

**Job Satisfaction of Doctors in Tertiary Care Hospitals: A Study of
North-Western Region of India**

A Thesis

for

Doctor of Philosophy

Submitted By:

Prashant Mehta

(Roll No.951010006)

Under the Guidance of

Prof. (Dr.) Ravi Kiran

Professor and Former Head

Professor Incharge Alumni Relations

School of Humanities and Social Sciences

Thapar University, Patiala



SCHOOL OF HUMANITIES AND SOCIAL SCIENCES

THAPAR UNIVERSITY

DECLARATION

I hereby declare that this thesis entitled “Job Satisfaction of Doctors in Tertiary Care Hospitals: A Study of North-Western Region of India” is an original work done by me for the award of the degree of Doctor of Philosophy in Management. I also declare that this thesis or any part of it has not been submitted by me for the award of any degree, diploma, title or recognition before.

Patiala

Date: 27.10.16



PRASHANT MEHTA

CERTIFICATE

Certified that the thesis entitled “Job Satisfaction of Doctors in Tertiary Care Hospitals: A Study of North-Western Region of India” which is being submitted by Mr. Prashant Mehta, in fulfillment of the requirements for the award of the Degree of Doctor of Philosophy in Management, Thapar University, Patiala, is a record of candidate’s own work carried out by him under my supervision and guidance. The matter embodied in this thesis has not been submitted in any part or full to any other University or Institute for the award of any degree.

Ravi Kiran

Prof. (Dr.) Ravi Kiran
Professor and Former Head
Professor Incharge Alumni Relations
School of Humanities and Social Sciences
Thapar University, Patiala

Place: Patiala

Date: 27.10.16

ACKNOWLEDGEMENTS

The pursuit of this work has been a dream of a lifetime. It is my privilege to acknowledge everyone who has been a part of this journey of learning and exploring, people who helped me when I stumbled and guided me when I was lost.

My first and foremost thanksgiving goes to the Almighty God, the creator, for bestowing me with confidence, courage and patience to pursue my dream. My parents – Mr. Subhash Chander Mehta and Mrs. Sarla Mehta - who have always stood by me and have been a source of encouragement beyond the words can describe. My revered guide Dr. (Ms.) Ravi Kiran, Professor and Former Head, School of Humanities and Social Sciences, Thapar University, Patiala for constant encouragement and intellectual stimulation.

I am extremely thankful to Prof. Prakash Gopalan, Director, Thapar University, Patiala and Dr. O.P.Pandey, Dean, Research and Sponsored Projects for providing me with conducive learning environment. I thank Dr. Shantha Kumari, Dr. Hitashi Lomash, Dr. Ajay Batish, members of my doctoral committee for their invaluable inputs.

I am deeply indebted to my wife Mrs. Uma Mehta for bearing with me during the course of this research work, the hardships you faced smilingly kept me motivated. My daughter Ms. Samridhi Mehta who always was inquisitive and kept on asking “Can I call you Dr. now?” The support and love I got from my sister Mrs. Indu Arora and brother-in-law Mr. Puneet Arora and nephew Mr. Devanshu Arora is worth its weight in gold.

I would like to thank everyone who contributed in this endeavor in any which way.



Prashant Mehta

CONTENTS

Declaration

Certificate

Acknowledgements

Contents

Abstract

List of Tables

List of Figures

Abbreviations

Chapter No.	Topic	Page No.
Chapter 1	INTRODUCTION	01
	1.1 Job Satisfaction – Introduction	01
	1.1.1 Theories of Job Satisfaction	02
	1.2 Present status of Health Care in India: Background of the Problem	04
	1.2.1. The Health Sector: Public Domain	04
	1.2.2 The Health Sector: Private Domain	05
	1.2.3 Health Workforce	05
	1.2.4 Financial Resources	06
	1.2.5 India’s Disease Burden	07
	1.2.5.1 Causes of Death	07
	1.3 Justification of the Study	08
	1.4 Research Objective	09
	1.5 Organization of the Thesis	09
Chapter 2	REVIEW OF LITERATURE	11
	2.1 The Importance of Physician Satisfaction	11
	2. 2 Review of Literature on Job Satisfaction in Health Care Institutions	11
	2.3 Physician Job Satisfaction: Survey Instruments	18

	2.4 Observations based on the Review	19
	2.5 Developing the hypotheses	20
	2.6 Research Gaps and Rationale of the Study	24
Chapter 3	RESEARCH DESIGN AND METHODOLOGY	26
	3.1 Need and Relevance of the Study	26
	3.2 Scope of the Study	26
	3.3. Objectives of the Study	27
	3.4 Theoretical Framework	27
	3.4.1 The Dependent and Independent Variables	28
	3.5 Selection of Sample	29
	3.5.1 Sample size determination	29
	3.6 Sources of Data	29
	3.6.1 Primary Sources	29
	3.6.2 Secondary Sources	29
	3.7 Details of the Survey Questionnaire	30
	3.8 Developing the Survey Questionnaire	30
	3.8.1 Initial item pool	30
	3.8.2 Pre-pilot study (Content Validity)	34
	3.8.3 Pilot Study	37
	3.8.3.1 Analysis: Facet Satisfaction Scale	37
	3.8.3.2 Overall Satisfaction Scale	38
	3.8.4 Validation	40
	3.8.4.1 Analysis: Facet Satisfaction	40
	3.8.4.2 Analysis: Global Measures	43
	3.9 Analysis of Data	44
	3.10 Summing up	44
Chapter 4	DATA ANALYSIS AND INTERPRETATION	45
	4.1 Demographic Profile of the Respondents	47
	4.2 Factors Affecting Physician Job Satisfaction	50
	4.3 Factors Affecting Facets of Job Satisfaction	53
	4.3.1 Regression analysis of gender, practice type, experience, time in current position and specialty on autonomy	53
	4.3.2 Regression analysis of demographic factors with relationship with co-workers	55
	4.3.3 Regression analysis of demographic variables with relationship with staff	56
	4.3.4 Regression of demographic variables with delivery of care	58
	4.3.5 Regression of demographic variables with relationship with community	59
	4.3.6 Regression of demographic variables with personal time	61
	4.3.7 Regression of demographic variables with resources	62

	4.3.8 Regression of demographic variables with remuneration	64
	4.4 Variation in Job Satisfaction with Specialty	66
	4.4.1 Variation in satisfaction with autonomy across specialties	67
	4.4.2 Variation in satisfaction with relationship with co-workers across specialties	68
	4.4.3 Variation in satisfaction with relationship with staff across specialties	70
	4.4.4 Variation in satisfaction with delivery of care across specialties	72
	4.4.5 Variation in satisfaction with relationship with community across specialties	73
	4.4.6 Variation in satisfaction with earnings across specialties	75
	4.4.7 Variation in satisfaction with resources across specialties	77
	4.4.8 Variation in satisfaction with personal time across specialties	79
	4.4.9 Variation in job satisfaction across specialties	80
	4.5 Variation in Job Satisfaction with Practice Type	82
	4.5.1 Regression analysis to determine the factors contributing to job satisfaction of physicians employed in private hospitals	82
	4.5.2 Regression analysis to determine the factors contributing to job satisfaction of physicians employed in Government hospitals	84
	4.5.3 ANOVA to determine difference in perception among physicians employed in private and Government hospitals towards job satisfaction	86
	4.6 Factors Affecting Physician Career Satisfaction	87
	4.6.1 Role of demographic variables in career satisfaction	87
	4.6.2 Role of Work context and content variables in career satisfaction	88
	4.7 Combined Effect of Demographic, Work Context and Content Factors on Physician Job and Career Satisfaction	90
	4.7.1 Combined Effect of Demographic, Work Context and Content Factors on Physician Job Satisfaction	90
	4.7.2 Combined Effect of Demographic, Work Context and Content Factors on Physician Career Satisfaction	92
	4.7.3 Correlation between job and career satisfaction	94
	4.8 Job and career satisfaction among male and	94

	female physicians	
	4.8.1. Measuring job and career satisfaction among male and female physicians for various parameters	94
	4.8.2 Difference in perception regarding job and career satisfaction among male and female physicians	96
	4.8.3 Factors effecting job and career satisfaction among male and female physicians	100
	4.9 Job and career satisfaction among physicians employed in private and government hospitals	103
	4.9.1 Measuring job and career satisfaction among physicians employed in private and government hospitals	103
	4.9.2 Difference in perception between job and career satisfaction among physicians employed in private and government hospitals	105
	4.9.3 Factors effecting career satisfaction among physicians employed in private and government hospitals	108
	4.10 Chapter summary	110
Chapter 5	CONCLUSION AND RECOMMENDATIONS	111
	5.1 Findings of the study	111
	5.2 Revisiting the hypotheses	115
	5.3 Results and Discussion	116
	5.4 Implications of the study	122
	5.5 Limitations of the study	124
	5.6 Recommendations for future research	124
REFERENCES	BIBLIOGRAPHY AND WEBILIOGRAPHY	126-135
APPENDICES	ANNEXURE 1	136-140
	ANNEXURE 2	141-212
	LIST OF PUBLICATIONS	213-214

ABSTRACT

The physician satisfaction is of significance because of three reasons. First, physicians happen to be one of the strongest stakeholders in health care system. As such a thorough understanding of the factors affecting their satisfaction is critical to the emergence of a better way of imparting healthcare. Second, there has been found to be a significant positive relationship between physician satisfaction and patient satisfaction. Therefore greater physician satisfaction may lead to higher patient satisfaction and consequently higher patient compliance and better outcomes. Finally, understanding of physician satisfaction is inherently interesting in itself. A strong and thorough insight into the physician satisfaction is valuable as it will help us in identifying the factors contributing to physician satisfaction and thus enable us to counsel the current physician and address the new entrants into the profession. This is may be very significant as considerable time, effort and cost goes into training the physicians.

A plethora of factors have influenced the practice of medicine in unparallel ways throughout the past decade. Presently Indian healthcare system comprises of many actors and organizations intertwined in a fragile and changing relationships. The existing understanding about physicians' insight of their job is significantly scarce in Indian milieu. There is not much understanding about what drives and fulfills physicians about the practice of medicine or what influences their behavior.

The purpose of this study is to develop a complete understanding of the factors that affect physician satisfaction using self developed physician satisfaction scale. Eighty two item scale representing eleven facets (comprised of sixty seven items) and three overall satisfaction measures (fifteen items) was obtained through literature review. The refinement of the scale on the basis of content validity, data quality and construct validity yielded a final instrument with fifty one items constituting eight facets (forty three items) and two global measures (eight items) of satisfaction. The internal consistency ranged between 0.776 to 0.907 - except autonomy which had internal consistency of 0.639 (Mehta and Kiran 2015).

Regression analysis suggests certain demographic, work context and content factors influence overall physician job and career satisfaction. In depth analysis provide an insight into the factors that influence satisfaction in males, females, physicians employed in private and government

hospitals. Correlation analysis indicates a strong and positive relationship between job and career satisfaction. ANOVA indicates statistically significant difference in perception of physicians employed in private and government hospitals towards job satisfaction. Also, it was found that there is statistically significant difference in perception towards job satisfaction on the basis of specialty. T-test indicated no statistically significant difference in job and career satisfaction of physicians employed in private hospitals, while in case of physicians employed in government hospitals the difference was significant. The results from this research might have significance for the organizational structure of the practice of medicine in India. Given the prevalent concern of high healthcare cost, restricted access to medical care for majority of the population, there may be a need for changes.

LIST OF TABLES

Table No.	Description	Page No.
Table 1.1	<i>Physical Infrastructure</i>	04
Table 3.1(a)	<i>Initial Item Pool</i>	30
Table 3.1 (b)	<i>Global Job Satisfaction</i>	33
Table 3.2	<i>Pre-pilot Frequency Distribution for Physician Job Satisfaction Factors</i>	35
Table 3.3	<i>Summary of the Cronbach's alpha for Various Facets of Job Satisfaction Scale</i>	38
Table 3.4	<i>Summary of Cronbach's alpha for Overall Job Satisfaction Measure</i>	39
Table 3.5	<i>Validation using EFA - Rotated Component Matrix</i>	41
Table 3.6	<i>Reliability of the Subscales and Global Measures.</i>	42
Table 3.7	<i>Rotated Component Matrix – Overall satisfaction</i>	43
Table 4.1	<i>Demographic and Practice Characteristics of the Respondents</i>	47
Table 4.2	<i>Relationship of Demographic Variables with Job Satisfaction</i>	50
Table 4.3	<i>Relationship of Work Context and content factors with Job Satisfaction</i>	52
Table 4.4	<i>Relationship of Demographic Variables and Autonomy</i>	54
Table 4.5	<i>Impact of Demographic Variables on Relationship with Co-workers</i>	55
Table 4.6	<i>Impact of Demographic Variables on Relationship with staff</i>	57
Table 4.7	<i>Relationship of Demographic Variables and Delivery of Care</i>	58
Table 4.8	<i>Impact of demographic variables on Relationship with Community</i>	59
Table 4.9	<i>Relationship of Demographic Variables with Personal Time</i>	61
Table 4.10	<i>Relationship of Demographic Variables with Resources</i>	62
Table 4.11	<i>Relationship of Demographic Variables with Remuneration</i>	64
Table 4.12	<i>Variation in Satisfaction with Autonomy across Specialties (Descriptives)</i>	67
Table 4.13	<i>Variation in Satisfaction with Autonomy across Specialties (ANOVA)</i>	67
Table 4.14	<i>Variation in Satisfaction with Autonomy across Specialties (Tukey HSD)</i>	67

Table 4.15	<i>Variation in Satisfaction with Relationship with Co-workers across Specialties (Descriptives)</i>	68
Table 4.16	<i>Variation in Satisfaction with Relationship with Co-workers across Specialties (ANOVA)</i>	69
Table 4.17	<i>Variation in Satisfaction with Relationship with Co-workers across Specialties (Tukey HSD)</i>	69
Table 4.18	<i>Variation in Satisfaction with Relationship with Staff across Specialties (Descriptives)</i>	70
Table 4.19	<i>Variation in Satisfaction with Relationship Staff across Specialties (ANOVA)</i>	71
Table 4.20	<i>Variation in Satisfaction with Relationship Staff across Specialties (Tukey HSD)</i>	71
Table 4.21	<i>Variation in Satisfaction with delivery of care across Specialties (Descriptives)</i>	72
Table 4.22	<i>Variation in Satisfaction with delivery of care across Specialties (ANOVA)</i>	72
Table 4.23	<i>Variation in Satisfaction with delivery of care across Specialties (Tukey HSD)</i>	73
Table 4.24	<i>Variation in Satisfaction with Relationship with Community across Specialties (Descriptives)</i>	74
Table 4.25	<i>Variation in Satisfaction with Relationship with Community across Specialties (ANOVA)</i>	74
Table 4.26	<i>Variation in Satisfaction with Relationship with Community across Specialties (Tukey HSD)</i>	74
Table 4.27	<i>Variation in Satisfaction with Earnings across Specialties (Descriptives)</i>	75
Table 4.28	<i>Variation in Satisfaction with Earnings across Specialties (ANOVA)</i>	76
Table 4.29	<i>Variation in Satisfaction with Earnings across Specialties (Tukey HSD)</i>	76
Table 4.30	<i>Variation in Satisfaction with Resources across Specialties (Descriptives)</i>	77
Table 4.31	<i>Variation in Satisfaction with Resources across Specialties (ANOVA)</i>	78
Table 4.32	<i>Variation in Satisfaction with Resources across Specialties (Tukey HSD)</i>	78
Table 4.33	<i>Variation in Satisfaction with Personal Time across Specialties (Descriptives)</i>	79
Table 4.34	<i>Variation in Satisfaction with Personal Time across Specialties (ANOVA)</i>	79
Table 4.35	<i>Variation in Satisfaction with Personal Time across Specialties (Tukey HSD)</i>	80
Table 4.36	<i>Variation in Job Satisfaction across Specialties (Descriptives)</i>	81
Table 4.37	<i>Variation in Job Satisfaction across Specialties (ANOVA)</i>	81

Table 4.38	<i>Variation in Job Satisfaction across Specialties (Tukey HSD)</i>	81
Table 4.39	<i>Relationship of Demographic, Job Context and Content Factors with Job Satisfaction of physicians employed in private hospitals</i>	83
Table 4.40	<i>Relationship of Demographic, Job Context and Content Factors with Job Satisfaction of physicians employed in Government hospitals</i>	84
Table 4.41	<i>Variation in Job Satisfaction across Practice Types (Descriptive)</i>	86
Table 4.42	<i>Variation in Job Satisfaction across Practice Types (ANOVA)</i>	86
Table 4.43	<i>Relationship of Demographic Variables with Career Satisfaction</i>	87
Table 4.44	<i>Relationship of Work Context and content factors with Career Satisfaction</i>	88
Table 4.45	<i>Relationship of Demographic work context and content factors with Job Satisfaction</i>	90
Table 4.46	<i>Relationship of Demographic, Work Context and Content Factors with CS</i>	92
Table 4.47	<i>Correlation between Job Satisfaction & Career Satisfaction</i>	94
Table 4.48	<i>Mean Scores for Job and Career Satisfaction for various Parameters under Study</i>	95
Table 4.49	<i>Difference in Perception between Job and Career Satisfaction amongst Males and Females (paired t-test).</i>	97
Table 4.50	<i>Relationship of Demographic, Work Context and Content factors with Job and Career Satisfaction among Male Doctors</i>	100
Table 4.51	<i>Relationship of Demographic, Work Context and Content factors with Job and Career Satisfaction among Female doctors.</i>	101
Table 4.52	<i>Mean Scores for Job and Career Satisfaction for Various Parameters under Study (Physicians Employed in Private and Government Hospitals)</i>	103
Table 4.53	<i>Difference in Perception between Job and Career Satisfaction amongst Physicians Employed in Private and Government Hospitals</i>	105
Table 4.54	<i>Difference in Perception towards Job and Career Satisfaction on the Basis of Employment</i>	108
Table 4.55	<i>Relationship of Demographic, Work Context and Content factors with Career Satisfaction among Physicians Employed in Private and Government Hospitals</i>	108

LIST OF FIGURES

Figure No.	Description	Page No.
Figure 1.1	Doctors and Nurses per 10000 population in India and South East Asia Region	05
Figure 1.2	Doctors per 10000 populations BRIC countries	06
Figure 1.3	Health Expenditure India – 2004	06
Figure 1.4	India's Disease Burden	07
Figure 3.1	Theoretical model for predicting Indian physician job satisfaction	28
Figure 4.1	Demographic profile – Gender	48
Figure 4.2	Demographic profile – Practice type	48
Figure 4.3	Demographic profile – Experience	49
Figure 4.4	Demographic profile – Time in Current Position	49
Figure 4.5	Demographic profile – Specialty	49

ABBREVIATIONS

Abbreviation	Full Form
AUT	Autonomy
RC0	Relationship with co-workers
RC	Relationship with community
RS	Relationship with staff
ER	Earnings
PT	Personal time
R	Resources
JS	Job satisfaction
CS	Career satisfaction
WHO	World Health Organization
TICP	Time in Current Position

CHAPTER 1

INTRODUCTION

1.1 Job Satisfaction – Introduction

The study of job satisfaction first aroused interest among the industrial psychologists in the late 1800s and early 1900s. The Hawthorne studies conducted by Elton Mayo in 1920s were instrumental in shifting the focus from economic and structural variables to interpersonal and attitude factors. The studies were carried out to understand the effects of work breaks and illumination on productivity, but the focus soon shifted to attitudes. Research revealed that employees had strong feelings about their work. A few years after the Hawthorne studies were published, the first intensive study of job satisfaction appeared. Hoppock (1935) examined the factors affecting job satisfaction and these are: fatigue, working conditions, supervision and achievements.

The job satisfaction research is of concern to the academicians who study job satisfaction as well as the people who work in the organizations and experience job satisfaction. There are two important reasons for this concern:

- i. Humanitarian – people expect to be treated fairly and with respect. Further everyone has a right to rewarding and satisfying work life, as we spent most of our lives at place of work.
- ii. Utilitarian – Job satisfaction can lead to behavior of employees that can have effect on the productivity of the organization and satisfaction of the customers.

Locke (1976) defines job satisfaction as a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences. According to Locke job satisfaction is an evaluation that the employee makes on the job and the environment surrounding the job.

Spector (1997) defines job satisfaction with regards to how people feel about their jobs and different aspects of their jobs, whether people like or dislike their jobs. Job satisfaction has been defined as an attitudinal response of a person towards the job or its components (Fraser, 1983; Siu, 2002; Adams and Bond, 2000; Weiss, 2002).

Job satisfaction may be evaluated in terms of various components also called as facet job satisfaction or it can be simply expressed as overall satisfaction (global

satisfaction). It has been generally accepted that job satisfaction is multifaceted (Choudhary *et al.* 2013; Stamps and Piedmonte, 1986; Hopkins, 1983; Weiss, 2002,) depending upon factors like – mentoring (May-Chiun and Ramayah, 2011). Many job satisfaction scales have been developed to measure this construct. The most frequent used facet scales include (a) The job descriptive index developed by Smith *et al.* (1969). The scale assesses five facets: work, pay, promotion, supervision, and coworkers. The entire scale contains seventy two items. This scale is copyrighted and a fee is charged for its use. (b) The Minnesota Satisfaction Questionnaire (MSQ) developed by Weiss *et al.* (1967). The MSQ comes in two forms, a 100 item long version and a 20 item short version. It covers twenty facets and is copyrighted. (c) The job diagnostic survey (Hackman and Oldham, 1975) is an instrument that studies the effects of job characteristics on people. It contains sub scales to measure the nature of the job and job tasks, motivation, personality, psychological states and reactions to the job. One of the reactions is job satisfaction. (d) The job satisfaction survey developed by Spector (1985) assesses nine facets of job satisfaction as well as overall job satisfaction. The job satisfaction scales used to measure global satisfaction include: (a) The Job in General Scale developed by Ironson *et al.* (1989). This scale is designed to assess overall job satisfaction and it contains 18 items. (b) The Michigan Organizational Assessment Questionnaire Subscale (Cammann *et al.* 1979) contains a three item overall satisfaction subscale and it has an internal consistency reliability of 0.77.

1.1.1 Theories of Job Satisfaction

Job satisfaction is a complex phenomenon and no theory to date has been able to satisfactorily explain the phenomenon. Each theory explains a piece of the puzzle. All these theories can broadly be classified into four classes, need and value based theories, social comparison theories, opponent process theory, and two factor theory. According to need and value based theories, satisfaction is the extent to which a job meets needs or satisfies values. It is an individual process. Social comparison theories postulate that satisfaction is obtained from the comparison with others in the similar jobs. The opponent process theory indicates that satisfaction is physiological. The central nervous system is responsible for satisfaction. Finally the two factor theory postulates work conditions as the source of satisfaction. Content and context factors determine how satisfied a person will be.

It was the work of American psychologist Maslow (1943), who gave the concept of hierarchical nature of human needs sequenced from lowest to highest level as they are basic physiological needs, security needs, social needs, esteem and self actualization. Maslow postulated that people try to satisfy the five needs in a sequence from the lowest in the hierarchy to the highest. Maslow suggested that managers who can identify and foster the attainment of factors that motivate employees and help satisfy their important needs will achieve higher productivity and consequently will have satisfied subordinates.

Herzberg *et al.* (1959) building on Maslow's theory formulated two factor theory. Herzberg proposed two general classes of work variables one that affects satisfaction called satisfiers or motivators or content factors and another that affects dissatisfaction called dissatisfiers or context or hygiene factors.

Expectancy theory proposed by Vroom (1964) attempts to model how people will rationally decide whether or not to be motivated to pursue a designated course of action. Vroom states that people's motivation towards doing a particular thing depends upon the value they put on the result of their effort (whether positive or negative) multiplied by the surety that they believe that their efforts will materially aid in achieving goal. Vroom proposed three significant concepts to explain his theory, that is, force, valence and expectancy. The extent to which the job attains the desired needs is a measurement of satisfaction and the sum of these products is a measure of the level of work satisfaction. Expectancy theory designates employees' expected rewards as motivation and realized rewards as satisfaction.

Another theory called as "theory of emotion" or "fulfillment theory" was proposed by Locke (1969) to explain the concept of job satisfaction. This theory describes job satisfaction as a pleasurable outcome which results from value achievement. Any discrepancy between what is desired and what is received for a specific important aspect of a job may lead to dissatisfaction.

McClelland has tried to explain job satisfaction on the basis of three types of basic needs, classified as the need for power (n/PWR), need for affiliation (n/AFF), and need for achievement (n/ACH).

Attribution theory first formulated by Heider (1958) and subsequently developed by Weiner *et al.* (1972) and Weiner (1974, 1986) deals with the ways people explain or attribute behavior.

Equity theory propounded by Adams (1964) explains satisfaction on the basis of perceived equity. If people perceive their rewards commensurate with the efforts they have put in, they will be satisfied. If the people feel that they are inequitably rewarded they may be dissatisfied.

“Health is a fundamental human right and the attainment of the highest possible level of health is a most important worldwide social goal”.

Declaration of Alma Ata, 1978

1.2 Present status of Health Care in India: Background of the Problem

1.2.1. The Health Sector: Public Domain

In India, healthcare in the public sector is the shared responsibility of the central, state and local government. The role of the central government is limited to policy framework, education, drug development, population stabilization and controlling diseases. The state government plays the role of delivering general health care facilities at different levels to the local population through sub-centers, primary, and community centers and at the district levels through approximately 150 bedded civil hospitals with facilities for indoor treatment.

Table – 1.1 *Physical Infrastructure*

Infrastructure	1951	1981	2000
SC/PHC/CHC	725	57363	1,63,181
Dispensaries and Hospitals	9209	23,555	43,322

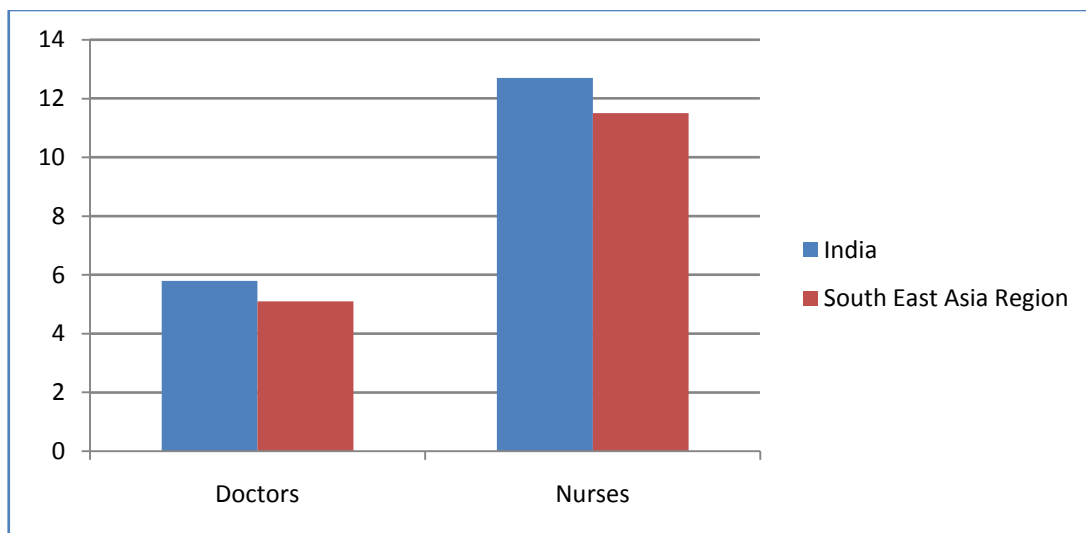
Source: National Health Policy 2002

1.2.2 The Health Sector: Private Domain

The contribution of private sector in imparting modern health care has increased from 8 percent at the time of independence to approximately 80 percent in case of outpatient care and 60 percent in case of inpatient treatment (annual report to the people on health). There has been concomitant increase in use of advanced technology and manpower, infrastructure and capacity (in terms of beds) involved in imparting health care in the private sector, to the tune of more than 75 percent, 68 percent and 37 percent respectively. The distribution of these however is highly skewed in favor of urban areas.

1.2.3 Health Workforce

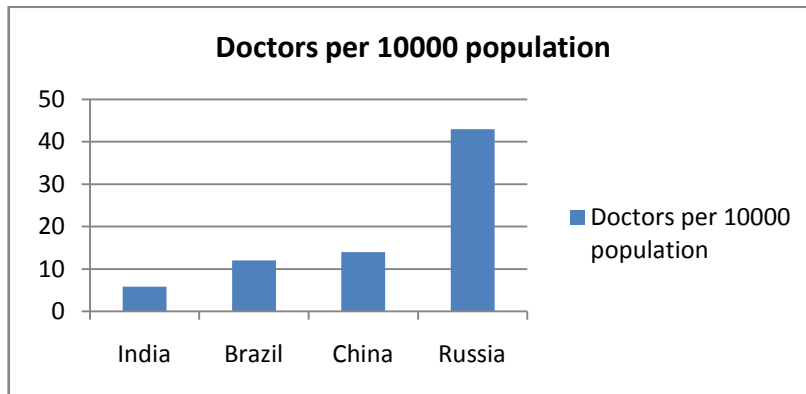
In order for a country to properly achieve health care coverage rates as envisaged in millennium development goals, World Health Organisation (WHO) estimates a minimum of 24.5 health care professionals (including physicians, nurses and midwives only) per 10,000 population. This ratio in case of India is dismally low, as per one estimate, approximately half of the number as recommended by WHO as shown in Figure 1.1.



Source: World Health Organisation- India health profile

Figure 1.1: Doctors and Nurses per 10000 population in India and South East Asia Region

As shown through Figure 1.1, it is worthwhile to note that among all the BRIC nations, India has the lowest number of physicians per 10000 of population (WHO's Global Health Observatory).

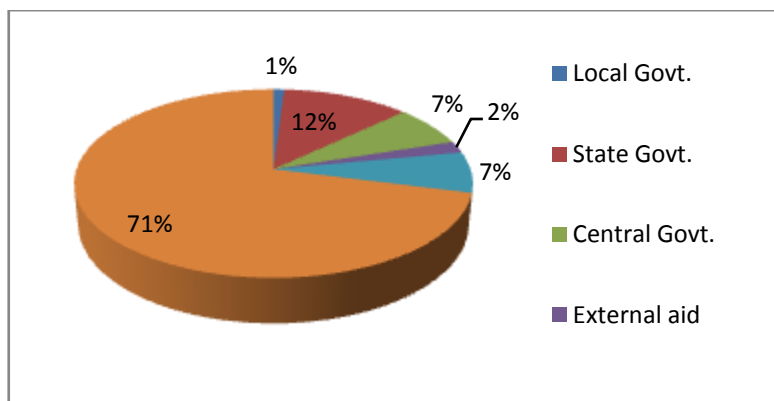


Source: World Health Organisation-health data

Figure 1.2: Doctors per 10000 populations BRIC countries

1.2.4 Financial Resources

India has fifth lowest per capita expenditure on health in the world – not more than rupees two hundred. The current annual per capita public expenditure on health in the country is no more than two hundred rupees, which is among the lowest five in the world. The total expenditure on health from all the sources in India is pegged at Rs.13377.6 millions (National Health Accounts 2004-2005), which comprises of approximately 4.25 percent of the Gross Development Product (GDP). The lions share in this expenditure, approximately 78 percent comes from the private sector-private households and firms contributing 71 percent and 7 percent respectively-20 percent from the government sector and the remaining 2 percent from external flows (Figure 1.3).



Source: National health accounts 2004-2005

Figure 1.3: Health Expenditure India – 2004

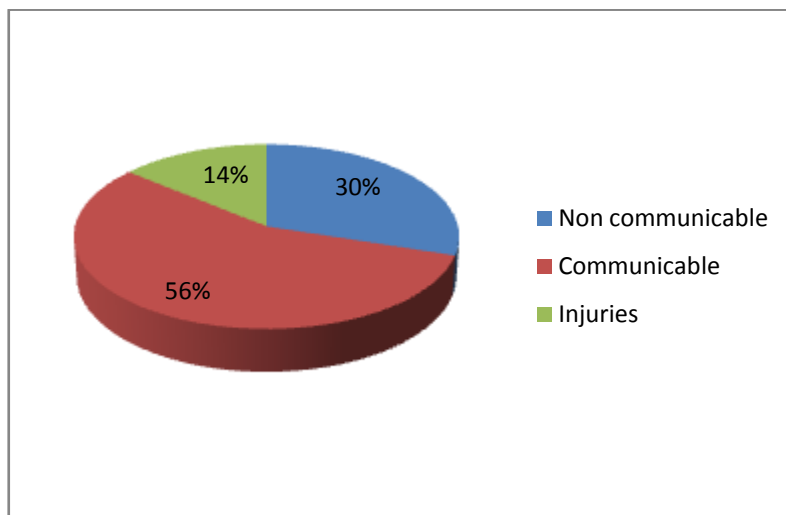
1.2.5 India's Disease Burden

Most of the countries while on the way to development usually undergo 'epidemiological transition' whereby the initial high mortality rate on account of infectious diseases and poor maternal and infant health care gives is replaced by increasing mortality due to life style diseases (non-communicable diseases) and old age related problems. However, in case of India this transition is characterized by three main challenges -India is yet to control and manage high maternal and infant mortality rate as well as mortality due to communicable, vector borne, water borne and vaccine preventable diseases. India is gradually moving towards increased mortality due to non-communicable diseases and slow in preparation for the rising threat of resistant infectious diseases.

1.2.5.1 Causes of Death

In India, a high proportion of deaths, to the tune of approximately 58 percent can be attributed to communicable diseases, while non-communicable diseases cause about 30 percent of all the deaths remaining 14 percent of deaths are attributed to idiopathic unknown causes, mostly related to old age (Figure 1.4).

Expectedly, more deaths relating to communicable, infant and maternal problems are reported from rural areas, while life style related diseases like diabetes, heart lead to more deaths in urban areas.



Source: Annual report to the people on health.

Figure 1.4: India's Disease Burden

It can be concluded from the above discussion that India is:

- i. Having shortage of health care workforce with respect to accepted international norms.
- ii. Facing challenges with regards to availability of health care to populace, as more than 50% of total deaths are caused by communicable diseases.
- iii. Spending less on health care and major share towards total health care expenditure is borne by the private sector (78 percent). This is noteworthy in the light of the fact that most of the times patients have to meet these expenditures by foregoing the basic necessities of life.
- iv. Having highly skewed distribution of health care facilities, more facilities are in the urban sector as compared to the rural sector, although the concentration of population is more in rural areas.

These constraints may have severe implications towards organized health delivery system, probably in the form of low job satisfaction. Further in India expenditure on health is predominantly met by spending through one's pocket rather than availing health services from Government hospitals. This translates into developing policies that encourage redistribution of income and wealth (Upadhyay 2013), setting up of private clinics, through private investment or foreign institutional investors. These in turn depend upon factors like national output, government expenditure etc. (Hassan and Salim) and market capitalization, stock market turnover, economic growth etcetera (Kaur and Dhillon, 2010) respectively.

It will be a matter of great interest to academicians as well as policy makers to know the level of satisfaction of doctors in the country. The present study is a step towards that direction and tries to understand the satisfaction level of doctors working in both public and private sector tertiary care hospitals, particularly in the North-Western region of India.

1.3 Justification of the Study

A plethora of factors have influenced the practice of medicine in unparallel ways throughout the past decade. As indicated above, presently Indian healthcare system comprises of many actors and organizations intertwined in a fragile and changing relationships. The existing understanding about physicians' insight of their job is

significantly scarce in Indian milieu. There is not much understanding about what drives and fulfills physicians about the practice of medicine or what influences their behavior.

The purpose of this study is to develop a complete understanding of the factors that affect physician satisfaction using self developed physician satisfaction scale. Eighty two item scale representing eleven facets (comprised of sixty seven items) and three overall satisfaction measures (fifteen items) was used with items drawn through literature review. The refinement of the scale on the basis of content validity, data quality and construct validity yielded a final instrument with fifty one items constituting eight facets (forty three items) and two global measures (eight items) of satisfaction. The internal consistency range is between 0.776 and 0.907. Only in autonomy the internal consistency is 0.639 (Mehta and Kiran 2015).

1.4 Research Objectives

The present study tries to study the following research objectives.

- i. (a) To identify and study the relationship between the factors (demographic, contextual and content) associated with physicians' job satisfaction.
(b) To study the impact of gender, practice type, experience, time in current position and specialty on different facets of physicians' job satisfaction.
- ii. To study the difference in perception of job satisfaction across specialties (orthopedics, general surgery, medicine, pediatrics and gynecology).
- iii. To study the difference in perception of job satisfaction among doctors employed in private hospitals and doctors working in private hospitals.

1.5 Organization of the Thesis

The thesis comprises of five chapters: Introduction, Literature Review, Research Design and Methodology, Analysis and Results, and Discussion and Conclusions. Chapter 1 of this thesis provides a general introduction to the concept of job satisfaction and a brief background of the problem.

Chapter 2 presents review of literature pertinent to the topic. This chapter presents the theoretical and empirical findings of the studies cited. Review of literature guides us to develop research questions.

Chapter 3 presents the research design and methodology. It encompasses description of the research approach and survey instrument, data collection procedures and data analysis methods employed.

Chapter 4 of the study presents results of data analysis. The data assimilated from the structured questionnaire has been analyzed through different statistical tools using SPSS.

Chapter 5 covers discussion and conclusion. The implications of the results obtained and suggestions for the future study have also been discussed in this chapter. Contributions and limitations of the present study have also been presented.

CHAPTER 2

REVIEW OF LITERATURE

2.1 The Importance of Physician Satisfaction

The physician satisfaction is of significance because of three reasons. First, physicians happen to be one of the strongest stakeholders in health care system. As such a thorough understanding of the factors affecting their satisfaction is critical to the emergence of a better way of imparting healthcare. Second, there has been found to be a positive correlation amongst physician and patient satisfaction. Pertinently, greater physician satisfaction may lead to higher patient satisfaction and consequently higher patient compliance and better outcomes. Finally, an understanding of physician satisfaction is inherently interesting in itself. A strong and thorough insight into the physician satisfaction is valuable as it will help us in identifying the factors contributing to physician satisfaction and thus enable us to counsel the current physician and address the new entrants into the profession. This is may be very significant as considerable time, effort and cost goes into training the physicians.

Physician satisfaction apparently is a complex function of numerous factors -negative and or positive attitudes perceived by individuals with regards to their job (Greenberg, 2000). Conventionally, it is believed that physicians derive satisfaction through delivery of care to patients, however other facets of satisfaction comprising of but not confined to income and personal time appear to be significant and vary over time (Landon, 2004). A direct relationship between physician satisfaction and quality of work is suggested by Murphy and Fridkin (2004). Further, reduced levels of satisfaction among physicians might affect doctor-patient relationships, cost and compromise quality of care (Freeborn, 2001).

2. 2 Review of Literature on Job Satisfaction in Health Care Institutions

Although, a very rich and valuable literature on physicians' job satisfaction is available across the world, but inadequate research has been done on job satisfaction of doctors in India. A brief review of literature concerning physicians' satisfaction is discussed next. Breslau *et al.* (1978) have reported that the physicians working under traditional practice showed greater satisfaction with the work activity, with co-workers and with income as compared with physicians working under modern settings. Further, variety and complexity of work (scope of diagnostic procedures, estimated length of visits, delegation of patient care tasks to non physicians, and delegation of

routinized tasks) is only weakly related to satisfaction with work. However, autonomy measured in terms of public or private ownerships of the team along with above four factors was observed to be significantly affecting job satisfaction, indicating that organizational factors other than those affecting the variety and complexity of work may influence job satisfaction among physicians.

Linn *et al.* (1985) suggested that improvement in satisfaction of physicians as well as patients may have economic, psychological and social benefits as they reported significant compatibility between satisfaction of patients and the house staff and the faculty responsible for providing the health care. Additionally, it was found that higher satisfaction amongst physician groups and patients was synchronized with more percentage of patients enjoying continuity in care, lesser rates of patient no-show, more effective use of supporting staff in imparting direct patient care, and more realistic fee for a regular follow up visit.

Bates *et al.* (1998) identified four dimensions of physician work satisfaction: patient relationships, autonomy in making decisions relating to clinical practice, resources available in the work place, and relationship with other professional colleagues. The study reported that physicians to be satisfied with their practice. However, significant differences in sources and magnitude of physician work satisfaction across medical specialty, practice setting, and financial arrangements were observed. Physicians in health maintenance organizations perceived more freedom in ordering tests and procedures as such study reported them to be more satisfied with their autonomy in making decisions relating to clinical practice as compared to private practitioners. Thus indicating that increasing prevalence of managed care contracts may be a source of decreased satisfaction with clinical autonomy. Misra *et al.* (2009) reported that satisfaction of Asian Indian physicians' practicing in U.S.A was not significantly related to participation in managed care programs.

Swanson *et al.* (1998) while comparing the general practitioners on the basis of gender reported that age, complexity of roles and specialties were not related to job satisfaction. It also concluded that female general practitioners and consultants reported higher satisfaction as compared to male counter parts. Malik *et al.* (2010) found that for women complex and interesting jobs are more important and these

factors are major contributors towards their job satisfaction. While for males autonomy is more important. Female doctors are more satisfied as compared to male doctors, as female doctors are better at managing their work and life responsibilities have low burnout level and experience more job satisfaction and ultimately results in lesser turnover.

Kyle *et al.* (1998) in their study of job satisfaction of rural U.S.A. physician assistants reported that they generally exhibited satisfaction with their work. The variables like practice factors relating to autonomy, relationship with superiors were some of the most significant predictors of satisfaction, similarly extent of responsibilities associated with practice extent of practice responsibilities and factors relating to community.

Bovier and Perneger (2003) in their study of a sample of Swiss physicians observed that they were satisfied with factors like delivery of care to patients, relationship with professional colleagues and perceived rewards while low satisfaction was reported with factors like work burden and perceived prestige. Physicians undergoing training reported least satisfaction with all aspects of their work. Personal rewards, remuneration and relationship with other professionals were the source of satisfaction of senior hospital staff. Women were reported to be comparatively lesser satisfied than men with care of the patients and work pressure and perceived rewards. Older and physicians having high work experience were found to be satisfied with all the aspects of their work. Physicians practicing medicine and pediatrics as a specialty reported greater satisfaction as compared to other specialties. Involvement in managed care plans was a potential demotivator for the physicians.

Antoniou *et al.* (2003) examined the impact of stress in occupations, levels of satisfaction and mental health in male and female junior hospital doctors in Greece. The study reported that: professional demands, longer hours of work, and working environment were the common factors associated with job dissatisfaction among both males and females. Individually, gender issues i.e. “enjoyment of privileges because of gender or family situation among colleagues” and “discriminating attitudes towards me because of my gender” was the most important predictor of dissatisfaction in males, while for females the most important predictor was ‘professional demands’.

Matsumoto *et al.* (2004) while examining Japanese rural doctors' satisfaction level found that they were satisfied with their work and life conditions. Specific job related items that contributed to satisfaction included opportunities for continuous medical knowledge enhancement. As compared to younger doctors, doctors having age 50 years or above were more satisfied with most aspects of their job and lifestyle.

Lavanchy *et al.*(2004) employed multiple regression method to narrow down the factors influencing the satisfaction of British Columbia's rural physicians' with their jobs and life. The study revealed that when value of other variables is kept constant, job satisfaction had the greatest impact on life satisfaction, followed by satisfaction with health (Bovieret *al.* 2009), personal relations and finances. It was also reported that only three job and area feature job satisfaction scores account for 53% of the variance in job satisfaction scores, these were: satisfaction with on-call shifts, place of residence/practice and feeling that one is meeting patient demands. Further, dissatisfied doctors are more likely to suffer from psychological disorders (Ofili *et al.* 2004) and burnout (Pinolet *al.* 2008) as compared to satisfied doctors.

A study of physician assistants (Chi-Ming *et.al.* 2005) suggests a notable association between communication and job satisfaction. The study further elaborated that hierarchy, professional relationships with fellow health care workers, and capability to do ones duty in conjunction with the supervising physician were some of the important environment related factors that influence job and communication satisfaction. Demographic factors influencing job satisfaction included experience, and marital status. Doctors using Electronic Health Record (EHR) are more likely to be satisfied in their practice (Menachemi *et al.* 2009).

Duffy and Richards (2006) in their study of job satisfaction encompassing six different medical specialties observed that although physicians weighed income and security as not major determinants of satisfaction, regression analysis found these along with autonomy, creativity and sense of accomplishment to be significant factors contributing to physician satisfaction.

An inverse relationship of job satisfaction with emotional exhaustion, depersonalization, and a positive relationship with personal accomplishment was reported by Ozyurt *et al.* (2006) among Turkish physicians. The study also reported that in multilevel regression analysis GPs and assistants were less satisfied than specialists and subspecialists, lower level of emotional exhaustion and depersonalization was observed amongst physicians working in the private sector. It was also observed that physicians less than 29 years of age had higher level of emotional exhaustion and depersonalization, concomitantly personal accomplishment and satisfaction was perceived to be significantly lower for these physicians, indicating that younger physicians experience high burnout and low job satisfaction.

Samad (2006) in his study of turnover intentions of Malaysian doctors and another study Hannet *al.* (2010) reported that there exists a low to strong negative and significant relationship between job satisfaction facets of hygiene and motivator factors and turnover intentions and physicians actually leaving practice. Motivator factors and hygiene factors of job satisfaction accounted for 52% and 51 % variance in turnover intentions respectively. Among the motivator factors possibility for growth turned out to be the most important predictor of turnover intentions, followed by work itself, achievement, recognition for achievement and advancement. For the hygiene factors salary emerged as the most important contributor towards turnover intentions, followed by working conditions and status. Organizational settings that foster an environment of mutual trust and support leads to improvement in work satisfaction and mental energy, decreasing exhaustion and turnover rates among physicians (Vultee *et al.* 2007).

Lepnurm *et al.*(2007) examined variables influencing career satisfaction amongst Canadian general practitioners . The researchers observed that small town general practitioners were more satisfied than urban general practitioners. In general factors like: financial equity, teamwork, recognition, organization of work, collegiality, and opportunity to use and enhance various clinical skills contributed towards work satisfaction. Similarly in another study O’Leary *et al.* (2009) reported higher level of satisfaction by polyclinic doctors, in Russia, as compared to their hospital counterparts. Further, it was found that female doctors were more satisfied as

compared to male doctors. No variations were observed among different medical specialties.

Williamset *al.* (2007) found job satisfaction among employees was more in organizations having human resource culture as compared to organizations having bureaucratic structure. In case of patient satisfaction, it was the other way around. Besides, patient satisfaction has been found to be correlated to the cultural aspects of the patient (Ueltschy et al. 2004). A direct relationship between entrepreneurial culture and extra role behavior was also reported.

A cross-sectional questionnaire survey of job satisfaction of Finnish anesthesiologists by Lindfors *et al.* (2007) revealed that respondents had fairly high job satisfaction. No gender differences appeared in terms of overall satisfaction. In both the genders job related factors were major predictors of satisfaction. In case of males job control and organizational justice were the major predictors of satisfaction while in case of females it was only job control which influenced satisfaction.

Non-monetary factors like freedom in decision making, recognition for the work done, opportunities for skill enhancement, security, administrative burden and teamwork influence job satisfaction amongst physicians more significantly as compared to monetary factors (Janus *et al.* 2007).

A direct correlation is reported between individual spirituality and job satisfaction among physicians (Komala and Ganesh, 2007). Due to their spiritual values and beliefs some physicians consider themselves as instruments of divine or higher power (Craigie and Hobbs, 1999) and report having experienced satisfaction from medicine and for their ability to facilitate healing in their patients (Olive, 1995).

Maheshwari *et al.* (2008) reported high level of commitment among state health doctors in the state of Gujrat. However, doctors also indicated disappointment with low level of autonomy in the department with regards to rewards and recognition, accounting procedure, prioritization and synchronization of health care programs and other administrative activities.

A study of job satisfaction by Pillay (2008) in South African physicians working in private health sector found that female physicians, physicians working in large congregates, experience more than 20 years, catering to high proportion of patients covered under insurance and being incentivized to preserve resources were potential indicators of lower satisfaction. Perceived freedom in choosing a course of treatment, favorable outlook towards managed care strategies, remuneration mechanism based upon compensation on service basis and working in small congregates were prognostics of greater work satisfaction.

In a cross national study of affect of monetary and non monetary variables on work satisfaction among doctors in Germany and U.S.A. Janus *et al.* (2008) reported that overall doctors in U.S.A were more satisfied than doctors in Germany. In both the countries physician involvement in making decisions that have an important bearing on their work was observed to be an important correlate of satisfaction. Some of the important factors influencing satisfaction amongst German physicians include opportunities for skill enhancement through education, security of job, level of routine supervisory work, congenial working relationships, and exposure to advanced specialized techniques. On the other hand physicians in U.S.A. perceive along with security of job, compensation, harmonious relationships with colleagues and management as significant influencers of work satisfaction. This study indicates different factors contribute to job satisfaction across nations.

Karsh *et al.* (2010) in their study of employed family physician found social and patient relationships rather than support from colleagues, control over the job, compensation, or time constraints as stronger predictors of satisfaction and commitment.

In a survey conducted by Wisconsin Medical Society (Coleman *et al.* 2015) of the Wisconsin physicians, it was found that physicians were satisfied with practice environment, work-life balance, and income, and were extremely satisfied with rating their ability to provide high quality care. However, study reported burn out, dissatisfaction with the amount of time spent in direct patient and too much time spent on administrative and data entry tasks as potential dissatisfiers. Further, many physicians were not willing to recommend medicine as a profession to a prospective student.

Caloyeras *et.al.* (2016) found physician satisfaction to be a correlate of the perception that physicians may have regarding the quality of care they are able to impart to their patients.

Casalino and Crosson (2015), in their hypothesized model suggest that dissatisfied physicians are more likely to be stressed, burned out, depressed, and/or have poor self-care. This in turn - poor physician well-being and physician dissatisfaction-may lead to diminished physician concentration, effort, empathy, and professionalism, resulting in misdiagnoses, a higher rate of inappropriate referrals and prescriptions, lower patient satisfaction and adherence, and diminished physician performance in unsupervised areas.

2.3 Physician Job Satisfaction: Survey Instruments

The review of literature indicates many instruments for measurement of physician satisfaction Lichtenstein (1984) developed a measure of physician satisfaction scale having seven discriminable facets (satisfaction with resources, self and other directed autonomy, relationships patients and colleagues, position in the hierarchy, and compensation) and is composed of 33 items. Stamps and Cruz have developed (1994) physician job satisfaction measure consisting of six factors, personal issues, resources for practice, review by profession, satisfaction with medicine as a profession, regulatory climate in Massachusetts, and the fact that Massachusetts is a good place to practice. The measure has subscales reliabilities in the range of 0.70 - 0.84.

Mueller and McCloskey (1990) in their satisfaction scale (MMSS) to measure the satisfaction of nurses incorporated 31 items covering 8 facets: (i) extrinsic rewards (ii) scheduling (iii) balance of family and work (iv) co-workers (v) interaction opportunities (vi) professional opportunities (vii) praise and recognition (viii) control and responsibility.

Dentist Satisfaction Scale (DSS) developed by Shugars and Dimatteo (1991) consisted of 11 specific dimensions of job satisfaction: (i) staff (ii) income (iii) professional relations (iv) professional time (v) patient relations (vi) practice management (vii) personal time (viii) professional environment (ix) respect (x) job stress and (xi) delivery of care. Reliability of the scale ranged from 0.60 - 0.92. Williams *et al.* (1999) have documented the development and validation of multidimensional

physician satisfaction measure and a separate global satisfaction measure. The measure is a refinement of the earlier job satisfaction measure proposed by Konrad *et al* (1999). The refined instrument having 36 items consisted of ten factors (autonomy, relationship with colleagues, patient care issues, relationships with patient, relationships with staff, personal time, community, pay, administration, resources, global job satisfaction, global career satisfaction, and global specialty satisfaction).

Bovier and Perneger (2003) developed a seventeen item work satisfaction questionnaire addressing five dimensions of physician job satisfaction: patient care, work related burden, income-prestige, personal rewards and personal relations. The subscale and global measures of the instrument had reliabilities in the range of 0.66 - 0.83.

Japanese Hospital Physician Satisfaction Scale (JHPSS) developed by Ozaki *et al.* (2008) consists of 28 items, 6 subscales: (i) Relationship with other medical doctors (ii) Burden and business (iii) Community (iv) Relationship with co-medical staff (v) Compensation and (vi) Patient care issues and 2 global satisfaction scale measures: (i) Global job satisfaction (ii) Global career satisfaction.

2.4 Observations based on the Review

The existing knowledge base on job satisfaction among doctors in India is dolefully scarce, as such very limited literature is available which may throw some light on this issue. Analysis of the results of the studies conducted at international level have also been contrasting and contradicting in nature, satisfaction levels based on culture and demography vary from region to region, some studies find higher level of satisfaction among female doctors (Swanson *et al.*, 1998; O'Leary *et al.*, 2009; Malik *et al.* 2010) others report male physicians to be more satisfied (Bovier and Perneger 2003; Pillay, 2008), while some other have found no significant difference on the basis of gender (Lindfors *et al.*, 2007). Some studies report older doctors to be more satisfied as compared to younger ones (Bovier and Perneger 2003; Matsumoto *et al.*, 2004; Chi-Ming *et al.*, 2005; Ozyurt *et al.*, 2006.) and in some cases it is the other way round (Pillay, 2008), while in one of the studies Swanson *et al.* 1998 found no significant relationship between job satisfaction and age. As such, there appears to be no conclusive evidence of relationship between age, gender and job satisfaction.

Variety and complexity of work have been found to be strongly related to satisfaction in some studies (Duffy and Richards, 2006; Lepnurm *et al.* 2007) and others have found a weak correlation between the two (Breslau *et al.*, 1978; Swanson *et al.*, 1998; Malik *et al.* 2010). Work context factors, like income, security, resources, work burden, relationship with staff etc. have been reported to be strongly related to satisfaction in some studies (Samad, 2006; Hann *et al.* 2010; Lepnurm *et al.* 2007) while other studies (Breslau *et al.* 1978; Bates *et al.* 1998, Kyle *et al.* 1998; Malik *et al.*, 2010) work content factors such as autonomy, recognition, continuous medical education etc. report as important determinants of satisfaction.

Satisfaction levels have also been found to be related to individual spirituality (Komala and Ganesh, 2007), organizational structure (Williams *et al.* 2007), application of IT (Menachemi *et al.* 2009) and use of specialized technology (Janus *et al.* 2007). Studies by Bates *et al.* 1998; Bovier and Perneger, 2003 have reported variance in satisfaction across specialties, while Swanson *et al.* 1998; O'Leary *et al.* 2009 have reported no significant difference.

A significant positive correlation has been reported between job satisfaction and (i) patient satisfaction (Linn *et al.* 1985) (ii) mental and physical health of doctors (Lavanchy *et al.* 2004; Ofili *et al.* 2004), and a negative correlation is there between physician satisfaction and (i) burnout (Diez-Pinol *et al.* 2008) (ii) turnover (Samad, 2006; Vultee *et al.* 2007; Hann *et al.* 2010). It is evident that there are many contradicting and conflicting issues which can be focused and deliberated upon and therefore there is enough scope for research in this area.

2.5 Developing the Hypotheses

On the basis of literature review following hypotheses can be formulated:

H₁: Demographic factors will have a significant impact upon physician job satisfaction.

Numerous studies have been conducted to investigate the role of demographic variables on physician job satisfaction. Some studies report higher level of satisfaction among female doctors (Swanson *et al.*, 1998; O'Leary *et al.*, 2009; Malik *et al.* 2010)

others report male physicians to be more satisfied (Bovier and Perneger 2003; Pillay, 2008), while some other have found no significant difference on the basis of gender (Lindfors *et al.*, 2007). Some studies report older doctors to be more satisfied as compared to younger ones (Bovier and Perneger 2003; Matsumoto *et al.*, 2004; Chi-Ming *et al.*, 2005; Ozyurt *et al.*, 2006.) and in some cases it is the other way round (Pillay, 2008), while in one of the studies Swanson *et al.* 1998 found no notable association between work satisfaction and age. As such, there appears to be no certain and conclusive evidence of relationship between age, sex and job satisfaction.

H₂: Work context factors will have significant impact upon physician job satisfaction

Chi-Ming *et al.* (2005) suggests a notable association between communication and job satisfaction. The study further elaborates that hierarchy, professional relationships with fellow health care workers, and capability to do ones duty in conjunction with the supervising physicians were some of the important environment related factors that influence job and communication satisfaction.

Karsh *et al.* (2010) covering employed family physician found that social and patient relationships rather than support from colleagues, control over the job, compensation, or time constraints are stronger predictors of satisfaction and commitment.

H₃: Work content factors will have significant impact upon job satisfaction

Non-monetary factors like freedom in decision making, recognition for the work done, opportunities for skill enhancement, security, administrative burden and teamwork influence job satisfaction amongst physicians more significantly as compared to monetary factors (Janus *et al.* 2007).

Caloyeras *et al.* (2016) found physician satisfaction to be an associate of the perception that physicians may have regarding the quality of care they are able to impart to their patients.

H₄: Gender will have significant impact upon different facets of job satisfaction

Swanson *et al.* (1998) while comparing the general practitioners on the basis of gender reported that age, complexity of roles and specialties were not related to job

satisfaction. It also concluded that female general practitioners and consultants reported higher satisfaction as compared to male counterparts. Malik *et al.* (2010) found that for women complex and interesting jobs are more important and these factors are major contributors towards their job satisfaction. While for males autonomy is more important. Female doctors are more satisfied as compared to male doctors, as female doctors are more adept at managing their work and life responsibilities, have low burnout level and experience more job satisfaction and ultimately resulting in lesser turnover.

H₅: Practice type will have significant impact upon different facets of satisfaction.

Bates *et al.* (1998) observed a significant difference in sources and magnitude of physician work satisfaction across medical specialty, practice setting and financial arrangements. Matsumoto *et al.* (2004) in a study of Japanese rural doctors' satisfaction observed them to be satisfied with their work and lives. Lavanchy *et al.* (2004) in a study of rural physicians of British Columbia found that other variables being kept constant job satisfaction greatly impacts life satisfaction.

H₆: Experience will have significant impact upon different facets of satisfaction.

Chi-Ming *et al.* (2005), elaborates that overall position in the hospital, relationships with coworkers (doctors, nurses and other medical staff), and ability to perform his/her duties while working with the supervising physician were the major environmental factors that influenced job satisfaction. In addition, the number of working years, and marital status were other important factors influencing job satisfaction.

An inverse relationship of job satisfaction with emotional exhaustion, depersonalization, and a positive relationship with personal accomplishment was reported by Ozyurt *et al.* (2006) among Turkish physicians. The study also reported that in multilevel regression analysis General Practitioners and assistants were less satisfied than specialists and subspecialists, lower level of emotional exhaustion and depersonalization was observed amongst physicians working in the private sector. It was also observed that physicians less than 29 years of age had higher level of emotional exhaustion and depersonalization, concomitantly personal accomplishment

and satisfaction was perceived to be significantly lower for these physicians, indicating that younger physicians experience high burnout and low job satisfaction.

H₇: Time in current position will have significant impact upon different facets of satisfaction.

A study of job satisfaction by Pillay (2008) in South African physicians working in private health sector found that female physicians, physicians working in large congregates, experience more than 20 years, catering to high proportion of patients covered under insurance and being incentivized to preserve resources were potential indicators of lower satisfaction.

A study by Chi-Ming *et al.*(2005), elaborates that overall position in the hospital, relationships with coworkers (doctors, nurses and other medical staff), and ability to perform his/her duties while working with the supervising physician were the major environmental factors that influenced job satisfaction. In addition, the number of working years, and marital status were other important factors influencing job satisfaction.

H₈: Specialty will have significant impact upon different facets of satisfaction

Significant differences in sources and magnitude of physician work satisfaction across medical specialty, practice setting, and financial arrangements were observed in a study conducted by Bates *et. al.* (1998). Swanson *et al.*(1998) reported that complexity of the role, age, and medical specializations were not related to job satisfaction.

H₉ : There will be no variation in job satisfaction across specialties.

Duffy and Richards (2006) in their study of job satisfaction encompassing six different medical specialties observed that although physicians weighed income and security as not major determinants of satisfaction, regression analysis found these along with autonomy, creativity and sense of accomplishment to be significant factors contributing to physician satisfaction.

In another study O'Leary *et al.* (2009) reported higher level of satisfaction by polyclinic doctors, in Russia, as compared to their hospital counterparts. Further, it

was found that female doctors were more satisfied as compared to male doctors. No significant differences in terms of specialty were detected.

H₁₀: There will be no variation in job satisfaction among doctors employed in Government and Private hospitals.

An inverse relationship of job satisfaction with emotional exhaustion, depersonalization, and a positive relationship with personal accomplishment was reported by Ozyurt *et al.* (2006) among Turkish physicians. The study also reported that in multilevel regression analysis GPs and assistants were less satisfied than specialists and subspecialists, lower level of emotional exhaustion and depersonalization was observed amongst physicians working in the private sector.

Breslau *et al.* (1978) have reported that the physicians working under traditional practice showed greater satisfaction with the work activity, with co-workers and with income as compared with physicians working under modern settings. Further, variety and complexity of work (scope of diagnostic procedures, estimated length of visits, delegation of patient care tasks to non physicians, and delegation of routinized tasks) is only weakly related to satisfaction with work. However, autonomy measured in terms of public or private ownerships of the team along with above four factors was observed to be significantly affecting job satisfaction.

Physicians in health maintenance organizations reported notable freedom in prescribing tests as compared to private practitioners and as such they perceived as a notable contributor towards their satisfaction (Bates *et.al.*, 1998).

2.6 Research Gaps and Rationale of the Study

Physician satisfaction has been found to be positively correlated to patient satisfaction (Linn *et al.*, 1985) and negatively correlated to burnout, turnover, psychological disorders among doctors (Ozyurt *et al.* 2006; Samad, 2006; Vultee *et al.* 2007; Hann *et al.*, 2010). These may have severe implications in the Indian context, as there is already a huge shortage of doctors', moreover expenses on treatment are mostly met from out of pocket (private). In addition there is high cost of training the doctors. Thus low physician job satisfaction may cause serious cost to organized health delivery system in the garb of low morale, substantial turnover, lower productivity and lower quality of care.

The present study will focus on identifying the factors that contribute towards physician job satisfaction in the Indian context and to determine the level of satisfaction among the physicians working in the tertiary care hospitals in North-Western region of India. The study will further compare the levels of satisfaction among doctors employed in public sector hospitals with those employed in private sector hospitals.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

In this chapter, the framework and research methodology to be employed are explained. It begins with revisiting the need and relevance of the study, proposed research model leading to research questions to be examined. This is followed by the description of the research variables. The stages leading to the development of the survey instruments have also been described.

3.1 Need and Relevance of the Study

Indian healthcare system comprises of many actors and organizations intertwined in a fragile and changing relationships. The existing understanding about physicians' insight of their job is significantly insufficient in Indian milieu. There is not much understanding about what drives and fulfills physicians about the practice of medicine or what influences their behavior.

Therefore, as stated in the first chapter, this study is intended to gain a thorough understanding of the factors that influence physician job satisfaction in the Indian context. The group of physicians comprise of those working in tertiary care hospitals in the Government or Private hospitals.

Since, availability of survey instrument is constrained on account of sparse work done in the area of physician satisfaction in India. The present study would be carried out through the survey instrument specifically developed for the purpose.

3.2 Scope of the Study

The current research was conducted to assess the factors affecting satisfaction of physicians working in tertiary care hospitals (Government, Private and having own hospitals). As such the study is dedicated only to those physicians who were associated with tertiary care hospitals. Since, the study was limited to five specialties orthopedics, general surgery, medicine, pediatrics and gynecology. The data was collected through stratified random sampling. Information obtained from 500 filled survey instruments was used for analysis.

3.3. Objectives of the Study

The study is based on the following objectives:

1. (a) To identify and study the relationship between the factors (demographic, contextual and content) associated with physicians' job satisfaction.
(b) To study the impact of gender, practice type, experience, time in current position and specialty on different facets of physicians' job satisfaction.
2. To study the difference in perception of job satisfaction across specialties (orthopedics, general surgery, medicine, pediatrics and gynecology).
3. To study the difference in perception of job satisfaction among doctors employed in private hospitals and doctors working in private hospitals.

3.4 Theoretical Framework

The study of factors affecting physician satisfaction is quite extensive in the international arena. The conceptual framework (Figure 3.1) for this study on Indian Physician job satisfaction is drawn from the available literature on physician job satisfaction available elsewhere. As already stated physician satisfaction is believed to be multifaceted and is influenced by many variables. The model assumes physician satisfaction to be dependent upon factors like autonomy (Aut), relationship with co-workers (RCO), relationship with staff (RS), delivery of care (DoC), relationship with community (RC), resources (R), personal time (PT) and remuneration (ER). Autonomy refers to clinical freedom that physicians have in treatment planning and execution. Relationship with co-workers, staff and community intends to cover the social support mechanism that may have an impact upon the physician satisfaction. Delivery of care deals with systems that facilitate availability of adequate care to the patients. Remuneration refers to the compensation that physicians receive on account of the services rendered, this may include salary or fee for services rendered. Availability of personal time and resources is self explanatory. The model so developed is presented in the form of figure 3.1 below.

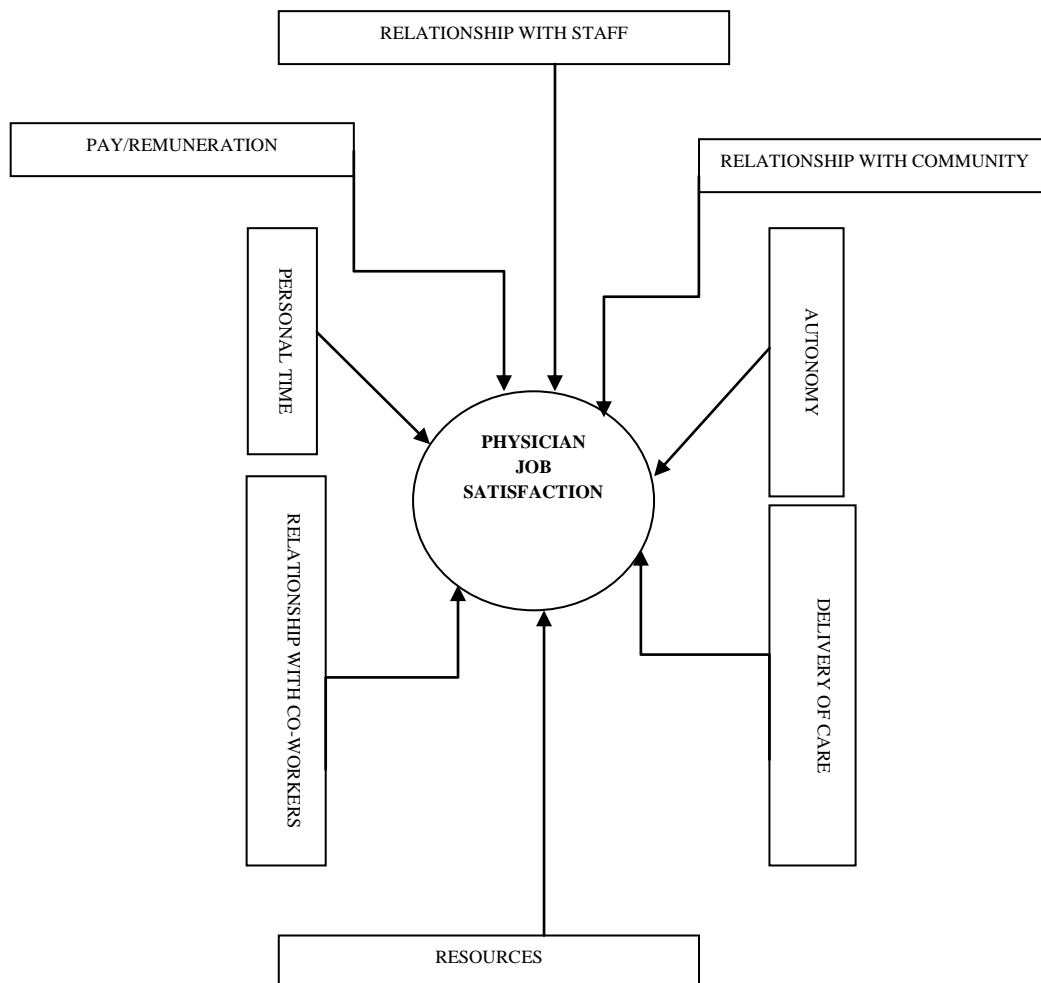


Figure 3.1: Theoretical model for predicting Indian physician job satisfaction

3.4.1 The Dependent and Independent Variables

In this study physician job satisfaction is an independent variable as it is hypothesized to be initiated by other factors like autonomy, availability of resources, relationship with community, coworkers and staff etc.

The independent variables to be examined are derived from review of literature. These variables comprise of factors like gender, age, time in current position, autonomy, personal time, availability of resources, pay/remuneration, delivery of care, relationship with staff, community and coworkers.

3.5 Selection of Sample

The data was collected from 500 doctors working in tertiary care hospitals in the North-Western region of India. Self developed (Mehta and Kiran, 2014) survey instrument was used to collect primary data. Stratified random sampling technique was used for data collection.

3.5.1 Sample size determination

To arrive at appropriate sample size, the study uses the formula as suggested by Scott (2013).

$$n = (z^2 * \sigma^2) / ME^2$$

Where n = sample size

z = standard normal random variate (z score)

σ = variance

ME = Margin of error

Hence, calculations at 95% level of confidence work out to be as under:

$$\begin{aligned} n &= [(1.96)(1.96) (0.24)(0.24)] / [(0.03)(0.03)] \\ &= 245.89 \approx 246 \end{aligned}$$

As such a sample of 500 was considered to be adequate. The sample size was approved by the doctoral research committee as well.

3.6 Sources of Data

3.6.1 Primary Sources

The self structured survey questionnaires were used for the collection of primary data. The time frame for data collection was January 2013 to October 2013. A total of 1286 questionnaires were distributed and (after ignoring ineligible responses) responses from 500 physicians were taken up for further analysis. Response rate therefore was thirty nine percent.

3.6.2 Secondary Sources

The secondary data for the study was obtained through various websites (like WHO, UNO etc.) as well as from various journals. Further, various reports, databases were referred for gathering secondary data.

3.7 Details of the Survey Questionnaire

The data was collected through a self developed survey instrument to understand the factors contributing to physicians' satisfaction. The questionnaire begins with information related to demographic profile of the respondents i.e. gender, qualifications, experience, time in current position and specialty.

The second part of the instrument measures the respondents' attitude towards various satisfaction facets like autonomy, relationship with staff, relationship with coworkers, availability of resources, relationship with community, pay/remuneration, and availability of personal time. The last part of the questionnaire measures overall job and career satisfaction of the respondents.

The respondents were requested to mark their responses corresponding to adequate demographic characteristics. Respondents were requested to mark their responses on a five point Likert scale for second and third part of the instrument, with 1 being completely dissatisfied and 5 being completely satisfied. The questionnaires were distributed to 1286 physicians and response from 500 physicians was used for further analysis.

3.8 Developing the Survey Questionnaire

As already stated the survey questionnaire for the study was self structured and validated, the process followed is described in detail in the coming sections.

3.8.1 Initial item pool

Literature review was used to initially identify sixty seven items representing eleven factors [Table 3.1(a)] for evaluating different facets of job satisfaction. Three factors consisting of fifteen items for predicting global satisfaction were also identified [Table 3.1 (b)].

Table 3.1 (a): Initial Item Pool

	Autonomy
AT1	My present position gives me an opportunity to provide full range of services for which I am trained (Konrad et al 1998).
AT2	My present position allows me to set the pace of my work (Lichtenstein 1984).
AT3	My present position allows me to receive inputs into my decisions affecting patient care

	(Lichtenstein 1984).
AT4	Non Physicians are not permitted/allowed to question my professional judgment (Lichtenstein 1984).
AT5	Make changes in the ways work is carried out (Lichtenstein 1984).
AT6	My present position doesn't require reporting my activities to non physicians/non practicing physicians (Lichtenstein 1984).
AT7	My present position doesn't involve receiving instructions from non physicians/non practicing physicians (Lichtenstein 1984).
	Relationship with Co-workers (Doctors and Physicians only)
RCO1	I am at ease in discussing difficult cases with co-workers (Lichtenstein 1984; Stamps and Cruz 1994; Konrad et al 1998).
RCO2	I am at ease in communicating with physicians with whom I share patients (Lichtenstein 1984; Stamps and Cruz 1994; Konrad et al 1998).
RCO3	I am treated with respect in the local medical community (Konrad et al 1998).
RCO4	I share harmonious relations with my co-workers (Ozaki, Bito, and Matsumara 2008).
RCO5	My co-workers support me in maintaining work family balance (Stamps and Cruz 1994; Konrad et al 1998; Ozaki, Bito, and Matsumara 2008).
	Relationships with Staff
RS1	There is an atmosphere of mutual help and support (Konrad et al 1998; Cooper, Watts and Kelly 1987).
RS2	People in administration are respected.
RS3	I am treated with respect by the non physician staff.
RS4	I share harmonious relations with non physician staff (Konrad et al 1998).
RS5	My non physician staff supports me in maintaining work family balance (Konrad et al 1998).
RS6	My staff provides me with professional stimulation (Konrad et al 1998; Williams et al 1999; Ozaki, Bito and Matsumara 2008).
RS7	Non-physicians are supportive and accommodating (Konrad et al 1998; Williams et al 1999; Ozaki, Bito and Matsumara 2008).
	Relationships with Patients
RP1	Non Compliance by patients is not a major irritant (Konrad et al 1998).
RP2	As and when my patients need me I am easily accessible (Konrad et al 1998).
RP3	I am not frequently exposed to physical reprisal from the patients/their relatives (Lichtenstein 1984).
RP4	Sufficient time is available for developing cordial relationships with the patients (Konrad et al 1998; Ozaki, Bito, Matsumara 2008).
RP5	I face no problem in relating with patients (Shuggars et al 1991).
RP6	I consider my relationships with patients very satisfying (Shuggars et al 1991).
RP7	I enjoy interacting with patients (Shuggars et al 1991).
	Delivery of Care/Intrinsic Factors

DOC1	I am able to practice the way I want to (McGlynn 1988).
DOC2	In my absence, my patients will not get the care they need (Konrad et al 1998).
DOC3	I am able to use full range of my skills in my practice (McGlynn 1988; Konrad et al 1998).
DOC4	Diagnostic and treatment planning are the most satisfying components of my job Shuggars 1991).
DOC5	I am extremely pleased with the technical quality of my work (McGlynn 1988).
DOC6	What I do daily makes a difference in my patients' lives (Konrad et al 1998).
DOC7	My job provides me with enough intellectual stimulation (Konrad et al 1998).
DOC8	Expression of gratitude by my patients keeps me going (Konrad et al 1998; Williams et al 1999).
DOC9	I believe I am having a positive impact on needy population (Konrad et al 1998).
	Relationships with community
RC1	I have a sense of belonging for the community where I work (Konrad et al 1998; Williams et al 1999; Ozaki, Bito, Matsumara 2008).
RC2	Me and my family are strongly linked with the community where I work (Konrad et al 1998; Williams et al 1999; Ozaki, Bito, Matsumara 2008).
RC3	My community where I work respects me (Lichtenstein 1984; Konrad et al 1998).
RC4	My community provides adequate opportunities for me (Lichtenstein 1984; Konrad et al 1998).
	Pay/Remuneration/Earnings
ER1	My earning is sufficient to provide for my family and education for my children (Koslowsky, Bailit, Valluzzo 1974; Konrad et al 1998).
ER2	My present earning ensures bright prospects for future financial security (Konrad et al 1998).
ER3	I perceive, the compensation I receive as fair (Stamps and Cruz 1984; Konrad et al 1998, Williams et al 1999; Komatsu 2006; Ozaki, Bito, Matsumara 2008).
ER4	Competition among doctors is not a threat to my financial future (Konrad et al 1998).
ER5	As compared to physicians from other specialties, I am well compensated (Shuggars 1991; Konrad et al 1998; Williams et al 1999; Ozaki, Bito, Matsumara 2008).
	Administration
AD1	Administrators are available to handle administration related problems (Lichtenstein 1984).
AD2	Vacant positions are filled within 2 months (Lichtenstein 1984).
AD3	Supervision takes up very small proportion of my time (Konrad et al 1998).
AD4	Administrative work is not a burden on me (Konrad et al 1998).
	Resources
R1	I have sufficient nurses, aides or technicians to perform the requisite functions (Lichtenstein 1984).
R2	I can confidently delegate specific clinical tasks to nurse practitioners, physicians' assistants (Lichtenstein 1984).
R3	I have sufficient numbers of secretaries or clerks available for clerical tasks (Lichtenstein 1984).

R4	Pharmaceutical supplies are available when I need them (Lichtenstein 1984, Konrad et al 1998; Williams et al 1999).
R5	Other supplies I need are readily available (Lichtenstein 1984).
R6	Examination room equipment is in working order (Lichtenstein 1984; Konrad et al 1998; Williams et al 1999).
R7	Emergency equipment is ready to use (Lichtenstein 1984).
R8	Sufficient space is available to examine the patients (Lichtenstein 1984; Konrad et al 1998; Williams et al 1999).
R9	Funds for making improvements are available (Lichtenstein 1984).
R10	I can delegate routine clinical tasks (BP measurement, pulse rate temperatures etc.) to nurses (Lichtenstein 1984).
R11	Adequate equipment is available to carry out my work smoothly (Lichtenstein 1984).
R12	Patients have adequate access to requisite social services (Stamps and Cruz 1994; Konrad et al 1998).
	Personal Time
PT1	Sufficient time is available to me for my personal life (Koslowsky, Bailit, Valluzzo 1974; Williams et al 1999).
PT2	Sufficient time is available to me for leisure activities (Koslowsky, Bailit, Valluzzo 1974).
PT3	I do not feel rushed by the pace of my work (Konrad et al 1998).
PT4	Sufficient time is available to me for my family (Konrad et al 1998).
	Spirituality
S1	My profession makes me believe that I am a chosen instrument of a divine or higher power destined to facilitate healing in the lives of sufferers (Komala, Ganesh 2007).
S2	My profession gives me a feeling of being authentic, an awareness of alignment between my values and beliefs and my work and a belief that I am engaged in meaningful work that has a higher purpose (Komala, Ganesh 2007).
S3	My profession gives a feeling of spiritual presence characterized by a sense of connection to something larger than self, such as higher power (Komala, Ganesh 2007).

Note: From “Indian Physician Job Satisfaction Scale: Development and Validation” by P.Mehta and R.Kiran, 2014, *Studies on Ethno-medicine*, 8(3), 296-297

Table 3.1 (b): Global Job Satisfaction

	Job Satisfaction
JS1	Overall I am satisfied with my work (Stamps and Cruz 1994; Konrad et al 1998; Ozaki, Bito, Matsumara 2008).
JS2	Knowing what I know now, I would, without any hesitation choose the same position if I had to decide all over again (Cooper, Watts and Kelly 1987; Konrad et al 1998).
JS3	The position I am in measures up to the sort of position I had aspired (Konrad et al 1998).

Specialty Satisfaction	
SS1	My specialty provides me with adequate the job security as it once did (Konrad et al 1998).
SS2	Practice in my specialty has the same appeal to me as it used to have earlier (Konrad et al 1998).
SS3	In general practice in [clinical] specialty has measured up to my expectations (Konrad et al 1998).
SS4	If I were to start my career again, I would choose my current specialty (Konrad et al 1998).
SS5	I would recommend my specialty to a physician student seeking career advice (Konrad et al 1998).
SS6	I cannot imagine myself practicing in a different clinical specialty (Konrad et al 1998).
Career Satisfaction	
CS1	I stay in medicine because I want to (not because there is no easy way for me to move to another type of work) (Stamps and Cruz 1994; Konrad et al 1998).
CS2	My career in medicine is appealing to me now as when I started (Konrad et al 1998).
CS3	If, I were to choose over again I would still become a physician/doctor (Stamps and Cruz 1984; Cooper, Watts, Kelly 1987; Konrad et al 1998).
CS4	All things considered I am satisfied with my career as a physician (Shuggars et al 1991; Konrad et al 1998; Ozaki, Bito, Matsumara 2008).
CS5	In general, my medicine career has measured up to my expectations (Konrad et al 1998; Ozaki, Bito, Matsumara 2008).
CS6	I would recommend medicine as a career to others (Shuggars et al 1991; Konrad et al 1998).

Note: From “Indian Physician Job Satisfaction Scale: Development and Validation” by P.Mehta and R.Kiran, 2014, *Studies on Ethno-medicine*, 8(3), 298

3.8.2Pre-pilot study (Content Validity)

Focus group discussion and pre-pilot study was carried out for content validation of the scale. 52 respondents (26 doctors and 26 practicing human resources professionals) were involved in pre-pilot study. In order to identify the critical factors contributing to job satisfaction the respondents were requested to rate all the 11 factors corresponding to different facets of physician job satisfaction on a 5 point scale (from least important to most important). They were then requested to categorize the items into factors as per they deemed fit. The factors which were rated 3 and above by 80% or more of the respondents were considered for further study (Table 3.2) similarly

items which were categorized into a particular factor by 80% or more of the respondents were included while others were rejected.

Table 3.2: *Pre-pilot Frequency Distribution for Physician Job Satisfaction Factors*

Factor	Rating	Frequency	Percent	Valid Percent	Cumulative Percent
Autonomy	1				
	2	2	3.8	3.8	3.8
	3	3	5.8	5.8	9.6
	4	28	53.8	53.8	63.5
	5	19	36.5	36.5	100.0
	Total	52	100.0	100.0	
Relationship with co-workers	2	2	3.8	3.8	3.8
	3	5	9.6	9.6	13.5
	4	26	50.0	50.0	63.5
	5	19	36.5	36.5	100.0
	Total	52	100.0	100.0	
Relationship with staff	2	2	3.8	3.8	3.8
	3	4	7.7	7.7	11.5
	4	22	42.3	42.3	53.8
	5	24	46.2	46.2	100.0
	Total	52	100.0	100.0	
Relationship with patients	2	3	5.8	5.8	5.8
	3	5	9.6	9.6	15.4
	4	33	63.5	63.5	78.8
	5	11	21.2	21.2	100.0
	Total	52	100.0	100.0	
Delivery of Care	3	3	5.8	5.8	5.8
	4	20	38.5	38.5	44.2
	5	29	55.8	55.8	100.0
	Total	52	100.0	100.0	
Relationship with community	1	1	1.9	1.9	1.9
	2	1	1.9	1.9	3.8
	3	4	7.7	7.7	11.5
	4	26	50.0	50.0	61.5

	5	20	38.5	38.5	100.0
	Total	52	100.0	100.0	
Remuneration	1	1	1.9	1.9	1.9
	2	1	1.9	1.9	3.8
	3	4	7.7	7.7	11.5
	4	24	46.2	46.2	57.7
	5	22	42.3	42.3	100.0
	Total	52	100.0	100.0	
Administration	1	17	32.7	32.7	32.7
	2	32	61.5	61.5	94.2
	3	2	3.8	3.8	98.1
	4	1	1.9	1.9	100.0
	Total	52	100.0	100.0	
Resources	2	1	1.9	1.9	1.9
	3	4	7.7	7.7	9.6
	4	21	40.4	40.4	50.0
	5	26	50.0	50.0	100.0
	Total	52	100.0	100.0	
Personal time	2	3	5.8	5.8	5.8
	3	5	9.6	9.6	15.4
	4	24	46.2	46.2	61.5
	5	20	38.5	38.5	100.0
	Total	52	100.0	100.0	
Spirituality	1	26	50.0	50.0	50.0
	2	21	40.4	40.4	90.4
	3	3	5.8	5.8	96.2
	4	2	3.8	3.8	100.0

Note: From “Indian Physician Job Satisfaction Scale: Development and Validation” by P.Mehta and R.Kiran, 2014, *Studies on Ethno-medicine*, 8(3), 299

In consonance with the above defined criteria two factors namely Administration and Spirituality along with their corresponding items were removed from the proposed scale.

As there was no ambiguity and no modifications suggested during the focus group discussion with respect to overall/global job satisfaction of physicians, all the three factors-job satisfaction, specialty satisfaction and career satisfaction-and their representative items were taken up for pilot study.

3.8.3 Pilot Study

Pilot survey involving 50 physicians (35 males; 15 females; 7 having their own hospital; 21 working in Government hospital; 22 working in private hospitals 22; 46 post graduates; 4 doctorates; 30 having experience 6 years and above; 9 having experience 3 years to less than 6 years; 11 having experience less than 3 years; 6 Gynecologists; 7 Pediatricians; 26 Medical specialists; 8 General surgeons; 3 Orthopedicians) was conducted with the purpose to establish reliability of the factors. The questionnaire was distributed and collected personally as well as through email from the respondents primarily from the north-western region of India. The responses obtained on a five point scale (completely disagree to completely agree) were recorded.

3.8.3.1 Analysis: Facet Satisfaction Scale

Cronbach's alpha was employed as an internal consistency measure for each of the nine factors and three global satisfaction factors. Value of Cronbach's alpha greater than or equal to 0.70 is considered to be satisfactory. As already stated, two factors - Administration and Spirituality were removed from the study on the basis of pre-pilot, reliability analysis for the remaining factors was conducted using SPSS. Review of the reliability results (Table 3.4) indicated that two factors - autonomy (0.621) and relationship with patients (0.322) had Cronbach's alpha less than 0.70. However, since literature indicates (Lichtenstein 1984; Konrad *et al* 2003) autonomy to be a significant parameter affecting satisfaction it was as such retained for further study, relationship with patients however was removed on account of very low reliability. Similarly, specialty satisfaction was also not considered as Cronbach's alpha was less than 0.70.

Further, items AT4 (Non physicians are not permitted/allowed to question my professional judgment), RS2 (people in administration are respected), ER4 (Competition among doctors is not a threat to my financial future) and ER 5 (As

compared to physicians from other specialties I am well compensated) having low inter-item correlation of -0.008, 0.292, -0.126 and 0.201 respectively corresponding to autonomy, relationship with staff and employee earnings were removed from the survey instrument.

The reliability of the resulting facet satisfaction scale after removing the superfluous items was found to be 0.918.

Table 3.3: Summary of the Cronbach's alpha for Various Facets of Job Satisfaction Scale

Factor	Reliability (pilot study)	Remarks
i. Autonomy	0.621	One item deleted
ii. Relationship with Co-workers (Doctors and Physicians only)	0.820	
iii. Relationships with Staff	0.860	One item deleted
iv. Relationships with Patients	0.322	Deleted from the scale
v. Delivery of Care/Intrinsic Factors	0.802	
vi. Relationships with community	0.866	
vii. Pay/Remuneration	0.917	Included, two items deleted.
viii. Resources	0.895	
ix. Personal Time	0.905	One item deleted

Note: From "Indian Physician Job Satisfaction Scale: Development and Validation" by P.Mehta and R.Kiran, 2014, *Studies on Ethno-medicine*, 8(3), 300

3.8.3.2 Overall Satisfaction Scale

The reliability analysis of the items constituting job, specialty and career satisfaction was carried out to identify the items representing these factors.

Job Satisfaction

This factor measures satisfaction with the job. Three items having significant item-total correlation and representing factor job satisfaction had Cronbach's alpha equal to 0.925 (Table 3.3).

Specialty Satisfaction

This factor attempts to understand the satisfaction of the physicians with their specialty. The factor was represented by six items. Since, Cronbach's alpha for this scale was 0.544 (Table 3.4) and as item-total statistic indicated no further improvement in reliability, the scale was dropped and not used.

Career Satisfaction

Whilst job satisfaction attempts to understand the satisfaction of the physicians with the present position/job, career satisfaction attempts to understand and evaluate the satisfaction of the physicians with the progression of their career. Cronbach's alpha of the scale was 0.812. CS1 having very low inter-item correlation (-0.038) was dropped from the scale. Cronbach's alpha after removing item CS1 increased to 0.908 (Table 3.4). Overall reliability of the combined scale representing job and career satisfaction was 0.934.

Subsequent to the pilot study the proposed Indian Physician Job Satisfaction Scale comprised of forty eight items representing eight facets of satisfaction and two global satisfaction measures having eight items. The Cronbach's alpha for the complete scale comprising of facet, job and career satisfaction was .931.

Table 3.4: Summary of Cronbach's alpha for Overall Job Satisfaction Measure

	Reliability (Pilot study)	Remarks
i. Job Satisfaction	0.925	
ii. Specialty Satisfaction	0.544	Deleted from the scale
iii. Career Satisfaction	0.908	1 item deleted

Note: From "Indian Physician Job Satisfaction Scale: Development and Validation" by P.Mehta and R.Kiran, 2014, *Studies on Ethno-medicine*, 8(3), 300

3.8.4 Validation

Data collected from 500 physicians from January 2013 to October 2013 was used to validate the scale [331 males, 169 females, 70 having own hospital, 201 employed in Government hospital, 229 employed in private hospital, 468 post graduates and 32 were doctorate. 151 were having experience 0 to less than 3 years, 116 having experience 3 to less than 6 years, 233 having experience 6 years and above, 225 having spent time in current position 0 to less than 3 years, 95 having spent time in current position 3 years to less than 6 years, 180 having spent time in current position 6 years and above, 71 gynecologists, 66 pediatricians, 217 practicing medicine as specialty, 87 general surgery and 59 orthopedicians. Questionnaire was distributed and collected personally as well as through email.

3.8.4.1 Analysis: Facet Satisfaction

In order to reconfirm the selection of items and to reassure that there was no cross loading 55 item measure (comprising of eight satisfaction facets and two global satisfaction measures) obtained through pre-pilot and pilot study was put to confirmatory factor analysis with varimax rotation. The KMO measure representing sampling adequacy was 0.719 and the Bartlett's test of sphericity was less than 0.001, which were acceptable (Kaiser 1974).

The Factor analysis (Table 3.5) gave an eight factor solution with 48 items prompting some rearrangement of the items viz-a-viz pilot study. Factor loading of 0.40 was accepted as adequate (McCroskey and McCain 1978). All the items relating to autonomy; relationship with co-workers; relationship with community; employee remuneration; and personal time had satisfactory loadings on their respective factors. Whilst, RS7 (Non-physicians are supportive and accommodating) cross loaded between relationship with co-workers and delivery of care, R2 (I can confidently delegate specific clinical tasks to nurse practitioners, physicians' assistants) cross loaded between relationship with co-workers and resources, DOC1 (I am able to practice the way I want to.) cross loaded between delivery of care and autonomy, and DOC3 (I am able to use full range of my skills in my practice) again cross loaded between delivery of care and autonomy and as such all these were deleted from the scale.

However, item DOC4 (Diagnostic and treatment planning are the most satisfying components of my job) cross loaded between relationship with co-workers, autonomy and delivery of care. Since, it was believed to be a significant item by the researcher and as it was considerably well loaded on ‘relationship with co-workers’ therefore it was included as an item for same.

Table 3.5: Validation using EFA-Rotated Component Matrix

	Component							
	1	2	3	4	5	6	7	8
AT1	.186	.262	.118	.149	.681	.101	.100	-.052
AT2	.315	.296	-.068	.293	.613	.070	.202	.011
AT3	.241	.175	.043	.070	.411	-.284	-.172	.227
AT5	-.001	.128	.122	-.083	.758	.019	.183	.109
AT6	-.040	.059	-.127	.165	.154	.017	-.009	.802
AT7	-.166	.081	-.072	-.008	-.166	-.035	.161	.833
RCO1	.717	-.051	.007	-.098	.264	-.051	-.098	-.069
RCO2	.683	.014	.082	-.144	.171	.069	-.097	-.021
RCO3	.708	-.009	.377	.010	.082	-.053	.092	-.074
RCO4	.679	.084	.269	-.014	-.121	.069	.089	.195
RCO5	.647	-.023	.201	.097	.007	.017	.226	-.037
RS1	.035	.035	.260	-.023	.003	.099	.718	-.171
RS2	.045	.245	.100	.193	.267	.202	.482	-.077
RS3	.175	.114	.357	-.012	.034	.012	.716	-.022
RS4	.318	-.001	.295	.082	.078	.062	.715	.042
RS5	.387	-.023	.213	.011	.092	.026	.726	.011
RS6	.130	-.033	.239	-.006	.081	.140	.791	.051
RS7	.452	-.055	.409	.147	.110	.103	.286	.054
DOC1	.156	.053	.514	.190	.505	.114	-.020	-.190
DOC2	-.020	-.077	.605	-.071	.324	.198	-.301	.065
DOC3	.209	.221	.441	.029	.539	.118	-.158	-.137
DOC4	.501	.175	.271	.014	.413	.000	-.157	-.174
DOC5	.400	.094	.702	-.107	.267	-.043	-.027	-.080
DOC6	.173	.053	.674	-.010	.092	.155	.207	-.142
DOC7	.052	-.232	.423	-.204	-.016	-.054	-.337	.056
DOC8	.154	.038	.779	-.049	.019	.020	-.047	.038
DOC9	.317	-.006	.760	.042	.004	.116	.079	.089
RC1	.427	.003	.068	.196	-.082	.252	.256	.607
RC2	.161	.044	-.107	.111	.067	.176	.129	.581
RC3	.381	.103	.050	.102	.025	.176	.234	.622

RC4	.217	.124	-.027	.169	.164	.270	.392	.478
ER1	.131	.168	.384	.166	-.041	.745	.109	.007
ER2	.100	.180	.243	.216	-.029	.776	.159	-.057
ER3	.130	.194	.186	.372	.012	.633	.169	-.028
R1	-.084	.648	.146	.233	.098	-.272	-.108	-.097
R2	.406	.402	-.014	.336	-.136	.014	-.022	-.141
R3	-.025	.614	-.111	.386	.076	-.112	-.108	.096
R4	.174	.806	.032	.021	-.050	.143	.051	-.166
R5	.064	.817	-.156	.044	-.006	.128	.021	-.216
R6	.182	.758	.103	-.042	.166	.300	-.128	.015
R7	.061	.721	.092	-.135	.199	.008	.223	.113
R8	.091	.770	.157	.004	.129	.170	-.018	.069
R9	-.239	.698	.070	-.075	.235	.073	.243	.162
R10	.099	.459	.108	.385	-.070	-.456	-.148	.171
R11	-.047	.587	.095	.246	.295	-.095	-.106	.214
R12	-.054	.456	.261	.226	.289	-.153	.354	.180
PT1	-.031	.172	.075	.808	.083	-.036	.019	.156
PT2	-.060	.032	.074	.868	.089	.175	.065	-.028
PT4	.053	.010	.056	.844	.070	.260	.050	-.058

Note: From “Indian Physician Job Satisfaction Scale: Development and Validation” by P.Mehta and R.Kiran, 2014, *Studies on Ethno-medicine*, 8(3), 301

Except for autonomy which had Cronbach’s alpha 0.639, all other subscales had Cronbach’s alpha coefficients of 0.776 or higher (Table 3.6). DOC7 (My job provides me with enough intellectual stimulation) having low item total correlation (.010) was ignored after reliability analysis. All items successfully cleared the convergent and discriminant validity test.

Table 3.6: Reliability of the Subscales and Global Measures.

Subscales	No. of items in the subscale	Cronbach’s alpha (pilot)	No. of items in the subscale	Cronbach’s alpha (validation)
AUT	6	.621	6	.639
RCO	5	.820	6 (DOC4)*	.822
RS [@]	6	.860	5	.818
DOC [#]	9	.802	5	.776
RC	4	.866	4	.860
ER	3	.917	3	.907
R ^{\$}	12	.895	11	.897
PT	3	.905	3	.880

JS	3	.925	3	.894
CS	5	.908	5	.877

* originally included in 'Delivery of care' and included in 'Relationship with co-workers after factor analysis.

@ RS7 excluded from the scale due to cross loading between factor 1 and factor 3

DOC1 & DOC3 excluded from the scale on account of cross loading after factor analysis. DOC7 had low item total correlation (.010) and therefore ignored after reliability analysis.

§R2 excluded from the scale due to cross loading.

Note: From "Indian Physician Job Satisfaction Scale: Development and Validation" by P.Mehta and R.Kiran, 2014, *Studies on Ethno-medicine*, 8(3), 302

3.8.4.2 Analysis: Global Measures

Factor analysis of the eight item global measure representing job and career satisfaction led to a two factor solution (comprising of eight factors) that supported factor validity (Table 3.7). Also the global measures possessed excellent reliability (Table 3.7) and all successfully cleared the convergent and discriminant validity tests.

Table 3.7: Rotated Component Matrix– Overall satisfaction

	Component	
	1	2
JS1	.852	.294
JS2	.841	.395
JS3	.848	.185
CS2	.359	.541
CS3	.198	.913
CS4	.475	.752
CS5	.589	.629
CS6	.302	.833
Extraction Method: Principal Component Analysis.		
Rotation Method: Varimax with Kaiser Normalization.		
a. Rotation converged in 3 iterations.		

Note: From "Indian Physician Job Satisfaction Scale: Development and Validation" by P.Mehta and R.Kiran, 2014, *Studies on Ethno-medicine*, 8(3), 302

3.9 Analysis of Data

The demographic analysis was depicted in terms of numbers, percentages and frequencies. The mean and standard deviation was used to describe the overall sample. The SPSS software was used to carry out statistical analysis-Regression and Analysis of variance (ANOVA).

3.10 Summing up

Indian healthcare system comprises of many actors and organizations intertwined in a fragile and changing relationships. The existing understanding about physicians' insight of their job is significantly scarce in Indian environment. There is not much understanding about what drives and fulfills physicians about the practice of medicine or what influences their behavior.

This study intends to delve deeper into understanding the factors that affect physician job satisfaction in the Indian context. The group of physicians comprises of those working in tertiary care hospitals in the Government or Private hospitals using a self-structured questionnaire for data collection.

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

The study of job satisfaction is of concern to both, the academicians who study job satisfaction and people who work in the organizations and experience job satisfaction.

There are two important reasons for this concern:

- i. Humanitarian-people expect to be treated fairly and with respect. Further everyone has a right to rewarding and satisfying work life (as we spent most of our lives at place of work).
- ii. Utilitarian-Job satisfaction can lead to behavior of employees that can have effect on the productivity of the organization and satisfaction of the customers.

Spector (1997) defines job satisfaction in terms of how people feel about their jobs and different aspects of their jobs, whether people like (satisfaction) or dislike (dissatisfaction) their jobs. Job satisfaction has been defined as an attitudinal response of a person towards the job or its components (Fraser, 1983; Siu, 2002; Adams and Bond, 2000; Weiss, 2002).

Job satisfaction may be evaluated in terms of various components also called as facet job satisfaction or it can be simply expressed as overall satisfaction (global satisfaction). It has been generally accepted that job satisfaction is multifaceted (Hopkins, 1983; Stamps and Piedmonte, 1986; Weiss, 2002, Choudhary *et al.* 2013).

The existing understanding about physicians' insight of their job is significantly scarce in Indian milieu. There is not much understanding about what drives and fulfills physicians about the practice of medicine or what influences their behavior.

The purpose of this study is to develop a complete understanding of the factors that affect physician satisfaction using self developed physician satisfaction scale.

The chapter is segregated into ten sections. Section 4.1 describes the demographic profile of the respondents.

Section 4.2 attempts to study the impact of demographic, work context and content factors individually on the physician job satisfaction.

Section 4.3 explores the impact of demographic variables on different facets of satisfaction namely – autonomy, relationship with co-workers, relationship with staff, delivery of care, relationship with community, personal time, resources and remuneration/earnings.

Section 4.4 aims at explaining the difference in perception with regards to job satisfaction and various facets of satisfaction on the basis of specialty.

Section 4.5 explains difference in perception in job satisfaction on the basis of practice type (employment in private or Government hospital). This section also includes regression analysis to identify the factors contributing to satisfaction of doctors employed in private and Government hospitals.

Section 4.6 deals with career satisfaction of physicians and includes regression analysis to identify the demographic, work context and content factors individually impacting career satisfaction.

Section 4.7 explores the cumulative effect of demographic, work context and content factors on job and career satisfaction.

Section 4.8 studies the job and career satisfaction among male and female physicians. This section includes regression analysis to identify the factors affecting job and career satisfaction among male and female doctors. This is preceded by paired t-test to identify the difference in perception among male and female doctors towards job and career satisfaction respectively.

Section 4.9 describes difference in perception towards job and career satisfaction among physicians employed in private and Government hospitals respectively using paired t-test. This section also includes regression analysis to identify the factors affecting career satisfaction among physicians employed in private and Government hospitals.

Section 10 summarizes the chapter.

4.1 Demographic Profile of the Respondents

Data collected from 500 physicians from January 2013 to October 2013 was used to validate the scale [331 males, 169 females,70 having own hospital, 201 employed in Government hospital, 229 employed in private hospital,468 post graduates, doctorate 32,151 having experience 0 to less than 3 years, 116 having experience 3 to less than 6 years, 233 having experience 6 years and above,225 having spent time in current position 0 to less than 3 years, 95 having spent time in current position 3 years to less than 6 years, 180 having spent time in current position 6 years and above,71 gynecologists, 66 pediatricians, 217 practicing medicine as specialty, 87 general surgery and 59 orthopedicians.

Table 4.1: *Demographic and Practice Characteristics of the Respondents*

	Count	Percent
<i>Gender (n=500)</i>		
Male	331	66.2
Female	169	33.8
<i>Qualification</i>		
Post Graduate	468	93.6
Doctorate	32	6.4
<i>Practice type</i>		
Own hospital	70	14
Employed in Pvt. Hospital	229	45.8
Employed in Govt. Hospital	201	40.2
<i>Experience</i>		
0 > 3 years	151	30.2
3 years > 6 years	116	23.2
6 years ≤	233	46.6
<i>Time in current position</i>		
0 > 3 years	225	45
3 years > 6 years	95	19
6 years ≤	180	36
<i>Specialty</i>		
Orthopedics	59	11.8
Surgery	87	17.4
Medicine	217	43.4

Pediatrics	66	13.2
Gynecology	71	14.2

a) Gender of the Respondents

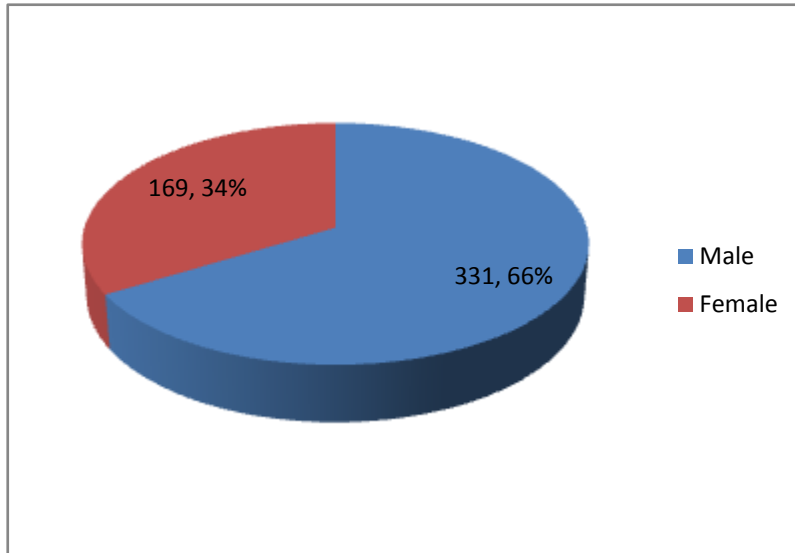


Figure 4.1: Demographic profile – Gender

b) Practice Type of the Respondents

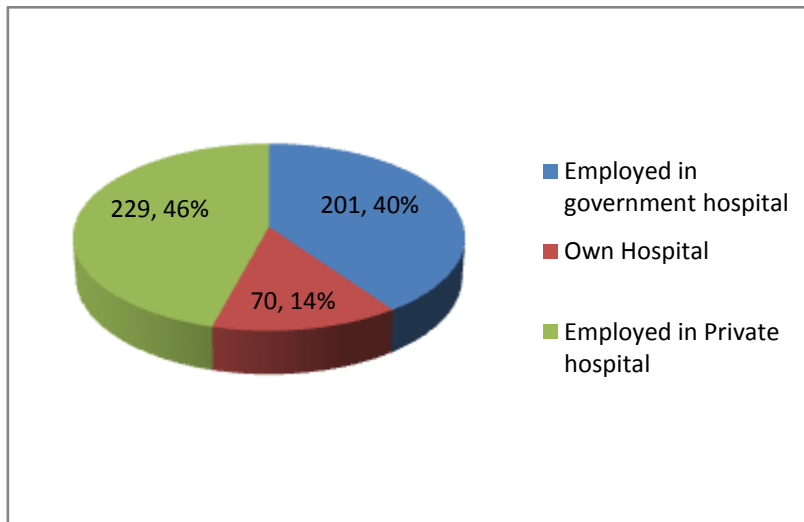


Figure 4.2: Demographic profile – Practice type

c) Experience of the Respondents

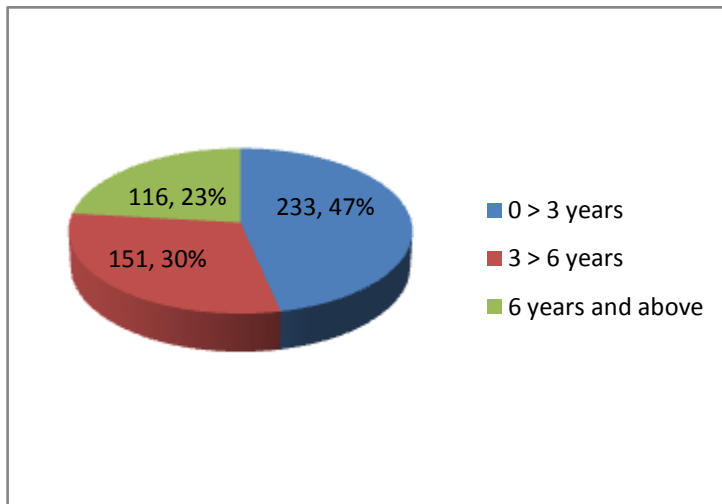


Figure 4.3: Demographic profile – Experience

d) Time in Current Position of the Respondents

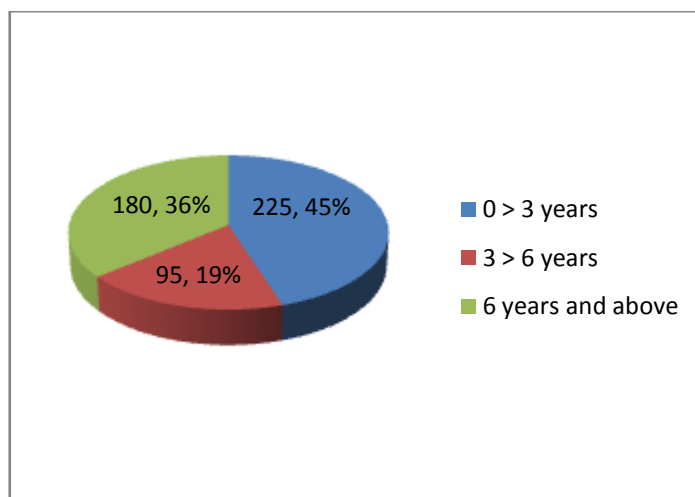


Figure 4.4: Demographic profile – Time in Current Position

e) Practice Specialty of the Respondents

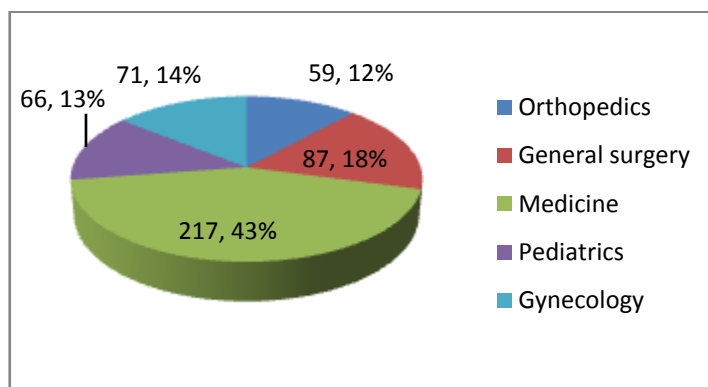


Figure 4.5: Demographic profile - Specialty

4.2 Factors Affecting Physician Job Satisfaction

H₁: Demographic factors will have a significant impact upon physician job satisfaction.

Impact of demographic factors on physician job satisfaction is analyzed individually without considering the impact of work content and context factors. A step-wise regression was performed with demographic variables as independent and job satisfaction as dependent variable. The analysis of the result is shown in table 4.2

Table 4.2 Relationship of Demographic Variables with Job Satisfaction

R		R Square	Adjusted R Square	Std. Error of the Estimate		
.410		.168	.156	.98879		
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
	Regression	97.299	7	13.900	14.217	.000***
	Residual	481.034	492	.978		
	Total	578.333	499			
Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
	(Constant)	3.776	.157		23.982	.000***
	TICP1	-.651	.165	-.301	-3.935	.000***
	Own Hospital	.329	.154	.106	2.138	.033*
	Exp1	.337	.148	.144	2.272	.024*
	Orthopedics	-.429	.142	-.129	-3.022	.003**
	Employed in Pvt. Hosp	-.364	.113	-.169	-3.220	.001**
	Exp3	-.632	.170	-.293	-3.723	.000***
	TICP3	.504	.160	.225	3.146	.002**

***p < 0.001, **p < 0.01, *p < 0.05

Results reflect that demographic variables like time in current position for 0 to 3 years, having own hospital, experience of 0 to 3 years, practicing orthopedics as specialty,

being employed in private hospital, experience of 6 years and above and having been in the same position for more than 6 years explain 16.8% of the variance in job satisfaction with adjusted R^2 is 15.6%.

Further ANOVA indicates that above mentioned demographic factors statistically significantly predicted job satisfaction, $F(7, 492) = 14.217, p < .001$

Linear regression carried out to understand the effect of demographic variables on physician job satisfaction led to the following prediction equation:

$$JS = 3.776 + (-.651) (TICP1) + .329 (Own\ hospital) + .337 (Exp1) + (-.429) (Orthopedics) + (-.364) (Employed\ in\ Pvt.\ Hospital) + (-.632) (Exp3) + .504 TICP3$$

The results highlight that these demographic factors, $F(7, 492) = 14.217, p < .001$ account for 15.6% of variation. Adjusted R^2 reflects a medium size effect according to Cohen (1998). Also, the above equation indicates that having been in the same position for 0 to 3 years, practicing orthopedics as a specialty, employment in private hospitals and having experience of more than 6 years are negatively related to job satisfaction. While, having own hospital, experience of 0 to 3 years and having been in the same position for more than 6 years is positively related to job satisfaction.

Hence, H_1 : *Demographic factors will have a significant impact upon physician job satisfaction* has been accepted.

H_2 : *Work context factors will have significant impact upon physician job satisfaction*

H_3 : *Work content factors will have significant impact upon job satisfaction*

A linear stepwise regression was carried out to understand the impact of work context and content factors on physician satisfaction. Work context and content factors were taken as independent variables and job satisfaction was taken as dependent variable. The analysis of the result is depicted in table 4.3.

Table 4.3: Relationship of Work Context and Content factors with Job Satisfaction

	R	R Square	Adjusted R Square	Std. Error of the Estimate		
	.749 ^e	.561	.556	.71706		
ANOVA						
Model		Sum of Squares	Df	Mean Square	F	Sig.
5	Regression	324.333	5	64.867	126.157	.000***
	Residual	254.001	494	.514		
	Total	578.333	499			
Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
5	(Constant)	-.980	.196		-4.989	.000***
	RC	.283	.044	.260	6.437	.000***
	PT	.274	.032	.280	8.593	.000***
	DOC	.434	.055	.299	7.856	.000***
	ER	.130	.034	.140	3.800	.000***
	R	.149	.040	.117	3.718	.000***

***p < 0.001, **p < 0.01, *p < 0.05

Interpretation of the results from table 4.3 suggest that work context factors like relationship with community, availability of personal time, earnings and availability of resources significantly impacted job satisfaction. Only one content factor, namely delivery of care had substantial influence on job satisfaction and all of these factors – work context and content - explain 56.1% of the variance in job satisfaction with adjusted $R^2 = 55.6\%$, a large effect size according to Cohen (1998).

Further, ANOVA indicates that above mentioned demographic factors statistically significantly predicted job satisfaction, $F(5, 494) = 126.157$, $p < .001$

Linear regression carried out to understand the effect of work context and content factors on job satisfaction gave the following equation:

$$JS = (-.980) + .283 (RC) + .274 (PT) + .434 (DOC) + .130 (ER) + .149 (R)$$

The above equation statistically significantly predicts work context and content factors, $F(5, 494) = 126.157$, $p < .001$ accounting for 56.1% of the variance in job satisfaction with adjusted $R^2 = 55.6\%$, considered as a large effect size according to Cohen (1998). The above equation also indicates a positive relationship between job satisfaction and relationship with community (RC), personal time (PT), delivery of care (DOC), employee earnings (ER) and resources (R)

Hence, *hypothesis H₂: Work context factors will have a significant impact upon physician job satisfaction* has been accepted.

On the basis of results the next *hypothesis H₃: Work content factors have a significant impact upon physician job satisfaction* has been partially accepted.

4.3 Factors Affecting Facets of Job Satisfaction

H₄: Gender will have significant impact upon different facets of job satisfaction

H₅: Practice type will have significant impact upon different facets of job satisfaction.

H₆: Experience will have significant impact upon different facets of job satisfaction.

H₇: Time in current position will have significant impact upon different facets of job satisfaction.

H₈: Specialty will have significant impact upon different facets of job satisfaction.

Linear regression was carried out to understand the predictive strength of gender, practice type, experience, time in current position and specialty on different facets of job satisfaction namely autonomy, relationship with coworkers, relationship with staff, delivery of care, relationship with community, employee earnings, resources and personal time.

4.3.1 Regression analysis of gender, practice type, experience, time in current position and specialty on autonomy

Stepwise linear regression was conducted to examine the impact of the above factors on autonomy. The result of the analysis is depicted in table 4.4.

Table 4.4: Relationship of Demographic Variables with Autonomy

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate				
5	.488 ^e	.238	.231	.66266				
<i>ANOVA</i>								
Model		Sum of Squares	df	Mean Square	F	Sig.		
5	Regression	67.877	5	13.575	30.916	.000***		
	Residual	216.921	494	.439				
	Total	284.799	499					
<i>Coefficients</i>								
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	95% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
5	(Constant)	2.536	.119		21.350	.000***	2.302	2.769
	Exp2	.882	.111	.493	7.948	.000***	.664	1.100
	TICP3	1.025	.117	.652	8.798	.000***	.796	1.254
	Employed in Govt. Hosp.	-.346	.070	-.225	-4.967	.000***	-.483	-.209
	Exp1	.621	.126	.378	4.912	.000***	.372	.869
	TICP2	.422	.103	.219	4.101	.000***	.220	.625

***p < 0.001, **p < 0.01, *p < 0.05

Results above reflect that experience between 3 to 6 years, having been in the same position (TICP) for more than 6 years, employment in Government hospital and experience of 0 to 3 years statistically significantly explain 23.8% variance in autonomy with adjusted $R^2 = 23.1\%$ a medium effect as per Cohen (1998).

Further, ANOVA table 4.4 indicates that above indicated factors statistically significantly predicted autonomy, $F(5,494) = 30.916$, $p < .001$

The following prediction equation can be postulated on the basis of coefficients obtained through regression:

Autonomy = 2.536 + .882 (Exp2) +1.025 (TICP3) + (-.346) (Employed in Govt. Hospital) +.621 (Exp 1) + .422 (TICP2)

The model statistically significantly predicts that specified demographic factors, $F(5,494) = 30.916, p < .001$ accounting for 23.8% variance in autonomy with adjusted $R^2 = 23.1\%$, a medium size effect according to Cohen (1998). It can also be interpreted that employment in Government hospital is negatively related to autonomy, while experience between 3 to 6 years, time in current position of more than 6 years, experience of 0 to 3 years and time in current position 3 to 6 years has a positive impact upon autonomy.

4.3.2 Regression analysis of demographic factors with relationship with co-workers

The relationship among demographic variables and relationship with co-workers was established through regression analysis (Table 4.5).

Table 4.5: *Impact of Demographic Variables on Relationship with Co-workers*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate				
4	.476 ^d	.226	.220	.59213				
<i>ANOVA</i>								
Model		Sum of Squares	df	Mean Square	F	Sig.		
4	Regression	50.814	4	12.703	36.232	.000***		
	Residual	173.555	495	.351				
	Total	224.369	499					
<i>Coefficients</i>								
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	95% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
4	(Constant)	4.134	.057		72.250	.000***	4.022	4.247
	Exp3	.556	.073	.414	7.583	.000***	.412	.700

Employed in Govt. Hosp.	-.413	.062	-.302	-6.619	.000***	-.536	-.290
Exp1	-.245	.073	-.168	-3.353	.001**	-.389	-.102
Gynecology	.250	.076	.130	3.272	.001**	.100	.399

***p < 0.001, **p < 0.01, *p < 0.05

Regression results suggest that variables like experience of more than 6 years, employment in Government hospital, experience 0 to 3 years and practicing gynecology as a specialty accounts for 22.6% of variance in relationship with co-workers with adjusted $R^2 = 22.0\%$, a medium effect size.

Further, ANOVA table suggests that above mentioned variables statistically significantly predicted relationship with co-workers, $F(4, 495) = 36.232$, $p < 0.001$

The regression equation obtained can be expressed as below:

$$RCO = 4.134 + .556 (\text{Exp3}) + (-.413) (\text{employed in Govt. hospital}) + (-.245) (\text{Exp1}) + .250 (\text{gynecology})$$

The model statistically significantly predicted that certain demographic variables, $F(4, 495) = 36.232$, $p < 0.001$ accounting for 22.6% of variance in relationship with co-workers with adjusted $R^2 = 22.0\%$, a medium size effect. Also, it is evident from the above equation that there exists a negative relationship between employment in Government hospitals and experience between 0 to 3 years with relationship with co-workers, while a positive relationship is predicted with experience of 6 years and above, and practicing gynecology as a specialty.

4.3.3 Regression analysis of demographic variables with relationship with staff

In order to determine the relationship between demographic variables and relationship with staff, stepwise regression was conducted. The result of the regression is depicted in table 4.6.

It can be concluded from the regression results that variables like time in current position between 0 to 3 years, practicing gynecology as a specialty, experience

between 0 to 3 years, practicing pediatrics as a specialty and employment in Government hospital explains 17.1% of the variance in relationship with staff with adjusted $R^2 = 16.3\%$, a medium size effect according to Cohen (1998).

Further ANOVA indicates that variables in the model statistically significantly predicted relationship with co-workers, $F(5,494) = 20.369$, $p < 0.001$.

The regression equation for the model is expressed as below:

$$RC = 4.040 + (-.348)(TICP1) + 0.506(\text{gynecology}) + (-.306)(\text{exp1}) + 0.214(\text{pediatrics}) + (-0.151)(\text{employed in Govt. hospital})$$

Table 4.6: *Impact of Demographic Variables with Relationship with staff*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate				
5	.413 ^e	.171	.163	.72378				
<i>ANOVA</i>								
Model	Sum of Squares		Df	Mean Square	F	Sig.		
5	Regression	53.352	5	10.670	20.369	.000***		
	Residual	258.784	494	.524				
	Total	312.136	499					
<i>Coefficients</i>								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
5	(Constant)	4.040	.061		66.316	.000***	3.921	4.160
	TICP1	-.348	.096	-.219	-3.635	.000***	-.536	-.160
	Gynecology	.506	.094	.224	5.366	.000***	.321	.692
	Exp1	-.306	.104	-.178	-2.948	.003**	-.510	-.102
	Pediatrics	.214	.098	.092	2.186	.029*	.022	.406
	Employed in Govt. Hosp.	-.151	.071	-.094	-2.140	.033*	-.290	-.012

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$

The equation predicts statistically significantly certain variables, $F(5,494) = 20.369$, $p < 0.001$ accounting for 17.1% of the variance in relationship with staff with adjusted $R^2 = 16.3\%$, a medium sized effect as per Cohen (1998). It also is clear from the above equation that being in the same position (TICP1) for 0 to 3 years, having experience of 0 to 3 years (exp1) and employment in Govt. hospital has a negative relationship with relationship with staff. While, practicing gynecology and pediatrics as a specialty has a positive relationship with staff.

4.3.4 Regression of demographic variables with delivery of care

Regression was performed to evaluate the impact of demographic variables on delivery of care. The results of the analysis are presented in table 4.7.

Table 4.7: Relationship of Demographic Variables with Delivery of Care

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate				
3	.288 ^c	.083	.077	.71299				
<i>ANOVA</i>								
Model	Sum of Squares		df	Mean Square	F	Sig.		
3	Regression	22.730	3	7.577	14.904	.000***		
	Residual	252.142	496	.508				
	Total	274.871	499					
<i>Coefficients</i>								
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95% Confidence Interval for B		
	B	Std. Error	Beta			Lower Bound	Upper Bound	
3	(Constant)	3.945	.061		64.584	.000***	3.825	4.065
	Medicine	-.276	.065	-.184	-4.259	.000***	-.403	-.149
	TICP3	.283	.070	.183	4.033	.000***	.145	.421
	Male	-.254	.071	-.162	-3.560	.000***	-.395	-.114

***p < 0.001, **p < 0.01, *p < 0.05

Practicing medicine as a specialty, time in current position of more than 6 years (TICP3), and being male explains 8.3% variance in imparting of delivery of care with adjusted $R^2 = 7.7\%$, a small size effect as per Cohen (1998).

ANOVA indicates that above mentioned variables statistically significantly predicted delivery of care, $F(3,496) = 14.904$, $p < 0.001$.

The regression equation formulated is as below:

$$DOC = (-.276) (\text{medicine}) + 0.283 (\text{TICP3}) + (-0.254) (\text{male})$$

The regression equation significantly predicted above mentioned variables, $F(3,496)$, $p < 0.00$, although accounting for low variance of 8.3% in imparting delivery of care with adjusted $R^2 = 7.7\%$. Practicing medicine as a specialty and being male are negatively related to delivery of care. While time in current position for more than 6 years is positively related to delivery of care.

4.3.5 Regression of demographic variables with relationship with community

Regression analysis was carried out with a view to examine the relationship of demographic variables with relationship with community. The results of the analysis are summarized in table 4.8 below:

Table 4.8: *Impact of demographic variables on Relationship with Community*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
6	.444 ^f	.197	.187	.89037		
ANOVA						
Model		Sum of Squares	Df	Mean Square	F	Sig.
6	Regression	96.043	6	16.007	20.192	.000***
	Residual	390.828	493	.793		
	Total	486.871	499			
Coefficients						
Model	Unstandardized Coefficients	Standardized Coefficients	t	Sig.	95% Confidence Interval for B	

	B	Std. Error	Beta			Lower Bound	Upper Bound
6 (Constant)	4.431	.155		28.593	.000***	4.126	4.735
TICP1	-1.015	.156	-.512	-6.524	.000***	-1.321	-.710
Gynecology	.966	.135	.342	7.175	.000***	.702	1.231
Pediatrics	.443	.122	.152	3.618	.000***	.202	.683
Female	-.358	.105	-.172	-3.413	.001**	-.564	-.152
TICP2	-.721	.144	-.287	-5.023	.000***	-1.003	-.439
Exp3	-.590	.136	-.298	-4.333	.000***	-.858	-.323

***p < 0.001, **p < 0.01, *p < 0.05

The analysis of the results shows that time in current position from 0 to 3 years, practicing gynecology and pediatrics as a specialty, being female, being in the same position between 3 to 6 years and experience of more than 6 years statistically significantly explains variance in relationship with community by 19.7% with adjusted $R^2 = 18.7\%$, a medium size effect as per Cohen (1998).

ANOVA indicates that above mentioned factors statistically significantly predicted relationship with community, $F(3,496) = 20.192$, $p < 0.001$

A linear stepwise regression led to the following equation for predicting relationship with community:

$$RC = 4.431 + (-0.1015) + 0.966 (\text{gynecology}) + 0.443 (\text{pediatrics}) + (-0.358) (\text{female}) + (-0.721)(\text{TICP2}) + (-0.590)(\text{exp3})$$

Statistically significant variance in relationship with community to the tune of 19.7% with adjusted $R^2 = 18.7\%$, a medium size effect as per Cohen (1998) can be accounted by the factors as outlined above. The analysis suggest a negative relationship between time in current position of 0 to 3 years, being female, time in current position of 3 to 6 years and experience of more than 6 years and relationship with community. A positive relationship exists between practicing gynecology and pediatrics as a specialty.

4.3.6 Regression of demographic variables with personal time

To understand the variance in availability of personal time regression was performed with demographic factors as independent variables and availability of personal time as dependent variable. The results of the analysis are presented in tables 4.9.

Results reflect that time in current position between 0 to 3 years, experience of 0 to 3 years, practicing pediatrics as specialty, time in current position of more than 6 years and experience of more than 6 years explain 23.8% of variance in availability of personal time with adjusted $R^2 = 23\%$ a medium size effect.

Further ANOVA indicates that above described demographic variables statistically significantly predicted availability of personal time, $F(5,494) = 30.814$, $p < 0.001$

Linear regression carried out to understand the effect of the demographic variables on availability of personal time produced the following equation:

$$PT = 3.151 + (-1.109) (TICP1) + 0.612 (exp1) + 0.536 (pediatrics) + 0.685 (TICP3) + (-0.731) (Exp3)$$

Table 4.9: Relationship of Demographic Variables with Personal Time

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
7	.488 ^a	.238	.230	.96320		
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
7	Regression	142.938	5	28.588	30.814	.000***
	Residual	458.306	494	.928		
	Total	601.244	499			
Coefficients						
Model	Unstandardized Coefficients	Standardized Coefficients	T	Sig.	95% Confidence Interval for B	

	B	Std. Error	Beta			Lower Bound	Upper Bound
7 (Constant)	3.151	.117		26.952	.000***	2.921	3.381
TICP1	-1.109	.150	-.503	-7.402	.000***	-1.403	-.815
Exp1	.612	.145	.256	4.229	.000***	.328	.896
Pediatrics	.536	.131	.165	4.083	.000***	.278	.794
TICP3	.685	.157	.300	4.369	.000***	.377	.992
Exp3	-.731	.155	-.333	-4.713	.000***	-1.036	-.426

***p < 0.001, **p < 0.01, *p < 0.05

The above equation statistically significantly predicted certain demographic factors $F(5,494) 30.814, p < 0.001$ accounting for 23.8% of variance in availability of personal time with adjusted $R^2 = 23\%$ a medium size effect. Further, above equation points towards a negative relationship between time in current position of 0 to 3 years and experience of more than 6 years with availability of time. A positive relationship is indicated between experience of 0 to 3 years, practicing pediatrics as a specialty and time in current position of more than 6 years.

Statistically significant value of constant indicates the presence of some more factors that have not been included in the analysis.

4.3.7 Regression of demographic variables with resources

It is reasonable to believe that availability of resources may be a major determinant for physician job satisfaction. Regression analysis was carried out to study the factors contributing to satisfaction with resources. The analysis of the results obtained is shown in table 4.10.

Table 4.10: Relationship of Demographic Variables with Resources

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
7	.568 ^b	.322	.312	.69682		
<i>ANOVA</i>						
Model		Sum of Squares	Df	Mean Square	F	Sig.
7	Regression	113.504	7	16.215	33.394	.000***

	Residual	238.897	492	.486			
	Total	352.401	499				
<i>Coefficients</i>							
		Unstandardized Coefficients		Standardized Coefficients		95% Confidence Interval for B	
Model		B	Std. Error	Beta	T	Sig.	Lower Bound Upper Bound
7	(Constant)	3.783	.100		37.759	.000***	3.586 3.980
	Employed in Govt. Hosp.	-.741	.074	-.433	-10.011	.000***	-.887 -.596
	TICP3	.668	.114	.382	5.878	.000***	.445 .891
	Exp3	-.638	.116	-.379	-5.517	.000***	-.865 -.411
	TICP1	-.432	.092	-.256	-4.683	.000***	-.614 -.251
	Male	-.230	.072	-.130	-3.207	.001**	-.371 -.089
	G. Surgery	-.217	.086	-.098	-2.519	.012*	-.386 -.048
	Pediatrics	.200	.097	.080	2.049	.041*	.008 .391

***p < 0.001, **p < 0.01, *p < 0.05

Regression results indicate that variables like employment in Government hospital, time in current position for more than 6 years, experience of more than 3 years, time in current position between 0 to 3 years, being male, practicing general surgery and pediatrics as specialty explain 32.2% of variance in satisfaction with resources with adjusted $R^2 = 31.2\%$.

Further ANOVA indicates that above mentioned demographic variables significantly predicted satisfaction with resources $F(7, 492) = 33.394, p < 0.001$.

The regression gave the following prediction equation for satisfaction with resources:

$$R = 3.783 + (-0.741)(\text{employed in Govt. hospital}) + 0.668 (\text{TICP3}) + (-0.638) (\text{exp3}) + (-0.432) (\text{TICP1}) + (-0.230) (\text{male}) + (-0.217) (\text{G surgery}) + 0.200 (\text{pediatrics})$$

The equation above predicted certain demographic variables, $F(7, 492) = 33.394$, $p < 0.001$ accounting for 32.2% of variance in satisfaction with resources with adjusted $R^2 = 31.2\%$, a large size effect as per Cohen (1998). It can also be inferred from the above equation being employed in Govt. hospital, experience of more than 6 years, time in current position between 0 to 3 years, being male and practicing general surgery as specialty negatively influence satisfaction with resources. While time in current position of more than 6 years and practicing pediatrics as specialty are positively related with satisfaction with resources.

4.3.8 Regression of demographic variables with remuneration

Regression analysis was carried out between demographic factors as independent variables and satisfaction with remuneration as dependent variable. The results are presented in table 4.11.

Table 4.11: Relationship of Demographic Variables with Remuneration

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate				
7	.504 ^e	.254	.243	1.01312				
ANOVA								
Model		Sum of Squares	df	Mean Square	F	Sig.		
7	Regression	172.004	7	24.572	23.940	.000***		
	Residual	504.994	492	1.026				
	Total	676.998	499					
Coefficients								
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	95% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
7	(Constant)	3.367	.137		24.643	.000***	3.099	3.636
	TICP1	-.904	.164	-.386	-5.513	.000***	-1.226	-.582
	Medicine	-.439	.101	-.187	-4.343	.000***	-.637	-.240
	TICP3	.402	.135	.166	2.983	.003**	.137	.667
	EmployedinGovtHosp	.386	.102	.163	3.802	.000***	.187	.586
	Exp1	.479	.147	.189	3.259	.001**	.190	.767
	Male	-.263	.110	-.107	-2.389	.017*	-.479	-.047

Orthopedics	-.326	.157	-.090	-2.076	.038*	-.634	-.017
-------------	-------	------	-------	--------	-------	-------	-------

***p < 0.001, **p < 0.01, *p < 0.05

Factors like time in current position between 0 to 3 years, practicing medicine and orthopedics as a specialty, time in current position of more than 6 years, employment in Govt. hospital, being male and experience between 0 to 3 years explain 25.4% of the variance in satisfaction with remuneration with adjusted $R^2 = 24.3\%$.

ANOVA indicates that above mentioned factors statistically significantly predicted satisfaction with remuneration, $F(7,492) = 23.940$, $p < 0.001$

The regression equation for the model was as below:

$$ER = 3.367 + (-0.904) (TICP1) + (-0.439) (\text{medicine}) + (0.402) (TICP3) + (0.386) (\text{employed in Govt. hospital}) + 0.479 (\text{exp1}) + (-0.263) (\text{male}) + (-0.326) (\text{orthopedics})$$

The regression equation statistically significantly predicted that some factors as listed above, $F(7,492) = 23.940$, $p < 0.001$ account for 25.4% of the variance in satisfaction with remuneration with adjusted $R^2 = 24.3\%$.

The table 4.11 above shows that practicing medicine and orthopedics as a specialty, being male and having been in the same position (TICP1) between 0 to 3 years negatively influences satisfaction with remuneration. While time in current position for more than 6 years, employment in Govt. hospital and experience between 0 to 3 years positively influences satisfaction with remuneration.

In summary it can be concluded that

- Being male negatively influences Delivery of Care, Resources and Earnings. And being female negatively influences Relationship with Community.
- Employment in Government hospital negatively influences Autonomy, Relationship with Co-workers, Relationship with Staff, and Resources and positively influences Earnings.
- Experience of 0-3 years negatively influences Relationship with Co-workers, Relationship with Staff, and positively influences Personal Time and Earnings. Experience of 6 years & above negatively influences Relationship with

Community, Personal Time and positively influences Relationship with Co-workers and Resources.

- Time in current position of 0-3 years positively influences Autonomy and negatively influences Relationship with Staff, Relationship with Community, Personal Time, Resources and Earnings. Time in current position of 3-6 years negatively influences Relationship with Community. Time in current position of 6 years and above positively influences Autonomy, Delivery of Care, Personal Time, Resources and Earnings.
- Practicing medicine as specialty negatively influences Delivery of Care, and Earnings. Practicing pediatrics as specialty positively influences Relationship with Staff, Relationship with Community, Personal Time and Resources. Practicing gynecology as specialty positively influences Relationship with Co-workers, Relationship with Staff, Relationship with Community.

Hence, hypothesis H₄: Gender will have significant impact upon different facets of job satisfaction has been partially accepted.

Hence, hypothesis H₅: Practice type will have significant impact upon different facets of satisfaction has been partially accepted.

Hence, hypothesis H₆: Experience will have significant impact upon different facets of satisfaction has been partially accepted.

Hence, hypothesis H₇: Time in current position will have significant impact upon different facets of satisfaction has been partially accepted.

Hence, hypothesis H₈: Specialty will have significant impact upon different facets of satisfaction has been partially accepted.

4.4 Variation in Job Satisfaction with Specialty

The next hypothesis is:

H₉: There will be no variation in job satisfaction across specialties.

ANOVA was carried out to determine variation in job satisfaction as well as satisfaction with different facets of satisfaction across specialties. The result of the analysis is presented in the following sections.

4.4.1 Variation in satisfaction with autonomy across specialties

ANOVA conducted to determine the variation in satisfaction with autonomy across specialties gave the results summarized in the tables 4.12, 4.13 and 4.14.

Table 4.12: *Variation in Satisfaction with Autonomy across Specialties (Descriptive)*

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Orthopedics	59	3.2260	.79976	.10412	3.0176	3.4344
General Surgery	87	3.4751	.77864	.08348	3.3091	3.6410
Medicine	217	3.1398	.54117	.03674	3.0674	3.2122
Pediatrics	66	3.4879	.75741	.09323	3.3017	3.6741
Gynecology	71	3.0258	1.07373	.12743	2.7717	3.2800
Total	500	3.2381	.75547	.03379	3.1717	3.3044

Satisfaction with autonomy increased marginally from practicing gynecology as a specialty (n = 71, M = 3.02, SD = 1.07) to practicing medicine as a specialty (n = 217, M = 3.14, SD = 0.541) to practicing orthopedics as a specialty (n = 59, M = 3.22, SD = 0.799), showing a slightly higher rise to practicing general surgery as a specialty (n = 87, M = 3.47, SD = 0.778) finally more or less stagnating for practicing pediatrics as a specialty (n = 66, M = 3.48, SD = 0.757).

Table 4.13: *Variation in Satisfaction with Autonomy across Specialties (ANOVA)*

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	14.310	4	3.577	6.547	.000***
Within Groups	270.489	495	.546		
Total	284.799	499			

***p < 0.001, **p < 0.01, *p < 0.05

Satisfaction with autonomy was statistically significantly different across specialties, F (4,495) = 6.547, p<0.001 (table 4.13).

Table 4.14: *Variation in Satisfaction with Autonomy across Specialties (Tukey HSD)*

Dependent variable	(I) Specialty	(J) Specialty	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower	Upper

						Bound	Bound
Autonomy	Orthopedics	G Surgery	-.24911	.12467	.268	-.5904	.0922
		Medicine	.08620	.10854	.932	-.2110	.3834
		Pediatrics	-.26189	.13244	.279	-.6245	.1007
		Gynecology	.20017	.13022	.539	-.1564	.5567
Autonomy	G Surgery	Orthopedics	.24911	.12467	.268	-.0922	.5904
		Medicine	.33531*	.09380	.004**	.0785	.5921
		Pediatrics	-.01278	.12067	1.000	-.3432	.3176
		Gynecology	.44927*	.11823	.002**	.1256	.7730
Autonomy	Medicine	Orthopedics	-.08620	.10854	.932	-.3834	.2110
		G Surgery	-.33531*	.09380	.004**	-.5921	-.0785
		Pediatrics	-.34809*	.10391	.008**	-.6326	-.0636
		Gynecology	.11396	.10107	.792	-.1627	.3907
Autonomy	Pediatrics	Orthopedics	.26189	.13244	.279	-.1007	.6245
		G Surgery	.01278	.12067	1.000	-.3176	.3432
		Medicine	.34809*	.10391	.008**	.0636	.6326
		Gynecology	.46206*	.12640	.003**	.1160	.8081
Autonomy	Gynecology	Orthopedics	-.20017	.13022	.539	-.5567	.1564
		G Surgery	-.44927*	.11823	.002**	-.7730	-.1256
		Medicine	-.11396	.10107	.792	-.3907	.1627
		Pediatrics	-.46206*	.12640	.003**	-.8081	-.1160

***p < 0.001, **p < 0.01, *p < 0.05

Tukey Post Hoc analysis revealed variation in satisfaction with autonomy across specialties existed between general surgery and medicine (0.335, 95% CI (0.0185 to 0.592), general surgery and gynecology (0.449, 95% CI (0.1256 to 0.773), medicine and pediatrics (-0.348, 95% CI (-0.632 to -0.636)) and pediatrics and gynecology (0.462, 95% CI (0.116 to 0.808)).

4.4.2 Variation in satisfaction with relationship with co-workers across specialties

In order to determine the variation in satisfaction with co-workers across specialties ANOVA results are given below in table 4.15:

Table 4.15: Variation in Satisfaction with Relationship with Co-workers across Specialties (Descriptives)

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Orthopedics	59	4.0198	.54411	.07084	3.8780	4.1616

G.Surgery	87	4.2969	.58315	.06252	4.1726	4.4212
Medicine	217	4.1598	.72085	.04893	4.0633	4.2562
Pediatrics	66	4.1313	.81415	.10021	3.9312	4.3315
Gynecology	71	4.3380	.50629	.06009	4.2182	4.4579
Total	500	4.1887	.67055	.02999	4.1297	4.2476

Satisfaction with relationship with co-workers increased from practicing orthopedics as specialty (n = 59, M = 4.019, SD = 0.544) to practicing pediatrics as a specialty (n = 66, M = 4.13, SD = 0.814), practicing medicine as a specialty (n = 217, M = 4.15, SD = 0.72), practicing general surgery as a specialty (n = 87, M = 4.29, SD = 0.583) and practicing gynecology as a specialty (n = 71, M = 4.338, SD = 0.506).

Table 4.16: Variation in Satisfaction with Relationship with Co-workers across Specialties (ANOVA)

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	4.685	4	1.171	2.639	.033*
Within Groups	219.684	495	.444		
Total	224.369	499			

***p < 0.001, **p < 0.01, *p < 0.05

Satisfaction with relationship with co-workers was statistically significantly different across specialties, F (4,495) = 2.639, p<0.05 (table 4.16).

Table 4.17: Variation in Satisfaction with Relationship with Co-workers across Specialties (Tukey HSD)

Dependent variable	(I) Specialty	(J) Specialty	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Relationship with co-workers	Orthopedics	G Surgery	-.27716	.11235	.100	-.5848	.0304
		Medicine	-.13998	.09781	.608	-.4078	.1278
		Pediatrics	-.11154	.11936	.883	-.4383	.2152
		Gynecology	-.31825	.11736	.054*	-.6396	.0031
Relationship with co-workers	G Surgery	Orthopedics	.27716	.11235	.100	-.0304	.5848
		Medicine	.13718	.08454	.483	-.0943	.3686
		Pediatrics	.16562	.10875	.548	-.1321	.4634

		Gynecology	-.04109	.10655	.995	-.3328	.2506
Relationship with co-workers	Medicine	Orthopedics	.13998	.09781	.608	-.1278	.4078
		G Surgery	-.13718	.08454	.483	-.3686	.0943
		Pediatrics	.02844	.09365	.998	-.2279	.2848
		Gynecology	-.17827	.09108	.289	-.4276	.0711
Relationship with co-workers	Pediatrics	Orthopedics	.11154	.11936	.883	-.2152	.4383
		G Surgery	-.16562	.10875	.548	-.4634	.1321
		Medicine	-.02844	.09365	.998	-.2848	.2279
		Gynecology	-.20672	.11391	.366	-.5186	.1052
Relationship with co-workers	Gynecology	Orthopedics	.31825	.11736	.054*	-.0031	.6396
		G Surgery	.04109	.10655	.995	-.2506	.3328
		Medicine	.17827	.09108	.289	-.0711	.4276
		Pediatrics	.20672	.11391	.366	-.1052	.5186

***p < 0.001, **p < 0.01, *p < 0.05

Tukey Post Hoc analysis revealed variation in satisfaction with relationship with co-workers across specialties existed between orthopedics and gynecology (-0.318, 95% CI (-0.639 to 0.0031)).

4.4.3 Variation in satisfaction with relationship with staff across specialties

In order to determine the variation in satisfaction with staff across specialties ANOVA gave the results as below (Table 4.18):

Table 4.18: *Variation in Satisfaction with Relationship with Staff across Specialties (Descriptives)*

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Orthopedics	59	3.7559	.67678	.08811	3.5796	3.9323
G.Surgery	87	3.9103	.58807	.06305	3.7850	4.0357
Medicine	217	3.6403	.81068	.05503	3.5319	3.7488
Pediatrics	66	4.0273	.72992	.08985	3.8478	4.2067
Gynecology	71	4.1944	.91463	.10855	3.9779	4.4109
Total	500	3.8307	.79090	.03537	3.7612	3.9002

Satisfaction with relationship with co-workers increased from practicing medicine as specialty (n = 217, M = 3.64, SD = 0.810) to practicing orthopedics as a specialty (n = 59, M = 3.75, SD = 0.676), practicing general surgery as a specialty (n = 87, M = 3.91,

SD = 0.588), practicing pediatrics as a specialty (n = 66, M = 4.02, SD = 0.729) and practicing gynecology as a specialty (n = 71, M = 4.19, SD = 0.790).

Table 4.19: Variation in Satisfaction with Relationship with Staff across Specialties (ANOVA)

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	20.687	4	5.172	8.784	.000***
Within Groups	291.449	495	.589		
Total	312.136	499			

***p < 0.001, **p < 0.01, *p < 0.05

Satisfaction with relationship with co-workers was statistically significantly different across specialties, F (4,495) = 8.784, p<0.001 (table 4.19).

Table 4.20: Variation in Satisfaction with Relationship with Staff across Specialties (Tukey HSD)

Dependent variable	(I) Specialty	(J) Specialty	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Relationship with staff	Orthopedics	G Surgery	-.15441	.12941	.755	-.5087	.1999
		Medicine	.11561	.11266	.843	-.1928	.4241
		Pediatrics	-.27134	.13748	.280	-.6477	.1051
		Gynecology	-.43843*	.13517	.011*	-.8085	-.0683
Relationship with staff	G Surgery	Orthopedics	.15441	.12941	.755	-.1999	.5087
		Medicine	.27002*	.09737	.045*	.0034	.5366
		Pediatrics	-.11693	.12525	.884	-.4599	.2260
		Gynecology	-.28402	.12272	.142	-.6200	.0520
Relationship with staff	Medicine	Orthopedics	-.11561	.11266	.843	-.4241	.1928
		G Surgery	-.27002*	.09737	.045*	-.5366	-.0034
		Pediatrics	-.38695*	.10786	.003**	-.6823	-.0916
		Gynecology	-.55404*	.10491	.000***	-.8413	-.2668
Relationship with staff	Pediatrics	Orthopedics	.27134	.13748	.280	-.1051	.6477
		G Surgery	.11693	.12525	.884	-.2260	.4599
		Medicine	.38695*	.10786	.003**	.0916	.6823
		Gynecology	-.16709	.13120	.708	-.5263	.1921
Relationship with staff	Gynecology	Orthopedics	.43843*	.13517	.011*	.0683	.8085
		G Surgery	.28402	.12272	.142	-.0520	.6200

		Medicine	.55404*	.10491	.000***	.2668	.8413
		Pediatrics	.16709	.13120	.708	-.1921	.5263

***p < 0.001, **p < 0.01, *p < 0.05

Tukey Post Hoc analysis revealed variation in satisfaction with relationship with staff across specialties existed between orthopedics and gynecology (-0.438, 95% CI (-0.8085 to -0.683)), general surgery and medicine (0.27, 95% CI (0.0034 to 0.5366)), medicine and pediatrics (-0.386, 95% CI (-0.682 to -0.916)) and medicine and gynecology (-0.554, 95% CI (-0.841 to -0.266))

4.4.4 Variation in satisfaction with delivery of care across specialties

In order to determine the variation in satisfaction with delivery of care across specialties ANOVA gave the results as below:

Table 4.21: *Variation in Satisfaction with delivery of care across Specialties (Descriptives)*

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Orthopedics	59	3.7288	.65890	.08578	3.5571	3.9005
G.Surgery	87	3.9494	.70955	.07607	3.7982	4.1007
Medicine	217	3.5853	.81795	.05553	3.4758	3.6947
Pediatrics	66	3.9576	.64547	.07945	3.7989	4.1163
Gynecology	71	3.8958	.54914	.06517	3.7658	4.0258
Total	500	3.7588	.74219	.03319	3.6936	3.8240

Satisfaction with delivery of care increased from practicing medicine as specialty (n = 217, M = 3.58, SD = 0.817) to practicing orthopedics as a specialty (n = 59, M = 3.72, SD = 0.658), practicing gynecology as a specialty (n = 71, M = 3.89, SD = 0.549), practicing general surgery as a specialty (n = 87, M = 3.94, SD = 0.709) and practicing pediatrics as a specialty (n = 66, M = 3.95, SD = 0.645).

Table 4.22: *Variation in Satisfaction with Delivery of Care across Specialties (ANOVA)*

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	13.690	4	3.423	6.486	.000***
Within Groups	261.181	495	.528		
Total	274.871	499			

***p < 0.001, **p < 0.01, *p < 0.05

Satisfaction with relationship with delivery of care was statistically significantly different across specialties, $F(4,495) = 6.486, p < 0.001$ (table 4.22).

Table 4.23: Variation in Satisfaction with Delivery of Care across Specialties (Tukey HSD)

Dependent variable	(I) Specialty	(J) Specialty	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Delivery of care	Orthopedics	G Surgery	-.22061	.12251	.374	-.5560	.1148
		Medicine	.14356	.10665	.662	-.1484	.4356
		Pediatrics	-.22876	.13014	.400	-.5851	.1276
		Gynecology	-.16696	.12796	.688	-.5173	.1834
Delivery of care	G Surgery	Orthopedics	.22061	.12251	.374	-.1148	.5560
		Medicine	.36417*	.09218	.001**	.1118	.6165
		Pediatrics	-.00815	.11857	1.000	-.3328	.3165
		Gynecology	.05365	.11617	.991	-.2644	.3717
Delivery of care	Medicine	Orthopedics	-.14356	.10665	.662	-.4356	.1484
		G Surgery	-.36417*	.09218	.001**	-.6165	-.1118
		Pediatrics	-.37232*	.10211	.003**	-.6519	-.0928
		Gynecology	-.31052*	.09931	.016*	-.5824	-.0386
Delivery of care	Pediatrics	Orthopedics	.22876	.13014	.400	-.1276	.5851
		G Surgery	.00815	.11857	1.000	-.3165	.3328
		Medicine	.37232*	.10211	.003**	.0928	.6519
		Gynecology	.06180	.12420	.988	-.2782	.4018
Delivery of care	Gynecology	Orthopedics	.16696	.12796	.688	-.1834	.5173
		G Surgery	-.05365	.11617	.991	-.3717	.2644
		Medicine	.31052*	.09931	.016*	.0386	.5824
		Pediatrics	-.06180	.12420	.988	-.4018	.2782

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$

Tukey Post Hoc analysis revealed variation in satisfaction with delivery of care across specialties existed between general surgery and medicine (0.364, 95% CI (-0.112 to 0.616)), medicine and pediatrics (-0.372, 95% CI (-0.651 to -0.0928)), medicine and gynecology (-0.310, 95% CI (-0.582 to -0.386)).

4.4.5 Variation in satisfaction with relationship with community across specialties

In order to determine the variation in satisfaction with relationship with community across specialties ANOVA gave the results as below:

Table 4.24: *Variation in Satisfaction with Relationship with Community across Specialties (Descriptives)*

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Orthopedics	59	3.5720	.75007	.09765	3.3766	3.7675
G.Surgery	87	3.6149	.83771	.08981	3.4364	3.7935
Medicine	217	3.3825	1.06067	.07200	3.2406	3.5244
Pediatrics	66	4.0568	.99305	.12224	3.8127	4.3009
Gynecology	71	4.1021	.80576	.09563	3.9114	4.2928
Total	500	3.6365	.98777	.04417	3.5497	3.7233

Satisfaction with delivery of care increased from practicing medicine as specialty (n = 217, M = 3.38, SD = 0.837) to practicing orthopedics as a specialty (n = 59, M = 3.57, SD = 0.750), practicing general surgery as a specialty (n = 87, M = 3.61, SD = 0.837), practicing pediatrics as a specialty (n = 66, M = 4.05, SD = 0.993) and practicing gynecology as a specialty (n = 71, M = 4.10, SD = 0.805).

Table 4.25: *Variation in Satisfaction with Relationship with Community across Specialties (ANOVA)*

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	41.339	4	10.335	11.482	.000***
Within Groups	445.532	495	.900		
Total	486.871	499			

***p < 0.001, **p < 0.01, *p < 0.05

Satisfaction with relationship with delivery of care was statistically significantly different across specialties, F (4,495) = 11.482, p<0.001 (table 4.25).

Table 4.26: *Variation in Satisfaction with Relationship with Community across Specialties (Tukey HSD)*

Dependent variable	(I) Specialty	(J) Specialty	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Relationship with	Orthopedics	G Surgery	-.04291	.16000	.999	-.4810	.3952
		Medicine	.18955	.13929	.653	-.1918	.5709

Community		Pediatrics	-.48478*	.16998	.036*	-.9502	-.0194
		Gynecology	-.53008*	.16713	.014*	-.9877	-.0725
Relationship with Community	G Surgery	Orthopedics	.04291	.16000	.999	-.3952	.4810
		Medicine	.23245	.12039	.302	-.0972	.5621
		Pediatrics	-.44188*	.15486	.036*	-.8659	-.0179
		Gynecology	-.48717*	.15173	.012*	-.9026	-.0717
Relationship with Community	Medicine	Orthopedics	-.18955	.13929	.653	-.5709	.1918
		G Surgery	-.23245	.12039	.302	-.5621	.0972
		Pediatrics	-.67433*	.13336	.000***	-1.0395	-.3092
		Gynecology	-.71962*	.12971	.000***	-1.0748	-.3645
Relationship with Community	Pediatrics	Orthopedics	.48478*	.16998	.036*	.0194	.9502
		G Surgery	.44188*	.15486	.036*	.0179	.8659
		Medicine	.67433*	.13336	.000***	.3092	1.0395
		Gynecology	-.04529	.16222	.999	-.4894	.3988
Relationship with Community	Gynecology	Orthopedics	.53008*	.16713	.014*	.0725	.9877
		G Surgery	.48717*	.15173	.012*	.0717	.9026
		Medicine	.71962*	.12971	.000***	.3645	1.0748
		Pediatrics	.04529	.16222	.999	-.3988	.4894

***p < 0.001, **p < 0.01, *p < 0.05

Tukey Post Hoc analysis revealed variation in satisfaction with relationship with community across specialties existed between orthopedics and pediatrics (-0.484, 95% CI (-0.950 to -0.194)), orthopedics and gynecology (-0.530, 95% CI (-0.987 to -0.725)), general and gynecology (-0.487, 95% CI (-0.902 to -0.717)), general surgery and pediatrics (-0.44, 95% CI (-0.865 to -0.179)), medicine and pediatrics (-0.674, 95% CI (-1.039 to -0.309)) and medicine and gynecology (-0.719, 95% CI (-1.074 to -0.364)).

4.4.6 Variation in satisfaction with earnings across specialties

In order to determine the variation in satisfaction with earnings across specialties ANOVA gave the results as below:

Table 4.27: Variation in Satisfaction with Earnings across Specialties (Descriptives)

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Orthopedics	59	2.9153	.80132	.10432	2.7064	3.1241
G.Surgery	87	3.2261	1.12465	.12058	2.9864	3.4657

Medicine	217	2.7051	1.10603	.07508	2.5571	2.8531
Pediatrics	66	3.5505	1.07257	.13202	3.2868	3.8142
Gynecology	71	3.1972	1.44154	.17108	2.8560	3.5384
Total	500	3.0020	1.16478	.05209	2.8997	3.1043

Satisfaction with earnings increased from practicing medicine as specialty (n = 217, M = 2.70, SD = 1.10) to practicing orthopedics as a specialty (n = 59, M = 2.91, SD = 0.801), practicing gynecology as a specialty (n = 71, M = 3.19, SD = 1.44), practicing general surgery as a specialty (n = 87, M = 3.22, SD = 1.124) and practicing pediatrics as a specialty (n = 66, M = 3.55, SD = 1.072).

Table 4.28: Variation in Satisfaction with Earnings across Specialties (ANOVA)

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	46.505	4	11.626	9.128	.000***
Within Groups	630.493	495	1.274		
Total	676.998	499			

***p < 0.001, **p < 0.01, *p < 0.05

Satisfaction with relationship with delivery of care was statistically significantly different across specialties, F (4,495) = 9.128, p<0.001 (table 4.28).

Table 4.29: Variation in Satisfaction with Earnings across Specialties (Tukey HSD)

Dependent variable	(I) Specialty	(J) Specialty	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Earnings	Orthopedics	G Surgery	-.31080	.19034	.477	-.8319	.2103
		Medicine	.21019	.16571	.711	-.2435	.6639
		Pediatrics	-.63525*	.20221	.015*	-1.1889	-.0816
		Gynecology	-.28193	.19882	.616	-.8263	.2624
Earnings	G Surgery	Orthopedics	.31080	.19034	.477	-.2103	.8319
		Medicine	.52098*	.14321	.003**	.1289	.9131
		Pediatrics	-.32445	.18423	.398	-.8288	.1799
		Gynecology	.02887	.18050	1.000	-.4653	.5231
Earnings	Medicine	Orthopedics	-.21019	.16571	.711	-.6639	.2435
		G Surgery	-.52098*	.14321	.003**	-.9131	-.1289

		Pediatrics	-.84544*	.15865	.000***	-1.2798	-.4111
		Gynecology	-.49211*	.15430	.013*	-.9146	-.0697
Earnings	Pediatrics	Orthopedics	.63525*	.20221	.015*	.0816	1.1889
		G Surgery	.32445	.18423	.398	-.1799	.8288
		Medicine	.84544*	.15865	.000***	.4111	1.2798
		Gynecology	.35332	.19297	.357	-.1750	.8817
Earnings	Gynecology	Orthopedics	.28193	.19882	.616	-.2624	.8263
		G Surgery	-.02887	.18050	1.000	-.5231	.4653
		Medicine	.49211*	.15430	.013*	.0697	.9146
		Pediatrics	-.35332	.19297	.357	-.8817	.1750

***p < 0.001, **p < 0.01, *p < 0.05

Tukey Post Hoc analysis revealed variation in satisfaction with relationship with community across specialties existed between orthopedics and pediatrics (-0.484, 95% CI (-0.950 to -0.194)), orthopedics and gynecology (-0.530, 95% CI (-0.987 to -0.725)), general and gynecology (-0.487, 95% CI (-0.902 to -0.717)), general surgery and pediatrics (-0.44, 95% CI (-0.865 to -0.179)), medicine and pediatrics (-0.674, 95% CI (-1.039 to -0.309)) and medicine and gynecology (-0.719, 95% CI (-1.074 to -0.364)).

4.4.7 Variation in satisfaction with resources across specialties

In order to determine the variation in satisfaction with resources across specialties ANOVA gave the results as below:

Table 4.30: *Variation in Satisfaction with Resources across Specialties (Descriptives)*

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Orthopedics	59	2.9291	.90596	.11795	2.6930	3.1652
G.Surgery	87	2.9896	.63959	.06857	2.8532	3.1259
Medicine	217	3.0829	.76450	.05190	2.9807	3.1852
Pediatrics	66	3.3678	.94077	.11580	3.1365	3.5990
Gynecology	71	2.9693	1.05223	.12488	2.7202	3.2183
Total	500	3.0700	.84037	.03758	2.9962	3.1438

Satisfaction with resources increased from practicing orthopedics as specialty (n = 59, M = 2.92, SD = 0.905) to practicing gynecology as a specialty (n = 71, M = 2.96, SD = 1.052), practicing general surgery as a specialty (n = 87, M = 2.98, SD = 0.639),

practicing medicine as a specialty (n = 217, M = 3.08, SD = 0.764) and practicing pediatrics as a specialty (n = 66, M = 3.36, SD = 0.940).

Table 4.31: Variation in Satisfaction with Resources across Specialties (ANOVA)

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	8.343	4	2.086	3.001	.018*
Within Groups	344.058	495	.695		
Total	352.401	499			

***p < 0.001, **p < 0.01, *p < 0.05

Satisfaction with relationship with delivery of care was statistically significantly different across specialties, F (4,495) = 3.001, p<0.05 (table 4.31).

Table 4.32: Variation in Satisfaction with Resources across Specialties (Tukey HSD)

Dependent variable	(I) Specialty	(J) Specialty	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Resources	Orthopedics	G Surgery	-.06043	.14061	.993	-.4454	.3245
		Medicine	-.15383	.12241	.718	-.4890	.1813
		Pediatrics	-.43865*	.14937	.029*	-.8476	-.0297
		Gynecology	-.04015	.14687	.999	-.4423	.3620
Resources	G Surgery	Orthopedics	.06043	.14061	.993	-.3245	.4454
		Medicine	-.09340	.10579	.903	-.3830	.1963
		Pediatrics	-.37822*	.13609	.045*	-.7508	-.0056
		Gynecology	.02028	.13334	1.000	-.3448	.3853
Resources	Medicine	Orthopedics	.15383	.12241	.718	-.1813	.4890
		G Surgery	.09340	.10579	.903	-.1963	.3830
		Pediatrics	-.28482	.11719	.109	-.6057	.0360
		Gynecology	.11368	.11399	.857	-.1984	.4258
Resources	Pediatrics	Orthopedics	.43865*	.14937	.029*	.0297	.8476
		G Surgery	.37822*	.13609	.045*	.0056	.7508
		Medicine	.28482	.11719	.109	-.0360	.6057
		Gynecology	.39850*	.14255	.043*	.0082	.7888
Resources	Gynecology	Orthopedics	.04015	.14687	.999	-.3620	.4423
		G Surgery	-.02028	.13334	1.000	-.3853	.3448
		Medicine	-.11368	.11399	.857	-.4258	.1984
		Pediatrics	-.39850*	.14255	.043*	-.7888	-.0082

***p < 0.001, **p < 0.01, *p < 0.05

Tukey Post Hoc analysis revealed variation in satisfaction with resources across specialties existed between orthopedics and pediatrics (-0.438, 95% CI (-0.847 to -0.029)), general surgery and pediatrics (-0.378, 95% CI (-0.750 to -0.005)) and pediatrics and gynecology (0.398, 95% CI (0.008 to 0.788)).

4.4.8 Variation in satisfaction with personal time across specialties

In order to determine the variation in satisfaction with personal time across specialties ANOVA gave the results as below:

Table 4.33: *Variation in Satisfaction with Personal Time across Specialties (Descriptives)*

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Orthopedics	59	2.6949	1.11981	.14579	2.4031	2.9867
G.Surgery	87	2.8276	.90771	.09732	2.6341	3.0210
Medicine	217	2.6590	1.02712	.06973	2.5216	2.7964
Pediatrics	66	3.4798	.92474	.11383	3.2525	3.7071
Gynecology	71	2.7465	1.40686	.16696	2.4135	3.0795
Total	500	2.8133	1.09768	.04909	2.7169	2.9098

Satisfaction with resources increased from practicing medicine as specialty (n = 217, M = 2.65, SD = 1.027) to practicing orthopedics as a specialty (n = 59, M = 2.69, SD = 1.11), practicing gynecology as a specialty (n = 71, M = 2.74, SD = 1.406), practicing general surgery as a specialty (n = 87, M = 2.82, SD = 0.907), and practicing pediatrics as a specialty (n = 66, M = 3.47, SD = 0.924).

Table 4.34: *Variation in Satisfaction with Resources across Specialties (ANOVA)*

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	35.648	4	8.912	7.800	.000***
Within Groups	565.597	495	1.143		
Total	601.244	499			

***p < 0.001, **p < 0.01, *p < 0.05

Satisfaction with relationship with delivery of care was statistically significantly different across specialties, F (4,495) = 7.800, p<0.001 (table 4.34).

Table 4.35: Variation in Satisfaction with Personal Time across Specialties (Tukey HSD)

Dependent variable	(I) Specialty	(J) Specialty	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Personal Time	Orthopedics	G Surgery	-.13267	.18028	.948	-.6262	.3609
		Medicine	.03593	.15695	.999	-.3938	.4656
		Pediatrics	-.78488*	.19152	.000***	-1.3092	-.2605
		Gynecology	-.05156	.18831	.999	-.5671	.4640
Personal Time	G Surgery	Orthopedics	.13267	.18028	.948	-.3609	.6262
		Medicine	.16860	.13564	.726	-.2028	.5400
		Pediatrics	-.65221*	.17449	.002**	-1.1299	-.1745
		Gynecology	.08111	.17096	.990	-.3870	.5492
Personal Time	Medicine	Orthopedics	-.03593	.15695	.999	-.4656	.3938
		G Surgery	-.16860	.13564	.726	-.5400	.2028
		Pediatrics	-.82081*	.15026	.000***	-1.2322	-.4094
		Gynecology	-.08749	.14615	.975	-.4876	.3126
Personal Time	Pediatrics	Orthopedics	.78488*	.19152	.000***	.2605	1.3092
		G Surgery	.65221*	.17449	.002**	.1745	1.1299
		Medicine	.82081*	.15026	.000***	.4094	1.2322
		Gynecology	.73332*	.18277	.001**	.2329	1.2337
Personal Time	Gynecology	Orthopedics	.05156	.18831	.999	-.4640	.5671
		G Surgery	-.08111	.17096	.990	-.5492	.3870
		Medicine	.08749	.14615	.975	-.3126	.4876
		Pediatrics	-.73332*	.18277	.001**	-1.2337	-.2329

***p < 0.001, **p < 0.01, *p < 0.05

Tukey Post Hoc analysis revealed variation in satisfaction with personal time across specialties existed between orthopedics and pediatrics (-0.784, 95% CI (-1.309 to -0.260)), general surgery and pediatrics (-0.652, 95% CI (-1.129 to -0.174)), medicine and pediatrics (-0.820, 95% CI (-1.232 to -0.409)) and pediatrics and gynecology (0.733, 95% CI (0.232 to 1.233)).

4.4.9 Variation in job satisfaction across specialties

In order to determine the variation in job satisfaction across specialties ANOVA gave the results as below:

Table 4.36: Variation in Job Satisfaction across Specialties (Descriptives)

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Orthopedics	59	3.0621	.85428	.11122	2.8395	3.2848
G.Surgery	87	3.4330	.79585	.08532	3.2633	3.6026
Medicine	217	3.2320	1.16973	.07941	3.0754	3.3885
Pediatrics	66	3.7323	1.15503	.14217	3.4484	4.0163
Gynecology	71	3.1408	1.06408	.12628	2.8890	3.3927
Total	500	3.3000	1.07656	.04815	3.2054	3.3946

Job Satisfaction increased from practicing orthopedics as specialty (n = 59, M = 3.06, SD = 0.854) to practicing gynecology as a specialty (n = 71, M = 3.14, SD = 1.06) to practicing medicine as a specialty (n = 217, M = 3.23, SD = 1.169), practicing general surgery as a specialty (n = 87, M = 3.43, SD = 0.795), and practicing pediatrics as a specialty (n = 66, M = 3.73, SD = 1.064).

Table 4.37: Variation in Job Satisfaction across Specialties (ANOVA)

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	20.015	4	5.004	4.436	.002**
Within Groups	558.319	495	1.128		
Total	578.333	499			

***p < 0.001, **p < 0.01, *p < 0.05

Difference in perception of job satisfaction was statistically significantly different across specialties, F (4,495) = 4.436, p<0.01 (table 4.37).

Table 4.38: Variation in Job Satisfaction across Specialties (Tukey HSD)

Dependent variable	(I) Specialty	(J) Specialty	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Job Satisfaction	Orthopedics	G Surgery	-.37080	.17911	.235	-.8612	.1196
		Medicine	-.16980	.15593	.812	-.5967	.2571
		Pediatrics	-.67018*	.19028	.004**	-1.1911	-.1492
		Gynecology	-.07870	.18709	.993	-.5909	.4335
Job	G Surgery	Orthopedics	.37080	.17911	.235	-.1196	.8612

Satisfaction		Medicine	.20100	.13477	.569	-.1680	.5700
		Pediatrics	-.29937	.17336	.418	-.7740	.1753
		Gynecology	.29211	.16985	.423	-.1729	.7571
Job Satisfaction	Medicine	Orthopedics	.16980	.15593	.812	-.2571	.5967
		G Surgery	-.20100	.13477	.569	-.5700	.1680
		Pediatrics	-.50037*	.14929	.008**	-.9091	-.0916
		Gynecology	.09111	.14520	.971	-.3064	.4887
Job Satisfaction	Pediatrics	Orthopedics	.67018*	.19028	.004**	.1492	1.1911
		G Surgery	.29937	.17336	.418	-.1753	.7740
		Medicine	.50037*	.14929	.008**	.0916	.9091
		Gynecology	.59148*	.18159	.011*	.0943	1.0887
Job Satisfaction	Gynecology	Orthopedics	.07870	.18709	.993	-.4335	.5909
		G Surgery	-.29211	.16985	.423	-.7571	.1729
		Medicine	-.09111	.14520	.971	-.4887	.3064
		Pediatrics	-.59148*	.18159	.011*	-1.0887	-.0943

***p < 0.001, **p < 0.01, *p < 0.05

Tukey Post Hoc analysis revealed variation in job satisfaction across specialties existed between orthopedics and pediatrics (-0.370, 95% CI (-1.19 to -0.149)), medicine and pediatrics (-0.500, 95% CI (-0.909 to -0.916)) and pediatrics and gynecology (0.591, 95% CI (-0.094 to 1.088)).

Hence, **H₉**: *There will be no variation in job satisfaction across specialties* is rejected.

4.5 Variation in Job Satisfaction with Practice Type

H₁₀: *There will be no variation in job satisfaction among doctors employed in Government and Private hospitals.*

ANOVA was conducted to determine the difference in perception of doctors employed in Government and Private hospitals towards job satisfaction. Initially however, regression analysis was performed to determine the factors contributing to job satisfaction among these two groups of physicians.

4.5.1 Regression analysis to determine the factors contributing to job satisfaction of physicians employed in private hospitals

Stepwise regression was carried out to determine the demographic, work context and content factors contributing to satisfaction of physicians employed in private hospitals. Job satisfaction was taken as dependent variable while demographic, work context and content factors were taken as independent variables. The results obtained are depicted in table 4.39.

Table 4.39: Relationship of Demographic, Job Context and Content Factors with Job Satisfaction of physicians employed in private hospitals

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
6	.768 ^f	.589	.578	.66036		
<i>ANOVA</i>						
Model		Sum of Squares	df	Mean Square	F	Sig.
6	Regression	138.813	6	23.135	53.054	.000***
	Residual	96.808	222	.436		
	Total	235.621	228			
<i>Coefficients</i>						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
6	(Constant)	.431	.298		1.449	.149
	RC	.585	.062	.508	9.508	.000***
	PT	.543	.045	.576	12.085	.000***
	Aut	-.490	.084	-.295	-5.797	.000***
	GSurgery	.517	.122	.190	4.240	.000***
	RS	.169	.073	.121	2.306	.022*
	Orthopedics	.377	.189	.092	2.002	.047*

***p < 0.001, **p < 0.01, *p < 0.05

Regression analysis suggests that relationship with community (RC), personal time (PT), autonomy (AUT), practicing general surgery as a specialty, relationship with staff (RS), and practicing orthopedics as a specialty statistically significantly account for 58.9% variance in job satisfaction with adjusted $R^2 = 57.8\%$. ANOVA indicates that the listed independent variables account for variance in job satisfaction statistically significantly, $F(6,222) = 53.054$, $p < 0.001$.

Value of the coefficients obtained after stepwise regression indicates the significance of each of the independent variable in affecting the dependent variable. Based upon this appropriate regression equation can be developed to explain the relationship between dependent and independent variables.

The regression equation for the model can be described as below:

$$JS = 0.431 + 0.585 (RC) + 0.543 (PT) + (-0.490) (Aut) + 0.517 (G Surgery) + 0.169 (RS) + 0.377 (Orthopedics)$$

The equation above, developed on the basis of the values obtained of the coefficients suggest that job satisfaction of the physicians employed in private hospitals is positively influenced by relationship with community, personal time, practicing general surgery and orthopedics as a specialty and relationship with staff. Autonomy on the other hand has a negative influence on the job satisfaction of physicians employed in the private hospitals.

4.5.2 Regression analysis to determine the factors contributing to job satisfaction of physicians employed in Government hospitals

Stepwise regression was carried out to determine the demographic, work context and content factors contributing to satisfaction of physicians employed in Government hospitals. Job satisfaction was taken as dependent variable while demographic, work context and content factors were taken as independent variables. The results obtained are depicted below in Table 4.40.

Table 4.40: *Relationship of Demographic, Job Context and Content Factors with Job Satisfaction of physicians employed in Government hospitals*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
7	.878 ^g	.772	.763	.55964		
<i>ANOVA</i>						
Model	Sum of Squares		df	Mean Square	F	Sig.
7	Regression		7	29.164	93.116	.000***
	Residual		193	.313		
	Total		200			
<i>Coefficients</i>						

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
7	(Constant)	-2.158	.248		-8.701	.000***
	DOC	.583	.069	.399	8.390	.000***
	R	.419	.055	.297	7.603	.000***
	RC	.294	.059	.288	5.021	.000***
	Medicine	.609	.101	.255	6.020	.000***
	TICP2	.566	.116	.189	4.878	.000***
	ER	.210	.057	.215	3.679	.000***
	Pediatrics	.260	.116	.084	2.245	.026*

***p < 0.001, **p < 0.01, *p < 0.05

Regression analysis suggests that delivery of care (DOC), resources (R), relationship with community (RC), personal time (PT), autonomy (AUT), practicing medicine and pediatrics as a specialty, time in current position between 3 to 6 years and earnings (ER) significantly account for 77.2% variance in job satisfaction with adjusted $R^2 = 76.3\%$. The model is acceptable as ANOVA results indicates that the listed independent variables account for variance in job satisfaction statistically significantly, $F(7,193) = 93.116$, $p < 0.001$.

Stepwise regression carried out to determine the strength of impact of each the independent variables affecting job satisfaction of the physicians employed in Government hospitals led to the following regression equation:

$$JS = -2.158 + 0.583 (DOC) + 0.419 (R) + 0.294 (RC) + 0.609 (Medicine) + 0.566 (TICP2) + 0.210 (ER) + 0.260 (Pediatrics)$$

From the table 4.40 and equation above it is evident that job satisfaction of physicians employed in Government hospitals is positively influenced by delivery of care (DOC), availability of resources (R), relationship with community (RC), practicing medicine and pediatrics as a specialty, time in current position between 3 to 6 years (TICP2), and earnings (ER). A negative value for your constant/intercept is not a cause for

concern, as it simply implies that the expected value on the dependent variable will be less than 0 when all predictor variables are set to 0.

4.5.3 ANOVA to determine difference in perception among physicians employed in private and Government hospitals towards job satisfaction

ANOVA was conducted to determine difference in perception among physicians employed in private and Government hospitals towards job satisfaction. The results of the same are shown through table 4.41.

Table 4.41: *Variation in Job Satisfaction across Practice Types (Descriptive Statistics)*

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Employment in Pvt. Hospital	229	3.0262	1.01657	.06718	2.8938	3.1586
Employment in Govt. hospital	201	3.3781	1.15021	.08113	3.2181	3.5381
TOTAL	430	3.1907	1.09403	.05276	3.0870	3.2944

It is evident from the table 4.41 that physicians employed in private hospitals had lower mean satisfaction score (n = 229, M = 3.02, SD = 1.01) as compared with physicians employed in Government hospitals (n= 201, M = 3.37, SD = 1.15)

Table 4.42: *Variation in Job Satisfaction across Practice Types (ANOVA)*

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	13.256	1	13.256	11.342	.001**
Within Groups	500.218	428	1.169		
Total	513.474	429			

***p < 0.001, **p < 0.01, *p < 0.05

Difference in perception of job satisfaction was statistically significantly different across practice types, F (1,428) = 11.342, p<0.01 (Table 4.42). Hence, H₁₀; *There will be no variation in job satisfaction among doctors employed in Government and Private Hospitals* is rejected.

4.6 Factors Affecting Physician Career Satisfaction

This section attempts to focus on career satisfaction of the physicians and includes regression analysis to identify the demographic, work context and content factors that may have bearing upon career satisfaction of the physicians.

4.6.1 Role of demographic variables in career satisfaction

Impact of demographic factors on physician career satisfaction is analyzed individually without considering the impact of work content and context factors. A step wise regression was performed with demographic variables as independent and career satisfaction as dependent variable. The analysis of the result is shown in table 4.43

Table 4.43: Relationship of Demographic Variables with Career Satisfaction

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
4	.459 ^d	.211	.205	.92808		
<i>ANOVA</i>						
Model		Sum of Squares	df	Mean Square	F	Sig.
4	Regression	114.019	4	28.505	33.094	.000***
	Residual	426.363	495	.861		
	Total	540.382	499			
<i>Coefficients</i>						
Del		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
4	(Constant)	4.103	.097		42.192	.000***
	EmployedinPvtHosp	-.755	.091	-.362	-8.279	.000***
	Male	-.567	.093	-.258	-6.063	.000***
	Pediatrics	.405	.125	.132	3.253	.001**
	TICP3	.248	.096	.114	2.581	.010*

***p < 0.001, **p < 0.01, *p < 0.05

Results as shown above in table 4.43 reflect that demographic variables like time in current position for 6 years and above, employed in private hospital, practicing pediatrics as specialty, being male explain 21.1% of the variance in job satisfaction

with adjusted $R^2 = 20.5\%$. Further ANOVA results indicate that above mentioned demographic factors statistically significantly predicted career satisfaction, $F(4, 495) = 33.094$, $p < .001$.

A stepwise linear regression was carried out to understand the effect of demographic variables on physician career satisfaction.

The prediction equation:

$$CS = 4.103 + (-0.755) (\text{Employed in pvt. hospital}) + (-0.567) (\text{Male}) + 0.405 (\text{pediatrics}) + 0.248 (\text{TICP3})$$

statistically significantly predicted certain demographic factors, $F(4, 495) = 33.094$, $p < .001$ 21.1% of the variance in job satisfaction with adjusted $R^2 = 20.5\%$ a medium size effect according to Cohen (1998). Also, the above equation indicates that being male, employed in private hospital are negatively related to career satisfaction. While, practicing pediatrics as a specialty and being in the same position for 6 years and above are positively related to career satisfaction.

4.6.2 Role of Work context and content variables in career satisfaction

A linear stepwise regression was carried out to understand the impact of work context and content factors on physician career satisfaction. Work context and content factors were taken as independent variables and career satisfaction was taken as dependent variable. The analysis of the result is depicted in table 4.44.

Table 4.44: *Relationship of Work Context and Content factors with Career Satisfaction*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
6	.586 ^f	.344	.336	.84822		
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
6	Regression	185.677	6	30.946	43.012	.000***
	Residual	354.705	493	.719		
	Total	540.382	499			
<i>Coefficients</i>						

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
6	(Constant)	1.340	.281		4.763	.000***
	RC	.233	.055	.221	4.239	.000***
	PT	.215	.038	.227	5.687	.000***
	DOC	.374	.069	.266	5.421	.000***
	ER	.160	.041	.179	3.940	.000***
	R	-.138	.048	-.111	-2.891	.004**
	RCo	-.174	.070	-.112	-2.484	.013*

***p < 0.001, **p < 0.01, *p < 0.05

Regression analysis suggest that work context factors like relationship with community, availability of personal time, earnings, availability of resources significantly impacted job satisfaction and relationship with community. Only one content factor namely delivery of care had substantial influence on career satisfaction and all of these factors – work context and content - explain 34.4% of the variance in job satisfaction with adjusted $R^2 = 33.6\%$, a large effect size according to Cohen (1998).

Further, ANOVA indicates that above mentioned demographic factors statistically significantly predicted career satisfaction, $F(6, 493) = 43.012$, $p < .001$.

Linear regression carried out to understand the effect of work context and content factors on job satisfaction gave the following equation:

$$CS = 1.340 + 0.233 (RC) + 0.215 (PT) + 0.374 (DOC) + 0.160 (ER) + (-0.138) (R) + (-0.174) (RCO)$$

The above equation statistically significantly predicts work context and content factors, $F(6, 493) = 43.012$, $p < .001$ accounting for 34.4% of the variance in job satisfaction with adjusted $R^2 = 33.6\%$, a large effect size according to Cohen (1998). The above equation also indicates a positive relationship between career satisfaction and relationship with community (RC), personal time (PT), delivery of care (DOC), employee earnings (ER). While a negative relationship is indicated with availability of

resources (R) and relationship with community (RCO). Details about the coefficients obtained through stepwise regression are presented in table 4.44.

4.7 Combined Effect of Demographic, Work Context and Content Factors on Physician Job and Career Satisfaction

Stepwise regression was carried out to understand the combined effect of demographic, work context and content factors on physician job and career satisfaction. A correlation analysis was also carried out to understand the extent of strength of relationship between job and career satisfaction.

4.7.1 Combined Effect of Demographic, Work Context and Content Factors on Physician Job Satisfaction

A linear stepwise regression was carried out to understand the combined impact of demographic, work context and content factors on physician satisfaction. Demographic, work context and content factors were taken as predictor variables and job satisfaction was taken as dependent variable. The analysis of the result is depicted in table 4.45.

Table 4.45: *Relationship of Demographic, Work Context and Content factors with Job Satisfaction*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
11	.793	.630	.621	.66256		
<i>ANOVA</i>						
Model		Sum of Squares	Df	Mean Square	F	Sig.
11	Regression	364.111	11	33.101	75.404	.000***
	Residual	214.222	488	.439		
	Total	578.333	499			
<i>Coefficients</i>						
Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	
	B	Std. Error	Beta			

11	(Constant)	-1.203	.198		-6.069	.000***
	RC	.347	.042	.318	8.260	.000***
	PT	.282	.030	.287	9.242	.000***
	DOC	.410	.052	.283	7.915	.000***
	Own Hospital	.293	.107	.094	2.738	.006**
	Medicine	.434	.079	.200	5.462	.000***
	ER	.143	.034	.154	4.151	.000***
	Gynecology	-.172	.102	-.056	-1.682	.093*
	TICP3	-.285	.075	-.127	-3.817	.000***
	Employed in Pvt. Hosp.	-.326	.084	-.151	-3.891	.000***
	R	.157	.044	.123	3.566	.000***
	G. Surgery	.260	.097	.092	2.679	.008**

***p < 0.001, **p < 0.01, *p < 0.05

Regression analysis suggests that work context factors like relationship with community, availability of personal time, earnings and availability of resources significantly impacted job satisfaction. The content factor, viz. delivery of care had substantial influence on job satisfaction. While, demographics like having own hospital, practicing medicine, gynecology and general surgery as specialty, employment in private hospital and having been in the same position for more than 6 years also influenced job satisfaction. All of these factors-demographic, work context and content - explain 63% of the variance in job satisfaction with adjusted $R^2 = 62.1\%$, a large effect size according to Cohen (1998). Further, ANOVA indicates that above mentioned factors statistically significantly predicted job satisfaction, $F(11, 488) = 75.404$, $p < .001$

Linear regression carried out to understand the effect of demographic, work context and content factors on job satisfaction has been given through the following equation:

$$JS = (-1.203) + .347 (RC) + .282 (PT) + .410 (DOC) + 0.293 (\text{own hospital}) + 0.434 (\text{medicine}) + 0.143 (ER) + (-0.172) (\text{gynecology}) + (-0.285) (TICP3) + (-0.326) (\text{employed in pvt. hospital}) + 0.157 (R) + 0.260 (\text{general surgery})$$

The above equation statistically significantly predicts work context and content factors, $F(11, 488) = 75.404$, $p < .001$ and accounted for 63% of the variance in job satisfaction with adjusted $R^2 = 62.1\%$. The above equation also indicates a positive relationship between job satisfaction and relationship with community (RC), personal time (PT), delivery of care (DOC), employee earnings (ER), practicing medicine and general surgery as specialty, having own hospital and resources (R) while, a negative relationship is manifested with practicing gynecology as specialty, being in the same position for more than 6 years and being employed in private hospital.

4.7.2 Combined Effect of Demographic, Work Context and Content Factors on Physician Career Satisfaction

A linear stepwise regression was carried out to understand the combined impact of demographic, work context and content factors on physician career satisfaction. Demographic, work context and content factors were taken as predictor variables and career satisfaction as dependent variable. The analysis of the result is depicted in table 4.46.

Table 4.46: Relationship of Demographic, Work Context and Content factors with Career Satisfaction

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
9	.673	.453	.443	.77636		
<i>ANOVA</i>						
Model		Sum of Squares	Df	Mean Square	F	Sig.
9	Regression	245.045	9	27.227	45.173	.000***
	Residual	295.337	490	.603		
	Total	540.382	499			
<i>Coefficients</i>						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
9	(Constant)	1.934	.239		8.095	.000***
	RC	.281	.052	.267	5.452	.000***
	Employed in Pvt. Hosp.	-.614	.079	-.294	-7.744	.000***

	Male	-.689	.094	-.313	-7.350	.000***
	PT	.230	.035	.243	6.604	.000***
	DOC	.204	.063	.146	3.226	.001***
	Gynecology	-.455	.123	-.153	-3.702	.000***
	G. Surgery	-.249	.095	-.091	-2.617	.009**
	ER	.108	.039	.121	2.805	.005**
	R	-.106	.047	-.086	-2.254	.025*
a. Dependent Variable: CS						

***p < 0.001, **p < 0.01, *p < 0.05

Regression analysis (Table 4.46) suggests that work context factors like relationship with community, availability of personal time, earnings and availability of resources significantly impacted job satisfaction. Delivery of care factor had substantial influence on job satisfaction. While, demographic factors like employment in private hospital, practicing gynecology and general surgery as specialty, and being male also influenced job satisfaction. All of these factors – demographic, work context and content - explain 45.3% of the variance in job satisfaction with adjusted $R^2 = 44.3\%$, a large effect size according to Cohen (1998).

Further, ANOVA results depict that the model is acceptable and the above mentioned factors statistically significantly predicted career satisfaction, $F(9, 490) = 45.173$, $p < .001$

Linear regression carried out to understand the effect of demographic, work context and content factors on career satisfaction gave the following equation:

$$CS = 1.934 + .281 (RC) + (-0.614) (\text{Employed in Pvt. Hospital}) + (0.689) (\text{male}) + .230 (PT) + .204 (DOC) + (-0.455) (\text{gynecology}) + (-0.249) (\text{G surgery}) + .108 (ER) + (-0.106) (R)$$

The above equation statistically significantly predicts work context and content factors, $F(9, 490) = 45.173$, $p < .001$ accounting for 45.3% of the variance in job satisfaction with adjusted $R^2 = 44.3\%$, a large effect size according to Cohen (1998). The above equation also indicates a positive relationship between job satisfaction and relationship with community (RC), being male, personal time (PT), delivery of care (DOC), and employee earnings (ER). While a negative relationship is indicated with

employment in private hospital, practicing gynecology and general surgery as specialty and resources (R).

4.7.3 Correlation between job and career satisfaction

Pearson correlation coefficient was calculated to determine the strength the association between job and career satisfaction (Table 4.47).

Table 4.47: Correlation between Job Satisfaction & Career Satisfaction

		JS	CS
JS	Pearson Correlation	1	.715**
	Sig. (2-tailed)		.000
	N	500	500
CS	Pearson Correlation	.715**	1
	Sig. (2-tailed)	.000	
	N	500	500

It can be concluded from results shown in table 4.47 that there exists a significant positive correlation between job and career satisfaction, $r = 0.715$.

4.8 Job and career satisfaction among male and female physicians

4.8.1. Measuring job and career satisfaction among male and female physicians for various parameters

Job and career satisfaction was measured on the basis of mean score. Table 4.48 gives the mean score for these two parameters for different categories. Indian physicians exhibit greater career satisfaction ($M = 3.52$, $SD = 1.040$) as compared to satisfaction with their present job ($M = 3.30$, $SD = 1.076$). Further, while males report higher job satisfaction ($M = 3.34$, $SD = 1.101$) in comparison to females ($M = 3.22$, $SD = 1.025$), females appear to be more satisfied in their careers ($M = 3.71$, $SD = 0.973$) with respect to males ($M = 3.42$, $SD = 1.07$).

Males having their own hospital tend to show higher job ($M = 4.077$, $SD = 0.655$) as well as career ($M = 4.015$, $SD = 0.760$) satisfaction. As also males practicing pediatrics as specialty reported greater satisfaction in their jobs ($M = 4.05$, $SD = 0.981$) as well as careers ($M = 4.29$, $SD = 0.740$).

Lower job satisfaction was found in males who have been employed in private hospitals (M = 2.99, SD = 1.074), have experience less than three years (M = 2.95, SD = 0.915) as also who have been in the current position for less than three years (M = 2.81, SD = 0.989). Consistent with the above observation career satisfaction was also found to be lower in these categories – employed in private hospital (M = 2.84, SD = 1.114), experience less than three years (M = 2.94, SD = 0.918) and time in current position (M = 2.89, SD = 0.904).

In case of females average job satisfaction scores for all the categories were in the range of (3.05 to 3.66) except female pediatricians (M = 2.92, SD = 1.184). However, females employed in government hospitals (M = 4.39, SD = 0.706), having experience more than 6 years (M = 4.17, SD = 0.710), having been in current position for 3 to 6 years (M = 3.88, SD = 0.924) and for more than 6 years (M = 3.84, SD = 0.781), practicing medicine (M = 3.80, SD = 0.963) and in gynecology (M = 3.80, SD = 1.034) report higher satisfaction in comparison to other categories. Average career satisfaction score across remaining categories were in the range of 3.39 to 3.71 (Table 4.48).

Table 4.48: Mean Scores for Job and Career Satisfaction for various Parameters under Study.

		Job satisfaction		Career satisfaction	
		Mean	SD	Mean	SD
<i>Sample (Overall); N = 500</i>		3.30	1.076	3.52	1.040
<i>Males(Overall); N = 331</i>		3.34	1.101	3.42	1.07
Practice type	Own Hospital	4.077	0.655	4.015	0.760
	Employed in pvt. Hospital	2.99	1.074	2.84	1.114
	Employed in Govt. hospital	3.36	1.121	3.69	0.889
Experience	0>3 years	2.95	0.915	2.94	0.918
	3> 6 years	3.52	0.796	3.60	0.900
	6 years and above	3.43	1.22	3.56	1.11
Time in current position	0>3 years	2.81	0.989	2.89	0.904
	3> 6 years	3.40	0.862	3.48	0.136
	6 years and above	3.66	1.143	3.76	0.990
Specialty	Orthopedics	3.06	0.885	3.47	0.973
	General surgery	3.54	0.836	3.44	0.691
	Medicine	3.14	1.225	3.16	1.197
	Pediatrics	4.05	0.981	4.29	0.740

	Gynecology	Not calculated since N is very small (N = 8)			
<i>Females (Overall); N = 169</i>		3.22	1.025	3.71	0.963
Practice type	Own Hospital	3.66	0.485	3.65	0.327
	Employed in Pvt. hospital	3.05	0.949	3.43	0.989
	Employed in Govt. hospital	3.43	1.257	4.39	0.706
Experience	0 to 3 years	3.36	0.837	3.65	1.037
	3 to 6 years	3.12	1.201	3.39	0.904
	6 years and above	3.10	1.077	4.17	0.710
Time in current position	0 to 3 years	3.15	0.973	3.65	1.00
	3 to 6 years	3.62	1.041	3.88	0.924
	6 years and above	3.18	1.194	3.84	0.781
Specialty	Orthopedics	Not calculated since N is very small (N = 4)			
	General surgery	3.06	0.502	3.20	0.674
	Medicine	3.44	0.998	3.80	0.963
	Pediatrics	2.92	1.184	3.42	0.827
	Gynecology	3.15	1.129	3.80	1.034

Job and career satisfaction are positively related with each other, both for males (0.742) as well as for females (0.696). Further, this correlation is significant and positive for most of the categories amongst males ranging from 0.569 to 0.871. While in case of females having their own hospital a very low correlation is manifested (0.345) and for female physicians practicing surgery as specialty, there exists no correlation (0.000). For other categories corresponding to females, correlation between job and career satisfaction is significant and positive (ranging between 0.575 and 0.940) (Table 4.48).

4.8.2 Difference in perception regarding job and career satisfaction among male and female physicians

Paired t-test was conducted to determine the difference in perception of male and female physicians towards job and career satisfaction.

As already stated females experience greater career satisfaction (3.711 ± 0.964) as compared to job satisfaction (3.225 ± 1.025), a statistically significant difference of -0.486 (95% CI, -0.604 to -0.368), $t(168) = -8.128$, $p < 0.005$. Similarly, males also experience greater career satisfaction (3.429 ± 1.067) as compared to job satisfaction

(3.338±1.101), a statistically significant difference of -0.0906 (95% CI, -0.175 to -0.0064), $t(330) = -2.117$, $p = 0.035$ (Table 4.49).

A statistically significant difference between job and career satisfaction was observed in males employed in private hospitals [difference of 0.1566 (95% CI, 0.0135 to 0.3029), $t(122) = 2.120$, $p = 0.036$], government hospitals [difference of -0.3363 (95% CI, -0.452 to -0.220), $t(155) = -5.729$, $p < 0.005$]. It is worthwhile to state that male physicians in private hospitals report higher job satisfaction (2.99 ± 1.074) and lower career satisfaction (2.84 ± 1.114), while in case of male physicians employed in government hospitals career satisfaction (3.69 ± 0.889) is higher, as compared to job satisfaction (3.36 ± 1.121). Male physicians having experience of more than 6 years indicate higher career satisfaction (3.43 ± 1.22), the difference is statistically significant at 95% CI [-0.1315 (95% CI, -0.246 to -0.016), $t(188) = -2.265$, $p = 0.025$]. Further, male physicians practicing orthopedics and pediatrics as specialty report significant difference in career and job satisfaction. In both the cases career satisfaction is higher as compared to job satisfaction (Table 4.48 and Table 4.49).

Like males, female physicians too report higher career satisfaction (3.71 ± 0.963) and lower job satisfaction (3.22 ± 1.025). The difference is statistically significant at 95% CI [-0.486 (95% CI, -0.604 to -0.368), $t(168) = -8.128$, $p < 0.005$. Further, it was observed that female physicians exhibit statistically significant difference between career and job satisfaction for almost all the categories except in case of physicians having their own hospital, having been in the same position for 3 to 6 years and practicing general surgery as specialty. The study indicates that female physicians experience higher career satisfaction and lower job satisfaction across all categories, except for physicians having their own hospital (Table 4.48 and Table 4.49).

Table 4.49: *Difference in Perception between Job and Career Satisfaction amongst Males and Females (paired t-test).*

	Correlation		Paired differences							
	JS&CS	Sig	JS-CS Mean	Std.Dev.	SE Mean	95% CI of the diff.		T	df	Sig. (2-tailed)
						Lower	Upper			
Males (Overall)	0.742	0.000*	-0.090	0.779	0.0428	-0.17	-0.00	-2.1	330	0.035*

				6			5	6	17		
<i>Males</i>											
Practice type	Own Hospital	0.679	0.000** *	0.061 54	0.575 3	0.079 7	- 0.09 8	0.22 1	0.7 71	51	0.444
	Employed in pvt. Hospital	0.720	0.000* **	0.156 6	0.819	0.739	0.01 35	0.30 29	2.1 20	12 2	0.036*
	Employed in Govt. hospital	0.757	0.000* **	- 0.336 3	0.733 3	0.058 71	- 0.45 2	- 0.22 0	- 5.7 29	15 5	0.000* **
Experience	0 to 3 years	0.673	0.000* **	0.006 8	0.741 4	0.083 9	- 0.16 0	- 0.17 4	0.0 81	77	0.935
	3 to 6 years	0.598	0.000* **	- 0.088 5	0.766 4	0.095 8	- 0.27 9	0.10 2	- 0.9 24	63	0.359
	6 years and above	0.770	0.000* **	- 0.131 5	0.798 2	0.058 0	- 0.24 6	- 0.01 6	- 2.2 65	18 8	0.025*
Time in current position	0 to 3 years	0.595	0.000* **	- 0.081 2	0.855	0.083 5	- 0.24 6	0.08 43	- 0.9 73	10 4	0.333
	3 to 6 years	0.848	0.000* **	- 0.078 8	0.617 7	0.073 3	- 0.22 5	0.06 73	- 1.0 76	70	0.286
	6 years and above	0.731	0.000* **	- 0.102 3	0.795 3	0.063 88	- 0.22 8	0.02 38	- 1.6 02	15 4	0.111
Specialty	Orthopedics	0.871	0.000* **	- 0.406	0.479	0.064 6	- 0.53 5	0.27 65	- 6.2 86	54	0.000* **
	General surgery	0.569	0.000* **	0.094 5	0.720 3	0.088	- 0.08 1	0.27 02	1.0 74	66	0.287
	Medicine	0.707	0.000* **	- 0.017 3	0.928 12	0.074 7	- 0.16 5	0.13 04	- 0.2 32	15 3	0.817

	Pediatrics	0.871	0.000**	-0.241	0.5136	0.0749	-0.391	0.0903	-3.216	46	0.002*
	Gynecology	Not calculated as sample size is very small (N = 8).									
Females (Overall)		0.696	0.000**	-0.486	0.777	0.059	-0.604	-0.368	-8.128	168	0.000**
Practice type	Own Hospital	0.345	0.160	0.0111	0.482	0.1137	-0.228	0.251	0.098	17	0.923
	Employed in pvt. Hospital	0.716	0.000**	-0.370	0.7318	0.071	-0.511	-0.229	-5.211	105	0.000**
	Employed in Govt. hospital	0.843	0.000**	-0.9585	0.762	0.1136	-1.187	-0.729	-8.435	44	0.000**
Experience	0>3 years	0.772	0.000**	-0.292	0.660	0.077	-0.446	-0.138	-3.779	72	0.000**
	3> 6 years	0.780	0.000**	-0.264	0.752	0.104	-0.473	-0.054	-2.532	51	0.014*
	6 years and above	0.769	0.000**	-1.071	0.699	0.105	-1.283	-0.858	-10.15	43	0.000**
Time in current position	0>3 years	0.661	0.000**	-0.497	0.815	0.074	-0.644	-0.349	-6.682	119	0.000**
	3> 6 years	0.702	0.000**	-0.258	0.767	0.156	-0.582	0.065	-1.65	23	0.113
	6 years and above	0.933	0.000**	-0.653	0.544	0.108	-0.878	-0.428	-5.998	24	0.000**
Specialty	Orthopedics	Not calculated as sample size is very small (N = 4).									
	General surgery	0.000	1.000	-0.113	0.481	0.188	-0.52	0.260	-0.7	19	0.487

							6		09		
	Medicine	0.575	0.000**	-0.361	0.904	0.113	0.589	0.134	3.176	62	0.002*
	Pediatrics	0.940	0.000**	-0.491	0.496	0.113	0.730	0.252	4.317	18	0.000**
	Gynecology	0.845	0.000**	-0.650	0.608	0.076	0.804	0.497	8.489	62	0.000**

***p < 0.001, **p < 0.01, *p < 0.05

4.8.3 Factors effecting job and career satisfaction among male and female physicians

Stepwise regression was performed to identify the factors that impact job as well as career satisfaction among male and female physicians, the results are tabulated in Table 4.50 and Table 4.51

Table 4.50: Relationship of Demographic, Work Context and Content factors with Job and Career Satisfaction among Male Doctors

		Job satisfaction				Career satisfaction			
		B	□	SE	P	B	□	SE	P
<i>Males; N = 331</i>									
Relationship with co-workers (RCO)						-0.266	-0.180	0.076	0.000***
Delivery of care (DOC)		0.363	0.271	0.072	0.000***	0.222	0.171	0.082	0.007**
Relationship with community (RC)		0.313	0.284	0.055	0.000***	0.429	0.402	0.066	0.000***
Resources (R)						-0.306	-0.244	0.060	0.000***
Earnings (ER)		0.197	0.205	0.038	0.000***				
Personal time (PT)		0.426	0.402	0.036	0.000***	0.310	0.303	0.041	0.000***
Practice type	Own Hospital	0.559	0.185	0.100	0.000***				
	Employed in pvt. Hospital					-0.852	-0.387	0.123	0.000***
	Employed in Govt. hospital					-0.454	-0.213	0.134	0.001**
Time in current position	6 years and above					0.330	0.155	0.095	0.001**
Specialty	General					-0.209	-0.079	0.101	0.040*

	surgery								
	Medicine	0.236	0.107	0.076	0.011*				
	Gynecology					-1.167	-0.168	0.308	0.000***
Model summary		R=0.825, R²=0.680, Adj. R² = 0.673				R=0.747, R²=0.558, Adj. R² = 0.545			

***p < 0.001, **p < 0.01, *p < 0.05

Table 4.51: Relationship of Demographic, Work Context and Content factors with Job and Career Satisfaction among Female doctors

		Job satisfaction				Career satisfaction			
		B	□	SE	P	B	□	SE	P
<i>Females; N = 169</i>									
Autonomy (AUT)									
Relationship with co-workers (RCO)						0.517	0.297	0.125	0.000***
Relationship with staff (RS)						0.204	0.170	0.083	0.015*
Delivery of care (DOC)		0.720	0.374	0.082	0.000***	0.458	0.253	0.097	0.000***
Relationship with community (RC)		0.563	0.524	0.059	0.000***				
Resources (R)		0.174	0.137	0.073	0.018*				
Earnings (ER)									
Personal time (PT)		0.143	0.165	0.045	0.002**	0.390	0.479	0.053	0.000***
Practice type	Own Hospital								
	Employed in pvt. hospital	-0.760	-0.360	0.124	0.000***	-0.574	-0.289	0.172	0.001**
	Employed in Govt. hospital	0.471	0.204	0.165	0.005**	1.093	0.503	0.197	0.000***
Experience	3 to 6 yrs					-0.495	-0.238	0.121	0.000***
Time in current position	0 to 3 years	0.543	0.263	0.104	0.000***				
	3 to 6 years								
	6 years and above	-0.819	-0.284	0.164	0.000***	-1.656	-0.612	0.199	0.000***
Specialty	Orthopedics	-0.976	-0.145	0.275	0.001**				
	General surgery	0.822	0.260	0.187	0.000***				
	medicine	0.844	0.399	0.089	0.000***				
	pediatrics	0.676	0.209	0.133	0.000***	0.616	0.203	0.182	0.001**
	gynecology					-0.222	-0.112	0.110	0.045*
Model Summary		R=0.907, R²=0.823, Adj. R² = 0.808				R=0.775, R²=0.600, Adj. R² = 0.575			

***p < 0.001, **p < 0.01, *p < 0.05

Both male and female physicians appear to be satisfied with delivery of care and availability of personal time, as these factors influence career as well as job satisfaction positively for both. The factor relationship with co-workers though not a predictor of job satisfaction either for males or females, influences career satisfaction in both, while male physicians perceive it to be negatively ($B = -0.266$) related to career satisfaction, female physicians consider it to influence career satisfaction positively ($B = 0.517$). Autonomy neither influences career nor job satisfaction either in male or female physicians.

Relationship with staff has no effect on job and career satisfaction among males, in case of females it is positively related ($B = 0.204$). Male physicians' satisfaction with relationship with community makes this factor positively influence both job satisfaction ($B = 0.313$) and career satisfaction ($B = 0.429$). For females community relationships positively impact only job satisfaction ($B = 0.563$). Male physicians appear to be dissatisfied with resources ($B = -0.306$), being employed in private ($B = -0.852$) and government ($B = -0.454$) hospitals and practicing surgery as specialty, as these negatively influence career satisfaction among them. Satisfaction with earnings ($B = 0.197$), having own hospital ($B = 0.559$) and practicing medicine ($B = 0.236$) as specialty leads to positive effect on job satisfaction among male physicians. Male physicians who have been in the same position for more than 6 years appear to be more satisfied with their careers ($B = 0.330$).

Female physicians' satisfaction with resources induces a positive relationship between job satisfaction and availability of resources, however resources do not exert significant influence on career satisfaction among female physicians. Female physicians practicing surgery ($B = 0.822$), medicine ($B = 0.844$) and pediatrics ($B = 0.676$) as specialty appear to be satisfied with their present jobs as these impact job satisfaction positively, being pediatrician also influence career satisfaction positively ($B = 0.616$), however, practicing gynecology as specialty is negatively related to career satisfaction ($B = -0.222$). Employment in private hospital as compared to employment in government hospitals may be a source of dissatisfaction among female physicians, as this (employment in private hospitals) is negatively related to both job ($B = -0.760$) as well as career ($B = -0.574$) satisfaction. While employment in

government hospital is positively related to both, job ($B = 0.471$) and career ($B = 1.093$) satisfaction. Female physicians having experience between 3 to 6 years report lesser career satisfaction ($B = -0.495$) and who have been in the same position for more than 6 years exhibit lesser job ($B = -0.819$) as well as career ($B = -1.656$) satisfaction. However, having been in the same position for 3 to 6 years impacts job satisfaction positively ($B = 0.543$).

4.9 Job and career satisfaction among physicians employed in private and government hospitals

4.9.1 Measuring job and career satisfaction among physicians employed in private and government hospitals

Job and career satisfaction was measured on the basis of mean score. Table 4.52 gives the mean score for these two parameters for different categories. Physicians employed in private hospitals exhibit marginally more career satisfaction ($n = 229$, $M = 3.11$, $SD = 1.09$) as compared to job satisfaction ($n = 229$, $M = 3.02$, $SD = 1.01$). Similarly physicians employed in Government hospitals also are marginally more satisfied with their career ($n = 201$, $M = 3.85$, $SD = 0.89$) as compared to their present job ($n = 201$, $M = 3.37$, $SD = 1.15$).

Table 4.52: Mean Scores for Job and Career Satisfaction for Various Parameters under Study (Physicians Employed in Private and Government Hospitals)

		Job satisfaction		Career satisfaction	
		Mean	SD	Mean	SD
<i>Employed in pvt. Hospital (Overall); N = 229</i>		3.03	1.01	3.11	1.09
Gender	Male (n =123)	3.36	1.12	2.84	1.11
	Female (n =106)	3.43	1.25	3.43	0.989
Experience	0>3 years (n =119)	3.17	0.912	3.25	1.09
	3> 6 years (n = 56)	2.99	1.02	3.13	0.910
	6 years and above (n = 54)	2.73	1.17	2.77	1.216
Time in current position	0>3 years (n =165)	3.09	0.939	3.19	1.03
	3> 6 years (n =25)	2.93	0.838	2.96	1.32
	6 years and above (n =39)	2.79	1.36	2.85	1.16
Specialty	Orthopedics (n =15)	2.97	1.13	2.97	1.28
	General surgery (n =38)	3.07	0.814	3.14	0.698
	Medicine (n =126)	3.06	1.04	2.98	1.19
	Pediatrics (n =16)	2.91	1.29	3.5	0.882

	Gynecology (n =34)	2.90	0.97	3.42	1.03
<i>Employed in Govt hospital (Overall); N = 201</i>		3.37	1.15	3.85	0.89
Gender	Male (n =156)	3.36	1.12	3.69	0.889
	Female (n =45)	3.43	1.25	4.39	0.706
Experience	0 to 3 years (n =24)	2.76	0.776	3.29	0.882
	3 to 6 years (n =23)	3.53	1.32	4.06	0.881
	6 years and above (n =154)	3.45	1.14	3.9	0.876
Time in current position	0 to 3 years (n =52)	2.52	1.04	3.54	1.03
	3 to 6 years (n =36)	3.49	1.11	3.82	1.14
	6 years and above (n =113)	3.73	1.00	4.00	0.690
Specialty	Orthopedics (n =32)	2.87	0.774	3.72	0.915
	General surgery (n =30)	3.68	0.716	3.70	0.670
	Medicine (n =72)	3.20	1.33	3.75	0.962
	Pediatrics (n =33)	3.93	1.08	4.18	0.801
	Gynecology (n =34)	3.92	1.15	3.98	0.955

Males employed in private (n = 123, M = 3.36, SD = 1.12) and government hospitals (n= 156, M = 3.36, SD = 1.12) as also females employed in private (n = 106, M = 3.43, SD = 1.25) and government hospitals (n = 45, M = 3.43, SD = 1.25) showed same job satisfaction levels. However, differences were observed in career satisfaction, males (n = 123, M = 2.84, SD = 1.11) employed in private hospitals were considerably less satisfied with their careers as compared to male physicians (n = 156, M = 3.69, SD = 0.889) employed in government hospitals. Similar was the case with female physicians (n = 106, M = 3.43, SD = 1.11) employed in private hospitals as compared to female physicians (n = 45, M = 4.39, SD = 0.889) employed in government hospitals.

Physicians employed in private hospitals having experience 6 years and above were least satisfied in their jobs (n = 54, M = 2.73, SD = 1.17) and careers (n = 54, M = 2.85, SD = 1.16) followed by physicians having experience in the range of 3 to 6 years – job satisfaction (n= 56, M = 2.99, SD = 1.02) and career satisfaction (n= 56, M = 2.96, SD = 1.32) and those having experience in the range of 0 to 3 years – job satisfaction (n = 165, M = 3.09, SD = 0.939) and career satisfaction (n = 165, M = 3.19, SD = 1.03). Physicians working in government hospitals having experience in the range of 3 to 6 years were more satisfied with their jobs (n = 23, M = 3.53, SD = 1.32) as well as careers (n =23, M = 4.06, SD = 0.881) as compared to physicians

having 0 to 3 years experience – job satisfaction (n = 24, M = 2.76, SD = 0.776) and career satisfaction (n = 24, M = 3.29, SD = 0.882) and those having experience in the range of 6 years and above – job satisfaction (n = 154, M = 3.45, SD = 1.14) and career satisfaction (n = 154, M = 3.9, SD = 0.876).

Physicians working in private hospitals who have been in the same position for more than 6 years have less job (n = 39, M = 2.79, SD = 1.36) and career satisfaction (n = 39, M = 2.85, SD = 1.16) as compared to physicians who have been in the same position for 3 to 6 years – job (n = 25, M = 2.93, SD = 0.838) and career satisfaction (n = 25, M = 2.96, SD = 1.32) and physicians who have been in the same position for 0 to 3 years – job (n = 165, M = 3.09, SD = 0.939) and career satisfaction (n = 165, M = 3.19, SD = 1.03). The trend is reversed in case of physicians employed in government hospitals, with physicians having been in the same position for 0 to 3 years exhibiting lower job (n = 52, M = 2.52, SD = 1.04) and career satisfaction (n = 52, M = 3.54, SD = 1.03) as compared to those who have been in the same position for 3 to 6 years – job satisfaction (n = 36, M = 3.49, SD = 1.11) and career satisfaction (n = 36, M = 3.82, SD = 1.14) and physicians who have been in the same position for more than 6 years – job (n = 113, M = 3.73, SD = 1.00) and career satisfaction (n = 113, M = 4.00, SD = 0.690).

Specialty wise analysis of result indicates that physicians employed in private hospitals exhibited lower job and career satisfaction as compared to physicians employed in government hospitals.

4.9.2 Difference in perception between job and career satisfaction among physicians employed in private and government hospitals

Paired t-test was performed to determine the difference in perception amongst physicians employed in private and government hospitals towards job and career satisfaction. The results are discussed are shown in table 4.53:

Table 4.53: *Difference in Perception between Job and Career Satisfaction amongst Physicians Employed in Private and Government Hospitals*

	Correlation		Paired differences						
	JS&CS	Sig	JS-CS	Std.	SE	95% CI of the	t	Df	Sig. (2-

			Mean	Dev.	Mean	diff.				tailed)	
						Lower	Upper				
Employed in private hospital (Overall)	.700	0.000**	-0.08	0.82	0.054	-0.194	0.019	-1.60	228	0.109	
<i>Employed in pvt. hospital</i>											
Gender	Male	0.757	0.000***	-0.33	0.73	0.058	-0.452	-0.22	-5.72	155	0.000***
	Female	0.843	0.000***	-0.95	0.76	0.113	-1.18	-0.72	-8.43	44	0.000***
Experience	0 to 3 years	0.785	0.000***	-0.08	0.67	0.062	-0.205	0.041	-1.31	118	0.192
	3 to 6 years	0.583	0.000***	-0.14	0.80	0.118	-0.382	0.092	-1.22	55	0.226
	6 years and above	0.631	0.000***	-0.04	1.02	0.139	-0.319	0.240	-0.28	53	0.778
Time in current position	0 to 3 years	0.706	0.000***	-0.10	0.76	0.059	-0.219	0.014	-1.72	164	0.086
	3 to 6 years	0.706	0.000***	-0.03	0.94	0.189	-0.425	0.356	-0.18	24	0.856
	6 years and above	0.707	0.000***	-0.05	0.89	0.157	-0.376	0.263	-0.35	38	0.723
Specialty	orthopedics	0.995	0.000***	0.004	0.19	0.049	-0.101	0.110	0.09	14	0.929
	General surgery	0.625	0.000***	-0.06	0.66	0.107	-0.286	0.149	-0.63	37	0.529
	Medicine	0.671	0.000***	0.076	0.91	0.081	-0.085	0.237	0.933	125	0.353
	Pediatrics	0.971	0.000***	-0.58	0.48	0.121	-0.843	-0.322	-4.78	15	0.000***
	Gynecology	0.780	0.000***	-0.52	0.66	0.114	-0.754	0.288	-4.55	33	0.000***
Employed in Govt hospital (Overall)	0.735	0.000***	-0.47	0.78	0.055	-0.584	0.366	-8.62	200	0.000***	
Gender	Male	0.757	0.000***	-0.33	0.73	0.058	-0.452	0.220	-5.72	155	0.000***
	Female	0.843	0.000***	-0.95	0.76	0.113	-1.187	0.729	-8.43	44	0.000***
Experience	0>3	0.447	0.000***	-0.52	0.87	0.179	-0.898	-	-2.94	23	0.007**

	years							0.157			
	3> 6 years	0.836	0.000***	-0.53	0.76	0.159	-0.863	-0.203	-3.34	22	0.003**
	6 years and above	0.739	0.000***	-0.45	0.77	0.062	-0.582	-0.335	-7.35	153	0.000***
Time in current position	0>3 years	0.686	0.000***	-1.01	0.82	0.113	-1.245	-0.788	-8.92	51	0.000***
	3> 6 years	0.881	0.000***	-0.33	0.55	0.092	-0.518	0.144	-3.59	35	0.001**
	6 years and above	0.707	0.000***	-0.27	0.71	0.066	-0.405	-0.139	-4.07	112	0.000***
Specialty	orthopedics	0.835	0.000***	-0.85	0.50	0.089	-1.03	-0.668	-9.55	31	0.000***
	General surgery	-0.005	0.979	-0.01	0.98	0.179	-0.384	0.349	-0.09	29	0.922
	Medicine	0.765	0.000***	-0.54	0.86	0.101	-0.749	-0.345	-5.39	71	0.000***
	Pediatrics	0.866	0.000***	-0.24	0.56	0.097	-0.447	-0.049	-2.54	32	0.016*
	Gynecology	0.872	0.000***	-0.59	0.56	0.097	-0.793	-0.398	-6.14	33	0.000***

***p < 0.001, **p < 0.01, *p < 0.05

The analysis of the results depicted in table 4.53 indicate that there is a statistically significant difference towards job and career satisfaction amongst males (difference of -0.336, 95% CI (-0.452, -0.22), t(155) = -5.72, p<0.001), females (difference of -0.958, 95% CI (-1.18, -0.72), t(44) = -8.43, p<0.001) employed in private hospitals. Also, it is seen that a statistically significant difference between job and career satisfaction exists in case of physicians employed in private hospitals and practicing pediatrics (difference of -0.583, 95 % CI (-0.843, -0.322), t(15) = -4.78, p<0.001) and gynecology (difference of -0.521, 95% CI (-0.754, -0.288), t(33) = -4.55, p<0.001) as specialty.

In case of physicians employed in government hospitals there was a statistically significant difference in job and career satisfaction among all the categories – gender,

experience, time in current position, specialty (except practicing general surgery as a specialty).

Further ANOVA was carried out to determine the difference in perception between job and career satisfaction on the basis of practice type (employment in private and government hospital).

Table 4.54: *Difference in Perception towards Job and Career Satisfaction on the Basis of Employment*

		Sum of Squares	Df	Mean Square	F	Sig.
JS	Between Groups	13.256	1	13.256	11.342	.001**
	Within Groups	500.218	428	1.169		
	Total	513.474	429			
CS	Between Groups	58.648	1	58.648	57.605	.000***
	Within Groups	435.748	428	1.018		
	Total	494.396	429			

***p < 0.001, **p < 0.01, *p < 0.05

The results indicate that there is significant difference in perception towards job satisfaction ($F(1,428) = 11.342, p < 0.001$) on the basis of employment. Also, a significant difference in perception towards career satisfaction ($F(1,428) = 57.605, p < 0.001$) is observed on the basis of employment table 4.54.

4.9.3 Factors effecting career satisfaction among physicians employed in private and government hospitals

Stepwise regression was performed to identify the factors that impact career satisfaction among physicians employed in private and government hospitals. The results obtained are tabulated below (Table 4.55):

Table 4.55: *Relationship of Demographic, Work Context and Content factors with Career Satisfaction among Physicians Employed in Private and Government Hospitals*

	Career satisfaction (Pvt hospitals)				Career satisfaction (Govt hospitals)			
	B	β	SE	P	B	β	SE	P
Male	-0.99	-0.45	0.127	0.000***	-1.12	-0.52	0.101	0.000***
Relationship with co-workers (RCO)					-0.932	-0.819	0.091	0.000***

Delivery of care (DOC)	-0.38	-0.25	0.121	0.002**	0.312	0.274	0.065	0.000***
Relationship with community (RC)	0.690	0.556	0.089	0.000***	0.691	0.866	0.050	0.000***
Resources (R)					-0.174	-0.158	0.044	0.000***
Earnings (ER)					0.361	0.474	0.041	0.000***
Relationship with staff (RS)					0.255	0.249	0.062	0.000***
Autonomy (Aut)	-0.43	-0.25	0.113	0.000***	0.365	0.358	0.044	0.000***
Personal time (PT)	0.539	0.530	0.056	0.000***	0.408	0.536	0.043	0.000***
Time in current position	TICP1				2.479	1.210	0.208	0.000***
	TICP2				1.967	0.841	0.169	0.000***
	TICP3	0.338	0.116	0.184	0.067*			
Experience	Exp1				-1.024	-0.370	0.145	0.000***
	Exp3				1.139	0.537	0.158	0.000***
Specialty	Orthopedics	0.671	0.152	0.231	0.004**			
	GSurgery	0.758	0.258	0.165	0.000***			
	medicine					0.201	0.108	0.073
	pediatrics					-0.248	-0.103	0.093
	gynecology					-1.845	-0.771	0.170
Model summary	R=0.697, R²=0.486, Adj.R² = 0.467				R=0.925, R²=0.855, Adj. R² = 0.842			

***p < 0.001, **p < 0.01, *p < 0.05

Career satisfaction among physicians working in government hospitals is negatively influenced by being male (B = -1.117), practicing gynecology (B = - 1.845) and pediatrics (B = -0.248) as specialty, availability of resources (B = -0.174), and relationship with co-workers (B = -0.932) while, career satisfaction is positively related to delivery of care (B = 0.312), earnings (B = 0.361), relationship with community (B = 0.691), time in current position between 3 to 6 years (B = 1.967), autonomy (B = 0.365), time in current position between 0 to 3 years (B = 2.479), personal time (B = 0.408), experience of more than 6 years (B = 1.139), practicing medicine as specialty (B = 0.201), and relationship with staff (B = 0.255). These factors account for 85.5% of variance in career satisfaction among physicians working in government hospitals with adjusted R² = 84.2%.

In case of physicians working in private hospitals career satisfaction is negatively influenced by being male ($B = -0.989$), autonomy ($B = -0.438$), and delivery of care ($B = -0.383$), while it is positively influenced by availability of personal time ($B = 0.539$), relationship with community ($B = 0.690$), time in current position for more than 6 years ($B = 0.338$) and practicing general surgery ($B = 0.758$) and orthopedics ($B = 0.671$) as specialty. These factors account for 48.6% of variance in career satisfaction among physicians working in private hospitals with adjusted $R^2 = 46.7\%$.

4.10 Chapter summary

In this chapter data analysis is carried out to understand the extent of job and career satisfaction among physicians, followed by series of regression analyses to identify the factors affecting job, career and various facets of satisfaction. ANOVA and t-test have been carried out to understand the difference in perception in job and career satisfaction on the basis of specialty, practice type and gender.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

The present chapter aims at presenting the conclusions of the study. Section 5.1 covers the main findings. Section 5.2 covers the revisiting of hypotheses. Section 5.3 focuses on the results and discussion. Section 5.4 presents the implications of the study. Limitations of the study are presented in section 5.5, followed by recommendations for future work in Section 5.6.

5.1 Findings of the study

Healthcare system in India is exposed to multidimensional problems and issues, like, lesser expenditure, scarcity of doctors, and issues due to epidemiological transition. Research indicates that dissatisfied doctors have increased tendency to leave the job (Sibbald et al. 2003; Samad 2006; Vultee et al. 2007; Hann 2011), and burnout (Ozyurt et al. 2006; Diez-Pinol et al. 2008). Work dissatisfaction leads to high absenteeism and low morale further escalating the cost (Mullins 1999). A positive relation is shown to exist between doctor and patient satisfaction (Haas et al. 2000; Linn et al. 1985), patient compliance (Weisman and Nathanson 1985) and mental and physical health of doctors (Lavanchy et al. 2004; Ofili et al. 2004).

The level and predictors of Indian physicians' job satisfaction have not been comprehensively studied, despite of its significance from the health perspective and its importance as policy indicator.

The purpose of the present study was to have a detailed and comprehensive understanding of the factors that influence physician satisfaction in the Indian context. The group of physicians involved in tertiary care having their own hospitals or employed in private hospitals or Government hospitals were considered for this study. The present study aims to further enhance the knowledge base of factors most significant to physician satisfaction.

This research focused at providing an empirical study using a self-structured scale intended to measure and identify the factors affecting physician satisfaction. The present study assumes physician satisfaction to be multidimensional i.e. satisfaction

from different facets lead to overall job satisfaction. The scale as such measures satisfaction of physicians for different dimensions, like autonomy, relationship with co-workers, relationship with staff, delivery of care, availability of resources, availability of personal time, earnings, and relationship with community. These are taken as independent variables and job and career satisfaction are taken as dependent variables.

The study was based on the following objectives:

1. (a) To identify and study the relationship between the factors (demographic, contextual and content) associated with physicians' job satisfaction.
(b) To study the impact of gender, practice type, experience, time in current position and specialty on different facets of physicians' job satisfaction.
2. To study the difference in perception in job satisfaction across specialties (orthopedics, general surgery, medicine, pediatrics and gynecology).
3. To study the difference in perception in job satisfaction among doctors employed in private hospitals and doctors working in private hospitals.

A self structured survey questionnaire was used for the collection of the primary data. The data was collected from doctors working in tertiary care hospitals in the North-Western region of India. The time frame for data collection was January 2013 to October 2013. A total of 1286 questionnaires were distributed and (after ignoring ineligible responses) responses from 500 physicians were taken up for further analysis. Response rate therefore was thirty nine percent.

Mean and standard deviations were used to understand the level of physician job satisfaction. Regression analysis was employed in order to examine the relationship between the independent variables like - autonomy, relationship with co-workers, relationship with staff, delivery of care, availability of resources, availability of personal time, earnings, and relationship with community and dependent variables job and career satisfaction. ANOVA was used to determine the difference in perception towards various facets of job satisfaction and overall job satisfaction on the basis of specialty. ANOVA was also used to determine the difference in perception towards job satisfaction of physicians employed in private and government hospitals. t-test was used to determine the difference in perception towards job and career satisfaction on the basis of practice type (employed in

government and private hospitals) as well as on the basis of gender. Correlation analysis was used to determine the strength of relationship between job and career satisfaction. Factor analysis was used while developing the scale for measuring satisfaction. The major findings of the study are:

- i. Demographic variables impact physician job satisfaction.* Regression analysis indicates that certain demographic variables like being in the same position for 0 to 3 years, having own hospital, experience between 0 to 3 years and more than 6 years, practicing orthopedics as specialty and employment in private hospital affect physician job satisfaction.
- ii. Work context and content variable have significant impact upon physician job satisfaction.* Regression analysis of work context and content factors with job satisfaction indicate that these have a significant impact upon overall job satisfaction. Work context factors, like relationship with community, availability of personal time, earnings and availability of resources significantly impacted job satisfaction. Only one content factor namely delivery of care had substantial influence on job satisfaction.
- iii. Gender, practice type, experience, time in current position, and specialty, have significant impact upon different facets of satisfaction.* A linear step wise regression was carried out to understand the impact of certain demographic variables on different facets of job satisfaction. Being male influences satisfaction with delivery of care, availability of resources and earnings while, being female has a negative impact upon satisfaction with relationship with community. Employment in government hospital influences autonomy, relationship with co-workers, earnings and resources. Having experience less than three years influences autonomy, relationship with staff, earnings, personal time: experience between 3 to 6 years influences autonomy: and experience of more than 6 years influences relationship with co-workers, relationship with community, resources and personal time. Having spent less than 3 years in current position influences relationship with staff, relationship with community, earnings, resources, personal time: being in the same position for 3 to 6 years influences autonomy, relationship with community: and having been in the same position for more than 6 years influences autonomy, delivery of care, earnings, resources, and personal time. Practicing orthopedics as specialty

influences earnings: medicine as a specialty influences delivery of care, earnings: pediatrics influences relationship with staff, relationship with community, resources: and gynecology as a specialty influences relationship with co-workers, relationship with staff, and relationship with community.

- iv. *A significant variation in job satisfaction and facets' satisfaction was observed across specialties.* There was statistically significant variation in satisfaction with autonomy $F(4,495) = 6.547, p < 0.001$, relationship with co-workers $F(4,495) = 2.639, p < 0.05$, relationship with staff $F(4,495) = 8.784, p < 0.001$, delivery of care $F(4,495) = 6.486, p < 0.001$, relationship with community $F(4,495) = 11.482, p < 0.001$, earnings $F(4,495) = 9.128, p < 0.001$, resources $F(4,495) = 3.001, p < 0.05$, personal time $F(4,495) = 7.800, p < 0.001$ and overall job satisfaction $F(4,495) = 4.436, p < 0.01$.
- v. *Specialty, work context and content factors have significant impact upon satisfaction of physicians employed in private hospitals.* Regression analysis indicated that job satisfaction of the physicians employed in private hospitals is positively influenced by relationship with community, personal time, practicing general surgery and orthopedics as a specialty and relationship with staff. Autonomy on the other hand has a negative influence on the job satisfaction.
- vi. *Demographic, work context and content factors have significant impact upon satisfaction of physicians employed in government hospitals.* Job satisfaction of physicians employed in Government hospitals is positively influenced by delivery of care, availability of resources, relationship with community, practicing medicine and pediatrics as a specialty, time in current position between 3 to 6 years, and earnings.
- vii. *There is a statistically significant difference in perception of physicians employed in private and government hospitals towards job satisfaction.*
- viii. *Demographic variable significantly impact career satisfaction.* Regression analysis suggest that certain demographic variables like being in the same position for more than 6 years, employment in private hospital, practicing pediatrics as a specialty and being male have significant impact upon career satisfaction.

- ix. *Work context and content variables have a significant impact upon career satisfaction. Work context factors like relationship with community, availability of personal time, earnings, availability of resources significantly impacted job satisfaction and relationship with community. Delivery of care had substantial influence on career satisfaction.*
- x. *There exists a strong positive correlation between job and career satisfaction among physicians.*
- xi. *Females experience greater career satisfaction (3.711±0.964) as compared to job satisfaction (3.225±1.025), a statistically significant difference of -0.486 (95% CI, -0.604 to -0.368), $t(168) = -8.128, p < 0.005$. Similarly, males also experience greater career satisfaction (3.429±1.067) as compared to job satisfaction (3.338±1.101), a statistically significant difference of -0.0906 (95% CI, -0.175 to -0.0064), $t(330) = -2.117, p = 0.035$*
- xii. *There is no statistically significant difference in job and career satisfaction of physicians employed in private hospitals, while in case of physicians employed in government hospitals the difference was statistically significant.*

5.2 Revisiting the hypotheses

S. No.	Hypotheses	Result	Accepted/ Rejected
H ₁	<i>Demographic factors will have a significant impact upon physician job satisfaction</i>	Physician satisfaction is influenced by number of demographic variables.	Accepted
H ₂	<i>Work context factors will have significant impact upon physician job satisfaction</i>	Physician satisfaction is predominantly influenced by work context factors.	Accepted
H ₃	<i>Work content factors will have significant impact upon physician job satisfaction</i>	Delivery of care influences physician job satisfaction.	Partially accepted
H ₄	<i>Gender will have significant impact upon different facets of job satisfaction</i>	Being male influences satisfaction with delivery of care, availability of resources and earnings while, being female has a negative impact upon satisfaction with relationship with community.	Partially accepted
H ₅	<i>Practice type will have significant impact upon</i>	Employment in government hospital influences autonomy, relationship with co-	Partially accepted

	<i>different facets of satisfaction.</i>	workers, earnings and resources.	
H ₆	<i>Experience will have significant impact upon different facets of satisfaction.</i>	Having experience less than three years influences autonomy, relationship with staff, earnings, personal time: experience between 3 to 6 years influences autonomy: and experience of more than 6 years influences relationship with co-workers, relationship with community, resources and personal time.	Partially accepted
H ₇	<i>Time in current position will have significant impact upon different facets of satisfaction.</i>	Having spent less than 3 years in current position influences relationship with staff, relationship with community, earnings, resources, personal time: being in the same position for 3 to 6 years influences autonomy, relationship with community: and having been in the same position for more than 6 years influences autonomy, delivery of care, earnings, resources, and personal time.	Partially accepted
H ₈	<i>Specialty will have significant impact upon different facets of satisfaction.</i>	Practicing orthopedics as specialty influences earnings: medicine as a specialty influences delivery of care, earnings: pediatrics influences relationship with staff, relationship with community, resources: and gynecology as a specialty influences relationship with co-workers, relationship with staff, and relationship with community.	Partially accepted
H ₉	<i>There will be no variation in job satisfaction across specialties.</i>	There was statistically significant variation in satisfaction with autonomy, relationship with co-workers, relationship with staff, delivery of care, relationship with community, earnings, resources, personal time and overall job satisfaction.	Rejected
H ₁₀	<i>There will be no variation in job satisfaction among doctors employed in Government and Private hospitals</i>	There is a statistically significant difference in perception of physicians employed in private and government hospitals towards job satisfaction.	Rejected

5.3 Results and Discussion

The findings from this study indicate that there is no difference in perception towards job satisfaction between male and female physicians. While some of the earlier studies (Rivet 2006; Pillay 2008) suggest that male physicians are more satisfied than female physicians, other studies indicate otherwise (Frank et al. 1999; McMurray et al. 2000; Sibbald et al. 2003; Robinson 2004). In consonance with this study's results, some studies suggest gender to be a neutral determinant of satisfaction or rather the absence

of significance to augment a causal difference (Emmons et al. 2006; Keeton et al. 2007).

Regression analysis suggests practicing medicine and general surgery as a specialty to be positively related to satisfaction, while practicing gynecology has a negative relationship. As India accounts for the highest number of maternal deaths (estimated to be 56,000 in the year 2010) in the world (Trends in Maternal Mortality:1990- 2010 WHO, UNICEF, UNFPA and World Bank Estimates), the negative relationship between job satisfaction and practicing gynecology as a specialty may have significant implications in the Indian context. Lower satisfaction among gynecologists may have serious impact on the achievement of the Millennium Development Goals. This dissatisfaction among gynecologists may stem from difficulties encountered by the doctors, on account of dealing with patients with low level of awareness with regards to maternal and neonatal health. The use of and access to maternal and reproductive health is impacted by economic status, gender, education, social status (registered caste or tribe) and age (Sanneving *et al.* 2013). Some of the studies on working women indicate work life balance to be a significant determinant of satisfaction (Belwal and Belwal, 2014). Thus, besides focusing on other factors, it may be useful to examine the effect of improving the factors that influence the inequitable use and access to maternal health, work life balance on job satisfaction of gynecologists.

Delivery of care refers to physician's own perception of the opportunity his/her job gives towards intellectual stimulation, enabling them to utilize the full range of skills for which they are trained and undertake diagnostic and treatment planning, leading to the belief that they are making a perceptible difference in the patient's life. Delivery of care hence refers to both the personal and professional enrichment that a physician experiences on the job. A positive relationship between delivery of care and job satisfaction signifies that physicians perceive their jobs to be challenging and hence, devoid of boredom and unhappiness. Numerous studies (Richardson et al. 2015; Pratt 2010; Kisa et al. 2009; Grembowski et al. 2005; Landon et al. 2003; Spickard et al. 2002; Smith et al. 2001) suggest a significant relationship between job satisfaction and delivery of care, the difference being only with regards to the magnitude of this relationship.

The present study suggests harmonious relationship with the community to be positively linked to job. The factor relationship with community can be thought to be connected with the “support seeking” or “social support” type of coping mechanism. Some of the previous studies have also shown a positive relationship with community and job satisfaction (Shimizu and Nagata 2003; Koleck et al. 2000). The enhancement of social support through learning and practicing interpersonal skills lead to an improvement in burnout test scores related to job satisfaction (McCue and Sachs 1991). A positive relationship with the community may increase the wellbeing and consequently, increase the compatibility of the physicians with coworkers and patients (Jongbloed 2014).

It can be concluded from the study that physicians having their own hospital were more likely to be satisfied in their jobs. It might be genuinely fair to assume that a high level of perceived freedom on account of not having to report to others, and availability of sufficient time may greatly influence the physician’s satisfaction (Epstein 2000; Murray 2000). In the Indian scenario, it may be desirable to develop and formulate policies that encourage physicians to set up their own hospitals. Studies elsewhere (Stamps 1995; Linzer et al.2000; Nixon and Jaramilo 2010) indicates that physicians who are under employment in hospitals are more satisfied as compared to self-employed physicians.

Further, findings of this study also point towards a negative relationship between job satisfaction and employment in a private hospital. This further cements the perception that physicians may feel constrained, with higher level of rules and regulations, obligation to report their activities or high workload, and lower salary. Some more studies also report that physicians in private practice have only a medium level of job satisfaction (Voltmer et al. 2012). In yet another study Kisa et al. (2009) reported a negative relationship between employment in public hospitals and job satisfaction. The finding relating to practice type is important in designing and promoting the organizational climate that stimulates efficiency and effectiveness.

Satisfaction with availability of personal time was found to be one of the most significant predictors of job satisfaction. Numerous studies in the past have indicated time pressures to be a significant source of dissatisfaction among physicians (Epstein

2000; Sirovich et al. 2006; Duffy and Richard 2006). Shortage of time due to heavy workload may not only lead to physicians spending lesser time with their patients, compromising the quality of care, but may also cause work-life imbalance.

Physicians in India on the basis of the position they occupy in government hospitals, are compensated in the form of fixed monthly salary. Higher mean scores for physicians, employed in government hospitals as compared to physicians having own hospitals or employed in private hospitals suggest towards higher economic security perceived by the physicians because of assured income. The system of charging fees proportionate to the services rendered by the private practitioners is inherently inflationary, and may lead to over servicing (Stearns et al. 1992; Gosden et al. 2000), thereby, pushing the cost of treatment. However, privatization of health services may make world class facilities available to people (Kapoor et al., 2011). Never the less irrespective of the mode of compensation, most of the studies suggest a positive relationship between satisfaction and income (Frank et al. 1999; Stoddard et al. 2001; Leigh et al. 2002, Darwish et al. 2013), contrarily some suggest otherwise (Sturm 2002; Williams et al. 2002).

Results from this study predict that perceived satisfaction with resources, significantly and positively affects job satisfaction. This conclusion is consistent with previous studies that have suggested a positive link between job satisfaction and resources (Lichtenstein 1984; Freeborn 2001) and a negative link with burnout (Freeborn 2001). Some other studies report resource constraint to be a source of strain that might lower satisfaction (Sirovich et al. 2006). Since administration has to ensure the availability of resources, these findings may be of great significance to them. Also, it is important to note, as pointed out in some of the studies that scarcity of resources were because of administrative reasons, rather than because of resource shortage (Linzer et al. 2000; Conway et al. 1998)

The results highlight that physicians with experience of more than 6 years were more satisfied as compared to physicians with lesser experience. This is in line with the Argyle (1972) and Matsumoto et al. (2004). Also, this study reveals that having being in the same position for more than 6 years has a negative relationship with satisfaction, which, is not surprising from the viewpoint of organizational psychology, whereby it

is expected that monotony and boredom may creep in, on account of repetition leading to absence of cognitive or intellectual stimulation (Petrozzi et al. 1992). Surprisingly, in this study autonomy was not found to be affecting job satisfaction. This needs to be further investigated along with the role of emotional intelligence, data mining techniques and role of leadership. Recent studies have also suggested emotional intelligence (Bhalla and Nauriyal, 2004) and use of data mining techniques (Ranjan et al., 2008) to be emerging paradigm in personal dynamics, while leadership style is thought to be positively related to organizational effectiveness (Budhiraja and Malhotra, 2013).

The results from this study indicate that physicians (both males and females) report greater career satisfaction in comparison to job satisfaction. Paired t-test to determine the difference in perception between career and job satisfaction indicated that both male and female physicians perceive significant difference between career and job satisfaction. While in case of male physicians, significant difference is observed for respondents employed in private or government hospital, having experience more than 6 years, practicing surgery and pediatrics as specialty.

Greater career satisfaction is reported in case of female physicians as compared to male physicians. A significant difference in career and job satisfaction is reported by females physicians for most of the categories (exception being- having own hospital, being in current position for 3 to 6 years and practicing surgery as specialty). It may be construed that although physicians appear to be satisfied with their career as doctors, certain factors in their current position are causing decreased satisfaction in their present job. Regression analysis provided an insight into the predictors of career as well as job satisfaction among male and female physicians.

In India healthcare services are in a state of flux, more females are entering into the physician workforce, thereby changing the dynamics of healthcare delivery. One of the purposes of this study was to determine the level of job and career satisfaction amongst female physicians and to compare the same with male physicians. Further, it was desired to identify the factors that influence job and career satisfaction in both (males as well as females).

The study found that female physicians reported higher level of career satisfaction as compared to male physicians, while male physicians had higher levels of job

satisfaction. Similar results have been reported in studies by Hojat et al. 1990 and Keeton et al. 2007. In this study job attributes and work environment were identified as independent variables influencing job and career satisfaction.

The results from this study are in partial agreement with the previous conclusions that career satisfaction among female physicians is positively influenced by relationships with co-workers and staff (Hojat et al. 1990; Simpson and Grant 1991; Collins et al. 1997; Bates et al. 1998; McMurray et al. 2000; O'Meara and Averette 2000; Linzer et al. 2000; Sibbald et al. 2003; Caniano et al. 2004; Robinson 2004; Schroen et al. 2004; Lightner et al. 2005), delivery of care (McMurray et al. 1997), availability of personal time (McMurray et al. 2000; Caniano et al. 2004, Schroen et al. 2004; Keeton et al. 2007; Clem et al. 2008).

Employment in private hospital was related negatively with career satisfaction, while being employed in government hospital was found to be positively related with career satisfaction among female physicians. This is understandable as employment in government hospital provides for comparatively fixed working hours, reasonable salary and working conditions. In Indian context this is very important, as government hospitals play a significant role in making the healthcare services available to majority of the population in rural areas. Further, results from this study indicate having been in the same position is a negative predictor of job as well as career satisfaction among female physicians, while being in the same position for less than 3 years impacts job satisfaction positively, this may be due to the reason that initially physicians may be motivated to learn and experience satisfaction. However, as the experience increases the mismatch between career expectations and actual work scenario may lead to some dissatisfaction, as is indicated through a negative relationship between experience in the range of 3 to 6 years with career satisfaction.

Contrary to other findings results from this study indicate that earnings neither influence job nor career satisfaction among females (Linzer et al. 2000; Emmons et al. 2006; Keeton et al. 2007; Clem et al. 2008). Practicing pediatrics as a specialty is positively related to career satisfaction while there exists a negative relationship between gynecology as a specialty and career satisfaction. This is in contrast with

earlier study by Keeton et al. 2007 that finds higher level of satisfaction in female physicians practicing obstetrics and gynecology as specialty.

Compared with female physicians, the present paper indicates relationship with co-workers to be negatively related with career satisfaction, similar results have also been reported by McMurray *et al.* 2000. Relationship with community has a positive influence on job as well as career satisfaction among males, while in case of females no such relationship is reported.

Male physicians perceive availability of resources to be a negative predictor of career satisfaction, although resources have no impact on job satisfaction in case of male physicians, female physicians perceive availability of resources to be positive predictor of job satisfaction. While this paper indicates job and career satisfaction among female physicians to be independent of income, however in case of males income influences job satisfaction positively (Linzer et al. 2000; Lightner et al. 2005; Emmons et al. 2006; Keeton et al. 2007; Clem et al. 2008) and does not impact career satisfaction. Both male and female physicians seem to be satisfied with personal time as it is seen to influence job and career satisfaction positively.

5.4 Implications of the Study

The results from this research might have significance for the organizational structure of the practice of medicine in India. Given the prevalent concern of high healthcare cost, restricted access to medical care for majority of the population, there may be a need for changes. Given the poor physician to population ratio in India, if we intend to recruit and retain physicians in the medical profession, it is essential to develop a system that can effectively meet the needs of both – physicians and patients.

In India the expenditure on healthcare is met out of pocket i.e. by the individual, state expenditure on healthcare is very low. With escalating healthcare cost on account of enormous overhead expenses being encountered by the physicians, they are under extreme pressure to provide adequate services at affordable cost. These cost constraints along with pressure from insurance companies may force the existing solo practitioners to consider consolidations or enter to into joint practice, as is evident

these days. This may bring into focus newer factors and variables that may influence physician behavior and hence satisfaction on the job and in career.

This study also suggests opportunities for cultivating satisfaction in a tertiary care environment. Delivery of care continues to be a very important aspect of physician satisfaction. Delivery of care refers to physician's own perception of the opportunity his/her job gives towards intellectual stimulation, enabling them to utilize the full range of skills for which they are trained and undertake diagnostic and treatment planning, leading to the belief that they are making a perceptible difference in the patient's life. Delivery of care hence refers to both the personal and professional enrichment that a physician experiences on the job.

While the chosen area of study-North-Western region of India-may be peculiar in number of aspects with regards to the development and organization of the healthcare structure, it can nevertheless provide a bench mark that could further give an insight useful for other regions as well.

The study found that physicians having their own hospital were more likely to be satisfied in their jobs. It might be genuinely fair to assume that a high level of perceived freedom on account of not having to report to others, and availability of sufficient time may greatly influence the physician's satisfaction (Epstein 2000; Murray 2000). In the Indian scenario, it may be desirable to develop and formulate policies that encourage physicians to set up their own hospitals.

The negative relationship between job satisfaction and practicing gynecology as a specialty may have significant implications in the Indian context. Lower satisfaction among gynecologists may have serious impact on the achievement of the Millennium Development Goals. This dissatisfaction among gynecologists may stem from difficulties encountered by the doctors, on account of dealing with patients with low level of awareness with regards to maternal and neonatal health. The use of and access to maternal and reproductive health is impacted by economic status, gender, education, social status (registered caste or tribe) and age (Sanneving et al. 2013). Thus, besides focusing on other factors, it may be useful to examine the effect of improving the factors that influence the inequitable use and access to maternal health.

5.5 Limitations of the study

The study had certain limitations which need mentioning:

1. The scope of study was confined to the northwestern region of India. The region may be peculiar in number of aspects with regards to the development and organization of the healthcare structure it can nevertheless provide a benchmark that could further give an insight useful for other regions as well.
2. The study had a modest response rate of thirty nine percent. Time constraint prevented the researchers to have a rigorous follow up which might have led to increase in response rate.
3. The study is confined to only five specialties. It may be more meaningful to consider specialty groups individually, rather than exploring physician satisfaction overall.
4. The impact of technology on job satisfaction is not factored in the study. Medical profession is being revolutionized by the use of technology. The present study does not include the role of technology into job satisfaction, which may be substantial.
5. The concept of medical insurance although is gaining ground in India, the impact of the same, has not been factored in this study.

5.6 Recommendations for future research

Several aspects for future research emerge from the study. The present study employs quantitative method- through survey questionnaire- for data collection, it is suggested that future research should also focus on adding other qualitative methods like interviews, for data collection.

Time and resource constraint forced the researchers to confine themselves to north-western region of India, further replication of this study across the country should be undertaken to confirm the findings from this study.

Present study uses regression analysis for determining the strength of relationships between dependent (job and career satisfaction) and independent variables (different facets of satisfaction), future research should use the path analysis for obtaining more concrete results. Path analysis enables the researcher to factor in

the indirect effect of the variables in the model. Consequently a goodness of fit can be generated that shows how the postulated model fits the data.

Certain factors and variables like influence of technology, impact of health insurance, role of emotional intelligence, data mining techniques and role of leadership were not considered in the present study. This needs to be further investigated.

Bibliography and Webibliography

1. Adams, A. & Bond, S. (2000). Hospital nurses job satisfaction, individual and organizational characteristics. *Journal of advanced nursing*, 32(3), 536-543.
2. Annual report to the people on health (December 2011) <http://mohfw.nic.in/WriteReadData/1892s/6960144509Annual%20Report%20to%20the%20People%20on%20Health.pdf> (accessed 02 April 2014)
3. Antoniou, A.S. Davidson, M.J. & Cooper, C.L. (2003). Occupational stress, job satisfaction and health state in male and female junior hospital doctors in Greece. *Journal of Managerial Psychology*, 18(6), 592-621.
4. Argyle, M. (1972), *The Social Psychology of Work*, Penguins Books, Baltimore.
5. Bates, A.S. Harris, L.E., Tierney, W.M., & Wolinsky, F.D. (1998). Dimensions and correlates of physician work satisfaction in a mid western city. *Medical care*, 36(4), 610-617.
6. Belwal, S., & Belwal, R. (2014). Work-life balance, family-friendly policies and quality of work life issues: studying employers' perspectives of working women in Oman. *Journal of International Women's Studies*, 15(1), 96.
7. Bhalla, S., & Nauriyal, D. K. (2004). Emotional intelligence: The emerging paradigm in personnel dynamics. *PSYCHOLOGICAL STUDIES-UNIVERSITY OF CALICUT*, 49, 97-106.
8. Bovier, P.A. & Perneger, T.V. (2003) Predictors of work satisfaction among physicians. *European journal of Public Health*, 13. 299-305.
9. Bovier, P.A., Arigoni, F., Schneider, M., & Gallacchi, M.B. (2009). Relationship between work satisfaction, emotional exhaustion and mental health among Swiss primary care physicians. *European journal of public Health*, 1(6), 611-617.
10. Breslau, N., Novack, H.A. & Wolf, G., (1978). Work setting and job satisfaction: A study of primary care physicians and paramedical personnel. *Medical care*, 16(10), 850-862.
11. Budhiraja, S., & Malhotra, M. (2013). Leadership style & organizational effectiveness in Indian it & banking industry. *Indian Journal of Industrial Relations*, 49(2), 270-286.
12. Caloyeras, J. P., Kanter, M., Ives, N., Kim, C. Y., Kanzaria, H. K., Berry, S. H., & Brook, R. H. (2016). Physician Professional Satisfaction and Area of

- Clinical Practice: Evidence from an Integrated Health Care Delivery System. *The Permanente Journal*, 20(2), 35.
13. Cammann, C., Fichman, M., Jenkins, D., & Klesh, J (1979). The Michigan organizational assessment questionnaire. University of Michigan, Ann Arbor.
 14. Casalino, L. P., & Crosson, F. J. (2015). Physician Satisfaction and Physician Well-Being: Should Anyone Care?. *Professions and Professionalism*, 5(1).
 15. Choudhary, N., Deswal, R. K., & Philip, P. J. (2013). Impact of Organizational Justice on Employees' Workplace and Personal Outcomes: A Study of Indian Insurance Sector. *IUP Journal of Organizational Behavior*, 12(4), 7.
 16. Chi-Ming, L., Ching-Wen, C., Persus, C., Jorn-Hon, L., Victor Tze- Kai, C., Jeng, W, Ying-Yu, K., & Hui-Chn,L (2005) An analysis of job satisfaction among physician assistants in Taiwan. *Health Policy*, 73(1) ,66-77.
 17. Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). New York: NY: Psychology Press.
 18. Coleman, M., Dexter, D., & Nankivil, N. (2015). Factors Affecting Physician Satisfaction and Wisconsin Medical Society Strategies to Drive Change. *WMJ: official publication of the State Medical Society of Wisconsin*, 114(4), 135-142.
 19. Conway, T., Hu, T.C., and Daugherty, S.R. (1998), Physicians' perceptions of managed care: A structural equation model assessment of key dimensions, *Medical Care*, Vol. 36, pp. 1430 – 1435.
 20. Cranny, C. J., Smith, P.C., & Stone, E.F., (1992). *Job satisfaction*, Lexington, New York. NY.
 21. Craigie, F.C., & Hobbs, R.F. (1999) spiritual perspectives & practices of family physicians with an expressed interest in spirituality. *Family medicine*, 31,578-85.
 22. Darwish, T. K., Singh, S., & Mohamed, A. F. (2013). The role of strategic HR practices in organisational effectiveness: an empirical investigation in the country of Jordan. *The International Journal of Human Resource Management*, 24(17), 3343-3362.
 23. Duffy, R.D., & Richard, G.V., (2006). Physician job satisfaction across six major specialties. *Journal of vocational behavior*, 68, 548-559.
 24. Emmons, S.L., Nichols, M., Schulkin, J., James, K.E. and Kain, J.M. (2006), The influence of physician gender on practice satisfaction among obstetrician

- gynecologist, *American journal of obstetrics and gynecology*, Vol. 194, pp.1728 – 38.
25. Epstein, R. (2000), Time, autonomy and satisfaction, *Journal of general internal medicine*, Vol. 15, pp. 41 – 47.
 26. Frank, E., McMurray, J.E., Linzer, M., and Elon, L. (1999). Career satisfaction of US women physicians: Results from the women physician's health study. *Archives of Internal Medicine*, 159: 1417 – 1426.
 27. Fraser, T.M., (1983) Human Stress, work and Job satisfaction: A critical approach Geneva, Switzerland. International Labor Office.
 28. Freeborn, D.K. (2001), Satisfaction, commitment, and psychological well being among HMO physicians, *West J Med*, Vol. 174, No. 1, pp. 13 – 18.
 29. Gosden, T., Forland, F., Kristiansen, I.S., Sutton, M., Leese, B., Giuffrida, A., Sergison, M., and Pedersen, L. (2006), Capitation, salary, fee for service and mixed systems of payments: effects on the behavior of primary care physicians (review). *The Cochrane Collaboration (issue 3)*, John Wiley and Sons, pp 9.
 30. Greenberg, J.B. (200). *Behavior in organizations* (7th ed.). New Jersey: Prentice Hall.
 31. Grembowski, D., Paschane, D., Diehr, P., Katon, W., Martin, D. and Patrick, D.L. (2005), Managed care, physician job satisfaction and the quality of patient care, *Family Practice*, Vol. 20, pp. 271 – 277.
 32. Hackman, J. R., Oldham, G.R. (1974). The job Diagnostic Survey: An instrument for the diagnosis of jobs and the evaluation of job redesign Project. Yale University, New Haven. C T, Department of Administrative Sciences.
 33. Hassan, A. K., & Salim, R. A. (2011). Determinants of private investment: time series evidence from Bangladesh. *The Journal of Developing Areas*, 45(1), 229-249.
 34. Hopkins, A.H. (1983). Work and job satisfaction in the public sector Totowa NJ: Rowman & Allanheld.
 35. http://www.who.int/gho/publications/world_health_statistics/WHS2010_IndicatorCompendium.pdf?ua=1 (accessed 29 January 2014)
 36. Ironson, G.H., Smith, P.C., Brannick, M.T., Gibson, W.M., & Paul, K. B. (1989). Constitution of job in General Scale: A comparison of global, composite and specific measure. *Journal of Applied Psychology*, 74, 193-200.

37. Janus , K., Amelung, V.E., Baker , L.C., Gaitanides , M., Schwartz F.W., & Rundall, T.G. (2008). Job satisfaction and motivation among physician in Academic Medical Centers: Insights from a cross national study. *Journal of health, politics, policy and law*, 33(6), 1133-1167.
38. Kapoor, R., Paul, J., & Halder, B., (2011). *Services Marketing: Concepts and Practices*. New Delhi, New Delhi: Tata McGraw Hill Education Pvt. Ltd.
39. Karsh, B., Beasley, J.W., & Brown, R.L., (2010). Employed physician satisfaction and commitment to their practice, work group and Health care organizations. *Health Services Research, Chicago*, 45(2), 457-475.
40. Kaur, M., & Dhillon, S. S. (2010). Determinants of foreign institutional investors' investment in India. *Eurasian Journal of Business and Economics*, 3(6), 57-70.
41. Keeton, K., Fenner, D.E., Johnson, T.R., and Hayward, R.A. (2007), Predictors of physician career satisfaction, work life balance and burnout, *Obstetrics and gynecology* Vol. 109, pp. 949 – 55.
42. Kisa, K., Kisa, A., and Younis, M.Z. (2009), A discussion of job dissatisfaction and burnout among public hospital physicians, *International journal of health promotion and education*, Vol. 47, No. 3, pp. 104 – 111.
43. Koleck, M., Bruchon-Schweitzer, M., Thiebaut. E., Dumartin, N., and Sifakis, Y. (2000), Job stress, coping and burnout among French general practitioners, *European review of applied psychology*, Vol. 50, pp. 309 – 314.
44. Komala, K, & Ganesh, L.S. (2007). Individual spirituality at work and its relationship with job satisfaction and burnout: An exploratory study among healthcare professionals. *The Business Review, Cambridge*, 7(1), 124-129.
- Konrad, T. R., Williams, E.S., Linzer, M., Mc Murray, J., Pathmam, D.E., Gerrity, M., Schwartz, M.D., Scheckler, W.E., Kirk, J.V., Rhodes, E., & Douglas, J., (1999). Measuring job satisfaction in changing workplace and a challenging environment. *Medical care*, 37(11), 1174-1182.
45. Kyle J., Geller, J.M., Williams, J.D., Ludtke, R.C., Knowlton, D.D., & Hart, L.G. (1998). Job satisfaction among rural physician assistants. *The journal of rural health*, 14, 100-108.
46. Landon, B.E., Reschovsky, J., and Blumenthal, D. (2003). Changes in career satisfaction among primary care and specialist physicians, 1997 – 2001. *Journal of American Medical Association*, 289, 442 – 449.

47. Landon, B. E. (2004). Career satisfaction among physicians. *JAMA*, 291(5), 634-634.
48. Leigh, J.P., Kravitz, R.L., Schembri, M., Samuels, S.J., and Mobley, S. (2002), Physician career satisfaction across specialties, *Archives of internal medicine*, Vol. 162, pp. 1577 – 1584.
49. Lichtenstein, R. (1984). Measuring the job satisfaction of physicians' in organized settings. *Medical Care*, 22(1), PP-56-68.
50. Linn, L.S., Brook, R.H, Clark, V.A., Davies, A.R., Fink, A., & Kosecoff, J. (1985). Physician and patient satisfaction as factors related to the organization of internal medicine group practices. *Medical care* 23(10), 1171-1178.
51. Linzer, M., Konrad, T.R, Douglas, J., McMurray, J., Pathman, D.E., Williams, E.S., Schwartz, M.D., Gerrity, M., Schekler, W.E., Bigby J, and Rodes E (2000), Managed care, time pressure and physician job satisfaction: Results from the physician work life study, *Journal of internal medicine*, Vol. 15, pp. 441 – 450.
52. Locke, E.A. (1976). The nature and causes of job satisfaction. In M.D. Dunnette(Ed.). *Handbook of industrial and organizational psychology* (1297-1349). Chicago: Rand McNally.
53. Lo, M. C., & Ramayah, T. (2011). Mentoring and job satisfaction in Malaysian SMEs. *journal of management development*, 30(4), 427-440.
54. Lavanchy, M., Connelly, I., Grzybowski, S., Michalos, A.C., Berkowitz, J., & Thommasen, H.V. (2004). Determinants of rural physician's life and job satisfaction. *Social indicators research*, 69(1), 93-101.
55. Lepnurm, R., Dobson, R., Backman, A., & Keegan, D. (2007). Factors associated with career satisfaction among general practitioners in Canada. *Canadian journal of rural medicine*, 12(4), 217-230.
56. Lindfors, P.M., Meretoja, O.A., Luukkonen, R.A, Toyry, S.M., Elovainio, M.J., & Leino, T.J. (2007). Job satisfaction, work ability and life satisfaction among Finnish anesthesiologists. *Acta Anaesthesiologica Scandinavica*, 51, 815-822.
57. Maheshwari, S., Bhat, R., & Saha, S. (2008). Commitment among state health officials & its implication for Health Sector reform: Lessons from Gujarat. *Indian journal of medical research*. 127(2), 148-153.

58. Malik, M.I., Saleem, F., & Ahmad, M. (2010). Work Life balance and job satisfaction among doctors in Pakistan. *South Asian Journal of Management*, 17(2), 112-123.
59. Matsumoto, M., Okayama, M., & Kajii, E., (2004). Rural doctors' satisfaction in Japan: A Nation wide survey. *Australian journal of rural health*, 12(2), 40-48.
60. McCroskey, J. C., & McCain, T. A. (1974). The measurement of interpersonal attraction.
61. McCue, J.D., and Sachs, C.L. (1991), A stress management workshop improves residents' coping skills, *Arch. Intern. Med.*, Vol. 151, pp. 2273 – 2277.
62. McMurray, J., Linzer, E.M., Konrad, T.R., Douglas, J., Shugerman, R., and Nelson, K. (2000), The work life of women physicians: Results from the physician work life study. Society of General Internal Medicine Career Satisfaction Study Group, *Journal of general internal medicine*, Vol. 15, pp. 372 – 380.
63. Menachemi, N., Powers, T.L., & Brooks, R. (2009). The role of information technology usage in physician practice satisfaction. *Health care management Review*, 34(4), 364-371.
64. Mehta, P., & Kiran, R. (2015). An Empirical Analysis of Job Content and Contextual Factors: A Case Study of Indian Physicians. *STUDIES ON ETHNO-MEDICINE*, 9(3), 353-365.
65. Mehta, P., & Kiran, R. (2014). Indian Physician Job Satisfaction Scale: Development and Validation. *STUDIES ON ETHNO-MEDICINE*, 8(3), 293-304.
66. Misra, R., Modawal, A., & Panigrahi, B. (2009). Asian- Indian physician's experience with managed care organizations. *International journal of health care quality assurance* 22(6), 582-599.
67. Mueller, C.W., Mc Closkey, J.C. (1990). Nurses job satisfaction: A proposed measure. *Nursing research*, 39(2), 113-7
68. Murphy, B., & Fridkin, D. (2004). Nursing home administrators' level of job satisfaction. *Journal of Healthcare Management*, 49(5), 336.
69. Nixon, R.L., and Jaramillo, F. (2010), Impact of practice arrangements on physicians' satisfaction, *Hospital topics*, Vol. 81, No. 4, pp. 19 – 25.

70. O’Leary, P., Wharton, N., & Quinlan, T. (2009). Job satisfaction of physicians in Russia. *International Journal of health care quality assurance*, 22(3), 221-231
71. Olive, K.E. (1995). Physician religious belief and the physician – patient relationship: A study of devout physicians. *Southern medical journal*, 88, 1249-1255.
72. Oshagbemi, T. (1996). Job satisfaction of U.K. Academics. *Educational management administration and leadership*, 24(4), 27-39.
73. Ozaki, M., Bito, S., & Matsumara, S. (2008). Developing a Japanese hospital physician satisfaction scale. *International journal of health care quality assurance*, 21(5), 517-528.
74. Ozyurt, A., Haryan, O., & Sur, H. (2006). Predictors of burnout and job satisfaction among Turkish physicians. *Q J Med*, 99, 161-169.
75. Petrozzi, M.C., Rosman, H.S., Nerenz, D.R., and Young, M.J. (1992), Clinical activities and satisfaction of general internists, cardiologists and ophthalmologists, *Journal of General Internal Medicine*, Vol. 7, pp. 363 – 365.
76. Pillay, R. (2008). Work satisfaction of medical doctors in South African health sector. *Journal of Health Organization and Management*, 22(3), 254-268.
77. Pratt, W.R. (2010). Physician career satisfaction: Examining perspectives of the working environment, *Hospital Topics*, Vol. 88, No. 2, pp. 43 – 52.
78. Ranjan, J., Goyal, D. P., & Ahson, S. I. (2008). Data mining techniques for better decisions in human resource management systems. *International Journal of Business Information Systems*, 3(5), 464-481.
79. Robinson, G.E., (2004). Career satisfaction in female physicians. *Journal of the American Medical Association*, 291(5): 635. doi:10.1001/jama.291.5.635
80. Richardson, J.E., Kern, L.M., Silver, M., Jung, H., Kaushal, R., (2015). Physician satisfaction in practices that transformed into patient-centered medical homes: A statewide study in New York. *American Journal of Medical Quality*, April 15, 2015, 1062860615 581654.
81. Rivet, C., Ryan, B., Stewart, M., (2007). Hands on: Is there an association between doing procedures and job satisfaction? *Canadian Family Physician*, 53(1): 92 - 93

82. Samad, S. Predicting turnover intentions (2006). The case of Malaysian Government doctors. *The journal of American academy of Business, Cambridge*, 8 (2), 113-119.
83. Sanneving, L., Trygg, N., Saxena, D., Mavalankar, D., and Thomsen, S. (2013), Inequity in India: the case of maternal and reproductive health. *Global health action*, Vol.6, 19145 - <http://dx.doi.org/10.3402/gha.v6i0.19145>.
84. Schmit Jongbloed, L. J., Schonrock-Adema, J., Borleffs, J. C. C., Stewart, R. E. & Cohen-Schotanus, J. (Oct-2014) In : *Advances in Health Sciences Education*. 19, 4, p. 581-595 15 p.
85. Shugars, D.A., Hays R.D., Di Matteo, M.R., & Cretin, S. (1991). Development of an instrument to measure job satisfaction among dentists. *Medical care*, 29(8), 728-744.
86. Shimizu, T., and Nagata, S. (2003), Relationship between coping skills and job satisfaction among Japanese full-time occupational physicians, *Environmental health and preventive medicine*, Vol. 8, pp. 118 – 123.
87. Sibbald, B., Bojke, C., Gravelle, H. (2003). National survey of job satisfaction and retirement intentions among general practitioners in England. *BMJ*, 326(7379): 22. doi: <http://dx.doi.org/10.1136/bmj.326.7379.22>
88. Siu, O.L. (2002). Predictors of job satisfaction and absenteeism in two samples of Hong Kong nurses. *Journal of advanced nursing*, 40(2), 218-229.
89. Sirovich, B.E., Gottlieb, D.J., Welch, H.G., and Fisher, E.S. (2006) Regional variations in health care intensity and physician perceptions of quality of care, *Annals of internal medicine*, Vol. 144, pp. 641 – 49.
90. Smith, M.A., Brown, M.E., Borowsky, S.J., Davis, M.K., Center, B., and Lurie, N. (2001), Measuring the physician perspective on quality of care in health plans, *Evaluation and the health professions*, Vol. 24, No. 1, pp. 18 – 25.
91. Smith, P.C., Kendall, L.M., & Hulin, C.L. (1969). Measurement of satisfaction in work and retirement Chicago. Rand McNally.
92. Spector, P.E. (1997) *Job satisfaction: Application, assessment, causes and consequences*. Thousand Oaks, California; Sage publications.
93. Spector, P.E. (1985). Measurement of Human Service Staff Satisfaction: Development of The Job Satisfaction Survey. *American Journal of Community Psychology*, 13 (6), 693 – 713.

94. Spickard, A. Jr., Gabbe, S.G., and Christensen, J.F. (2002), Mid career burnout in generalist and specialist physicians, *Journal of American Medical Association*, Vol.288, pp. 1447 – 1450.
95. Stamps, P.L. (1995), Physicians and organizations: An uneasy alliance or a welcome relief? *Journal of family practice*, Vol. 41, pp. 27 – 32.
96. Stamps, P.L., & Cruz N.L. (1994) Issues in physician satisfaction: New perspectives. Ann Arbor, Michigan: Health Administration Press.
97. Stamps, P.L., & Piedmonte, E.B. (1986). Nurses and work satisfaction. Ann Arbor, MI: Health Administration Perspectives.
98. Stearns, S.C., Wolfe, B.L., and Kindig, D. (1992), Physician responses to fee-for-capitation payment, *Inquiry*, Vol. 29, No. 4, pp. 416 – 425.
99. Stoddard, J.J., Hargraves, L., Reed, M., and Vratil, A. (2001), Managed care, professional autonomy and income: Effects on physician career satisfaction, *Journal of internal medicine*, Vol. 16, pp. 675 – 684.
100. Sturm, R. (2002), Effect of managed care and financing on practice constraints and career satisfaction in primary care, *Journal of the American Board of Family Practice*, Vol.15, pp. 367 – 377.
101. Swanson, V., Power, K.G., and Simpson, R.J. (1998). Occupational stress and family life: A comparison of male and female doctors. *Journal of occupational and organizational psychology*, 71, 237-260.
102. Trends in maternal mortality: 1990 – 2010 WHO, UNICEF, UNFPA and World Bank estimates; pp 1.
103. Ueltschy, L. C., Laroche, M., Tamilia, R. D., & Yannopoulos, P. (2004). Cross-cultural invariance of measures of satisfaction and service quality. *Journal of Business Research*, 57(8), 901-912.
104. Upadhyay, V. (2013). The Class Question in the Growth and Equity Debate. *Economic and Political Weekly*, 48(21), 14-16.
105. Voltmer, E., Rosta, J., Siegrist, J. and Aasland, O.G. (2012), Job stress and job satisfaction of physicians in private practice: comparison of German and Norwegian physicians, *Int Arch Occup Environ Health*, Vol. 85, pp. 819 – 828.
106. Vultee, P.J. Axelsson, R., & Arnetz, B. (2007). The impact of organizational setting on physician wellbeing. *International journal of health care quality assurance*, 20(6), 506-515.

107. Weiss, H.M., (2002). Deconstructing job satisfaction: Separating evaluations, beliefs and affective experience. *Human Resource Management Review*, 12(2), 173-194.
108. Weiss, D.J., Dawis, R.V. England G.W., & Lofquist, L.H. (1967). Manual for the Minnesota satisfaction questionnaire (Minnesota studies in vocational Rehabilitation No. 22) University of Minnesota, Minneapolis.
109. Williams, E.S., Konrad, T.R., Linzer, M., Mc Murray, J., Pathman, D.E., Gerrity, M., Schwartz, M.D., Scheckler, W.E., Kirk, J.V., Rhodes, E., Douglass, J. (1999). Refining the Measurement of physician job satisfaction: Results from physician work life survey. *Medical care*, 37(11), 1140-1154.
110. Williams, E.S., Konrad, T.R., Linzer, M., McMurray, J., Pathman, D.E., Gerrity, M., Schwartz, M.D., Scheckler, W.E., Douglas, J. (2002), Physician, practice, and patient characteristics related to primary care physician physical and mental health: Results from the physician work life study, *Health services research*, Vol. 37, No. 1, pp. 121 – 143.
111. Williams, E.S., Rondeau, K.V., & Francescutti (2007). Impact of culture on commitment: satisfaction and extra role behavior among Canadian ER physicians. *Leadership in health services*, 20(3), 147-158.

ANNEXURE 1

Survey

Job Satisfaction of Doctors: A Study of North – Western Region of India

Background

This survey is a part of a research project that intends to develop a detailed understanding of factors leading to job satisfaction of doctors. The research is being conducted as part of the fulfillment of the dissertation requirements, by the researcher, for the doctorate of Business Administration Program at Thapar University, Patiala.

Confidentiality

Individual responses will be used only to form grouped summary result values and the individual responses will not be communicated anyway. The confidentiality of your responses will be strictly protected.

I am grateful once again for your assistance. You may direct any comments, suggestions or questions regarding this survey to the researcher:

Prashant Mehta

Research Scholar

Thapar University Patiala

Email – pmehta145@gmail.com

M:+91 98160 18340

Please respond to all the questions, indicating the *one response* that *best* reflects your answer to the question.

Section – 1

Part -1 Personal Particulars

Name				Email		
Gender	Male			Female		
Practice	Private Hospital (own)	Private Hospital (employed)			Government Hospital	
Qualification	Graduate	Post Graduate			Doctorate	
Experience	0 to less than 3 years	3 years to less than 6 years			6 years and above	
How long have you held your current position	0 to less than 3 years	3 years to less than 6 years			6 years and above	
Specialty	Orthopedics	Gen. Surgery	Medicine	Pediatrics	Gynecology	Other (please specify)

Section II: Facet Satisfaction Measure

(On a scale of 1 to 5 rate the following statements, 1 being completely disagree/dissatisfied and 5 being completely agree/completely satisfied)

	Autonomy
AT1	My present position gives me an opportunity to provide full range of services for which I am trained.

AT2	My present position allows me to set the pace of my work.
AT3	My present position allows me to receive inputs into my decisions affecting patient care.
AT5	Make changes in the ways work is carried out.
AT6	My present position doesn't require reporting my activities to non physicians/non practicing physicians.
AT7	My present position doesn't involve receiving instructions from non physicians/non practicing physicians.
	Relationship with Co-workers (Doctors and Physicians only)
RCO1	I am at ease in discussing difficult cases with co-workers.
RCO2	I am at ease in communicating with physicians with whom I share patients.
RCO3	I am treated with respect in the local medical community.
RCO4	I share harmonious relations with my co-workers.
RCO5	My co-workers support me in maintaining work family balance.
DOC4 [#]	Diagnostic and treatment planning are the most satisfying components of my job.
	Relationships with Staff
RS1	There is an atmosphere of mutual help and support.
RS3	I am treated with respect by the non physician staff.
RS4	I share harmonious relations with non physician staff.
RS5	My non physician staff supports me in maintaining work family balance.
RS6	My staff provides me with professional stimulation.
	Delivery of Care/Intrinsic Factors

DOC2	In my absence, my patients will not get the care they need.
DOC5	I am extremely pleased with the technical quality of my work.
DOC6	What I do daily makes a difference in my patients' lives.
DOC8	Expression of gratitude by my patients keeps me going.
DOC9	I believe I am having a positive impact on needy population.
	Relationships with community
RC1	I have a sense of belonging for the community where I work.
RC2	Me and my family are strongly linked with the community where I work.
RC3	My community where I work respects me.
RC4	My community provides adequate opportunities for me.
	Pay/Remuneration/Earnings
ER1	My earning is sufficient to provide for my family and education for my children.
ER2	My present earning ensures bright prospects for future financial security.
ER3	I perceive, the compensation I receive as fair.
	Resources
R1	I have sufficient nurses, aides or technicians to perform the requisite functions.
R3	I have sufficient numbers of secretaries or clerks available for clerical tasks.
R4	Pharmaceutical supplies are available when I need them.
R5	Other supplies I need are readily available.
R6	Examination room equipment is in working order.
R7	Emergency equipment is ready to use.

R8	Sufficient space is available to examine the patients.
R9	Funds for making improvements are available.
R10	I can delegate routine clinical tasks (BP measurement, pulse rate temperatures etc.) to nurses.
R11	Adequate equipment is available to carry out my work smoothly.
R12	Patients have adequate access to requisite social services.
	Personal Time
PT1	Sufficient time is available to me for my personal life.
PT2	Sufficient time is available to me for leisure activities.
PT4	Sufficient time is available to me for my family.

DOC4[#] initially included in Delivery of Care was finally shifted to Relationship with co-workers after factor analysis

Section III: Overall satisfaction Measure

	Job Satisfaction
JS1	Overall I am satisfied with my work.
JS2	Knowing what I know now, I would, without any hesitation choose the same position if I had to decide all over again.
JS3	The position I am in measures up to the sort of position I had aspired.
	Career Satisfaction
CS2	My career in medicine is appealing to me now as when I started.
CS3	If, I were to choose over again I would still become a physician/doctor.
CS4	All things considered I am satisfied with my career as a physician.
CS5	In general, my medicine career has measured up to my expectations.

CS6	I would recommend medicine as a career to others.
-----	---

ANNEXURE 2

Table 4.2: Regression of Demographic Variables and Job Satisfaction						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.256 ^a	.066	.064	1.04172		
2	.318 ^b	.101	.098	1.02257		
3	.344 ^c	.118	.113	1.01387		
4	.362 ^d	.131	.124	1.00762		
5	.377 ^e	.142	.133	1.00214		
6	.389 ^f	.152	.141	.99768		
7	.410 ^g	.168	.156	.98879		
Predictors: (Constant), TICP1; b. Predictors: (Constant), TICP1, OwnHospital; Predictors: (Constant), TICP1, OwnHospital, Exp1; Predictors: (Constant), TICP1, OwnHospital, Exp1, Orthopedics; Predictors: (Constant), TICP1, OwnHospital, Exp1, Orthopedics, EmployedinPvtHosp; Predictors: (Constant), TICP1, OwnHospital, Exp1, Orthopedics, EmployedinPvtHosp, Exp3; Predictors: (Constant), TICP1, OwnHospital, Exp1, Orthopedics, EmployedinPvtHosp, Exp3, TICP3						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	37.917	1	37.917	34.941	.000***
	Residual	540.416	498	1.085		
	Total	578.333	499			
2	Regression	58.647	2	29.324	28.044	.000***
	Residual	519.686	497	1.046		
	Total	578.333	499			
3	Regression	68.477	3	22.826	22.205	.000***
	Residual	509.856	496	1.028		
	Total	578.333	499			
4	Regression	75.764	4	18.941	18.656	.000***
	Residual	502.570	495	1.015		
	Total	578.333	499			

5	Regression	82.219	5	16.444	16.374	.000***
	Residual	496.114	494	1.004		
	Total	578.333	499			
6	Regression	87.621	6	14.604	14.672	.000***
	Residual	490.712	493	.995		
	Total	578.333	499			
7	Regression	97.299	7	13.900	14.217	.000***
	Residual	481.034	492	.978		
	Total	578.333	499			
a. Predictors: (Constant), TICP1						
b. Predictors: (Constant), TICP1, OwnHospital						
c. Predictors: (Constant), TICP1, OwnHospital, Exp1						
d. Predictors: (Constant), TICP1, OwnHospital, Exp1, Orthopedics						
e. Predictors: (Constant), TICP1, OwnHospital, Exp1, Orthopedics, EmployedinPvtHosp						
f. Predictors: (Constant), TICP1, OwnHospital, Exp1, Orthopedics, EmployedinPvtHosp, Exp3						
g. Predictors: (Constant), TICP1, OwnHospital, Exp1, Orthopedics, EmployedinPvtHosp, Exp3, TICP3						
h. Dependent Variable: JS						
Coefficients						
		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	3.549	.063		56.498	.000***
	TICP1	-.554	.094	-.256	-5.911	.000***
2	(Constant)	3.412	.069		49.470	.000***
	TICP1	-.438	.096	-.202	-4.582	.000***
	OwnHospital	.610	.137	.197	4.453	.000***
3	(Constant)	3.416	.068		49.951	.000***
	TICP1	-.741	.136	-.343	-5.435	.000***
	OwnHospital	.589	.136	.190	4.330	.000***
	Exp1	.445	.144	.190	3.092	.002**
4	(Constant)	3.466	.070		49.201	.000***
	TICP1	-.760	.136	-.351	-5.602	.000***
	OwnHospital	.606	.135	.195	4.476	.000***
	Exp1	.449	.143	.192	3.136	.002**
	Orthopedics	-.376	.140	-.113	-2.679	.008**
5	(Constant)	3.560	.079		44.900	.000***

	TICP1	-.677	.139	-.313	-4.876	.000***
	OwnHospital	.503	.140	.162	3.583	.000***
	Exp1	.501	.144	.214	3.484	.001**
	Orthopedics	-.419	.141	-.126	-2.979	.003**
	EmployedinPvtHosp	-.279	.110	-.129	-2.535	.012*
6	(Constant)	3.873	.156		24.863	.000***
	TICP1	-.842	.155	-.389	-5.422	.000***
	OwnHospital	.346	.155	.111	2.224	.027*
	Exp1	.425	.147	.181	2.892	.004**
	Orthopedics	-.479	.142	-.144	-3.366	.001**
	EmployedinPvtHosp	-.352	.114	-.163	-3.088	.002**
	Exp3	-.328	.141	-.152	-2.330	.020*
7	(Constant)	3.776	.157		23.982	.000***
	TICP1	-.651	.165	-.301	-3.935	.000***
	OwnHospital	.329	.154	.106	2.138	.033*
	Exp1	.337	.148	.144	2.272	.024*
	Orthopedics	-.429	.142	-.129	-3.022	.003**
	EmployedinPvtHosp	-.364	.113	-.169	-3.220	.001**
	Exp3	-.632	.170	-.293	-3.723	.000***
	TICP3	.504	.160	.225	3.146	.002**
a. Dependent Variable: JS						

***p < 0.001, **p < 0.01, *p < 0.05

Table 4.3: Regression of Work Context and content factors with JS				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.598 ^a	.358	.357	.86354
2	.680 ^b	.463	.460	.79075
3	.730 ^c	.533	.530	.73826
4	.741 ^d	.549	.545	.72628
5	.749 ^e	.561	.556	.71706
a. Predictors: (Constant), RC				
b. Predictors: (Constant), RC, PT				
c. Predictors: (Constant), RC, PT, DOC				
d. Predictors: (Constant), RC, PT, DOC, ER				

Table 4.3: Regression of Work Context and content factors with JS						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.598 ^a	.358	.357	.86354		
2	.680 ^b	.463	.460	.79075		
3	.730 ^c	.533	.530	.73826		
4	.741 ^d	.549	.545	.72628		
5	.749 ^e	.561	.556	.71706		
a. Predictors: (Constant), RC						
b. Predictors: (Constant), RC, PT						
c. Predictors: (Constant), RC, PT, DOC						
d. Predictors: (Constant), RC, PT, DOC, ER						
e. Predictors: (Constant), RC, PT, DOC, ER, R						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	206.973	1	206.973	277.554	.000***
	Residual	371.360	498	.746		
	Total	578.333	499			
2	Regression	267.569	2	133.785	213.960	.000***
	Residual	310.764	497	.625		
	Total	578.333	499			
3	Regression	308.001	3	102.667	188.371	.000***
	Residual	270.332	496	.545		
	Total	578.333	499			
4	Regression	317.227	4	79.307	150.348	.000***
	Residual	261.106	495	.527		
	Total	578.333	499			
5	Regression	324.333	5	64.867	126.157	.000***
	Residual	254.001	494	.514		
	Total	578.333	499			
a. Predictors: (Constant), RC						
b. Predictors: (Constant), RC, PT						
c. Predictors: (Constant), RC, PT, DOC						
d. Predictors: (Constant), RC, PT, DOC, ER						
e. Predictors: (Constant), RC, PT, DOC, ER, R						
f. Dependent Variable: JS						
Coefficients						

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.929	.147		6.300	.000***
	RC	.652	.039	.598	16.660	.000***
2	(Constant)	.315	.149		2.120	.035*
	RC	.568	.037	.521	15.432	.000***
	PT	.326	.033	.333	9.844	.000***
3	(Constant)	-.714	.183		-3.898	.000***
	RC	.347	.043	.318	8.079	.000***
	PT	.334	.031	.341	10.796	.000***
	DOC	.482	.056	.332	8.613	.000***
4	(Constant)	-.673	.181		-3.730	.000***
	RC	.288	.044	.265	6.481	.000***
	PT	.297	.032	.303	9.354	.000***
	DOC	.441	.056	.304	7.888	.000***
	ER	.144	.034	.155	4.182	.000***
5	(Constant)	-.980	.196		-4.989	.000***
	RC	.283	.044	.260	6.437	.000***
	PT	.274	.032	.280	8.593	.000***
	DOC	.434	.055	.299	7.856	.000***
	ER	.130	.034	.140	3.800	.000***
	R	.149	.040	.117	3.718	.000***
a. Dependent Variable: JS						

***p < 0.001, **p < 0.01, *p < 0.05

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.262 ^a	.069	.067	.72979
2	.354 ^b	.125	.122	.70798
3	.442 ^c	.196	.191	.67964
4	.461 ^d	.212	.206	.67316
5	.488 ^e	.238	.231	.66266

a. Predictors: (Constant), Exp2						
b. Predictors: (Constant), Exp2, TICP3						
c. Predictors: (Constant), Exp2, TICP3, EmployedinGovtHosp						
d. Predictors: (Constant), Exp2, TICP3, EmployedinGovtHosp, Exp1						
e. Predictors: (Constant), Exp2, TICP3, EmployedinGovtHosp, Exp1, TICP2						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	19.567	1	19.567	36.738	.000***
	Residual	265.232	498	.533		
	Total	284.799	499			
2	Regression	35.685	2	17.843	35.597	.000***
	Residual	249.114	497	.501		
	Total	284.799	499			
3	Regression	55.690	3	18.563	40.188	.000***
	Residual	229.109	496	.462		
	Total	284.799	499			
4	Regression	60.493	4	15.123	33.374	.000***
	Residual	224.305	495	.453		
	Total	284.799	499			
5	Regression	67.877	5	13.575	30.916	.000***
	Residual	216.921	494	.439		
	Total	284.799	499			
a. Predictors: (Constant), Exp2						
b. Predictors: (Constant), Exp2, TICP3						
c. Predictors: (Constant), Exp2, TICP3, EmployedinGovtHosp						
d. Predictors: (Constant), Exp2, TICP3, EmployedinGovtHosp, Exp1						
e. Predictors: (Constant), Exp2, TICP3, EmployedinGovtHosp, Exp1, TICP2						
f. Dependent Variable: Aut						
Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.129	.037		84.027	.000***
	Exp2	.469	.077	.262	6.061	.000***
2	(Constant)	2.943	.049		60.216	.000***
	Exp2	.645	.081	.361	7.942	.000***

	TICP3	.405	.071	.257	5.671	.000***
3	(Constant)	3.083	.052		59.817	.000***
	Exp2	.588	.078	.329	7.492	.000***
	TICP3	.540	.072	.343	7.547	.000***
	EmployedinGovtHosp	-.437	.066	-.284	-6.581	.000***
4	(Constant)	2.795	.102		27.379	.000***
	Exp2	.853	.113	.477	7.577	.000***
	TICP3	.770	.100	.490	7.694	.000***
	EmployedinGovtHosp	-.353	.071	-.229	-4.978	.000***
	Exp1	.362	.111	.220	3.256	.001**
5	(Constant)	2.536	.119		21.350	.000***
	Exp2	.882	.111	.493	7.948	.000***
	TICP3	1.025	.117	.652	8.798	.000***
	EmployedinGovtHosp	-.346	.070	-.225	-4.967	.000***
	Exp1	.621	.126	.378	4.912	.000***
	TICP2	.422	.103	.219	4.101	.000***
a. Dependent Variable: Aut						

***p < 0.001, **p < 0.01, *p < 0.05

Table 4.5: Regression of Demographic Variables with Relation with Co-workers						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.363 ^a	.132	.130	.62535		
2	.439 ^b	.193	.189	.60369		
3	.458 ^c	.210	.205	.59790		
4	.476 ^d	.226	.220	.59213		
a. Predictors: (Constant), Exp3						
b. Predictors: (Constant), Exp3, EmployedinGovtHosp						
c. Predictors: (Constant), Exp3, EmployedinGovtHosp, Exp1						
d. Predictors: (Constant), Exp3, EmployedinGovtHosp, Exp1, Gynecology						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	29.620	1	29.620	75.742	.000***
	Residual	194.749	498	.391		
	Total	224.369	499			

2	Regression	43.239	2	21.620	59.322	.000***
	Residual	181.130	497	.364		
	Total	224.369	499			
3	Regression	47.059	3	15.686	43.881	.000***
	Residual	177.310	496	.357		
	Total	224.369	499			
4	Regression	50.814	4	12.703	36.232	.000***
	Residual	173.555	495	.351		
	Total	224.369	499			

a. Predictors: (Constant), Exp3

b. Predictors: (Constant), Exp3, EmployedinGovtHosp

c. Predictors: (Constant), Exp3, EmployedinGovtHosp, Exp1

d. Predictors: (Constant), Exp3, EmployedinGovtHosp, Exp1, Gynecology

e. Dependent Variable: RCo

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.961	.038		103.507	.000***
	Exp3	.488	.056	.363	8.703	.000***
2	(Constant)	4.029	.039		104.418	.000***
	Exp3	.676	.062	.503	10.858	.000***
	EmployedinGovtHosp	-.387	.063	-.283	-6.113	.000***
3	(Constant)	4.167	.057		73.250	.000***
	Exp3	.542	.074	.404	7.341	.000***
	EmployedinGovtHosp	-.394	.063	-.288	-6.278	.000***
	Exp1	-.241	.074	-.165	-3.269	.001**
4	(Constant)	4.134	.057		72.250	.000***
	Exp3	.556	.073	.414	7.583	.000***
	EmployedinGovtHosp	-.413	.062	-.302	-6.619	.000***
	Exp1	-.245	.073	-.168	-3.353	.001**
	Gynecology	.250	.076	.130	3.272	.001**
a. Dependent Variable: RCo						

***p < 0.001, **p < 0.01, *p < 0.05

Table 4.6: Regression of Demographic Variables with Relationship with staff

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.320 ^a	.102	.101	.75004
2	.379 ^b	.143	.140	.73346
3	.395 ^c	.156	.151	.72881
4	.404 ^d	.163	.156	.72639
5	.413 ^e	.171	.163	.72378

a. Predictors: (Constant), TICP1

b. Predictors: (Constant), TICP1, Gynecology

c. Predictors: (Constant), TICP1, Gynecology, Exp1

d. Predictors: (Constant), TICP1, Gynecology, Exp1, Pediatrics

e. Predictors: (Constant), TICP1, Gynecology, Exp1, Pediatrics, EmployedinGovtHosp

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	31.979	1	31.979	56.844	.000***
	Residual	280.158	498	.563		
	Total	312.136	499			
2	Regression	44.765	2	22.383	41.606	.000***
	Residual	267.371	497	.538		
	Total	312.136	499			
3	Regression	48.681	3	16.227	30.550	.000***
	Residual	263.456	496	.531		
	Total	312.136	499			
4	Regression	50.952	4	12.738	24.142	.000***
	Residual	261.184	495	.528		
	Total	312.136	499			
5	Regression	53.352	5	10.670	20.369	.000***
	Residual	258.784	494	.524		
	Total	312.136	499			

a. Predictors: (Constant), TICP1

b. Predictors: (Constant), TICP1, Gynecology

c. Predictors: (Constant), TICP1, Gynecology, Exp1

d. Predictors: (Constant), TICP1, Gynecology, Exp1, Pediatrics

e. Predictors: (Constant), TICP1, Gynecology, Exp1, Pediatrics, EmployedinGovtHosp

f. Dependent Variable: RS

Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.059	.045		89.753	.000***
	TICP1	-.508	.067	-.320	-7.540	.000***
2	(Constant)	4.001	.046		87.319	.000***
	TICP1	-.523	.066	-.330	-7.929	.000***
	Gynecology	.459	.094	.203	4.875	.000***
3	(Constant)	4.001	.046		87.879	.000***
	TICP1	-.335	.095	-.211	-3.507	.000***
	Gynecology	.458	.093	.202	4.899	.000***
	Exp1	-.281	.103	-.163	-2.715	.007*
4	(Constant)	3.963	.049		80.798	.000***
	TICP1	-.323	.095	-.203	-3.389	.001**
	Gynecology	.488	.094	.216	5.176	.000***
	Exp1	-.274	.103	-.159	-2.652	.008*
	Pediatrics	.203	.098	.087	2.075	.039**
5	(Constant)	4.040	.061		66.316	.000***
	TICP1	-.348	.096	-.219	-3.635	.000***
	Gynecology	.506	.094	.224	5.366	.000***
	Exp1	-.306	.104	-.178	-2.948	.003**
	Pediatrics	.214	.098	.092	2.186	.029*
	EmployedinGovtHosp	-.151	.071	-.094	-2.140	.033*
a. Dependent Variable: RS						

***p < 0.001, **p < 0.01, *p < 0.05

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.205 ^a	.042	.040	.72716
2	.243 ^b	.059	.055	.72131
3	.288 ^c	.083	.077	.71299
a. Predictors: (Constant), Medicine				
b. Predictors: (Constant), Medicine, TICP3				

Table 4.7: Regression of Demographic Variables with Delivery of Care						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.205 ^a	.042	.040	.72716		
2	.243 ^b	.059	.055	.72131		
3	.288 ^c	.083	.077	.71299		
a. Predictors: (Constant), Medicine						
c. Predictors: (Constant), Medicine, TICP3, Male						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	11.547	1	11.547	21.838	.000***
	Residual	263.324	498	.529		
	Total	274.871	499			
2	Regression	16.287	2	8.143	15.652	.000***
	Residual	258.584	497	.520		
	Total	274.871	499			
3	Regression	22.730	3	7.577	14.904	.000***
	Residual	252.142	496	.508		
	Total	274.871	499			
a. Predictors: (Constant), Medicine						
b. Predictors: (Constant), Medicine, TICP3						
c. Predictors: (Constant), Medicine, TICP3, Male						
d. Dependent Variable: DOC						
Coefficients^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.892	.043		90.037	.000***
	Medicine	-.307	.066	-.205	-4.673	.000***
2	(Constant)	3.816	.050		76.735	.000***
	Medicine	-.300	.065	-.200	-4.604	.000***
	TICP3	.203	.067	.131	3.018	.003**
3	(Constant)	3.945	.061		64.584	.000***
	Medicine	-.276	.065	-.184	-4.259	.000***
	TICP3	.283	.070	.183	4.033	.000***

	Male	-.254	.071	-.162	-3.560	.000***
a. Dependent Variable: DOC						

***p < 0.001, **p < 0.01, *p < 0.05

Table 4.8: Regression of demographic variables with Relationship with Community						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.254 ^a	.065	.063	.95621		
2	.326 ^b	.106	.103	.93563		
3	.367 ^c	.135	.129	.92160		
4	.390 ^d	.152	.145	.91332		
5	.408 ^e	.167	.158	.90625		
6	.444 ^f	.197	.187	.89037		
a. Predictors: (Constant), TICP1						
b. Predictors: (Constant), TICP1, Gynecology						
c. Predictors: (Constant), TICP1, Gynecology, Pediatrics						
d. Predictors: (Constant), TICP1, Gynecology, Pediatrics, Female						
e. Predictors: (Constant), TICP1, Gynecology, Pediatrics, Female, TICP2						
f. Predictors: (Constant), TICP1, Gynecology, Pediatrics, Female, TICP2, Exp3						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	31.528	1	31.528	34.481	.000***
	Residual	455.344	498	.914		
	Total	486.871	499			
2	Regression	51.799	2	25.900	29.586	.000***
	Residual	435.072	497	.875		
	Total	486.871	499			
3	Regression	65.593	3	21.864	25.743	.000***
	Residual	421.278	496	.849		
	Total	486.871	499			
4	Regression	73.964	4	18.491	22.167	.000***
	Residual	412.908	495	.834		
	Total	486.871	499			
5	Regression	81.156	5	16.231	19.763	.000***
	Residual	405.715	494	.821		

	Total	486.871	499			
6	Regression	96.043	6	16.007	20.192	.000***
	Residual	390.828	493	.793		
	Total	486.871	499			
a. Predictors: (Constant), TICP1						
b. Predictors: (Constant), TICP1, Gynecology						
c. Predictors: (Constant), TICP1, Gynecology, Pediatrics						
d. Predictors: (Constant), TICP1, Gynecology, Pediatrics, Female						
e. Predictors: (Constant), TICP1, Gynecology, Pediatrics, Female, TICP2						
f. Predictors: (Constant), TICP1, Gynecology, Pediatrics, Female, TICP2, Exp3						
g. Dependent Variable: RC						
Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.864	.058		67.005	.000***
	TICP1	-.505	.086	-.254	-5.872	.000***
2	(Constant)	3.790	.058		64.843	.000***
	TICP1	-.524	.084	-.264	-6.219	.000***
	Gynecology	.577	.120	.204	4.812	.000***
3	(Constant)	3.695	.062		59.391	.000***
	TICP1	-.483	.084	-.243	-5.778	.000***
	Gynecology	.652	.120	.231	5.448	.000***
	Pediatrics	.501	.124	.172	4.030	.000***
4	(Constant)	3.722	.062		59.805	.000***
	TICP1	-.366	.091	-.184	-4.035	.000***
	Gynecology	.868	.137	.307	6.345	.000***
	Pediatrics	.538	.124	.185	4.351	.000***
	Female	-.340	.107	-.163	-3.168	.002**
5	(Constant)	3.835	.073		52.838	.000***
	TICP1	-.489	.099	-.247	-4.935	.000***
	Gynecology	.912	.136	.323	6.682	.000***
	Pediatrics	.532	.123	.182	4.331	.000***
	Female	-.332	.107	-.159	-3.117	.002**
	TICP2	-.344	.116	-.137	-2.959	.003**
6	(Constant)	4.431	.155		28.593	.000***

	TICP1	-1.015	.156	-.512	-6.524	.000***
	Gynecology	.966	.135	.342	7.175	.000***
	Pediatrics	.443	.122	.152	3.618	.000***
	Female	-.358	.105	-.172	-3.413	.001**
	TICP2	-.721	.144	-.287	-5.023	.000***
	Exp3	-.590	.136	-.298	-4.333	.000***
a. Dependent Variable: RC						

***p < 0.001, **p < 0.01, *p < 0.05

Table 4.9: Regression of Demographic Variables with Personal Time						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.319 ^a	.102	.100	1.04139		
2	.395 ^b	.156	.153	1.01048		
3	.445 ^c	.198	.194	.98577		
4	.457 ^d	.209	.203	.98009		
5	.467 ^e	.218	.210	.97572		
6	.491 ^f	.241	.232	.96203		
7	.488 ^g	.238	.230	.96320		
a. Predictors: (Constant), TICP1						
b. Predictors: (Constant), TICP1, Exp1						
c. Predictors: (Constant), TICP1, Exp1, Pediatrics						
d. Predictors: (Constant), TICP1, Exp1, Pediatrics, EmployedinGovtHosp						
e. Predictors: (Constant), TICP1, Exp1, Pediatrics, EmployedinGovtHosp, TICP3						
f. Predictors: (Constant), TICP1, Exp1, Pediatrics, EmployedinGovtHosp, TICP3, Exp3						
g. Predictors: (Constant), TICP1, Exp1, Pediatrics, TICP3, Exp3						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	61.164	1	61.164	56.398	.000***
	Residual	540.081	498	1.084		
	Total	601.244	499			
2	Regression	93.769	2	46.885	45.917	.000***
	Residual	507.475	497	1.021		
	Total	601.244	499			

3	Regression	119.259	3	39.753	40.909	.000***
	Residual	481.985	496	.972		
	Total	601.244	499			
4	Regression	125.754	4	31.439	32.729	.000***
	Residual	475.490	495	.961		
	Total	601.244	499			
5	Regression	130.943	5	26.189	27.508	.000***
	Residual	470.301	494	.952		
	Total	601.244	499			
6	Regression	144.976	6	24.163	26.108	.000***
	Residual	456.269	493	.925		
	Total	601.244	499			
7	Regression	142.938	5	28.588	30.814	.000***
	Residual	458.306	494	.928		
	Total	601.244	499			

a. Predictors: (Constant), TICP1

b. Predictors: (Constant), TICP1, Exp1

c. Predictors: (Constant), TICP1, Exp1, Pediatrics

d. Predictors: (Constant), TICP1, Exp1, Pediatrics, EmployedinGovtHosp

e. Predictors: (Constant), TICP1, Exp1, Pediatrics, EmployedinGovtHosp, TICP3

f. Predictors: (Constant), TICP1, Exp1, Pediatrics, EmployedinGovtHosp, TICP3, Exp3

g. Predictors: (Constant), TICP1, Exp1, Pediatrics, TICP3, Exp3

h. Dependent Variable: PT

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.130	.063		49.837	.000***
	TICP1	-.703	.094	-.319	-7.510	.000***
2	(Constant)	3.130	.061		51.362	.000***
	TICP1	-1.247	.132	-.566	-9.422	.000***
	Exp1	.810	.143	.339	5.651	.000***
3	(Constant)	3.015	.064		47.443	.000***
	TICP1	-1.205	.129	-.546	-9.312	.000***
	Exp1	.834	.140	.349	5.959	.000***
	Pediatrics	.673	.131	.208	5.122	.000***

4	(Constant)	3.147	.081		38.804	.000***
	TICP1	-1.244	.130	-.565	-9.607	.000***
	Exp1	.780	.141	.327	5.544	.000***
	Pediatrics	.685	.131	.211	5.241	.000***
	EmployedinGovtHosp	-.248	.095	-.111	-2.600	.010**
5	(Constant)	2.979	.108		27.553	.000***
	TICP1	-1.059	.151	-.481	-6.997	.000***
	Exp1	.770	.140	.323	5.497	.000***
	Pediatrics	.675	.130	.208	5.188	.000***
	EmployedinGovtHosp	-.291	.097	-.130	-3.007	.003**
	TICP3	.294	.126	.129	2.335	.020*
6	(Constant)	3.174	.118		26.943	.000***
	TICP1	-1.103	.150	-.500	-7.369	.000***
	Exp1	.605	.145	.253	4.186	.000***
	Pediatrics	.557	.132	.172	4.223	.000***
	EmployedinGovtHosp	-.151	.102	-.068	-1.484	.138
	TICP3	.667	.157	.292	4.252	.000***
	Exp3	-.645	.166	-.293	-3.894	.000***
7	(Constant)	3.151	.117		26.952	.000***
	TICP1	-1.109	.150	-.503	-7.402	.000***
	Exp1	.612	.145	.256	4.229	.000***
	Pediatrics	.536	.131	.165	4.083	.000***
	TICP3	.685	.157	.300	4.369	.000***
	Exp3	-.731	.155	-.333	-4.713	.000***
a. Dependent Variable: PT						

***p < 0.001, **p < 0.01, *p < 0.05

Table 4.10: Regression of Demographic Variables with Resources

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.421 ^a	.177	.176	.76291
2	.478 ^b	.228	.225	.73971
3	.511 ^c	.261	.256	.72464
4	.536 ^d	.287	.281	.71240
5	.551 ^e	.304	.297	.70482

6	.562 ^f	.316	.308			.69908
7	.568 ^g	.322	.312			.69682
a. Predictors: (Constant), EmployedinGovtHosp						
b. Predictors: (Constant), EmployedinGovtHosp, TICP3						
c. Predictors: (Constant), EmployedinGovtHosp, TICP3, Exp3						
d. Predictors: (Constant), EmployedinGovtHosp, TICP3, Exp3, TICP1						
e. Predictors: (Constant), EmployedinGovtHosp, TICP3, Exp3, TICP1, Male						
f. Predictors: (Constant), EmployedinGovtHosp, TICP3, Exp3, TICP1, Male, GSurgery						
g. Predictors: (Constant), EmployedinGovtHosp, TICP3, Exp3, TICP1, Male, GSurgery, Pediatrics						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	62.547	1	62.547	107.462	.000***
	Residual	289.854	498	.582		
	Total	352.401	499			
2	Regression	80.455	2	40.227	73.518	.000***
	Residual	271.947	497	.547		
	Total	352.401	499			
3	Regression	91.948	3	30.649	58.368	.000***
	Residual	260.453	496	.525		
	Total	352.401	499			
4	Regression	101.181	4	25.295	49.842	.000***
	Residual	251.220	495	.508		
	Total	352.401	499			
5	Regression	106.996	5	21.399	43.076	.000***
	Residual	245.406	494	.497		
	Total	352.401	499			
6	Regression	111.466	6	18.578	38.014	.000***
	Residual	240.935	493	.489		
	Total	352.401	499			
7	Regression	113.504	7	16.215	33.394	.000***
	Residual	238.897	492	.486		
	Total	352.401	499			
a. Predictors: (Constant), EmployedinGovtHosp						
b. Predictors: (Constant), EmployedinGovtHosp, TICP3						
c. Predictors: (Constant), EmployedinGovtHosp, TICP3, Exp3						

d. Predictors: (Constant), EmployedinGovtHosp, TICP3, Exp3, TICP1						
e. Predictors: (Constant), EmployedinGovtHosp, TICP3, Exp3, TICP1, Male						
f. Predictors: (Constant), EmployedinGovtHosp, TICP3, Exp3, TICP1, Male, GSurgery						
g. Predictors: (Constant), EmployedinGovtHosp, TICP3, Exp3, TICP1, Male, GSurgery, Pediatrics						
h. Dependent Variable: R						
Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.360	.044		76.155	.000***
	EmployedinGovtHosp	-.721	.070	-.421	-10.366	.000***
2	(Constant)	3.266	.046		71.253	.000***
	EmployedinGovtHosp	-.863	.072	-.504	-12.009	.000***
	TICP3	.420	.073	.240	5.721	.000***
3	(Constant)	3.320	.046		71.598	.000***
	EmployedinGovtHosp	-.728	.076	-.425	-9.552	.000***
	TICP3	.795	.108	.455	7.383	.000***
	Exp3	-.523	.112	-.311	-4.679	.000***
4	(Constant)	3.619	.084		43.316	.000***
	EmployedinGovtHosp	-.728	.075	-.425	-9.725	.000***
	TICP3	.632	.113	.361	5.616	.000***
	Exp3	-.661	.115	-.393	-5.767	.000***
	TICP1	-.390	.091	-.231	-4.265	.000***
5	(Constant)	3.798	.098		38.784	.000***
	EmployedinGovtHosp	-.709	.074	-.414	-9.543	.000***
	TICP3	.659	.112	.377	5.904	.000***
	Exp3	-.666	.113	-.396	-5.879	.000***
	TICP1	-.458	.093	-.272	-4.946	.000***
	Male	-.248	.072	-.139	-3.421	.001**
6	(Constant)	3.831	.098		39.197	.000***
	EmployedinGovtHosp	-.726	.074	-.424	-9.827	.000***
	TICP3	.711	.112	.406	6.346	.000***
	Exp3	-.693	.113	-.412	-6.147	.000***
	TICP1	-.456	.092	-.270	-4.963	.000***
	Male	-.230	.072	-.130	-3.194	.001**

	GSurgery	-.255	.084	-.115	-3.024	.003**
7	(Constant)	3.783	.100		37.759	.000***
	EmployedinGovtHosp	-.741	.074	-.433	-10.011	.000***
	TICP3	.668	.114	.382	5.878	.000***
	Exp3	-.638	.116	-.379	-5.517	.000***
	TICP1	-.432	.092	-.256	-4.683	.000***
	Male	-.230	.072	-.130	-3.207	.001**
	GSurgery	-.217	.086	-.098	-2.519	.012**
	Pediatrics	.200	.097	.080	2.049	.041*
a. Dependent Variable: R						

***p < 0.001, **p < 0.01, *p < 0.05

Table 4.11: Regression of Demographic Variables with Remuneration

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.397 ^a	.157	.156	1.07035		
2	.428 ^b	.183	.180	1.05499		
3	.456 ^c	.208	.203	1.04001		
4	.470 ^d	.221	.215	1.03232		
5	.483 ^e	.233	.226	1.02497		
6	.498 ^f	.248	.238	1.01651		
7	.504 ^g	.254	.243	1.01312		
a. Predictors: (Constant), TICP1						
b. Predictors: (Constant), TICP1, Medicine						
c. Predictors: (Constant), TICP1, Medicine, TICP3						
d. Predictors: (Constant), TICP1, Medicine, TICP3, EmployedinGovtHosp						
e. Predictors: (Constant), TICP1, Medicine, TICP3, EmployedinGovtHosp, Exp1						
f. Predictors: (Constant), TICP1, Medicine, TICP3, EmployedinGovtHosp, Exp1, Male						
g. Predictors: (Constant), TICP1, Medicine, TICP3, EmployedinGovtHosp, Exp1, Male, Orthopedics						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	106.466	1	106.466	92.931	.000***
	Residual	570.532	498	1.146		
	Total	676.998	499			
2	Regression	123.839	2	61.919	55.633	.000***

	Residual	553.159	497	1.113		
	Total	676.998	499			
3	Regression	140.514	3	46.838	43.304	.000***
	Residual	536.484	496	1.082		
	Total	676.998	499			
4	Regression	149.489	4	37.372	35.069	.000***
	Residual	527.509	495	1.066		
	Total	676.998	499			
5	Regression	158.019	5	31.604	30.083	.000***
	Residual	518.979	494	1.051		
	Total	676.998	499			
6	Regression	167.581	6	27.930	27.030	.000***
	Residual	509.417	493	1.033		
	Total	676.998	499			
7	Regression	172.004	7	24.572	23.940	.000***
	Residual	504.994	492	1.026		
	Total	676.998	499			
a. Predictors: (Constant), TICP1						
b. Predictors: (Constant), TICP1, Medicine						
c. Predictors: (Constant), TICP1, Medicine, TICP3						
d. Predictors: (Constant), TICP1, Medicine, TICP3, EmployedinGovtHosp						
e. Predictors: (Constant), TICP1, Medicine, TICP3, EmployedinGovtHosp, Exp1						
f. Predictors: (Constant), TICP1, Medicine, TICP3, EmployedinGovtHosp, Exp1, Male						
g. Predictors: (Constant), TICP1, Medicine, TICP3, EmployedinGovtHosp, Exp1, Male, Orthopedics						
h. Dependent Variable: ER						
Coefficients						
		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	3.419	.065		52.977	.000***
	TICP1	-.928	.096	-.397	-9.640	.000***
2	(Constant)	3.557	.072		49.065	.000***
	TICP1	-.865	.096	-.370	-8.994	.000***
	Medicine	-.381	.097	-.162	-3.951	.000***
3	(Constant)	3.230	.110		29.463	.000***
	TICP1	-.517	.130	-.221	-3.989	.000***

	Medicine	-.421	.096	-.180	-4.404	.000***
	TICP3	.521	.133	.215	3.926	.000***
4	(Constant)	3.111	.116		26.752	.000***
	TICP1	-.481	.129	-.206	-3.720	.000***
	Medicine	-.393	.095	-.168	-4.121	.000***
	TICP3	.443	.134	.183	3.300	.001**
	EmployedinGovtHosp	.295	.102	.124	2.902	.004**
5	(Constant)	3.101	.116		26.840	.000***
	TICP1	-.752	.160	-.321	-4.706	.000***
	Medicine	-.414	.095	-.176	-4.353	.000***
	TICP3	.436	.133	.180	3.268	.001**
	EmployedinGovtHosp	.336	.102	.142	3.302	.001**
	Exp1	.420	.148	.166	2.849	.005**
6	(Constant)	3.318	.135		24.574	.000***
	TICP1	-.883	.164	-.378	-5.379	.000***
	Medicine	-.368	.095	-.157	-3.857	.000***
	TICP3	.458	.133	.189	3.455	.001**
	EmployedinGovtHosp	.370	.102	.156	3.639	.000***
	Exp1	.471	.147	.186	3.196	.001**
	Male	-.324	.106	-.132	-3.042	.002**
7	(Constant)	3.367	.137		24.643	.000***
	TICP1	-.904	.164	-.386	-5.513	.000***
	Medicine	-.439	.101	-.187	-4.343	.000***
	TICP3	.402	.135	.166	2.983	.003**
	EmployedinGovtHosp	.386	.102	.163	3.802	.000***
	Exp1	.479	.147	.189	3.259	.001**
	Male	-.263	.110	-.107	-2.389	.017**
	Orthopedics	-.326	.157	-.090	-2.076	.038*
a. Dependent Variable: ER						

***p < 0.001, **p < 0.01, *p < 0.05

Table 4.39: Regression of Demographic, Job Context and Content Factors on JS (Employed in Pvt. Hospital)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.548 ^a	.300	.297	.85249
2	.706 ^b	.498	.494	.72337
3	.733 ^c	.538	.531	.69588
4	.754 ^d	.568	.560	.67400
5	.763 ^e	.582	.572	.66480
6	.768 ^f	.589	.578	.66036

a. Predictors: (Constant), RC

b. Predictors: (Constant), RC, PT

c. Predictors: (Constant), RC, PT, Aut

d. Predictors: (Constant), RC, PT, Aut, GSurgery

e. Predictors: (Constant), RC, PT, Aut, GSurgery, RS

f. Predictors: (Constant), RC, PT, Aut, GSurgery, RS, Orthopedics

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	70.653	1	70.653	97.220	.000***
	Residual	164.968	227	.727		
	Total	235.621	228			
2	Regression	117.362	2	58.681	112.144	.000***
	Residual	118.258	226	.523		
	Total	235.621	228			
3	Regression	126.666	3	42.222	87.192	.000***
	Residual	108.955	225	.484		
	Total	235.621	228			
4	Regression	133.862	4	33.465	73.667	.000***
	Residual	101.759	224	.454		
	Total	235.621	228			
5	Regression	137.065	5	27.413	62.027	.000***
	Residual	98.555	223	.442		
	Total	235.621	228			
6	Regression	138.813	6	23.135	53.054	.000***
	Residual	96.808	222	.436		
	Total	235.621	228			

a. Predictors: (Constant), RC

b. Predictors: (Constant), RC, PT

c. Predictors: (Constant), RC, PT, Aut						
d. Predictors: (Constant), RC, PT, Aut, GSurgery						
e. Predictors: (Constant), RC, PT, Aut, GSurgery, RS						
f. Predictors: (Constant), RC, PT, Aut, GSurgery, RS, Orthopedics						
g. Dependent Variable: JS						
Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.847	.228		3.713	.000***
	RC	.631	.064	.548	9.860	.000***
2	(Constant)	.017	.213		.079	.937
	RC	.539	.055	.468	9.767	.000***
	PT	.426	.045	.452	9.448	.000***
3	(Constant)	.831	.276		3.008	.003**
	RC	.607	.055	.527	10.977	.000***
	PT	.493	.046	.523	10.717	.000***
	Aut	-.369	.084	-.222	-4.383	.000***
4	(Constant)	.685	.270		2.537	.012*
	RC	.645	.054	.560	11.859	.000***
	PT	.512	.045	.544	11.437	.000***
	Aut	-.405	.082	-.244	-4.938	.000***
	GSurgery	.488	.123	.179	3.980	.000***
5	(Constant)	.339	.296		1.144	.254
	RC	.566	.061	.492	9.248	.000***
	PT	.527	.045	.559	11.839	.000***
	Aut	-.450	.083	-.271	-5.442	.000***
	GSurgery	.476	.121	.174	3.931	.000***
	RS	.196	.073	.140	2.692	.008**
6	(Constant)	.431	.298		1.449	.149
	RC	.585	.062	.508	9.508	.000***
	PT	.543	.045	.576	12.085	.000***
	Aut	-.490	.084	-.295	-5.797	.000***
	GSurgery	.517	.122	.190	4.240	.000***
	RS	.169	.073	.121	2.306	.022*
	Orthopedics	.377	.189	.092	2.002	.047*

Table 4.39: Regression of Demographic, Job Context and Content Factors on JS (Employed in Pvt. Hospital)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.548 ^a	.300	.297	.85249
2	.706 ^b	.498	.494	.72337
3	.733 ^c	.538	.531	.69588
4	.754 ^d	.568	.560	.67400
5	.763 ^e	.582	.572	.66480
6	.768 ^f	.589	.578	.66036
a. Predictors: (Constant), RC				
b. Predictors: (Constant), RC, PT				
c. Predictors: (Constant), RC, PT, Aut				
d. Predictors: (Constant), RC, PT, Aut, GSurgery				
e. Predictors: (Constant), RC, PT, Aut, GSurgery, RS				
a. Dependent Variable: JS				

***p < 0.001, **p < 0.01, *p < 0.05

Table 4.40: Regression of Demographic, Job Context and Content Factors on JS (Employed in Govt. Hospital)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.715 ^a	.511	.509	.80617
2	.805 ^b	.648	.644	.68634
3	.831 ^c	.691	.686	.64469
4	.856 ^d	.733	.728	.60039
5	.865 ^e	.747	.741	.58545
6	.875 ^f	.766	.758	.56544
7	.878 ^g	.772	.763	.55964
a. Predictors: (Constant), DOC				
b. Predictors: (Constant), DOC, R				
c. Predictors: (Constant), DOC, R, RC				

d. Predictors: (Constant), DOC, R, RC, Medicine						
e. Predictors: (Constant), DOC, R, RC, Medicine, TICP2						
f. Predictors: (Constant), DOC, R, RC, Medicine, TICP2, ER						
g. Predictors: (Constant), DOC, R, RC, Medicine, TICP2, ER, Pediatrics						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	135.263	1	135.263	208.124	.000***
	Residual	129.334	199	.650		
	Total	264.597	200			
2	Regression	171.327	2	85.663	181.851	.000***
	Residual	93.270	198	.471		
	Total	264.597	200			
3	Regression	182.718	3	60.906	146.539	.000***
	Residual	81.879	197	.416		
	Total	264.597	200			
4	Regression	193.946	4	48.487	134.511	.000***
	Residual	70.651	196	.360		
	Total	264.597	200			
5	Regression	197.761	5	39.552	115.397	.000***
	Residual	66.836	195	.343		
	Total	264.597	200			
6	Regression	202.570	6	33.762	105.596	.000***
	Residual	62.027	194	.320		
	Total	264.597	200			
7	Regression	204.149	7	29.164	93.116	.000***
	Residual	60.448	193	.313		
	Total	264.597	200			
a. Predictors: (Constant), DOC						
b. Predictors: (Constant), DOC, R						
c. Predictors: (Constant), DOC, R, RC						
d. Predictors: (Constant), DOC, R, RC, Medicine						
e. Predictors: (Constant), DOC, R, RC, Medicine, TICP2						
f. Predictors: (Constant), DOC, R, RC, Medicine, TICP2, ER						
g. Predictors: (Constant), DOC, R, RC, Medicine, TICP2, ER, Pediatrics						
h. Dependent Variable: JS						
Coefficients						

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-.630	.284		-2.221	.028*
	DOC	1.044	.072	.715	14.427	.000***
2	(Constant)	-1.599	.266		-6.019	.000***
	DOC	.931	.063	.637	14.786	.000***
	R	.532	.061	.377	8.750	.000***
3	(Constant)	-1.613	.250		-6.466	.000***
	DOC	.692	.075	.474	9.259	.000***
	R	.487	.058	.346	8.444	.000***
	RC	.276	.053	.270	5.235	.000***
4	(Constant)	-2.204	.255		-8.633	.000***
	DOC	.680	.070	.466	9.771	.000***
	R	.454	.054	.322	8.399	.000***
	RC	.411	.055	.403	7.515	.000***
	Medicine	.576	.103	.241	5.581	.000***
5	(Constant)	-2.353	.253		-9.303	.000***
	DOC	.681	.068	.466	10.033	.000***
	R	.498	.054	.353	9.165	.000***
	RC	.400	.053	.392	7.489	.000***
	Medicine	.589	.101	.246	5.847	.000***
	TICP2	.372	.111	.124	3.336	.001**
6	(Constant)	-2.140	.250		-8.546	.000***
	DOC	.584	.070	.400	8.319	.000***
	R	.428	.056	.303	7.700	.000***
	RC	.289	.059	.283	4.891	.000***
	Medicine	.544	.098	.227	5.554	.000***
	TICP2	.550	.117	.184	4.702	.000***
	ER	.222	.057	.228	3.878	.000***
7	(Constant)	-2.158	.248		-8.701	.000***
	DOC	.583	.069	.399	8.390	.000***
	R	.419	.055	.297	7.603	.000***
	RC	.294	.059	.288	5.021	.000***
	Medicine	.609	.101	.255	6.020	.000***

	TICP2	.566	.116	.189	4.878	.000***
	ER	.210	.057	.215	3.679	.000***
	Pediatrics	.260	.116	.084	2.245	.026*
a. Dependent Variable: JS						

***p < 0.001, **p < 0.01, *p < 0.05

Table 4.43: Regression of Demographic Variables and Career Satisfaction						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.363 ^a	.132	.130	.97051		
2	.426 ^b	.182	.179	.94318		
3	.448 ^c	.200	.196	.93336		
4	.459 ^d	.211	.205	.92808		
a. Predictors: (Constant), EmployedinPvtHosp						
b. Predictors: (Constant), EmployedinPvtHosp, Male						
c. Predictors: (Constant), EmployedinPvtHosp, Male, Pediatrics						
d. Predictors: (Constant), EmployedinPvtHosp, Male, Pediatrics, TICP3						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	71.323	1	71.323	75.724	.000***
	Residual	469.059	498	.942		
	Total	540.382	499			
2	Regression	98.260	2	49.130	55.228	.000***
	Residual	442.123	497	.890		
	Total	540.382	499			
3	Regression	108.283	3	36.094	41.432	.000***
	Residual	432.100	496	.871		
	Total	540.382	499			
4	Regression	114.019	4	28.505	33.094	.000***
	Residual	426.363	495	.861		
	Total	540.382	499			
a. Predictors: (Constant), EmployedinPvtHosp						
b. Predictors: (Constant), EmployedinPvtHosp, Male						
c. Predictors: (Constant), EmployedinPvtHosp, Male, Pediatrics						
d. Predictors: (Constant), EmployedinPvtHosp, Male, Pediatrics, TICP3						
e. Dependent Variable: CS						

Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.872	.059		65.671	.000***
	EmployedinPvtHosp	-.758	.087	-.363	-8.702	.000***
2	(Constant)	4.260	.091		46.871	.000***
	EmployedinPvtHosp	-.875	.087	-.419	-10.022	.000***
	Male	-.506	.092	-.230	-5.503	.000***
3	(Constant)	4.182	.093		45.038	.000***
	EmployedinPvtHosp	-.826	.088	-.396	-9.435	.000***
	Male	-.506	.091	-.230	-5.562	.000***
	Pediatrics	.424	.125	.138	3.392	.001**
4	(Constant)	4.103	.097		42.192	.000***
	EmployedinPvtHosp	-.755	.091	-.362	-8.279	.000***
	Male	-.567	.093	-.258	-6.063	.000***
	Pediatrics	.405	.125	.132	3.253	.001**
	TICP3	.248	.096	.114	2.581	.010*

a. Dependent Variable: CS

***p < 0.001, **p < 0.01, *p < 0.05

Table 4.44: Regression of Work Context and content factors with CS				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.449 ^a	.202	.200	.93062
2	.510 ^b	.260	.257	.89685
3	.549 ^c	.301	.297	.87240
4	.568 ^d	.322	.317	.86003
5	.579 ^e	.335	.329	.85265
6	.586 ^f	.344	.336	.84822
a. Predictors: (Constant), RC				
b. Predictors: (Constant), RC, PT				
c. Predictors: (Constant), RC, PT, DOC				
d. Predictors: (Constant), RC, PT, DOC, ER				
e. Predictors: (Constant), RC, PT, DOC, ER, R				
f. Predictors: (Constant), RC, PT, DOC, ER, R, RCo				

ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	109.088	1	109.088	125.960	.000***
	Residual	431.295	498	.866		
	Total	540.382	499			
2	Regression	140.628	2	70.314	87.419	.000***
	Residual	399.755	497	.804		
	Total	540.382	499			
3	Regression	162.887	3	54.296	71.341	.000***
	Residual	377.495	496	.761		
	Total	540.382	499			
4	Regression	174.258	4	43.564	58.899	.000***
	Residual	366.124	495	.740		
	Total	540.382	499			
5	Regression	181.237	5	36.247	49.858	.000***
	Residual	359.146	494	.727		
	Total	540.382	499			
6	Regression	185.677	6	30.946	43.012	.000***
	Residual	354.705	493	.719		
	Total	540.382	499			
a. Predictors: (Constant), RC						
b. Predictors: (Constant), RC, PT						
c. Predictors: (Constant), RC, PT, DOC						
d. Predictors: (Constant), RC, PT, DOC, ER						
e. Predictors: (Constant), RC, PT, DOC, ER, R						
f. Predictors: (Constant), RC, PT, DOC, ER, R, RCo						
g. Dependent Variable: CS						
Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.803	.159		11.346	.000***
	RC	.473	.042	.449	11.223	.000***
2	(Constant)	1.360	.169		8.064	.000***
	RC	.413	.042	.392	9.887	.000***
	PT	.235	.038	.248	6.262	.000***

3	(Constant)	.596	.217		2.755	.006**
	RC	.249	.051	.236	4.901	.000***
	PT	.241	.037	.255	6.596	.000***
	DOC	.358	.066	.255	5.408	.000***
4	(Constant)	.642	.214		3.003	.003**
	RC	.184	.053	.174	3.487	.001**
	PT	.200	.038	.211	5.317	.000***
	DOC	.312	.066	.223	4.715	.000***
	ER	.159	.041	.178	3.921	.000***
5	(Constant)	.946	.233		4.050	.000***
	RC	.189	.052	.179	3.618	.000***
	PT	.222	.038	.234	5.855	.000***
	DOC	.319	.066	.228	4.860	.000***
	ER	.173	.041	.194	4.272	.000***
	R	-.148	.048	-.119	-3.098	.002**
6	(Constant)	1.340	.281		4.763	.000***
	RC	.233	.055	.221	4.239	.000***
	PT	.215	.038	.227	5.687	.000***
	DOC	.374	.069	.266	5.421	.000***
	ER	.160	.041	.179	3.940	.000***
	R	-.138	.048	-.111	-2.891	.004**
	RCo	-.174	.070	-.112	-2.484	.013*

a. Dependent Variable: CS

***p < 0.001, **p < 0.01, *p < 0.05

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.598 ^a	.358	.357	.86354
2	.680 ^b	.463	.460	.79075
3	.730 ^c	.533	.530	.73826
4	.747 ^d	.558	.555	.71824
5	.762 ^e	.581	.577	.70051
6	.777 ^f	.604	.599	.68188
7	.780 ^g	.608	.603	.67867

8	.783 ^h	.613	.607	.67515		
9	.785 ⁱ	.616	.609	.67291		
10	.790 ^j	.624	.616	.66673		
11	.793 ^k	.630	.621	.66256		
a. Predictors: (Constant), RC						
b. Predictors: (Constant), RC, PT						
c. Predictors: (Constant), RC, PT, DOC						
d. Predictors: (Constant), RC, PT, DOC, OwnHospital						
e. Predictors: (Constant), RC, PT, DOC, OwnHospital, Medicine						
f. Predictors: (Constant), RC, PT, DOC, OwnHospital, Medicine, ER						
g. Predictors: (Constant), RC, PT, DOC, OwnHospital, Medicine, ER, Gynecology						
h. Predictors: (Constant), RC, PT, DOC, OwnHospital, Medicine, ER, Gynecology, TICP3						
i. Predictors: (Constant), RC, PT, DOC, OwnHospital, Medicine, ER, Gynecology, TICP3, EmployedinPvtHosp						
j. Predictors: (Constant), RC, PT, DOC, OwnHospital, Medicine, ER, Gynecology, TICP3, EmployedinPvtHosp, R						
k. Predictors: (Constant), RC, PT, DOC, OwnHospital, Medicine, ER, Gynecology, TICP3, EmployedinPvtHosp, R, GSurgery						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	206.973	1	206.973	277.554	.000***
	Residual	371.360	498	.746		
	Total	578.333	499			
2	Regression	267.569	2	133.785	213.960	.000***
	Residual	310.764	497	.625		
	Total	578.333	499			
3	Regression	308.001	3	102.667	188.371	.000***
	Residual	270.332	496	.545		
	Total	578.333	499			
4	Regression	322.977	4	80.744	156.520	.000***
	Residual	255.356	495	.516		
	Total	578.333	499			
5	Regression	335.922	5	67.184	136.912	.000***
	Residual	242.411	494	.491		
	Total	578.333	499			

6	Regression	349.111	6	58.185	125.142	.000***
	Residual	229.222	493	.465		
	Total	578.333	499			
7	Regression	351.718	7	50.245	109.087	.000***
	Residual	226.615	492	.461		
	Total	578.333	499			
8	Regression	354.523	8	44.315	97.220	.000***
	Residual	223.811	491	.456		
	Total	578.333	499			
9	Regression	356.459	9	39.607	87.470	.000***
	Residual	221.874	490	.453		
	Total	578.333	499			
10	Regression	360.962	10	36.096	81.202	.000***
	Residual	217.372	489	.445		
	Total	578.333	499			
11	Regression	364.111	11	33.101	75.404	.000***
	Residual	214.222	488	.439		
	Total	578.333	499			

a. Predictors: (Constant), RC

b. Predictors: (Constant), RC, PT

c. Predictors: (Constant), RC, PT, DOC

d. Predictors: (Constant), RC, PT, DOC, OwnHospital

e. Predictors: (Constant), RC, PT, DOC, OwnHospital, Medicine

f. Predictors: (Constant), RC, PT, DOC, OwnHospital, Medicine, ER

g. Predictors: (Constant), RC, PT, DOC, OwnHospital, Medicine, ER, Gynecology

h. Predictors: (Constant), RC, PT, DOC, OwnHospital, Medicine, ER, Gynecology, TICP3

i. Predictors: (Constant), RC, PT, DOC, OwnHospital, Medicine, ER, Gynecology, TICP3, EmployedinPvtHosp

j. Predictors: (Constant), RC, PT, DOC, OwnHospital, Medicine, ER, Gynecology, TICP3, EmployedinPvtHosp, R

k. Predictors: (Constant), RC, PT, DOC, OwnHospital, Medicine, ER, Gynecology, TICP3, EmployedinPvtHosp, R, GSurgery

l. Dependent Variable: JS

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		

1	(Constant)	.929	.147		6.300	.000***
	RC	.652	.039	.598	16.660	.000***
2	(Constant)	.315	.149		2.120	.035*
	RC	.568	.037	.521	15.432	.000***
	PT	.326	.033	.333	9.844	.000***
3	(Constant)	-.714	.183		-3.898	.000***
	RC	.347	.043	.318	8.079	.000***
	PT	.334	.031	.341	10.796	.000***
	DOC	.482	.056	.332	8.613	.000***
4	(Constant)	-.671	.178		-3.763	.000***
	RC	.355	.042	.325	8.486	.000***
	PT	.305	.031	.311	9.984	.000***
	DOC	.466	.055	.321	8.542	.000***
	OwnHospital	.508	.094	.164	5.388	.000***
5	(Constant)	-1.028	.187		-5.486	.000***
	RC	.379	.041	.348	9.240	.000***
	PT	.314	.030	.320	10.517	.000***
	DOC	.489	.053	.337	9.163	.000***
	OwnHospital	.561	.092	.181	6.063	.000***
	Medicine	.338	.066	.156	5.136	.000***
6	(Constant)	-1.014	.182		-5.563	.000***
	RC	.312	.042	.286	7.440	.000***
	PT	.269	.030	.274	8.874	.000***
	DOC	.442	.053	.305	8.376	.000***
	OwnHospital	.590	.090	.190	6.542	.000***
	Medicine	.374	.064	.172	5.809	.000***
	ER	.173	.032	.187	5.326	.000***
7	(Constant)	-.954	.183		-5.205	.000***
	RC	.329	.042	.302	7.772	.000***
	PT	.265	.030	.270	8.752	.000***
	DOC	.432	.053	.298	8.215	.000***
	OwnHospital	.555	.091	.179	6.097	.000***
	Medicine	.315	.069	.145	4.580	.000***
	ER	.169	.032	.182	5.214	.000***

	Gynecology	-.228	.096	-.074	-2.379	.018*
8	(Constant)	-.992	.183		-5.421	.000***
	RC	.341	.042	.313	8.038	.000***
	PT	.276	.030	.281	9.072	.000***
	DOC	.425	.052	.293	8.093	.000***
	OwnHospital	.549	.091	.177	6.066	.000***
	Medicine	.314	.068	.145	4.601	.000***
	ER	.189	.033	.205	5.698	.000***
	Gynecology	-.271	.097	-.088	-2.793	.005**
	TICP3	-.174	.070	-.078	-2.480	.013**
	9	(Constant)	-.902	.187		-4.811
RC		.341	.042	.313	8.076	.000***
PT		.285	.031	.290	9.301	.000***
DOC		.427	.052	.294	8.167	.000***
OwnHospital		.470	.098	.152	4.806	.000***
Medicine		.335	.069	.154	4.865	.000***
ER		.177	.034	.192	5.268	.000***
Gynecology		-.273	.097	-.089	-2.819	.005**
TICP3		-.224	.074	-.100	-3.026	.003**
EmployedinPvtHosp		-.151	.073	-.070	-2.068	.039*
10	(Constant)	-1.089	.195		-5.588	.000***
	RC	.333	.042	.306	7.945	.000***
	PT	.274	.031	.279	8.964	.000***
	DOC	.425	.052	.293	8.193	.000***
	OwnHospital	.330	.107	.106	3.096	.002**
	Medicine	.323	.068	.149	4.734	.000***
	ER	.149	.034	.162	4.335	.000***
	Gynecology	-.269	.096	-.087	-2.809	.005**
	TICP3	-.246	.074	-.110	-3.345	.001**
	EmployedinPvtHosp	-.274	.082	-.127	-3.338	.001**
11	R	.140	.044	.109	3.182	.002**
	(Constant)	-1.203	.198		-6.069	.000***
	RC	.347	.042	.318	8.260	.000***
	PT	.282	.030	.287	9.242	.000***

	DOC	.410	.052	.283	7.915	.000***
	OwnHospital	.293	.107	.094	2.738	.006**
	Medicine	.434	.079	.200	5.462	.000***
	ER	.143	.034	.154	4.151	.000***
	Gynecology	-.172	.102	-.056	-1.682	.093
	TICP3	-.285	.075	-.127	-3.817	.000***
	EmployedinPvtHosp	-.326	.084	-.151	-3.891	.000***
	R	.157	.044	.123	3.566	.000***
	GSurgery	.260	.097	.092	2.679	.008**
a. Dependent Variable: JS						

***p < 0.001, **p < 0.01, *p < 0.05

Table 4.46: Regression of Demographic, work Context and content factors with CS					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.449 ^a	.202	.200	.93062	
2	.536 ^b	.287	.284	.88053	
3	.589 ^c	.347	.343	.84328	
4	.638 ^d	.407	.402	.80476	
5	.652 ^e	.425	.419	.79333	
6	.660 ^f	.436	.429	.78644	
7	.664 ^g	.441	.433	.78334	
8	.669 ^h	.448	.439	.77958	
9	.673 ⁱ	.453	.443	.77636	
a. Predictors: (Constant), RC					
b. Predictors: (Constant), RC, EmployedinPvtHosp					
c. Predictors: (Constant), RC, EmployedinPvtHosp, Male					
d. Predictors: (Constant), RC, EmployedinPvtHosp, Male, PT					
e. Predictors: (Constant), RC, EmployedinPvtHosp, Male, PT, DOC					
f. Predictors: (Constant), RC, EmployedinPvtHosp, Male, PT, DOC, Gynecology					
g. Predictors: (Constant), RC, EmployedinPvtHosp, Male, PT, DOC, Gynecology, GSurgery					
h. Predictors: (Constant), RC, EmployedinPvtHosp, Male, PT, DOC, Gynecology, GSurgery, ER					
i. Predictors: (Constant), RC, EmployedinPvtHosp, Male, PT, DOC, Gynecology, GSurgery, ER, R					
ANOVA					
Model	Sum of Squares	df	Mean Square	F	Sig.

1	Regression	109.088	1	109.088	125.960	.000***
	Residual	431.295	498	.866		
	Total	540.382	499			
2	Regression	155.043	2	77.522	99.985	.000***
	Residual	385.339	497	.775		
	Total	540.382	499			
3	Regression	187.667	3	62.556	87.968	.000***
	Residual	352.716	496	.711		
	Total	540.382	499			
4	Regression	219.798	4	54.950	84.845	.000***
	Residual	320.584	495	.648		
	Total	540.382	499			
5	Regression	229.471	5	45.894	72.920	.000***
	Residual	310.911	494	.629		
	Total	540.382	499			
6	Regression	235.466	6	39.244	63.452	.000***
	Residual	304.916	493	.618		
	Total	540.382	499			
7	Regression	238.481	7	34.069	55.521	.000***
	Residual	301.901	492	.614		
	Total	540.382	499			
8	Regression	241.983	8	30.248	49.771	.000***
	Residual	298.399	491	.608		
	Total	540.382	499			
9	Regression	245.045	9	27.227	45.173	.000***
	Residual	295.337	490	.603		
	Total	540.382	499			

a. Predictors: (Constant), RC

b. Predictors: (Constant), RC, EmployedinPvtHosp

c. Predictors: (Constant), RC, EmployedinPvtHosp, Male

d. Predictors: (Constant), RC, EmployedinPvtHosp, Male, PT

e. Predictors: (Constant), RC, EmployedinPvtHosp, Male, PT, DOC

f. Predictors: (Constant), RC, EmployedinPvtHosp, Male, PT, DOC, Gynecology

g. Predictors: (Constant), RC, EmployedinPvtHosp, Male, PT, DOC, Gynecology, GSurgery

h. Predictors: (Constant), RC, EmployedinPvtHosp, Male, PT, DOC, Gynecology, GSurgery, ER

i. Predictors: (Constant), RC, EmployedinPvtHosp, Male, PT, DOC, Gynecology, GSurgery, ER, R						
j. Dependent Variable: CS						
Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.803	.159		11.346	.000***
	RC	.473	.042	.449	11.223	.000***
2	(Constant)	2.277	.162		14.015	.000***
	RC	.421	.040	.399	10.391	.000***
	EmployedinPvtHosp	-.617	.080	-.296	-7.699	.000***
3	(Constant)	2.649	.165		16.054	.000***
	RC	.435	.039	.413	11.213	.000***
	EmployedinPvtHosp	-.741	.079	-.355	-9.386	.000***
	Male	-.558	.082	-.254	-6.773	.000***
4	(Constant)	2.204	.170		12.989	.000***
	RC	.378	.038	.359	9.970	.000***
	EmployedinPvtHosp	-.717	.075	-.344	-9.512	.000***
	Male	-.602	.079	-.274	-7.643	.000***
	PT	.239	.034	.252	7.044	.000***
5	(Constant)	1.632	.222		7.350	.000***
	RC	.266	.047	.253	5.654	.000***
	EmployedinPvtHosp	-.690	.075	-.331	-9.247	.000***
	Male	-.528	.080	-.240	-6.600	.000***
	PT	.241	.033	.254	7.196	.000***
	DOC	.243	.062	.173	3.920	.000***
6	(Constant)	1.778	.225		7.901	.000***
	RC	.316	.049	.300	6.406	.000***
	EmployedinPvtHosp	-.713	.074	-.342	-9.590	.000***
	Male	-.682	.094	-.310	-7.295	.000***
	PT	.237	.033	.250	7.141	.000***
	DOC	.203	.063	.145	3.231	.001**
	Gynecology	-.379	.122	-.127	-3.113	.002**
7	(Constant)	1.760	.224		7.848	.000***
	RC	.307	.049	.291	6.224	.000***

	EmployedinPvtHosp	-.712	.074	-.341	-9.610	.000***
	Male	-.670	.093	-.305	-7.176	.000***
	PT	.237	.033	.250	7.161	.000***
	DOC	.225	.063	.161	3.556	.000***
	Gynecology	-.413	.122	-.139	-3.376	.001**
	GSurgery	-.211	.095	-.077	-2.217	.027*
8	(Constant)	1.738	.223		7.778	.000***
	RC	.270	.052	.256	5.237	.000***
	EmployedinPvtHosp	-.669	.076	-.321	-8.824	.000***
	Male	-.657	.093	-.299	-7.065	.000***
	PT	.214	.034	.226	6.249	.000***
	DOC	.205	.064	.146	3.222	.001**
	Gynecology	-.409	.122	-.137	-3.361	.001**
	GSurgery	-.232	.095	-.085	-2.434	.015**
	ER	.091	.038	.102	2.400	.017**
9	(Constant)	1.934	.239		8.095	.000***
	RC	.281	.052	.267	5.452	.000***
	EmployedinPvtHosp	-.614	.079	-.294	-7.744	.000***
	Male	-.689	.094	-.313	-7.350	.000***
	PT	.230	.035	.243	6.604	.000***
	DOC	.204	.063	.146	3.226	.001**
	Gynecology	-.455	.123	-.153	-3.702	.000***
	GSurgery	-.249	.095	-.091	-2.617	.009**
	ER	.108	.039	.121	2.805	.005**
	R	-.106	.047	-.086	-2.254	.025*

a. Dependent Variable: CS

***p < 0.001, **p < 0.01, *p < 0.05

Table 4.50: Stepwise Regression of variables Hypothesized to Predict Job Satisfaction among Male Doctors.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.604 ^a	.365	.363	.87899
2	.770 ^b	.592	.590	.70544
3	.787 ^c	.619	.616	.68282

4	.801 ^d	.641	.637	.66380		
5	.813 ^e	.662	.656	.64568		
6	.821 ^f	.673	.667	.63515		
7	.825 ^g	.680	.673	.62972		
a. Predictors: (Constant), DOC						
b. Predictors: (Constant), DOC, PT						
c. Predictors: (Constant), DOC, PT, RC						
d. Predictors: (Constant), DOC, PT, RC, OwnHospital						
e. Predictors: (Constant), DOC, PT, RC, OwnHospital, ER						
f. Predictors: (Constant), DOC, PT, RC, OwnHospital, ER, Medicine						
g. Predictors: (Constant), DOC, PT, RC, OwnHospital, ER, Medicine, RS						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	146.132	1	146.132	189.138	.000 ^a
	Residual	254.193	329	.773		
	Total	400.325	330			
2	Regression	237.099	2	118.549	238.223	.000 ^b
	Residual	163.226	328	.498		
	Total	400.325	330			
3	Regression	247.862	3	82.621	177.204	.000 ^c
	Residual	152.463	327	.466		
	Total	400.325	330			
4	Regression	256.678	4	64.169	145.630	.000 ^d
	Residual	143.647	326	.441		
	Total	400.325	330			
5	Regression	264.831	5	52.966	127.046	.000 ^e
	Residual	135.494	325	.417		
	Total	400.325	330			
6	Regression	269.618	6	44.936	111.390	.000 ^f
	Residual	130.707	324	.403		
	Total	400.325	330			
7	Regression	272.239	7	38.891	98.074	.000 ^g
	Residual	128.086	323	.397		
	Total	400.325	330			
a. Predictors: (Constant), DOC						

b. Predictors: (Constant), DOC, PT						
c. Predictors: (Constant), DOC, PT, RC						
d. Predictors: (Constant), DOC, PT, RC, OwnHospital						
e. Predictors: (Constant), DOC, PT, RC, OwnHospital, ER						
f. Predictors: (Constant), DOC, PT, RC, OwnHospital, ER, Medicine						
g. Predictors: (Constant), DOC, PT, RC, OwnHospital, ER, Medicine, RS						
h. Dependent Variable: JS						
Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.349	.223		1.569	.118
	DOC	.809	.059	.604	13.753	.000
2	(Constant)	-.610	.192		-3.174	.002
	DOC	.662	.048	.495	13.671	.000
	PT	.518	.038	.489	13.520	.000
3	(Constant)	-.679	.187		-3.640	.000
	DOC	.416	.069	.311	5.988	.000
	PT	.505	.037	.477	13.603	.000
	RC	.274	.057	.249	4.805	.000
4	(Constant)	-.629	.182		-3.462	.001
	DOC	.409	.068	.305	6.056	.000
	PT	.472	.037	.446	12.783	.000
	RC	.274	.055	.249	4.948	.000
	OwnHospital	.460	.103	.152	4.473	.000
5	(Constant)	-.606	.177		-3.428	.001
	DOC	.309	.069	.231	4.447	.000
	PT	.434	.037	.410	11.780	.000
	RC	.261	.054	.236	4.823	.000
	OwnHospital	.457	.100	.151	4.574	.000
	ER	.167	.038	.174	4.422	.000
6	(Constant)	-.882	.192		-4.605	.000
	DOC	.305	.068	.227	4.454	.000
	PT	.438	.036	.414	12.076	.000
	RC	.278	.053	.252	5.209	.000
	OwnHospital	.523	.100	.173	5.223	.000

	ER	.194	.038	.202	5.122	.000
	Medicine	.261	.076	.118	3.445	.001
7	(Constant)	-.602	.219		-2.752	.006
	DOC	.363	.072	.271	5.078	.000
	PT	.426	.036	.402	11.732	.000
	RC	.313	.055	.284	5.726	.000
	OwnHospital	.559	.100	.185	5.577	.000
	ER	.197	.038	.205	5.240	.000
	Medicine	.236	.076	.107	3.120	.002
	RS	-.155	.060	-.111	-2.571	.011
a. Dependent Variable: JS						

***p < 0.001, **p < 0.01, *p < 0.05

Table 4.50: Stepwise Regression of variables Hypothesized to Predict Career Satisfaction among Male Doctors.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.494 ^a	.244	.242	.92888
2	.607 ^b	.368	.365	.85030
3	.689 ^c	.474	.469	.77698
4	.702 ^d	.493	.487	.76411
5	.719 ^e	.517	.510	.74695
6	.725 ^f	.525	.516	.74199
7	.731 ^g	.534	.524	.73621
8	.735 ^h	.541	.529	.73181
9	.739 ⁱ	.547	.534	.72824
10	.745 ^j	.555	.541	.72272
11	.749 ^k	.561	.546	.71908
12	.747 ^l	.558	.545	.71990
a. Predictors: (Constant), RC				
b. Predictors: (Constant), RC, PT				
c. Predictors: (Constant), RC, PT, EmployedinPvtHosp				
d. Predictors: (Constant), RC, PT, EmployedinPvtHosp, Gynecology				
e. Predictors: (Constant), RC, PT, EmployedinPvtHosp, Gynecology, R				

f. Predictors: (Constant), RC, PT, EmployedinPvtHosp, Gynecology, R, EmployedinGovtHosp						
g. Predictors: (Constant), RC, PT, EmployedinPvtHosp, Gynecology, R, EmployedinGovtHosp, ER						
h. Predictors: (Constant), RC, PT, EmployedinPvtHosp, Gynecology, R, EmployedinGovtHosp, ER, GSurgery						
i. Predictors: (Constant), RC, PT, EmployedinPvtHosp, Gynecology, R, EmployedinGovtHosp, ER, GSurgery, TICP3						
j. Predictors: (Constant), RC, PT, EmployedinPvtHosp, Gynecology, R, EmployedinGovtHosp, ER, GSurgery, TICP3, RCo						
k. Predictors: (Constant), RC, PT, EmployedinPvtHosp, Gynecology, R, EmployedinGovtHosp, ER, GSurgery, TICP3, RCo, DOC						
l. Predictors: (Constant), RC, PT, EmployedinPvtHosp, Gynecology, R, EmployedinGovtHosp, GSurgery, TICP3, RCo, DOC						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	91.614	1	91.614	106.179	.000 ^a
	Residual	283.868	329	.863		
	Total	375.482	330			
2	Regression	138.333	2	69.167	95.664	.000 ^b
	Residual	237.148	328	.723		
	Total	375.482	330			
3	Regression	178.070	3	59.357	98.320	.000 ^c
	Residual	197.412	327	.604		
	Total	375.482	330			
4	Regression	185.141	4	46.285	79.274	.000 ^d
	Residual	190.340	326	.584		
	Total	375.482	330			
5	Regression	194.153	5	38.831	69.597	.000 ^e
	Residual	181.329	325	.558		
	Total	375.482	330			
6	Regression	197.103	6	32.851	59.669	.000 ^f
	Residual	178.378	324	.551		
	Total	375.482	330			
7	Regression	200.415	7	28.631	52.824	.000 ^g
	Residual	175.066	323	.542		
	Total	375.482	330			

8	Regression	203.037	8	25.380	47.391	.000 ^h
	Residual	172.444	322	.536		
	Total	375.482	330			
9	Regression	205.245	9	22.805	43.001	.000 ⁱ
	Residual	170.236	321	.530		
	Total	375.482	330			
10	Regression	208.339	10	20.834	39.887	.000 ^j
	Residual	167.142	320	.522		
	Total	375.482	330			
11	Regression	210.534	11	19.139	37.015	.000 ^k
	Residual	164.948	319	.517		
	Total	375.482	330			
12	Regression	209.641	10	20.964	40.452	.000 ^l
	Residual	165.840	320	.518		
	Total	375.482	330			

a. Predictors: (Constant), RC

b. Predictors: (Constant), RC, PT

c. Predictors: (Constant), RC, PT, EmployedinPvtHosp

d. Predictors: (Constant), RC, PT, EmployedinPvtHosp, Gynecology

e. Predictors: (Constant), RC, PT, EmployedinPvtHosp, Gynecology, R

f. Predictors: (Constant), RC, PT, EmployedinPvtHosp, Gynecology, R, EmployedinGovtHosp

g. Predictors: (Constant), RC, PT, EmployedinPvtHosp, Gynecology, R, EmployedinGovtHosp, ER

h. Predictors: (Constant), RC, PT, EmployedinPvtHosp, Gynecology, R, EmployedinGovtHosp, ER, GSurgery

i. Predictors: (Constant), RC, PT, EmployedinPvtHosp, Gynecology, R, EmployedinGovtHosp, ER, GSurgery, TICP3

j. Predictors: (Constant), RC, PT, EmployedinPvtHosp, Gynecology, R, EmployedinGovtHosp, ER, GSurgery, TICP3, RCo

k. Predictors: (Constant), RC, PT, EmployedinPvtHosp, Gynecology, R, EmployedinGovtHosp, ER, GSurgery, TICP3, RCo, DOC

l. Predictors: (Constant), RC, PT, EmployedinPvtHosp, Gynecology, R, EmployedinGovtHosp, GSurgery, TICP3, RCo, DOC

m. Dependent Variable: CS

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.476	.196		7.523	.000
	RC	.527	.051	.494	10.304	.000
2	(Constant)	.706	.204		3.469	.001

	RC	.445	.048	.417	9.290	.000
	PT	.370	.046	.361	8.039	.000
3	(Constant)	1.243	.197		6.295	.000
	RC	.389	.044	.364	8.766	.000
	PT	.351	.042	.342	8.321	.000
	EmployedinPvtHosp	-.729	.090	-.331	-8.113	.000
4	(Constant)	1.232	.194		6.343	.000
	RC	.424	.045	.397	9.468	.000
	PT	.322	.042	.314	7.624	.000
	EmployedinPvtHosp	-.761	.089	-.345	-8.561	.000
	Gynecology	-.995	.286	-.143	-3.480	.001
5	(Constant)	1.644	.216		7.619	.000
	RC	.472	.045	.442	10.405	.000
	PT	.344	.042	.336	8.265	.000
	EmployedinPvtHosp	-.692	.089	-.314	-7.813	.000
	Gynecology	-1.470	.303	-.212	-4.844	.000
	R	-.223	.056	-.178	-4.019	.000
6	(Constant)	2.026	.271		7.487	.000
	RC	.485	.045	.455	10.681	.000
	PT	.331	.042	.323	7.913	.000
	EmployedinPvtHosp	-.906	.128	-.411	-7.095	.000
	Gynecology	-1.528	.303	-.220	-5.052	.000
	R	-.279	.060	-.222	-4.633	.000
	EmployedinGovtHosp	-.307	.133	-.144	-2.315	.021
7	(Constant)	2.034	.269		7.574	.000
	RC	.443	.048	.415	9.212	.000
	PT	.308	.042	.300	7.241	.000
	EmployedinPvtHosp	-.870	.128	-.395	-6.818	.000
	Gynecology	-1.438	.302	-.207	-4.754	.000
	R	-.315	.062	-.251	-5.129	.000
	EmployedinGovtHosp	-.375	.134	-.176	-2.790	.006
	ER	.112	.045	.121	2.472	.014
8	(Constant)	2.071	.267		7.742	.000
	RC	.441	.048	.413	9.202	.000

	PT	.305	.042	.298	7.222	.000
	EmployedinPvtHosp	-.884	.127	-.401	-6.962	.000
	Gynecology	-1.469	.301	-.212	-4.883	.000
	R	-.322	.061	-.256	-5.258	.000
	EmployedinGovtHosp	-.406	.134	-.190	-3.020	.003
	ER	.134	.046	.144	2.908	.004
	GSurgery	-.229	.104	-.086	-2.213	.028
9	(Constant)	2.200	.274		8.041	.000
	RC	.430	.048	.403	8.970	.000
	PT	.301	.042	.294	7.162	.000
	EmployedinPvtHosp	-.898	.127	-.407	-7.099	.000
	Gynecology	-1.404	.301	-.202	-4.661	.000
	R	-.346	.062	-.275	-5.573	.000
	EmployedinGovtHosp	-.471	.138	-.221	-3.428	.001
	ER	.115	.047	.124	2.458	.015
	GSurgery	-.258	.104	-.097	-2.479	.014
	TICP3	.194	.095	.091	2.040	.042
10	(Constant)	2.645	.327		8.080	.000
	RC	.499	.055	.467	9.012	.000
	PT	.300	.042	.293	7.193	.000
	EmployedinPvtHosp	-.867	.126	-.394	-6.874	.000
	Gynecology	-1.331	.300	-.192	-4.432	.000
	R	-.337	.062	-.268	-5.467	.000
	EmployedinGovtHosp	-.480	.137	-.225	-3.519	.000
	ER	.103	.047	.111	2.198	.029
	GSurgery	-.244	.103	-.092	-2.357	.019
	TICP3	.251	.097	.118	2.582	.010
	RCo	-.172	.071	-.116	-2.434	.015
11	(Constant)	2.587	.327		7.915	.000
	RC	.424	.066	.397	6.433	.000
	PT	.300	.042	.293	7.220	.000
	EmployedinPvtHosp	-.843	.126	-.382	-6.682	.000
	Gynecology	-1.176	.308	-.170	-3.817	.000
	R	-.324	.062	-.258	-5.258	.000

	EmployedinGovtHosp	-.481	.136	-.225	-3.540	.000
	ER	.066	.050	.071	1.314	.190
	GSurgery	-.235	.103	-.089	-2.280	.023
	TICP3	.294	.099	.138	2.972	.003
	RCo	-.241	.078	-.163	-3.095	.002
	DOC	.180	.088	.139	2.060	.040
12	(Constant)	2.605	.327		7.968	.000
	RC	.429	.066	.402	6.509	.000
	PT	.310	.041	.303	7.594	.000
	EmployedinPvtHosp	-.852	.126	-.387	-6.760	.000
	Gynecology	-1.167	.308	-.168	-3.783	.000
	R	-.306	.060	-.244	-5.087	.000
	EmployedinGovtHosp	-.454	.134	-.213	-3.379	.001
	GSurgery	-.209	.101	-.079	-2.064	.040
	TICP3	.330	.095	.155	3.464	.001
	RCo	-.266	.076	-.180	-3.525	.000
	DOC	.222	.082	.171	2.717	.007

a. Dependent Variable: CS

***p < 0.001, **p < 0.01, *p < 0.05

Table 4.51: Stepwise Regression of variables Hypothesized to Predict Job Satisfaction among Female doctors.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.627 ^a	.394	.390	.80074
2	.724 ^b	.525	.519	.71107
3	.802 ^c	.644	.637	.61752
4	.815 ^d	.665	.656	.60090
5	.824 ^e	.678	.668	.59037
6	.832 ^f	.692	.681	.57896
7	.842 ^g	.709	.696	.56503
8	.849 ^h	.721	.707	.55486
9	.862 ⁱ	.744	.729	.53332
10	.884 ^j	.782	.768	.49378

11	.884 ^k	.781	.769	.49275
12	.884 ^l	.781	.770	.49165
13	.889 ^m	.791	.779	.48187
14	.895 ⁿ	.801	.788	.47176
15	.901 ^o	.811	.798	.46063
16	.903 ^p	.816	.802	.45631
17	.907 ^q	.823	.808	.44956

- a. Predictors: (Constant), RC
- b. Predictors: (Constant), RC, DOC
- c. Predictors: (Constant), RC, DOC, Medicine
- d. Predictors: (Constant), RC, DOC, Medicine, OwnHospital
- e. Predictors: (Constant), RC, DOC, Medicine, OwnHospital, Pediatrics
- f. Predictors: (Constant), RC, DOC, Medicine, OwnHospital, Pediatrics, RS
- g. Predictors: (Constant), RC, DOC, Medicine, OwnHospital, Pediatrics, RS, RCo
- h. Predictors: (Constant), RC, DOC, Medicine, OwnHospital, Pediatrics, RS, RCo, TICP3
- i. Predictors: (Constant), RC, DOC, Medicine, OwnHospital, Pediatrics, RS, RCo, TICP3, EmployedinPvtHosp
- j. Predictors: (Constant), RC, DOC, Medicine, OwnHospital, Pediatrics, RS, RCo, TICP3, EmployedinPvtHosp, PT
- k. Predictors: (Constant), RC, DOC, Medicine, OwnHospital, Pediatrics, RS, TICP3, EmployedinPvtHosp, PT
- l. Predictors: (Constant), RC, DOC, Medicine, Pediatrics, RS, TICP3, EmployedinPvtHosp, PT
- m. Predictors: (Constant), RC, DOC, Medicine, Pediatrics, RS, TICP3, EmployedinPvtHosp, PT, Exp1
- n. Predictors: (Constant), RC, DOC, Medicine, Pediatrics, RS, TICP3, EmployedinPvtHosp, PT, Exp1, GSurgery
- o. Predictors: (Constant), RC, DOC, Medicine, Pediatrics, RS, TICP3, EmployedinPvtHosp, PT, Exp1, GSurgery, Orthopedics
- p. Predictors: (Constant), RC, DOC, Medicine, Pediatrics, RS, TICP3, EmployedinPvtHosp, PT, Exp1, GSurgery, Orthopedics, EmployedinGovtHosp
- q. Predictors: (Constant), RC, DOC, Medicine, Pediatrics, RS, TICP3, EmployedinPvtHosp, PT, Exp1, GSurgery, Orthopedics, EmployedinGovtHosp, R

ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	69.489	1	69.489	108.375	.000 ^a
	Residual	107.078	167	.641		
	Total	176.567	168			

2	Regression	92.633	2	46.316	91.602	.000 ^b
	Residual	83.934	166	.506		
	Total	176.567	168			
3	Regression	113.647	3	37.882	99.342	.000 ^c
	Residual	62.920	165	.381		
	Total	176.567	168			
4	Regression	117.350	4	29.337	81.249	.000 ^d
	Residual	59.217	164	.361		
	Total	176.567	168			
5	Regression	119.755	5	23.951	68.718	.000 ^e
	Residual	56.812	163	.349		
	Total	176.567	168			
6	Regression	122.265	6	20.378	60.793	.000 ^f
	Residual	54.302	162	.335		
	Total	176.567	168			
7	Regression	125.167	7	17.881	56.009	.000 ^g
	Residual	51.400	161	.319		
	Total	176.567	168			
8	Regression	127.308	8	15.913	51.689	.000 ^h
	Residual	49.259	160	.308		
	Total	176.567	168			
9	Regression	131.343	9	14.594	51.309	.000 ⁱ
	Residual	45.224	159	.284		
	Total	176.567	168			
10	Regression	138.044	10	13.804	56.619	.000 ^j
	Residual	38.523	158	.244		
	Total	176.567	168			
11	Regression	137.961	9	15.329	63.134	.000 ^k
	Residual	38.606	159	.243		
	Total	176.567	168			
12	Regression	137.892	8	17.237	71.309	.000 ^l
	Residual	38.675	160	.242		
	Total	176.567	168			
13	Regression	139.647	9	15.516	66.823	.000 ^m

	Residual	36.920	159	.232		
	Total	176.567	168			
14	Regression	141.402	10	14.140	63.535	.000 ⁿ
	Residual	35.164	158	.223		
	Total	176.567	168			
15	Regression	143.254	11	13.023	61.378	.000 ^o
	Residual	33.312	157	.212		
	Total	176.567	168			
16	Regression	144.084	12	12.007	57.664	.000 ^p
	Residual	32.483	156	.208		
	Total	176.567	168			
17	Regression	145.241	13	11.172	55.281	.000 ^q
	Residual	31.326	155	.202		
	Total	176.567	168			
a. Predictors: (Constant), RC						
b. Predictors: (Constant), RC, DOC						
c. Predictors: (Constant), RC, DOC, Medicine						
d. Predictors: (Constant), RC, DOC, Medicine, OwnHospital						
e. Predictors: (Constant), RC, DOC, Medicine, OwnHospital, Pediatrics						
f. Predictors: (Constant), RC, DOC, Medicine, OwnHospital, Pediatrics, RS						
g. Predictors: (Constant), RC, DOC, Medicine, OwnHospital, Pediatrics, RS, RCo						
h. Predictors: (Constant), RC, DOC, Medicine, OwnHospital, Pediatrics, RS, RCo, TICP3						
i. Predictors: (Constant), RC, DOC, Medicine, OwnHospital, Pediatrics, RS, RCo, TICP3, EmployedinPvtHosp						
j. Predictors: (Constant), RC, DOC, Medicine, OwnHospital, Pediatrics, RS, RCo, TICP3, EmployedinPvtHosp, PT						
k. Predictors: (Constant), RC, DOC, Medicine, OwnHospital, Pediatrics, RS, TICP3, EmployedinPvtHosp, PT						
l. Predictors: (Constant), RC, DOC, Medicine, Pediatrics, RS, TICP3, EmployedinPvtHosp, PT						
m. Predictors: (Constant), RC, DOC, Medicine, Pediatrics, RS, TICP3, EmployedinPvtHosp, PT, Exp1						
n. Predictors: (Constant), RC, DOC, Medicine, Pediatrics, RS, TICP3, EmployedinPvtHosp, PT, Exp1, GSurgery						
o. Predictors: (Constant), RC, DOC, Medicine, Pediatrics, RS, TICP3, EmployedinPvtHosp, PT, Exp1, GSurgery, Orthopedics						
p. Predictors: (Constant), RC, DOC, Medicine, Pediatrics, RS, TICP3, EmployedinPvtHosp, PT, Exp1, GSurgery, Orthopedics, EmployedinGovtHosp						
q. Predictors: (Constant), RC, DOC, Medicine, Pediatrics, RS, TICP3, EmployedinPvtHosp, PT, Exp1, GSurgery, Orthopedics, EmployedinGovtHosp, R						
r. Dependent Variable: JS						

Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.862	.235		3.666	.000
	RC	.674	.065	.627	10.410	.000
2	(Constant)	-1.576	.417		-3.784	.000
	RC	.569	.060	.530	9.557	.000
	DOC	.722	.107	.375	6.766	.000
3	(Constant)	-2.330	.376		-6.201	.000
	RC	.650	.053	.605	12.295	.000
	DOC	.772	.093	.400	8.299	.000
	Medicine	.751	.101	.355	7.423	.000
4	(Constant)	-2.334	.366		-6.385	.000
	RC	.659	.051	.613	12.796	.000
	DOC	.753	.091	.391	8.300	.000
	Medicine	.737	.099	.349	7.477	.000
	OwnHospital	.482	.150	.145	3.202	.002
5	(Constant)	-2.670	.381		-7.004	.000
	RC	.669	.051	.623	13.187	.000
	DOC	.810	.092	.421	8.832	.000
	Medicine	.824	.102	.390	8.051	.000
	OwnHospital	.447	.148	.135	3.012	.003
	Pediatrics	.409	.156	.127	2.627	.009
6	(Constant)	-3.049	.399		-7.648	.000
	RC	.568	.062	.529	9.154	.000
	DOC	.805	.090	.418	8.939	.000
	Medicine	.811	.101	.384	8.068	.000
	OwnHospital	.458	.146	.138	3.148	.002
	Pediatrics	.446	.153	.138	2.906	.004
	RS	.195	.071	.153	2.737	.007
7	(Constant)	-2.339	.455		-5.144	.000
	RC	.579	.061	.539	9.548	.000
	DOC	.843	.089	.438	9.498	.000
	Medicine	.862	.100	.408	8.660	.000

	OwnHospital	.492	.143	.148	3.450	.001
	Pediatrics	.315	.156	.097	2.018	.045
	RS	.289	.076	.226	3.788	.000
	RCo	-.306	.102	-.165	-3.015	.003
8	(Constant)	-2.285	.447		-5.112	.000
	RC	.587	.060	.546	9.842	.000
	DOC	.826	.087	.429	9.451	.000
	Medicine	.854	.098	.404	8.731	.000
	OwnHospital	.569	.143	.172	3.976	.000
	Pediatrics	.304	.153	.094	1.984	.049
	RS	.313	.075	.245	4.152	.000
	RCo	-.322	.100	-.174	-3.222	.002
	TICP3	-.329	.125	-.114	-2.637	.009
9	(Constant)	-2.189	.430		-5.086	.000
	RC	.575	.057	.535	10.018	.000
	DOC	.834	.084	.433	9.921	.000
	Medicine	.866	.094	.410	9.210	.000
	OwnHospital	.284	.157	.086	1.808	.072
	Pediatrics	.487	.155	.150	3.140	.002
	RS	.274	.073	.215	3.743	.000
	RCo	-.226	.099	-.122	-2.281	.024
	TICP3	-.603	.140	-.210	-4.302	.000
	EmployedinPvtHosp	-.450	.120	-.213	-3.766	.000
10	(Constant)	-3.016	.429		-7.037	.000
	RC	.482	.056	.448	8.591	.000
	DOC	.884	.078	.459	11.280	.000
	Medicine	.845	.087	.400	9.696	.000
	OwnHospital	.099	.149	.030	.665	.507
	Pediatrics	.561	.144	.174	3.892	.000
	RS	.251	.068	.197	3.693	.000
	RCo	-.057	.097	-.031	-.584	.560
	TICP3	-1.084	.159	-.377	-6.819	.000
	EmployedinPvtHosp	-.703	.121	-.333	-5.823	.000
	PT	.224	.043	.260	5.243	.000

11	(Constant)	-3.153	.358		-8.814	.000
	RC	.476	.055	.443	8.639	.000
	DOC	.881	.078	.457	11.293	.000
	Medicine	.837	.086	.396	9.749	.000
	OwnHospital	.077	.144	.023	.533	.595
	Pediatrics	.591	.135	.183	4.380	.000
	RS	.234	.061	.183	3.814	.000
	TICP3	-1.108	.153	-.385	-7.223	.000
	EmployedinPvtHosp	-.728	.113	-.344	-6.458	.000
	PT	.233	.040	.269	5.775	.000
12	(Constant)	-3.145	.357		-8.820	.000
	RC	.473	.055	.441	8.645	.000
	DOC	.887	.077	.460	11.504	.000
	Medicine	.842	.085	.398	9.882	.000
	Pediatrics	.604	.132	.187	4.564	.000
	RS	.233	.061	.182	3.802	.000
	TICP3	-1.121	.151	-.389	-7.417	.000
	EmployedinPvtHosp	-.757	.099	-.358	-7.660	.000
	PT	.236	.040	.273	5.956	.000
	13	(Constant)	-3.255	.352		-9.253
RC		.435	.055	.405	7.854	.000
DOC		.890	.076	.462	11.783	.000
Medicine		.772	.087	.365	8.837	.000
Pediatrics		.609	.130	.188	4.698	.000
RS		.288	.063	.225	4.551	.000
TICP3		-1.010	.154	-.351	-6.575	.000
EmployedinPvtHosp		-.809	.099	-.383	-8.199	.000
PT		.216	.040	.250	5.474	.000
Exp1		.255	.093	.123	2.749	.007
14	(Constant)	-3.131	.347		-9.018	.000
	RC	.506	.060	.471	8.459	.000
	DOC	.803	.080	.417	10.021	.000
	Medicine	.863	.092	.408	9.435	.000
	Pediatrics	.695	.131	.215	5.319	.000

	RS	.256	.063	.200	4.064	.000
	TICP3	-.934	.153	-.325	-6.118	.000
	EmployedinPvtHosp	-.858	.098	-.406	-8.738	.000
	PT	.207	.039	.239	5.320	.000
	Exp1	.346	.096	.168	3.590	.000
	GSurgery	.434	.155	.137	2.809	.006
15	(Constant)	-2.922	.346		-8.439	.000
	RC	.543	.060	.506	9.093	.000
	DOC	.795	.078	.412	10.143	.000
	Medicine	.827	.090	.391	9.168	.000
	Pediatrics	.676	.128	.209	5.301	.000
	RS	.201	.064	.157	3.129	.002
	TICP3	-.972	.150	-.337	-6.492	.000
	EmployedinPvtHosp	-.953	.101	-.451	-9.424	.000
	PT	.198	.038	.229	5.189	.000
	Exp1	.409	.096	.198	4.239	.000
	GSurgery	.467	.151	.148	3.084	.002
	Orthopedics	-.796	.269	-.118	-2.954	.004
16	(Constant)	-3.132	.359		-8.730	.000
	RC	.555	.059	.516	9.327	.000
	DOC	.793	.078	.411	10.214	.000
	Medicine	.853	.090	.404	9.447	.000
	Pediatrics	.748	.131	.231	5.692	.000
	RS	.183	.064	.143	2.845	.005
	TICP3	-.994	.149	-.345	-6.688	.000
	EmployedinPvtHosp	-.804	.125	-.380	-6.432	.000
	PT	.204	.038	.236	5.392	.000
	Exp1	.482	.102	.233	4.710	.000
	GSurgery	.591	.162	.187	3.639	.000
	Orthopedics	-.961	.279	-.143	-3.440	.001
	EmployedinGovtHosp	.302	.151	.131	1.996	.048
17	(Constant)	-3.283	.359		-9.143	.000
	RC	.563	.059	.524	9.594	.000
	DOC	.720	.082	.374	8.763	.000

	Medicine	.844	.089	.399	9.472	.000
	Pediatrics	.676	.133	.209	5.086	.000
	RS	.148	.065	.116	2.287	.024
	TICP3	-.819	.164	-.284	-4.997	.000
	EmployedinPvtHosp	-.760	.124	-.360	-6.110	.000
	PT	.143	.045	.165	3.147	.002
	Exp1	.543	.104	.263	5.222	.000
	GSurgery	.822	.187	.260	4.399	.000
	Orthopedics	-.976	.275	-.145	-3.546	.001
	EmployedinGovtHosp	.471	.165	.204	2.853	.005
	R	.174	.073	.137	2.393	.018

a. Dependent Variable: JS

***p < 0.001, **p < 0.01, *p < 0.05

Table 4.51: Stepwise Regression of variables Hypothesized to Predict Career Satisfaction among Female doctors.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.448 ^a	.201	.196	.86391
2	.552 ^b	.305	.297	.80820
3	.598 ^c	.358	.346	.77913
4	.631 ^d	.398	.383	.75680
5	.657 ^e	.431	.414	.73770
6	.677 ^f	.459	.439	.72203
7	.714 ^g	.510	.489	.68897
8	.710 ^h	.504	.485	.69128
9	.727 ⁱ	.529	.509	.67538
10	.741 ^j	.549	.526	.66345
11	.754 ^k	.569	.544	.65040
12	.768 ^l	.590	.564	.63649
13	.765 ^m	.585	.561	.63825
14	.775 ⁿ	.600	.575	.62826

a. Predictors: (Constant), ER

b. Predictors: (Constant), ER, EmployedinGovtHosp

c. Predictors: (Constant), ER, EmployedinGovtHosp, R

d. Predictors: (Constant), ER, EmployedinGovtHosp, R, DOC						
e. Predictors: (Constant), ER, EmployedinGovtHosp, R, DOC, TICP3						
f. Predictors: (Constant), ER, EmployedinGovtHosp, R, DOC, TICP3, RCo						
g. Predictors: (Constant), ER, EmployedinGovtHosp, R, DOC, TICP3, RCo, PT						
h. Predictors: (Constant), EmployedinGovtHosp, R, DOC, TICP3, RCo, PT						
i. Predictors: (Constant), EmployedinGovtHosp, R, DOC, TICP3, RCo, PT, Gynecology						
j. Predictors: (Constant), EmployedinGovtHosp, R, DOC, TICP3, RCo, PT, Gynecology, Exp2						
k. Predictors: (Constant), EmployedinGovtHosp, R, DOC, TICP3, RCo, PT, Gynecology, Exp2, EmployedinPvtHosp						
l. Predictors: (Constant), EmployedinGovtHosp, R, DOC, TICP3, RCo, PT, Gynecology, Exp2, EmployedinPvtHosp, Pediatrics						
m. Predictors: (Constant), EmployedinGovtHosp, DOC, TICP3, RCo, PT, Gynecology, Exp2, EmployedinPvtHosp, Pediatrics						
n. Predictors: (Constant), EmployedinGovtHosp, DOC, TICP3, RCo, PT, Gynecology, Exp2, EmployedinPvtHosp, Pediatrics, RS						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	31.349	1	31.349	42.003	.000 ^a
	Residual	124.640	167	.746		
	Total	155.989	168			
2	Regression	47.560	2	23.780	36.407	.000 ^b
	Residual	108.428	166	.653		
	Total	155.989	168			
3	Regression	55.826	3	18.609	30.655	.000 ^c
	Residual	100.162	165	.607		
	Total	155.989	168			
4	Regression	62.057	4	15.514	27.087	.000 ^d
	Residual	93.931	164	.573		
	Total	155.989	168			
5	Regression	67.284	5	13.457	24.727	.000 ^e
	Residual	88.705	163	.544		
	Total	155.989	168			
6	Regression	71.534	6	11.922	22.869	.000 ^f
	Residual	84.455	162	.521		
	Total	155.989	168			

7	Regression	79.564	7	11.366	23.945	.000 ^g
	Residual	76.424	161	.475		
	Total	155.989	168			
8	Regression	78.575	6	13.096	27.405	.000 ^h
	Residual	77.414	162	.478		
	Total	155.989	168			
9	Regression	82.549	7	11.793	25.853	.000 ⁱ
	Residual	73.439	161	.456		
	Total	155.989	168			
10	Regression	85.561	8	10.695	24.298	.000 ^j
	Residual	70.427	160	.440		
	Total	155.989	168			
11	Regression	88.729	9	9.859	23.306	.000 ^k
	Residual	67.260	159	.423		
	Total	155.989	168			
12	Regression	91.981	10	9.198	22.705	.000 ^l
	Residual	64.008	158	.405		
	Total	155.989	168			
13	Regression	91.218	9	10.135	24.881	.000 ^m
	Residual	64.770	159	.407		
	Total	155.989	168			
14	Regression	93.625	10	9.363	23.720	.000 ⁿ
	Residual	62.363	158	.395		
	Total	155.989	168			

a. Predictors: (Constant), ER

b. Predictors: (Constant), ER, EmployedinGovtHosp

c. Predictors: (Constant), ER, EmployedinGovtHosp, R

d. Predictors: (Constant), ER, EmployedinGovtHosp, R, DOC

e. Predictors: (Constant), ER, EmployedinGovtHosp, R, DOC, TICP3

f. Predictors: (Constant), ER, EmployedinGovtHosp, R, DOC, TICP3, RCo

g. Predictors: (Constant), ER, EmployedinGovtHosp, R, DOC, TICP3, RCo, PT

h. Predictors: (Constant), EmployedinGovtHosp, R, DOC, TICP3, RCo, PT

i. Predictors: (Constant), EmployedinGovtHosp, R, DOC, TICP3, RCo, PT, Gynecology

j. Predictors: (Constant), EmployedinGovtHosp, R, DOC, TICP3, RCo, PT, Gynecology, Exp2

k. Predictors: (Constant), EmployedinGovtHosp, R, DOC, TICP3, RCo, PT, Gynecology, Exp2, EmployedinPvtHosp

l. Predictors: (Constant), EmployedinGovtHosp, R, DOC, TICP3, RCo, PT, Gynecology, Exp2, EmployedinPvtHosp, Pediatrics						
m. Predictors: (Constant), EmployedinGovtHosp, DOC, TICP3, RCo, PT, Gynecology, Exp2, EmployedinPvtHosp, Pediatrics						
n. Predictors: (Constant), EmployedinGovtHosp, DOC, TICP3, RCo, PT, Gynecology, Exp2, EmployedinPvtHosp, Pediatrics, RS						
o. Dependent Variable: CS						
Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.655	.176		15.090	.000
	ER	.361	.056	.448	6.481	.000
2	(Constant)	2.669	.165		16.213	.000
	ER	.290	.054	.360	5.371	.000
	EmployedinGovtHosp	.726	.146	.334	4.982	.000
3	(Constant)	1.766	.292		6.057	.000
	ER	.207	.057	.256	3.634	.000
	EmployedinGovtHosp	1.042	.164	.479	6.333	.000
	R	.332	.090	.277	3.690	.000
4	(Constant)	.416	.498		.836	.405
	ER	.176	.056	.218	3.142	.002
	EmployedinGovtHosp	1.066	.160	.491	6.668	.000
	R	.333	.087	.278	3.815	.000
	DOC	.368	.112	.203	3.298	.001
5	(Constant)	.490	.486		1.008	.315
	ER	.197	.055	.245	3.588	.000
	EmployedinGovtHosp	1.253	.167	.577	7.498	.000
	R	.322	.085	.269	3.777	.000
	DOC	.351	.109	.194	3.222	.002
	TICP3	-.564	.182	-.209	-3.099	.002
6	(Constant)	-.455	.579		-.786	.433
	ER	.166	.055	.206	3.025	.003
	EmployedinGovtHosp	1.316	.165	.605	7.971	.000
	R	.333	.083	.278	3.989	.000

	DOC	.280	.109	.154	2.556	.012
	TICP3	-.589	.178	-.218	-3.299	.001
	RCo	.305	.107	.175	2.855	.005
7	(Constant)	-1.276	.588		-2.171	.031
	ER	.081	.056	.101	1.443	.151
	EmployedinGovtHosp	1.478	.162	.680	9.102	.000
	R	.181	.088	.152	2.065	.040
	DOC	.339	.105	.187	3.218	.002
	TICP3	-1.139	.217	-.421	-5.260	.000
	RCo	.452	.108	.260	4.188	.000
	PT	.284	.069	.350	4.113	.000
8	(Constant)	-1.513	.566		-2.672	.008
	EmployedinGovtHosp	1.574	.149	.724	10.592	.000
	R	.204	.087	.171	2.359	.020
	DOC	.363	.104	.201	3.481	.001
	TICP3	-1.184	.215	-.438	-5.505	.000
	RCo	.499	.104	.287	4.816	.000
	PT	.321	.065	.395	4.972	.000
9	(Constant)	-1.783	.561		-3.179	.002
	EmployedinGovtHosp	1.695	.151	.780	11.236	.000
	R	.214	.085	.179	2.531	.012
	DOC	.360	.102	.199	3.530	.001
	TICP3	-1.217	.210	-.450	-5.784	.000
	RCo	.567	.104	.326	5.466	.000
	PT	.346	.064	.425	5.436	.000
	Gynecology	-.341	.116	-.172	-2.952	.004
10	(Constant)	-1.696	.552		-3.074	.002
	EmployedinGovtHosp	1.636	.150	.752	10.913	.000
	R	.226	.083	.189	2.715	.007
	DOC	.401	.101	.222	3.955	.000
	TICP3	-1.213	.207	-.448	-5.866	.000
	RCo	.536	.103	.308	5.226	.000
	PT	.327	.063	.402	5.195	.000
	Gynecology	-.336	.114	-.169	-2.954	.004

	Exp2	-.303	.116	-.145	-2.616	.010
11	(Constant)	-1.246	.566		-2.204	.029
	EmployedinGovtHosp	1.267	.199	.583	6.360	.000
	R	.209	.082	.175	2.555	.012
	DOC	.389	.100	.215	3.910	.000
	TICP3	-1.406	.215	-.519	-6.550	.000
	RCo	.542	.101	.311	5.384	.000
	PT	.346	.062	.426	5.573	.000
	Gynecology	-.302	.112	-.152	-2.693	.008
	Exp2	-.312	.113	-.150	-2.749	.007
	EmployedinPvtHosp	-.487	.178	-.245	-2.736	.007
12	(Constant)	-1.775	.584		-3.039	.003
	EmployedinGovtHosp	1.287	.195	.592	6.595	.000
	R	.118	.086	.099	1.372	.172
	DOC	.447	.100	.247	4.491	.000
	TICP3	-1.582	.219	-.585	-7.222	.000
	RCo	.659	.107	.379	6.169	.000
	PT	.381	.062	.468	6.143	.000
	Gynecology	-.231	.112	-.116	-2.057	.041
	Exp2	-.380	.114	-.183	-3.347	.001
	EmployedinPvtHosp	-.531	.175	-.267	-3.037	.003
	Pediatrics	.561	.198	.184	2.833	.005
13	(Constant)	-1.735	.585		-2.966	.003
	EmployedinGovtHosp	1.231	.191	.567	6.433	.000
	DOC	.467	.099	.258	4.734	.000
	TICP3	-1.701	.202	-.629	-8.435	.000
	RCo	.699	.103	.402	6.797	.000
	PT	.428	.052	.526	8.261	.000
	Gynecology	-.212	.112	-.107	-1.896	.060
	Exp2	-.385	.114	-.185	-3.383	.001
	EmployedinPvtHosp	-.556	.174	-.280	-3.187	.002
	Pediatrics	.662	.184	.218	3.590	.000
14	(Constant)	-1.549	.581		-2.667	.008
	EmployedinGovtHosp	1.093	.197	.503	5.559	.000

	DOC	.458	.097	.253	4.708	.000
	TICP3	-1.656	.199	-.612	-8.311	.000
	RCo	.517	.125	.297	4.127	.000
	PT	.390	.053	.479	7.324	.000
	Gynecology	-.222	.110	-.112	-2.019	.045
	Exp2	-.495	.121	-.238	-4.104	.000
	EmployedinPvtHosp	-.574	.172	-.289	-3.339	.001
	Pediatrics	.616	.182	.203	3.377	.001
	RS	.204	.083	.170	2.469	.015
a. Dependent Variable: CS						

***p < 0.001, **p < 0.01, *p < 0.05

Table 4.55: Stepwise Regression to Predict Career Satisfaction among Physicians Employed in Private Hospitals.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.456 ^a	.208	.204	.97811		
2	.550 ^b	.303	.297	.91950		
3	.620 ^c	.384	.376	.86633		
4	.634 ^d	.402	.391	.85575		
5	.648 ^e	.420	.407	.84401		
6	.666 ^f	.444	.429	.82881		
7	.683 ^g	.466	.449	.81364		
8	.697 ^h	.486	.467	.80030		
a. Predictors: (Constant), PT						
b. Predictors: (Constant), PT, Gender						
c. Predictors: (Constant), PT, Gender, RC						
d. Predictors: (Constant), PT, Gender, RC, Aut						
e. Predictors: (Constant), PT, Gender, RC, Aut, TICP3						
f. Predictors: (Constant), PT, Gender, RC, Aut, TICP3, GSurgery						
g. Predictors: (Constant), PT, Gender, RC, Aut, TICP3, GSurgery, DOC						
h. Predictors: (Constant), PT, Gender, RC, Aut, TICP3, GSurgery, DOC, Orthopedics						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	56.916	1	56.916	59.491	.000 ^a
	Residual	217.173	227	.957		

	Total	274.088	228			
2	Regression	83.008	2	41.504	49.089	.000 ^b
	Residual	191.080	226	.845		
	Total	274.088	228			
3	Regression	105.219	3	35.073	46.731	.000 ^c
	Residual	168.869	225	.751		
	Total	274.088	228			
4	Regression	110.053	4	27.513	37.571	.000 ^d
	Residual	164.035	224	.732		
	Total	274.088	228			
5	Regression	115.235	5	23.047	32.353	.000 ^e
	Residual	158.854	223	.712		
	Total	274.088	228			
6	Regression	121.591	6	20.265	29.502	.000 ^f
	Residual	152.497	222	.687		
	Total	274.088	228			
7	Regression	127.783	7	18.255	27.575	.000 ^g
	Residual	146.305	221	.662		
	Total	274.088	228			
8	Regression	133.183	8	16.648	25.993	.000 ^h
	Residual	140.905	220	.640		
	Total	274.088	228			
a. Predictors: (Constant), PT						
b. Predictors: (Constant), PT, Gender						
c. Predictors: (Constant), PT, Gender, RC						
d. Predictors: (Constant), PT, Gender, RC, Aut						
e. Predictors: (Constant), PT, Gender, RC, Aut, TICP3						
f. Predictors: (Constant), PT, Gender, RC, Aut, TICP3, GSurgery						
g. Predictors: (Constant), PT, Gender, RC, Aut, TICP3, GSurgery, DOC						
h. Predictors: (Constant), PT, Gender, RC, Aut, TICP3, GSurgery, DOC, Orthopedics						
i. Dependent Variable: CS						
Coefficients						
		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.866	.174		10.713	.000

	PT	.463	.060	.456	7.713	.000
2	(Constant)	.800	.252		3.171	.002
	PT	.490	.057	.482	8.647	.000
	Gender	.679	.122	.310	5.555	.000
3	(Constant)	-.317	.314		-1.008	.315
	PT	.438	.054	.431	8.085	.000
	Gender	.689	.115	.314	5.978	.000
	RC	.359	.066	.289	5.440	.000
4	(Constant)	.363	.408		.891	.374
	PT	.485	.057	.477	8.577	.000
	Gender	.637	.116	.290	5.505	.000
	RC	.409	.068	.329	6.010	.000
	Aut	-.270	.105	-.151	-2.569	.011
5	(Constant)	.270	.404		.669	.504
	PT	.516	.057	.507	9.061	.000
	Gender	.770	.124	.351	6.193	.000
	RC	.451	.069	.363	6.544	.000
	Aut	-.394	.113	-.220	-3.473	.001
	TICP3	.486	.180	.167	2.697	.008
6	(Constant)	.100	.400		.250	.803
	PT	.538	.056	.530	9.547	.000
	Gender	.797	.122	.363	6.511	.000
	RC	.492	.069	.396	7.132	.000
	Aut	-.442	.113	-.247	-3.927	.000
	TICP3	.546	.178	.188	3.067	.002
	GSurgery	.462	.152	.157	3.042	.003
7	(Constant)	.518	.416		1.246	.214
	PT	.508	.056	.500	9.036	.000
	Gender	.914	.126	.417	7.250	.000
	RC	.674	.090	.542	7.477	.000
	Aut	-.371	.113	-.207	-3.283	.001
	TICP3	.347	.187	.119	1.860	.064
	GSurgery	.681	.165	.232	4.120	.000
	DOC	-.377	.123	-.244	-3.058	.003

8	(Constant)	.463	.410		1.130	.260
	PT	.539	.056	.530	9.570	.000
	Gender	.989	.127	.451	7.806	.000
	RC	.690	.089	.556	7.770	.000
	Aut	-.438	.113	-.245	-3.862	.000
	TICP3	.338	.184	.116	1.843	.067
	GSurgery	.758	.165	.258	4.601	.000
	DOC	-.383	.121	-.248	-3.162	.002
	Orthopedics	.671	.231	.152	2.904	.004
a. Dependent Variable: CS						

***p < 0.001, **p < 0.01, *p < 0.05

Table 4.55: Stepwise Regression to Predict Career Satisfaction among Physicians Employed in Government Hospitals.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.654 ^a	.427	.424	.68214
2	.722 ^b	.521	.516	.62557
3	.759 ^c	.577	.570	.58938
4	.784 ^d	.614	.606	.56414
5	.796 ^e	.634	.625	.55067
6	.817 ^f	.668	.658	.52600
7	.835 ^g	.698	.687	.50302
8	.844 ^h	.712	.700	.49262
9	.842 ⁱ	.708	.698	.49418
10	.848 ^j	.720	.708	.48590
11	.853 ^k	.728	.715	.47993
12	.858 ^l	.736	.722	.47414
13	.871 ^m	.759	.745	.45370
14	.886 ⁿ	.785	.771	.43008
15	.885 ^o	.783	.771	.43061
16	.901 ^p	.811	.799	.40320
17	.910 ^q	.828	.816	.38603
18	.917 ^r	.840	.828	.37238
19	.922 ^s	.849	.837	.36273

20	.925 ^t	.855	.842				.35687
a. Predictors: (Constant), DOC							
b. Predictors: (Constant), DOC, Gender							
c. Predictors: (Constant), DOC, Gender, ER							
d. Predictors: (Constant), DOC, Gender, ER, GSurgery							
e. Predictors: (Constant), DOC, Gender, ER, GSurgery, Gynecology							
f. Predictors: (Constant), DOC, Gender, ER, GSurgery, Gynecology, RC							
g. Predictors: (Constant), DOC, Gender, ER, GSurgery, Gynecology, RC, TICP2							
h. Predictors: (Constant), DOC, Gender, ER, GSurgery, Gynecology, RC, TICP2, R							
i. Predictors: (Constant), Gender, ER, GSurgery, Gynecology, RC, TICP2, R							
j. Predictors: (Constant), Gender, ER, GSurgery, Gynecology, RC, TICP2, R, Aut							
k. Predictors: (Constant), Gender, ER, GSurgery, Gynecology, RC, TICP2, R, Aut, RCo							
l. Predictors: (Constant), Gender, ER, GSurgery, Gynecology, RC, TICP2, R, Aut, RCo, Exp1							
m. Predictors: (Constant), Gender, ER, GSurgery, Gynecology, RC, TICP2, R, Aut, RCo, Exp1, TICP1							
n. Predictors: (Constant), Gender, ER, GSurgery, Gynecology, RC, TICP2, R, Aut, RCo, Exp1, TICP1, PT							
o. Predictors: (Constant), Gender, ER, Gynecology, RC, TICP2, R, Aut, RCo, Exp1, TICP1, PT							
p. Predictors: (Constant), Gender, ER, Gynecology, RC, TICP2, R, Aut, RCo, Exp1, TICP1, PT, Exp3							
q. Predictors: (Constant), Gender, ER, Gynecology, RC, TICP2, R, Aut, RCo, Exp1, TICP1, PT, Exp3, DOC							
r. Predictors: (Constant), Gender, ER, Gynecology, RC, TICP2, R, Aut, RCo, Exp1, TICP1, PT, Exp3, DOC, Medicine							
s. Predictors: (Constant), Gender, ER, Gynecology, RC, TICP2, R, Aut, RCo, Exp1, TICP1, PT, Exp3, DOC, Medicine, RS							
t. Predictors: (Constant), Gender, ER, Gynecology, RC, TICP2, R, Aut, RCo, Exp1, TICP1, PT, Exp3, DOC, Medicine, RS, Pediatrics							
ANOVA							
Model		Sum of Squares	df	Mean Square	F	Sig.	
1	Regression	69.061	1	69.061	148.416	.000 ^a	
	Residual	92.599	199	.465			
	Total	161.660	200				
2	Regression	84.175	2	42.087	107.547	.000 ^b	
	Residual	77.485	198	.391			
	Total	161.660	200				

3	Regression	93.228	3	31.076	89.462	.000 ^c
	Residual	68.431	197	.347		
	Total	161.660	200			
4	Regression	99.283	4	24.821	77.991	.000 ^d
	Residual	62.377	196	.318		
	Total	161.660	200			
5	Regression	102.528	5	20.506	67.622	.000 ^e
	Residual	59.132	195	.303		
	Total	161.660	200			
6	Regression	107.984	6	17.997	65.047	.000 ^f
	Residual	53.676	194	.277		
	Total	161.660	200			
7	Regression	112.825	7	16.118	63.699	.000 ^g
	Residual	48.835	193	.253		
	Total	161.660	200			
8	Regression	115.067	8	14.383	59.271	.000 ^h
	Residual	46.593	192	.243		
	Total	161.660	200			
9	Regression	114.527	7	16.361	66.995	.000 ⁱ
	Residual	47.133	193	.244		
	Total	161.660	200			
10	Regression	116.329	8	14.541	61.590	.000 ^j
	Residual	45.330	192	.236		
	Total	161.660	200			
11	Regression	117.667	9	13.074	56.763	.000 ^k
	Residual	43.993	191	.230		
	Total	161.660	200			
12	Regression	118.947	10	11.895	52.911	.000 ^l
	Residual	42.713	190	.225		
	Total	161.660	200			
13	Regression	122.756	11	11.160	54.215	.000 ^m
	Residual	38.904	189	.206		
	Total	161.660	200			
14	Regression	126.886	12	10.574	57.166	.000 ⁿ

	Residual	34.774	188	.185		
	Total	161.660	200			
15	Regression	126.615	11	11.510	62.076	.000 ^o
	Residual	35.045	189	.185		
	Total	161.660	200			
16	Regression	131.096	12	10.925	67.198	.000 ^p
	Residual	30.564	188	.163		
	Total	161.660	200			
17	Regression	133.794	13	10.292	69.065	.000 ^q
	Residual	27.866	187	.149		
	Total	161.660	200			
18	Regression	135.868	14	9.705	69.987	.000 ^r
	Residual	25.792	186	.139		
	Total	161.660	200			
19	Regression	137.318	15	9.155	69.577	.000 ^s
	Residual	24.341	185	.132		
	Total	161.660	200			
20	Regression	138.227	16	8.639	67.837	.000 ^t
	Residual	23.433	184	.127		
	Total	161.660	200			
a. Predictors: (Constant), DOC						
b. Predictors: (Constant), DOC, Gender						
c. Predictors: (Constant), DOC, Gender, ER						
d. Predictors: (Constant), DOC, Gender, ER, GSurgery						
e. Predictors: (Constant), DOC, Gender, ER, GSurgery, Gynecology						
f. Predictors: (Constant), DOC, Gender, ER, GSurgery, Gynecology, RC						
g. Predictors: (Constant), DOC, Gender, ER, GSurgery, Gynecology, RC, TICP2						
h. Predictors: (Constant), DOC, Gender, ER, GSurgery, Gynecology, RC, TICP2, R						
i. Predictors: (Constant), Gender, ER, GSurgery, Gynecology, RC, TICP2, R						
j. Predictors: (Constant), Gender, ER, GSurgery, Gynecology, RC, TICP2, R, Aut						
k. Predictors: (Constant), Gender, ER, GSurgery, Gynecology, RC, TICP2, R, Aut, RCo						
l. Predictors: (Constant), Gender, ER, GSurgery, Gynecology, RC, TICP2, R, Aut, RCo, Exp1						
m. Predictors: (Constant), Gender, ER, GSurgery, Gynecology, RC, TICP2, R, Aut, RCo, Exp1, TICP1						
n. Predictors: (Constant), Gender, ER, GSurgery, Gynecology, RC, TICP2, R, Aut, RCo, Exp1, TICP1, PT						

o. Predictors: (Constant), Gender, ER, Gynecology, RC, TICP2, R, Aut, RCo, Exp1, TICP1, PT						
p. Predictors: (Constant), Gender, ER, Gynecology, RC, TICP2, R, Aut, RCo, Exp1, TICP1, PT, Exp3						
q. Predictors: (Constant), Gender, ER, Gynecology, RC, TICP2, R, Aut, RCo, Exp1, TICP1, PT, Exp3, DOC						
r. Predictors: (Constant), Gender, ER, Gynecology, RC, TICP2, R, Aut, RCo, Exp1, TICP1, PT, Exp3, DOC, Medicine						
s. Predictors: (Constant), Gender, ER, Gynecology, RC, TICP2, R, Aut, RCo, Exp1, TICP1, PT, Exp3, DOC, Medicine, RS						
t. Predictors: (Constant), Gender, ER, Gynecology, RC, TICP2, R, Aut, RCo, Exp1, TICP1, PT, Exp3, DOC, Medicine, RS, Pediatrics						
u. Dependent Variable: CS						
Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.990	.240		4.126	.000
	DOC	.746	.061	.654	12.183	.000
2	(Constant)	.223	.252		.885	.377
	DOC	.736	.056	.645	13.100	.000
	Gender	.658	.106	.306	6.215	.000
3	(Constant)	.257	.238		1.081	.281
	DOC	.528	.067	.462	7.894	.000
	Gender	.653	.100	.304	6.549	.000
	ER	.228	.045	.299	5.105	.000
4	(Constant)	.273	.228		1.198	.233
	DOC	.543	.064	.475	8.468	.000
	Gender	.549	.098	.255	5.577	.000
	ER	.267	.044	.350	6.119	.000
	GSurgery	-.524	.120	-.208	-4.362	.000
5	(Constant)	.150	.225		.665	.507
	DOC	.497	.064	.435	7.757	.000
	Gender	.770	.117	.358	6.556	.000
	ER	.298	.044	.391	6.832	.000
	GSurgery	-.559	.118	-.222	-4.753	.000
	Gynecology	-.432	.132	-.181	-3.271	.001

6	(Constant)	-.124	.224		-.554	.580
	DOC	.311	.074	.272	4.185	.000
	Gender	1.039	.128	.483	8.150	.000
	ER	.211	.046	.277	4.584	.000
	GSurgery	-.532	.113	-.211	-4.723	.000
	Gynecology	-.864	.159	-.361	-5.423	.000
	RC	.269	.060	.337	4.441	.000
7	(Constant)	-.339	.220		-1.543	.124
	DOC	.176	.077	.154	2.281	.024
	Gender	1.268	.133	.589	9.556	.000
	ER	.302	.049	.396	6.201	.000
	GSurgery	-.471	.109	-.187	-4.337	.000
	Gynecology	-1.240	.175	-.518	-7.088	.000
	RC	.296	.058	.371	5.081	.000
	TICP2	.526	.120	.225	4.374	.000
8	(Constant)	-.119	.227		-.526	.599
	DOC	.117	.078	.102	1.491	.137
	Gender	1.372	.134	.638	10.210	.000
	ER	.359	.051	.472	7.006	.000
	GSurgery	-.423	.107	-.168	-3.940	.000
	Gynecology	-1.414	.181	-.591	-7.829	.000
	RC	.326	.058	.409	5.636	.000
	TICP2	.563	.118	.241	4.759	.000
	R	-.156	.051	-.142	-3.040	.003
9	(Constant)	-.027	.219		-.123	.902
	Gender	1.474	.116	.685	12.693	.000
	ER	.390	.047	.512	8.282	.000
	GSurgery	-.402	.107	-.160	-3.761	.000
	Gynecology	-1.580	.143	-.660	-11.071	.000
	RC	.376	.047	.471	7.917	.000
	TICP2	.635	.108	.272	5.862	.000
	R	-.176	.050	-.159	-3.516	.001
10	(Constant)	-.184	.223		-.826	.410
	Gender	1.444	.115	.671	12.586	.000

	ER	.402	.046	.528	8.643	.000
	GSurgery	-.436	.106	-.173	-4.124	.000
	Gynecology	-1.507	.143	-.630	-10.557	.000
	RC	.361	.047	.453	7.686	.000
	TICP2	.566	.109	.242	5.170	.000
	R	-.239	.054	-.217	-4.409	.000
	Aut	.127	.046	.124	2.763	.006
11	(Constant)	.140	.258		.543	.588
	Gender	1.470	.114	.683	12.916	.000
	ER	.429	.047	.563	9.072	.000
	GSurgery	-.363	.109	-.144	-3.342	.001
	Gynecology	-1.545	.142	-.646	-10.890	.000
	RC	.405	.050	.508	8.122	.000
	TICP2	.632	.112	.270	5.665	.000
	R	-.268	.055	-.243	-4.886	.000
	Aut	.139	.046	.137	3.055	.003
	RCo	-.143	.059	-.125	-2.410	.017
12	(Constant)	.433	.283		1.531	.127
	Gender	1.470	.112	.683	13.069	.000
	ER	.410	.047	.539	8.675	.000
	GSurgery	-.372	.107	-.148	-3.460	.001
	Gynecology	-1.581	.141	-.661	-11.216	.000
	RC	.429	.050	.538	8.531	.000
	TICP2	.606	.111	.259	5.478	.000
	R	-.251	.055	-.227	-4.579	.000
	Aut	.123	.046	.121	2.709	.007
	RCo	-.208	.064	-.182	-3.220	.002
	Exp1	-.302	.127	-.109	-2.386	.018
13	(Constant)	.256	.274		.934	.351
	Gender	1.406	.109	.654	12.945	.000
	ER	.441	.046	.579	9.621	.000
	GSurgery	-.291	.105	-.116	-2.786	.006
	Gynecology	-1.672	.137	-.699	-12.245	.000
	RC	.503	.051	.631	9.843	.000

	TICP2	.803	.115	.343	6.961	.000
	R	-.222	.053	-.201	-4.197	.000
	Aut	.143	.044	.140	3.262	.001
	RCo	-.300	.065	-.263	-4.587	.000
	Exp1	-.751	.160	-.272	-4.697	.000
	TICP1	.537	.125	.262	4.302	.000
14	(Constant)	-.419	.296		-1.415	.159
	Gender	1.411	.103	.656	13.700	.000
	ER	.402	.044	.528	9.089	.000
	GSurgery	-.127	.105	-.051	-1.211	.227
	Gynecology	-1.794	.132	-.750	-13.590	.000
	RC	.585	.051	.733	11.368	.000
	TICP2	1.056	.122	.452	8.673	.000
	R	-.253	.050	-.229	-5.011	.000
	Aut	.179	.042	.176	4.243	.000
	RCo	-.368	.064	-.323	-5.792	.000
	Exp1	-1.127	.171	-.407	-6.583	.000
	TICP1	1.160	.177	.567	6.548	.000
	PT	.210	.044	.275	4.725	.000
15	(Constant)	-.451	.295		-1.527	.128
	Gender	1.432	.102	.666	14.085	.000
	ER	.396	.044	.520	9.001	.000
	Gynecology	-1.813	.131	-.758	-13.825	.000
	RC	.601	.050	.754	12.100	.000
	TICP2	1.107	.114	.473	9.670	.000
	R	-.261	.050	-.237	-5.202	.000
	Aut	.180	.042	.176	4.249	.000
	RCo	-.394	.060	-.346	-6.560	.000
	Exp1	-1.175	.167	-.425	-7.044	.000
	TICP1	1.237	.166	.604	7.473	.000
	PT	.227	.042	.298	5.424	.000
16	(Constant)	-1.527	.344		-4.437	.000
	Gender	1.453	.095	.676	15.256	.000
	ER	.407	.041	.535	9.863	.000

	Gynecology	-1.976	.127	-.826	-15.601	.000
	RC	.707	.051	.887	13.945	.000
	TICP2	1.663	.151	.711	11.037	.000
	R	-.242	.047	-.220	-5.143	.000
	Aut	.296	.045	.290	6.524	.000
	RCo	-.590	.068	-.518	-8.741	.000
	Exp1	-.950	.162	-.343	-5.866	.000
	TICP1	1.800	.189	.879	9.550	.000
	PT	.290	.041	.381	7.073	.000
	Exp3	.792	.151	.374	5.250	.000
17	(Constant)	-1.655	.331		-5.002	.000
	DOC	.293	.069	.257	4.255	.000
	Gender	1.209	.108	.562	11.206	.000
	ER	.350	.042	.459	8.378	.000
	Gynecology	-1.620	.147	-.677	-10.991	.000
	RC	.628	.052	.788	12.096	.000
	TICP2	1.601	.145	.684	11.042	.000
	R	-.194	.046	-.176	-4.173	.000
	Aut	.287	.043	.282	6.602	.000
	RCo	-.695	.069	-.610	-10.046	.000
	Exp1	-.993	.155	-.359	-6.390	.000
	TICP1	1.928	.183	.941	10.538	.000
	PT	.300	.039	.393	7.613	.000
	Exp3	.829	.145	.391	5.731	.000
18	(Constant)	-2.038	.334		-6.099	.000
	DOC	.329	.067	.288	4.896	.000
	Gender	1.134	.106	.527	10.715	.000
	ER	.319	.041	.418	7.760	.000
	Gynecology	-1.457	.148	-.609	-9.823	.000
	RC	.664	.051	.833	13.034	.000
	TICP2	1.534	.141	.656	10.886	.000
	R	-.199	.045	-.180	-4.433	.000
	Aut	.297	.042	.291	7.059	.000
	RCo	-.659	.067	-.578	-9.770	.000

	Exp1	-.986	.150	-.357	-6.582	.000
	TICP1	1.959	.177	.957	11.090	.000
	PT	.320	.038	.419	8.340	.000
	Exp3	.782	.140	.369	5.580	.000
	Medicine	.270	.070	.144	3.868	.000
19	(Constant)	-2.629	.371		-7.086	.000
	DOC	.334	.065	.292	5.101	.000
	Gender	1.122	.103	.521	10.873	.000
	ER	.337	.040	.442	8.339	.000
	Gynecology	-1.650	.156	-.690	-10.595	.000
	RC	.658	.050	.826	13.258	.000
	TICP2	1.789	.157	.765	11.372	.000
	R	-.171	.044	-.155	-3.835	.000
	Aut	.323	.042	.317	7.741	.000
	RCo	-.835	.084	-.733	-9.889	.000
	Exp1	-.974	.146	-.352	-6.673	.000
	TICP1	2.247	.193	1.097	11.662	.000
	PT	.360	.039	.472	9.168	.000
	Exp3	.994	.151	.469	6.595	.000
	Medicine	.276	.068	.148	4.061	.000
	RS	.196	.059	.191	3.320	.001
20	(Constant)	-2.923	.381		-7.667	.000
	DOC	.312	.065	.274	4.820	.000
	Gender	1.117	.101	.519	11.007	.000
	ER	.361	.041	.474	8.861	.000
	Gynecology	-1.845	.170	-.771	-10.870	.000
	RC	.691	.050	.866	13.722	.000
	TICP2	1.967	.169	.841	11.674	.000
	R	-.174	.044	-.158	-3.981	.000
	Aut	.365	.044	.358	8.302	.000
	RCo	-.932	.091	-.819	-10.277	.000
	Exp1	-1.024	.145	-.370	-7.070	.000
	TICP1	2.479	.208	1.210	11.890	.000
	PT	.408	.043	.536	9.563	.000

	Exp3	1.139	.158	.537	7.214	.000
	Medicine	.201	.073	.108	2.770	.006
	RS	.255	.062	.249	4.102	.000
	Pediatrics	-.248	.093	-.103	-2.671	.008

***p < 0.001, **p < 0.01, *p < 0.05

LIST OF PUBLICATIONS

S.N	Title of the paper	Journal Name and Vol. No. Status	Journal Indexed/Listed/Abstracted in	Authors' Name	Journal other details
	Indian Physician Job Satisfaction Scale: Development and Validation	Studies on Ethno-medicine Volume 8 No. 3	<ul style="list-style-type: none"> • CAB Abstracts and Global Health databases, • ASSIA (Applied Social Sciences Index and Abstracts) database • Journal Citation Reports/Social Sciences Edition, (Covered in Thomson Reuters Services) • MLA International Bibliography • National Academy of Agricultural Sciences, India (NAAS) • ProQuest's International Bibliography of the Social Sciences (IBSS). • SCOPUS & EMCARE, • Social Sciences Citation Index® - (Covered in Thomson Reuters Services) • Social Scisearch®, (Covered in Thomson Reuters Services) • DOAJ (Directory of Open Access Journals) 	P.Mehta and R.Kiran	ISSN 0973 5070 Published since 2007 Language: English Publisher: Kamla Raj Enterprises, New Delhi Publication Frequency: Three issues one volume per year
	An Empirical Analysis of Job Content and Contextual Factors: A Case Study of Indian Physicians.	Studies on Ethno-medicine Volume 9 No. 3	<ul style="list-style-type: none"> • CAB Abstracts and Global Health databases, • ASSIA (Applied Social Sciences Index and Abstracts) database • Journal Citation Reports/Social Sciences Edition, (Covered in Thomson Reuters Services) • MLA International Bibliography • National Academy of Agricultural Sciences, India (NAAS) 	P.Mehta and R.Kiran	ISSN 0973 5070 Published since 2007 Language: English Publisher: Kamla Raj Enterprises, New Delhi Publication

			<ul style="list-style-type: none"> • ProQuest's International Bibliography of the Social Sciences (IBSS). • SCOPUS & EMCARE, • Social Sciences Citation Index[®] - (Covered in Thomson Reuters Services) • Social Scisearch[®], (Covered in Thomson Reuters Services) • DOAJ (Directory of Open Access Journals) 		<p>Frequency: Three issues one volume per year</p>
--	--	--	---	--	--