



A STUDY ON MEDICAL PRACTITIONERS' LIFE SATISFACTION

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ABSTRACT

Background: Medical practitioners' life satisfaction is a considerable matter as it will help them to cope up with stress and a positive adaptation with their busy schedule.

Aim: This study examined the medical practitioners' satisfaction of life as a whole.

Method: A descriptive cross-sectional survey research design was pursued for data collection. A convenience sampling method was adopted to collect data from 329 private medical practitioners using the Satisfaction With Life Scale (SWLS).

Results: The results of Confirmatory Factor Analysis (CFA) revealed that SWLS is a single factor model presents a good fit to the data ($\chi^2(5) = 23.60, p < .01, RMSEA=0.107, CFI=0.971, TLI = 0.971$ & $GFI=0.973$). The results revealed that 63.6% of participants were satisfied with their life as whole. In addition, 25% of the participants were slightly satisfied with their overall life. Whereas, least number of participants (2.1%) were dissatisfied and 6.9% of participants were slightly dissatisfied with their life as whole. Furthermore, less number of participants was undecided about their overall life satisfaction. There were significant differences in medical practitioners' life satisfaction across experience.

Conclusion: The confirmatory factor analysis demonstrated that all the items of Diener et al., (1985) scales were contributing to measure conscious evaluation of medical practitioners' satisfaction of a life as a whole. Medical Practitioners satisfaction with life as a whole is a key factor connected with their happiness which ultimately contributes to pleasing treatment with others life. For that reason, medical practitioners' life satisfaction needs to be cherished in healthcare setting.

KEYWORDS: Medical practitioner, Life satisfaction, Cross sectional study, Confirmatory factor analysis

INTRODUCTION

Generally, doctors experience a reduced amount of happiness due to lengthy working hours. Their happiness is related to connected members. Individuals, organization and society are accountable to mind on doctors' wellbeing (Yates et al., 2019). A medical body which supports to maintain medical practitioners' work-life balance contributes to manage burnout occurs with medical professionals (Langade et al., 2016). Burnout is universal phenomenon in medical profession. Doctors' those undergo burnout deliver poor health outcomes and poor quality of care. Positive work environment facilitates to accomplish work-life balance and increases resilience of doctors (Kuamr, 2016).

Life satisfaction, happiness and subjective wellbeing are synonyms (Veenhoven, 1996 & Hall, 2014). According to philosophers the word happiness covers objective good. Likewise, subjective wellbeing covers current feeling. In the same way, life satisfaction covers an overall evaluation of life as a whole (Veenhoven, 1996). There are two components in the structure of subjective wellbeing: (i) affective or emotional component and (ii) cognitive or judgemental component. The cognitive or judgemental component is referred as life satisfaction and affective or emotional component is referred as subjective wellbeing (Diener et al., 1985 & Veenhoven, 1996). From this perspective, the current study tries to focus on life satisfaction of medical practitioners.

Lall et al., (2019) mentioned in their study on Assessment of Physician Wellbeing, Part Two: Beyond Burnout. The Medical Society like the American Medical Association, the Association of American Medical Colleges and Accreditation council for Graduate Medical Education (ACEP) and in Emergency Medicine (EM) by the council of Residency Directors (CORD) and the Society for Academic Emergency Medicine directs and instructs a people to conduct a study on wellbeing of doctors. Doctors' wellbeing is perceived as an important topic to be studied and it is gaining attention at worldwide.

Quite a lot of studies were made on wellbeing on wide range of population. Evidences indicate that due to small sample size and confusing factors it requires still more clarity on the construct to measure wellbeing (Lall et al., 2019). There are numerous studies on the life satisfaction of elderly people, housewives, working women and students. Moreover, study related to doctors' job satisfactions in India were conducted frequently. The findings of previous studies reveal that there is a scope to make further study related to medical practitioners' life satisfaction.

However, there is limited number of study on doctors' life satisfaction (Pinto et al., 2013; Sudha Madhavi, 2016; Zaman, 2018 and Akode, 2019). This indicated that there is a scope to make a study on medical practitioners' life satisfaction. In addition, the intention regarding the current study aroused soon after author Doctoral study. Author has done doctoral study in healthcare. Her experience during data collection made her to realize that doctors experience stress and burnout due to their hectic schedule. She thought to study the research gap. It specified that there is a possibility to study regarding medical practitioners life satisfaction. As per researchers understanding, this is the first study) in India examining the validation of the Satisfaction With Life Scale (SWLS) developed by Diener et al., (1985) through Confirmatory Factor analysis (CFA).

Therefore, the current study aims to examine the validation of the Satisfaction With Life Scale (SWLS) developed by Diener et al., (1985) through Confirmatory Factor analysis (CFA). Various tools were used to assess the well-being. Moreover, there were studies to show validation of well-being measurement tools on different populations. Similarly, different tools were used to measure the medical practitioners' well-being. There were no studies to show the validation of well-being measurement tools on medical practitioners' well-being (Lall et al, 2019). In addition, it aims to examine the level of life satisfaction of medical practitioners in India. Furthermore, the present study intends it examines medical practitioners' level of life satisfaction across gender, age and experience.

REVIEW OF LITERATURE:

Life Satisfaction:

Diener and colleagues (1985) were the pioneers to conduct a study on measuring judgmental component of life satisfaction (Diener, 1985). The concept of wellbeing comprised of two components: (i) emotional or affective component (ii) judgemental or cognitive component. The affective component consists of positive and negative affect. The judgemental component is termed as life satisfaction. This component gained little attention from researchers.

A study on the Life satisfaction is one which measures a life as a whole rather than measuring current feelings. It facilitates in overall evaluation of life. Life satisfaction specifies regarding perceptible quality of life. The studies related to life satisfaction are advantageous: to measure quality of life; monitoring social progress and identification of conditions of good life (Veenhoven, 1996).

Internists those who were married, more involved emotionally in family and friends, perceiving good health, higher job satisfaction, less anxious and depressed as well as less job stress satisfied with their life (Linn et al., 1986). Physicians those who perceived that their work demands are reasonable and who got a support from colleagues possessed higher level of satisfaction. Older physicians showed higher level of satisfaction (Freeborn, 2001).

Sousa & Lybomirsky (2001) defined life satisfaction is “satisfaction with one’s life implies a contentment with or acceptance of one’s life circumstances or the fulfilment of one’s wants and needs as a whole. It is a subjective assessment of the quality of one’s life”. Physician satisfaction with job, personal relationships, health, absence of depression and finances adds to their life satisfaction (Lavanchy et al., 2004).

According to Mannell & Dupuis (2007) life satisfaction is well-known measure to assess the subjective wellbeing. It determines the perceptions of quality of life. This measurement is largely used in the area of gerontology. Life satisfaction is widely used construct in measuring the subjective wellbeing of varied sample. Life satisfaction means one’s positive attitude towards overall life. Satisfaction is sensed in two different ways: perceived fulfilment of expectations and feeling of being pleased with something (Hall, 2014).

Life Satisfaction and Medical Practitioners:

A study on Norwegian doctors showed that doctors’ life satisfaction level is increasing. It was confronting to the wide-ranging notion about doctors are unhappy (Nylenna et al., 2005). Another study on Norwegian doctors’ showed that doctors’ level of life satisfaction was less compared to educationally age-matched of general public (Tyseen et al., 2009). Acceptable work time, better professional climate as well as higher monetary and non-monetary recognition of work aspects leads to job and life satisfaction of doctors in Germany and Norway (Rosta et al., 2009).

Depressive symptoms and chronic stress decreases the life satisfaction of doctors (Stamm et al., 2010). Happy, cheerful, relaxed, interested, self control on emotions is some of ingredients which keep doctors satisfied with their life (Kulkarni et al., 2013). Doctors’ satisfaction towards life increases as the experience increases. Life satisfaction scores were higher for the hospital doctors who have completed 5 years after their graduation than doctors those have completed one year after their graduation (Surman et al., 2016).

Professionals including doctors those constantly working to accomplish their long term goals were highly satisfied with their life (Khan & Khan, 2017). Healthcare managers and policy makers need to know about physician satisfaction and its factors to overcome the occurrence of crisis related to healthcare workforce. It will be important to retain human resources in healthcare setting (Domagala et al., 2018). Twenty five percent of General Practitioners (GPs) reported positive mental wellbeing. It indicated that there was dissimilarity in the mental wellbeing of GPs in Denmark (Noroxe et al., 2018).

Medical students who felt medical school environment are less interfering in their personal and social life experienced higher life satisfaction than others. Social support from peers (partner, family and friends) is the one of the most important element which added to the life satisfaction of medical students (Sletta et al., 2019). Colleague support, perceived job demands and work-home stress were key predictors of doctors’ life satisfaction. Supportive work environment may contribute to achieve doctors’ life satisfaction (Mahmood et al., 2019).

OBJECTIVES:

1. To examine the validation of the Satisfaction With Life Scale (SWLS) developed by Diener et al., (1985) through Confirmatory Factor analysis (CFA).
2. To study the level of life satisfaction of medical practitioners.
3. To examine the level of life satisfaction of medical practitioners across gender, age and experience.

RESEARCH QUESTIONS:

Research question 1: What is the statistical validation of SWLS in regards to medical practitioners?

Research question 2: What is the level of life satisfaction of medical practitioners?

Research question 3: How does level of life satisfaction of medical practitioners varies across gender, age and experience.

METHOD:**Participants and Procedure:***Table 1: Demographics of Medical Practitioners*

Demographics	Groups	n	%
Gender	Male	220	66.9
	Female	109	33.1
Age	25-34	77	23.4
	35-44	114	34.6
	45-54	66	20.1
	55-64	56	17.0
	65-74	16	4.9
Experience	0-10	112	34.1
	11-20	102	31.0
	21-30	60	18.2
	31-40	45	13.7
	41-50	10	3.0

Three hundred and twenty nine private medical practitioners from eleven specializations participated in this study. The response rate was 82.3% (329/350). The maximum number of male participants (66.9%, n=220) were participated than that of female participants (33.1%, n=109). The maximum number of participants belong to age group from 35-44 (34.6%, n=114) compared to other age groups as well as maximum number of participants (34.1%, 112) were having 0-10 years of experience. It indicates that doctors have continued with higher education soon after their MBBS.

This current study adopted cross sectional survey method for data collection. Doctors having minimum MBBS graduation plus higher qualification were included. They have participated willingly and their responses were kept confidential. Moreover used only for the purpose of the current study.

Measurement Tool:

Life satisfaction was assessed using Satisfaction with Life Scale (SWLS) (Diener, Emmons, Larsen, & Griffin, 1985). It is a five item scale using 7 point Likert scale ranging from strongly disagree=1 to strongly agree=7. The sum of total scores ranges from 5 to 35, as the scores increases the level of satisfaction with the life also increases. According to the SWLS, the higher scores of participants the higher level of life satisfaction. It is a reliable, valid and comprehensive measurement of life satisfaction which can be used on various samples extensively.

Data Analysis:

Firstly, reliability test for SWLS was computed using IBM SPSS Statistics 26. Secondly, descriptive statistics were calculated for SWLS and demographic data; medical practitioners' gender, age and experience. Thirdly, Confirmatory Factor Analysis (CFA) for SWLS was run using IBM SPSS AMOS 26. Exploratory Factor Analysis (EFA) was not necessary as SWLS being tested and retested scale. Finally, independent sample t-test and ANOVA were run to compute significant differences in medical practitioners' the satisfaction with life across gender, age and experience.

RESULTS:

Research question 1: What is the statistical validation of SWLS in regards to medical practitioners?

Table 2 shows mean and standard deviation of five items of SWLS and overall scale. The mean scores of first four items (SWLS1 to SWLS4) are similar. The score of item 5 (SWLS5) is somewhat less. The mean score of overall scales is also reasonably good. The corrected item total correlations ranged from .509 to .717. The corrected item-total correlation is almost similar for first three items (SWLS1 to SWLS3) and slightly less for item 4 (SWLS4) and item 5 (SWLS5).

Table 2: Description of items Means and Standard Deviation (n=329)

Items		Mean	Standard Deviation	Corrected Item-Total Correlation
SWLS1	In most ways my life is close to my ideal	5.47	1.34	.611
SWLS2	The conditions of my life are excellent	5.61	1.22	.704
SWLS3	I am satisfied with my life	5.94	1.15	.717
SWLS4	So far I have gotten the important things I want in life	5.69	1.34	.579
SWLS5	If I could live my life over, I would change almost nothing	4.37	1.93	.509

Internal Consistency Reliability:

Table 3 shows the reliability of SWLS scale was .81. The expected result should be >.70. It indicates that results are at par with expected standards. The SWLS shows quite good reliability. It evidences that the SWLS has got satisfactory internal consistency reliability. Mean scores are similar with previous studies (Uysal, 2014 & Saricam, 2015). Table 2 shows the corrected item total correlations ranged from .509 to .717. The corrected item-total correlation is almost similar for first three items (SWLS1 to SWLS3) and slightly less for item 4 (SWLS4) and item 5 (SWLS5).

Table 3: Description of Mean, Standard Deviation and Cronbach’s Alpha of SWLS

	Mean	Standard Deviation	Cronbach’s Alpha
SWLS	27.08	5.36	.81

Figure 1: Single Factor Model of Life Satisfaction

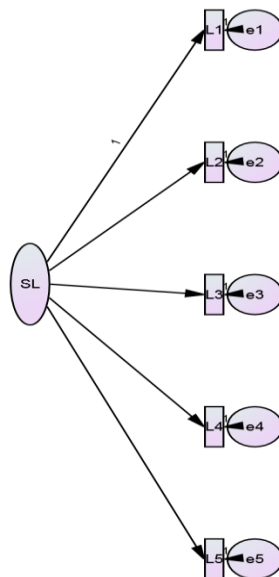


Table 4: Standardised Regression weights for the items considered in the model

Factor Items	SWLS1	SWLS2	SWLS3	SWLS4	SWLS5
Regression weights	0.722	0.817	0.843	0.632	0.533

Table 4 represents the standardised regression weights of SWLS CFA model. The regression weights ranged from 0.533 to 0.843. SWLS3 (L3) showed the highest regression and SWLS5 (L5) showed the lowest regression weights out of 5 items. Figure 1 shows the CFA model of SWLS five-item scale. The fit indices demonstrated that model is good-fit.

Table 5: The Model Fit Indices of 5-item Scale of Life Satisfaction (n=329)

Chi-square	df	p	Chi-square/df	RMSEA	CFI	TLI
23.60	5	.000	4.721	0.107	0.971	0.941

df = Degree of Freedom, p=Significance Level RMSEA-Root Mean Square Error of approximation, CFI-Comparative Fit Index, TLI-Tucker-Lewis Index

Table 5 showed a model fit indices of single factor model with five items. The results five item model were $\chi^2 (5) = 23.60$, $p < .01$, $RMSEA=0.107$, $CFI=0.971$, $TLI = 0.971$ & $GFI=0.973$.

Research question 2: What is the level of life satisfaction of medical practitioners?

Table 6: Medical Practitioners' Level of Life Satisfaction (n=329)

Scores	Satisfaction Level	N	Percentage
31-35	Extremely satisfied	107	32.6
26-30	Satisfied	102	31
21-25	Slightly satisfied	82	25
20	Neutral	8	2.4
15-19	Slightly dissatisfied	23	6.9
10-14	Dissatisfied	6	1.8
5-9	Extremely dissatisfied	1	0.3

Table 6 represents the scores of medical practitioners' life satisfaction. According to the SWLS scale scoring standards (Diener et al., 1985); the satisfaction levels of medical practitioners' were defined. The results reveal that 63.6% of participants were satisfied with their life as whole. Moreover, 25% of the participants were slightly satisfied with their overall life. Whereas, least number of participants (2.1%) were dissatisfied and 6.9% of participants were slightly dissatisfied with their life as whole. Furthermore, less number of participants was undecided about their overall life satisfaction.

Research question 3: How does level of life satisfaction of medical practitioners varies across gender, age and experience?

Table 7: ANOVA Results of Medical Practitioners' Life Satisfaction across Experience

Experience	1-10	11-20	21-30	31-40	41-50
N	112	102	60	45	10
Mean scores	25.9	26.8	27.7	29.3	29.4
F value	4.45				
Significance level	0.02				

There were no significant differences in the medical practitioner's level of life satisfaction across gender and age. Table 7 shows results of Analysis of Variance (ANOVA) regarding medical practitioners' level of life satisfaction across experience. The mean scores of medical practitioners' life satisfaction scores across experience were ranging from 25.9 to 29.4

significantly. The minimum scores with 25.9 with 0-10 year of experience and maximum scores were 29.4 with 41-50 years of experience of medical practitioners ($F(1, 328) = 4.45, p < .05$).

DISCUSSION:

The first aim of this study was to examine the validation of the Satisfaction With Life Scale (SWLS) developed by Diener et al., (1985) through Confirmatory Factor analysis (CFA). The SWLS demonstrated high internal consistency, inter-item correlation and corrected item correlation at par with the benchmarks. The findings of the current study are consistent with previous studies which showed similar results on healthcare setting (Maroufizadeh et al., 2016). Model was tested using confirmatory factor analysis and the results indicated that model fit indices are at par with the standards. However, RMSEA value (0.107) is quite distant from expected value ($< \text{or} = 0.08$) and it is consistent with previous study conducted on patients (Vanhoutte, 2014 & Vaughan et al., 2020). The fit indices supported the presence of single factor structure of SWLS in case of medical practitioners. Moreover, the findings are consistent with previous studies (Vanhoutte, 2014; Maroufizadeh et al., 2016 & Vaughan et al., 2020).

The second aim was to study the level of life satisfaction of medical practitioners. Majority of the medical practitioners were satisfied with life and negligible number of medical practitioners was extremely dissatisfied. This study finding is in line with the previous studies in healthcare setting (Paster et al., 1989; Nylenna et al., 2005 & Kulkarni et al., 2013)

The third aim was to examine the level of life satisfaction of medical practitioners across gender, age and experience. There were no significant differences in medical practitioners' life satisfaction across gender and age. This result is consistent with previous study (Kulkarni et al., 2013). There were significant differences in medical practitioners' life satisfaction across experience. The finding of this study is in line with previous study (Domagala et al., 2018).

CONCLUSION:

Generally, people look forward to see that medical practitioners need to be competent in diagnosing and treating patient. Likewise, their mental wellbeing also plays a significant role. Their mental wellbeing contributes to attain happiness and life satisfaction. Life satisfaction generates better healthcare outcomes in the form of quality care to their patients and happiness in personal and professional life. Therefore, the current study confirms that medical practitioners' life satisfaction needs to be valued and cherished.

Limitations and Future Research

This study limits the generalization to the other population. Since, it included only private medical practitioners. Further research can be conducted considering corporate hospitals and Government hospitals. In addition, it can also take into consideration of heterogeneous samples from healthcare. There is a scope to make a further study on physicians' wellbeing. Wellbeing being a multidimensional construct that encompasses different dimensions it may help to build model to measure physicians' wellbeing.

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