were annoyed, frustrated, angered, and otherwise dissatisfied by factors that they perceived as limiting their ability to provide optimal care. To illustrate this point, the greatest predictor of professional dissatisfaction in the quantitative portion of the study (judging by estimated effect magnitude) was agreement with the statement "I am overwhelmed by the needs of my patients."

In both qualitative and quantitative analyses, RAND and AMA (as cited in Friedberg *et al.*, 2013) found many specific factors contributing to physician professional dissatisfaction that probably sound familiar to patient safety experts. These included clinic leaders who ignored physicians' ideas for improving patient care, payers that refused to cover necessary services, practice models that did not foster collegiality with other care providers, schedules that prevented physicians from spending enough time with each patient, and mandated activities that physicians perceived as distractions from patient care. Physicians also reported frustrations with certain aspects of electronic health records that can undermine patient care (Wachter, 2015): crowded and poorly designed user interfaces, lack of health information exchange, and degradation of the quality of clinical documentation (including the proliferation of information that physicians do not trust).

We believe that health system leaders should view regular and detailed assessment of physician professional satisfaction as an invaluable early warning system for potential threats to quality and safety. However, simply surveying physicians on their overall levels of job satisfaction is not enough. It is far more useful, as the qualitative component study demonstrated, to talk with frontline physicians at length and ask tough questions: What is and isn't working? What are the obstacles to providing optimal patient care in your day-to-day practice? What are the main sources of frustration at work? When the answers to these questions suggest that problems are present in patient care delivery, the best leaders will avoid the temptation to dismiss physician reports as whining or to apply quick but ineffective fixes. Instead, as with other indicators of threats to quality and safety, the best responses to physicians' perceptions of these problems will be to seek corroborating evidence, assess the magnitude of threat, carefully design and implement solutions, and check to make sure the solutions worked – ideally with the same physicians who reported the original problem.

Strategies to Improve Physicians' and Nurses' Professional Satisfaction

Literature has documented various strategies for improving physicians and nurses' professional satisfaction. Among these strategies are: Formulation and implementation of proper organizational policies; provision of greater work autonomy and control, among other support mechanisms.

Organizational Policies

Organizational structure and polices play an important role in affecting the job satisfaction of employees. An autocratic and highly authoritative structure causes resentment among employees as opposed to an open and democratic structure. It's been argued that liberal and fair policies usually result in more job satisfaction. Strict polices will create dissatisfaction among employees (Wesolowski & Mossholder, 1997). Organization procedures and polices used to make important work decisions are seen as very important determinants of job satisfaction. Policies that are clear, fair and applied equally to all employees will decrease dissatisfaction. Therefore, fairness and clarity are important and can go a long way in improving employee attitude. For example, if a company has a policy for lunch breaks that are the same length and time for everyone,

employees will see this as the norm and it will help cut down on wasted time and low productivity. If decision makers are courteous, give feedback and opportunities for self-expression and discuss decision making procedures with subordinates, to be more satisfied with their jobs. If supervisors do not exhibit these traits because of demographic differences, there is greater potential for subordinates to develop perceptions of unfair treatment. Subordinates who must continue in such an environment with autocratic superiors may engage in emotionally exhausting exchanges and emotional exhaustion is an indicator of burnout (Spector, 1997).

Enhancing Autonomy and Control over Nursing Practice

The first, and, perhaps, most important, strategy for enhancing autonomy is to clarify expectations about clinical autonomy. To achieve this, supervisors or managers should: Describe expected behaviours; embed nursing knowledge into clinical practice processes; recognize and reward autonomous practices; role model expected behaviours; provide coaching to nurses who are not demonstrating expected behaviours, and provide management support for autonomous practices. Second is to enhance competence in practice by creating a learning environment and enabling formal and informal educational opportunities.

A second strategy to enhance control over nursing practice (CONP). This is done by establishing participative decision-making and enhancing competence in decision-making. To promote participatory decision-making, hospital management should: Develop an organized structure for nurse participation in decision-making; ensure authority for clinical decision-making resides with direct (primary) care nurses; include nurses on organizational committees; minimizing bureaucracy, and supporting nurses' involvement by nurses on committees and workgroups. To enhance competence in decision-making, the management should: Teach nurses about the decision-making process; coach and support nurses through early decisions, and teach facilitation skills to nursing leaders.

Strategies for both autonomy and CONP are achieved by establishing strong nursing leadership and efficient workflow. To ensure strong nurse leadership, hospitals need to Create strong, visible nurse leaders, ensure that nurses in supervisory positions are encouraging autonomy and CONP, have executives advocate for influential nursing practice, and encourage new and innovative ideas.

Price and Mueller (1981) posit that different disciplinary perspectives contribute to explaining nurse turnout: Economists emphasize individual choice and labour market variables; sociologists emphasize the structural characteristics of the work environment and work content, and psychologists emphasize individual variables and intrapsychic process. In their study, most of the staff were satisfied with leadership relationship (57.0%), work environment and group cohesion (54.5%), recognition at work (50.4%), and perceived alternative employment opportunity (58.3%). Most reported promotion, autonomy, professional training and salary and benefit subscale as dissatisfying job aspects. The final predictor of intention to turnover was working environment and group cohesion. Nurse retention challenges and obstacles may be less about nurses and more about the organizations in which they work (Price & Mueller, 1981).

A randomized clinical trial of 74 practicing physicians in the Department of Medicine at the Mayo Clinic in Rochester, Minnesota, USA was conducted between September 2010 and June 2012 (West *et al.*, 2014). The aim of the study was to test the hypothesis that an intervention involving a facilitated physicians' small-group curriculum would result in improved well-being. Additional data were collected on 350 non-tribal participants responding to annual surveys

timed to coincide with the trial surveys. The study concluded that an intervention for physicians based on a facilitated small-group curriculum (19 biweekly facilitated physician discussion groups incorporating elements of mindfulness, reflection, shared experience, small group learning for 9 months and protected time [1 hour of paid time every other week] for participants was provided by the institution) improved meaning and engagement in work and reduced depersonalization, with sustained results at 12 months after the study.

Nursing staff teamwork and its positive impact on job satisfaction has been studied widely in the US. In one such study, Kalisch, Lee and Rochman (2010) demonstrated that within nursing teams on acute care patient units, a higher level of teamwork and perceptions of adequate staffing leads to greater job satisfaction with current position and occupation. These findings suggest that efforts to improve teamwork and ensure adequate staffing in acute care settings would have a major impact on staff satisfaction. Nursing leadership practices influence critical care nurses' job satisfaction (Moneke & Umeh, 2015). The nurses' job satisfaction in turn affects patient safety, productivity, quality of care, retention, and commitment to the organization and the profession. This study found that job satisfaction is positively and significantly correlated with several perceived leadership practices: Leaders who model the way, inspire a shared vision and enable others to take part in decisions. The analysis of the data also revealed a weak significant correlation between job satisfaction and leaders who challenge the process.

Lorber and Savic (2012), in their study, looked into the level of job satisfaction of nursing professionals in Slovenian hospitals and factors influencing job satisfaction in nursing. The research found that managerial competencies of leaders had the highest standardized regression coefficient ($ = 0.634) and therefore influenced nurses' job satisfaction most. In this study, four factors extracted from factor analysis (motivation, leadership style, professional development, and interpersonal relations) explained 64% of the total job satisfaction variance. Another study by Duddle and Boughton (2009) also obtained four factors (collegial workplace, behaviour, relational atmosphere, and outcomes of conflict), which explained 68% of total job satisfaction variance.

Lastly, O'Keeffe (2015) documents six ways for improving nurses' job satisfaction. First, practice speaking up-clear and assertive communication is strongly associated with job satisfaction and nurse retention. Second, shine a spotlight on nurse-physician relationships: Collaborative relationship associated with safer patient care and improved job satisfaction-environment for clear communication; fewer errors, fewer tensions and fewer assumptions. Third, take on a new challenge-variety positively associated with nurse job satisfaction. Fourth, create a lunch break culture – in line with Maslow's hierarchy of needs – to address physical needs, like eating and using restrooms, and also mental space to decompress and regroup. Fifth, start a practice change – identifying a problem and working to change it can take one from hating one's job to feeling proud that they have made it a better place. Sixth, become active in your nurses' association chapter – feel more fulfilled and more connected to your work.

According to a study by Jack (2011), the number of African doctors working in the US soared by almost two-fifths over a decade. Most of these doctors had to quit their jobs in Africa after working for hardly 5 years. Nearer home, the frequency of nursing and doctors' strikes/industrial actions over the last 3 years, points to their dissatisfaction with their jobs. These issues require that the factors affecting their job satisfaction be addressed.

Statement of the Problem

Health service delivery is affected by a number of factors that include human resources for health,

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health service delivery systems and health infrastructures. Among these factors, human resource is a vital component in delivering health services. Health systems cannot function effectively without sufficient number of skilled, motivated and supported health workers. The presence of highly qualified and motivated staff is a key aspect of health system performance. Job satisfaction of the health workers is highly important in building up employee motivation and efficiency as it determine better employee performance and higher level of patients' satisfaction as a result of good patient care. Conversely, job dissatisfaction would result in burn out and staff turnover which could exacerbate under staffing of health facilities.

There are few studies that have looked into factors affecting physicians and nurses' professional satisfaction in Kenya in general, and in MTRH in particular. On its part, MTRH (2014, 2015) has undertaken two surveys to explore the overall staff satisfaction, but none of these surveys have been specific to physicians and nurses. These two surveys were conducted largely for Government of Kenya Performance Contracts requirements and did not have any particular theoretical construct/model utilized. From the surveys, employee satisfaction has remained largely the same, which in 2014 was 58% and in 2015 was 55%. These results were despite of general improvements in staff basic salaries and other allowances. Therefore, it was necessary to explore how physicians and nurses' professional satisfaction levels influence patient care outcomes drawing evidence from a major hospital such as the MTRH.

METHODOLOGY

The research design for this study was a descriptive cross sectional survey. The study population included doctors (physicians) and nurses working at the Moi Teaching and Referral Hospital. There were 338 physicians (32 medical Officers, 36 registrars and 270 specialists/subspecialists). Nurses were 901 (151 specialised nurses and 750 non-specialised). The sampling frame that was used in the study was the full list of physicians and nurses employed at MTRH. The sampling frame followed the MTRH straight numerical system of personnel staff numbers. The inclusion criteria were: Qualified physicians and nurses on permanent and pensionable terms, and registered and licensed physicians and nurses with relevant professional regulatory body. The exclusion criteria were: Physicians and Nurses on contract basis, and physicians and nurses who are currently on interdiction or suspension.

The respondents were stratified into Physicians and Nurses. Every 5th doctor in the list was interviewed, so long as the next interviewee was from a different department. If the 5th doctor was not from a different department as the immediate predecessor, the 6th was taken and so on. Every 10th Nurse in the list was interviewed, so long as the next interviewee was from a different department. This sampling procedure was based on the calculated sample size, the number of research assistants needed to cover this sample size and the need for the sample to be representative of the population. The sample size for physicians and nurses was calculated using Taro Yamane's formula (Yamane, 1967). By using Yamane's formula of sample size with an error limit of 5% and with a confidence coefficient of 95%, the calculation from a target population of 1239 physicians and nurses in MTRH arrived at a sample size of 302.

Primary data was collected by the use of a questionnaire by the principal investigator, assisted by 5 research assistants who were hired and trained. Empirical validation of the study on factors affecting Physicians' was conducted using a questionnaire administered to 82 physicians and 220 nurses. The data collected were stored in appropriate format that permits statistical analysis. The analysis entailed computer-aided statistical manipulation. All the data collected were entered into the statistical package and data cleaned for missing values and data entry errors. Data analysis was done using International

Business Machines Statistical Package for the Social Science (IBM SPSS), version 21.0. Quantitative data were analysed to generate descriptive statistics which included frequencies, percentages and means. The study was powered to 95% confidence interval. Interpretation of the statistical outputs was done and discussed in the presentation of results and findings.

RESULTS

The study sought to find out the strategies for improving physicians' and nurses' professional satisfaction at MTRH. The strategies were categorized into organizational policies, interpersonal relations and career advancement. On the strategies for improving physicians and nurses' professional satisfaction, it was inferred from the findings that the hospital should ensure there were strengthened working relationships between employees and supervisors; ensure good working relationships with professional associations, and provide clear direction about career advancement on medical/nursing services.

Organizational Structure and Policies

From the study, 88.5% of the respondents indicated that the hospital's organizational structure should allow participation in policy making for medical/nursing services and the overall policies in the hospital. Moreover, 93.5% indicated that the hospital's organizational structure should be strengthened to facilitate patient care as shown in Table 1 below.

Table 1: Organizational Structure and Policies

S. No	Variables	Physicians		Nurses		Mean
		Freq (n)	Percent (%)	Freq (n)	Percent (%)	
1	Ensure hospital organizational structure that allows physicians and Nurses to participate in policy making	82	90%	220	87%	88.5%
2	Ensure an hospital organization structure that allows having a voice in overall hospital policy making	82	87%	220	90%	88.5%
3	Strengthen the hospital organizational Structure to facilitates patient care	82	95%	220	92%	93.5%
4	Provide adequate time to complete patient physical care tasks	82	85%	220	78%	81.5%
5	Provide adequate time to complete the indirect patient care tasks	82	79%	220	85%	82.0%

Interpersonal Relations

As shown in Table 2, 88.5% of the respondents indicated the need for support from physicians and nurses from other sections (interdepartmental) of the hospital and 92.5% of the respondents felt the need for provision of support from MTRH administration to medical/nursing decisions. A further 92.5% and 91.0% indicated that working relationships with the supervisors and professional associations should be strengthened respectively.

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Table 2: Interpersonal Relations

S. No	Variables	Physicians		Nurses		Mean
		Freq (n)	Percent (%)	Freq (n)	Percent (%)	
1	Provision of Support from Physicians/Nurses on other shifts/departments	82	87%	220	90%	88.5%
2	Provision of Support from peers for on profession decisions	82	86%	220	90%	88.0%
3	Provision of Support from MTRH administration for Medical/Nursing decisions	82	92%	220	93%	92.5%
4	Strengthened working relationships with the Supervisors	82	93%	220	92%	92.5%
5	Strengthen good working relationships with profession associations	82	91%	220	91%	91.0%

Career Advancement

A total of 89.0% of the respondents indicated that provision of clear direction about career advancement on medical/nursing service should be strengthened and 89.0% of them indicated that fair decisions on medical/nursing service advancements should be enhanced. The findings were as elucidated further in Table 3 below.

Table 3: Career Advancement

S. No	Variables	Physicians		Nurses		Mean
		Freq (n)	Percent (%)	Freq (n)	Percent (%)	
1	Provision of clear direction about Career Advancement on Medical/Nursing Service.	82	89%	220	89%	89.0%
2	Fair decisions on Medical/Nursing service advancements	82	87%	220	91%	89.0%

As indicated by the research results, 89.0% of the respondents stated that provision of clear direction about career advancement on medical/nursing service should be strengthened whereas 89.0% of the respondents indicated that fair decisions on medical/nursing service advancements should be enhanced.

Chi-square Test of Association

The study sought to find out the strategies for improving physicians' and nurses' professional satisfaction at MTRH. The strategies were categorized into organizational policies, interpersonal relations and career advancement. The results of the Chi-square test of association for interpersonal relations were as shown in Table 4 below.

Table 4: Chi Square - Interpersonal Relations

S. No	Variable	Chi-square values	df	p-values (<0.05)
1	Medical/Nursing practice environment allows opportunity to receive adequate respect from Physicians/Nurses on other units.	31.237	12	0.002
2	There is enough support from work peers for profession decisions.	35.505	12	0.000
3	Good working relationships exist with Supervisors.	40.335	9	0.000

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The results of the Chi-square test of association for organizational structure and policies were as shown in Table 5 below.

Table 5: Chi Square - Organizational Structure and Policies

S. No	Variable	Chi-square values	df	p-values (<0.05)
1	Hospital Organization Structure allows participation in the overall hospital policy making.	33.298	9	0.000
2	Hospital Organizational Structure facilitates patient care.	30.719	9	0.000
3	There is enough time to complete patient physical care tasks.	24.076	9	0.004
4	There is enough time to complete the indirect patient care tasks.	23.165	9	0.006

The results of the Chi-square test of association for career advancement were as shown in Table 6 below.

Table 6: Chi Square - Career Advancement

S. No	Variable	Chi-square values	df	p-values (<0.05)
1	Medical/Nursing service gives clear direction about career advancement.	32.807	12	0.001
2	Medical/Nursing service provides adequate opportunities for advancement.	31.801	12	0.000

DISCUSSION

The study revealed that the organizational structure is a key component in improving physicians and nurses' professional satisfaction (p=0.000). For this to be realized, the organizational structure should allow physicians and nurses to have a voice in policy making in the hospital in order to enhance job productivity and facilitate improve patient care. According to Wesolowski and Mossholder (1997), organizational structure and polices play an important role in affecting the job satisfaction of employees. An autocratic and highly authoritative structure causes resentment among employees as opposed to an open and democratic structure. It has been argued that liberal and fair policies usually result in more job satisfaction. Strict policies with non-participation of employees will create dissatisfaction among employees (Wesolowski & Mossholder, 1997).

Furthermore, the study deduced that working relationships between employees and supervisors and with professional associations can strengthen good patient outcomes and provide clear direction about career advancement on medical/nursing services (p=0.000). A study by Harmer and Findlay (2005) suggests that the quality of co-worker relationships is significant in influencing physicians and nurses' professional satisfaction. Mathauer and Imhoff (2006) also report that employees within a hospital criticized the low frequency and irregularity of supervision as well as the top-down approach used by supervisors. Supervision that involved discussions of health workers' conduct in the presence of patients was seen as particularly demotivating. Despite these, the employees considered supportive supervision useful and desirable to the extent that it helped improve personal performance, to avoid mistakes and to update knowledge. Supportive supervision is the creation of an environment that allows staff to develop professionally and enhances performance of staff regardless of current level of performance of professional expertise. Gupta (2004) further concurs suggesting that considerate supervision tends to improve job satisfaction among workers.

CONCLUSION AND RECOMMENDATIONS

Healthcare systems need to come up with appropriate Strategies to improve physicians and nurses' professional satisfaction. These include mainstreaming the hospitals' organizational structure to facilitate patient care through consultative processes with physicians and nurses, interdepartmental support and strengthened working relationships between physicians and nurses in healthcare environment. Therefore, it was recommended that there is need to enhance supportive management and peer structures in hospitals. Such a step should include securing manageable workload and effective workload management, effective employee representation and communication, professional identity and personal security and work life balance.

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