



JOB SATISFACTION OF FAMILY PHYSICIANS WORKING AT PRIMARY HEALTH CARE CENTERS IN AL-AHSA, SAUDI ARABIA, 2019-2020: ANALYTIC CROSS-SECTIONAL STUDY

Huda Murtadha Al yousef., Ibtihal Ali Al Hamad., Rabab Abdullah Al Humud and
Majdi Nasser Al Jasim

Postgraduate Center of Family and Community Medicine, MOH, Al-Ahsa, KSA

ARTICLE INFO

Article History:

Received 6th December, 2020

Received in revised form 15th

January, 2021

Accepted 12th February, 2021

Published online 28th March, 2021

Key words:

Family Physician, Satisfaction,
Primary Health Care Centers

ABSTRACT

Purpose of the study: The present study was done to assess the job satisfaction level of family physicians working in primary health care center of Al-Ahsa district Of Saudi Arabia.

Introduction: Primary healthcare is considered the mainstay of providing comprehensive and continuous health care services for everyone in the community. It is the first level of contact of individuals, families, and communities with their national healthcare systems and services. With the paradigm shift toward primary healthcare, however, Family physicians are facing many challenges in their workplaces that can affect their performance resulting in low satisfaction level for their patients and themselves. Assessment of the job satisfaction level of the working family physicians and the factors that can influence their satisfaction are important for formulating a family physician-friendly atmosphere.

Materials and Method: An analytic cross-sectional study was done at the Ministry of Health (MOH) Primary Health Care centers (PHCs) in Al-Ahsa. All seventy-eight family physicians (FPs) working at different PHCs of the Al-Ahsa region were identified as the study sample. Data was collected using a self-administered questionnaire with job satisfaction model. Apart from socio-demographic data, the questionnaires consisted of questions for factors encountered by FPs. Furthermore, the level of satisfaction was measured by two different methods, as subjective satisfaction by asking one sentence subjective question, and as objective satisfaction by asking 13 objective questions. The highest possible score for objective assessment was 65 and the lowest score was 13. The objective satisfaction level was measured by the summation of Likert scale scores of several items in the questionnaire. Then the mean was calculated by dividing the total score of each participant by the number of tested items. The data were stored and analyzed by Statistical Package for the Social Sciences (SPSS) version 21 program. All variables were coded before entry into a computer for analysis. All continuous data were presented in the form of mean, range, and standard deviation. A p-value of ≤ 0.05 was considered statistically significant.

Results: A total of 78 FPs working in MOH PHCs in Al-Ahsa participated in this study with a response rate of 100%. The mean age of participating physicians was 36.72 ± 6.495 years (range 30-64 years) The percentage of male physicians was 54%. Also, the average number of years working as a family physician after qualification was 5.35 ± 4.7 SD. A total of sixty percent (N=47) of the participants have a subjective self-estimated satisfaction about their job with a direct question "How do you rate your job satisfaction level?" There was no significant difference between physicians' gender, qualification, accreditation, age, or the number of years after qualification and the level of subjective satisfaction ($p > 0.05$).

More than fifty- six percent of the participants were dissatisfied objectively. There was no significant relationship between objective satisfaction and demographic data (gender, number of children, qualification, and current SCFHS accreditation). There was a significant difference in the mean score of objective satisfaction with the increasing age ($P=0.02$) and more years of experience ($p=0.008$). The logistic regression analysis revealed the adjusted odds ratio (OR) for those with higher experience years to be 0.87, 95% CI (0.78 - 0.97). The OR for those older was 0.91, 95% CI (0.84 - 0.99).

Conclusion: The majority of our FPs were subjectively satisfied with their job, while less than half were objectively satisfied. Family medicine is a very demanding specialty. Limited resources and administrative bureaucracy were the most highlighted factors of dissatisfaction, while ongoing and strong relations with patient and colleague, and opportunity of teaching were the top ranked factors of satisfaction.

Copyright © 2021 Huda Murtadha Al yousef et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Primary healthcare is considered the mainstay of providing comprehensive and continues health care services for everyone in the community. It is the first level of contact of individuals, families, and communities with their national healthcare systems and services^[1].

With the paradigm shift toward primary healthcare, however, FPs are facing many challenges in their workplaces that can affect their performance resulting in low satisfaction level of their patients and themselves^[2].

The level of professional satisfaction is directly related to the level of patient care^[3]. A strong relationship has been found between the satisfaction and turnover intention and hence the dissatisfaction is a leading cause of burnout^[4]. Different

*Corresponding author: Huda Murtadha Al yousef

Postgraduate Center of Family and Community Medicine, MOH, Al-Ahsa, KSA

factors have been involved affecting the satisfaction level among physicians such as the specialty, geographical area, physician gender and so on^[5]. Social support, easy interaction with other specialties, income, and creativity have found to be important satisfaction predictors for FPs^[5]. For all that, it is very important to assess the satisfaction level of FPs working in primary healthcare centers and to find what the most important factors are leading to dissatisfaction in order to improve the providing care and then improving the public health.

Various studies around the world have been done to measure the satisfactory level of family physicians and the factors influencing their satisfaction level. In one study done in Iran, the researchers have found the continuity of care, autonomy, work that inspires professional growth, workgroup faithfulness and personal characteristic of having an optimistic outlook as positively associated with the level of satisfaction^[6].

A similar study in Lithuania (2005) has showed that FPs were satisfied with a high level of team spirit and ability to function collaboratively. High workload and the thought to have less prestigious status compared to other medical specialties were the highlighted challenges faced by FPs in this study^[7].

Family physicians can improve their overall job satisfaction by increasing the number of procedures they do. This was the result of a study that was done in Canada (2007)^[8]. In a study done in Italy (2009) has found that physicians working in PHCTs appeared more satisfied in some aspects of their practice such as organization, whereas they were less satisfied with the amount of work and communication with other healthcare providers^[9].

A cross sectional study in USA (2016) revealed that the primary care physicians were slightly less satisfied in day-to-day professional life compared to others. The youngest physicians were more likely to be satisfied than other age groups^[10]. The recently concluded study (2019) which quantified the level of job satisfaction of qualified physicians in rural primary health care facilities (PHCFs) has found that the main factors affecting their satisfaction was slightly higher level of overall job satisfaction among Certified physicians working in PHCFs in rural area. Age, educational background, technical title, monthly salary, form of employment, and years of service were important factors on job satisfaction^[11].

In Saudi Arabia, since the introduction of primary health care (PHC) services in 1984, many studies have been conducted to evaluate the clinical and administrative aspects of PHC services^[6]. However, there are few studies which assessed the level of satisfaction among the physicians.

In 1999, Kalantan KA et al conducted a study to determine the factors influencing job satisfaction among (PHC) Physicians in Riyadh. They ended up with the results that, major factors of physician dissatisfaction include workload, unsuitable working hours and lack of incentives. Other identified factors included appointment system unavailability and lacking essential medical facilities^[12].

A recent comparative study (2018) which compared job satisfaction level of FPs working at different PHCs of Jeddah and Eastern province of Saudi Arabia has found the overall satisfaction level to be 62 %, Male doctors were more satisfied when compared with female doctors, and the main predictors were demanding work, affection of their family life, limited recourses, low social support and less opportunity^[13].

None of the above studies assessed the satisfaction level by using scoring system. The present study will be first in this kind in this region of Saudi Arabia.

MATERIALS AND METHODS

It was a cross sectional study conducted at the Ministry of Health (MOH) PHC centers in Al-Ahsa during 2019-2020. All the family physicians (FPs) working at different PHCs of Al-Ahsa region i.e. 78 in number were the study population. Being in small number, all the FPs were included in study sample.

Data were collected using a self-administered questionnaire with Warr-Cook-Wall job satisfaction model. The permission was taken from the questionnaire owners. The questionnaire was divided into 2 sections. The first section covered the socio-demographic data including age, gender, marital status, number of children, and number of years after graduation as FPs, qualification and current SCFHS accreditation. The second section included multiple questions for factors encountered by FPs. A 13 assessment questions scoring system was made, the first 7 questions were of negative impact factors and the remaining 6 questions were of positive impact factors. After obtaining the permission letter from assistant director of public health administration, FPs were contacted and the questionnaires were sent to them electronically. All post graduated FPs working in PHCs in MOH Al-Ahsa region during the study time were included in the study. General physicians, other medical specialists working in PHCs, family medicine residents and FPs working in hospitals were excluded from the study. The data were then entered into Statistical Package for the Social Sciences (SPSS) version 21 program. Data collection was done by the investigators themselves. A pilot study was done on 20 final year family medicine residents before starting the study to check the reliability and validity.

All continuous data were presented in the form of mean, range and standard deviation. Categorical data were presented in the form of frequency distributions and percentages. A p-value of ≤ 0.05 was considered statistically significant. The satisfaction level was measured using the five point Likert scale. For the positive impact questions, 5 points were given for Strongly agree, 4 points for Agree, 3 points for Neutral, 2 points for Disagree, and 1 point for Strongly disagree; while on the negative impact questions, the scoring was in an opposite manner. The highest possible score was 65 and the lowest score was 13. The objective satisfaction level was measured by the summation of Likert scale scores of several items in the questionnaire. Then the mean was calculated by dividing the total scores of each participant by the number of tested items. The score higher than the mean was considered "Good Objective Satisfaction Level" while those with a score of equal or lesser than the mean was considered "Poor Objective Satisfaction Level". Logistic regression analysis model was used to check for confounders to study the relationship between various significant results and the main dependent variable (level of objective satisfaction).

RESULTS

A total of 78 FPs working in MOH PHCs in Al-Ahsa were distributed the questionnaires and all of them participated in the study. The mean age of participating physicians was 36.72 ± 6.495 years (range 30-64 years). Fifty four percent of them were male. Seventeen percent of the participants were

consultant while forty percent and forty three percent were registrar and senior registrar respectively. More than sixty percent of the participants had family medicine boards as qualification degree. In addition, the average number of years working as a family physician after qualification was 5.35 years ± 4.7 SD. The details of the demographic characteristics are shown in table 1.

Table 1 Showing Demographic Characteristics of the family physician

Variable	Number	Percentage
Gender:		
Male	42	53.8
Female	36	46.2
Age Group:		
Less than 37years	44	56.4
More than 37 years	34	43.6
Qualification:		
Family Medicine Diploma	21	26.9
Family Medicine Board	47	60.30
Family Medicine Master	10	12.8
Current SCFHS accreditation:		
Senior Registrar	34	43.6
Consultant	13	16.7
Registrar	31	39.7
Experience:		
Less than 5 years	41	52.6
More than 5 years	37	47.4
Number of years as a family physician (after qualification)	Mean (Standard Deviation)	5.35±4.651

Subjective satisfaction

A total of sixty percent (N=47) of the participants had a subjective self-estimated satisfaction about their job with a direct question "How do you rate your job satisfaction level?" There was no significant difference between physicians' gender, qualification, accreditation, age or number of years after qualification and the level of subjective satisfaction (p > 0.05). The detailed response is shown in table 2.

Table 2 Showing response on subjective satisfaction

Variable	Response					P value
	Very Dissatisfied	Dissatisfied	Neither Satisfied	Satisfied	Very Satisfied	
Total participants	9 (11.5%)	15(19.2%)	7(9.0)	40(51.3%)	7(9.0%)	
Gender						
Male	5 (11.91)	8(19.05)	5(11.9)	20(47.62)	4(9.52)	0.869
Female	4 (11.11)	7 (19.44)	2 (4.76)	20 (55.56)	3(8.33)	
Qualification						
Senior registrar	3 (8.82)	6(17.65)	2(5.88)	18(52.94)	5(14.71)	0.841
Consultant	4 (30.77)	6 (46.16)	2(15.38)	1 (7.69)	0	
Registrar	2 (6.45)	3(9.68)	3(9.68)	21(67.74)	2(6.45)	0.781
Experience						
Less than 5 years	5 (12.20)	8(19.50)	4(9.76)	19(46.34)	3(7.32)	
More than 5 years	4 (10.26)	7(17.94)	3(7.69)	21(53.85)	4(10.26)	

About three quarters of the participants (N=56) didn't regret to be FPs, Almost sixty three percent (N=49) of the participants thought that their specialty is as equal as to other specialties.

Table 3 Showing the beliefs of the participants about themselves and others

Questions on believes of Participants	No	%
Did you ever regret to be family physician?		
Never	56	71.79
Often	14	17.94
Always	8	10.25
How you compare yourself with other specialties		
Equal	49	62.85
Inferior	11	14.10
Superior	18	23.07
What you feel the community thinks of you compared with other specialties.		

Equal	26	33.33
Inferior	48	61.53
Superior	4	5.12
What you feel other specialties think of you.		
Equal	25	32.05
Inferior	48	61.33
Superior	5	6.14

In addition, about sixty two percent (N=48) of them stated that, the community thinks their specialty is considered to be less than other specialties. Likewise, Sixty two percent (N=48) stated that other specialties think that Family Medicine is inferior to them. The details of the response are shown in table 3.

Reasons for satisfaction and dissatisfaction: objective evaluation

Seventy eight percent (N=61) of the participants agreed that the family medicine specialty is very demanding. More than forty percent of the participants disagreed that as a family physician, they think that they are less respected by the society. More than sixty two percent (N=49) of them believe that, they have limited resources in their work place. Similarly more than sixty nine percent (N=54) of the participants thought that their work was adversely affected by the administrative bureaucracy. In a positive way, sixty eight percent (N=53) of the participants agreed with that FPs had a good income. The majority of them (93.6%) believed that the family physician working in primary care clinics had ongoing relations with the patients and good communication and relationship with other colleagues (87.2%). Similarly, about 80.7% think that their specialty gives them opportunities for teaching. The details of responses of objective satisfaction questions are shown in table 4

Table 4 Showing details of responses of objective satisfaction questions

Questions on objective assessment	Agree N (%)	Neutral N (%)	Disagree N (%)
Family medicine specialty is very demanding.	61(78.2)	12(15.4)	5(6.4)
As a family physician, you think that you are less respected by the society.	24 (30.8)	17 (21.8)	37 (47.4)
Being a family physician means you have fewer opportunities for advanced studies	22 (28.2)	14 (17.9)	42(53.8)
Being a family physician means your own health is adversely affected	25 (32.1)	20(25.6)	33(42.3)
As a family physician, you think that most of your patients have negative attitude.	8(10.3)	20(25.6)	50(64.1)
As a family physician, you think that you have limited resources.	49 (62.8)	4(5.1)	25(32.1)
As a family physician, you think that your work is adversely affected by the administrative bureaucracy (complex administrative structures put jobs rules and principles must be followed).	54(69.2)	14(17.9)	10(12.8)
As a family physician, you think that you have a good and income	6(7.7)	19(24.4)	53(67.9)
As a family physician working in primary care clinics, means you have ongoing relations with the patients	0(0)	5(6.4)	73(93.6)
As a family physician, you think that you can freely make decisions without any restriction.	31(39.7)	23(29.5)	24(30.8)
As a family physician, you think that you spend adequate time with the patients	23(29.5)	18(23.1)	37(47.4)
Being a family physician means you have a good communication and relationship with other colleagues.	2(2.6)	8(10.3)	68(87.2)
As a family physician, you think that	3(3.8)	12(15.4)	63(80.8)

family medicine specialty gives you opportunities for teaching.

The score of each participant was calculated separately, and then the mean was calculated which was 42.089 ± 5.885 SD. Any participant's score equals to the mean or below was considered as objectively dissatisfied. More than fifty six percent of the participants were dissatisfied objectively while those who were above the mean were considered as objectively satisfied and their percentage was around forty four percent (N=34). The details of objective satisfaction score is shown in table 5.

Table 5 Objective satisfaction

	n	%
Dissatisfied	44	56.4
Satisfied	34	43.6
Total	78	100.0

There was no significant relationship between objective satisfaction and demographic data (gender $p=0.549$, number of children $p=0.835$, qualification $p=0.208$, and current SCFHS accreditation $p=0.697$).

There was a significant difference in the mean score of objective satisfaction based on age. Eldest participants were more satisfied ($p=0.02$). Similarly there was a significant difference in the mean score of objective satisfaction with work experience. The Participants with more years of experience were significantly more satisfied ($p=0.008$). The details of relationship between demographic data and objective satisfaction is shown in table 6.

Table 6 Relationship between demographic data and objective satisfaction

Objective satisfaction		N	Mean	Std. Deviation	Std. Error Mean	t test	p value
Age	Dissatisfied	44	35.23	4.430	0.668	-2.374	0.020
	Satisfied	34	38.65	8.127	1.394		
Number of years as a family physician (after qualification)	Disatisfied	44	4.14	3.613	0.545	-2.720	0.008
	Satisfied	34	6.91	5.384	0.923		

The logistic regression analysis has revealed the adjusted OR for those with higher experience years to be 0.87, 95% CI is (0.78 - 0.97). The OR for those older was 0.90, 95% CI (0.84 - 0.99).

DISCUSSION

Patient satisfaction and quality of care is highly affected by the physician job satisfaction level [14]. As the family physician is the first contact of the patient with the medical services, it is important to assess the level of job satisfaction and try to find out the factors that affect it [3]. This study was not the first study that addressed job satisfaction among physicians in Saudi Arabia *per se*, [3,12, 21, 15], but this is the first study to assesses the job satisfaction level subjectively and objectively among the family physician in Al –Ahsadistrict of Saudi Arabia.

The main strength of our study was response rate 100%, while other studies done in other regions of Saudi Arabia (Jeddah and Riyadh) had response rate of 92.2% and 91.5% respectively [12,14].

In our study, more than sixty percent of the family physicians were subjectively satisfied with their job which was better than the Pakistan study (24%) while lower than that of a similar study done in Lithuania 78.6 % [14,7].

About two-thirds of the total FPs were subjectively satisfied with their job in our study, which is comparable to a national study done in eastern and western regions of Saudi Arabia [3] as well as the studies conducted in Pakistan, Canada, UK and Iraq [16, 8, 16, 17].

While less than half of the FPs were objectively satisfied in our study through the scoring system that depended on satisfaction and dissatisfaction factors, the same result was published by a similar research done in Madinah AL-Munawarah city of Saudi Arabia and other places of the world (48%) [13]. However, a recent study conducted in western region of Saudi Arabia on the job satisfaction of PHC physicians has found that only 7% of them were satisfied with their job [17].

The level of satisfaction was much higher among older FPs as compared to younger FPs in our study. The same result was found in one of the Canadian studies where age and professional life satisfaction was significant ($X^2 = 363$, $n=31746$, $p<0.0001$). The age group of 56-64 were significantly more satisfied than their younger counterparts [20].

However this was not true with the study done in USA where the younger FPs (<40 y) were much higher satisfied than the older FPs (40-50 y), although the satisfaction level increased again after the age of 60 y [10]. More extension of experience after qualification was also significantly associated with higher satisfaction level, which is agreed with what was shown in some studies in literature [7,18]. Similarly in a Chinese study, that physicians with numerous years of service were significantly less satisfied with their jobs ($P < 0.05$) [11]. Many family physicians measure their level of job satisfaction not by income, time spent on patients but also on their clinical skills and knowledge accumulated by more experience. As age progresses, hence clinical skills and knowledge increases which leads to improved quality of care to the patients creating a sense of professional satisfaction among the family physicians. This finding has been observed in an USA study [19].

There was no significant relationship between the gender and the level of satisfaction of family physicians in our study. However many other studies around the world have shown that male physicians being more satisfied with their jobs when compared to female physicians [14,3,8,18,15]. A possible explanation could be that, female physicians have family and social support, these make them differentiate between social life and job, and other sociodemographic factors including number of children, accreditation and qualification have shown no difference too.

In this study, the majority of FPs was happy of being family physician and never regretted and the same result was published in another Saudi study [3] and Pakistan study [16] where most of the family physicians were significantly satisfied.

The self-esteem can affect the level of satisfaction [3], physicians who consider themselves inferior to other specialties were dissatisfied when compared with FPs who think themselves superior to other specialties [3,12], we found the similar result in our study.

Family medicine is a very demanding specialty; administrative bureaucracy and limited work place recourses were the most highlighted causes of dissatisfaction among FPs in our study.

Being a very demanding specialty was considered as a cause of dissatisfaction in several studies^[14, 3]. However in Iraq study the researchers had found that most of the primary care physicians thought that their job is not demanding and not challenging^[19]. FPs also pointed that administration and decisions taken by administrative bureaucracy to be contributors of dissatisfaction as observed in another study done in Saudi Arabia^[3]. Several other studies have found that a limited work place resource was a major cause of physician dissatisfaction^[3, 12, 17].

Low income has been cited as an important factor for dissatisfaction among family physicians of Pakistan, Iraq and India^[14, 17, 20]. However this was not a factor of dissatisfaction among the family physicians in our study and other study done in other part of Saudi Arabia^[3].

The majority of FPs believed that, being FPs gave them opportunity to make good relations at work in both levels; ongoing relation with patients themselves and good communication with colleagues from other specialties, in agreement with what was stated in some studies, and it was considered to be a kind of harmony and mutual understanding of the various partners of the health care process^[3, 7, 14, 21]. Teaching was significantly associated with overall job satisfaction^[10], our study participant agreed with this statement too.

CONCLUSION

The majority of our FPs were subjectively satisfied with their job, while less than half were objectively satisfied. The majority of FPs never regretted to be FP and most of them were significantly satisfied. There was significant relationship between self-esteem and the level of satisfaction. Also with increase years of work after qualification and age, the satisfaction level increased. Family medicine is a very demanding specialty, limited resources and administrative bureaucracy were the most highlighted factors of dissatisfaction, while ongoing and strong relations with patient and colleague, and opportunity of teaching were the top ranked factors of satisfaction.

Recommendations

Primary healthcare policy makers are recommended to implement immediate measures, provide work place facilities and adequate resources to improve the level of satisfaction and to enhance the new and post graduates FPs to join MOH PHCs. As long as the PHCs are undergoing huge changes at the level of structure, system and the insertion of electronic files and records, we recommend further future researches that assess the difference in the satisfaction level after the completion of this project.

Acknowledgement

We are grateful to assistant director of public health administration, all PHC supervisors in all sectors of Al-Ahsa for their help in the data collection and Khalid Bawakid et al for their cooperation

References

1. International Conference on Primary Health Care. Declaration of Alma-Ata. WHO Chron. 1978 Nov;32(11):428-30. PMID: 11643481.
2. Al-Ahmadi H, Roland M. Quality of primary health care in Saudi Arabia: a comprehensive review. *Int J Qual Health Care*. 2005 Aug;17(4):331-46. doi: 10.1093/intqhc/mzi046. Epub 2005 May 9. PMID: 15883128.
3. Bawakid K, Rashid OA, Mandoura N, Shah HBU, Mugharbel K. Professional satisfaction of family physicians working in primary healthcare centers: A comparison of two Saudi regions. *J Family Med Prim Care*. 2018 Sep-Oct;7(5):1019-1025. doi: 10.4103/jfmpc.jfmpc_6_18. PMID: 30598950; PMCID: PMC6259539.
4. Lu Y, Hu XM, Huang XL, Zhuang XD, Guo P, Feng LF, Hu W, Chen L, Zou H, Hao YT. The relationship between job satisfaction, work stress, work-family conflict, and turnover intention among physicians in Guangdong, China: a cross-sectional study. *BMJ Open*. 2017 May 12;7(5):e014894. doi: 10.1136/bmjopen-2016-014894. PMID: 28501813; PMCID: PMC5566636
5. Karsh BT, Beasley JW, Brown RL. Employed family physician satisfaction and commitment to their practice, work group, and health care organization. *Health Serv Res*. 2010 Apr;45(2):457-75. doi: 10.1111/j.1475-6773.2009.01077.x. Epub 2010 Jan 8. PMID: 20070386; PMCID: PMC2838155.
6. Randall CS, Bergus GR, Schlechte JA, McGuinness G, Mueller CW. Factors associated with primary care residents' satisfaction with their training. *Fam Med*. 1997 Nov-Dec;29(10):730-5. PMID: 9397364.
7. Buciniene I, Blazevice A, Bliudziute E. Health care reform and job satisfaction of primary health care physicians in Lithuania. *BMC Fam Pract*. 2005 Mar 7;6(1):10. doi: 10.1186/1471-2296-6-10. PMID: 15748299; PMCID: PMC555592.
8. Rivet C, Ryan B, Stewart M. Hands on: is there an association between doing procedures and job satisfaction? *Can Fam Physician*. 2007 Jan;53(1):93, 93:e.1-5, 92. PMID: 17872615; PMCID: PMC1952561
9. Mazzaglia G, Lapi F, Silvestri C, Roti L, Giustini SE, Buiatti E. Association between satisfaction and stress with aspects of job and practice management among primary care physicians. *Qual Prim Care*. 2009;17(3):215-23. PMID: 19622272
10. Caloyeras JP, Kanter M, Ives N, Kim CY, Kanzaria HK, Berry SH, Brook RH. Physician Professional Satisfaction and Area of Clinical Practice: Evidence from an Integrated Health Care Delivery System. *Perm J*. 2016 Spring;20(2):35-41. doi: 10.7812/TPP/15-163. Epub 2016 Apr 1. PMID: 27057819; PMCID: PMC4867823.
11. Gu J, Zhen T, Song Y, Xu L. Job satisfaction of certified primary care physicians in rural Shandong Province, China: a cross-sectional study. *BMC Health Serv Res*. 2019 Jan 28;19(1):75. doi: 10.1186/s12913-019-3893-8. PMID: 30691474; PMCID: PMC6350299.
12. Kalantan KA, Al-Taweel AA, Abdul Ghani H. Factors influencing job satisfaction among primary health care (PHC) physicians in Riyadh, Saudi Arabia. *Ann Saudi Med*. 1999 Sep-Oct;19(5):424-6. doi: 10.5144/0256-4947.1999.424. PMID: 17277509.
13. Al-Kurashi NY. Future of the arab family physician. *J Family Community Med*. 2002 Sep;9(3):17-9. PMID: 23008676; PMCID: PMC3430163.
14. Ashraf H, Shah N, Anwer F, Akhtar H, Abro MA, Khan A. Professional satisfaction of family physicians in

- Pakistan--results of a cross-sectional postal survey. *J Pak Med Assoc.* 2014 Apr;64(4):442-6. PMID: 24864641
15. Allebdi AA, Ibrahim HM. Level and determinants of job satisfaction among Saudi physicians working in primary health-care facilities in Western Region, KSA. *J Family Med Prim Care.* 2020 Sep 30;9(9):4656-4661. doi: 10.4103/jfmpe.jfmpe_428_20. PMID: 33209779; PMCID: PMC7652182.
 16. Thind A, Freeman T, Thorpe C, Burt A, Stewart M. Family physicians' satisfaction with current practice: what is the role of their interactions with specialists? *Healthc Policy.* 2009 Feb;4(3):e145-58. PMID: 19377349; PMCID: PMC2653706
 17. Ali, Rana, and Omran Habib. "A study on job satisfaction of family physicians in Basrah." *The Medical Journal of Basrah University* 37.2 (2019): 51-58.
 18. Jana L. Malhotra. An Evaluation of the Determinants of Job Satisfaction in Canadian Family Physicians. The University of Western Ontario, the online thesis. [Updated 2016 Feb 19; cited 2021 Jan 17]. Available from: <https://ir.lib.uwo.ca>
 19. Yusuke Tsugawa, Joseph P Newhouse, John D MacArthur, Alan M Zaslavsky, professor3, Daniel M Blumenthal, Anupam B Jena, Ruth L Newhouse, Physician age and outcomes in elderly patients in hospital in the US: observational study
 20. Tsugawa Y, Newhouse JP, Zaslavsky AM, Blumenthal DM, Jena AB. Physician age and outcomes in elderly patients in hospital in the US: observational study. *BMJ* 2017; 357:j1797. doi: 10.1136/bmj.j1797
 21. Kaur S, Sharma R, Talwar R, Verma A, Singh S. A study of job satisfaction and work environment perception among doctors in a tertiary hospital in Delhi. *Indian J Med Sci.* 2009 Apr;63(4):139-44. doi: 10.4103/0019-5359.50762. PMID: 19414983.
 22. Al JuhaniAM, Kishk NA. Job satisfaction among primary health care physicians and nurses in Al-madinah Al-munawwara. *J Egypt Public Health Assoc.* 2006; 81(3-4):165-80. PMID: 17382059.
 23. Mumenah SH, Al-Raddadi RM. Difficulties faced by family physicians in primary health care centers in Jeddah, Saudi Arabia. *J Family Community Med.* 2015 Sep-Dec;22(3):145-51. doi: 10.4103/2230-8229.163027. PMID: 26392794; PMCID: PMC4558 735

How to cite this article:

Huda Murtadha Al yousef *et al* (2021) 'Job Satisfaction of Family Physicians Working At Primary Health Care Centers In Al-Ahsa, Saudi Arabia, 2019-2020: Analytic Cross-Sectional Study', *International Journal of Current Medical and Pharmaceutical Research*, 07(03), pp 5644-5649.
