

Job and Life Satisfaction of the Medical Staff in Rehabilitation Centers

Rehabilitasyon Merkezinde Çalışan Sağlık Personelinde İş ve Yaşam Doymu

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Summary

Objective: The aim of this research was to determine whether job and life satisfaction level of healthcare professionals working with disabled patients significantly changes with respect to some variables and to investigate the relationship between job and life satisfaction.

Materials and Methods: The information about the independent variables was obtained through a personal information questionnaire prepared by the researchers. Job satisfaction of medical staff was measured by the Job Satisfaction Inventory and life satisfaction was assessed by the Life Satisfaction Inventory.

Results: Data were collected from a total of 138 healthcare professionals (78.3% were female and 21.7% male). The results indicated that the job satisfaction was significantly higher in males compared to females, whereas there were no significant differences between the mean scores of life satisfaction according to gender. Among healthcare professionals working with disabled individuals, specialists had the highest levels of life and job satisfaction, whereas the physiotherapists had the lowest levels. There were significant differences in the mean scores of job and life satisfaction between the healthcare professionals, who were satisfied with their job and salary, and expressed that they can help their patients enough, and those experienced negative effects of the work on their family, had conflict with their work, the head of the department, and the occupational group.

Conclusion: A positive correlation was found between the job and life satisfaction of the subjects. Job satisfaction comprises an important part of life satisfaction and individual productivity. Job and life satisfaction can be increased first by indicating and then solving the negative factors on job and life satisfaction. *Türk J Phys Med Rehab 2012;58:16-21.*

Key Words: Disabled patients, medical staff, job satisfaction, life satisfaction

Özet

Amaç: Bu araştırmanın amacı, bedensel engelli ve günlük yaşam aktivitelerinde bağımlı hastalarla çalışan sağlık personelinin, iş doymu ve yaşam doymu düzeylerini ve bazı değişkenlerle aralarındaki ilişkiyi belirlemektir.

Gereç ve Yöntem: Araştırmada bağımsız değişkenlerle ilgili bilgiler araştırmacılar tarafından hazırlanan kişisel bilgiler anketi ile elde edilmiştir. Sağlık personelinin iş doymuları İş Doymu Ölçeği ve yaşam doymuları ise Yaşam Doymu Ölçeği ile belirlenmiştir.

Bulgular: Araştırmanın veri toplama grubunu oluşturan sağlık personelinin 108'i (%78,3) kadın ve 30'u (%21,7) erkek olmak üzere toplam 138 personel araştırmaya katılmıştır. Araştırma sonuçlarına göre; erkek personelin iş doymu kadın personelden anlamlı düzeyde yüksekken, yaşam doymu puan ortalamaları arasında anlamlı düzeyde farklılık saptanmamıştır. Çalışan sağlık personeli içerisinde iş doymu ve yaşam doymu en yüksek olan grup uzman hekimler iken, iş doymu ve yaşam doymu en düşük olan grubun ise fizyoterapistler olduğu görülmüştür. Mesleğinden yeterince tatmin olan, hastalarına yeterince faydalı olduğunu ifade eden, aldığı ücretin işinin karşılığı olduğunu düşünen personel ile iş yaşamının aile yaşamını olumsuz yönde etkilediğini söyleyen, iş yaşamında sorun yaşayan, üstleriyle olan kişisel ilişkilerine ve meslek grubu değişkenlerine göre sağlık personelinin iş doymu ve yaşam doymu puan ortalamaları arasında anlamlı düzeyde farklılıklar belirlenmiştir.

Sonuç: Ayrıca sağlık personelinin iş doymuları ile yaşam doymuları arasında anlamlı düzeyde ilişki saptanmıştır. Yaptığı işten doym almak, bireyin yaşam doymusunda ve üretkenliğinde önemli bir yere sahiptir. Bireyin yaşam ve iş doymuna olumsuz etki eden etkenleri ortaya koymak ve bunlara çözüm üretmekle, hem üretkenliğini hem de iş ve yaşam doymunu yükseltmek mümkün olabilir. *Türk Fiz Tıp Rehab Derg 2012;58:16-21.*

Anahtar Kelimeler: Engelliler, sağlık personeli, iş doymu, yaşam doymu

Introduction

The concept of job satisfaction refers to a dedicated professional life and comprises an emotional attitude for it. The concept of job satisfaction is within the boundaries of the general concept of satisfaction and denotes the satisfaction of the needs at work (1,2). Job is one of the most important and indispensable part of life and job satisfaction has effects not only on the working life but also on every dimension of the human life. The emotional scope of the perceptions about the job is considered to be highly important. Therefore, joy and satisfaction at work form an important basis of the course of life.

Life satisfaction is an overall fulfillment in life rather than a specific need fulfillment and shows the comparative relation of expectations and the existing situation. In general, it embodies the several dimensions of life and life as a whole and can have an unstable nature throughout the life (3,4).

The interaction of job and life satisfaction is indispensable since life is a sum of time spent at work and off work. The variables of job satisfaction are personal characteristics of professionals (age, gender, education and work specialization) Other variables considered to affect job satisfaction are benefits of the job, working conditions, job security, autonomy, job stress, social sharing, working hours, communication, salary, and objective evaluation criteria (2,5-8). The effect of job satisfaction on job-related behaviors as performance and absence is also taken into consideration (8,9).

Serving for helpless people as part of a job requirement have negative effects, such as burnout, physical and emotional tiredness, loss of professional productivity and indifference on the job and life satisfaction in physicians (10-12). It is indicated that such negative effects are commonly seen in emergency medicine physicians and oncologists who tend to change their jobs or to decrease working hours (13,14). Rehabilitation centers serve for patients who were healthy in the past but will be completely or partially dependent on others to survive from now on. This reality can be considered to result in burnout and negative effects on life and job satisfaction as much seen in emergency and oncology departments.

This study aims to define the job and life satisfaction levels in healthcare professionals working with disabled and partially depended patients in line with the above-mentioned information. We also aimed to identify whether the job and life satisfaction have meaningful relation with gender, being beneficial or not for the patients, perception of dealing with the disabled patients as a negative factor, daily working time, perception of their salary as unmet labor, having problems or not in the working environment, the quality of relationship with the superiors and perception of work life as a negative effect on family life.

Materials and Methods

The research sample is composed of residents, specialists, physiotherapists, nurses and health officers working in a rehabilitation center where the treatment of patients most of

which have physical disability (spinal cord injury, multiple-sclerosis, hemiplegia, cerebral palsy, traumatic brain injury, myopathy, etc.) and dependent on others for daily activities. Only 138 of 178 health professionals agreed to participate in the research and answer the survey questionnaire. The questionnaire consisted of three parts. Questions on age, gender, profession, time of profession, illnesses and the prescribed medications were in the first part. The second part included questions on personal job satisfaction level and personal thoughts about the professional efficiency in serving patients, negative effects of dealing with chronic diseases, daily working time, perception of the salary as unmet labor, having problems or not in the working environment, quality of relationship with the superiors and perception of work life as a negative effect on family life. The third part included job and life satisfaction scales. The Job Satisfaction scale used in this research was devised by Hackman and Oldman. It has 14 entries and has been proven by reliability tests. The lowest score of the test is 14 and highest is 70. Studies on the Turkish adaptation of the test in our country had been made (15-17). The Satisfaction with Life Scale was developed by Diener and colleagues the Turkish adaptation of the scale was made by Köker (18,19). The scale consists of five items and each item is analyzed according to five options. The results of the scale reliability tests showed that test-retest reliability was found to be sufficient ($r=85$) and item-test correlation was between 71 and 80.

Statistical Analysis

T-test, one-way analysis of variance (ANOVA), Tukey's test, Tamhane test, and Fisher's Least Significant Difference LSD test were used in the data analysis of our study in line with the independent variables. The relation of dependent variables is analyzed by Pearson product-moment correlation coefficient.

Results

The findings of the research are detailed in this section. 108 (78.3%) participants were female and 30 (21.7%) were male. The age range of the participants was 24-59 years and the average age was 36.24 (SD: 6.93) years, as estimated. The comparison of life and job satisfaction of the health professionals according to gender is given in Table 1. While the mean scores of job satisfaction of men were found to be significantly high ($p<0.05$), there was no significant difference in the mean life satisfaction scores between genders.

Table 1. T-Test results according to gender of medical staff working in the treatment of disabled patients.

	Gender	n	\bar{x}	SD	t
Job satisfaction	Female	108	33.41	9.55	-2.152*
	Male	30	38.33	11.45	
Life satisfaction	Female	108	20.47	6.07	.201
	Male	30	20.16	7.69	

* $p<0.0$, \bar{X} : mean, SD: Standart Deviation

A positively meaningful relation ($r=0.47$, $p<0.001$) was found between job and life satisfaction.

The analysis of life and job satisfaction according to profession groups showed a meaningful differentiation ($F=5.965$, $p<0.001$; $F=3.122$, $p<0.05$). Group homogeneity test was conducted before the identification of differentiation reasons and the group showed to be homogeneous. Parametric statistical analysis was used. The LSD test results showed that the

life and job satisfaction levels in specialist physicians were significantly higher than that in nurses, health officers and physiotherapists. In addition, the job satisfaction of resident physicians was found to be meaningfully high (Table 2).

The mean scores of job and life satisfaction according to daily working hours showed no meaningful differentiation. The results also indicated that the life and job satisfaction in the health professionals, who were satisfied with their salary, was meaningfully higher than in the unsatisfied ones (Table 3).

Table 2. Job and life satisfaction variance analysis and LSD test results according to profession group variable of medical staff working in the treatment of disabled patients.

	Profession Group	n	\bar{X}	SD	F	LSD Test Results
Job satisfaction	Nurse (1)	34	30.85	8.03	5.965***	4-1, 6-1, 4-2, 4-3, 5-3, 6-3
	Health officer (2)	26	32.84	9.73		
	Physiotherapist (3)	21	29.57	9.57		
	Specialist physician (4)	31	41.32	9.42		
	Residents (5)	9	37.22	10.55		
	Other Residents (6)	17	36.41	10.14		
Life satisfaction	Nurse (1)	34	18.67	6.46	3.122*	4-1, 4-3
	Health officer (2)	26	20.46	5.77		
	Physiotherapist (3)	21	17.61	7.15		
	Specialist physician (4)	31	23.64	5.51		
	Residents (5)	9	20.77	6.11		
	Other (6)	17	21.11	6.25		

* $p<0.05$ *** $p<0.001$, \bar{X} : mean, SD: Standart Deviation, 1-6 are medical staff groups number.

Table 3. Job and life satisfaction t-test results according to the variables.

	Job Satisfaction				Life Satisfaction			
		n	\bar{X}	t		n	\bar{X}	t
Does your salary meet your labor?	Yes	16	42.43	3.831**	Yes	16	24.06	3.470**
	No	122	33.44		No	122	19.92	
Are you satisfied enough with your job?	Yes	64	38.25	4.333***	Yes	64	23.34	5.558***
	No	74	31.22		No	74	17.86	
Do you consider yourself professionally sufficient in the medical treatment of the disabled patient?	Yes	100	36.28	3.371**	Yes	100	21.43	2.815**
	No	38	29.76		No	38	17.71	
Does dealing with chronic diseases have negative effects?	Yes	100	33.18	-2,335*	Yes	100	19.80	-1,803
	No	38	37.92		No	38	22.00	
Do you have problems at work?	Yes	105	32.76	3.827***	Yes	105	19.67	2.689**
	No	33	39.96		No	33	22.72	
Does your job have a negative effect on your family life?	Yes	73	31.10	-4.405***	Yes	73	18.93	-2.928**
	No	65	38.27		No	65	22.06	

* $p<0.05$, ** $p<0.01$ *** $p<0.001$, \bar{X} : mean,

Table 4. Job and life satisfaction variance analysis, Tamhane and Tukey test results of the medical staff working in the treatment of disabled patients according to the variable of senior-doctor relationship.

	How would you describe your relationship with your seniors?	n	\bar{X}	SD	F	Tamhane/ Tukey Test Results
Job satisfaction	Thoughtful and helpful (1)	33	40.21	8.59	22.131***	1-2, 1-3
	Normal (2)	88	34.63	9.48		2-3
	Intolerant (3)	17	22.58	5.31		
Life satisfaction	Thoughtful and helpful (1)	33	22.33	5.38	5.264**	1-3, 2-3
	Normal (2)	88	20.47	6.25		
	Intolerant (3)	17	16.29	7.63		

p<.01 *p<.001, \bar{X} : mean, SD: Standart Deviation

It was also found that the means scores of life and job satisfaction in the health professionals, who were satisfied with their jobs and who considered their services for the patients as adequately beneficial, was meaningfully higher than that in ones who did not (Table 3).

The job satisfaction in the health professionals, who were indicating that dealing with disabled patients has no negative effect, was higher (p<0.05) than in ones indicating a negative effect. However, there was no meaningful difference in the mean scores of life satisfaction between these two groups (Table 4). The life and job satisfaction of the professionals indicating no problems at work was found to be higher (p<0.01, p<0.001) compared to that of the ones indicating problems at work (Table 4).

The job and life satisfaction in the health professionals, who were indicating that their jobs has no negative effect on their family lives, was found to be meaningfully higher than that in ones indicating a negative effect (Table 3).

The variance analysis of job satisfaction in terms of the relationship of medical staff with their seniors showed a meaningful differentiation (F=22.131, p<0.001). According to the results of the analysis, the job satisfaction in the professionals defining their relationship with their seniors as empathetic and helpful was meaningfully higher than that in ones defining it as normal and unhelpful. The job satisfaction in those defining their relationship with their seniors as normal was found to be meaningfully higher than that in ones defining as intolerant.

The variance analysis of the life satisfaction in healthcare professionals dealing with disabled patients and their relationship with their seniors showed a satisfactory differentiation between them (F=5.264, p<0.001). Group homogeneity test was conducted before the identification of the differentiation sources and the results showed that the groups were homogeneous. According to the analysis, the life satisfaction of the professionals defining their relationship with their seniors as empathetic, helpful and normal was meaningfully higher than that in ones defining their relationship as intolerant (Table 4).

Discussion

Job satisfaction is a relative concept, which changes according to purposes of working. It is perceived differently with respect to the priorities of professionals. The feeling of satisfaction is gained only when the expectations of a person is met by the job (20). Job satisfaction is related to personal variables not necessarily associated with job and also to variables associated with the working environment. It is expected that being content and satisfied from job has an effect on life satisfaction. Stress and job boredom is common in all occupations involving direct contact with people such as polices, physicians, nurses, psychological counselors, teachers (21). It is accepted that the high burnout level in these professions has a negative effect on job and life satisfaction. Job satisfaction is known to be the most influential effect on burnout (22). Low levels of job satisfaction and mental health problems are reported in teachers, doctors and other medical staff (1,12,23,24). According to a study, the level of job satisfaction is at minimum in medical professions and even lower in nurses (23). A study conducted in an oncology service revealed higher levels of emotional burnout and indifference for doctors compared to nursing staff (13).

The findings of our study have parallels with the literature on job and life satisfaction in that specialist physicians have higher levels of satisfaction compared to resident physicians, nurses and physiotherapists. An increase in professional experience improves communication and leadership skills, feelings of professional adequacy and the abilities of problem solving. The higher levels of life satisfaction in academicians compared to that in general practitioners and professional physicians can be explained by the increase in education and the chances of increasing and updating professional knowledge (25,26). However, a direct relationship between educational level and professional satisfaction is not always the case (5). A decrease in job satisfaction can be seen as the educational level increases, since higher level of education may result in higher levels of job expectations. However, there are also study results indicating

higher levels of job satisfaction with higher levels of educational level as higher levels of education provides more job opportunities (2). It can be said that the higher levels of job and life satisfaction in specialist physicians results from higher levels of experience, income and the ease of having medical help from other staff. Sur and his friends (27) in their study on dental surgeons found that job satisfaction is related with age, social security resources, income rates, assistant health staff and the number of patients. The literature reveals a direct relationship between job satisfaction and professional participation at job. The job and life satisfaction in nurses and physiotherapists were found to be lower as a result of factors, such as being not able to use professional knowledge, creative at job and intellectual stimuli, lack of autonomy and self realization at job (25,28-30). Risk factors on job satisfaction in the physiotherapists were: higher levels of work, low levels of job control, having difficulties at job, gender discrimination for women and age discrimination for the young (31). A meta-analysis of 31 studies on job satisfaction among nurses revealed that factors of work environment, such as job stress primarily, and secondarily, doctor-nurse collaboration and autonomy were important (30). This study revealed that the low levels of job and life satisfaction in nurses and physiotherapists were resulted from high levels of professional dissatisfaction, lack of autonomy, high levels of work, younger age, lesser income levels, perception of salary as unsatisfactory, and less professional experience compared to specialist physicians.

The reasons for job satisfaction decrease was found to be low income, long working hours, work load, loss of spare time. The reasons of job satisfaction increase were found to be relationship with the colleagues and medical students in a study on practitioner physicians (31). It is also shown that there is a negative correlation between job satisfaction and emotional burnout, indifference and role conflict and that the increase of job satisfaction promotes professional success (32).

Although the study results demonstrated that job satisfaction of specialist physicians (mean 41.32) and assistant (mean 37.22) are high, they are lower than the results of similar studies. The mean job satisfaction score in the residents in Ankara is 53, and 48 in a study performed in Harran University which are higher than that found in our study (23,33). These studies found that the job satisfaction is not affected by factors, such as expertise differences between surgeons and internal medicine physicians, year of expertise, gender, number of night duties and working hours. Our study results also show that working hours is not an effect on job and life satisfaction but the scores of job and life satisfaction are found to be high for the ones stating that they are content with their professions, beneficial for their patients, their salaries are good enough for their labor, have no problems with their seniors and that their seniors are thoughtful and helpful.

The job satisfaction in males was high but life satisfaction was similar to females according to the results of our study. Although the literature shows gender as an important personal factor, studies in Turkey reveals no connection between job satisfaction and gender (33-35). The study conducted by Ünal

found a higher level of life satisfaction for females, but our study results do not show such a relation (12). The factors effecting job satisfaction in physicians working at hospitals are listed as expectations for the job, job control, colleague support, income and promotions (6). The situation is different for oncologists and oncology service staff. It is revealed that dealing with moribund patients causes emotional burnout, feelings of personal insufficiency and indifference and, that these feelings are more common in physicians than those in other healthcare professionals (13).

This study reveals similar results for the healthcare professionals of rehabilitation centers. The indifference and burnout in healthcare professionals is not taken as a variable. Although job and life satisfaction in specialist physicians is the highest healthcare professionals, even these rates are lower than in their colleagues of different branches, besides, the work conditions of other healthcare professionals are the worst. The reasons for low levels of job satisfaction for professionals working in rehabilitation centers (of patients with spinal cord injury, multiple-sclerosis, hemiplegia, cerebral palsy, neurological diseases and etc.) with whom the study is conducted, can be listed as high levels of medical expectations of patients and patient relatives, failing to satisfy those expectations, long-term treatments for rehabilitation and being unable to meet medical expectations in the short run. In addition, although there are no studies on job and life satisfaction in physical therapists, the low level of job satisfaction in physical therapists found in our study can be accounted for long hours of patient-physician relation, high levels of professional expectations, low levels of job control, difficulties at job, gender problems for females and young age.

In rehabilitation centers, special attention must be paid (due to the patient features) more than other medical units to provide better salaries, enable spare time by decreasing work load, support and provide communication, solidarity and sharing among professions with the awareness of patient care in rehabilitation centers is a matter of cooperation and creating a better work environment by means of better equipment and more numbers of health staff.

Conflict of Interest:

Authors reported no conflicts of interest.

References

1. Avşaroğlu S, Deniz ME, Kahraman A. Teknik öğretmenlerde yaşam doyumu iş doyumu ve mesleki tükenmişlik düzeylerinin incelenmesi. Selçuk Üniversitesi Sosyal Bilimler Enstitüsü 2005;14:115-29.
2. Iızgar H, Ertekin AL, Deniz ME. Aynı iş kolunda çalışan sendikali ve sendikasız iş görenlerin iş doyumu. Ahmet Keleşoğlu Eğitim Fakültesi Dergisi 2009;28:105-14.
3. Vara Ş. Yoğun bakım hemşirelerinde iş doyumu ve genel yaşam doyumu arasındaki ilişkilerin incelenmesi. Yüksek Lisans Tezi. İzmir: E. Ü. Sağlık Bilimleri Enstitüsü, 1999.
4. Özer M, Karabulut ÖÖ. Satisfaction of life in elderly individuals. Turk J Geriatrics 2003;6:72-4.
5. Newstrom JW, Davis K. Organizational behavior. Human behavior at work. 9th Edition, New York:McGraw-Hill. 1993
6. Scheurer D, McKean S, Miller J, Wetterneck T. U.Y. physician satisfaction: a systematic review. J Hosp Med 2009;4:560-8.

7. Musal B, Elçi ÖÇ, Ergin S. Uzman hekimlerde mesleki doyum. Toplum ve Hekim 1995;10:2-7.
8. Nagy MS. Using a single-item approach to measure facet job satisfaction. J Occup Organ Psychol 2002;75:77-86.
9. Piko B. Burnout, role conflict, job satisfaction and psychosocial health among Hungarian health care staff: A questionnaire survey. Int J Nurs Stud 2006;43:311-8.
10. Freudenberger NJ. Staff burnout. J Social Issues 1974;30:159-65.
11. Cordes CL, Dougherty TM. A review and an integration of research on job burnout. Acad Manage Rev 1993;18:621-56.
12. Ünal S, Karlıdağ R, Yoloğlu S. Relationships between burnout job satisfaction and life satisfaction in physicians. Klinik Psikiyatri Dergisi 2001;4:113-8.
13. Grunfeld E, Whelan TJ, Zitzelsberger L, Willan AR, Montesanto B, Evans WK. Cancer care workers in Ontario: prevalence of burnout, job stress and job satisfaction. CMAJ 2000;163:166-9.
14. Lloyd S, Streiner D, Shannon S. Burnout, depression, life and job satisfaction among Canadian emergency physicians. J Emerg Med 1994;12:539-65.
15. Hackman, JR, Oldham, GR. Work redesign. Massachusetts. California: Addison-Wesley Publishing Company Reading. 1980.
16. Gödelek E. Üç farkı iş kolunun (tekstil, tekstil boya, çimento) psiko-sosyal stres faktörleri yönünden karşılaştırılması. Doktora Tezi, Ankara Üniversitesi Sosyal Bilimler Enstitüsü. 1988.
17. Yüksel İ. İletişimin iş tatmini üzerindeki etkileri: Bir işletmede yapılan görgül çalışma. Doğu Üniversitesi Dergisi 2005;6:291-306.
18. Diener E, Emmons RA, Larsen RJ, Griffin S. The satisfaction with Life Scale. J Pers Assess 1985;49:71-5.
19. Köker S. Normal ve sorunlu ergenlerin yaşam doyumunu düzeylerinin karşılaştırılması. Yüksek Lisans Tezi. Ankara: A.Ü. Sosyal Bilimler Enstitüsü, 1991.
20. Bingöl D. İnsan kaynakları yönetimi. İstanbul: Beta Yayınları. 1997
21. Dolunay AB Keçiören İlçesi "Genel Liseler ve Teknik-Ticaret-Meslek Liselerinde görevli öğretmenlerde tükenmişlik durumu" araştırması. Ankara Üniversitesi Tıp Fakültesi Mecmuası, 2002;55:51-62.
22. Murray MK. The nursing shortage. Past, present, and future. J Nurs Adm 2002;32:79-84.
23. Erol A, Sarıççek A, Gülseren Ş. Asistan hekimlerde tükenmişlik: İş doyumuna ve depresyonla ilişkisi. Anadolu Psikiyatri Dergisi 2007;8:241-7.
24. Penson RT, Dignan FL, Canellos GP, Picard CL, Lynch TJ Jr. Burnout: Caring for the caregivers. Oncologist 2000;5:425-34.
25. Carmel S. The professional self-esteem of physicians scale, structure, properties, and the relationship to work outcomes and life satisfaction. Psychol Rep 1997;80:591-602.
26. Kushnir T, Cohen AH, Kitai E. Continuing medical education and primary physicians' job stress, burnout and dissatisfaction. Med Educ 2000;34:430-6.
27. Sur H, Hayran O, Mumcu G, Soylemez D, Atli H, Yildirim C. Factors affecting dental job satisfaction: a cross-sectional survey in Turkey. Eval Health Prof 2004;27:152-64.
28. Burdi MD, Baker LC. Physicians' perceptions of autonomy and satisfaction in California. Health Affairs 1999;18:134-45.
29. Campo MA, Weiser S, Koenig KL. Job strain in physical therapists. Phys Ther 2009;89:946-56.
30. Zangaro GA, Soeken KL. A meta-analysis of studies of nurses' job satisfaction. Res Nurs Health 2007;30:445-58.
31. Van Ham I, Verhoeven AA, Groenier KH, Groothoff JW, De Haan J. Job satisfaction among general practitioners: a systematic literature review. Eur J Gen Pract 2006;12:174-80.
32. Freeborn DK. Satisfaction, commitment and physiological well-being among HMO physicians. West J Med 2001;174:13-8.
33. Kurçel MA. Harran Üniversitesi Tıp Fakültesi hekimlerinin iş doyumuna ve tükenmişlik düzeyleri. Harran Üniversitesi Tıp Fakültesi Dergisi 2005;2:10-5.
34. Karlıdağ R, S Ünal, S Yoloğlu. Hekimlerde iş doyumuna ve tükenmişlik düzeyi. Türk Psikiyatri Dergisi 2000;11:49-57.
35. Ozyurt A, Hayran O, Sur H. Predictors of burnout and satisfaction among Turkish physicians. QJM 2006;99:161-9.