

An exploratory study of job satisfaction of general practitioners in the Yangon region, Myanmar

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Summary Background. General practice in Myanmar will develop in the coming few years due to its involvement in the National Health Plan (2017–2021) [1]. General practitioners' job satisfaction is an essential factor in the quality of health care.

Objectives. The objective of our study is to evaluate the job satisfaction of general practitioners in the Yangon region.

Material and methods. This cross-sectional descriptive study was conducted on general practitioners in the Yangon region using the 10-element Warr-Cook-Wall Job Satisfaction Scale. Statistical analysis and testing were performed by descriptive analysis, correlation analyses, stepwise linear regression, independent student *t*-Test and ANOVA analysis.

Results. As participants, 257 general practitioners in the Yangon region were included in this study. The majority of the participants were 25 to 35 years of age and had less than 5 years of experience. The overall ratings of job satisfaction of the participants were quite high. In the study, general practitioners are satisfied with "Freedom of working method" and "Amount of responsibility", with the highest mean being 5.54 and 5.44, respectively. Contradictorily, they were dissatisfied with "Income" (mean = 4.77) and "Colleagues and fellow workers" (mean = 4.91). The "Opportunity to use abilities" was a high predictor of overall job satisfaction in linear regression analysis.

Conclusions. In conclusion, this study provides elements that help GPs be satisfied with their work. If the elements highlighted in this study are emphasised and supported, the primary care and health care system of Myanmar will strengthen and develop.

Key words: primary health care, general practice, general practitioners, job satisfaction.

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Legend: GPs – General practitioners; NGOs – Non-Governmental Organizations; INGOs – International Non-Governmental Organizations; WCW – Warr-Cook Wall job satisfaction scale.

Background

General practitioners (GPs) or family doctors primarily care for individuals in the context of their family, their community and their culture, always respecting the autonomy of their patients [2]. They recognise the professional responsibility to their community and emphasise the specific, important and complex role of the GP to ensure the quality of care for the whole population. The goal of general practice is to meet people's needs, take care of them and do the best you can in order to provide holistic, comprehensive and cost-effective healthcare services at the grass root level of the local community [2]. Thus, healthcare policymakers in the world are aware of the importance of general practice and strengthen general practice for the development of healthcare services to the community in national health policies.

In Myanmar, after graduation from medical universities, approximately one-third of the doctors join government services and practice at government hospitals, and another one-third work with private hospitals, NGOs, INGOs, pharmaceutical companies and in other non-medical careers. The last one-third practice as general practitioners in general practice clinics.

Unlike other countries, Myanmar healthcare stakeholders could not establish a well-structured healthcare system with clear-cut definitions of the levels of care: primary, second-

ary and tertiary care. Consequently, they failed to implement policies or strategies for the development and improvement of general practice and primary care, resulting in many difficulties and complexities to start a general practice clinic in Myanmar, not only concerning clinic infrastructures, administrative system and medical records but also in academic development, continuing medical education and advanced training in general practice. However, Myanmar healthcare stakeholders from the Ministry of Health and Sports started noticing the importance of general practice in recent years and have implemented primary care as a part of the National Health Plan (2017–2021) in implementing Universal Health Coverage nationwide by 2030 [1]. This will be the very first step for the development of general practice in Myanmar.

Currently, most of the research studies in the Myanmar medical field are mainly focused on hospital-based medical care services. Only a few studies have focused on the situations of primary care. Moreover, there has also been very little research to explore the factors that satisfy GPs in their working conditions, despite the important issue of quality of care. Poor satisfaction is associated with a shortage of GPs, high turnover rate, high workload, high levels of stress and burnout and lower performance at primary care practices, resulting in suboptimal healthcare delivery, poor clinical outcomes, reduced patient adherence and patient satisfaction with care.

Hence, it will be interesting to investigate why a doctor is continuing general practice even in the presence of many obstacles and during these recent great changes in primary care. Moreover, studying and observing the factors that make GPs



happy are essential for both the GP workforce and family medicine development in the future.

Literature review

Primary care can be defined as “the setting within a health-care system, usually in the patient’s own community, in which the first contact with the health professional occurs” – with a consideration of the context in which the family doctor works. The interfaces between self-care, primary, secondary and tertiary health care and the interactions between the various health-care providers in each are important issues to be considered [3].

The European Definition of General Practice – 2011 edition stated that “General practice is an academic and scientific discipline, with its own educational content, research, evidence base, and clinical activity, and a clinical specialty orientated to primary care” [2]. GPs are personal doctors, primarily responsible for the provision of comprehensive and continuing care to every individual seeking medical care irrespective of age, gender and illness. They exercise their professional role by promoting health, preventing disease and providing a cure, care or palliation, as well as promoting patient empowerment and self-management.

The Core Competencies of GPs can be clustered into six domains: 1. Primary care management, 2. Person-centred care, 3. Specific problem-solving skills, 4. A comprehensive approach, 5. Community orientation, 6. Holistic modelling [2].

In general, job satisfaction is the affective feeling an employee has towards their job. This could be the job in general or their attitudes towards specific aspects of it, such as their colleagues, pay or working conditions. In addition, the extent to which work outcomes meet or exceed expectations may determine the level of job satisfaction. However, job satisfaction is not only about how much an employee enjoys work. When employees of an American educational institute rated how much they enjoyed individual tasks within their role, their scores were moderately correlated to satisfaction with the work itself and associated with global job satisfaction, but other measures (such as the level of concentration required for the job, level of supervision and task importance) all had no impact on satisfaction [4].

Job satisfaction theories have a strong overlap with theories explaining human motivation. The most common and prominent theories in this area include Maslow’s hierarchy of needs theory [5], Herzberg’s motivator-hygiene theory [6], the Job Characteristics Model [7] and the dispositional approach [8]. Maslow’s hierarchy of needs theory suggests that human needs form a five-level hierarchy of physiological needs, safety, belongingness/love, esteem and self-actualisation. It postulates that there are essential needs that need to be met first (physiological needs and safety) before more complex needs can be met (belonging and esteem) [5]. Herzberg’s motivator-hygiene theory suggests that job satisfaction and dissatisfaction are not two opposite ends of the same continuum but instead are two separate and, at times, even unrelated concepts [6].

In a study in the UK on Foundation Year 1 doctors, they positively viewed that general practice could provide a good work-life balance, fair pay and job stability with the ability to provide care from the cradle to the grave and to work within a community. Uncertainties around future training, skill levels, pay and workload, together with the lack of respect for GPs, were viewed as a deterrent to a career in general practice [9]. In addition, junior doctors felt that a career in general practice could offer an improved work-life balance but at the cost of being less clinically challenging, hence providing less job satisfaction [10].

A study in Germany found that individual aspects such as ‘personal ambition’ and ‘work-life balance’ were more important compared to ‘future perspective’, and the item “to have a good salary” was less important [11]. The level of satisfaction among GPs was highest for their opportunity to use their abili-

ties, cooperation with colleagues and fellow workers, variation in work and freedom to choose their own method of working. The lowest satisfaction score was reported for working hours [12].

Material and methods

This cross-sectional study was designed as a quantitative job satisfaction survey. The study population included GPs who are practicing in the Yangon region at the time of the study. By using a non-probability convenient sampling method, 257 GPs were recruited in this study. The study period was from December 2018 to April 2019.

The operational definitions in this study are: the general practice clinics are the clinics located in the community providing primary health care services; the GPs are the doctors who practice in the community general practice clinics. A full-time GP means a GP who practices at least 8 hours per day; a part-time GP practices within 4–8 hours per day; a locum GP practices temporarily in the clinic.

Exclusion criteria for the participants are: 1. The clinics do not fit with the operational definition of this study. Hospital outpatient clinics are excluded from this study; 2. Doctors practicing in a hospital and not doing general practice; 3. Doctors practicing in other cities of Myanmar.

The demographics of gender and age, nature of the practice, years of general practice experience and working hours were included in the questionnaires. Job satisfaction was measured with the Warr-Cook Wall (WCW) job satisfaction scale [13]. The WCW instrument measures overall job satisfaction and satisfaction with 9 aspects of work, with each element rated on a 7-point Likert scale (1 = extreme dissatisfaction to 7 = extreme satisfaction). A higher overall mean score indicates higher job satisfaction. The study was reviewed and approved by the local ethical committee of the university.

A pilot study was conducted on 20 GPs, and the pilot data was reviewed to confirm that the questionnaires captured the information intended. Subsequently, general practitioners were invited to participate voluntarily in the study, and the questionnaires were provided individually. The data was collected by paper and pencil methods.

Informed consent was obtained from all the participants by informing them of the purposes of the study. Moreover, their participation in this study was voluntary, and all their personal information was kept confidential and anonymous. The study data was not utilised in any circumstances apart from research or educational purposes.

The research data was processed using the Statistical Package for Social Science software version 25.0. A descriptive analysis was performed concerning the overall job satisfaction and 9 other items of the job satisfaction scale. Afterward, correlation analyses were performed between the overall satisfaction and characteristics of the participants. Moreover, the association between the demographic characteristics and items of the scale was analysed with stepwise linear regression. Statistically significant group comparisons for the whole study population were calculated with an independent student *t*-Test and ANOVA analysis.

Results

All 257 doctors (100%) responded and completed the job satisfaction survey. 141 male doctors (54.9%) and 116 female doctors (45.1%) were involved in this study. Most of the participants were in the age interval of 25 to 35 years (66.1%). The clinics of the participating doctors were distributed approximately equally among the 4 main districts of the Yangon region, and only 9 doctors (3.5%) were practicing in the peripheral district of the Yangon region. 183 participants (71.2%) had 10 years

of general practice experience. The majority of the participants (92.2%) were either full-time or part-time general practitioners. Nearly half of the participant doctors (43.2%) had 20 to 50 patients per day (Table 1).

	Frequency (n)	Percent (%)
Age		
25 to 35 years	170	66.1
36 to 45 years	35	13.6
46 to 55 years	19	7.4
above 55 years	33	12.8
Gender		
male	141	54.9
female	116	45.1
Location of clinic		
northern district	66	25.7
eastern district	63	24.5
south district	47	18.3
western district	72	28
peripheral	9	3.5
Years of general practice experience		
less than 5 years	106	41.2
6 to 10 years	77	30
11 to 20 years	31	12.1
21 to 30 years	21	8.2
more than 30 years	22	8.6
Working hours		
locum GP	20	7.8
part-time GP (4–8 hours a day)	122	47.5
full-time GP (8 hours and above)	115	44.7
Number of patients per day		
less than 20	96	37.4
20 to 50	111	43.2
more than 50	50	19.5

According to Table 2, among the 9 elements of the Warr-Cook-Wall scale, the general practitioners were mostly satisfied with “Freedom of working method” and “Amount of responsibility”,

with the highest mean of 5.54 and 5.44, respectively. The least satisfying elements were “Income” (mean = 4.77) and “Colleagues and fellow workers” (mean = 4.91).

The Pearson correlation between the characteristics of participants, 9 items of the WCW job satisfaction scale and overall job satisfaction are presented in Table 3. $p < 0.05$, $p < 0.01$ or $p < 0.001$ were used as the statistical significance cut-off level. At the statistical significance level, the WCW element 10 (Overall job satisfaction) was positively correlated with age, male gender, year of general practice experience, working hours, number of patients and all other 9 elements of the WCW job satisfaction scale at the level of significance. From the correlation results, older male general practitioners who were more experienced were more likely to have higher job satisfaction. Moreover, job satisfaction also increased with full-time general practitioners, with 8 hours or more working hours, and GPs who had higher patient visits per day.

Stepwise regression analysis was carried out between the demographic factors, the 9 elements of the Warr-Cook-Wall (WCW) job satisfaction scale and the overall job satisfaction (WCW 10).

The main 5 elements that showed the highest prediction of the overall job satisfaction were “Opportunity to use abilities” ($R^2 = 0.42$), “Income” ($R^2 = 0.56$), “Colleagues and fellow workers” ($R^2 = 0.61$), “Freedom of working method” ($R^2 = 0.63$) and “Hours of work” ($R^2 = 0.64$). Among the 5 elements, the element “Opportunity to use abilities” showed the highest prediction of overall job satisfaction. The variables: age, gender, district, years of general practice experience, working hours and number of patients per day were not statistically significant (Table 4).

A comparison of the overall job satisfaction of male and female GPs using independent *t*-Test statistical analysis revealed that male GPs had a higher level of overall job satisfaction than the female GPs. with a significant difference at $p < 0.01$.

In order to look at the mean differences among the different variables (age, years of experience, district, working hours and a number of patients per day) in overall job satisfaction, the reported data was analysed by the one-way ANOVA using the Tukey’s method in correspondence with Table 5. GPs above 55 years of age had the highest overall job satisfaction (mean 5.88), and they were significantly higher in overall job satisfaction than general practitioners between the age of 25 to 35 years. In contrast, the GPs whose years of experience were either 11 to 20 years or more than 30 years had higher job satisfaction than other groups and significantly higher job satisfaction than GPs whose years of experience were less than 5 years. In addition, full-time general practitioners who worked 8 hours or more had the highest job satisfaction rating.

WCW items	Mean (SD)	f 1(%)	f 2(%)	f 3(%)	f 4(%)	f 5(%)	f 6(%)	f 7(%)
1. Amount of variety in job	5.17 (1.25)	4 (1.6%)	0 (0%)	16 (6.2%)	57 (22.2%)	67 (26.1%)	77 (30.0%)	36 (14.0%)
2. Opportunity to use abilities	5.2 (1.17)	2 (0.8%)	2 (0.8%)	14 (5.4%)	46 (17.9%)	86 (33.5%)	74 (28.8%)	33 (12.8%)
3. Amount of responsibility	5.44 (1.20)	2 (0.8%)	2 (0.8%)	12 (4.7%)	33 (12.8%)	71 (27.6%)	89 (34.6%)	48 (18.7%)
4. Recognition for work	5.34 (1.19)	2 (0.8%)	0 (0%)	14 (5.4%)	47 (18.3%)	68 (26.5%)	82 (31.9%)	44 (17.1%)
5. Physical working condition	5.07 (1.37)	5 (1.9%)	3 (1.2%)	25 (9.7%)	50 (19.5%)	68 (26.5%)	66 (25.7%)	40 (15.6%)
6. Hours of work	5.17 (1.40)	4 (1.6%)	7 (2.7%)	15 (5.8%)	54 (21.0%)	61 (23.7%)	68 (26.5%)	48 (18.7%)
7. Income	4.77 (1.48)	8 (3.1%)	13 (5.1%)	23 (8.9%)	56 (21.8%)	75 (29.2%)	49 (19.1%)	33 (12.8%)
8. Freedom of working method	5.54 (1.33)	5 (1.9%)	0 (0%)	17 (6.6%)	25 (9.7%)	60 (23.3%)	83 (32.3%)	67(26.1%)
9. Colleagues and fellow workers	4.91 (1.3)	2 (0.8%)	9 (3.5%)	17 (6.6%)	73 (28.4%)	69 (26.8%)	56 (21.8)	31 (12.1%)
10. Overall satisfaction	5.37 (1.09)	0 (0%)	5 (1.9%)	4 (1.6%)	41 (16.0%)	86 (33.5%)	82 (31.9%)	39 (15.2%)

* Possible score for each item between 1 (extremely dissatisfied) and 7 (extremely satisfied).

Table 3. Means, Standard deviations and Pearson correlations between variables used for the study (*n* = 257)

	Mean (SD)	1	2	3	4	5	6	WCW1	WCW2	WCW3	WCW4	WCW5	WCW6	WCW7	WCW8	WCW9	WCW10
1. Age	1.67 (1.07)	-															
2. Gender	1.45 (0.50)	-0.1	-														
3. Years of experience	2.13 (1.27)	.87***	-0.7	-													
4. District	2.59 (1.24)	-0.9	.15*	-0.10	-												
5. Working hours	2.37 (0.62)	.28***	-0.14*	.30***	-0.18**	-											
6. Number of patients	1.82 (0.73)	.46***	-0.16**	.44***	-0.08	.52***	-										
WCW1	5.17 (1.25)	.27***	-0.15*	.34***	-0.03	.22***	.22***	-									
WCW2	5.2 (1.17)	.28***	-0.12*	.30***	.07	.25***	.18**	.74***	-								
WCW3	5.44 (1.19)	.05	-0.1	.1	.13*	.12	.11	.51***	.58**	-							
WCW4	5.34 (1.19)	.10	-0.14*	.12*	.08	.20***	.12*	.45***	.59**	.64**	-						
WCW5	5.07 (1.37)	.14*	.01	.16*	.02	.11	.06	.47***	.55**	.60**	.58**	-					
WCW6	5.17 (1.40)	.27***	-0.17**	.29***	.05	.20***	.13*	.34***	.44**	.35**	.39**	.46**	-				
WCW7	4.77 (1.48)	.37***	-0.11	.38***	-0.01	.29***	.37***	.48***	.44**	.42**	.38**	.49**	.52**	-			
WCW8	5.54 (1.33)	.20**	-0.12	.19**	.02	.15*	.14*	.36***	.49**	.41**	.48**	.51**	.49**	.49**	-		
WCW9	4.91 (1.30)	.20**	-0.08	.23***	.08	.12	.07	.53***	.51**	.39**	.44**	.46**	.45**	.51**	.47**	-	
WCW10	5.37 (1.09)	.22***	-0.16**	.24***	.04	.16*	.15*	.54***	.65**	.46**	.49**	.54**	.56**	.62**	.59**	.62**	-

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; WCW – Warr-Cook-Wall job satisfaction scale: WCW1 – Amount of variety in job, WCW2 – Opportunity to use abilities, WCW3 – Amount of responsibilities, WCW4 – Recognition of work, WCW5 – Physical working condition, WCW6 – Hours of work, WCW7 – Income, WCW8 – Freedom of working method, WCW9 – Colleagues and fellow workers, WCW10 – Overall job satisfaction.

Table 4. Stepwise regression analysis for demographic factors and 9 items of the Warr-Cook-Wall (WCW) job satisfaction scale with the prediction of overall job satisfaction

	R ²	R ² Change	Beta	F
WCW 10 (Overall job satisfaction)				
WCW 2 (Opportunity to use abilities)	0.42***	0.42***	0.30***	184.34***
WCW 7 (Income)	0.56***	0.14***	0.23***	161.14***
WCW 9 (Colleagues and fellow workers)	0.61***	0.05***	0.22***	129.93***
WCW 8 (Freedom of working method)	0.63***	0.03***	0.17***	107.85***
WCW 6 (Hours of work)	0.64**	0.01**	0.14**	90.23***

*** $p < 0.001$; ** $p < 0.01$; WCW – Warr-Cook-Wall job satisfaction scale.

Table 5. Means and SDs of the “Age, Years of experience, District, Working hours, Number of patients per day” variables for the different intervals, with the results of ANOVA and multiple comparison test using the Tukey’s method

		Overall job satisfaction (WCW 10)
Age F value 4.66**	25 to 35 years ($n = 170$)	5.21 (1.15)
	36 to 45 years ($n = 35$)	5.63 (0.81)
	46 to 55 years ($n = 19$)	5.53 (0.96)
	above 55 years ($n = 33$)	5.88 (0.89)
Years of experience F value 4.64***	less than 5 years ($n = 106$)	5.11 (1.14)
	6 to 10 years ($n = 77$)	5.38 (1.10)
	11 to 20 years ($n = 31$)	5.71 (0.78)
	21 to 30 years ($n = 21$)	5.48 (1.12)
	more than 30 years ($n = 22$)	6.05 (0.72)
District F value 0.96	northern district ($n = 66$)	5.41 (1.16)
	eastern district ($n = 63$)	5.32 (1.03)
	southern district ($n = 47$)	5.15 (1.12)
	western district ($n = 72$)	5.5 (0.13)
	peripheral district ($n = 9$)	5.67 (0.33)
Working hours F value 3.87*	Locum GP ($n = 20$)	4.80 (1.47)
	Part-time GP ($n = 122$)	5.34 (1.17)
	Full-time GP ($n = 115$)	5.51 (0.88)
Number of patients per day F value 2.83	Less than 20 ($n = 96$)	5.19 (1.36)
	20 to 50 ($n = 111$)	5.42 (0.87)
	More than 50 ($n = 50$)	5.62 (0.88)

The subscripts indicate the number of the profile from which the given group differs significantly; *** $p < 0.001$ or ** $p < 0.01$ or * $p < 0.05$.

Discussion

The first objective of our study was to evaluate the job satisfaction of GPs in the Yangon region in their general practice. Our results show that the overall job satisfaction of GPs in the Yangon region was quite high. The 3 highest scored elements were “Freedom of working method”, “Amount of responsibility” and “Recognition of work”, in descending order. The GPs were dissatisfied with their “Income” and “Colleagues and fellow workers”. In contrast, a similar study showed that “Colleagues and fellow workers”, “Amount of variety in the job” and “Freedom of working method” were the most satisfying items for the GPs [14]. The differences in the highest scored item may be due to the clinic system and clinic structure between Myanmar and other countries’ clinic settings. Most Myanmar general practice clinics are solo practices (only one doctor practices independently in the clinics), though these are mainly group practices in other countries. Moreover, the referral system among medical staff is still developing in Myanmar. Hence, there are still communication difficulties and obstacles between colleagues and fellow workers.

On the other hand, the GPs in this study were least satisfied with “Income”, which is the same as in the research of Goetz

et al. [14]. This may be a result of general practice being in the private sector in the healthcare system of Myanmar. Therefore, a patient’s self-payment for healthcare services makes GPs take into consideration the affordability healthcare services for patients, especially for middle and low-income patients.

As a secondary outcome, we explored the factors associated with the overall job satisfaction for GPs. Our study found almost all the demographic characteristics of the participants except the location of the clinic significantly correlated with overall job satisfaction. On the other hand, overall job satisfaction also correlates with all the other 9 elements of the WCW job satisfaction scale. Although a study stated that younger general practitioners were more satisfied than the older practitioners [15], our study found that older general practitioners, male general practitioners, those highly experienced with general practice and doctors with more working hours and more patient visits in a day had higher overall job satisfaction. This finding was not surprising for Myanmar GPs as if a doctor keeps practicing for a certain period of time, he may be more experienced than younger GPs. The more experienced a GP, the better medical treatment and patient health care provided. On account of these factors, more people will visit experienced general practitioners for their illnesses. Another assumption is that there is

no formal general practice training in Myanmar for newly graduated doctors. As a consequence, a young doctor will not be willing to choose a medical specialty with no further training and career development.

Furthermore, a study by the British Journal of General Practice showed that female doctors derived more satisfaction than male doctors from relationships with patients [16]. This disagreement may probably be caused by male general practitioners being more likely to take lead responsibility for the practice and having free time with fewer on-call duties.

The strongest prediction of overall satisfaction for GPs was “Opportunity to use abilities”, which is the same as the previous study by Goetz et al. [14]. The reason for this association may be due to the nature of the general practice. GPs are the only doctors in charge of their clinics and have the great privilege to use their abilities independently and maximally for the best quality patient health care. Therefore, it is important to develop training and continuous professional development programmes for general practitioners to build up their own skills and competencies in medical treatments on which the performance of a GP depends. It can also be applied to another predictor of job satisfaction – “Freedom of working methods”. Regarding “Hours of work”, as general practitioners working privately in their clinic, they can freely decide how many hours they will work to obtain their own work-life balance and enjoy their work. At the same time, the responsibilities of general practitioners increase, and this may negatively impact job satisfaction to some extent.

The other predictor element of job satisfaction, “Income”, agrees with Maslow’s hierarchy of needs [5]. To satisfy physiological needs and safety needs, income is important, especially for people living in developing countries like Myanmar. In addition, the psychological needs of Maslow (Love and Belonging, Esteem) can also explain why “Colleagues and fellow workers” is an important predictor of overall job satisfaction. As health care cannot be provided by a doctor alone, good teamwork and mutual respect between the healthcare staff are essential.

Opportunities to use abilities, freedom of working methods, income, adjustable working hours, mutual respect and friendly colleagues may also be the “motivating factors” of Herzberg’s theory for general practitioners [6].

There are a lot of different workloads in a Myanmar general practice clinic. A doctor has to be concerned not only about the clinical work for patients but also management, like the clinic infrastructure, the medical record system, medications storage, staffing and so on. Moreover, he also has to take care of his career development and his medical education development. Therefore, the burden of the work for a Myanmar general practitioner is massive, and “Amount of variety in the job” may not reflect the job satisfaction of general practitioners.

The nature of general practice clinics varies largely even in the Yangon region. Some of the general practices are not set up well, but some are established to a significant level. Thus, there is no doubt that doctors practicing in a poorly established clinic are not satisfied with their “Physical working condition”. Moreover, general practice in Myanmar is like a new green leaf in the medical field. It needs a certain period of time to grow with a good reputation as a medical specialty in Myanmar.

The study’s findings emphasised the importance of experienced general practitioners having a flexible work environment and full autonomy to responsibly apply their clinical knowledge and skills in order to achieve job satisfaction. To build up general practice expertise in young doctors, general practice principles and clinical work should be incorporated into the undergraduate medical curriculum. Moreover, postgraduate degree and study opportunities should be developed up for doctors who want to pursue a career in general practice.

Group practices with experienced general practitioners are cornerstones in facilitating the learning process for young doctors as they can provide direct supervision of clinical work and clinic management. This not only improves the safety and experience concerning primary care of patients but also partly solves the factors that contribute to job dissatisfaction – “Income” and “Physical working condition”.

Furthermore, the advancement of general practice hugely depends on the recognition of its significance by healthcare stakeholders, particularly in this country. Unfortunately, in the absence of a definitive strategic plan until 2017–2018, general practice is considered as private sector, and its development has been stagnant. Without government involvement and recognition, general practice development would not be possible.

Primary care is the fundamental and first point of contact for every healthcare system, and general practitioners are the gatekeepers. Hence, it is essential that general practitioners are satisfied with their work and able to provide effective and efficient healthcare to the community.

Limitations of the study

Our study may not be representative of all general practices in either Yangon or throughout Myanmar as we only collected data through convenient sampling in the Yangon region. Thus, further studies are needed in other parts of Myanmar to represent the entire job satisfaction of general practitioners. Another drawback is that the majority of GPs in this study were young and had less general practice experience. In addition, this was an exploratory study; *p*-values should be interpreted carefully. Significant results might be due to chance and will need to be confirmed in further targeted studies with a larger sample population.

Conclusions

The study was conducted with the objective of evaluating job satisfaction and the factors associated with the job satisfaction of general practitioners in the Yangon region in their general practice. The data was collected from general practitioners in the Yangon region by the convenient sampling method. The collected data was analysed by using a series of statistical tools, frequency, correlation, stepwise regression and ANOVA analysis.

Our findings show that the different items included in the scale were relevant for the evaluation of their overall job satisfaction. The ratings of job satisfaction by the general practitioners in the Yangon region were quite high. “Freedom of working method” received the highest score compared to the other items. On the one hand, the “Opportunity to use abilities” had the strongest association with job satisfaction. The findings of this study will be helpful to understand why general practitioners in the Yangon region are satisfied with their general practice and will provide the policymakers and stakeholders with some ideas to be able to improve general practice in the future. Moreover, GPs need support through continuous professional development to use their abilities and career development. Finally, further research on job satisfaction in other regions of Myanmar and the job satisfaction factors we found in this study are needed for the development of Myanmar’s general practice in the future in line with the National Health Plan (2017–2021) [1].

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