

Short Commentary

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The relationship between job satisfaction, work stress, work-family conflict, and turnover intention among physicians in Pakistan: The mediating role of patient satisfaction***Corresponding Author: Bushra Ejaz**Department of Botany, Jamia Hamdard, New Delhi
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Abstract

Purpose: The purpose of this research is to inspect the turnover intention of physicians in Pakistan after the recent reforms and to explore the relationship between turnover intention and job satisfaction, work stress and work-family conflict.

Design/Methodology: The data collected from the public Hospital in Lahore are used to test the relationship among turnover intention and job satisfaction, work stress and work-family conflict. The data collected in this study was analyzed by using SPSS.

Findings: The results from this study shows positive association of work stress on job satisfaction and turnover intention. The results from this study shows positive association of work family conflict on job satisfaction and turnover intention.

Practical implication: This study provides insights for policymakers in resolving the increase of turnover issues by providing support and relieving medical doctors' stress levels. Health directors should be encouraged to focus on the key aspects that may directly affect the well-being of medical doctors and eventually reduced staff turnover.

Originality/value: The study contributes to existing knowledge by measuring variables such as job demand (RS and WFC), personal resources (WE) and job outcomes (TI) in the public health care sector. Additionally, research involving COR theory in Asian countries like Pakistan remains relatively underexplored.

Keywords: Turnover intention; Job satisfaction; Work stress; Work-family conflict.

Introduction

According to WHO statistics the number of physicians per 10000 population was 24.2 in the United States in 2009. An insufficient supply of health workers has been a long-existing problem. Turnover intention is defined as the probability that an employee will leave his or her job within a certain time period [1]. More than half of Iraqi doctors (55.2%) had turnover intention because of poor working conditions and serious security

concerns [2]. High turnover intention in physicians has become a critical problem in the development of the healthcare system [3]. Half of clinical physicians in public hospitals had turnover intention because of concerns about burnout, lack of support and chance of promotion [4]. 14.5%, 30.0% and 55.5% of physicians had strong, moderate and mild intention to leave their current hospital. In the US it has been estimated that the turnover cost at a major medical Centre might be more than 5% of the total

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annual operating budget, due to recruitment and training costs and productivity loss [5]. However, turnover intention is always affected by various aspects, for example job strain, workplace violence, physician burnout, job satisfaction, income, organizational commitment, among others [6]. Work stress is defined as an employee's reaction to characteristics at the workplace that seem mentally and physically threatening [7]. Work-family conflict is defined as a form of inter-role conflict that will appear when it is difficult to balance the pressure of work and family. The three main types of work-family conflict are time based, strain based and behavior based. Some research in other countries indicated that work-family conflict could positively affect turnover intention. Some studies reported that there were neither direct nor indirect relationships between work-family conflict and turnover intention [8]. Up till now, there was no study on turnover intention among physicians in Pakistan since the most recent health system reform (2009-2012). The reform involved the increase of health insurance coverage, the introduction of an essential drug list, fixed salaries for health workers set by the local government, and improvement in the delivery of public health services in primary care. One priority of the reform was to provide medical insurance to at least 90% of the population of China [9]. Work stress, hours worked per week, working in an urban/rural area, types of institution and age are influencing factors of turnover intention. Reducing working hours, raising salary, providing more opportunities for career development and training, supporting and encouraging physicians by senior managers could potentially contribute to the reduction in turnover intention [8]. Dimensions of work-family conflict had a significant positive relationship with turnover intentions. No significant differences were found in study variables in terms of nuclear and joint family system [10]. It is also found that work-family conflict positively related with turnover intention [3]. Doctors who experience higher work stress will inevitably experience WFC, consequently triggering their intention to quit [4].

This study used structural equation modelling to quantify the impact of different perceptions and to distinguish direct and indirect effects on turnover intention. The purpose of this research is to inspect the turnover intention of physicians in Pakistan after the recent reforms and to explore the relationship between turnover intention and job satisfaction, work stress and work-family conflict.

H1: Work stress will positively influence turnover intention.

H2: Work-family conflict will positively influence turnover intention.

H3: Job satisfaction will show positive effect between Work-family conflict and turnover intention.

H4: Job satisfaction will show positive effect between work stress and turnover intention.

Sampling and population: The data collected from the public Hospital in Lahore are used to test the relationship between job satisfaction, work stress, work-family conflict, and turnover intention among physicians. Sample technique was non-Probability convenient sampling. Population frame using questionnaires to collect data, the aim is to circulate 377 questionnaires to the targeted respondents. After obtaining information, the

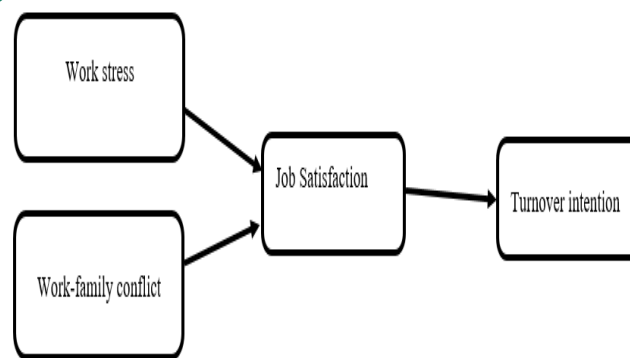


Figure 1: Research model and methodology.

data will be analyzed using SPSS. The data collection method was quantitative. Questionnaires were used to collect data from physician in Lahore. These questionnaires were adopted from previous published researches and were molded according to the present culture of the organization. In order to measure, the researcher used the scale of. This was based on the five-point Likert scale where strongly disagree = 1 to strongly agree = 5.

Measures: Likert-type scales of five points were used to the latent constructs considered in this study (1 = "strongly disagree" and 5 = "strongly agree"). Job satisfaction, work stress and were measured by twenty-eight, eight items and nine item, respectively. For each item, respondents were asked as: "please indicate how much you agree with the following statement." (A five-point Likert scale: strongly disagree, somewhat disagree, neutral, somewhat agree, strongly agree). Each item was scored from 1 to 5 representing strongly disagree to strongly agree. The reliability statistics results showed that Cronbach's alphas for job satisfaction and work stress were 0.923 and 0.829, respectively, indicating acceptable scale reliability. The construct of and Mobley determined using a dichotomous question, "Do you have the intention to quit your current job?" answered with either yes or no [6].

Table 1: Reliability analysis.

Variable Name	Mean	Cronbach's Alpha
TI	0.49	0.15
JS	2.98	0.69
WS	2.99	.087
WFC	2.98	0.66

TI: Turnover Intention; JS: Job Satisfaction; WS: Work Stress; WFC: Work Family Conflict.

Table 2: Control variables.

Demographics	f statistics	p value
Gender	.980	.419
Age	2.162	.073
Material status	.771	.544
Monthly income	2.162	.073
Medical institution	1.883	.113
field of specialty	1.203	.309

If the null hypothesis is true, you expect F to have a value close to 1.0 most of the time.

Table 3: Correlation analysis.

	1	2	3	4
1. PS	1			
2. WS	-.072**	1		
3. WFC	.073**	.041**	1	
4. TI	-.040**	.077**	.063**	1

For the Pearson correlation, an absolute value of 1 indicates a perfect linear relationship. A correlation close to 0 indicates no linear relationship between the variables. ... If both variables tend to increase or decrease together, the coefficient is positive, and the line that represents the correlation slopes upward. Correlation coefficients whose magnitude are between 0.9 and 1.0 indicate variables which can be considered very highly correlated. Correlation coefficients whose magnitude are between 0.5 and 0.7 indicate variables which can be considered moderately correlated.

Table 4: Regression analysis.

	b	se	t	p
Work stress → Turnover intention	.392	.085	4.637	.000
Work-family conflict → turnover intention	.376	.079	4.742	.000
Work-family conflict → Job satisfaction → turnover intention	.499	.1503	3.332	.001
work stress → Job satisfaction → turnover intention	.466	.157	2.975	.003

Turnover intention	Job satisfaction	Work stress	Work-family conflict	Squared multiple correlations
Direct effect	-1.061	0.303	0.109	0.555
Indirect effect	-	0.060	0.430	
Total effect	-1.061	0.363	0.539	

The p-value for each term tests the null hypothesis that the coefficient is equal to zero (no effect). A low p-value (<0.05) indicates that you can reject the null hypothesis.

Discussion

Although different measuring instruments for turnover intention had been used in the literature, the mean scores and the percentages of high perception of turnover intention could be used as a reference to the potential turnover behavior. Our study indicated that physician were slightly satisfied with their jobs. The area that they were least satisfied with was reward, especially among those who had turnover intentions. Physician could only receive low and was possibly because of the poor economic situation. Similar results were also observed in other countries. Zhang et al. found that GPs in Scotland expressed the least satisfaction with their remuneration [11], and Rosenberger et al. reported that the score of job satisfaction with remuneration among health workers in Ghana was the lowest [1]. Our study indicated that there was only univariate association between work stress and turnover intentions. High work stress (workload and negative emotion) led to high turnover intentions of RHWs. This result was similar to that in previous studies. Zhang et al. found that emotional exhaustion was identified as a significant director predictor of the turnover intentions of

physicians in China [11]. Another study conducted in China reported that trouble falling asleep and nerves because of work were significantly associated with physicians' turnover intentions. Workload and burnout were significantly associated with health workers' turnover intentions in Ghana. Steinmetz et al. found that working-time-related factors significantly affected health care employee's intention to stay in Belgium, Germany, and the Netherlands [9]. Dale et al. found that volume and intensity of workload were the factors that most influenced intentions to leave general practice among GPs in England. Meanwhile, Heinen et al. revealed that burnout was a very strong influencing factor associated with nurses' intentions to leave the profession in 10 European countries [2]. About a quarter of physicians had high turnover intention in Guangdong Province compared with the investigations made in Hubei Province (36.8% of the village doctors had turnover intention in Xiangyang City, turnover intention to be 3.18 out of 520); the turnover intention in Guangdong was relatively smaller. However, the turnover intention of physicians in Guangdong was still higher than that in Taiwan. Generally, for the areas with better medical welfare, such as Finland [23, 24] and Madrid, [25] the turnover intention of physicians was low. However, due to poor working conditions and serious security concerns, the turnover intention of Iraqi doctors was very high (55.2%). Based on our study, more attention should be paid to the physicians in Pakistan to reduce their turnover intention.

Conclusion

Job satisfaction, work stress, work-family conflict, hours worked per week, working in an urban/rural area, types of institution and age are influencing factors of turnover intention. Reducing working hours, raising salary, providing more opportunities for career development and training, supporting and encouraging physicians by senior managers could potentially contribute to the reduction in turnover intention. This study used structural equation modelling to quantify the impact of different perceptions and to distinguish direct and indirect effects on turnover intention. Although this study has revealed some of the importance findings; however, there are some limitations in this study. For example, this study only included respondents from one city, i.e. Pakistan. The questionnaire in this study might not be suitable for other research. Since it was a cross-sectional study, the causal relationships between influencing factors and turnover intention could not be determined. This is a cross-sectional study with respondents' intention as the outcome variable. A longitudinal study would make a greater contribution by examining the predictive power of intention in relation to actual behavior. That is, whether respondents' intention to revisit would lead to actual behavior. It is recommended the future studies should include samples from other cities and incorporate qualitative methods of data collection.

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