

### **A Look at Family Medicine In Israel: Which Physicians are More Satisfied and Why?**

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The degree of satisfaction among primary care physicians with their work has been the subject of research in recent years. A large European study in 1993 on the role of general practice in primary health care evaluated job satisfaction among primary care physicians [1]. The investigators found a consensus in all countries (85%) that general practitioners derive a high level of interest and pleasure from their professional work. In contrast, considerable dissatisfaction with administrative demands and remuneration was noted. However, differences were found among the countries studied: there were generally high levels of job satisfaction and significantly less dissatisfaction from administrative demands in Scandinavia and Switzerland, and high levels of dissatisfaction from administrative demands and remuneration in East European countries. A representative sample of primary care physicians from Israel participated in the European study, which found that compared to European countries, job satisfaction among Israeli practitioners was reasonable, though there was significant dissatisfaction with administrative demands and the level of remuneration.

The degree of job satisfaction among primary care physicians in Israel has been assessed in several studies. In a survey conducted in 1993, 89% of primary care physicians reported that they enjoy their work to a great or a very great extent, compared to only 73% in 1997 who reported a similar degree of job satisfaction. A sharp decline was found in the percentage of physicians reporting a very high degree of satisfaction (49% in 1993 compared to only 18% in 1997) [2-4].

The paper by Kitai et al. in this issue of *IMAJ* [5] sheds light on the various elements of primary care physicians' work, on the principal activities of family physicians, and on positive and negative job characteristics. The authors detail the reasons for satisfaction and dissatisfaction in terms of work structure and other work-related variables. Even though the study population is comprised solely of family physicians who are members of the Israel Association of Family Physicians, it provides valuable information that makes various aspects of the practice of family medicine in Israel more comprehensible.

The results of the study lend support to the impression that there is a positive association between the number of activities family physicians perform and their job satisfaction. Those physicians who reported strong job satisfaction also reported higher activity levels and were more highly trained. They are salaried heads of clinics, certified specialists in family medicine who are involved in both administrative duties and the training of medical students and family medicine residents. Their total satisfaction score is significantly high, despite unsatisfying administrative work.

In a study of family physicians as gatekeepers [2], we found that high levels of job satisfaction also have a positive effect on coordination of care for almost all patients, on control of referrals to all specialties, and on the weighting of economic considerations in reaching decisions related to patient care. These results together with Dr. Kitai's study [5] lead to the conclusion that directors and policy makers of the Sick Funds should take into account that satisfied physicians are prepared to invest more effort in their work.

The study by Kitai, however, does have some weaknesses. The authors did not include the specific sick fund that employs the doctors, although this variable was found to be significantly associated with satisfaction in other studies [2,4]. In addition, although the positive and negative job characteristics are described in detail, there is no mention of the effects of the National Health Insurance Law and the many subsequent changes that have occurred in its wake, or their effect on doctor's work and job satisfaction [3].

The results of Kitai's study show that family physicians devote considerable amounts of time to consultation with colleagues and participation in continuing medical education, and they are very satisfied with these activities. The European study showed that compared to family physicians in Europe, Israeli family physicians devoted above average time to continuing medical education and collaboration with other medical professionals [1,6]. An argument often presented by employers (the Sick Funds) against family physicians, and particularly specialists in family medicine, is that they spend *too* much time on continuing education at the expense of clinic work. The present study, as well as the

previous one, confirm this contention. However, the results of the present study indicate that continuing medical education and consultation with colleagues are important elements of job satisfaction and should not be viewed in a negative light. Continuing medical education also improves the family physician's self-confidence and presents him or her with opportunities to broaden and deepen their knowledge base, to meet colleagues and to develop a sense of belonging in their field of medical specialization. All these factors enhance professional status and job satisfaction.

A finding that raises great concern is that female and younger physicians perceive themselves at a lower professional status compared to other physicians, even those who function at a similar activity level.

The discipline of family medicine and its specialization track have existed in Israel for 30 years, but primary care medicine in general and family medicine in particular are still struggling to establish their place among the other medical disciplines. Hospital-based physicians have a greater sense of belonging, more academic opportunities in research and teaching, and a stronger feeling of professional prestige than do family physicians. This is similar to the situation prevailing in East Europe, but different from countries of West Europe such as England, Holland and Scandinavia, and North America where the status of family physicians is quite high. Female doctors and younger doctors, usually residents, are very cognizant of this situation and it affects their decision on specialty training.

However, it is noteworthy that family physicians who are already specialists in family medicine and serve as tutors and heads of clinics have no perception of lower status. They invest in their work and see it as a challenging responsibility, not merely a medical field that enables them to spend more time with their families. They report high job satisfaction and deny a feeling of low professional status.

Further studies should investigate why a medical specialty that places a high value on collaboration with colleagues [1,6], and emphasizes continuing medical education to retain a high professional skill level even more than its peers in Europe [6], still has a perception of low status. Future research should look at other medical specialties to assess whether this feeling, which exists particularly among female and younger doctors, is justified.

In our study of policy makers in the health care system, we found that most believed that primary care physicians should play a central role in the system and that they should serve as the hub of medical care in terms of quality and cost containment. In order to attract more qualified doctors to this specialty and to raise its status, it is important to expose medical students to more teaching and research in the community, thus raising their perception of the prestige of these activities [7]. Family physicians consider tutoring an enriching and highly satisfying activity. However, despite the recommendations of the Netanyahu Committee and others to transfer a substantial share of medical school education to the primary care setting [8], Israeli medical

schools still conduct most of their teaching within the confines of the hospital. Based on the results of the study by Kitai et al., we should reiterate the importance of broadening and deepening medical school education carried out in the community. Family physicians are keen to participate in this endeavor, which can be a benefit to medical students. It will also contribute to the improvement of their professional status and the enhancement of their job satisfaction.

The obvious conclusions of Kitai's study are that education and training within the framework of primary care clinics should be encouraged, and that health care organizations and policy makers should increase the status of family and primary care medicine to attract physicians to this field. It is also important that a concerted effort be made to reduce the volume of administrative and paper work. Yet, in addition to the demographic and organizational variables, we have to take into account the physicians' personality, a factor that might influence their level of satisfaction.

Further studies on the role of family physicians are needed, perhaps using the methodology of direct observation rather than self-reporting as was done in the United States by Stange et al. [9], who dedicated an entire issue of the *Journal of Family Practice* to this subject. An observational study might more reliably reflect the activities of family physicians in Israel and raise the status of the specialty.

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