Original article

Arch Argent Pediatr. 2026;e202611167

Job satisfaction and associated factors among pediatricians at a tertiary care hospital in Buenos Aires

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ABSTRACT

Introduction. The decline in the number of pediatricians is a global problem linked, among other factors, to job satisfaction (JS). Various studies have identified key variables related to JS and developed instruments to identify areas for improvement, such as the Job Satisfaction Improvement Questionnaire (CMSL, by its Spanish acronym), which we used.

Objectives. To identify the determinants and factors associated with opportunities for improvement in JS and to describe the association between the characteristics of healthcare professionals and the dimensions assessed by the CMSL.

Population and methods. We conducted a descriptive, cross-sectional study at a tertiary-level pediatric hospital in the Autonomous City of Buenos Aires from October 1, 2024, to September 30, 2025. A total of 274 pediatricians participated. We administered a questionnaire covering sociodemographic and occupational variables, followed by the 47-item CMSL, rated on a 5-point Likert scale and organized into nine dimensions. The Likert responses were recoded into three subgroups. To assess associations between the independent variables and the CMSL dimensions, we applied the chi-square test to the standardized residuals (p <0.05) in RStudio®.

Results. The dimensions with the highest agreement on opportunities for improvement in the JS were work management, working conditions, and professional competence. We identified significant associations (p <0.05) among some independent variables.

Conclusion. We identified the dimensions whose improvement would contribute to quality of life. We also observed associations between pediatricians' characteristics and the evaluated dimensions.

Keywords: *job satisfaction; quality improvement; surveys and questionnaires; pediatricians.*

doi: http://dx.doi.org/10.5546/aap.2026-11167.eng

To cite: Risoli L, Rolón F, Silberkasten M, Bolser V. Job satisfaction and associated factors among pediatricians at a tertiary care hospital in Buenos Aires. *Arch Argent Pediatr.* 2026;e202611167. Online ahead of print 26-NOV-2026.

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Funding*: The Sociedad Argentina de Pediatría awarded a research grant to the lead author.*

Conflict of interest*: None.*

Received*: 5-29-2026*
Accepted*: 9-8-2026*

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INTRODUCTION

The number of pediatricians has declined overall, prompting the Sociedad Argentina de Pediatría to issue a statement warning of this "emerging, complex, and multifaceted" situation.[1] This issue has been linked to the way in which future specialists associate pediatrics with high levels of job dissatisfaction.[2,3]

Researchers have studied job satisfaction extensively because of its implications for health and professional performance.[4] It has been suggested that it arises from a combination of intrinsic factors (recognition, work tasks, responsibility) and extrinsic factors (working conditions, political and health policies, wages). Many authors argue that it relates to individual effort, performance, goal achievement, rewards, interpersonal relationships, and interaction with the work group.[5] Others point to a close relationship with workload, salary, and opportunities for individual and peer training.[2] For this reason, various instruments have been developed to assess the working conditions that determine job satisfaction, including the Job Satisfaction Improvement Questionnaire (CMSL, by its Spanish acronym) that we use.[6]

In light of this issue, the study aimed to identify the determinants and factors associated with potential improvement in JS and to describe the association between professionals' characteristics and the dimensions assessed by the CMSL.

POPULATION AND METHODS

Scope and time period of the study

We conducted the study at the Hospital General de Niños Pedro de Elizalde, a tertiary-care hospital in the Autonomous City of Buenos Aires, from October 1, 2024, to September 30, 2025.

Population and sample

We identified the eligible population using official personnel records. The study included active full-time pediatricians, department, division, and section heads, chief residents, and staff in the Inpatient unit, Outpatient clinic (regular or substitute staff), Day hospital, and specialty units. Given the study's descriptive design, we did not conduct a prior sample size calculation; instead, we aimed to maximize coverage of the total eligible workforce.

We received initial responses from 296 professionals. After applying an exclusion criterion that excluded physicians specializing in surgery and toxicology who lacked basic training in pediatrics, the final sample consisted of 274 participants.

Questionnaire structure

The first section includes questions measuring independent variables: age, gender, family caregiver status, length of service, practice setting, multiple jobs, continuing education, working conditions, weekly workload, interaction with colleagues, and salary. The second section, designed to assess perceptions of opportunities for improvement in job satisfaction, used the original questionnaire (CMSL), which consists of 47 items corresponding to the dependent variable "Improvement in job satisfaction among pediatricians", across nine dimensions:

A. Professional competence
B. Intrinsic satisfaction from work
C. Interpersonal relationships with colleagues
D. Job satisfaction
E. Compensation and career advancement
F. Work-related stress
G. Relationship with patients
H. Relationship with supervisors
I. Satisfaction with working conditions

Each item begins with the introductory phrase "My job satisfaction would improve if…" and the responses were recorded using a five-point Likert scale: 1. Strongly disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly agree (*Supplementary material*).

The questionnaire was administered digitally via Google Forms®. The invitation and distribution of the link took place in person and/or via email and WhatsApp®.

Data processing and analysis

After collecting responses and creating the database, we anonymized participants. We then performed statistical analysis using RStudio® (version 4.3.3).

Likert-type questions were numerically coded on a scale of 1 to 5, where higher values indicate a greater level of agreement (or the corresponding direction, depending on the item). Although Likert scales are ordinal, we assumed the distances between categories were approximately equal, so we treated them as continuous numerical variables for descriptive and comparative analyses.

First, measures of central tendency and dispersion were calculated for each dimension. Specifically, we estimated the mean and standard

deviation. Second, the responses were grouped into three subgroups based on the scores obtained to facilitate comparison between levels of agreement:

- Subgroup 1: responses 1 and 2 (strongly "disagree" and "disagree", respectively).
- Subgroup 2: response 3 (neutral).
- Subgroup 3: responses 4 and 5 (agree and strongly agree, respectively).

We then reported the proportion of professionals in each subgroup within each dimension. We analyzed response proportions by independent variables (age, length of service, holding multiple jobs, and sector). To test whether subgroup percentage distributions differed significantly across categories within each variable, we applied the chi-square test. A significance level of 5% ($\alpha = 0.05$) was adopted.

When significant differences were observed, the standardized residuals for each cell were examined to identify which combinations of categories primarily contributed to the detected association. Absolute residual values greater than ±1.96 were interpreted as statistically significant differences in that cell, with a 95% confidence level.

Qualitative aspects, pilot study, and ethical considerations

The study was approved by the Ethics and Research Committee of the Hospital General de Niños Pedro de Elizalde (Code 13456). Before implementation, the questionnaire was pilot-tested with 10 participants from different hospital departments, and qualitative observations were also incorporated.

RESULTS

A total of 274 participants completed the questionnaire. The largest proportion came from the Emergency department (Outpatient and Inpatient) with 48 participants (17.5%). *Figure 1* shows the distribution of professionals by hospital department.

Table 1 presents the independent variables (sociodemographic and professional characteristics) analyzed. The responses were summarized by dimension and analysis subgroups (1, 2, and 3). Subgroup 3 had the highest response percentages across all dimensions, particularly in dimension D (satisfaction with work management) (87.77%), dimension A (professional competence) (78.03%), and dimension I (satisfaction with working conditions) (77.74%) (*Table 2*).

We conducted a descriptive analysis of the Likert-scale dimensions and reported the mean and standard deviation (*Table 3*). We analyzed associations between gender, age, length of service, holding multiple jobs, and sector of employment and the nine dimensions evaluated. We observed at least one significant association for each variable (p <0.05) (*Table 4*).

DISCUSSION

Across all dimensions evaluated, responses from subgroup 3 ("agree" and "strongly agree") predominated, reflecting a widespread perception that the workplace has room for improvement. This was particularly evident in satisfaction with work management (dimension D) (87%), professional competence (dimension

Figure 1. Distribution of participants by hospital sector

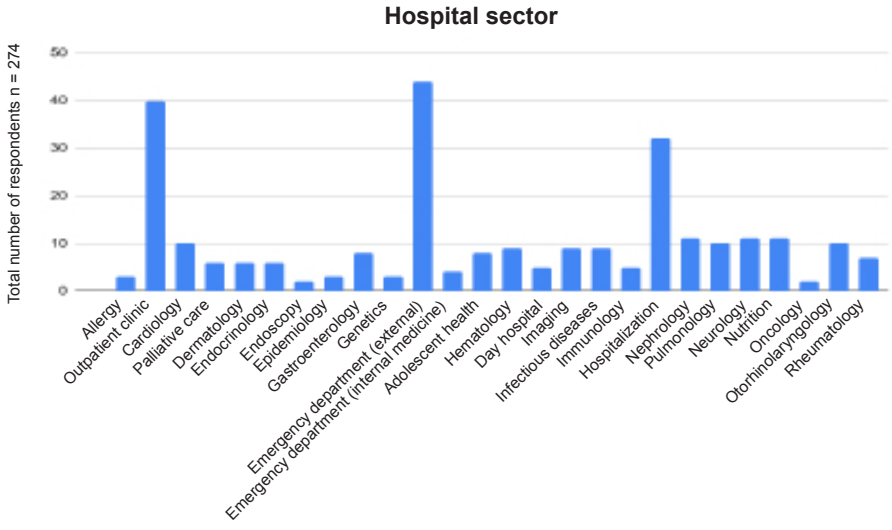


Table 1. Independent variables (sociodemographic and professional characteristics) of the participants (n = 274)

Independent variable	Job category	n	%
Sex	Female	214	78.1
	Mal	60	21.9
Age (years)	28-37	114	41.6
	38-47	68	24.8
	48-57	49	17.9
	58-66	41	15.0
	>66	2	0.7
Dependent family members	Yes	156	56.9
Years of service	0-5	54	19.7
	6-10	67	24.5
	11-24	82	29.9
	≥25	71	25.9
Multiple jobs	Public + private	224	81.7
	Public only	50	18.3
Continuing education	Yes	191	69.7
	No	83	30.3
Working conditions	Adequate (spacious and well-lit)	148	54.1
	Inadequate	126	45.9
Weekly hours	<10	2	0.7
	11-20	1	0.4
	21-30	22	8.0
	31-40	86	31.4
	41-49	80	29.2
	≥50	83	30.3
Interaction with colleagues	Favorable	256	93.4
	Unfavorable	18	6.6
Satisfaction with salary	Satisfied	25	9.2
	Non-compliant	249	90.8

A) (78%), and satisfaction with working conditions (dimension I) (77%), where the highest proportion of responses indicated a high level of agreement. Interpersonal relationships with colleagues (dimension C) also showed a positive trend. This suggests that pediatricians identify these areas as key opportunities to improve their management system.

Regarding dimension A, the study highlights the importance of teamwork, the presence of specialists who provide timely solutions, and having more time to care for patients. These findings are consistent with other reports.[3,7-9] In line with the above, a comparative study conducted in Norway and Germany reported lower levels of JS in the latter country, primarily associated with a heavier weekly workload, greater patient demand, and a shorter average consultation time.[10]

When analyzing dimension E, the largest proportion of responses fell into subgroup 3; this suggests that job satisfaction would improve if salary levels, promotion opportunities, and vacation time were addressed. In line with this, several authors agree that compensation is a factor linked to job satisfaction. [2,7,8] A study conducted in Cambodia showed that, while job satisfaction was related to income in the context of holding multiple jobs and working hours, other working conditions—such as workload and the professional environment—play a significant role.[11] Regarding the importance of salary as a predictor of job satisfaction, a study conducted in China found that lower levels of compensation were associated with a greater intention to resign among professionals. This pattern held across all age groups, with a higher proportion among those under 35, highlighting how economic factors influence employee retention.[12]

Regarding dimension B, many items refer to the need for greater autonomy at work, less external control, and the ability to balance work and personal life. Several articles describe these factors.[8,10,13] In a multivariate analysis, autonomy

Table 2. Percentage distribution of responses by dimension and analysis subgroup (n = 274)

	Subgroup 1: responses 1 and 2 (%)	Subgroup 2: response 3 (%)	Subgroup 3: responses 4 and 5 (%)
A. Professional competence	4.61	17.36	78.03
B. Intrinsic satisfaction with the job	9.77	25.13	65.10
C. Interpersonal relationships with coworkers	10.04	21.35	68.61
D. Satisfaction with work management	1.46	10.77	87.77
E. Compensation and career advancement	7.15	24.89	67.96
F. Work-related stress	12.90	27.98	59.12
G. Relationship with patients	16.67	20.44	62.89
H. Relationship with supervisors	8.76	24.82	66.42
I. Satisfaction with working conditions	2.92	19.34	77.74

Table 3. Mean and standard deviation of the assessed dimensions (n = 274)

	Mean	SD
A. Professional competence	4.08	0.52
B. Intrinsic satisfaction with the job	3.84	0.62
C. Interpersonal relationships with coworkers	3.86	0.97
D. Satisfaction with work management	4.34	0.71
E. Compensation and career advancement	3.94	0.54
F. Work-related stress	3.73	0.73
G. Relationship with patients	3.68	0.78
H. Relationship with supervisors	3.83	0.89
I. Satisfaction with working conditions	4.09	0.83

SD: standard deviation.

in decision-making was positively associated with professional autonomy among pediatricians early in their careers.[14] This finding reinforces the importance of considering professional autonomy as a key component in the perception of satisfaction in pediatric practice.[14] A Swiss study highlights the link between greater professional autonomy, the use of one's own skills, and teamwork.[2]

Dimension F examines how activities such as preparing sick leave forms or processing return-to-work authorizations affect perceived satisfaction. In our study, this dimension received the lowest scores in responses from subgroup 3. This result contrasts with other studies that indicate that bureaucratic tasks and administrative overload are significant factors.[3,8,13]

We evaluated associations between the dimensions and professional characteristics such as gender, age, years of experience, holding multiple jobs, and sector of employment. Regarding gender, women agree more strongly than men that dimensions A, B, D, and H positively influence work satisfaction. A 2016 study found that female physicians had greater difficulty balancing their personal and professional lives, which affected their life satisfaction—a situation that differed from that of men.[14] Consistent with this, we found that a higher proportion of women reported that their life satisfaction would improve if they were able to achieve that balance (dimension B). However, other studies show different trends. In a study conducted in Switzerland, it was observed that female physicians reported greater satisfaction than their male counterparts in aspects such as "physical working conditions", "freedom in work methods", "recognition", and "work hours".[2] Some of these categories may be linked to dimensions B and H, which showed statistically significant differences in our study. In our case, they agreed more strongly that their job satisfaction would improve if we took these aspects into account. Finally, an Austrian study linked women's lower satisfaction to bureaucratic burden, an aspect covered in dimension F, but our analysis found no significant differences.[3]

Regarding age, participants aged 40 or younger agreed more that improvements in

Table 4. Association between independent variables and dimensions

Dimension	Sex	Subgroup 1*	Subgroup 2**	Subgroup 3***	*p*-value
A	Female	**3.71**	**16.46**	**79.83**	**<0.05**
	Male	**7.82**	**20.65**	**71.53**	
B	Female	**8.45**	24.80	**66.75**	**<0.05**
	Male	**14.49**	26.28	**59.23**	
C	Female	9.11	21.26	69.63	0.37
	Male	13.33	21.67	65.00	
D	Female	1.40	**8.18**	**90.42**	**<0.05**
	Male	1.67	**20.00**	**78.33**	
E	Female	6.64	24.67	68.69	0.31
	Male	9.00	25.67	65.33	
F	Female	12.15	27.26	60.59	0.24
	Male	15.56	30.56	53.89	
G	Female	16.36	20.25	63.40	0.84
	Male	17.78	21.11	61.11	
H	Female	**7.24**	24.07	**68.69**	**<0.05**
	Male	**14.17**	27.50	**58.33**	
I	Female	2.80	16.82	80.37	0.13
	Male	3.33	28.33	68.33	
Dimension	**Age (years)**	**Subgroup 1***	**Subgroup 2****	**Subgroup 3*****	***p*-value**
A	≤40	4.02	18.22	77.76	0.07
	≥41	5.21	16.53	78.26	
B	≤40	8.93	25.27	65.81	0.24
	≥41	10.61	24.99	64.40	
C	≤40	8.39	22.26	69.34	0.42
	≥41	11.68	20.44	67.88	
D	≤40	1.46	12.04	86.50	0.63
	≥41	1.46	9.49	89.05	
E	≤40	**4.96**	**21.90**	**73.14**	**<0.05**
	≥41	**9.34**	**27.88**	**62.77**	
F	≤40	10.46	30.41	59.12	0.06
	≥41	15.33	25.55	59.12	
G	≤40	17.76	**16.79**	65.45	**<0.05**
	≥41	15.57	**24.09**	60.34	
H	≤40	6.93	27.74	65.33	0.13
	≥41	10.58	21.90	67.52	
I	≤40	0.73	21.17	78.10	0.08
	≥41	5.11	17.52	77.37	
Dimension	**Seniority**	**Subgroup 1***	**Subgroup 2****	**Subgroup 3*****	***p*-value**
A	<10 years	4.08	**18.92**	76.99	**<0.05**
	≥11 years	5.03	**16.15**	78.82	
B	≤10 years	9.28	25.43	65.29	0.67
	≥11 years	10.16	24.89	64.96	
C	≤10 years	9.50	23.55	66.94	0.53
	≥11 years	10.46	19.61	69.93	
D	≤10 years	1.65	11.98	86.36	0.67
	≥11 years	1.31	9.80	88.89	
E	≤10 years	**5.12**	**21.16**	**73.72**	**<0.05**
	≥11 years	**8.76**	**27.84**	**63.40**	
F	≤10 years	**9.64**	31.13	59.23	**<0.05**
	≥11 years	**15.47**	25.49	59.04	
G	≤10 years	15.70	18.18	66.12	0.22
	≥11 years	17.43	22.22	60.35	
H	≤10 years	7.02	28.51	64.46	0.13
	≥11 years	10.13	21.90	67.97	
I	≤10 years	0.83	20.66	78.51	0.18
	11 years	4.58	18.30	77.12	

Dimension	Multiple jobs	Subgroup 1*	Subgroup 2**	Subgroup 3***	*p*-value
A	No	5,25	15.00	79.75	0.11
	Yes	4.47	17.91	77.63	
B	No	8.62	**28.92**	62.46	**<0.05**
	Yes	10.03	**24.28**	65.69	
C	No	11.00	25.00	64.00	0.53
	Yes	9.82	20.54	69.64	
D	No	1.00	8.00	91.00	0.55
	Yes	1.56	11.38	87.05	
E	No	6.40	28.00	65.60	0.43
	Yes	7.32	24.20	68.48	
F	No	13.33	24.67	62.00	0.61
	Yes	12.80	28.72	58.48	
G	No	20.00	20.67	59.33	0.45
	Yes	15.92	20.39	63.69	
H	No	8.00	29.00	63.00	0.56
	Yes	8.93	23.88	67.19	
I	No	0.00	16.00	84.00	0.29
	Yes	3.57	20.09	76.34	
Dimension	**Sector**	**Subgroup 1***	**Subgroup 2****	**Subgroup 3*****	***p*-value**
	ER	3.13	19.01	77.86	0.052
	Other	4.93	17.03	78.05	
B	ER	**4.65**	**21.96**	**73.40**	**<0.05**
	Other	**10.86**	**25.80**	**63.34**	
C	ER	5.21	22.92	71.88	0.221
	Other	11.06	21.02	67.92	
D	ER	1.04	14.58	84.38	0.393
	Other	1.55	9.96	88.50	
E	ER	3.75	27.50	68.75	0.063
	Other	7.88	24.34	67.79	
F	ER	10.42	27.08	62.50	0.544
	Other	13.42	28.17	58.41	
G	ER	12.50	23.61	63.89	0.258
	Other	17.55	19.76	62.68	
H	ER	4.17	21.88	73.96	0.122
	Other	9.73	25.44	64.82	
I	ER	0.00	**8.33**	**91.67**	**<0.05**
	Other	3.54	**21.68**	**74.78**	

**Subgroup 1: responses 1 and 2 (strongly disagree, disagree).*
***Subgroup 2: response 3 (neutral).*
****Subgroup 3: responses 4 and 5 (agree, strongly agree).*
ED: emergency department.

the items in dimension E (related to salary and vacation time) could increase their life satisfaction. In contrast, those aged 41 or older disagreed more. This association was significant, suggesting that younger professionals perceive greater dissatisfaction related to economic factors. This is consistent with findings from Austrian studies, which also show that younger professionals have lower job satisfaction;[3] however, this dissatisfaction is attributed to the early stage of their careers, the burden of responsibilities, and immediate demands—in contrast to our study, in which dissatisfaction is primarily related to economic factors. Furthermore, job satisfaction decreased across all age groups when administrative tasks were included, whereas other authors attribute it to age-related burnout.[4]

Regarding the above and the variable "years of service," a higher proportion of participants in the ≤10-year service group reported that their work-life balance would improve if conditions in dimension E were addressed, compared with those with more years of service. In contrast, years of experience (the >11-year group) were

statistically associated with dimension F, as they showed greater disagreement that reducing the bureaucratic burden would improve quality of life. This contrasts with other studies, since the bureaucratic burden affects all professionals regardless of years of experience. Finally, a cross-sectional study of young U.S. pediatricians found that life satisfaction was lower at the beginning of their careers and higher in the later stages.[14]

Literature rarely links holding multiple jobs to social well-being. Although some authors argue that this may contribute to greater social well-being through increased income,[11] our analysis did not find evidence of this association in dimension E. Conversely, the only statistically significant difference was observed in dimension B, in the "indifferent" subgroup. Similarly, a South African study noted that the main reasons for holding multiple jobs are financial compensation and professional development. This finding is consistent with the literature, which links multiple jobs primarily to dimension E rather than dimension B, as we observed.[15]

Finally, in the hospital sector, we observed a statistically significant association with dimensions B and I. The emergency department sector had a higher proportion of participants in subgroup 3, who said their healthcare system would improve with enhancements to the aspects covered by these dimensions. No literature compared the association between "Emergency Department" and "other sectors" across the dimensions. Because each health system is organized differently, this division may not reflect other health systems worldwide.

Within the limitations of this study, the questionnaire used has not been culturally validated for the Argentine hospital setting. Furthermore, we categorized moonlighting as public sector, private sector, or both, without breaking down other activities such as teaching, management, or auditing. Finally, in our local population, dimension I was statistically significant in subgroup 3; however, because this dimension consists of a single item, it should be interpreted with caution, or further studies should expand the assessment.

CONCLUSION

The pediatricians surveyed agreed more that improving work management, professional competence, and working conditions would contribute to their job satisfaction. Female gender was associated with greater agreement on professional competence, intrinsic satisfaction, work management, and relationships with supervisors; younger age and shorter professional tenure were associated with financial compensation and professional competence; and on-call work was associated with working conditions. ■

The supplementary material provided with this article is presented as submitted by the authors. It is available at: https://www.sap.org.ar/docs/publicaciones/archivosarg/2027/11167_AO_Risoli_Anexo.pdf

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