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Job satisfaction of doctors working at Upazila Health Complexes in Barisal District.

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Abstract

Doctor's profession has long been among one of the most attractive professions in our society, but doctors are increasingly getting dissatisfied with their jobs. Job satisfaction is very important but very less studied issue. The aim of this study to assess the level of job satisfaction among doctors at selected Upazila Health Complexes in Barisal District. A descriptive cross sectional study was conducted among 59 doctors posted in 9 Upazila Health Complexes of Barisal district. Data was collected by using structured questionnaire consisting of 54 questions and JSS (Job Satisfaction Survey) scale, where higher values indicated higher level of satisfaction. The average scores of items were computed to construct factor scores for each individual. The total number of doctors included in this study was 59.78% were male. Majority (66.1%) had age ranged 25-35 years. Majority (86.4%) of doctors was married and almost 80% were Muslim. Most of the respondents (64.4%) had clinical experience of 0 to 5 years. The result displayed that 57.6% of doctors were dissatisfied, 27.1% were satisfied and 15.3% were ambivalent. Majority of the respondents were dissatisfied with salary, promotional scope allowances, night duty, working hours, accommodation facility and transport facility. Job satisfaction among doctors in this study was low. Responsible authority should take necessary action to improve job satisfaction.

Keywords: Job satisfaction, Doctors.

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Introduction

Satisfaction of professionals from their job is an important issue that influences their health, progress, performance and development and it may also affect their serving institution/ employer/organization [1]. In this situation, Doctors satisfaction from their job becomes more decisive because it directly affects health care system of any country, which is associated with vital issues of its people. Behavioral science and social science research suggest that job satisfaction and job performance are positively correlated [2]. Job satisfaction and morale among Doctors is a concern issue in worldwide [3]. Poor job satisfaction may leads to increased physician turnover, adversely affecting medical care [4]. Recent research into some determinants of job satisfaction has examined individual factors as well as the organization's role [5]. People respond differently to similar working conditions. More work needs to be done to link the perceptions of individual physicians with the organizational context in which they work and with the wider political, economic and social context of medical service reforms. The concept of job satisfaction and the assessment of job satisfaction began first in 1911 with the research of Frank Taylor. However, job satisfaction research among health workers started on laboratory personnel in United States of America in 1971. Since then multiple researches on various categories of health worker like physician's dentists, nurses [6], physiotherapists; and primary health care workers in different parts of the world have been conducted. The implication of job satisfaction of health worker on patient care, patient satisfaction, improved patient outcome and overall health care delivery quality may have been the driving force [7].

In Bangladesh public health challenges require a skilled health care work force to provide or improve access to quality of health care. Gaps in quantity and quality of doctor's education will have an impact on attaining quality of health care. Health care issues, such as the increased need to deal with current and future health effects of climate change, have merged to create the sense of urgency that now catalyzes work to improve doctors. There is a severe shortage of doctors and nursing personnel in the country. Bangladesh is one of a few countries in the world that has more medical doctors than nurses: about 3 medical doctors to one nurse. Furthermore, due to the shortage of doctors and a challenging working environment with few exceptions the quality of health care cannot be achieved. To address these challenges, the Government of Bangladesh (GoB) is increasing efforts to raise the image; improve the quality of services and education; and meet the shortage of doctors and nurses and midwives. The government has pledged to achieve these goals by: i. upgrading the status of doctors and nurses and midwives, ii. Creating midwifery posts, iii. Establishing more medical college and nursing and midwifery educational institutions, iv. Increasing the seats for students, v. increasing capacity development of doctors, nursing and midwifery professionals, and vi. Promoting the health systems that will create the positive practice environment necessary for provision of quality doctors, nursing and midwifery services. Bangladesh suffers from both a shortage of and geographic mal-distribution of HRH. There are an estimated 3.05 physicians per 10,000 population and 1.07 nurses per 10,000 populations. The suggested doctor-nurse is 2 or 3 nurses for each doctors, the doctor-nurse ratio in Bangladesh is just reverse or even worse [8]. The nurse-doctor ratio in Bangladesh is only 0.4 Health workforces in Bangladesh. The Opinion Pages-opinion.bdnews24.com. This study was planned with the objective of determining the level of job satisfaction among doctors working in a primary level hospital in Barisal and the various factors associated with it.

Methodology

A cross-sectional study was conducted from 1st January to 31th December 2017 to assess the level of job satisfaction among doctors working in a primary level hospital in Barisal. The study was carried out in selected Upazila Health Complexes in Barisal district including Bakerganj, Agailjhara, Banaripara, Mehendiganj, Muladi, Babuganj, Gournadi, Hizla and Wazirpur Upazila. Purposive sampling method was followed for sample selection. Total sample size was 59. All participants were given self-administer questionnaire and explained about the study objective and written informed consent was obtained. The pre-tested semi-structured self-administer questionnaire was divided into two sections which included: First part of the questionnaire included personal information and job related information of the respondents. Second part of the questionnaire contained job satisfaction scale. The satisfaction scores were calculated using the guidelines of Job Satisfaction Survey (JSS) scale. Data was analyzed by using statistical software package SPSS-23 version was used for data entry and analysis. All data were analyzed after checking, cleaning, editing and compiling by the software of SPSS-23 version. Result was recorded as frequencies, figures and p-values. Level of significance was taken 0.05. This study was conducted with due consideration of ethical issues related to respondents rights and human research subjects. The study was granted an exemption by the Department of Public Health and Hospital Management and was approved by Institutional Review Board (IRB) at the National Institute of Preventive and Social Medicine (NIPSOM). Data was collected after obtaining approval from IRB of NIPSOM. All the information collected for the study was utilized only for the purpose of thesis and was not disclosed to anyone outside the research team. At the beginning, approval was obtained from the ethical committee of NIPSOM, under the Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh.

Table 1. *Socio-demographic features of the respondents (n=59).*

Variable	F	(%)
Age of the respondent		
25-30 years	27	45.8
31-35 years	12	20.3
36-40 years	6	10.2
41-45 years	5	8.5
46-50 years	9	15.3
Religion of the respondents		
Islam	47	79.7
Hindu	12	20.3
Marital status of respondents		
Married	51	86.4
Unmarried	8	13.6
Gender of respondents		
Male	46	78
Female	13	22
Monthly income		
35,000-40,000 Tk	41	69.5
41,000-45,000 Tk	5	8.5
46,000-50,000 Tk	1	1.7
51,000-55,000 Tk	2	3.4
56,000-60,000 Tk	10	16.9
Educational level		
MBBS/BDS	57	96.6
Diploma	1	1.7
FCPS	1	1.7
Position employed		
UH & FPO	7	11.9

Junior Consultant	3	5.1
RMO	3	5.1
Medical Officer	30	50.8
Dental Surgeon	6	10.2
MO(MCH & FP)	10	16.9
Years of experience		
0-1 year	13	22
1-2 year	4	6.8
2-5 year	21	35.6
Above 10 year	4	35.5

Results

Out of all 66.1% of the respondents had age ranged 25-35 years, Almost 80% of the respondents were Muslim. More than two third of the respondents (86.4%) were married and rest of the respondents 13.6% were unmarried. Among all respondent, 78.00% were male and rest (22.0%) of the respondents were female. Most of the respondents 96.6% had MBBS/BDS, most of the respondents 30 (50.8%) had employed at medical officer; majority of the respondents 64.4% had experience of 0-5 years (Table 1).

Table 2 shows that most of the respondents 15 (25.4%) had permanent residence in district town and 22.0% had other divisional city. most of the respondents 21 (35.5) lived in government quarters and 13 (22.0%) lived in own house. majority of the respondents 57 (96.6%) lived in building and 1 (1.7%) lived in semi-structure building.

Almost 40% of the respondents said education allowance for their children was inadequate. Most (49.2%) of the respondent said festival allowance was not enough. Most (45.8%) of the respondent said medical allowance was very inadequate (Table 4).

More than half 50.8% of the respondent's workplace environment was fairly well. Most of the (66.1%) of the respondents had said fairly well environment of patient service in this hospital. Majority (93.2%) of the respondents had good relation with their colleagues at workplace. Majority (57.6%) of the respondents said living environment of government residence was bad.

Majority (81.4%) of the respondents said condition of security of government residence was very bad, Table 3 shows that more than half (79.6%) of the respondents said condition of security of the hospital was bad.

Majority (67.8%) of the respondents see the patient every day in the hospital 4-7 hour. majority (35.6%) had emergency duties 1-2 per week and 32.2% had no emergency duties. Most of the respondents (35.6%) did not have to see the patient following night duty. Most of them 55.9% had continuous emergency duty for 24 hours or more and 44.1% had no emergency duty for 24 hours or more (Table 5).

Table 2. *Distribution of the respondents by their residences (n=59).*

Variable	**F**	**%**
Permanent residence		
This Upazila	10	16.6
Nearby Upazila	10	16.9
District town	15	25.4
Other district town	11	18.6
divisional city	13	22
Present residence		
Government quarters	21	35.6
Government dormitory	8	13.6
Rental house	17	28.8
Own house	13	22
Accommodation types		
Building	57	96.6
Semi-structure building	1	1.7

Table 3. *Opinion of the respondents by their workplace environment (n=59).*

	Responses in each item-n (%)				
Variables	Very bad	Bad	Fairly well	Well	Very well
Workplace environment	5 (8.5)	10 (16.9)	30 (50.8)	14 (23.7)	0 (0.0)
Environment of patient service in this hospital	0 (0.0)	5 (8.5)	39 (66.1)	15 (25.4)	0 (0.0)
Relation with your colleagues at workplace	0 (0.0)	0 (0.0)	4 (6.8)	33 (55.9)	22 (37.3)
Living environment of government residence	11 (18.6)	23 (39.0)	23 (29.0)	2 (3.4)	0 (0.0)
Condition of security of government residence	25 (42.4)	23 (39.0)	10 (16.9)	1 (1.7)	0 (0.0)
Condition of the security of the hospital	17 (28.8)	30 (50.8)	10 (16.9)	1 (1.7)	1 (1.7)

Table 4. *Opinion of the respondents by allowances (n=59).*

	Responses in each item-n (%)				
Variables	**Very inadequate**	**Inadequate**	**Not enough**	**Enough**	**More than enough**
Education allowance for the children	13 (22.0)	23 (39.0)	17 (28.8)	6 (10.2)	0 (0.0)
Festival allowance	3 5.1)	10 (16.9)	29 (49.2)	17 (28.8)	0 (0.0)

Medical allowance	27 (45.8)	11 (18.6)	16 (27.1)	5 (8.5)	0 (0.0)

Table 5. *Distribution of the respondents by their work load (n=59).*

Daily work load	Frequency	Percent (%)	Mean/day
Duration of patient examination			
less than 4 hours	6	10.2	
4-6 Hours	23	39	
6-7 Hours	17	28.8	
7-8 Hours	6	10.2	
8-9 Hours	2	3.4	
9-10 Hours	5	8.5	6.07hours/day
Number of emergency duties (8 hour) per week			**Mean/week**
No emergency duty	19	32.2	
1	6	10.2	
2	15	25.4	
3	8	13.6	
4	4	6.8	
5	7	11.9	15.05hours/week
Have to see the patients at morning following night duty			
Always have to see	21	35.6	
Often have to see	5	8.5	
Sometimes have to see	6	10.2	
Rarely have to see	6	10.2	
Do not have to see	21	35.6	
Continuous emergency duty for 24 hours or more			
Yes	33	55.9	
No	26	44.1	

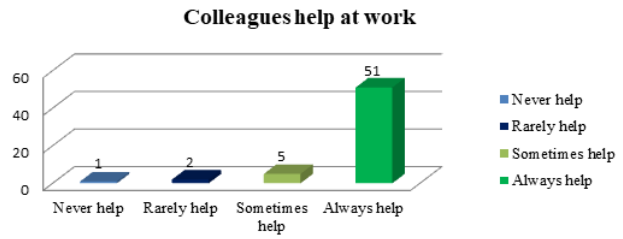

Figure 1. *Distribution of the respondents by colleagues team work.*

Above Figure 1 shows that majority (86.4%) of the respondents said colleagues was always helpful at work place.

Table 6. *Opinion of the respondents on showing respect by sub-ordinate employees (n=59).*

Variable	Responses in each item-n (%)				
	Never respect	**Often do not respect**	**Rarely respect**	**Sometime respect**	**Always respect**
Nurses respect	1 (1.7)	8 (13.6)	1 (1.7)	13 (22.0)	36 (61.0)
Sub-assistant medical officers respect	0 (0.0)	4 (6.8)	3 (5.1)	6 (10.2)	46 (78.0)
Third and fourth class employees respect	0 (0.0)	6 (10.2)	3 (5.1)	7 (11.9)	43 (72.9)

Majority (61.0%) of the respondents said nurses always respect, 78.0% of the respondents said sub-assistant medical officers always respect, 72.9% of the respondents said third and fourth class employees always respect (Table 6).

Table 7. *Distribution of the respondents by external influence (n=59).*

Variables	F	(%)
Political impact		
Too much	18	30.5
Much	13	22
Average	23	39
Very few	5	8.5
Fake certification		
often have to give	1	1.7
Sometimes have to give	20	33.9
Rarely have to give	20	33.9
Never have to give	18	30.5

Most (39.0%) of the respondents said political influence in the hospital was average and 30.5% said too much. Almost 33.9% respondents said sometimes had to give fake certificate and 30.5% said never had to give (Table 7).

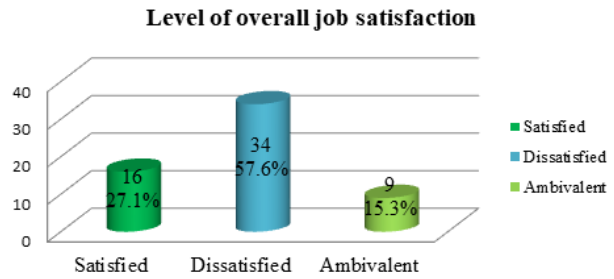

Figure 2. *Level of overall job satisfaction of the respondents.*

It was found in the study that majority (57.6%) of the respondents was dissatisfied, 27.1% were satisfied and rests of them (15.3%) was ambivalent (Figure 2).

Discussion

In this study, majority (66.1%) of the respondents had age ranged 25-35 years, they are young at age, they are able to serve the nation for long time, Almost 80% of the respondents were Muslim. This is consistent with Bangladesh perspective. More than three fourth of the respondents (86.4%) were married and rest of the respondents (13.6%) were unmarried. Similar study was conducted in Nigeria [9] where majority (67.3%) of the respondents had age ranged 26-35years, 73.3% were married and 81.3% were Muslim. In this study 78% were male and rests of the respondents (22.00%) were female. Similar study was conducted in India where 73.3% respondents were male [10]. Almost 70% of the respondents had monthly income within a range of 35,000-40,000 BDT. A study was conducted in Iran where majority (58.0%) of the respondents monthly income was 415-550 USD which is equivalent to 36500-42500BDT (1$=80 BDT) [11]. Majority of the respondents (96.6%) had only MBBS or BDS degree. Similar result found in Ghazali et al. [12] where 85% had only MBBS or BDS degree. Majority of the respondents (50.8%) had employed as medical officer post, 11.9% had employed as UH & FPO and 16.9%employed as medical officer MoMCH under the department of Family Planning of DGFP (Director General of Family Planning), this was similar with Chaudhury and Banerjee [13]. Majority of the respondents (64.4%) had experience of 0-5years, similar result was found in Ugwa et al. [14]. Majority of the respondents (71.2%) were 9^{th} grade officers and only 5.1% had 5^{th} grade salary scale.

The satisfaction scores were calculated using the guidelines of Job Satisfaction Survey (JSS) scale. Each item is scored from 1 to 6 if the original response choices are used. High scores on the scale represent job satisfaction. A score of 6 representing totally agree with 1 representing totally disagree. Mean scores between 3-4 are ambivalent, above 4 mean scores are satisfied and below 3 mean scores are dissatisfied. For the 40-item where possible total score range from 40 to 240, the ranges between 40 to 120 for dissatisfaction, 160 to 240 for satisfaction and between 120 and 160 for ambivalent [15].

In this study majority of the doctors were dissatisfied with their salary which as reflected in JSS scale. Similar study was conducted by Kaur et al. among doctors in a tertiary hospital in Delhi where significant proportion of doctors were found to be dissatisfied with salary [16].

Majority of respondents in this study were dissatisfied with scope of promotion which was reflected in JSS scale where mean was only 1.68. A research conducted by Sarker et al. [17] where a significant number of respondents were dissatisfied with the system of promotion. In this study most of the respondents lived in government quarters but were dissatisfied with the condition and security of government quarters but were dissatisfied with the condition and security of government quarters as per the score of JSS scale.

More than half (50.8%) of the respondents like the workplace environment as fairly well. Majority of the respondents (79.6%) said condition of security of the hospital was bad. Similar study conducted by Mosadeghrad et al. [18] where respondents were least satisfied with the working conditions.

Most of the respondents (35.6%) had emergency duties 1-2 per week. Majority (55.9%) of them had continuous emergency duty for 24 hours or more. According to JSS scale most of them opined that they had to work too much. Similar study was conducted in Lithuania where workload was one of the key factors for doctors' dissatisfaction [19]. Almost 40% of the respondents said education allowances for their children were inadequate. As per JSS scale most of the doctors were dissatisfied with their fringe benefits. Most (44.1%) of the respondents said that there was lack of adequate instruments in the hospital.

Majority (93.2%) respondents had good relation with their colleagues at workplace. It is consistent with JSS scale where score was high. Majority of the respondents were satisfied with their relationship. Similar study was conducted by Buchbinder et al. [20] where participants were most satisfied with relation with colleagues.

Majority of the respondents were dissatisfied as the hospital authority did not reward for their better service as per the JSS scale. Similar study was conducted by Bhatnagar et al. [21] where the respondents felt most dissatisfaction with work rewards. In this study majority of the respondents were satisfied with the supervision of the supervisors at workplace.

Due to political influence in the hospital, poor transport facility, inter cadre discrepancy, the respondents were highly dissatisfied. Almost 58% of the respondents said there were problems with family time management due to job engagement.

As a whole in response of 40 (forty) questions total score of 240 majority (57.6%) of the respondents were dissatisfied, 27.1% were satisfied and rests of them (15.3%) were ambivalent on their job. In Norway, 49% of the GPs (General Practitioners) reported a very high level of job satisfaction [22].

The strength of this study was the attempt to explore the level of satisfaction of the registered doctors in their work place using the Job Satisfaction Survey (JSS) scale which is first of its kind in Bangladesh focusing the primary level health care facilities.

There are some limitations of the study. The study was conducted in purposively selected Upazila Health Complexes in Barisal district only. So the result of this study does not represent the actual scenarios of whole Bangladesh.

Conclusion

Doctors are the part and parcel of health care system. Furthermore job satisfaction of doctors ensures better quality health care services and enhances their professional commitment. In this study the findings showed that majority of registered doctors were dissatisfied with their job. Factors like the average number of work-hours per day, salary, complicated

promotional scope, poor allowances, low quality of accommodation facility, lack of transport facility, inter cadre discrepancy, inadequate reward for better service, annual salary increment, shortage of modern medical instruments and the number of too many night shifts per week were found as the factors with dissatisfaction. Work satisfaction is a major factor in the delivery of high quality care, but rapid changes in health care services have placed more demands on doctors and this has increased the need to consider ways to sustain and improve doctors' job satisfaction. Doctors play an integral and crucial role in any health care organization. The proposed study was designed to assess the job satisfaction of doctors working at Upazila Health Complexes. This study will provide valuable information about job satisfaction of doctors of health complexes which will help the policy makers to assess for their future improvement, which in turn will lead to an efficient and effective health care system and improve the quality of health care services of Bangladesh. In this study, majority (57.6%) of doctors were dissatisfied with their job. Many of them did not perceive their working environment as good. Further in depth studies are needed to explore how best the work-hours of doctors could be adjusted to improve job satisfaction among them.

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