



## **JOB SATISFACTION AND THE FACTORS INFLUENCING IT AMONGST MEDICAL OFFICERS WORKING AT PRIMARY HEALTH CARE CENTRES IN A DISTRICT OF MAHARASHTRA, INDIA.**

**Sanjay Dhondbarao Ranveer\* and Madhav Baburao Shinde,**

Senior Resident, Department of Community Medicine, Grant Government Medical College and Sir J J Group of Hospitals, Mumbai, Maharashtra, India.

### **ABSTRACT**

Objectives to assess the level of job satisfaction in MO-PHC. 2.To explore the various factors influencing the level job satisfaction in the MOPHC. It was a cross sectional study conducted at Primary Health Centers in a district of Maharashtra. Study population consisted of medical officers working at various primary health care centers. Data was collected using Self-administered, anonymous questionnaire in English language. This study included medical officers working at total 53 primary health care centers in Maharashtra. Out of these 53 PHCs 3 were PHCs were tribal and 50 were non-tribal. Only those Medical Officers, who had completed at least one year of service at the present institution, were included in the study. Otherwise, successive name from the list was considered. A thorough literature search was conducted and a questionnaire was designed after consultation with faculty members of the department. The questionnaire Items were grouped into 6 scales related to professional Practice environment, personal attitudinal , Organizational factors of social support, job competency, motivation and work enthusiasm and welfare measures. Each head was developed in such a way that its questions explored extrinsic and intrinsic factors of physicians' satisfaction/dissatisfaction from their job. Heads like physical work conditions, relationship with fellow workers, boss's attitude, pay, promotion, management relationship, job security, etc. were a few examples that 49 could extract overall information on financial, intellectual, social satisfaction/dissatisfaction. The most common factors responsible for Job satisfaction amongst medical officers working at primary health care centers are Degree of responsibility and authority given (44%) percolation of information (40%) Relationship with immediate boss (38%) and Doing work related to professional growth (36%) while the most common factors causing job dissatisfaction were Flexibility of work hours (86%), Flexibility of work hours (83%) salary as compared to central government employees (81%), working hours (80%). The common factors influencing the levels of job satisfaction were identified which were, professional practice environment, personal attitudinal factors, organizational factors of social support, job competency, motivation & work enthusiasm and welfare measures.

**Key words:** Medical officers, Primary Health Care centers, Job satisfaction.

### **INTRODUCTION**

India is demographically a vast and varied country with equally distinctive health care system. The health care system of a developing country like India is divided into two distinct areas namely urban and rural with their very specific needs. The population of India is mostly rural, so

there are many programs and policies focusing on improving the health of the rural population. The Primary health care concept was developed keeping in mind the rural background of the country. At present, primary health care and Primary Health centers have become the

backbone of the Health care delivery system and the focal point of rolling out all the community related national health programs. Thus the role of Primary Health Centre Medical officer is indisputably of immense significance. The Primary Health Centre is the first contact point of the community with the health care personnel. Like all sectors, Health care sector also has its fair share of human resource issues. One of the critical and persistent issues being retention of qualified medical personnel in the rural health set up. Every measure from offering monetary incentives to promotions, and making it mandatory has been tried to retain the health care personnel in rural areas [1]. Today, hospitals are in the forefront of health services delivery and their main concern is providing quality health services to the clients [2]. 75 per cent of doctors, 60 percent of nurses and 58 per cent of other workers live in urban areas while about 50 percent of the population lives in urban areas [3]. Till date the government agencies are still struggling and trying to find innovative solutions to these age old problems. One of the crucial factor as noted in various literatures is the satisfaction one feels while completing a given Job. This Job Satisfaction is a very complex entity and is influenced by many factors and also affects many other elements in the health care delivery. Job satisfaction is directly linked to performance. Performance in Health care sector indicates provision of quality health care services. With Universal health care coming in, with accessibility and affordability, provision of quality health care has become equally important. Considering the issue of human resource, job satisfaction linked to performance and provision of quality health care in totality. The present study was planned to assess the job satisfaction levels of primary health care Medical officers and also try to comprehend the factors influencing the levels of job satisfaction. So as to recommend definite reforms in an attempt to handle the human resource issues and in turn provides quality health care [4] [5]

## MATERIALS AND METHODS

This was a cross sectional study in which job satisfaction amongst Medical Officers working at primary health care centers was assessed using an anonymous self-administered questionnaire. The questionnaire was divided into two sections. Section-A was meant to assess demographic profile of physicians, and Section-B to assess satisfaction; 51- questions were developed with 18 distinguished heads for measuring the levels of the seven job satisfaction scales. Items were grouped into 6 scales: The first factor related to professional Practice environment included (11) items; the second factor concerning personal attitudinal factors involved (12) items; the third factor regarding Organizational factors of social support had (7) items; the fourth factor about job competency consisted of (7) items; the fifth factor relating to motivation and work enthusiasm contained (7) items; and the sixth factor concerning welfare measures contained

(5) items. Each head was developed in such a way that its questions explored extrinsic and intrinsic factors of physicians' satisfaction/dissatisfaction from their job. Heads like physical work conditions, relationship with fellow workers, boss's attitude, pay, promotion, management relationship, job security, etc. were a few examples that could extract overall information on financial, intellectual, social satisfaction/ dissatisfaction. Response to each question was gained using Likert scale that provides 7- options for respondent (1= extremely dissatisfied; 2=very dissatisfied; 3= moderately dissatisfied; 4= not sure; 5= moderately satisfied; 6= very satisfied; 7= extremely satisfied. Only those Medical Officers, who had completed at least one year of service at the present institution, were included in the study. Otherwise, successive name from the list was considered. Less than one year experience as a Medical Officer was excluded from study. Composite scores for 50 satisfaction and dissatisfaction either for medical officer for question and components were computed after transforming 7-point Likert response into normal scale. The normal scale distinguished satisfaction and dissatisfaction at either (positive & negative) side of zero. A thorough literature search was conducted and a questionnaire was designed after consultation with faculty members of the department. Pilot testing of the questionnaire was done to assess the feasibility regarding time and justifiable coverage of the topic. This pretested predesigned questionnaire was administered to the participants on obtaining prior administrative approval and participant consent. The Medical officers were contacted personally. The collected data was then coded according to the open ended and close ended questions. This data was then entered in excel sheet and statistical analysis was performed. As the data is qualitative in nature proportions and frequencies were computed. Bar charts have been used to present the data graphically. SPSS 16 for windows has been used for statistical analysis.

## RESULTS

Of the total 100 participants 71 % were males whereas 29% were females. of the total participants 43 % were in the age group of 25-34 Yrs, 45% were in the age group of 35-44 yrs and only 12% were in the age group of 45- 55 yrs. Of the participant 56% were permanent employees and 44% were temporary employees. And as far as duration of service was concerned 34% were of 1- 5 years of work duration i.e. experience, 45% were 5-< 10 Years, 19% were 10-<15 years and 2% were of 15-19 years of service. Of the total participant, 33.33% were not staying with family due to family staying at native place, 15.15% were due to away from home only 27.27% were not staying due to accommodation was not good, and 24.24% were not staying with family due to children's education. As there were no good educational facilities, near the area of work.

Of the population covered by 26% PHCs were 20 to 29 thousand, 54% PHCs were of 30 to 39 thousand, 14% PHCs were 40 to 49 thousand and only 6% PHCs were covered fifty thousand and above population. Of the total participant Medical officer, 71% PHCs have single Medical Officer while 29% PHCs were having two Medical Officers. Out of the participant 29% Medical Officers were motivated to join service due to Government Job security, 23% joined as their economic condition was not so good, 43% join service as they think that it was challenging to serve rural community, Only 5% Participant Joined service to complete their bond.

For Analysis of satisfaction level Likert Scale was used

1. Extremely dissatisfied.
2. Very dissatisfied.
3. Moderately dissatisfied.
4. Not sure.
5. Moderately satisfied.
6. Very satisfied.
7. Extremely satisfied.

In relation with working condition of PHCs i.e. electricity, water, social activities etc in which 28% Participant were satisfied and majority 68% participant were dissatisfied.

For working hours 7% were satisfied to work more than 8 hours, majority i.e.80% participant were dissatisfied for the work done by them. Work load of PHC was a major determinant in which 18% were satisfied and maximum i.e. 74% were dissatisfied for the burden of work other than clinical work. And for housing 24% were satisfied and majority of them i.e.66% were dissatisfied regarding various aspects of living conditions.

As the graph above depicts Majority of them i.e. 66% participants were dissatisfied as there was no freedom to work according to their methodology and 22% were satisfied as they got freedom to work.

**A-** 56% Medical Officers were dissatisfied for the undue interference of seniors in their work & only 28% were satisfied as they didn't get interruption in their work by seniors.

**B-** Maximum M.O.i.e. 70% dissatisfied about interference of others (politician, patient etc) in their work, and only 19% were satisfied for interference of others.

Attitude of coworkers and seniors had a huge impact on Medical officers working a PHCs.

**A-**In present study 58% were dissatisfied and 32% were satisfied for the co- ordination from co-workers.

**B-** Relationships with colleagues are the best predictors of job satisfaction. In case of co-ordination from supervisor 58% participant were dissatisfied and 31% were satisfied.

**C-** Institute where people lack trust and confidence in each other, the climate may not be congenial for better institutional performance. In case of co-ordination from subordinates 54% participant were dissatisfied and 30 % were satisfied.

### **Recognition of Good work**

It can be considered as a driving force for those who work in an institute. Medical Officers working at PHCs was also affected by this.

**A-** Recognition for work accomplished, **B** - Getting full credit for work done, **C** -Extra benefits for difficult service, **D** - Performance Bonus

**A-** Need for recognition is an important determinant of motivation for workers. Recognition is directly related to retention and productivity. Of the participants, recognition for the work accomplished, 66% were dissatisfied and 21% were satisfied.

**B-** The person who does the job should be given the credit for that particular job done. Among participant 72% were dissatisfied and 16% were satisfied with this aspect of work.

**C-** Of the participant regarding extra benefits for difficult service there are 78% participants who were dissatisfied and 14% were satisfied.

**D-** Individuals at all levels of the organization want to be recognized for their achievements and their successes do not have to be monumental before they deserve recognition. In present scenario 76% participant were dissatisfied and 12% were satisfied with regard to performance bonus.

### **Attitude of Immediate Boss, and other organisational factors**

**A** - Attitude towards work , **B** - Attitude towards staff , **C** - Supporting behaviour toward his employees, **D-** Degree of delegation of job.

**A-** While understanding the reasons of job dissatisfaction , it is critical for institute, discerning the relationship with the boss is of paramount concern .Of the participant attitude towards work of immediate boss 62% were dissatisfied and 38% were satisfied.

**B-** Non-supportive interactions between senior and junior can result in decreased satisfaction at work. In case of attitude towards staff of immediate boss, 56% participants were dissatisfied only 32% were satisfied.

**C-** Of the participant regarding supporting behavior of immediate boss towards M.O. 50% were dissatisfied, 30 % were satisfied.

**D-** Of the participant degree of delegation of immediate boss, majority of them 63 % were dissatisfied and 26 % were satisfied.

### **Amount of responsibility given to the participants**

**A-** Work related to your professional growth, **B-** Degree of responsibility along with authority.

**A-** Employees will be more motivated to do their jobs if they have ownership of their work. Of the participant, when asked about their satisfaction levels regarding work related to your professional growth 64 % were dissatisfied and 36 % were satisfied.

**B-** Responsibility and accountability boost most the level of interest in the jobs .Of the participant, regarding degree of responsibility along with authority 56 % were dissatisfied and 44 % were satisfied

**Rate of pay in comparison to private and central Govt. pays:**

**A-** Salary **B -** Pay packet compares to private practitioner  
**C-** Pay packet compare to doctors of central govt.

**A-** The importance of financial incentives on job satisfaction was too much. It is one of the major retention factors of human resources. That's the reason why when asked about salary, 75 % were dissatisfied and only 11% were satisfied.

**B-** Earning of medical officer as compared to private practitioner, was too less so majority i.e. 80 % were dissatisfied and 2% were satisfied.

**C-** Of the participant, Pay packet of medical officer's compare to doctors of central govt, was also less so 81% were dissatisfied and 4% were satisfied

**Opportunities to use abilities**

**A-** Opportunity to use your skills & talents, **B-** Opportunity to learn new skills, **C -** Support for additional training and education.

**A-** There was no scope to use their skills & talents at PHCs level .Of the participant, when assessed about opportunity to use their skills & talents 60 %participants were dissatisfied and 28% were satisfied.

**B-** In an ideal workplace one can have tremendous opportunity to tap one's potential. Tapping one's potential leads to greater job satisfaction, higher levels of motivation, fulfillment of higher order needs and ultimate happiness. Of the participants, regarding opportunity to use new skills 62 % were dissatisfied, 28% were satisfied.

Also, most doctors reported that they will be satisfied if there is provision of continuing medical educational options, support for additional training but in reality, it was not the case, for which 38% were dissatisfied, 40% were satisfied.

**Relations of the PHC- MO with the District Health Office Management**

**A-** Existence of policies related to employees, **B-** Meeting between DHO & M.O, **C-** Informal meeting (Welfare, Picnic), **D-** Information of DHO policies.

**A-** Shows attitude of participant towards existence of policies related to employees 60% were dissatisfied, 23% were satisfied in regard with policies.

**B-** Shows attitude of participant towards, meeting between DHO & M.O. The meeting is usually a part of protocol and is not a two way communication & only a fixing of responsibility; it is certainly not a solution to any particular issue. In this case 21% were dissatisfied and 34% were satisfied.

**C-** There were no informal meetings (Welfare, Picnic) due to which 61% medical officers were dissatisfied and 26% were satisfied.

**D-** Policies framed at DHS level percolated to PHC level through DHO, but the detail review of information of DHO policies was not refined, 45 % medical officers were dissatisfied and 40% were satisfied.

**Chances of promotion and future career opportunities**

**A)** Opportunities for promotion as compared to other govt. sector. **B)** Future career opportunity after completion of job tenure.

**A)** Opportunities of promotion have a positive correlation with job satisfaction. Of the participant, Opportunities for promotion as compared to other govt. sector were very less due to which 70% medical officers were dissatisfied, 13% were satisfied.

**B)** Of the participant, future career opportunity after completion of job tenure were also not so strong i.e. why, 77 % medical officers were dissatisfied with the aspects of retirement, 7% were satisfied.

**Satisfaction level with the Inter and Intra departmental Management**

**A)** Co- ordination within department **B)** Co-ordination between other departments

**A)** Of the participant, there was no Co- ordination within department due to which majority of them i.e.59 % were dissatisfied, 27% were satisfied.

**B)** Of the participant, similar pattern was observed in case of Coordination between other department ex. ICDS, education, revenue etc. 56 % were dissatisfied, 29% were satisfied.

**Satisfaction level in terms of attention paid to the suggestions given by the participants**

**A)** Hearing given to your suggestion, **B)** Acceptance of your suggestion **C)** Implementation of your suggestion

**A)** Suggestions by M.O., who have been working in an institute, can have great impact on the performance of the institute. This variable again has an important contribution to the job satisfaction of the employees. Of the participant, about hearing given to their suggestion, 57 % were dissatisfied only 19% were satisfied.

**B)** Of the participant, the acceptance level for their suggestion as low, due to which majority of them 63 % was dissatisfied, 20% were satisfied.

**C)** Of the participant, if ever the suggestion was heard, there was not much importance given to it and the implementation of the suggestion was not seen, due to which 62% were dissatisfied, 18% were satisfied.

**Satisfaction level in terms of hours of work spent by the participants:**

**A).**Hours worked as compared to others govt. institute

**B).**Flexibility in Scheduling,

**C)** Sufficiency of paid vacation time/sick leave.

**A)** Of the participant, there are 24x7 PHCs where you have to stay at H.Q. for 24 hours as compared to others govt. institute where only 8 hours duty is mandatory like revenue, agriculture, police etc. so 83 % were dissatisfied, 5% were satisfied.

**B)** Of the participant, there is no flexibility in Scheduling as you can't change the OPD timings, immunization schedule, laparoscopy, TL camps etc. For that 86% were dissatisfied 10% were satisfied.

**C)** Of the participant there was no sufficiency of paid vacation time/sick leave, no easy sanction of leave without giving replacement as already there is scarcity of Medical officers.74% M.O. were dissatisfied and 19% were satisfied.

**Satisfaction level in terms of variety in the job:**

**A)** Variety of job rotation in department **B)** Posting outside institute **C)** Interdepartmental posting.

**A)** Participant have variety in terms of change of workplace and not change of job profile i.e. they were frequently changes transferred from one workplace to the other within very less period due to which their professional as well as personal life gets disturbed i.e. 76% were dissatisfied, 9% were satisfied with regards to the above.

**B)** Majority of them were i.e.71% participant were dissatisfied for the posting outside institute 14% were satisfied.

**C)** Of the Medical Officers many of them are deputed in civil/RH or posted during epidemics under another authority as officer on special duty. Among these participants 62% were dissatisfied 18% were satisfied for interdepartmental posting.

**Satisfaction level in terms of Job security**

**A)** Job security

**B)** Benefits (health, life insurance etc)

**A)** Of the participant, majority of them had no stability in life due to job insecurity i.e.75 % were dissatisfied in regard with job security only19% Medical officers were satisfied.

**B)** Of the participant, Medical officers didn't get benefits (health, life insurance etc) though they were in high risk profession that is why majority of them i.e.78 % were dissatisfied12 % were satisfied.

A study conducted by Meenakshi Sharma (2014), noted that Job security, Benefits (Health insurance, life insurance, etc.) were the important factor for job satisfaction.

**Satisfaction level with regards to personal factors like, Childs Education, willingness of spouse and parents to stay in rural area.**

**A)** Child **B)** Wife **C)** Parent

**A)** Of the participant, majority of them i.e. 62 % were dissatisfied as they didn't got quality education facilities for their children within reach of their head quarter, 12 % were satisfied about children's education.

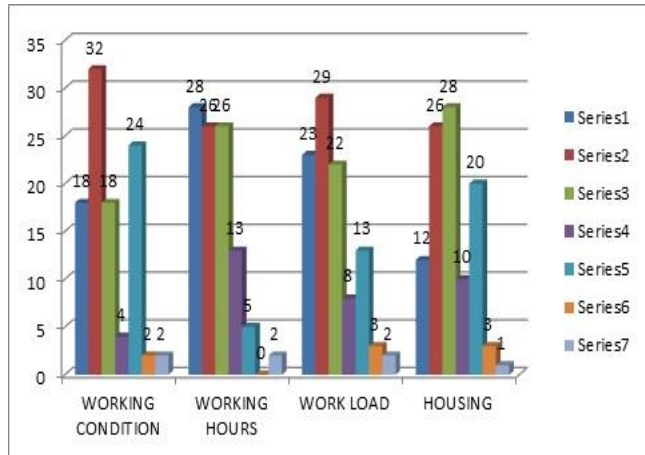
**B)** Of the participant, 61 % were dissatisfied as wives of participant are not ready to live at rural area instead of a metro life and no use of their education, 6% were satisfied about wife's satisfaction to live with them.

**C)** Of the participant, majority of M.O.i.e.73 % were dissatisfied about their parent's medical problems as they have to go far away from their working place to treat their parents or for a specialist's consultation &follow up. 14% were satisfied about parent's satisfaction to live with them.

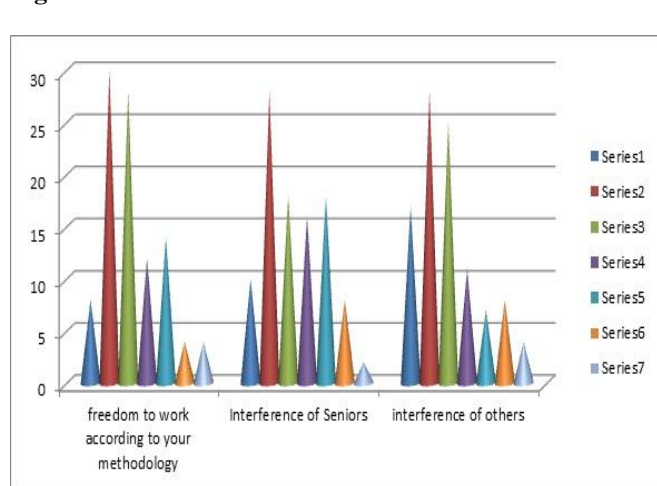
Of the participant, overall 83 % were dissatisfied for the job they are doing and only 17% participant were satisfied.

It can be stated that job satisfaction is a multi-dimensional phenomenon where it is not easy to assign one factor as the sole determinant of satisfaction or dissatisfaction with the job. A number of factors operate simultaneously. The dynamics of the relations between the factors is more important than any one factor in isolation.

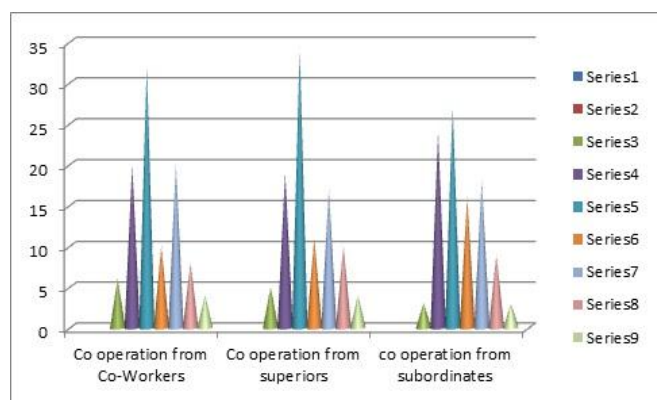
**Figure 1. Satisfaction Related to Physical working conditions**



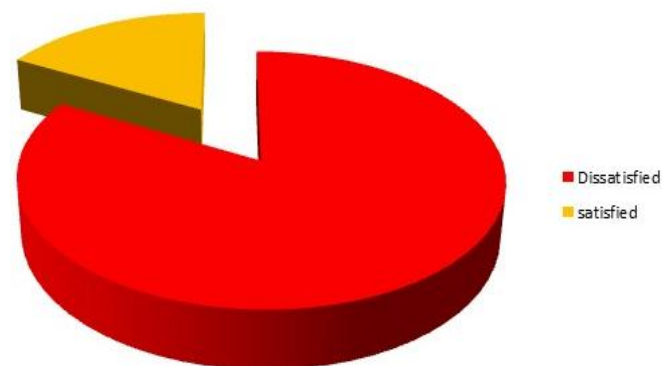
**Figure 2. Satisfaction Related to Professional Factors**



**Figure 3. Attitude of fellow workers and seniors**



**Figure 4. overall Job satisfaction of the PHC- Medical Officers**



**CONCLUSION**

This is a unique attempt to assess the job satisfaction levels of the Medical officers working at the Govt. run primary health care centres. The present study also dwells into the factors causing satisfaction and dissatisfaction among the most important work cadre in the public health system. The questionnaire developed out of the work is a good tool to be used in the medical scenario with adequate reliability and validity. Job satisfaction is a multidimensional phenomenon with a number of factors operating simultaneously. The respective authority need to build infrastructure and create opportunities for their Employees to enhance their job satisfaction, authorities should take measures to improve work conditions, raise work rewards, and pay more attention to the professional

development of their employees. Fixed criteria based and transparent promotion policy should be developed. Along with the above a healthy work environment with decision making power, importance to the good suggestions, creation of an out of work casual environment for the relaxation of the employees also should be focused on . Finally to address all these issues a well- developed human resource department specifically under the directorate of health services to address all the human resource related issues of all the cadres is a need of the hour.

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**CONFLICT OF INTEREST: NIL**

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