

Job Satisfaction and its Associated Factors among Primary Health Care Level Health Workers of Kaski District, NepalNarayan Tripathi¹, Bijaya Parajuli¹, Sudarshan Subedi¹¹School of Health and Allied Sciences, Pokhara University, Kaski, Nepal**ABSTRACT**

Introduction: Job satisfaction has been identified as a key factor of health worker retention and turnover in low and middle- income countries. In Nepal, only 55% of the health workers were satisfied with their current jobs. There is limited amount of literature in the areas related to factors affecting job satisfaction. This study aimed to assess the level of job satisfaction and its associated factors among Primary Health Care (PHC) level health workers in Kaski district.

Methods: Health facility-based cross-sectional, quantitative study was conducted by collecting quantitative data from all PHC level health facilities (3 Primary Health Care Center and 45 Health Posts) health workers of Kaski district, Nepal through face to face interview. The perceived 12 item job satisfaction scale was developed and used to identify job satisfaction. The association between the independent and outcome variable was analyzed by using Chi-square test.

Results: The result showed two-third (66%) of PHC level health workers were satisfied with their current job at Kaski district. The study showed that health assistant were more satisfied than Auxiliary Nurse Midwives and Auxiliary Health Workers. Sex (OR=1.80, 95%CI=1.0-3.26), level of working post (OR= 2.62,95%CI=1.44-4.77), salary (OR= 3.96,95%CI=2.07-7.57), pension (OR=3.96, 95%CI=2.07-7.57) , training (OR=5.01, 95%CI=2.66-9.39), opportunity for promotion (OR=2.80, 95%CI=1.54-5.09), reward provision (OR=3.63,95% CI=1.94-6.77) and role in decision-making OR=5.08,95% CI=2.34-11.04) were significantly associated with overall job satisfaction.

Conclusion: Two- thirds of the PHC level health workers of Kaski district were satisfied with their job. Satisfaction with job was also affected by factors like sex of health care workers, level of working posts, salary, pension and security, opportunities for training, promotion and reward and role in decision -making process. Provision of opportunities such as training, promotion and improving salary and pensions may increase the job satisfaction level of health care workers.

Keywords: *Health workers, Job satisfaction, Primary health care level*

INTRODUCTION

Human factor is regarded as an important resource for every organization. It is an important asset for the production of intended output as it organizes and utilizes other resources. Human resource (HR) in an organization need to be motivated regularly by financial or non-financial incentives for the optimum performance¹. Therefore, the job satisfaction level and personal development of health care providers should be recognized as important indicator. Experience has shown that the provider's satisfaction has to be achieved^{2,3}. Job satisfaction among healthcare professionals is being recognized as a measure which should be included in quality improvement activities. Job satisfaction is defined as how employees feel about their jobs and different aspects of their jobs⁴. It is a pleasurable emotional state that results from the appraisal of one's job⁵. In health sector, job satisfaction of health care workers is highly associated with quality of services and patient satisfaction⁶.

Job satisfaction has been studied quite extensively as it is a complex phenomenon. Motivation encourages an employee to act in certain manner. Various studies indicate that there is an

association between job satisfaction and motivation whereas positive correlation exists among motivation, performance and job satisfaction.⁷ Low job satisfaction level can lead to increased staff turnover and absenteeism which finally affects the efficiency of health services. According to a study conducted in three districts of Nepal only 55% of health workers were satisfied with their current jobs and the financial benefits they acquired.⁸ Similarly, in 2008 WHO highlighted the shortage of qualified physicians and midwives and indicated that a third of Primary Health Care Centers (PHCC) had no physicians.⁹

In many countries of the world, employers observe closely the subjective well-being of their employees. In Denmark, various companies regularly conduct job satisfaction surveys. The European Union has called the attention of member states to the quality aspects of work and highlighted the importance of improving job quality to promote employment and social

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inclusion. The evidence from research points to specific determinants and correlates of job satisfaction and productivity. Motivation and job satisfaction have been identified as key aspect of health worker retention and turnover in low- and middle-income countries (LMICs).^{3,9} A number of studies have demonstrated the importance of job satisfaction to an organization. The study conducted in Spain revealed that 77.2% of health care workers were satisfied with the work they perform where females had higher levels of job satisfaction compared to males.¹⁰ On the contrary, a study conducted at Ethiopia revealed that only 34.9% of the health care workers were satisfied with their job.¹¹

Job satisfaction of health workers affects the quality of services and it is also a contributing factor to shortage of health care providers. Thus, improving the retention of health workers is critical for health system performance as health workers move to other places offering opportunities as better salaries and training leaves with all drain and no gain. So this study aimed to assess the level of job satisfaction and its associated factors among Primary Health Care (PHC) level health workers in Kaski district.

METHODS AND MATERIALS

A health- facility based cross-sectional quantitative study was conducted at all Health Posts and PHCCs of Kaski district. The study population were currently working health workers of PHCCs and HPs of Kaski District. The study was conducted from July to December 2015. Census was conducted so whole study population (all the health workers working at 3 PHCCs and 45 HPs of Kaski district) was the sample size, a total of 203 health workers were studied. Newly recruited health workers (those working for less than 2 months at data of collection period) and those who were working as medical officers were excluded from the study.

Data were collected through face to face interview of the respondents. The questionnaire was written in Nepali language. A 5 point Likert scale for 12 items was used to assess the level job satisfaction of health workers. The data were collected after obtaining informed consent from respondents. Validity of the instruments was maintained by incorporating expert's opinion and through extensive literature search. For reliability tools with Chronbach's alpha of ≥ 0.7 were only used for the study purpose. Pretesting was conducted among primary health care level workers of health post of Syangja district.

The outcome of the study was job satisfaction among primary health care level workers. Satisfied clients mean those clients whose overall job satisfaction score falls above 36. The scale consists of 12 items. For the study purpose the independent

variables were socio-demographic variables: age, sex, marital status, ethnic group, religion, profession and level of working post and organizational variables: salary and allowances, pension and security, training attended within last one year, provision for reward, participation in decision-making, rest and refreshment facility available in health facility and availability of accommodation facility.

The written consent was taken from all the participants before data collection. All pieces of information were kept confidential and anonymity was emphasized and maintained. Permission was taken from DPHO Kaski to carry out the data collection. Data were entered in EpiData software and analyzed by using SPSS 20 version software. Descriptive statistics - frequency, percentage, mean and standard deviation were applied to find out the job satisfaction status of health workers. Similarly, associations between independent and outcome variables were calculated by using chi square test. For chi-squared test the statistical significance was set at $p < 0.05$.

RESULTS

Table 1: Socio- demographic characteristics of respondents (n=203)

Variables	Frequency	Percentage (%)
Sex		
Male	99	48.80
Female	104	51.20
Age		
<35 years	85	41.90
≥ 35 years	118	58.10
Mean \pm Standard deviation = 36.80 ± 10.38 , Minimum=20, Maximum= 58		
Marital Status		
Married	176	86.70
Unmarried	27	13.30
Ethnic Group		
Upper caste group	160	78.82
Others ^a	43	21.18
Religion		
Hindu	193	95.10
Buddhist	10	4.90
Profession		
ANM	83	40.89
AHW	91	44.83
HA	20	9.85
Staff nurse	5	2.46
Lab technician	4	1.97
Level of working Post		
5th and above level of civil servants	125	61.60
4 th level of civil servants	78	38.40
Years of service		
≤ 5 years	77	37.90
> 5 years	126	62.1

^aDalit and terai groups, Disadvantaged janajati, Advantaged janajati

Table 1 shows that more than half (51.20%) of the respondents were female. Of the total respondents, more than half (58.10%) of the respondents were of the age equal to or above 35 years. The mean age of the respondents was 36.80 ± 10.38 years. More than four-fifths (86.20%) of the total respondents were married. The majority of the respondents (78.82%) belong to upper caste group. Most of the respondents (95.10%) were Hindu by religion. Similarly, less than half (44.80%) of the total respondents were Auxiliary Health Workers(AHW), two out of every five respondents (40.90%) were Auxiliary Nurse Midwives (ANM), 9.90% of Health Assistants (HA) and 4.40% were others including staff nurse, lab technician. Of the total respondents nearly two-thirds (61.60%) of the respondents were working at 5th or above level of civil servants.

Table 2: Distribution of health workers according to organizational factors (n=203)

Variables	Frequency	Percentage (%)
Salary and allowances (in NRs, 1 USD=117.56 NRs)		
>20,000	102	50.20
≤20,000	101	49.80
Pension and security		
Yes	147	72.00
No	56	27.00
Training within last one year		
Yes	113	55.00
No	90	44.30
Opportunity for promotion		
Yes	116	57.10
No	87	42.90
Provision for reward		
Yes	100	49.26
No	103	51.74
Participated in decision making		
Yes	168	82.80
No	35	17.20
Specific responsibility and guideline		
Yes	193	95.10
No	10	4.90
Skills utilization		
Fully utilized	127	62.56
Partly utilized	76	37.44
Rest and refreshment available in health facility?		
Yes	157	77.30
No	46	22.70
Accommodation facility available?		
Yes	39	19.21
No	164	80.79

Table 2 revealed that nearly half (49.80%) of respondents had their salary and allowances less than NRs 20,000. Of the total respondents, more than half (55.00%) had an opportunity to have a training (of more than 3 days) within last one year. Similarly more than half (57.10%) had opportunity for promotion/ carrier development. Nearly half (49.30%) of the respondents were acknowledged or rewarded for their good jobs. More than four-fifth (82.80%) of the respondents had their some roles in organizational decision making. Likewise majority of respondents (95.10%) had specific responsibility and working guideline. Of the respondents nearly two-third (62.5%) of respondents had their skills fully utilized. Similarly more than three-fourth (77.30%) of the respondents had appropriate rest and refreshment provision. About one fifth (19.21%) of the total respondents were found having accommodation facility.

Table 3: Satisfaction level of respondents on 12 items (n=203)

Components	Satisfied	Dissatisfied
Salary/incentives	63 (31.00)	140 (69.00)
Pension and security	116 (57.10)	87 (42.90)
Working environment	142 (70.00)	61 (30.00)
Technical and medical equipment's availability	121 (59.60)	82 (40.40)
Relationship with co-workers	176 (86.70)	27 (13.30)
Ways of handling by boss	174 (85.70)	29 (14.30)
Opportunity for trainings and education	118 (58.10)	85 (41.90)
Opportunity for promotion and progress	158 (77.80)	45 (22.20)
Opportunity to utilize skills and talents	168 (82.80)	33 (17.20)
Freedom to use own judgments	100(49.30)	103 (50.70)
Rest and refreshment	109 (53.70)	94 (46.30)
Recognition and reward for good jobs	140 (69.00)	63 (31.00)

Figures in parentheses indicates percentage (%)

Table 3 shows the percentage of satisfied and dissatisfied health workers on different components of job satisfaction scale. Study showed that highest satisfaction was shown in relationship with co-workers. Among the workers majority of the respondents (86.70%) were satisfied with the solidarity and relationship with co-workers and the least satisfaction was on salary on which just 31.00% of the respondents were satisfied.

Table 4: Proportion of satisfied respondents with their job (n=203)

Variables	Frequency	Percentage (%)
Satisfied	134	66.00
Dissatisfied	69	34.00
Mean \pm SD = 38.70 ± 5.23 , min=27,max= 60		

Table 4 shows that two-third (66.00%) of PHC level health workers were satisfied with their overall job conditions. The mean satisfaction score of overall job satisfaction score was 38.70 out of 60 with standard deviation of ± 5.23 .

Table 5: Association of socio demographic and organizational factors with job satisfaction (n=203)

Variable	Satisfied 134(66%)	Dissatisfied 69 (34%)	χ^2	p value	Unadjusted OR (95%CI)
Sex					
Male	72 (53.73)	27 (39.13)	3.886	0.049*	1.806 (1.000-3.260)
Female	62 (46.26)	42 (60.86)			
Level of working Post					
5th and above	93 (69.40)	32 (46.37)	10.207	0.001*	2.623 (1.441-4.774)
4 th	41 (30.59)	37 (53.62)			
Salary& allowance(NRs)					
>20,000	83 (61.94)	19 (27.53)	21.565	<0.001**	4.283 (2.274-8.065)
≤20,000	51 (38.05)	50 (72.46)			
Pension and security					
Yes	110 (82.08)	37 (53.62)	18.476	<0.001**	3.964 (2.075-7.572)
No	24 (17.91)	32 (46.37)			
Training					
Yes	92 (68.65)	21 (30.43)	26.962	<0.001**	5.007 (2.668-9.395)
No	42 (31.34)	48 (69.56)			
Opportunity for promotion					
Yes	88 (65.67)	28 (40.57)	11.71	0.001*	2.801 (1.540-5.096)
No	46 (34.32)	41 (59.42)			
Provision for reward					
Yes	80 (59.70)	20 (28.98)	17.193	<0.001**	3.630 (1.944-6.776)
No	54 (40.29)	49 (71.01)			
Role in decision making					
Yes	122 (91.04)	46 (66.66)	18.970	<0.001**	5.083 (2.340-11.045)
No	12 (8.95)	23 (33.33)			

*Statistical significance at p<0.05

Table 5 shows that male health workers were nearly two times more satisfied (OR=1.806, 95%CI=1.000-3.260) with their job as compared to female health workers. Health workers working at 5th and above level of governmental scale were two and half times more satisfied (OR=2.623, 95%CI=1.441-4.774) than health workers up to 4th level. Similarly, health workers having salary more than NRs 20,000 were four times more satisfied (OR=4.283, 95%CI=2.274-8.065) than workers having salary less than NRs 20,000. Health workers with opportunity for training were five times more satisfied (OR=5.007, 95%CI=2.668-9.395) to those having no opportunity for trainings. Health workers having opportunity for promotion being nearly three times (OR=2.801, 95%CI=1.540-5.096) more satisfied as compared to those not having promotion opportunity. Health workers having role in decision making were five times more satisfied (OR=5.083, 95%CI=2.340-11.045) to those not having role in decision making.

DISCUSSION

Human resources (HR) are the essential element of a health system and HR is an important organizational asset. Job satisfaction of health workers is directly related to the quality of health services they provided, different studies have shown that satisfied health workers tends to provide quality services.¹² The findings of study indicated that two-third (66.00%) of the study

participants were satisfied with their job. It is inconsistent with the finding of a study conducted in Nepal among all healthcare professionals working at Tilganga Eye center where more than three-fourths (76.00%) were satisfied to their job¹³ and also to a study conducted among health care workers in 21 health centers in Kenya, Turkey where 60.00% of health workers were satisfied.¹⁴

This study revealed that highest satisfaction was on relationship with co-workers (86.70% were satisfied) this finding is similar to findings of previous studies.^{14, 15} This study shows only 31.00% of health workers were satisfied with the salary which accounted for the lowest among other factors and only about 57.10% were satisfied with the pension and security service which is similar to other studies finding where pay and benefit accounted for the lowest among other satisfying factors.¹⁶ It means that PHCs health workers need more salaries and incentive, so that they can meet their families need and live their life in a respectful economic condition in a society. The dissatisfaction on salaries can decrease the productivity of health workers as they are in a mind to make more money. Naturally, personnel are sensitive to salary issues because of their impact on living standards and providing a sense of security.¹⁷ Thus, a low level of salary satisfaction is a common problem among all types of employees. Many managers believe that the key to motivating and satisfying

service employees is to reward workers with money or bonuses.¹⁸ The results of this study demonstrated that socio-demographic factors such as age, ethnicity, religion, marital status, were not associated with job satisfaction which is similar with the study conducted in Nepal which showed no association between socio-demographic characteristics and job satisfaction.¹² But sex ($P=0.049$) was statistically significant with job satisfaction which is similar with the study conducted in Ethiopia.¹⁹ Males were more satisfied to females this might be because most of the females were working at the lowest post i.e. at 4th level as an ANM and males tends to be dominate over the resources as Nepal is the country where male dominant society exists. Similarly, result revealed that there is no association of service years with job satisfaction this result is in line with from the previous study conducted in India.²⁰

The study showed association of different organizational factors (salary, pension, training opportunity, opportunity for growth and development, role in decision making) with job satisfaction. These findings are in line with previous studied.^[12, 21, 22] Higher the salary level there is high chance of people getting satisfied with job. Similarly this study also indicated that the better opportunity for growth, and training yields satisfaction among health workers.

CONCLUSION

The study concluded that two third (66%) of PHC level health workers were satisfied with their job. Satisfaction with one's job was be affected by factors like sex of health care workers, level of working posts, salary, pension and security, opportunities for training, promotion and reward and role in decision making process. Provision of opportunities such as training, promotion and improving salary and pensions may increase the job satisfaction level of health care workers. Thus responsible bodies should devise mechanisms to improve job satisfaction of health professional by considering the associated factors so as to improve the healthcare services of PHCCS and HPs.

CONFLICT OF INTEREST

We declare that the authors do not have conflict of interest.

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REFERENCES

1. Ajayi K. Leadership, motivation, teamwork and information management for organizational efficiency. The Nigerian Journal of the Social Sciences. 2004; 3(2):161-7.
2. Sutherland VJ, Cooper CL. Job stress, satisfaction, and mental health among general practitioners before and after introduction of new contract. *BMJ*. 1992 Jun 13; 304(6841):1545-8.
3. Hollyforde S, Whiddett S. The motivation handbook. CIPD Publishing; 2002.
4. Thompson ER, Phua FT. A brief index of affective job satisfaction. *Group & Organization Management*. 2012 Jun 1; 37(3):275-307.
5. Weiss HM. Deconstructing job satisfaction Separating evaluations, beliefs and affective experiences. *Human Resource Management Review*. 2002 Aug 31; 12(2):173-94.
6. Liu JA, Wang Q, Lu ZX. Job satisfaction and its modeling among township health center employees a quantitative study in poor rural China. *BMC health services research*. 2010 May 10; 10(1):115-29
7. Adams A, Bond S. Hospital nurses' job satisfaction, individual and organizational characteristics. *Journal of advanced nursing*. 2000 Sep; 32(3):536-43.
8. Ghimire J, Gupta RP, Kumal AB, Mahato RK, Bhandari RM, Thapa NJ. Factors associated with the motivation and de-motivation of health workforce in Nepal. *Nepal Health Res Council*. 2013 May; 11(24):112-8.
9. World Health Organization. Human Resources for Health Nepal. 2008. Available from: <http://www.nep.searo.who.int/en/Section10.htm> 2008
10. Carrillo-García C, Solano-Ruiz MD, Martínez-Roche ME, Gómez-García CI. Job satisfaction among health care workers: the role of gender and age. *Revista latino-americana de enfermagem*. 2013 Dec; 21(6):1314-20.
11. Mengistu MM, Bali AG. Factors associated to job satisfaction among healthcare workers at public hospitals of west Shoa zone, Oromia regional state, Ethiopia: a cross sectional study. *Science Journal of Public Health*. 2015 Feb 9; 3(2):161-7.
12. Kumar P, Khan AM, Inder D, Mehra A. A comparative study of job satisfaction among regular and staff on contract in the primary health care system in Delhi, India. *Journal of family & community medicine*. 2014 May; 21(2):112-7.
13. Chaulagain N, Khadka DK. Factors Influencing Job Satisfaction Among Healthcare Professionals At Tilganga Eye Centre, Kathmandu, Nepal. *Age*; 35(56):74-67.
14. Bodur S. Job satisfaction of health care staff employed at health centers in Turkey. *Occupational medicine*. 2002 Sep 1; 52(6):353-5.
15. Tran BX, Van Minh H, Hinh ND. Factors associated with job satisfaction among commune health workers implications for human resource policies. *Global health*

- action. 2013; 6(1):284-7
16. Kebriaei A, Moteghedhi MS. Job satisfaction among community health workers in Zahedan District, Islamic Republic of Iran. *EMHJ-Eastern Mediterranean Health Journal*, 2009 ;15 (5): 1156-63
17. Geleto A, Baraki N, Atomsa GE, Dessie Y. Job satisfaction and associated factors among health care providers at public health institutions in Harari region, eastern Ethiopia a cross-sectional study. *BMC research notes*. 2015 Sep 1; 8(1):394-8
18. Shrestha GK, Singh B. Job satisfaction among Nurses in a Hospital. *J Nepal Health Res Counc* 2010 Oct;8(17):82-5 A
19. Snipes RL, Oswald SL, LaTour M, Armenakis AA. The effects of specific job satisfaction facets on customer perceptions of service quality an employee-level analysis. *Journal of Business Research*. 2005 Oct 31; 58(10):1330-9.
20. Mulugeta M, Ayele G. Factors associated to job satisfaction among health care workers at public hospitals of West Shoa Zone, Oromia Regional State, Ethiopia A Cross Sectional Study. *Science publishing group*. 2015; 3(2):161-7.
21. Kumar P, Khan AM, Inder D, Sharma N. Job satisfaction of primary health-care providers (public sector) in urban setting. *Journal of family medicine and primary care*. 2013 Jul; 2(3):227-36.
22. Yami A, Hamza L, Hassen A, Jira C, Sudhakar M. Job satisfaction and its determinants among health workers in Jimma University specialized hospital, southwest Ethiopia. *Ethiopian journal of health sciences*. 2011; 21(3): 1123-35