[Job satisfaction of hospital doctors. Results of a study of a national sample of hospital doctors in Germany]

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Abstract: AIMs: This paper presents the findings on the level of job satisfaction among hospital physicians in Germany and puts the results into relation to demographic variables and employment status. METHODS: Data were collected as part of the survey "Work Life, Lifestyle and Health among Hospital Doctors in Germany 2006" using anonymous self-reporting questionnaires. Job satisfaction was scored using the scale according to Warr et al. It consists of 10 items with a seven-point Likert scale (1=dissatisfaction; 7=satisfaction), so the sum score ranks between 10 and 70. The following variables were correlated to job satisfaction: demographic variables (gender, age), and employment status (specialty, geographical localisation of hospital, hospital type, level of seniority, working time pattern). RESULTS: The response rate was 58% (n=1917). Doctors reported an average job satisfaction of 44.3. Comparing different specialties, physicians in radiology had the highest (47.6) and in surgery (43.0) the lowest level of job satisfaction. Below-average job satisfaction could also be found in urology (43.5) and internal medicine (43.7). The regression analysis showed that the younger age group (B=-1.45; p=0.031) and those with a status as junior physician (B=-4.97; p=0.0001) were significantly dissatisfied. Out of the ten items assessed "working hours" (3.25), "payment" (3.59), "physical working conditions" (3.96) and "recognition for good work" (4.08) attained the lowest ratings. CONCLUSIONS: Hospital doctors in Germany are moderately satisfied with their jobs - less satisfied than their colleagues in England, New Zealand and Norway. Improvement of job satisfaction and working conditions should be achieved via effective regulation of working hours and improvement of recognition for medical work regarding monetary and non-monetary factors such as payment and positive feedback for good work.

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A large amount of evidence, including neurohumoral, inflammatory, and metabolic physiological adaptations, emphasize the importance of the individual lifestyle as a public health concern. The related burden of chronic diseases in the European Union, which could be minimized by appropriate lifestyles, requires consistent transfer of evidence-based prevention guidelines. Due to the epidemiologic importance of cardiovascular diseases and innovative health-promoting strategies in Sweden, a comparative analysis between German and Swedish practices preventing cardiovascular events in high-risk populations is presented in this paper. This qualitative analysis demonstrates that lifestyle-related risk and protective factors based on smoking, physical activity, nutrition, and psychosocial determinants are of growing importance in cardiac death prevention. Especially in Sweden, behavioral prevention is joined by condition prevention. In Germany, intersectoral rehabilitation concepts improve patient adherence to behavioral recommendations but interdisciplinary communication between different health experts needs to be improved. The health-promoting hospital composes a health professional’s interface, which is based on the understanding that behavioral risk factors are not only highly interrelated, but also require sophisticated healthcare delivery to optimize health management effectiveness.
[The European Arthroplasty Register (EAR), development and rationale for supranational cooperation of arthroplasty registers].

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Registries - standards
Reproducibility of Results
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Abstract: In Scandinavia national arthroplasty registers are accepted instruments in the assessment of joint implants. They have contributed essentially to the rapid detection of inferior products and, by encouraging a continuous process of quality improvement through feedback, have helped to avoid revision operations. However, national registers have a limited significance with regard to other countries and rarely used implants. In recent years, a great number of registers have been founded. The European Arthroplasty Register (EAR), an EFORT project, aims at supporting these projects, enhancing cooperation within a network, realising further benefit through registers, and fostering scientific activities. The registers have been conceived according to the successful Scandinavian model. It is, however, necessary to adapt the concept to the individual national circumstances. In order to increase the value of register publications for other countries, it makes sense to achieve a minimum of standardisation in datasets, definitions, product designations, as well as in evaluation and publication methods. Since the datasets of national registers implicitly reflect the prevailing national circumstances, they are always more valuable for use in the respective country than evaluations from aggregated, supranational and therefore larger datasets. Supranational evaluations may yield additional findings, but they cannot replace a national register. Therefore, EAR has been conceived as a network of independent national registers considering itself as a supplement and by no means as a competitor of the established national registers.

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