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Title:	Questionnaire on Doctors' satisfaction - results		
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RESULTS

In summary, we can say that the medical profession is considered indispensable, yet perceived as tiring. Salaries are mostly considered inadequate.

Professional satisfaction and satisfaction with well-being in the workplace are low. There are difficulties with professional development and career advancement almost everywhere, lack of recognition of the social role, little involvement in management policy, and problems with management, which is influenced by politics. Relations with colleagues and patients are good.

The service in the facility where they work is deemed satisfactory. However, almost everywhere the service itself has deteriorated over the last 10 years, mainly because of the excessive workload due to staff shortages.

However, three countries – Germany, Sweden and Austria – form a sort of oasis where professional development opportunities are positive, salaries are considered satisfactory, training is good, and it is easy to switch from salaried employment to private practice.

To avoid another pandemic in the future, there mainly needs to be investment in prevention.

The medical profession is considered **(4)** above all an indispensable one, but one that is at the same time tiring and frustrating. Nevertheless, it is a rewarding profession for two countries in Northern Europe: Sweden and Germany. In Romania, the main adjective used is “fascinating”.

Overall, 50% of doctors consider the quality of services provided by the healthcare facilities in their own country **(5)** as not very satisfactory, while 75% consider the quality of services provided by hospitals in their own country as satisfactory. This rises to 84% when it comes to the hospitals in their own region, while satisfaction with the quality provided by outpatient services in their own country falls to 59%.

At the same time, doctors are unanimously satisfied with the quality of services provided by their own facility, i.e. where they work **(6)**.

In general, over the last 10 years, the quality of services in healthcare facilities in their country **(7)** is considered to have declined by 59% (Austria, Germany, Portugal, Italy, France, Sweden, Spain). These countries are also among the most populous of all those that took part in the survey. In contrast,

for doctors in Slovenia, Slovakia and Croatia, the quality is unchanged, while services in Cyprus and Romania have improved.

Their opinion of the quality of services in the facility where they work **(8)** is not positive. For 58% of doctors, the quality has deteriorated (Croatia, Germany, Portugal, Italy, France and Spain). However, 17% feel it has improved (Slovenia, especially in the over-60 age group, and Slovakia), and it remains unchanged in Sweden, Romania and Cyprus.

Among the main causes of decline **(9)**, where it has been detected, the most frequent response (83%) is excessive workload due to staff shortages (a complaint made mainly by women). This is followed by underinvestment in facilities (41%), management influenced by politics (again 41%), and finally inadequate pay (33%).

Fully 58% of the sample consider professional development opportunities **(10)** to be limited, especially women (57%). Conversely, 25% of doctors (particularly in Sweden, Germany and Austria) consider professional development opportunities to be sufficient. This might explain, at least in part, the strong appeal of these countries (especially Germany) for young people from other European countries.

Remaining in the professional sphere **(11)**, 66% of the sample (of which 25% are in the youngest age group) feel there is little chance of seeing their professionalism recognised in the healthcare facility where they work; the remaining 34% consider this sufficient, with Germany, Austria and Sweden belonging to this group.

They were then asked to rate one aspect (out of the 12 presented) that affects the quality of healthcare services **(12)**: 58% consider their workload too heavy due to staff shortages; another aspect that affects the quality of healthcare services is inadequate pay (33%); finally, 9% believe that the quality of services is adversely affected by underinvestment in facilities.

Drilling down into the level of financial satisfaction, professional satisfaction and satisfaction with well-being in the workplace **(13)**, we can state that: 83% of participants do not believe that their pay is commensurate with the commitment required of salaried doctors (with the minor exceptions of Sweden and Germany);

for 50%, working in a healthcare facility means giving up their private life; 41% think that the role of the salaried doctor is poorly recognised in society; there is also little involvement of salaried doctors in healthcare policy and management (50%); 59% feel that individual doctors are excessively dependent on professional and administrative hierarchies; finally, for 66% of the sample, many regulations aimed at improving the safety and quality of care are actually means of reducing costs.

A follow-up question **(14)** examined how they view their pay: this is unsatisfactory for 66% of European doctors, while in line with what was stated above, German doctors said they were satisfied, as did the Swedes and the Austrians. We can also add Croatian doctors to this list.

Overall, 58% consider themselves satisfied with their job as a salaried doctor **(15)**.

Returning to a more detailed analysis of job satisfaction and satisfaction with well-being in the workplace **(16)**, the picture that emerges is far from encouraging. We learn that doctors are

dissatisfied (57%) with their workload; however, they are satisfied (59%) with their job prospects. When it comes to career prospects, 58% confess they are dissatisfied; almost everyone is dissatisfied with how work is organised (75%) and with work flexibility (75%). Part-time work is a different matter, with 66% equally divided between satisfaction (33%) and dissatisfaction (33%). Dissatisfaction regarding training and continuing education stands at 58%, as does the quality of healthcare facilities. Relations with management are also lukewarm, with 50% of the sample expressing dissatisfaction. Finally, relations with patients are excellent (83% satisfaction), as is the level of technological facilities (58%).

On the possibility of achieving a good work/life balance **(17)**, 66% are dissatisfied.

Among the aspects of private life that the profession forces them to give up **(18)**, the most important are leisure and hobbies (75%), family, especially for women (16%), and holidays (9%).

The block of questions **(19)** concerning the possibility of changing hospital, role or department or switching to private practice show that 41% find it difficult to change facility, except in Germany, Austria and Sweden. It is more difficult to change job type or role (67%), but less difficult to change departments (50%), while it is quite easy to make the transition from salaried doctor to private practice (41%).

Working relationships with colleagues **(20)** are recognised everywhere as very good in terms of working environment (84%), level of cooperation (91%) and level of friendship (75%).

The pandemic

The Covid-19 emergency. Here, the question **(21)** asked two things. First, how do you think the healthcare system in your country responded to the Covid-19 emergency? Second, how did the facility where you work respond to the emergency?

In relation to the first question, 50% of the sample said that the response was quite adequate, and they included Italian doctors, while 42%, including Spanish doctors, described the response as inadequate. Regarding the second question, 83% gave a lukewarm answer, believing that the facility where they work responded to the emergency fairly adequately.

During the Covid-19 emergency **(22)**, 75% of European doctors believe their work played an important role, but at the same time, 50% consider this work to be undervalued. Finally, 66% complained that their opinions were given little consideration in the decision-making process.

With regard to PPE provision during the pandemic **(23)**, surprisingly 75% reported that healthcare staff were adequately equipped to deal with the emergency.

The last question looked at what the pandemic has taught us and what needs to be improved in the event of another emergency **(24)**. Here, there could be multiple answers (more doctors, more nurses, more intensive care beds, more outpatient medical services, more prevention, more investment in facilities, more investment in training, more investment in research).

The main demand (75%) was for more investment in prevention. In addition, 41% believe that it is necessary to increase the number of intensive care beds, 25% want an increase in investments in facilities, and finally they want to see an improvement in outpatient services.

Introduction

The survey was commissioned in spring 2020 and concluded in spring 2021, with data collection taking place in autumn/winter 2021.

The aim: to survey doctors' job satisfaction in Europe. For this, **four topics** were identified:

- **Financial satisfaction;**
- **Professional satisfaction** (*i.e., recognition within the hospital of individual professionalism, how much the individual is allowed to develop and recognition of the social role of the profession*);
- **Satisfaction with well-being in the workplace** (*i.e., work/life balance*);
- **Satisfaction with access to career opportunities** (*i.e., job mobility, and therefore how easy it is to change jobs, to resign and switch from being a salaried doctor to private practice, or to change hospitals*).

As healthcare systems are organised differently, it was necessary to find a common format for the questions in order to make them easier to respond to. For the same reason, the questions were written and designed to be as simple as possible.

In total, 12 countries took part:

- Austria (which processed the data on its own account and did not answer question 4)
- Cyprus
- Croatia
- France
- Germany
- Italy
- Portugal
- Romania (11 doctors, so not a particularly representative sample, but one nevertheless included in the survey)
- Slovenia
- Slovakia
- Spain
- Sweden
- Czech Republic (1 doctor, so an unrepresentative sample, and therefore not included in the survey).

Total responses

In total, 13,461 doctors responded to the survey, of which 7,447 were women and 6,014 were men. Interestingly, the majority of respondents in all countries were women, except Germany (where the majority was 86% male, with 180 men and 30 women), Italy (very slight majority with 1,642 men and 1,640 women) and Romania (small majority with 6 men and 5 women).

Age groups

Respondents were divided into four age groups:

25-35 years old

36-49 years old

50-60 years old

Over 60 years old

The main age group to take part in the survey was the 36-49 age group (75% in 9 of the 12 countries). Here too, the main exceptions were Germany and Romania (prevalent age group 50-60 years old) and Slovakia, where the majority of respondents were 25-35 years old.

Participation

The country with the highest participation rate:

1. Italy with 3,282 responses (1,642 men and 1,640 women);
2. Slovakia with 2,066 responses (850 men and 1,216 women);
3. Croatia with 1,940 responses (659 men and 1,281 women);

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4. Austria with 1,623 responses (779 men and 844 women);
5. Sweden with 1,335 responses (666 men and 669 women);
6. Spain with 1,059 responses (506 men and 553 women);
7. Portugal with 697 responses (240 men and 457 women);
8. France with 587 responses (257 men and 330 women);
9. Slovenia with 571 responses (190 men and 381 women);
10. Germany with 210 responses (180 men and 30 women);
11. Cyprus with 79 responses (39 men and 40 women);
12. Romania with 11 responses (6 men and 5 women).

Topics

A total of 24 questions were asked. Of these, three were multiple choice, and the remainder required a single answer. There were also three questions on the Covid-19 emergency (the survey was launched during the first phase of the pandemic, in spring 2020) and a more general one on possible future public health emergencies. The first three questions were on the country of origin, gender and age of the participants. The remaining questions (18) focused on various aspects.

Quality of the profession and facilities: If you had to describe the medical profession today, which adjectives would you use? (multiple choice question with a list of adjectives).

How do you rate the quality of the services provided by healthcare facilities in your country, hospitals in your country, hospitals in your region and outpatient services in your country?

Professional development and career opportunities.

Financial aspects (how you view your pay).

Evaluation of your work as a salaried doctor and degree of satisfaction with certain issues (distribution of workload, job prospects, career prospects, organisation of work, part-time opportunities, training and continuing education, relations with management and patients).

Possibility of balancing work and private life.

Relations with work colleagues.

DATA ANALYSIS

Question 4 M

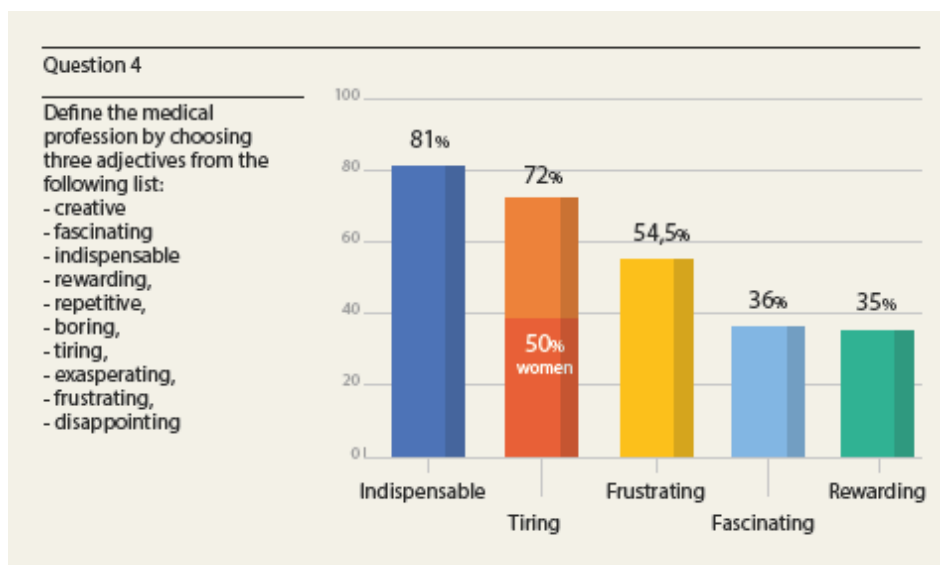
If you had to describe the medical profession today using three adjectives, which of the following would you choose: creative, fascinating, indispensable, rewarding, repetitive, boring, tiring, exasperating, frustrating, disappointing?

For 81% of doctors, the profession is indispensable, and it is often the youngest who think of it as such.

For 72%, it is tiring (and here there is no gender distinction, with 50% of women choosing this adjective).

For 54%, it is frustrating.

Other adjectives chosen were fascinating (36%) and rewarding (35%).



Question 5.1

In general, how do you rate the quality of services provided by the national healthcare facilities in your country?

Not very satisfactory 50% (among these, 33% are women)

Satisfactory 41%

Unsatisfactory 9% (Austria)

Question 5.2

In general, how do you rate the quality of services provided by hospitals in your country?

Satisfactory 75%

Not very satisfactory 25%

Question 5.3

In general, how do you rate the quality of services provided by hospitals in your region?

Satisfactory 84%

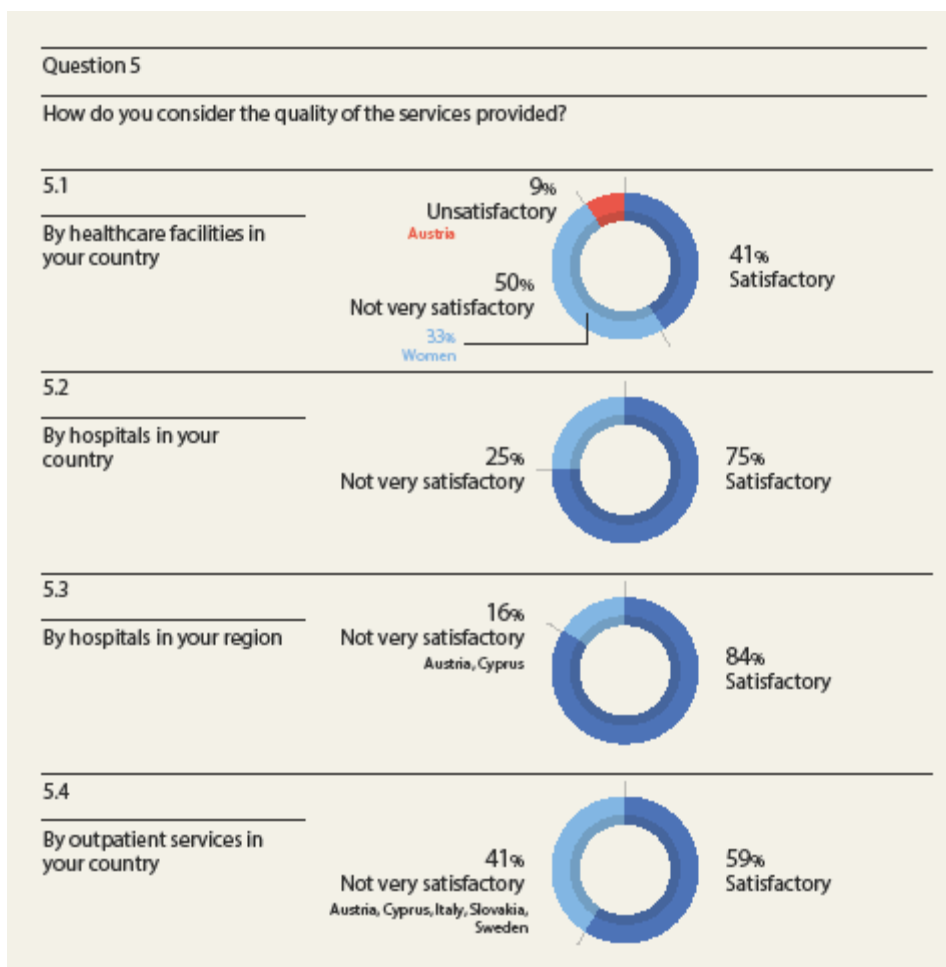
Not very satisfactory 16% (Austria and Cyprus)

Question 5.4

In general, how do you rate the quality of services provided by outpatient services in your country?

Satisfactory 59%

Not very satisfactory 41% (Austria, Cyprus, Italy, Slovakia and Sweden)

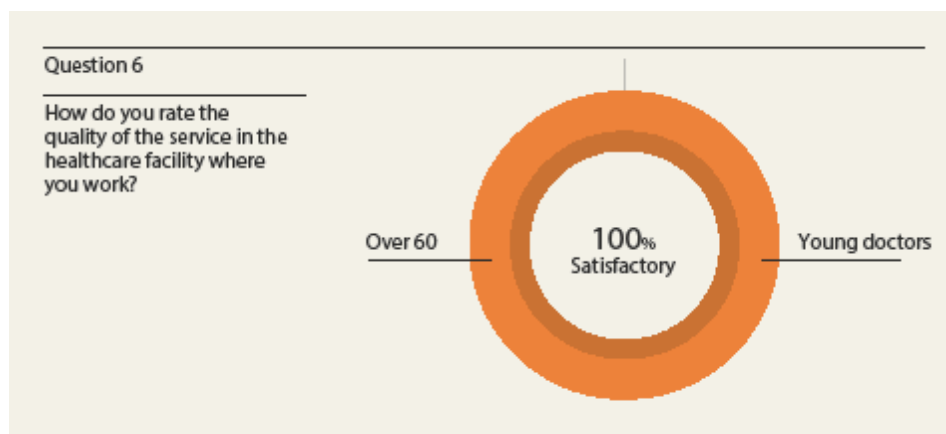


Question 6

How do you rate the quality of the service in the healthcare facility where you work?

Here, the response was unanimous: 100% considered it satisfactory.

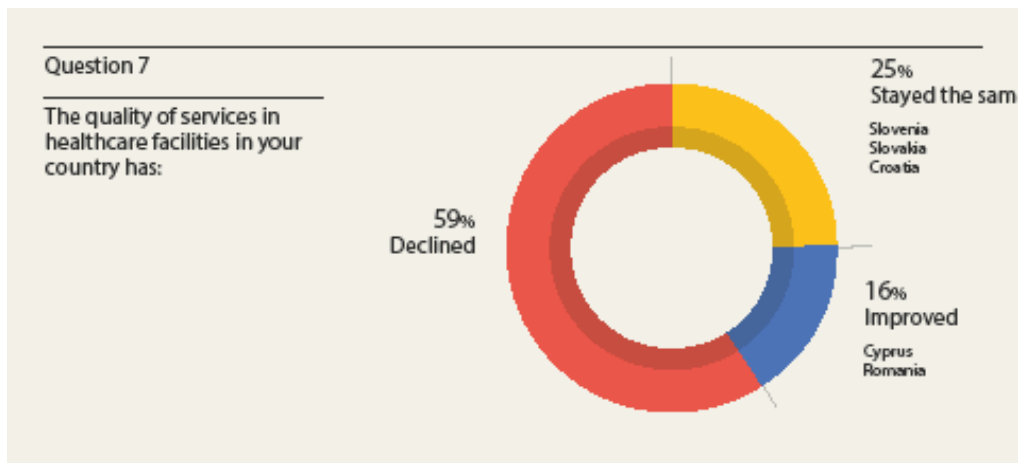
This is particularly true for the two most extreme age groups, i.e., the youngest and the over 60s.





Question 7

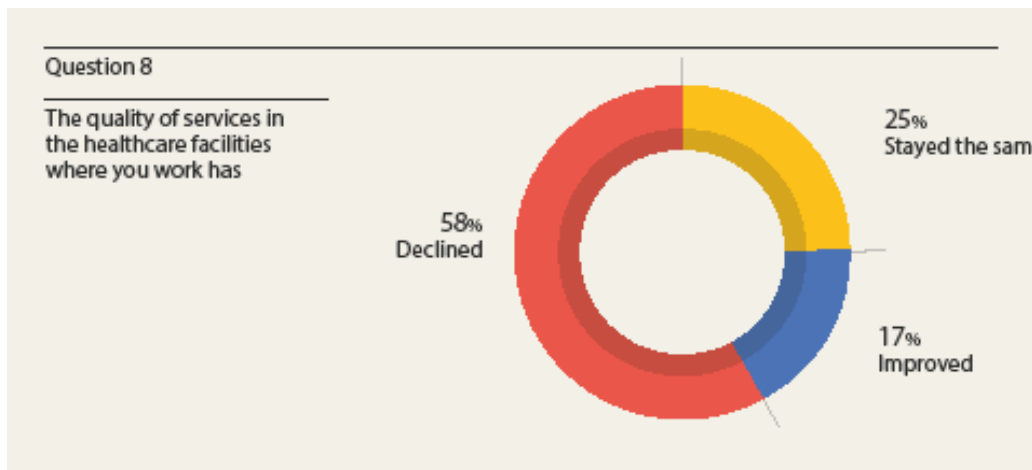
In your opinion, in the last 10 years, the quality of services in healthcare facilities in your country has:
Declined 59% (Austria, France, Germany, Italy, Portugal, Spain, Sweden)
Improved 16% (Cyprus, Romania)
Stayed the same 25% (Slovenia, Slovakia, Croatia)



Question 8

The quality of services in the healthcare facilities where you work has

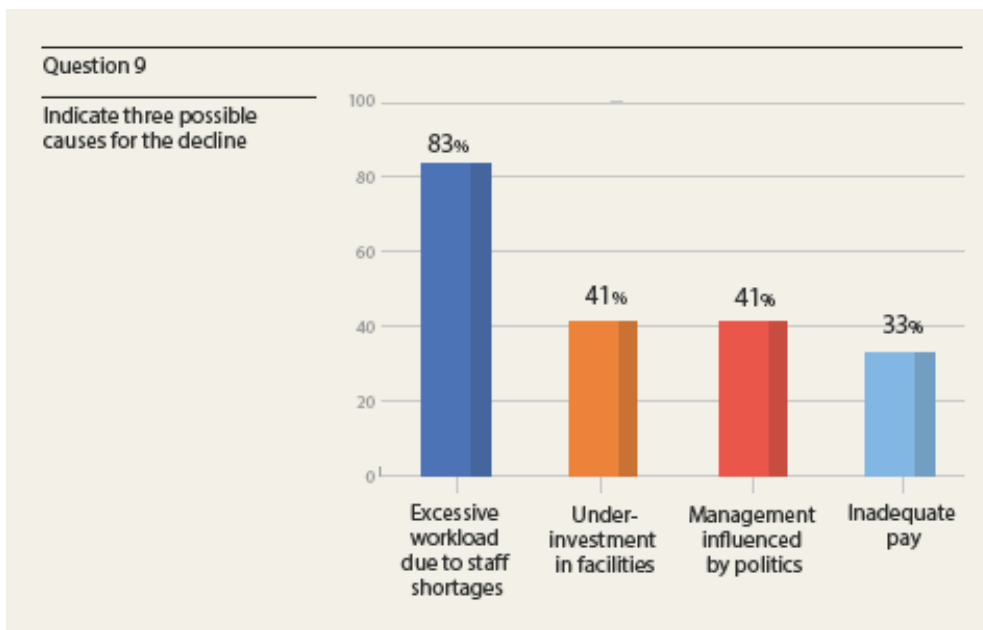
Declined 58%
Stayed the same 25%
Improved 17%



Question 9 M

If it has declined, indicate the main reasons in your view (three answers possible)

Excessive workload due to staff shortages 83% (30% women)
Underinvestment in facilities 41%
Management influenced by politics 41%
Inadequate pay 33%



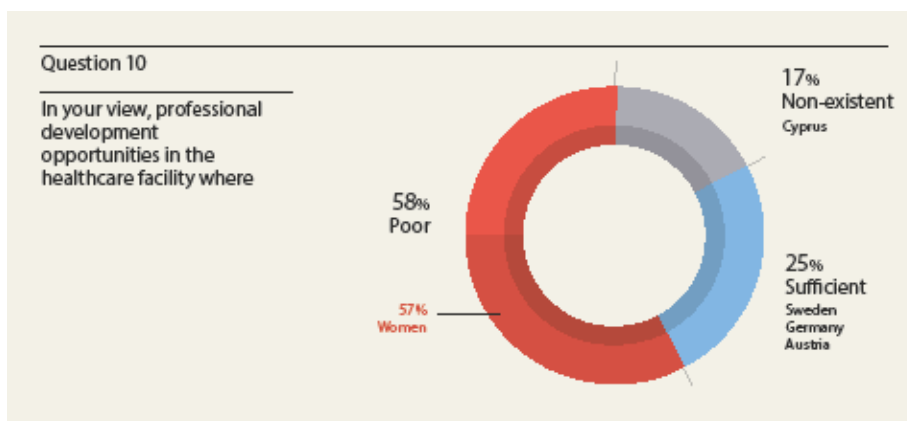
Question 10

In your view, professional development opportunities in the healthcare facility where you work are:

Poor 58% (women who complain about it: 57%)

Sufficient 25% (Sweden, Germany, Austria)

Non-existent 17% (Cyprus)

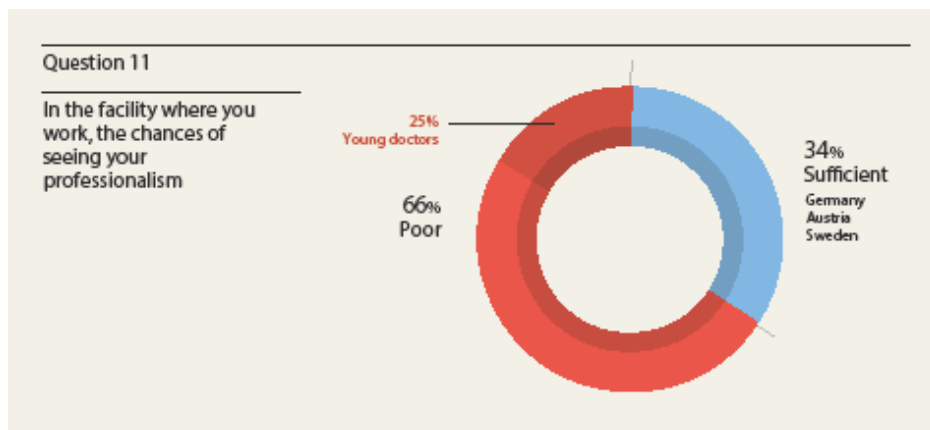


Question 11

In the healthcare facility where you work, the chances of seeing your professionalism recognised are:

Poor 66% (25% of these are the youngest)

The remaining 34% answered sufficient (doctors in Germany, Austria and Sweden).



Question 12 M

If you had to rate each of the following aspects in relation to how it affects the quality of healthcare services, what score would you give?

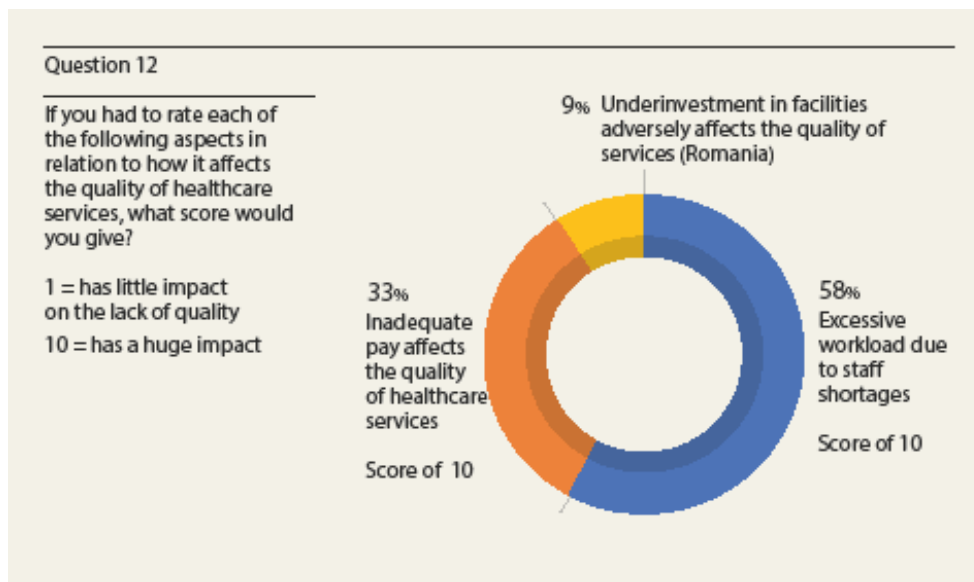
(1 = has little impact on the lack of quality; 10 = has a huge impact)

Excessive workload due to staff shortages; Excessive workload due to organisational problems; Underinvestment in facilities; Underinvestment in research; Lack of flexibility in the organisation of work; Less preparation for doctors; Less dedication among doctors; Excessively frequent shifts and on-call duties; Inadequate pay; Relations with management; Management influenced by political factors; Manager competence.

58% of respondents answered that their workloads are excessive due to staff shortages, giving it the maximum score of 10.

33% answered that inadequate pay affects the quality of healthcare services (again with a maximum score).

Finally, 9% felt that the quality of services is adversely affected by underinvestment in facilities.



Question 13.1

Please indicate to what extent you agree with the following opinions expressed by other doctors working in healthcare facilities:

Financial compensation is not commensurate with the commitment required of salaried doctors

Totally agree 83%

Agree 9% (Sweden)

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Disagree 8% (Germany)

Question 13.2

Working in a healthcare facility means giving up your private life

Agree 50%

The remaining 50% disagree

Question 13.3

The role of the salaried doctor has little recognition in society

Agree 33%

Fully agree 41%

Disagree 26% (Germany, Austria, Sweden)

Question 13.4

Salaried doctors have little involvement in health and management policy

Agree 50%

Totally agree 50%

Question 13.5

Individual doctors are too dependent on professional and administrative hierarchies

Totally agree 59%

Agree 33%

Disagree 8% (Austria)

Question 13.6

Many regulations aimed at improving safety and quality of care are actually means of reducing costs.

Totally agree 66%

Agree 25%

Disagree 9% (Slovenia)

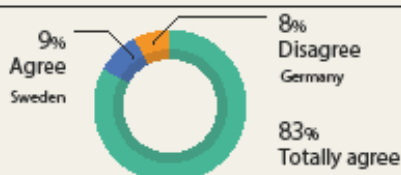


Question 13

Do you agree with those who say that:

13.1

Financial compensation is not commensurate with the commitment required of salaried doctors?



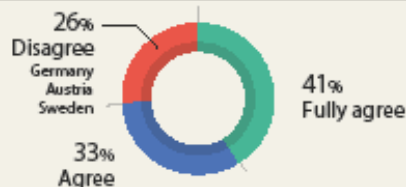
13.2

Working in a healthcare facility means giving up your private life?



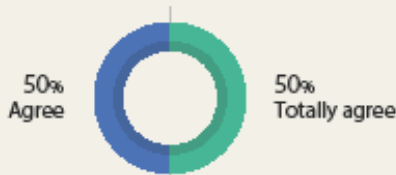
13.3

The role of the salaried doctor has little recognition in society?



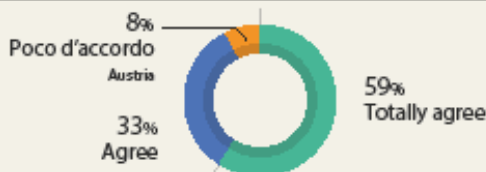
13.4

Salaried doctors have little involvement in healthcare and management policy?



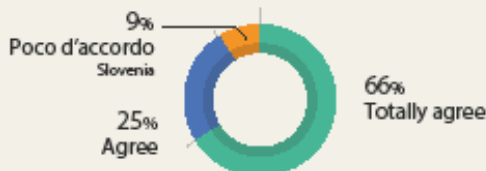
13.5

Individual doctors are too dependent on professional and administrative hierarchies?



13.6

Many regulations aimed at improving safety and quality of care are actually means of reducing costs?

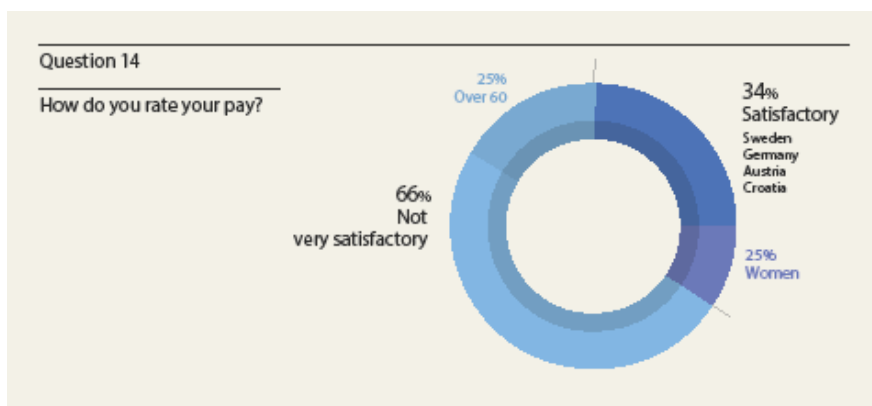




Question 14

How do you rate your pay?

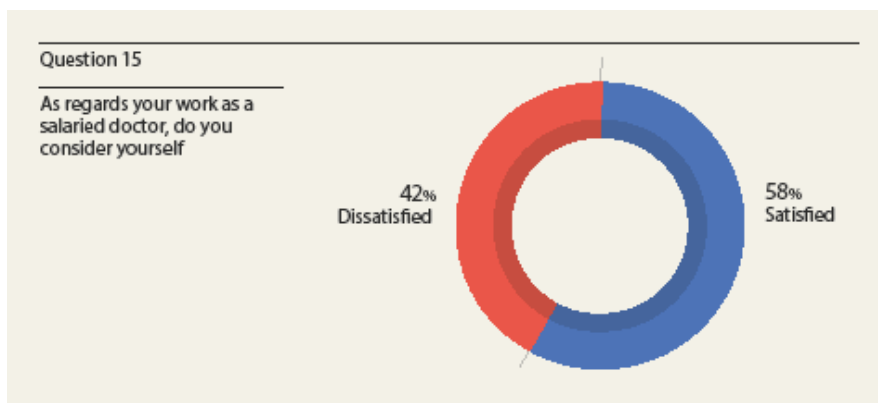
33% consider it satisfactory (25% of these are women), particularly in Sweden, Germany, Austria and Croatia. The remaining 66% consider it not very satisfactory (25% of these are over 60, especially in Cyprus and Spain).



Question 15

As regards your work as a salaried doctor, do you consider yourself

Satisfied 58%
Dissatisfied 42%



Question 16.1

Please indicate how satisfied you are with each of the following aspects of the job:
Distribution of workload

Satisfied 43%
Dissatisfied 57%

Question 16.2

Job prospects

Dissatisfied 41%
Satisfied 59% (28% of these are over 60; 14% are in the 25-35 age group)

Question 16.3

Career prospects

58% are dissatisfied (37% are women)
42% are satisfied (40% are over 60 and 20% are among the youngest)

Question 16.4

Organisation of work

Dissatisfied 75%

Satisfied 25% (particularly in Germany, Slovakia and Sweden, where however 37% of women are less satisfied)

Question 16.5

Work flexibility

Dissatisfied 75%

Satisfied 25%

Question 16.6

Possibility of going part-time

Very satisfied 10%

Satisfied 33%

Dissatisfied 33%

Extremely dissatisfied 16%

Don't know 8%

Question 16.7

Training and continuing education

Dissatisfied 58% (including Sweden)

Satisfied 42%

Question 16.8

Quality of healthcare facilities

Satisfied 42% (Austria, Germany, Sweden, Slovenia)

Dissatisfied 58%

Question 16.9

Relations with the management

Dissatisfied 50%

Satisfied 41%

Extremely dissatisfied 9%

Question 16.10

Relations with patients

Satisfied 83%

Very satisfied 17%

Question 16.11

Technological equipment

Satisfied 58%

Dissatisfied 33%

Extremely dissatisfied 9%



Question 16

Please indicate how satisfied you are with each of the following aspects of the job

16.1

Distribution of workload



16.2

Job prospects



16.3

Career prospects



16.4

Organisation of work



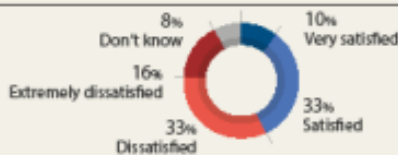
16.5

Work flexibility



16.6

Possibility of going part-time



16.7

Training and continuing education



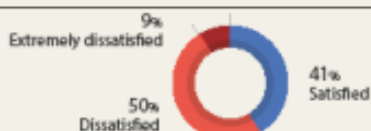
16.8

Quality of healthcare facilities



16.9

Relations with the management



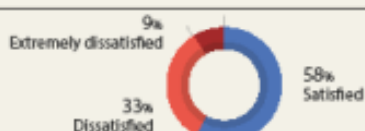
16.10

Relations with patients



16.11

Technological equipment

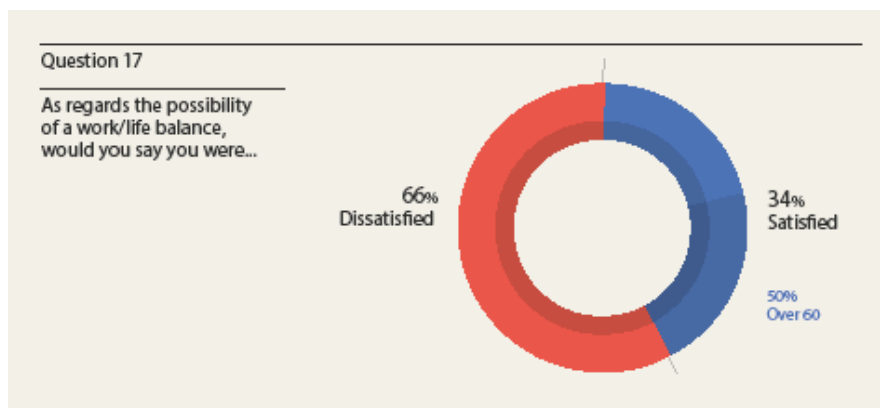


Question 17

As regards the possibility of a work/life balance, would you say you were...

Dissatisfied 66%

Satisfied 34% (among these, 50% are over 60)



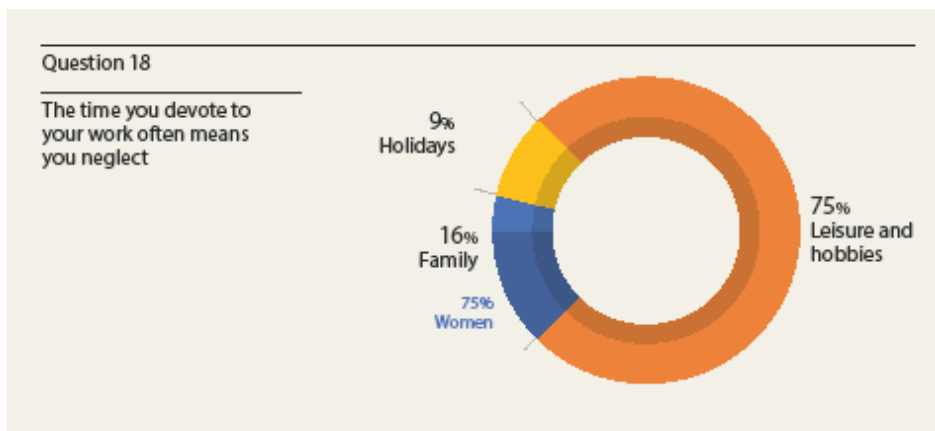
Question 18

The time you devote to your work often means you neglect

Leisure and hobbies 75%

Family 16% (specifically, 75% of women complain about this)

Holidays 9%



Question 19.1

Now evaluate certain aspects of your work and indicate for each one how feasible and easy it is to implement changes:

Change hospital

Difficult 41%

Very difficult 34%

Easy 25% (Germany, Austria and Sweden)

Question 19.2

Change type of job or role

Difficult 67% (particularly for German women, 70%)

Very difficult 33%

Question 19.3

Be transferred to another department

Difficult 50%

Very difficult 40%

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Very easy 10% (Austria)

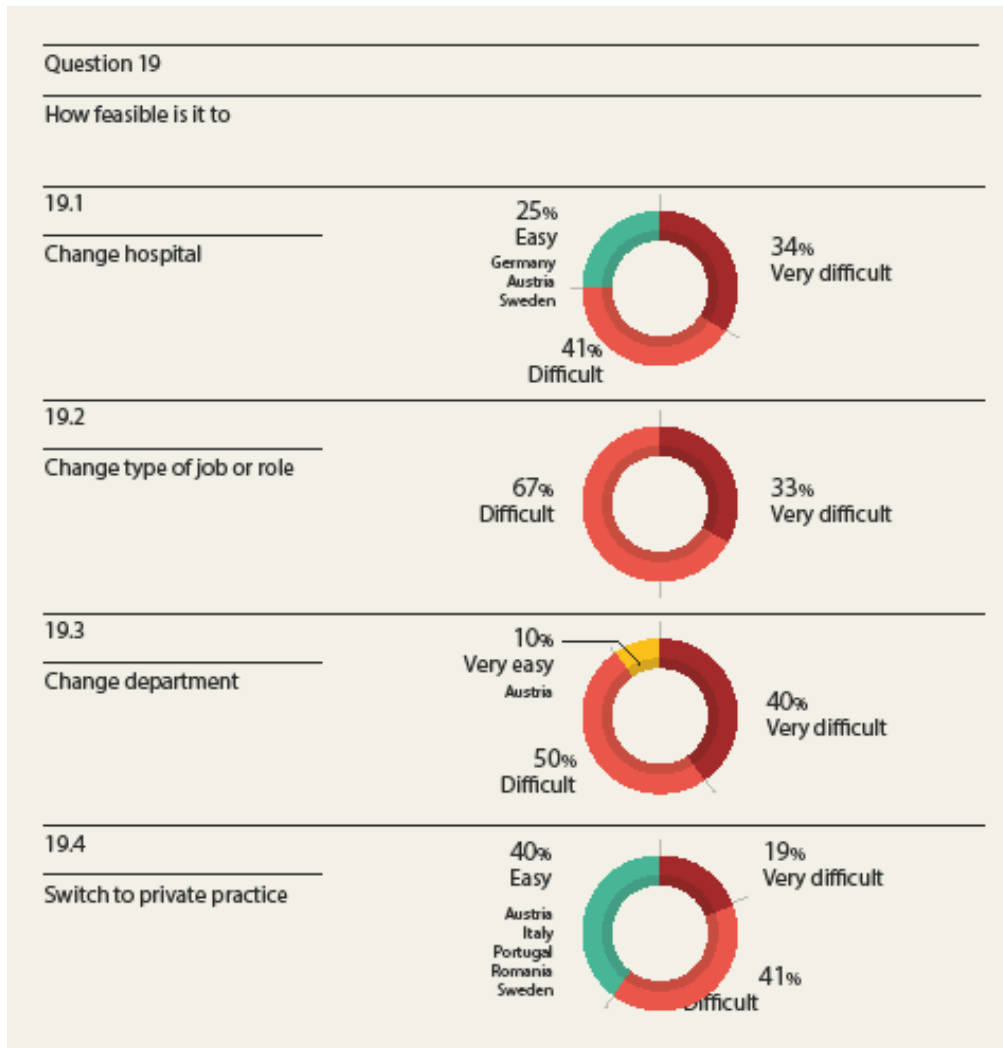
Question 19.4

Switch from employment to private practice

Easy 40% (Austria, Italy, Portugal, Romania, Sweden)

Difficult 41%

Very difficult 19%



Question 20.1

You would define your relations with your work colleagues in terms of working environment as

Good 84%

Very good 8%

Moderate 8%

Question 20.2

You would define your relations with your work colleagues in terms of cooperation as

Good 91%

Very good 9%



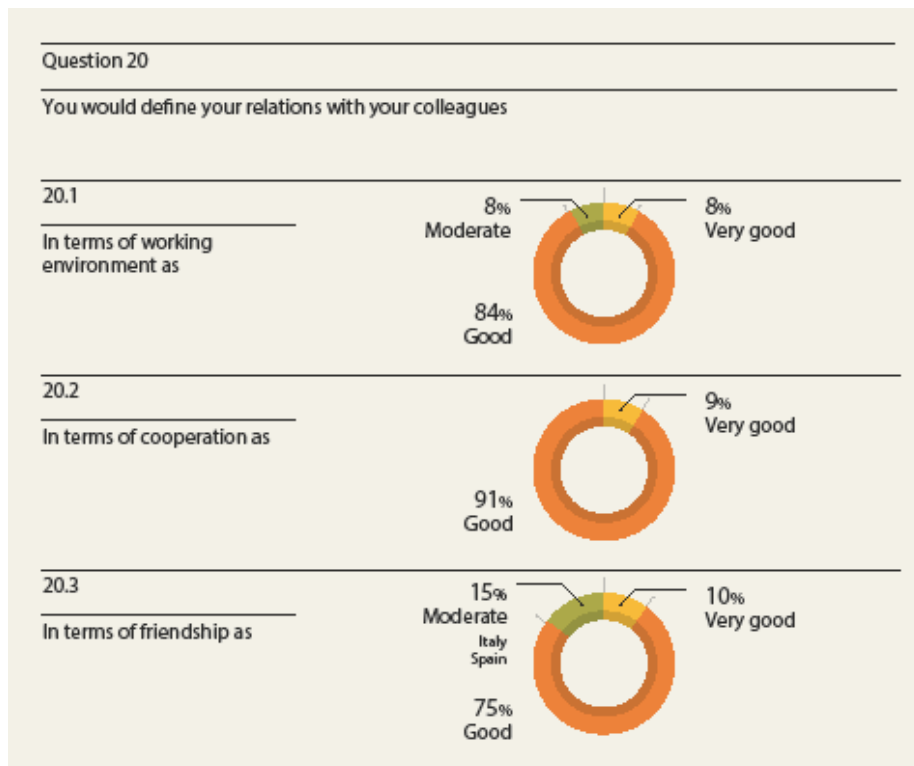
Question 20.3

You would define your relations with your work colleagues in terms of friendship as

Good 75%

Moderate 15% (Italy and Spain)

Very good 10%



Question 21.1

Do you believe that the healthcare system in your country responded to the Covid-19 emergency in a manner that was...

Inadequate 42% (Spain)

Quite adequate 50% (including Italy and Germany)

Extremely inadequate 8%

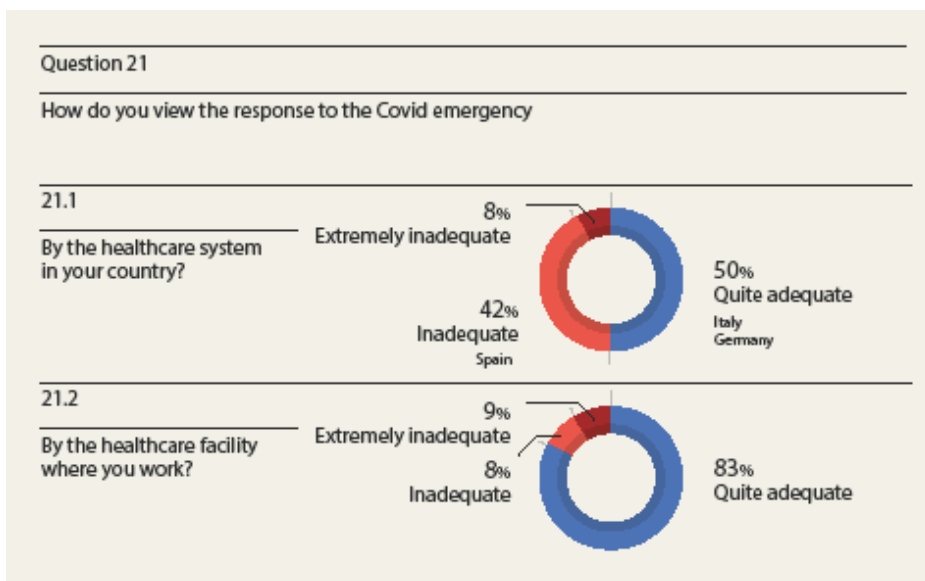
Question 21.2

Do you believe that the healthcare facility where you work responded to the Covid-19 emergency in a manner that was...

Quite adequate 83%

Extremely inadequate 9%

Inadequate 8%



Question 22.1

*During the Covid-19 emergency, do you feel...
that your work played an important role*

Quite important 75%
Very important 17%
Not very important 8%

Question 22.2

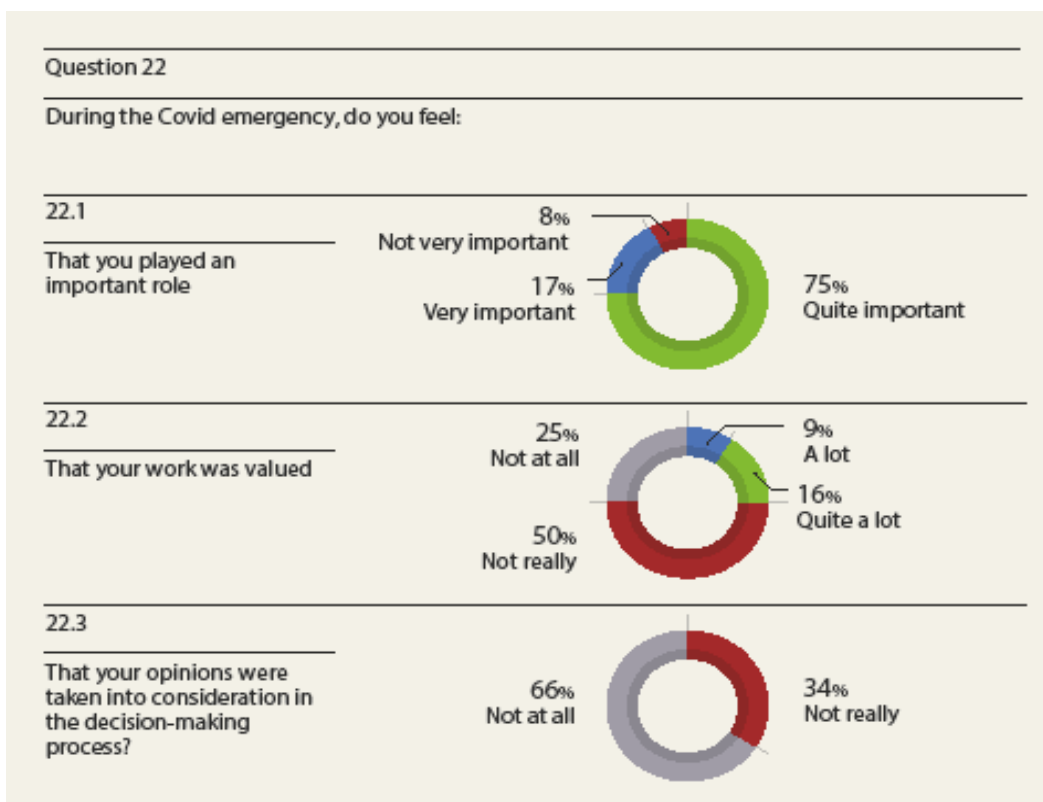
that your work was valued

Not really 50%
Not at all 25%
Quite a lot 16%
A lot 9%

Question 22.3

that your opinions were taken into consideration in the decision-making process

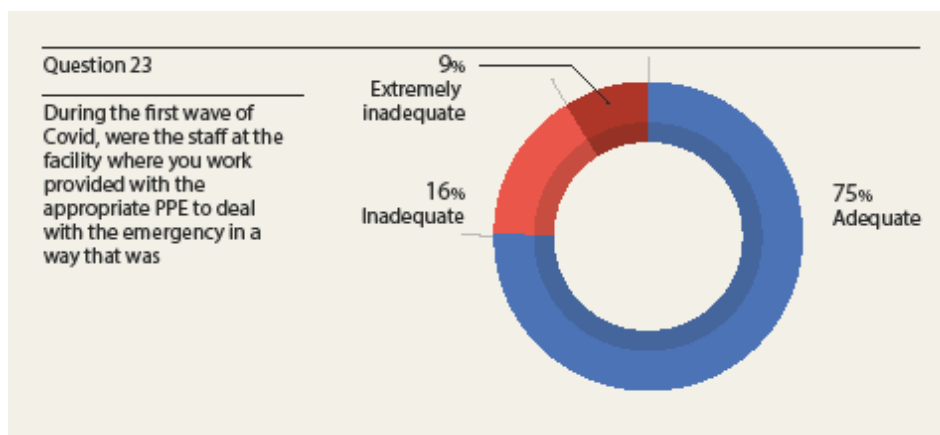
Not at all 66%
Not really 34%



Question 23

During the first wave of Covid, were the staff at the facility where you work provided with the appropriate PPE to deal with the emergency in a way that was

Adequate 75%
Inadequate 16%
Extremely inadequate 9%



Question 24 M

In the event of another public health emergency, which aspects do you think should be improved?

As this is a multiple-choice question, the responses are different. However, it is clear that in most countries, survey respondents expressed the need for more healthcare staff, i.e., nurses (75%) and doctors (66%). In addition, 58% believe it is necessary to invest in prevention and 41% call for an increase in intensive care beds.

25% recommend investment in facilities.

16% call for outpatient services to be improved.

