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Work Motivation and Job Satisfaction among Primary Healthcare Workers in Georgia

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ABSTRACT

Motivation is defined as human effort, striving, stimulation process for successful work, and achievement of organizational goals. The purpose of the research is to study the factors determining the motivation and job satisfaction of primary healthcare personnel in Georgia. The relevance of the issue is indicated by the poorly development of the primary healthcare system in Georgia, which is confirmed by the fact that the number of referrals to outpatient medical institutions is 3.6 per capita per year, while it reaches 7.5 in European countries. A quantitative study was conducted in this research. As a result of the research, it was determined that motivation and job satisfaction are complex constructs. The following main factors that influence the job satisfaction of employees in primary care organizations were identified: individual characteristics, financial and non-financial incentives, organizational structures and processes, including supervision, leadership, fairness, and responsibility for the distribution of resources, staff dynamics, and team cohesion, relationships with colleagues and management, relationships with patients, intellectual stimulation, opportunities for continuing medical education. A family physician's and family nurse practitioner's job satisfaction significantly improves the services and has a positive impact on the patient's well-being. Health policymakers and managers need to critically analyze the importance of providing additional incentives. In order to improve the job satisfaction of primary health care workers, in addition to salary, special emphasis should be placed on supporting family life, creating decent living conditions, adequate free time, educational prospects, and better opportunities for professional development and promotion.

KEYWORDS

Motivation; job satisfaction; primary healthcare; family physician; family nurse practitioners; Georgia

Introduction

Motivation is defined as human effort, striving, stimulation process for successful work, and achievement of organizational goals. It develops as a result of the interaction of individual, organizational, and cultural factors (Franco, Bennett, and Kanfer 2002; Toode, Routasalo, and Suominen, 2011). The motivation of healthcare workers significantly determines the factor of improvement of their work and the results of providing medical services.

Job satisfaction is a positive emotional state and determined by working conditions and organizational environment, relations between family physicians and family nurse practitioners, collegial cooperation between employees, features of medical organization management, recognition.

Job satisfaction affects the attachment of medical personnel to the workplace.

At first glance, motivation and job satisfaction are related, although they are different from each other (Christen, Iyer, and Soberman 2006). Motivation is the human intention to achieve the set organizational goals. Motivation refers only to the reasons a person performs a job, regardless of whether the job brings him pleasure. By contrast, job satisfaction refers to a person's attitude to the organizational environment. Job satisfaction refers to the pleasure or reassurance that a job provides a person. Job Satisfaction is an emotional response that will results in broad behavioral actions toward working environment; while Motivation is a behavioral actions that may return with specific emotional response. According to the principle of

compatibility, it is possible for employees to satisfy with their jobs but not motivated (Kian, Yusoff, and Rajah 2014). They are influenced by individual (self-esteem, expectations, needs), organizational (structure, processes, resources, culture) and socio-cultural (expectations, influence of culture on organizations, reforms) factors (Kahiga 2017).

There are many studies in the world, where the influence of various factors on motivation and job satisfaction is studied. However, these factors are relatively less studied in developing countries. Moreover, the majority of research on motivation and job satisfaction has focused on healthcare workers employed in the hospital setting, and relatively little has been devoted to staff working in the primary care system.

The research question is to evaluate and analyze the characteristics of motivation and job satisfaction in the primary health care system in Georgia. Primary health care is the most equitable and effective strategy to improve the health of the population. Primary health care is the patient's first point of contact in the fight against disease and provides affordable, comprehensive, continuous, and coordinated health care to the community. Good primary care helps improve population health and reduce the burden on a more expensive hospital system, especially in the face of an aging population and an increasing burden of chronic conditions.

The relevance of the issue is indicated once again by the poorly developed aspect of the primary health care system in Georgia. For example, the low level of development of the primary health care system in Georgia is indicated by the fact that, according to 2019 data, the number of referrals to outpatient medical institutions is 3.6 per capita per year, while it reaches 7.5 in European countries. With this indicator, Georgia is in the second place from the last compared to the countries of the European region of WHO. As a result of the implementation of the state program of universal health care since 2013, the overall rate of patient referrals to outpatient clinics has increased by 25%, which indicates an increase in financial access to health services (Verulava, Jorbenadze, and Barkalaia 2017). However, only 22% of the beneficiaries of the

program applied to the outpatient clinic for medical assistance.

These problems exacerbate human resource challenges that affect both the motivation and performance of health workers, as well as their retention rates in these positions. This is especially problematic for the family physician. Studies confirm that family physicians are in lack of remuneration is the reason for low motivation to provide services with appropriate quality. According to a study conducted in Georgia, the remuneration of 85% of respondents is less than \$300, which according to 65% of family physicians is too low, and according to 70%, their remuneration is not adequate for the work performed and they have to work much more than they are compensated.

Relatively less evidence exists on factors influencing family physicians' motivation and job satisfaction. Efforts aimed at increasing the motivation of primary health care workers, especially in conditions of scarce financial resources, mainly include financial motivation measures, which are external factors. Although financial motivation is necessary for the effective work of health workers, there is a need to study more deeply the role of internal, non-financial factors such as recognition, creating a better working environment, leadership, which have a significant impact on the motivation of health workers.

The study of the characteristics of the motivation of workers in the primary health care system in Georgia is one of the important issues for the formation of primary health care policies and business processes. Also, an important research question is what distinguishing aspects exist between the staff's job satisfaction and motivation factors, and what distinguishing features Georgian primary health care personnel have in the mentioned direction.

The purpose of the research is to study the factors determining the motivation and job satisfaction of primary health care personnel in Georgia.

Methodology

Population and Sample

An analytical cross-sectional study was conducted. Within the quantitative research, medical personnel (family physicians and family nurse practitioners)

from different cities and regions of Georgia were interviewed. Ten large Family Medicine Centers of Georgia were selected for research. All of the registered family physicians and family nurse practitioners who worked in these Family Medicine Centers were asked to participate. Participants were invited to take part in the study through email. In total, 352 medical employees were contacted by email, 324 of which completed and returned a survey (92% response rate).

Tools Used

A pre-structured online questionnaire made *via* the Google Forms electronic platform was used as a research tool. It was developed based on existing foreign literature and was adapted to the reality of Georgia. Before taking up the research, the questionnaire was pre-piloted, after piloting minor adjustments were made to the questionnaire.

The questionnaire included socio-demographic data and closed-ended questions where respondents could form opinions on both content and technical issues. The average duration of completing the questionnaire was 10 min. The survey was conducted in April–June 2022.

Data Collection and Analysis

After finishing the research, the responses were extracted by Excel, coded, and then analyzed using SPSS software (V23). The statistical analyses were descriptive. Categorical data were presented as a frequency and percentage. Statistics were generated by frequency tables. To determine the job satisfaction of employees, we studied six factors that influence job satisfaction: compensation, job satisfaction and involvement, work-life balance, professional development opportunities, working conditions, relationship with managers.

Written informed consent was obtained from all the participants of the study. As part of the consent process, personnel were provided with information about the confidentiality of their participation in the survey. Any information that would reveal the identity of the participant was destroyed, and all data was collected without revealing any personal information. Ethical clearance was obtained from

the Institutional Ethics Committee of the University of Georgia (17.2022_01_03_UG)

Results

A total of 324 medical personnel were interviewed, 50% of them were family physicians ($n=162$) and 50% ($n=162$) were family nurse practitioners. 90.9% of family physicians were female; $n=131$, and 100% in family nurse practitioners; $n=162$. Most family physicians (35.8%; $n=58$) and family nurse practitioners (30.9%; $N=100$) are aged 41–50. According to the work experience of family physicians (31.5%; $n=51$) and family nurse practitioners (30.2%; $n=49$) is between 1 and 3 years. By type of remuneration, family physicians (88.3%; $n=143$) have mixed remuneration, while family nurse practitioners (92%; $n=149$) have fixed remuneration. According to the monthly salary, the salary of the majority of family physicians (32%; $n=52$) and family nurse practitioners (44%; $n=71$) is \$ 201–400 (Table 1).

To determine the job satisfaction of employees, we studied several factors that influence job satisfaction: Compensation, job satisfaction and involvement, work-life balance, professional development opportunities, working conditions, relationship with managers (Table 2).

Discussion

The results of the study showed that the successful and effective work of the medical organization is largely related to the job satisfaction of the medical staff. The family physician's satisfaction significantly improves the services and positively affects the patient's satisfaction level. The family physician's behavior with colleagues, as well as the relationship between the family physician and the patient, depends on the level of job satisfaction. Similar results were obtained by studies conducted in other countries (Liu, Wang, and Lu 2010; Huey, Shake, and Richard 2002; Shakir et al. 2007).

Research has shown that job satisfaction of family physicians is influenced by both activity and personal characteristics. The most important factors were identified as: relationship with patients, intellectual stimulation, opportunity for

Table 1. Distribution of respondents according to demographic indicators.

	Family physician 162 (50%)	Family nurse practitioners 162 (50%)	Total 324 (100%)
Gender			
Female	131 (80.9 %)	162 (100 %)	293 (90.4 %)
Male	31 (19.1 %)	0 (0 %)	31 (9.6 %)
Age			
21–30	12 (7.4 %)	16 (9.9 %)	28 (8.6 %)
31–40	45 (27.8 %)	21 (13 %)	66 (20.4%)
41–50	58 (35.8 %)	42 (25.9 %)	100 (30.9 %)
51–60	34 (21 %)	51 (31.5 %)	85 (26.2 %)
61 - >	13 (8 %)	32 (19.8 %)	45 (13.9 %)
Work experience			
up to 6 months	6 (3.7 %)	4 (2.5 %)	10 (3.1 %)
From 6 months to 1 year	26 (16 %)	21 (13 %)	47 (14.5 %)
From 1 year to 3 years	51 (31.5 %)	41 (25.3 %)	92 (28.4 %)
From 3 year to 5 years	36 (22.2 %)	49 (30.2 %)	85 (26.2 %)
5 and more	43 (26.5 %)	47 (29 %)	90 (27.9 %)
Payment type			
Mixed	143 (88.3 %)	7 (4.3 %)	150 (46.3 %)
Per person	11 (6.8 %)	6 (3.7 %)	17 (5.2 %)
Fixed	8 (4.9 %)	149 (92 %)	157 (48.5 %)
Amount of compensation			
\$ 200 <	21 (13 %)	26 (16 %)	47 (14.5%)
\$ 201–400	52 (32 %)	71 (44 %)	123 (38%)
\$ 401–600	46 (28.4 %)	58 (36 %)	104 (32%)
\$ 601 >	43 (26.5 %)	7 (4 %)	50 (15.4%)

continuous medical education, job satisfaction, relationship with colleagues and management.

Job satisfaction is significantly determined by the possibility of professional development. The study confirmed that one of the most important challenges is the critical shortage of properly trained personnel. From the point of view of the possibility of professional development, we studied several issues: the possibility of taking trainings, conducting trainings with high intensity, how high is the involvement of employees in trainings, how much trainings help in improving practical skills.

Fifty percent of family physicians ($n=81$) believe that they have the opportunity to receive training; However, training opportunities are very low for family nurse practitioners; 34.6% of family nurse practitioners believe that they do not have the opportunity to receive trainings; 29% of family physicians and 34.6% of family nurse practitioners believe that trainings are not conducted with high intensity; The majority of family physicians (40.7.5% partially and 28.4% fully) believe that employee involvement in trainings is not high; 54.9% of family physicians and 46.9% of family nurse practitioners believe that trainings help to improve practical skills (Table 2).

The mentioned results may be caused by the fact that incentives for continuous medical education and continuous professional development have not been implemented in Georgia, which make it very attractive and even necessary for the family physicians to constantly update knowledge. Such incentives are: career growth guarantee, salary increase, bonuses, contracting only those family physicians who participate in continuous medical education. The low level of professional education of family nurse practitioners is especially alarming. Similar results were obtained by other studies (Ashraf et al. 2014; Sharma et al. 2014).

Job satisfaction is influenced by the working environment and conditions of the organization. Good working conditions contribute to the willingness of medical staff to serve patients better. On the other hand, in a satisfactory environment, patients develop motivation to often turn to their family physician when needed, where they can calmly explain their complaints.

We studied the impact of working conditions on job satisfaction according to several issues: how timely is the response to a technical fault in the work process, how well do the work items (medical, technical inventory, stationery) correspond to the requirements and needs, how comfortable is the territorial location, how satisfied are they with the physical conditions. According to the respondents, the improvement of the working environment and conditions of their organization had a positive effect on their motivation to work better, as well as on their mood to provide high-quality service to patients. In recent years, the buildings, family physician's offices, and procedure rooms have been renovated and improved. They are equipped with all necessary medicines and necessary equipment.

The research showed that 36.4% of family physicians and 30.2% of family nurse practitioners believe that there is a timely response to a technical error in the work process; 43.2% of family physicians and 37.7% of family nurse practitioners believe that work items (medical, technical inventory, stationery) correspond to their requirements and needs. 43.2% of family physicians and 37.7% of family nurse practitioners believe that the territorial location is quite comfortable for them; 54.3% of family physicians and 46.3% of family

Table 2. Results of a survey of primary care staff on the determinants of motivation and job satisfaction.

		Disagree	Partially disagree	Partially agree	Agree	Average rate	SD
Compensation							
Compatibility of remuneration and assigned functions-duties	Family physician	73 (45 %)	53 (32.7 %)	24 (14.8 %)	12 (7.4 %)	2.36	0.87
	Family nurse practitioner	107 (66 %)	43 (26.5 %)	8 (4.9 %)	4 (2.5 %)		
	Total	180(56 %)	96 (29.6 %)	32 (9.9 %)	16 (4.9 %)		
Timeliness of getting paid	Family physician	2 (1.2 %)	5 (3.1 %)	16 (9.9 %)	139(85.8%)	2.54	0.74
	Family nurse practitioner	3 (1.9 %)	12 (7.4 %)	21 (13 %)	126(77.8%)		
	Total	5 (1.5 %)	17 (5.2 %)	37 (11.4 %)	265(81.8%)		
The possibility of receiving additional compensation	Family physician	5 (3.1 %)	9 (5.6 %)	12 (7.4 %)	136 (84%)	2.66	0.81
	Family nurse practitioner	20 (12.3%)	39 (24.1 %)	38 (23.5 %)	65 (40.1%)		
	Total	25 (7.7 %)	48 (14.8 %)	50 (15.4 %)	201 (62%)		
Providing a sense of stability by the company	Family physician	34 (21 %)	48 (29.6 %)	44 (27.2 %)	36 (22.2%)	2.61	0.78
	Family nurse practitioner	47 (29 %)	58 (35.8 %)	38 (23.5 %)	19 (11.7%)		
	Total	81 (25 %)	106(32.7 %)	82 (25.3 %)	55 (17 %)		
Job satisfaction and involvement							
I feel like a member of the family at work	Family physician	12 (7.4 %)	20 (12.3 %)	43 (26.5 %)	87 (53.7%)	2.32	0.62
	Family nurse practitioner	15 (9.3 %)	28 (17.3 %)	38 (23.5 %)	81 (50 %)		
	Total	27 (8.3 %)	48 (14.8 %)	81 (25 %)	168(51.9%)		
I am aware of my role in the success of the company	Family physician	12 (7.4 %)	20 (12.3 %)	43 (26.5 %)	87 (53.7%)	2.45	0.53
	Family nurse practitioner	15 (9.3 %)	28 (17.3 %)	38 (23.5 %)	81 (50 %)		
	Total	27 (8.3 %)	48 (14.8 %)	81 (25 %)	168(51.9%)		
Appreciation from management	Family physician	12 (7.4 %)	20 (12.3 %)	43 (26.5 %)	87 (53.7%)	2.39	0.57
	Family nurse practitioner	15 (9.3 %)	28 (17.3 %)	38 (23.5 %)	81 (50 %)		
	Total	27 (8.3 %)	48 (14.8 %)	81 (25 %)	168 (51.9%)		
An opportunity to express yourself as much as possible	Family physician	21 (13 %)	40 (24.7 %)	47 (29 %)	54 (33.3%)	2.06	0.72
	Family nurse practitioner	41 (25.3%)	54 (33.3 %)	32 (19.8 %)	35 (21.6%)		
	Total	62 (19.1%)	94 (29.0 %)	79 (24.4 %)	89 (27.5%)		
Constantly rewarded by the company for quality work	Family physician	44 (27.2%)	57 (35.2 %)	32 (19.8 %)	29 (17.9%)	2.27	0.84
	Family nurse practitioner	51 (31.5%)	74 (45.7 %)	22 (13.6 %)	15 (9.3 %)		
	Total	95 (29.3%)	13 (40.4 %)	54 (16.7 %)	44 (13.6%)		
Work-life balance							
Satisfaction with normal work schedule	Family physician	74 (45.7%)	28(17.3 %)	38 (23.5 %)	44 (13.6%)	2.36	0.82
	Family nurse practitioner	43 (26.5%)	24 (14.8 %)	61 (37.7 %)	74 (22.8%)		
	Total	20 (12.3%)	36 (22.2 %)	71 (21.9 %)	135(41.7%)		
Work-life balance is maintained at my job	Family physician	78 (48.1%)	25 (15.4 %)	48 (29.6 %)	28 (8.6%)	2.5	0.72
	Family nurse practitioner	13 (8 %)	18(11.1 %)	91 (56.2 %)	89 (27.5%)		
	Total	10 (6.2 %)	41(25.3 %)	28(11.7 %)	169(52.2%)		
stressful work environment	Family physician	39 (24.1%)	52 (32.1 %)	34 (21 %)	37 (22.8%)	2.64	0.61
	Family nurse practitioner	31 (19.1%)	60 (37 %)	30 (18.5 %)	41 (25.3%)		
	Total	70 (21.6%)	112(34.6 %)	64 (19.8 %)	78 (24.1%)		
I cannot pay attention to family members due to busy schedule	Family physician	29 (17.9%)	47 (29 %)	47 (29 %)	39 (24.1%)	2.18	0.67
	Family nurse practitioner	31 (19.1%)	46 (28.4 %)	42 (25.9 %)	43 (26.5%)		
	Total	60 (18.5%)	93 (28.7 %)	89 (27.5 %)	82 (25.3%)		
In addition to the main working hours, how much additional involvement do you have in non-working hours	Family physician	14 (8.6%)	27 (16.7 %)	47 (29 %)	74 (45.7%)	2.91	0.36
	Family nurse practitioner	36 (22.2%)	49 (30.2 %)	39 (24.1 %)	38 (23.5%)		
	Total	50 (15.4%)	76 (23.5 %)	86 (26.5 %)	112(34.6%)		
Opportunity for professional development							
Opportunity to undergo trainings	Family physician	17 (10.5%)	23 (14.2 %)	41 (25.3 %)	81 (50 %)	2.05	0.39
	Family nurse practitioner	56 (34.6%)	62 (38.3 %)	25 (15.4 %)	19 (11.7%)		
	Total	73 (22.5%)	85 (26.2 %)	66 (20.4 %)	100(30.9%)		
Trainings are conducted with high intensity	Family physician	47 (29 %)	64 (39.5 %)	29 (17.9 %)	22 (13.6%)	2.12	0.28
	Family nurse practitioner	56 (34.6%)	73 (45.1 %)	22 (13.6 %)	11 (6.8%)		
	Total	100(31.8%)	137(42.3 %)	51 (15.7 %)	33 (10.2%)		
Employee involvement in trainings is high, which helps me get more information	Family physician	46 (28.4%)	66 (40.7 %)	30 (18.5 %)	20 (12.3%)	2.17	0.25
	Family nurse practitioner	58 (35.8%)	71 (43.8 %)	20 (12.3 %)	13 (8 %)		
	Total	104(32.1%)	137(42.3 %)	50 (15.4 %)	33 (10.2%)		
Trainings help me to improve my practical skills	Family physician	10 (6.2 %)	17 (10.5 %)	46 (28.4 %)	89 (54.9%)	2.26	0.21
	Family nurse practitioner	20 (12.3%)	26 (16 %)	40 (24.7 %)	76 (46.9%)		
	Total	30 (9.3 %)	43 (13.3 %)	86 (26.5 %)	165(50.9%)		
Working Conditions							
How timely is the response in the event of a technical error in the work process	Family physician	15 (9.3 %)	42 (25.9 %)	46 (28.4 %)	59 (36.4%)	2.48	0.32
	Family nurse practitioner	20 (12.3%)	43 (26.5 %)	50 (30.9 %)	49 (30.2%)		
	Total	35 (10.8%)	85 (26.2 %)	96 (29.6 %)	108(33.3%)		
Work items (medical, technical equipment, stationery) correspond to my requirements and needs	Family physician	10 (6.2%)	31 (19.1 %)	51 (31.5 %)	70 (43.2%)	2.81	0.54
	Family nurse practitioner	19 (11.7%)	36 (22.2 %)	46 (28.4 %)	61 (37.7%)		
	Total	29 (9 %)	67 (20.7 %)	97 (29.9 %)	131(40.4%)		

(Continued)

Table 2. Continued.

		Disagree	Partially disagree	Partially agree	Agree	Average rate	SD
Territorial location is quite comfortable	Family physician	10 (6.2%)	31 (19.1 %)	51 (31.5 %)	70 (43.2%)	2.31	0.38
	Family nurse practitioner	19 (11.7%)	36 (22.2 %)	46 (28.4 %)	61 (37.7%)		
	Total	29 (9 %)	67 (20.7 %)	97 (29.9 %)	131(40.4%)		
Satisfaction with physical conditions (lighting, noise).	Family physician	12 (7.4 %)	21 (13 %)	41 (25.3 %)	88 (54.3%)	2.05	0.28
	Family nurse practitioner	9 (5.6 %)	26 (16 %)	52 (32.1 %)	75 (46.3%)		
	Total	21 (6.5 %)	47 (14.5 %)	93 (28.7 %)	163(50.3%)		
Relationship with managers							
Managers care less about my well-being	Family physician	56 (34.6%)	25 (15.4 %)	34 (21 %)	47 (29 %)	2.24	0.42
	Family nurse practitioner	36 (22.2%)	22 (13.6 %)	56 (34.6 %)	48 (29.6%)		
	Total	92 (28.4%)	47 (14.5 %)	90 (27.8 %)	95 (29.3%)		
A way to express opinions freely	Family physician	11 (6.8 %)	16 (9.9 %)	41 (25.3 %)	94 (58 %)	2.28	0.26
	Family nurse practitioner	16 (9.9 %)	24 (14.8 %)	45 (27.8 %)	77 (47.5%)		
	Total	27 (8.3 %)	40 (12.3 %)	86 (26.5 %)	171(52.8%)		
Fairness of decisions made by managers regarding the promotion of employees	Family physician	9 (5.6 %)	13 (8 %)	34 (21 %)	106(65.4%)	2.35	0.46
	Family nurse practitioner	13 (8 %)	18 (11.1 %)	38 (23.5 %)	93 (57.4%)		
	Total	22 (6.8 %)	31 (9.6 %)	72 (22.2 %)	199(61.4%)		
The manager ignores the employee's suggestion to improve the work	Family physician	84 (51.9%)	39 (24.1 %)	23 (14.2 %)	16 (9.9 %)	2.37	0.67
	Family nurse practitioner	81 (50 %)	49 (30.2 %)	20 (12.3 %)	12 (7.4 %)		
	Total	165(50.9%)	88 (27.2 %)	43 (13.3 %)	28 (8.6 %)		
Support from the manager helps us to perform the work with quality	Family physician	7 (4.3 %)	11 (6.8 %)	37 (22.8 %)	107 (66 %)	2.48	0.61
	Family nurse practitioner	5 (3.1 %)	16 (9.9 %)	45 (27.8 %)	96 (59.3%)		
	Total	12 (3.7 %)	27 (8.3 %)	82 (25.3 %)	203(62.7%)		
The manager praises me when I do a good job	Family physician	6 (3.7 %)	14 (8.6 %)	30 (18.5 %)	112 (69 %)	2.61	0.52
	Family nurse practitioner	4 (2.5 %)	13 (8 %)	41 (25.3%)	104(64.2%)		
	Total	10 (3.1 %)	27 (8.3 %)	71 (21.9%)	216(66.7%)		
The manager would point out when things needed to be improved	Family physician	11 (6.8 %)	19 (11.7 %)	47 (29 %)	85 (52.5%)	2.73	0.6
	Family nurse practitioner	11 (6.8 %)	15 (9.3 %)	58 (35.8 %)	78 (48 %)		
	Total	22 (6.8 %)	34 (10.5 %)	105 (32.4 %)	163(50.3%)		

nurse practitioners believe that they are satisfied with physical conditions (Table 2). Studies conducted in other countries confirm that working conditions are the most important determinant of job satisfaction and motivation (Purohit and Bandyopadhyay 2014; Verulava 2024).

One of the important factors determining job satisfaction is the relationship with managers. The relationship with managers was studied considering the following issues: how much managers think about their well-being, how much they have the opportunity to freely express their opinion when talking to managers, how much the manager ignores the employee's suggestions for improving the work, how much support from the manager helps in quality work, whether the manager praises when he does a good job, the extent to which the manager points out deficiencies when things need improvement.

34.6% of interviewed family physicians and 22.2% of family nurse practitioners believe that managers think less about their well-being; 58% of family physicians and 47.5% of family nurse practitioners believe that they always have the opportunity to freely express their opinion when talking to

managers; 65.4% of family physicians and 57.4% of family nurse practitioners believe that managers' decisions regarding employee promotion are fair; 51.9% of family physicians and 50% of family nurse practitioners do not agree with the opinion that the manager ignores the employee's suggestion to improve work; 66% of family physicians and 59.3% of family nurse practitioners believe that support from the manager helps them to perform their work well; 69.1% of family physicians and 64.2% of family nurse practitioners believe that the manager praises when he does his job well; 52.5% of family physicians and 48.1% of family nurse practitioners believe that the manager indicated when things needed to be improved.

Research has shown that reimbursement affects the satisfaction of medical staff. Most of the respondents are not satisfied with the current income or the payment method. Family nurse practitioners were particularly dissatisfied with their payment. According to the monthly salary of family nurse practitioners, the salary of 44% of respondents is \$ 201–400, and 16% - up to \$ 200 (Table 1). Studies conducted in other countries also confirm that the higher the income of medical personnel, the higher

the level of satisfaction (Solberg et al. 2013; Tanne 2012).

From the point of view of the influence of pay on the work satisfaction of medical personnel, we studied several issues: compliance of pay with assigned function-duty, timeliness of receiving pay, possibility of receiving additional pay according to work positions, ensuring a feeling of stability by the company in relation to the type of pay of family physicians and family nurse practitioners.

The research showed that the remuneration of 45% of the interviewed family physicians is not in accordance with the function-duty assigned to them; In addition, the vast majority of family physicians, whose average salary is less than \$ 400, think that the salary did not correspond to the functions and duties assigned to them (Table 2). Most studies focusing on job satisfaction and motivation have shown that healthcare workers are dissatisfied with low wages.

Compared to family physicians, a higher share of family nurse practitioners (66% of nurses) believe that their remuneration is not in accordance with the function-duty assigned to them; Also, the vast majority of family nurse practitioners, whose average salary is less than \$ 200, think that the salary did not correspond to the duties assigned to them (Table 2).

This attitude of family nurse practitioners is mainly related to the fact that the state does not regulate the salaries of nurses. The remuneration of family nurse practitioners depends on the good will of the administration of the medical organization. Similar results were obtained by other studies (Verulava et al. 2018). According to some researchers, the low salary of family nurse practitioners in Georgia is due to their low qualification (Verulava et al. 2018). The low qualification of family nurse practitioners is related to the fact that there are no special courses for raising professional qualifications for family nurse practitioners in the country.

Research has shown that job satisfaction is influenced by the possibility of receiving additional, bonus pay on top of the earned salary. Bonus payments are related to the provision of additional services. The more services the medical staff provides, the more they get paid. The additional services provided by the medical staff are evaluated every month, including the referral to specialists, consultations.

In this regard, it should be noted that the majority of interviewed family physicians (84%) had the opportunity to receive additional remuneration; However, 40.1% of the surveyed family nurse practitioners did not have the opportunity to receive additional remuneration (Table 2). This is related to the fact that, unlike family physicians, family nurse practitioners are mainly given a fixed salary, and stimulating financing methods are not taken into account, which negatively affects the productivity and overall satisfaction of medical personnel. Combined method financing of medical personnel means financing with methods other than a fixed salary or salary method. In particular, compensation based on the work performed, targeted compensation, and other methods are additionally used. It is especially important to use incentive payment methods to implement preventive measures on beneficiaries.

Through in-depth interviews, it was also revealed that the interviewed healthcare workers particularly emphasize the effect of the additional bonus on their work. Most of them are satisfied with bonus pay in addition to their salary. According to them, bonus pay increases the motivation of medical staff to work better, and also gives them additional resources to care for their families.

Most healthcare workers are satisfied with the criteria set for bonus payments and the amount received. Bonus pay promotes a sense of healthy competition among medical staff. However, according to a certain part of the respondents, the bonus payment was not favorable for family nurse practitioners, which reduces the effectiveness of their work. In this regard, it is necessary to involve family nurse practitioners to receive bonus payments, which will increase their motivation to work better.

The results of the study showed that satisfaction is influenced by the employer's provision of a sense of stability. A large part of the interviewed family physicians (partly 29.6% and fully 21%) believe that the employer cannot provide a sense of stability; The situation is even worse for family nurse practitioners, in particular, the majority of interviewed family nurse practitioners (partially 35.8% and completely – 29%) believe that the employer cannot provide a sense of stability (Table 2).

Of particular interest is the employer's provision of a sense of stability by type of pay. It was found that most of the family physicians (partly 28.7%,

fully – 23.1%) who are compensated by a mixed or combined method, had a feeling of stability; Also, the majority of family nurse practitioners (57.1%) who are compensated by a mixed or combined method had a feeling of stability (Table 2). This points to the positive role of financing with a mixed or combined method.

Involvement in the medical organization has the most important effect on the job satisfaction of the medical personnel. We studied the following issues on the impact of involvement in a medical organization on the work satisfaction of medical personnel: how much do you feel like a member of the family at work, how aware is your role in the success of the company, how much do you feel appreciated by the management, how much do you have the opportunity to express yourself as much as possible.

The research showed that more family physicians (51.9%) and more family nurse practitioners (50%) believe that they feel like a member of the family at work; Most family physicians (53.7%) and half of family nurse practitioners (50%) are aware of their role in the company's success; 53.7% of family physicians and 50% of family nurse practitioners believe that they feel appreciated by the management; Only 33.3% of family physicians and family nurse practitioners believe that they have the opportunity to express themselves as much as possible; 35.2% of family physicians partially disagree and 27.2% disagree, while 45.7% of family nurse practitioners partially disagree and 31.5% disagree with the opinion that the employer is constantly rewarding for quality work (Table 2).

Work-life balance affects employee job satisfaction. 45.7% of family physicians and 37.7% of family nurse practitioners believe that they work with a normal work schedule; 48.1% of family physicians and 56.2% of family nurse practitioners believe that work-life balance is preserved at work; 22.8% of family physicians and 25.3% of family nurse practitioners believe that the work environment is stressful; 24.1% of family physicians and 26.5% of family nurse practitioners believe that they cannot pay attention to family members due to their busy schedules; 45.7% of family physicians and 23.5% of family nurse practitioners believe that in addition to the main working hours, they have to be additionally involved in non-working hours (Table 2). Thus, the results of the study show that family physicians

and family nurse practitioners do not work with a normal work schedule and therefore have a disturbed work-life balance.

Research shows that job satisfaction is influenced by opportunities for “family life,” which refers to the benefits of supporting family and personal life alongside work, such as family time and leisure opportunities. In addition, work-life balance was found to significantly moderate healthcare workers' intention to leave or continue their current activity. Studies in other countries have shown that some of these benefits play a crucial role in health worker preferences, especially in rural areas for the recruitment and retention of family physicians.

The study found that women were significantly less satisfied than men with their workload, which may be due to the pressure on women to juggle family issues in addition to their careers. Similar results were obtained by other studies (Iliopoulos and Priporas 2011). However, some studies found that male family physicians were the least satisfied (Liu, Wang, and Lu 2010), or that there was no gender difference at all (Joyce et al. 2011).

In relation to age, older family physicians reported significantly higher satisfaction rates (47%), particularly with respect to factors such as relationships with patients (78%), social status and respect (63%), relationships with colleagues (84%) and relationships with management (88%). Similar results were obtained by other studies (Aasland, Rosta, and Nylenna 2010). However, according to some studies, job satisfaction decreases with age (Iliopoulos and Priporas 2011).

Conclusion

As a result of the research, it was determined that motivation and job satisfaction are complex constructs that are influenced by different types of factors at different levels. The following main factors that influence the job satisfaction of employees in primary care organizations were identified: individual characteristics, financial and non-financial incentives, organizational structures and processes, including supervision, leadership, fairness, and responsibility for the distribution of resources, staff dynamics and team cohesion, relationships with colleagues and management, relationships with patients, intellectual stimulation,

opportunities for continuing medical education. The level of satisfaction does not depend on one specific factor and many factors play a decisive role. A family physician's job satisfaction significantly improves the services and has a positive impact on the patient's satisfaction and well-being, which is the main goal of any medical organization. Health policymakers and managers need to critically analyze the importance of providing additional incentives. In order to improve the job satisfaction of health workers, in addition to salary, special emphasis should be placed on supporting family life, creating decent living conditions, adequate free time, educational prospects, and better opportunities for professional development and promotion.

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