

ORIGINAL ARTICLE

Medicine Science 2018;7(1):77-82

Assessment of job satisfaction and quality of life in public health assistants

Burak Mete, ErKay Nacar, Yusuf Levent, Esin Cakmak, Cigdem Tekin, Ali Ozer

Inonu University Medical Faculty, Department of Public Health, Malatya, Turkey

Received 06 July 2017; Accepted 27 September 2017

Available online 11.12.2017 with doi: 10.5455/medscience.2017.06.8685

Abstract

The aim of this research is to determine the levels of job satisfaction, life quality and affecting factors in public health assistants who work in Turkey. Our study is a cross-sectional survey conducted between March and August 2016 with 126 assistant doctors throughout Turkey. The Minnesota Job Satisfaction Scale and the Short-Form Quality of Life Scale were used in the questionnaire. Kruskal-Wallis and Mann Whitney-U, Student-t test and ANOVA tests were used for statistical analysis. The level of $p < 0.05$ was accepted significant in the analysis. Public health assistant doctors who participated in the survey were 32.5% male. 7.1% of the assistants stated that they never had problems at work, 78.6% rarely, 14.3% frequently and always had problems. The general, internal and external satisfaction mean scores of assistants were 3.38 ± 0.57 , 3.42 ± 0.57 and 3.20 ± 0.67 respectively. The mean scores of male and female in the general job satisfaction subgroup of Minnesota job satisfaction scales were 3.31 ± 0.57 and 3.38 ± 0.57 , respectively ($p > 0.05$). The mean job satisfaction scores for those who have never, rarely and frequently encountered problems at work, were 4.12 ± 0.45 , 3.18 ± 0.44 and 2.68 ± 0.64 , respectively ($p < 0.001$). The choosing of job himself, willingly and lovingly increase job satisfaction. In addition, marital status can make a positive contribution to business life and general health thoughts and perceptions.

Keywords: Job satisfaction, medical residency, quality of life

Introduction

“Job Satisfaction” is an emotional reaction that occurs as a result of the evaluation of a person on his/her job, working environment, and the working conditions in the workplace [1]. It's becoming a concept for research does not date back in history. Research on job satisfaction started in 1930s and reached the highest level in 1960s. At first, the relation between job satisfaction and productivity was investigated; however, important results were not achieved in such studies. The negative results caused that the topic lost its popularity for some time. However, the significant relations between the job satisfaction and absenteeism at work and leaving the jobs reported in later studies caused that the topic was brought back to the agenda in further studies [2].

Job satisfaction is affected by institutional and environmental factors like the content of the work, the price policy, working conditions as well as some personal characteristics such as age, gender and educational level [3].

The creating anxiety in employee by dissatisfaction of job in term of psychological manner and the persistence of this anxiety can affect negatively his/her psychological health. [4].

Intense anxiety may bring with it a depressive mood and social withdrawal. In addition, unwanted intra-organizational behaviors like weariness, leaving the job, absenteeism, and combativeness may also be observed. Job dissatisfaction may also affect the health of the employee and cause many complaints from psychosomatic ulcer to heart diseases, and lead to alcohol use and smoking, anxiety, combativeness, insomnia and alienation to the organization [5].

It is possible to claim that job satisfaction has been the subject matter of several studies conducted on various employees from different institutions in Turkey, which is the case all over the world, and the interest is still growing. One of these staff groups is the employees working in healthcare institutions [6].

WHO defines the health-related life quality as the perception of individuals about the positions in life in terms of aims, expectations, standards and worries in the culture and values system in which they live [7]. Life quality concept is based on sustaining the emotional, social and physical wellbeing and the functions in daily life. The importance of the life quality concept stems from the fact that it re-develops and regulates the measurements made for the purpose of understanding the experiences of a patient in health, disease, and treatment processes [8].

***Corresponding Author:** Cigdem Tekin, Inonu University Medical Faculty, Department of Public Health, Malatya \ Turkey
E-mail: cigdemmoz@gmail.com

The aim of this research is to determine the levels of job satisfaction, life quality and affecting factors in public health assistants who work in Turkey.

Material and Methods

The Study which was conducted in Turkey in general, between March and August 2016 is a cross-sectional design. The study population consists of 300 public healthcare assistant doctors in Turkey. After the required ethical board permission had been received, the questionnaires were sent to people over the healthcare assistants groups on the Internet via the Google Docs Program. The contacted people were determined in a random manner. The required minimum sampling size was found to be 112 people by taking the study with the title “Job Satisfaction of the Doctors Working at First Step Healthcare Institutions in the Family Physician System” conducted by Tözün et al. as the basis and in the calculation the Confidence Interval was 95% and the Power was 80% [9]. A total of 126 assistant doctors were contacted. No financial aids were received from any institutions for the expenses of the study and the expenses were covered by the researchers. In addition, there are no conflict of interests with any people or institution.

The questionnaire form that was applied to the participants consisted of 2 parts. In the Factor Questioning Part, the socio-demographical properties and the factors that were affected the selection of profession were questioned. In the phenomenon questioning part, the Minnesota Job Satisfaction Scale (MJSS) and the Short Form-36 (SF-36) Scales were used.

MJSS consists of 20 items on Internal Factors (job satisfaction that depends on personal factors), External Factors (job satisfaction that depends on environmental factors), and on general job satisfaction levels. The reliability and validity study of the Turkish Version of MJSS, which is one of the most-preferred scales to measure the job satisfaction of employees, was performed in 1985 by Baycan [10]. MJSS is scored between 1-5 in the Likert Design. Each answer is scored as “I am not satisfied at all” 1 point; “I am much satisfied” 5 points. The parameters related with internal job satisfaction are given in 1-4, 7-11, 15-16 and 20th items; the parameters related with external job satisfaction are given in the 5-6, 12-14 and 17-19th items; and parameters related with general job satisfaction are given in 1-20th items. The general job satisfaction scores, and internal-external job satisfaction scores are determined by this scale. The general job satisfaction score is determined by dividing all the points received from 20 parameters by 20; internal satisfaction point is determined by dividing the total scores obtained in internal job satisfaction parameters by 12; and external job satisfaction score is determined by dividing the total scores obtained from the external parameters by 8. In this scale, high scores indicate a better job satisfaction in health, and low scores indicate low job satisfaction or dissatisfaction.

The Short Form-36 (SF-36) is a self-evaluation form, and examines 8 dimensions of health like physical function, social function, role limitation, mental health, vitality (energy), pain and general health perception with 36 items. For the purpose of evaluating the life quality of the participants, the SF-36 Scale was used. The scale was developed by Ware in 1987, and the validity and reliability study in our country was conducted by Koçyiğit et al. in 1999 [11]. The SF-36 Scale consists of several parts like physical functionality, physical roles, bodily pain, general health, vitality, general psychological health, social functionality, and emotional role. Scoring is made over 100 in SF-36 Scale; and the scores vary

between 0 and 100 for each component. High points indicate a better level in health, and low scores indicate disruption in health.

Statistical Analysis

The Kruskal-Wallis and Mann Whitney-U tests were used in the data that were determined not to fit normal distribution according to Shapiro Wilk Test result; and the Student-t Test and One-Way ANOVA tests were used in analyzing the data that fit the normal distribution. The statistical meaningful level was determined as $p < 0.05$.

The Limitations of the Study

The limitation of our study is the fact that the data were collected over the Internet, and there is no system that can prevent multiple answers.

Results

41 (32.5%) of the public healthcare assistant doctors, who participated in the study were male; and 85 (67.5%) of them were female, which makes a total participant group of 126. The ages varied between 25 and 37 and the mean age was 29.3 ± 2.49 . Seventy-one percent of the participants were 30 or below 30 years of age. 63% of the doctors were married, and 37% were single. 95 of them did not have any children, and the others had one child. The average duration at work was 3.8 ± 2.22 years (Table 1).

Table 1. Socio-Demographical Characteristics of the Study Group

Socio-demographical Characteristics	n	%
Gender		
Male	41	32.5
Female	85	67.5
Age		
≤30	71	69.6
>30	31	30.4
Marital Status		
Married	79	62.7
Single	46	36.5
Other	1	0.8
Number of children		
0	119	94.4
1	7	5.6
Working duration		
≤5 years	104	83.2
>5 years	21	16.8

The participants who chose their profession with their own will constituted nearly 70% of the total participants. Those who stated that they never had problems at work constituted 7.1% of the total participants, those who stated that they had problems rarely constituted 78.6%, and those who stated that they had always problems constituted 14.3%. The rate of those who stated that public healthcare branch was suitable for himself/herself was nearly 63%; and 83.3% of the participants stated that they participated in courses, seminars, and congresses in order to improve themselves; also, 8.7% stated that they did not have any activities. The doctors who stated that the monthly incomes were

inadequate constituted 46.8% of the study group, those who stated that the incomes were adequate constituted 50.8%. 27.8% of those who participated in the study stated that they experienced mobbing at workplaces (Table 2).

Table 2. The Factors that are Influential in Choosing Profession and in Professional Lives

Reason for Choosing Medicinal Profession	n	%
My own will	85	67.5
My family's will	21	16.7
Due to job opportunity	16	12.7
Other	4	3.2
Frequency of Problems at workplaces		
Never	9	7.1
Rarely	99	78.6
Frequently	17	13.5
Always	1	0.8
How much does the profession of medicine fit you?		
Very much	11	8.7
It fits	52	41.3
Partly fits	54	42.9
Does not fit	9	7.1
For professional development		
I participate in courses, seminars and Congresses	105	83.3
I participate in in-service trainings	9	7.1
I do not participate in any activity	11	8.7
Other	1	0.8
How much does you branch fit you?		
Very much	22	17.5
It fits	56	44.4
Partly fits	42	33.3
Does not fit	6	4.8
Monthly Income		
Adequate	59	46.8
Inadequate	64	50.8
No idea	3	2.4
Do you think there is mobbing at your workplace?		
Yes	35	27.8
No	82	65.1
I have no idea	9	7.1

The general, internal and external satisfaction average scores of the doctors who participated in the study were determined as 3.38 ± 0.57 , 3.42 ± 0.57 , 3.20 ± 0.67 , respectively. The average scores of the male and females received from Minnesota Job Satisfaction Scale, General Job Satisfaction group were 3.31 ± 0.57 and 3.38 ± 0.57 , respectively ($p > 0.05$). When the General Job Satisfaction scores were analyzed it was observed that the average scores of the participants who were ≤ 30 years of age and > 30 years of age were 3.38 ± 0.56 and 3.28 ± 0.56 , respectively ($p > 0.05$). The average general scores of the married and single participants were 3.45 ± 0.55 and 3.14 ± 0.55 , respectively ($p < 0.01$) (Table 3).

Table 3. Average Scores Received from Minnesota Job Satisfaction Scale, General Satisfaction Group according to Some Socio-Demographical Characteristics

Minnesota Job Satisfaction Score Averages			
Socio-demographical characteristics	n	X $\pm$ S.S	p
Gender			
Male	41	3.31 ± 0.57	> 0.05
Female	85	3.38 ± 0.57	
Age			
≤ 30	71	3.38 ± 0.49	> 0.05
> 30	31	3.28 ± 0.56	
Marital Status			
Married	79	3.45 ± 0.55	< 0.01
Single	46	3.14 ± 0.55	
Working Duration			
≤ 5 Years	104	3.35 ± 0.56	> 0.05
> 5 Years	21	3.29 ± 0.63	

The average general job satisfaction scores of those who stated that they never had problems at workplaces and the ones who stated that they had rarely and frequently problems were 4.12 ± 0.45 , 3.18 ± 0.44 and 2.68 ± 0.64 , respectively ($p < 0.001$). The general job satisfaction scores of those who answered as "Yes", "No" and "I have no idea" to the question on mobbing at workplace were 2.96 ± 0.16 , 3.52 ± 0.49 and 3.14 ± 0.3 , respectively ($p < 0.001$) (Table 4).

Table 4. Average Scores Received from Minnesota Job Satisfaction Scale according to Choosing Profession, Branch and Being Exposed to Mobbing Status

General Job Satisfaction			
Average Scores	n	X $\pm$ S.D	p
Reason for Choosing Medicinal Profession			
Own will	85	3.36 ± 0.61	> 0.05
Family's will	21	3.22 ± 0.49	
Employment	16	3.33 ± 0.46	
Opportunity			
Other	4	3.31 ± 0.24	
Frequency of Problems at Work			
Never	9	4.12 ± 0.45	< 0.001
Rarely	99	3.38 ± 0.44	
Frequently*	17	2.68 ± 0.64	
Fitness of the branch			
Does not fit me	6	2.85 ± 0.60	< 0.01
Partly fits me	42	3.25 ± 0.56	
Fits	56	3.42 ± 0.49	
Fits very much*	22	3.74 ± 0.59	
Monthly Income			
Adequate	59	3.45 ± 0.56	> 0.05
In adequate	64	3.24 ± 0.55	
No idea	3	3.00 ± 0.73	
Mobbing at Workplace			
Yes*	35	2.96 ± 0.60	< 0.001
No	82	3.52 ± 0.49	
No idea	9	3.14 ± 0.30	

*The groups that make the difference

As seen in Table 5, when the answers given by the participants about monthly incomes were analyzed it was observed that those who thought that the incomes were adequate received higher scores from the general, internal and external satisfaction dimensions. Only the sub-average scores were different at a statistically significant level in the external satisfaction dimension ($p<0.01$).

The average scores received by male and female participants from the emotional role difficulty sub-group of the Short Form-

36 (SF-36) Scale were 31.96 ± 15.55 and 25.09 ± 15.77 , respectively ($p<0.05$). The average scores received from energy sub-group were 70.74 ± 14.43 and 61.50 ± 15.79 , respectively ($p<0.01$) (Table 6). The average scores received by the participants who stated that the frequency of the problems at workplaces as never, rarely and frequently from the Short Form-36 Evaluation Scale general health perception sub-group are 60.55 ± 11.97 , 53.80 ± 2.94 and 37.84 ± 13.99 , respectively ($p<0.001$) (Table 7).

Table 5. Average Scores received from the General, Internal and External Satisfaction Sub-Groups of the Minnesota Job Satisfaction Scale according to Gender, Marital Status and Monthly Income

		Internal Satisfaction		External Satisfaction		General Satisfaction	
	N	X $\pm$ SD	P	X $\pm$ SD	p	X $\pm$ SD	p
Gender							
Male	41	3.46 $\pm$ 0.56	>0.05	3.26 $\pm$ 0.67	>0.05	3.31 $\pm$ 0.57	>0.05
Female	85	3.40 $\pm$ 0.57		3.18 $\pm$ 0.67		3.38 $\pm$ 0.57	
Marital Status							
Married	79	3.55 $\pm$ 0.55	<0.001	3.30 $\pm$ 0.66	<0.01	3.45 $\pm$ 0.55	<0.01
Single	46	3.20 $\pm$ 0.53		3.04 $\pm$ 0.67		3.14 $\pm$ 0.55	
Monthly Income							
Adequate*	59	3.48 $\pm$ 0.57	>0.05	4.05 $\pm$ 0.58	<0.01	3.45 $\pm$ 0.56	>0.05
Inadequate	64	3.38 $\pm$ 0.56		3.29 $\pm$ 0.50		3.24 $\pm$ 0.54	
No idea	3	3.11 $\pm$ 0.69		2.35 $\pm$ 0.72		3.00 $\pm$ 0.74	

*The groups that create the difference

Table 6. The Scores Received from SF-36 Evaluation Scale according to Gender

The sub-group of the scale	Male (n:41)	Female (n:85)	P
	X $\pm$ S.D.	X $\pm$ S.D.	
Physical function	90.12 $\pm$ 14.09	87.60 $\pm$ 13.53	0.164
Physical role difficulty	35.44 $\pm$ 18.97	29.41 $\pm$ 20.74	0.104
Emotional role difficulty	31.96 $\pm$ 15.55	25.09 $\pm$ 15.77	<0.05
Energy	70.74 $\pm$ 14.43	61.56 $\pm$ 15.79	<0.05
Psychological health	65.21 $\pm$ 16.60	60.70 $\pm$ 18.34	0.185
Social functionality	59.00 $\pm$ 16.40	57.97 $\pm$ 16.01	0.418
Pain	80.01 $\pm$ 17.55	74.82 $\pm$ 19.62	0.187
General health perception	53.16 $\pm$ 12.24	51.98 $\pm$ 15.43	0.669

Table 7. The Average Scores Received by the Participants from the SF-36 Evaluation Scale according to the Frequency of the Problems at Workplaces

The sub-group of the scale	Never (n: 9)	Rarely (n: 99)	Frequently (n: 17)	P
	X $\pm$ S.D.	X $\pm$ S.D.	X $\pm$ S.D.	
Physical function	88.88 $\pm$ 11.93	88.97 $\pm$ 13.88	84.29 $\pm$ 13.75	0.332
Physical role difficulty	39.92 $\pm$ 15.46	32.51 $\pm$ 19.71	19.11 $\pm$ 22.14	<0.05
Emotional role difficulty	35.18 $\pm$ 17.56	28.39 $\pm$ 15.09	16.66 $\pm$ 16.66	<0.05
Energy	75.91 $\pm$ 5.69	65.63 $\pm$ 15.23	51.56 $\pm$ 16.48	<0.001
Psychological health	70.31 $\pm$ 19.60	63.39 $\pm$ 16.90	49.00 $\pm$ 16.19	<0.01
Social functionality	67.03 $\pm$ 12.53	60.05 $\pm$ 15.47	43.11 $\pm$ 12.86	<0.001
Pain	88.77 $\pm$ 11.38	75.22 $\pm$ 19.38	76.15 $\pm$ 18.48	0.084
General health perception	60.55 $\pm$ 11.97	53.80 $\pm$ 12.94	37.84 $\pm$ 13.99	<0.001

Discussion

It was determined that the general, internal and external job satisfaction levels of the assistant doctors who participated in the study were at medium level. In a study conducted by Sevimli et al., it was reported that one third of the practicing physicians had medium job satisfaction levels, which is similar to the results of our study [12]. Durmuş and Güney conducted a study on nurses and found that the general Job Satisfaction level of the nurses was low [13].

In our study, no significant differences were determined between the average scores in general, internal and external job satisfaction levels according to gender ($p>0.05$). Tözün et al. conducted a study and reported that there were no significant differences between the general, internal and external job satisfaction levels according to gender [9]. In some previous studies in the literature the results reported are similar to ours [14, 15, 16]. Musal et al. conducted a study and reported that there were no differences according to the gender variable [17]. It is considered that the reason for this might stem from the fact that the professional branches of the participants in our study were not a branch that could create a difference.

No significant differences were found in the average scores in the general job satisfaction levels according to the age variable ($p>0.05$). Özaltın et al. conducted a study and reported that the job satisfaction increased as the experience at work life increased [18]. According to a study conducted by Sünter et al., there were no significant differences between the age groups [16]. In a study conducted on doctors working in Family Doctors System in Eskişehir, it was found that there was a significant difference between the average general job satisfaction levels of the doctors whose working periods were between 2-12 months and those whose working periods were between 13-20 months. It was observed that as the working duration increased, so did the satisfaction [9]. Piyal et al. conducted another study and reported that job satisfaction decreased 2 years later when the individual started work, and increased after the tenth year at work [19]. It is considered that the reason of finding no difference in our study is that the professional working periods of the participants were close to each other.

In this study, it was also found that the job satisfaction average scores of the participants who were married were higher at a significant level ($p<0.01$). Sevimli and Işcan conducted a study and determined that the job satisfaction average scores of the married physicians were higher than those who were single [12]. In the study conducted by Tözün et al., on the other hand, it was reported that there were no significant differences between the married and single doctors in terms of general Job Satisfaction average scores [9]. Çimen and Şahin conducted another study and reported that the Job Satisfaction average scores of the participants who were married with children were higher than those who did not have children [20]. It is considered that the positive relation between a regular family life and Job Satisfaction and the material and spiritual support of the spouses for each other may be influential in this result.

No significant differences were found in our study in terms of total working period and General Job Satisfaction average scores ($p>0.05$). When the results of two other studies were considered, it was observed that similar results were reported [9, 18]. It is

considered that the lack of a relation between Working Duration and Job Satisfaction might stem from the total working durations of the study group being close to each other.

No significant differences were determined between the general job satisfaction average scores of the participants who stated that they chose this profession with their own will and those who stated that they did not choose this profession with their own will ($p>0.05$). Similar results were found in the study conducted by Tözün et al [9]. It is considered that the reason for this may stem from the fact that most of the participants in our study had chosen the medicinal profession with their own will.

The general Job Satisfaction average scores of the doctors who stated that they never had problems at workplaces were found to be higher at a significant level ($p<0.001$). This situation shows the importance of work place and colleagues in terms of Job Satisfaction.

In this study, it was observed that the general Job Satisfaction average scores of those who stated that this job fit them at a normal level and fit them at a significant level ($p<0.01$). Similar results were reported in the study conducted by Tözün et al [9]. These results indicate that doing one's work in a loving manner is an influential factor in Job Satisfaction.

Although the average scores of those who stated that their personal monthly incomes were adequate were higher, no significant differences were determined in terms of general Job Satisfaction average scores. According to the results of three other studies, the average job satisfaction scores of the doctors who were satisfied with their salaries were found to be higher than those who were not satisfied at a significant level [9, 15, 18]. It is considered that the lack of difference in our study might have stemmed from the limitation of the scope of the study with one single branch.

When the general Job Satisfaction average scores of the participants who stated that they experienced mobbing at workplaces and those who stated that there was no mobbing at workplaces were analyzed it was observed that the doctors who stated that there was mobbing at their workplaces received lower scores at a significant level ($p<0.001$). These results make us think that psychological factors and psychological violence affect the Job Satisfaction. In the study conducted by Dikmetaş et al., it was found that mobbing affected the burnout syndrome in doctors. Again, in the same study, a negative relation was found between personal success and mobbing [21].

SF-36 is a self-evaluation scale for life quality. In our study, when the topic is considered in terms of gender, it was observed that the male participants received higher average scores when compared with the females in emotional role difficulty sub-group ($p<0.05$). No significant differences were detected in the SF-36 evaluation scale in Physical function, physical role difficulty, psychological health, social functionality, pain and general health perceptions, which are the other sub-groups.

No significant difference was determined in the study in terms of gender. This situation makes us think that this is related with the fact that our study group was young and had less chronic diseases. Kotarla conducted a study with doctors and other healthcare

employees, and found significant differences between physical function, pain, mental health and energy sub-scale average scores. It was observed that the participant doctors received higher scores from the physical function sub-group, while they received lower scores in the other sub-groups of the scale [22].

It was observed that the frequency of experiencing problems at workplaces affects the life quality. In our study, the average scores received from the SF-36 scale decreased with the frequency of the problems at workplaces. It was observed in our study that the doctors who stated that there was never (or rarely) problems at workplaces received higher average scores in physical role difficulty, emotional role difficulty, energy, psychological health and social functioning sub-groups when compared with those who stated that they frequently had problems at workplaces ($p<0.05$).

As a conclusion, choosing the profession willingly and lovingly increases the Job Satisfaction. On the other hand, it was also observed in our study that being married contributed positively to the work life and to the general health perception. Being exposed to mobbing at workplace affects job satisfaction in a negative way. In addition to these, financial gain is another factor affecting the job satisfaction. Being happy and having a high job satisfaction at workplace passes through making true preferences and making decisions that overlap with our expectations from life. After starting work life, it was also observed that adopting to institutional culture and doing one's job lovingly are also important.

References

- Hayran O, Aksayan S. Pratisyen Hekimlerde İş Doyumu. Toplum ve Hekim. 1991; 47: 16-7.
- Şişma M, Turan S. Bazı Örgütsel Değişkenler Açısından Çalışanların İş Doyumu ve Sosyal-Duygusal Yalnızlık Düzeyleri. Osmangazi Üniversitesi Sosyal Bilimler Dergisi. 2004;5(1):118-28.
- Musal B, Elçi ÖÇ, Ergin S. Uzman Hekimlerde Mesleki Doyum. Toplum ve Hekim. 1995;10(68):2-7.
- Başaran İ.E. Örgütsel Davranış, İnsanın Üretim Gücü. Ankara: Feryal Matbaası, 2000.
- Gözüm S. Koruyucu sağlık hizmetlerinde görev yapan hemşire ve ebelerde iş doyumu, tükenmişlik ve işe devamsızlığı etkileyen faktörlerin araştırılması. Doktora Tezi, Atatürk Üniv. Sağlık Bilimleri Enstitüsü, Erzurum, 1996.
- Erigüç G. Sağlık Personelinin Kişisel Özelliklerine Göre İş Doyumu Üzerine Bir İnceleme. www.sabem.saglik.gov.tr/Akademik_Metinler/goto. Erişim tarihi: 18.11.2016.
- Testa MA, Simonson DC. Assessment of Quality-of-life Outcomes. New England J Med. 1996;334(13):835-40.
- Şenol Y. Yasam Kalitesi Ölçütlerinde Taraf Tutma: Cevap Kayması. TAF Preventive Medicine Bulletin. 2006;5(5):382-9.
- Tözün M, Çulhacı A, Ünsal A. Aile Hekimliği Sisteminde Birinci Basamak Sağlık Kurumlarında Çalışan Hekimlerin İş Doyumu. TAF Prev Med Bull. 2008;7(5):377-84.
- Baycan AF. Analysis of the several aspects of job satisfaction between different occupational groups. Master's Thesis. Bogazici University Institute of Social Sciences, İstanbul, 1985.
- Koçyiğit H, Aydemir Ö, Fişek G, Ölmez N, Memiş A. Kısa Form-36 (KF-36)'nın Türkçe versiyonunun Güvenirliği ve Geçerliliği. İlaç ve Tedavi Dergisi. 1999;12:102-6.
- Bireysel ve iş ortamına ait etkenler açısından iş doyumu. www.eab.ege.edu.tr/pdf/5/C5-S1-2-M7.pdf Erişim tarihi: 18.11.2016.
- Durmuş S, Günay O. Hemşirelerde iş doyumu ve anksiyete düzeyini etkileyen faktörler. Erciyes Medical Journal. 2007;29(2):139-46.
- Yavuzylmaz A, Topbaş M, Çan E, Çan G, Özgün Ş. Trabzon il merkezindeki sağlık ocakları çalışanlarında tükenmişlik sendromu ile iş doyumu düzeyleri ve ilişkili faktörler. TSK Koruyucu Hekimlik Bülteni. 2007;6(1):41-50.
- Abdel-Rahman AG, Meky F, Abdel-Halim AWE, Allam MF. Low Job Satisfaction Among Physicians in Egypt. TAF Prev MED Bull. 2008;7(2):91-6.
- Sünter AT, Canbaz S, Dabak Ş, Öz H, Peşken Y. Pratisyen hekimlerde tükenmişlik, işe bağlı gerginlik ve iş doyumu düzeyleri. Genel Tıp Dergisi. 2006;16(1):9-14.
- Musal B, Elçi ÖÇ, Ergin S. Uzman hekimlerde mesleki doyum. Toplum ve Hekim Dergisi. 1995;10:2-7.
- Özaltın H, Kaya S, Demir C, Özer M. Türk Silahlı Kuvvetlerinde görev yapan muvazzaf tabiplerinin iş doyum düzeylerinin değerlendirilmesi. Gülhane Tıp Dergisi. 2002;44(4):423-7.
- Piyal B, Yavuz İ, Yavuz A. Sosyal Sigortalar Kurumu Ankara Eğitim Hastanesi'nde çalışanların iş doyumunu etkileyen etmenler. Kriz Dergisi. 2002;10(1):45-56.
- Çimen M, Şahin İ. Bir Kurumda Çalışan Sağlık Personelinin İş Doyum Düzeyinin Belirlenmesi. www.sabem.saglik.gov.tr/Akademik_Metinler/goto.aspx?id=2314- Erişim tarihi: 10.11.2016.
- Dikmetaş E, TOP M, Ergin G. Asistan Hekimlerin Tükenmişlik ve Mobbing Düzeylerinin İncelenmesi. Türk Psikiyatri Dergisi. 2011; 22.
- Koltarla S. Taksim Eğitim ve Araştırma Hastanesi sağlık personelinin yaşam kalitesinin araştırılması. Uzmanlık Tezi, İstanbul, 2008.