

Management, satisfaction and medical quality

Multidisciplinary collaboration is needed to steer the health services in the right direction.



Photo: Ole Kristian Losvik

Concern is being expressed both in Norway and other Western countries that the health services are being steered in the wrong direction, with resulting professional dissatisfaction. The «Helsetjenesteaksjonen» (Health Services Campaign) in Norway and the Swedish «Läkaruppropet» (Doctors' Call for Action) are Scandinavian examples of this, while international studies indicate that doctors are less satisfied with their jobs than previously (1). Last summer, LEFO – Institute for Studies of the Medical Profession arranged a symposium which brought together researchers from Europe and the USA to discuss whether there is a decline in doctors' job satisfaction, what effect this might have on the quality of medical treatment, and the association between this and the manner in which the health services are managed.

The contributions to the symposium have been reworked into articles and recently published in the journal *Professions & Professionalism* (2). Eleven authors discuss what they know about doctors' job satisfaction in various health systems, whether professional dissatisfaction leads to poorer medical treatment, the relationship between psychosocial conditions, doctors' health and

quality, what medical quality is and how quality is measured – not to mention professional satisfaction.

A multidisciplinary approach for correct understanding

The clear divide between medical research on one hand and social science research on the other is a striking feature of the research in this field. One of the objectives of the symposium was to make a contribution to multidisciplinary collaboration. If doctors' satisfaction is only understood medically, the social science view on how the health service as a management system represents limits and guidelines for good medical work is lost. Social science studies are similarly deficient if they are conducted without insight into clinical work. Well-performed analysis of what happens, and should happen, in the health services requires a combination of internal and external perspectives.

The role of the doctor has changed over time, from doctors having virtually complete control of the content of their work, to politicians, administrators, managers and patients having an ever-greater influence.

This loss of autonomy may be a contributory cause of reduced satisfaction. The positive aspect of a multidisciplinary approach is that the different interests of the parties concerned can be identified and discussed in relation to their importance for the overall goal, namely the quality of medical treatment. To this end, the interests of doctors are not the only yardstick, nor are those of managers or patients.

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References

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