

The Impact of Hospital Privatization on Physicians' Perceived Job Security, Job Satisfaction and Salary Satisfaction in Yerevan, Armenia

Master of Public Health Integrating Experience Project

Utilizing Professional Publication Framework

By

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ABSTRACT

Background: Privatization is an act of transferring a public hospital to private ownership. Although the privatization of Armenian hospitals began in 1994, no study was found evaluating the differences between private and public hospital ownership on physicians' perceived working conditions, job security, and satisfaction in Armenia. The purpose of this study was to find similarities and differences in these factors between private and public general hospitals in Yerevan that may lead to improvements in physician satisfaction and quality of health care.

Methods: This study applies an analytical cross-sectional design targeting public and private general hospital physicians in Yerevan, using a questionnaire to assess differences in physicians' perceived job security, job satisfaction and salary satisfaction between private and public hospitals, and socio-demographic information. A census of all 427 eligible physicians in all seventeen public and private hospitals in Yerevan was attempted. Of the 164 physicians contacted, only 110 consented to participate in the study for a 33% refusal rate. The data entry and calculation was conducted using the SPSS 11 software package.

Results: A total of 110 physicians participated in the study (45 from public and 65 from private general hospitals). Of the total number 25% (27/110) were female and 75% (83/110) were male physicians. The chi-square and multivariate analyses showed that there was no statistically significant difference in perceived job security and no statistically significant difference in physicians' perceived job satisfaction between physicians' working in private and public general hospitals of Yerevan. However, there was a statistically significant difference ($p=0.04$) in physicians' perceived salary satisfaction. A total of 29% of physicians were satisfied with their salary in private general hospitals as compared to 20% salary satisfaction in public general hospitals. Multivariate linear regression with salary satisfaction as the outcome, showed that being a physician in a private general hospital on the average increases the salary satisfaction score by 0.36 ($p=0.04$) as compared to a physician working in a public general hospital and independently working as a therapist or general practitioner as compared to working as a resuscitation specialist on the average decreases satisfaction score by 0.55 ($p=0.04$).

Conclusion and Recommendations: The similarities between physicians' perceived job security and job satisfaction in public and private general hospitals suggest that current systemic differences between these two hospital systems is smaller than in other countries. Further research should be conducted on financial systems and functions as well as other factors that lead to the differences in physicians' salary satisfaction between public and private general hospitals to inform policy, legislative and/or regulatory interventions that may lead to improved quality of care. Continued monitoring in systemic changes between private and public hospitals should be conducted to maintain and improve the quality of health care for the population.

BACKGROUND

Prior to the process of privatization of hospitals, hospital directors manage their own financial resources, set prices for services to be paid for out-of-pocket, set terms and conditions of service, retain any profits generated and invest income, although they did not determine price or volume of services paid for by the statutory system (1).

The financial viability of these facilities became distressed. Payments from the State Health Agency were well below real treatment costs and there were insufficient funds to reimburse providers for services provided within the state's basic package (1). To resolve these problems the government passed laws to privatize health care facilities. In 1994 the privatization of health enterprises was implemented (2). In July 2000 the government approved "Concept on the strategy of privatization of health care facilities". This concept was developed to regulate the process of privatization (1).

Privatization is an act of transferring a public hospital to private ownership (3, 11). The main argument for the privatization of health care is that the market is an effective mean of accumulation and redistribution of resources in health care. It is based on the following:

- Health care is an individual responsibility and the market contributes to its improvement.
- Market competition reduces resource-limited situations and prevents over-consumption of medical care.
- The burden of state spending on health care decreases (4).

Privatization was conducted through direct selling of ownership shares to staffs of hospitals; usually hospital directors became the principal share-holder of the hospital (2).

The desired outcomes of privatization are to improve cost effectiveness and the quality of health care (5). However, hospital privatization may impact physicians' patient-loads, work-hours, salaries and quality of care (6). In studies conducted in other countries, private hospitals have been found to overload physicians more than public hospitals (5, 6); however, physicians at private hospitals were found to receive higher salaries (5). Increases in patient load and work-hours have been shown to impact physician's job satisfaction (6, 8) and job satisfaction has been shown to have an impact on quality of care (9). Job satisfaction is also an important indicator of quality of working life (10). Because private hospitals usually have more autonomy in hiring and dismissing physicians, the level of job security may also differ with regards to private/public ownership of the hospital (5).

Although the privatization of Armenian hospitals began in 1994, no study was found evaluating the differences between private and public hospital ownership on physicians' perceived job security, job satisfaction and salary satisfaction in Armenia.

The purpose of this study is to find similarities and differences in these factors between private and public general hospitals in Yerevan that may lead to improvements in physician satisfaction and quality of health care.

Hypotheses

1. Physicians' job security differs depending on private/public status of the hospital.
2. Physicians' job satisfaction differs depending on private/public status of the hospital.
3. Physicians' salary satisfaction differs depending on private/public status of the hospital.

METHODS

This study applies an analytical cross-sectional design targeting public and private general hospital physicians in Yerevan, using a questionnaire to assess differences in physicians' perceived job security, job satisfaction and salary satisfaction between private and public hospitals, and socio-demographic information.

Participating private and public general hospitals are located in Yerevan, Armenia---hospitals located in the Marzes are predominantly managed by the municipalities and thus were excluded from the study.

There are seventeen general hospitals (6 public and 11 private) in Yerevan, Armenia eligible for the study, based on official records from Health Project Implementation Unite, State Agency, Ministry of Health, RA. A census of all 427 eligible physicians in all seventeen public and private hospitals in Yerevan was attempted. Given different work schedules and other logistical constraints, 164 (38% of all eligible physicians) were contacted in-person. Of the 164 physicians contacted, due to time constraints during work and other reasons, only 110 consented to participate in the study for a 33% refusal rate. Hospitals were visited up to four times to contact physicians. With the limited sample size, based on sample sizes of 45 and 65 for public and private hospitals, with an $\alpha=0.05$, proportions of .67 and .42 respectively for salary dissatisfaction rates from the study, power was calculated to be 68%, based on the unequal size equation found in Fleiss, *Statistical for Rates and Proportions*, 2nd Edition., Wiley, 1981.

Physicians were eligible for the study if they were working in public or private general hospitals in Yerevan and were fluent in Armenian. Residents were excluded from the study.

After giving consent, physicians were interviewed in their workplaces in their hospitals. Face-to-face interviews were conducted to measure physicians' working conditions, perceived job security

and satisfaction and other relevant factors. The questionnaires were filled out by the student investigator. Average time for one interview was 5-10 minutes. The questionnaire instrument was designed to collect the following data:

- ✓ Socio-demographic data of participants (year of birth, gender, etc.)
- ✓ Information on physician's professional background (area of specialty, medical practice, etc.)
- ✓ Data on hospital ownership, patient load per physician, wages, perceived job security, job and salary satisfaction.

The questionnaire was developed by the student investigator under the supervision of faculty members and pretested.

Logistical Considerations

Face-to-face interviews were conducted over 24 days, with data entry completed after 5 days, and data analysis completed after 10 days.

Ethical Consideration

The study was approved by The Institutional Review Board #1/ Committee on Human Research College of Health Sciences Subcommittee for Student Thesis of the American University of Armenia on 25th of February, 2011.

Questionnaires were coded to secure the confidentiality of participants. Participants were informed about confidentiality orally. Informed consent was read in Armenian to potential participants. No personal identifiers were used on the questionnaire form.

Analysis

The data entry and calculation was conducted using the SPSS 11 software package. Scores, frequencies and means were computed and crude statistical significance of factors between private and public hospitals was tested with the chi-square test for counts and the Mann-Whitney U test for continuous variables. Multivariate linear regression was used to control for confounding. All p-values were two-tailed and p-values less than 0.05 were considered statistically significant.

RESULTS

A total of 110 physicians participated in the study. Of the total number 24% (26/110) were female and 76% (84/110) were male physicians. Physicians had a median age of 39 years, ranging from 25 to 73 years. The median years of work experience of study participants was 14 years, ranging from 2 years to 43 years (ranges not shown on table).

Study participants were collapsed into three professional categories based on their area of specialization. The category “surgery” included all types of surgeons. The second professional category “resuscitation” included resuscitation specialists and anesthesiologists, and the third category “therapy” includes general practitioners and therapists (including neurologists, cardiologists, infectious disease specialists, radiologists, endocrinologists, rheumatologists and allergists).

Socio-demographic data of participants working in hospitals of public and private ownership is presented in table 1 (Appendix A). Data on professional background and working hours are presented in tables 2 and 3 (Appendix B).

Perceived Job Security

The chi-square analysis showed that there is no crude statistically significant difference ($p=0.89$) in perceived job security between physicians’ working in private and public general hospitals of Yerevan. The patterns in perceived job security were substantially very similar between public and private hospitals (Chart 1). Multivariate linear regression analyses, using perceived job security as an outcome also found no statistically significant factors (not included in tables).

Perceived Job Satisfaction

Chi-square analysis showed that there’s no crude statistically significant difference ($p=0.34$) in physicians’ perceived job satisfaction between public and private hospitals. The patterns in

perceived job satisfaction were substantially very similar between public and private hospitals (Chart 2). Multivariate linear regression analyses, using perceived job security as an outcome also found no statistically significant factors (not included in tables).

Perceived Salary Satisfaction

Chi-square analysis showed that there's a crude statistically significant difference ($p=0.04$) in physicians' perceived salary satisfaction between public and private hospitals.

Results showed that 29% of physicians are satisfied with their salary in private general hospitals as compared to 20% salary satisfaction in public general hospitals. Multivariate linear regression with salary satisfaction as the outcome, which was used to adjust for confounding, showed that being a physician in a private general hospital on the average increases the salary satisfaction score by 0.36 ($p=0.04$) as compared to a physician working in a public general hospital; working as a therapist or general practitioner ("therapy" category) as compared to working as a resuscitation specialist on the average decreases satisfaction score by 0.55 ($p=0.04$). Working as a surgeon ("surgery" category) as compared to working as a resuscitation specialist had no statistically significant impact on the outcome ($p=0.17$).

Physician's gender and work experience were also included in the final model because they confounded other factors, but they were not statistically significant ($p=0.19$ and $p=0.18$, respectively).

DISCUSSION

This is the first study that compares physicians' perceived job security, job satisfaction and salary satisfaction among public and private general hospitals in Yerevan, Armenia. The study found no substantial difference in physicians' perceived job security between public and private general hospitals. Possible explanation for these is that decisive factor for employee's job satisfaction, reported patient loads and work hours ($p=0.70$), are very similar in both private and public general hospitals. The study finding also indicates that there's no substantial difference in physicians' perceived job satisfaction between public and private general hospitals. These findings correspond with similar study conducted in Germany (6).

The similarities in private and public hospitals, unlike other countries with substantial differences (6,7) suggests that though there is a directed trend by the government towards privatization there are still currently fewer important systemic differences between private and public general hospitals in Armenia than found in other countries. With more time, the distinction between private and public general hospitals may become greater.

Despite these similarities, there were substantial differences in physicians' salary satisfaction between public and private hospitals, with greater salary satisfaction in private hospitals than in public. This is important to the public health importance because satisfaction has been associated with quality of care (9).

The analysis showed that there is a statistically significant difference in salary satisfaction between physicians with different specialization; in particular general practitioners and therapists were more satisfied with their salary than physicians in resuscitation specialists.

Limitation of the study included possible selection bias due to those who refused to participate in the study and for those who were not contacted because of their schedules and other logistics. Also, financial data was not collected, not permitting analysis of salaries and incomes of physician.

Among those physicians that were interview for the study, some may have worked in more than one hospital. However, for the purpose of the study, physicians were asked about the hospitals where they were interviewed. Physicians that worked in more than one hospital may possibly have answered differently from those that worked in only one hospital; however, those physicians could not be separated from each other for analysis because no question in the survey asked them about their employment in other hospitals. Power was calculated to be 67%, which might limit findings, but this prevent would be increased if physicians are working in more than one hospital thus decreasing the target population.

CONCLUSION

To achieve improved salary satisfaction in public general hospitals, which may contribute to improved quality of health care in that sector, it is necessary to identify the current differences in factors between private and public institutions that lead to differences in salary satisfaction and correct them at a policy, legislative and/or regulatory level. The similarities between physicians' perceived job security and job satisfaction in public and private general hospitals suggest that current systemic differences between these two hospital systems is smaller than in other countries. However, as systemic differences between public and private general hospitals increase over time, they should be monitored to inform decision-makers in maintaining and improving quality of care for the population. Further research and monitoring should be conducted to further clarify these questions and concerns.

RECOMMENDATIONS

- Further research should be conducted on financial systems and functions as well as other factors that lead to the differences in physicians' salary satisfaction between public and private general hospitals to inform policy, legislative and/or regulatory interventions that may lead to improved quality of care.
- Continued monitoring in systemic changes between private and public hospitals should be conducted to maintain and improve the quality of health care for the population.

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TABLE 1: Socio-demographic characteristics of 110 participating physicians

	Public Hospital Physicians (n=45)	Private Hospital Physicians (n=65)	p-value
Median age	39	37	0.49
Median Work experience	14	12	0.41
Gender-Female (%)	35.5% (16/45)	15% (10/65)	0.014

* For medians, nonparametric Mann-Whitney U test was applied due to violation of normality. Chi-squared test was applied for gender

TABLE 2: Physician specializations

	Public Hospital Physicians (n=45)	Private Hospital Physicians (n=65)	p-value
Surgeons	53.3% (24/45)	60.0 % (39/65)	0.711
Resuscitation specialists	13.3 % (6/45)	13.8 % (9/65)	
Therapists	33.3 % (15/45)	26.2% (17/65)	
Total	100.0 % (45/45)	100.0 % (65/65)	

TABLE 3: Physicians' working hours

Working hours	Public Hospital Physicians (n=45)	Private Hospital Physicians (n=65)	p-value
part-time (20-35 hours per week)	22.7% (10/44)	15.9% (10/63)	0.589
full-time (35-40 hours per week)	25 % (11/44)	31.7% (20/63)	
More than full-time (more than 40 hours per week)	52.3 % (23/44)	52.4% (33/63)	
Total*	100.0 % (44/44)	100.0% (63/63)	

*One missing value in public; two missing values in private.

TABLE 4: Physicians' Perceived Salary Satisfaction

Level of Satisfaction	Perceived Salary Satisfaction In Public Hospitals	Perceived Salary Satisfaction In Private Hospitals *	p-value
Highly Satisfied or Satisfied	20% (9/45)	29%(17/59)	0.41
Neither satisfied nor unsatisfied	13% (6/45)	29%(17/59)	
Highly Unsatisfied or Unsatisfied	67% (30/45)	42% (25/59)	

* six missing values

TABLE 5: Final linear regressions for outcome of salary satisfaction scale with public/private hospital as covariate of interesting, controlling for confounders

			Confidence Interval	
	B	p-value	Lower bound	Upper bound
Private vs. Public Hospital	0.36	0.04	0.02	0.69
Gender	0.3	0.19	-0.155	0.76
Years of work experience	-0.01	0.18	-0.026	0.005
Therapy	-0.55	0.04	-1.07	-0.17
Surgery	-0.36	0.17	-0.9	0.16

Chart 1 Physicians' Perceived Job Security by Public/Private Hospitals

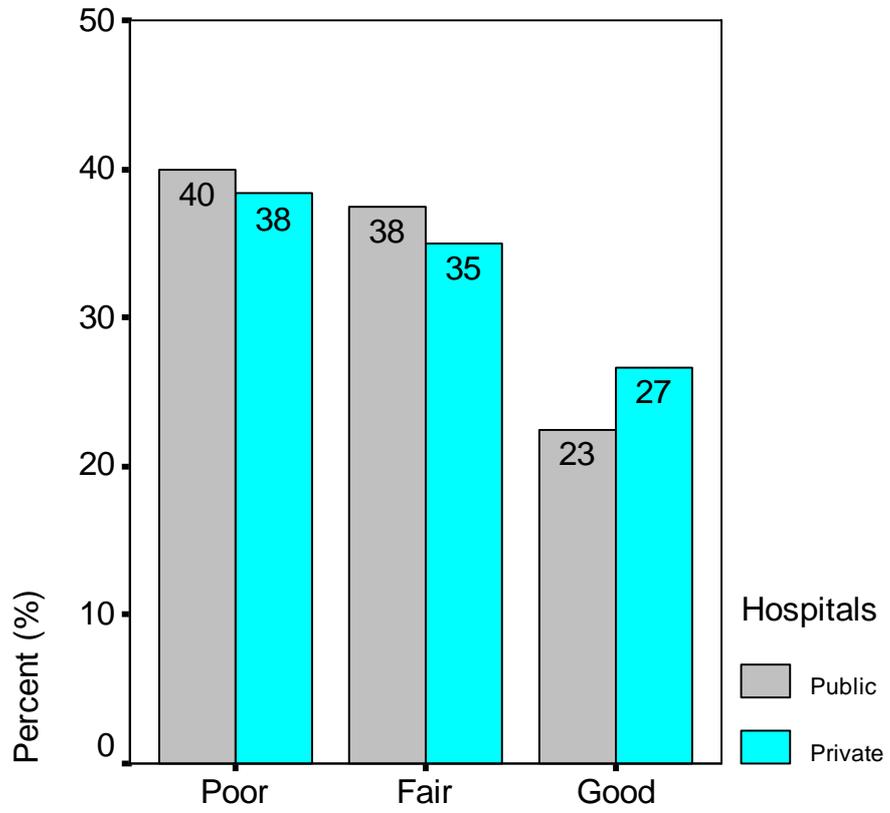


Chart 1. Physicians' Perceived Job Security

(p=0.89)

Chart 2 Physicians' Perceived Job Satisfaction by Public/Private Hospitals

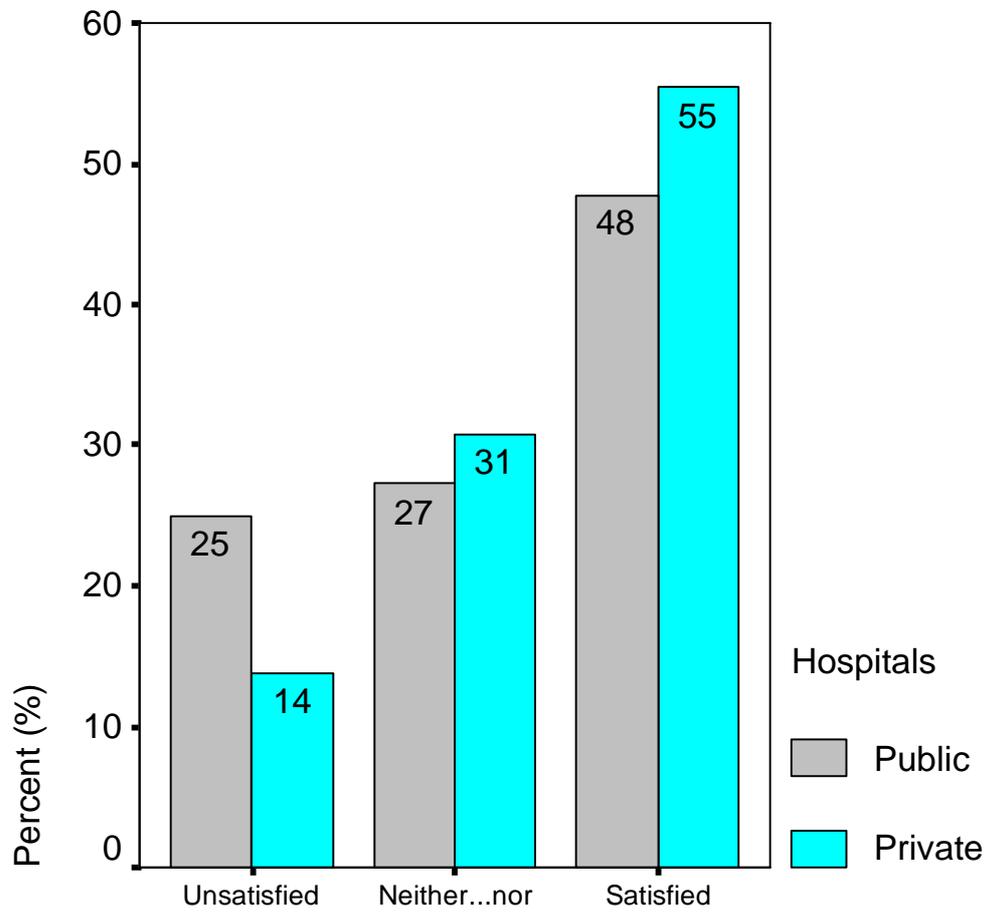


Chart 2. Physicians' Perceived Job Satisfaction

(p=0.34)

Chart 3 Physicians' Perceived Salary Satisfaction by Public/Private Hospitals

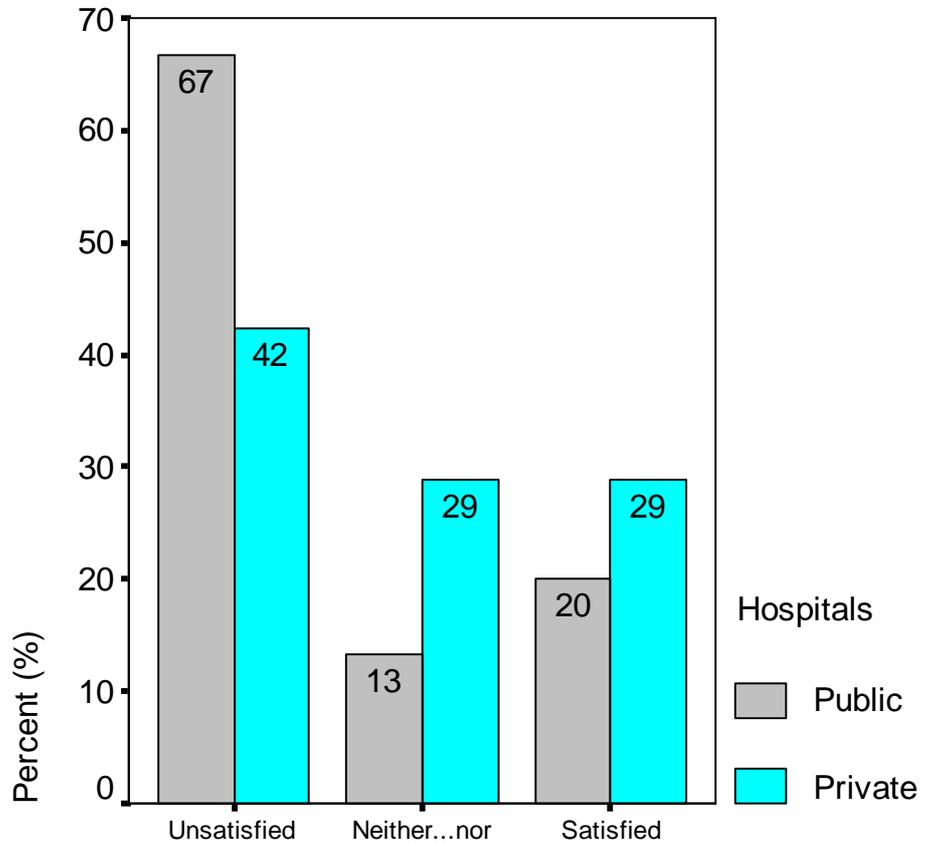


Chart 3. Physicians' Perceived Salary Satisfaction

(p=0.04)

Appendix A

American University of Armenia
College of Health Sciences
Master's Program in Public Health
Consent to Participate in a Research Study

The Impact of Hospital Privatization on Physicians' Working Conditions, Perceived Job Security
and Satisfaction in Yerevan

Good Day! My name is Tatevik Hovhannisyan. I am a graduate student in public health at the American University of America. In the scope of Master's thesis, with the support of the faculty, we are conducting a research study to investigate the impact of hospital privatization on physicians' working conditions, job security and satisfaction. The thesis projected is processing under the direct supervision of faculty at the University, and there is a possibility that the results of this study will be published.

You are being asked to participate in this study as a physician working at the hospital currently. You will be asked to answer the questions of specially designed questionnaire.

There is no risk in participation in this study. Also there is no benefit to participating in this study beyond sense of altruism in contributing to MPH student's master's thesis and investigation of situation on this topic in the country. Your participation is confidential and anonymous. Your name and any characteristics that identify you will not be associated with your participation or with the results of this study. Only aggregated findings will be presented in the report.

Your participation in this study is voluntary and you are free to refuse participation, which will not affect either you or your work. You may withdraw from the study at any time and any data collected from you will be destroyed.

If you have any questions about the study please contact Dr. Varduhi Petrosyan, the Associated Dean of College of Health Sciences at AUA (tel.: 010 512 592).

If you feel you have not been treated fairly or think you have been hurt by joining this study, please contact Dr. Hripsime Martirosyan, AUA Human Subjects Administrator (tel.: 010 512 561).

If you agree to participate, we can start.

Hospital Privatization on Physicians' Working Conditions, Perceived Job Security and Satisfaction
in Yerevan

Questionnaire

1. Type of hospital ownership: Public Private

2. Hospital code: _____

3. Interviewee code: _____

4. Data of interview: __/__/2010

5. Time of interview start: _____

6. Time of interview end: _____

Demographic characteristics

7. Age _____

8. Gender: Male Female

9. Specialization:

 General practitioner Resuscitation specialist Surgeon Other

10. How long have you been working in this profession? _____

11. How long have you been working at your current work place? _____

Now I'd like to ask several questions concerning your working conditions and job security.

12. Currently you are working

- Part-time Full-time

13. How many hours a week do you work currently? _____

14. What is your wage rate now?

- Quarter Half Three-quarter Full One and half Other

15. What is the patient load for you now? _____ patients per day.

16. How many physicians in your specialty work with you currently? _____

17. How would you assess your job security (meaning the likelihood of not being fired) now?

- Excellent Very good Good Fair Poor Other

18. How satisfied are you with your work now?

- Highly satisfied
- Satisfied
- Neither satisfied nor Unsatisfied
- Unsatisfied
- Highly unsatisfied

Other _____

19. How satisfied are you with your salary now?

Highly satisfied

Satisfied

Neither satisfied nor Unsatisfied

Unsatisfied

Highly unsatisfied

Other _____

20. Is there anything else you would like to say about your position at the hospital?

21. If you have any comments, please fill free to speak out.

Thank you!!!

Please fill in the time of interview end on the first page.

