Levels of Job Satisfaction among Healthcare Providers in CGHS Dispensaries
Priyanka Bhandari, Rajni Bagga and Deoki Nandan
Journal of Health Management 2010 12: 403
DOI: 10.1177/097206341001200401

The online version of this article can be found at:
http://jhm.sagepub.com/content/12/4/403

Published by:
SAGE
http://www.sagepublications.com

Additional services and information for Journal of Health Management can be found at:
Email Alerts: http://jhm.sagepub.com/cgi/alerts
Subscriptions: http://jhm.sagepub.com/subscriptions
Reprints: http://www.sagepub.com/journalsReprints.nav
Permissions: http://www.sagepub.com/journalsPermissions.nav
Citations: http://jhm.sagepub.com/content/12/4/403.refs.html

>> Version of Record - Dec 20, 2010
What is This?
Levels of Job Satisfaction among Healthcare Providers in CGHS Dispensaries

Priyanka Bhandari, Rajni Bagga and Deoki Nandan

In the labour-intensive health sector industry the quality of services is ultimately linked to the skills, motivation and satisfaction of the workers providing the healthcare services. Thus in order to study the job satisfaction level of the healthcare providers, so as to suggest measures to enhance it, the present study was carried out at CGHS which is one of the biggest public health sector organisations in the country and caters to a huge section of the organised sector.

Understanding the healthcare provider’s work satisfaction is crucial to the understanding of the dynamics of the healthcare provider’s work force. Job satisfaction has been shown to be important in the retention of the healthcare providers in a given community as low job satisfaction has been associated with an intention to relocate. Recent studies have reported that low levels of job satisfaction among healthcare providers affect the patient-provider relationship and also compromise the quality of healthcare services. The study was undertaken to assess the levels of job satisfaction among the healthcare providers in CGHS dispensaries.

A standardised tool developed by Peter Warr, John Cook and Toby Wall (1979) was used to measure the healthcare providers’ job satisfaction in the present study. For this study 250 healthcare providers working in the CGHS dispensaries of Delhi were interviewed. This included 100 doctors, 50 nurses and 100 paramedics which included both pharmacists and lab technicians. The findings of this study indicated that the levels of job satisfaction were not very high among the healthcare providers who were interviewed.

Keywords: Healthcare providers, job satisfaction, motivation, job security, physical work conditions, human resource management

Priyanka Bhandari is a Post Graduate student of MD (CHA), National Institute of Health & Family Welfare, Delhi. E-mail: drpriyankabhandari@yahoo.co.in
Rajni Bagga is Professor and HOD, Department of Management Studies, National Institute of Health & Family Welfare, Delhi. E-mail: rajnibagga@hotmail.com
Deoki Nandan is Director, National Institute of Health & Family Welfare, Delhi. E-mail: dnandan51@gmail.com
Introduction

Understanding provider’s work satisfaction is crucial to understanding the dynamics of the provider’s work force. Job satisfaction, defined as the effective response to one’s job (Locke 1976), has been shown to be important in the retention of providers in a given community as low job satisfaction has been associated with an intention to relocate. Motivation, which in the work context is defined as an individual’s degree of willingness to exert and maintain an effort towards organisational goals (Luthans 2002), is an internal psychological process. It is not possible to ‘motivate’ people directly, but only to create an environment conducive to high degrees of motivation. Thus it is often said that motivation is a transactional process: it depends upon the fit between the individual and the organisational context within which he or she works, and the broader societal context.

It is a well-known belief that human resource management issues are the most important components for the effective implementation of health sector programmes and for enhancing the quality of healthcare services.

Availability of adequate funds, infrastructure and human power to manage the health sector alone may not necessarily lead to desired output and impact. It is the commitment and motivation levels along with the competencies of human power working in the health sector organisations that have significant impact on the health sector performance in order to achieve the desired quality of healthcare services. Studies have reported that understanding physician’s work satisfaction is crucial to understanding the dynamics of the physician work force. Job satisfaction has been shown to be important in the retention of physicians in a given community, as low job satisfaction has been associated with an intention to relocate (Marcel Lavanchy et al. 2004).

The importance of effective human resources policies for improving the performance of the health system has been increasingly highlighted in recent years (Martineau & Martinez 1998; Joint Learning Initiative 2004). However, health-workforce strategic planning and policy development faces two challenges. First, human resources planning have not historically been a policy priority of health ministries in developing countries. It is likely to take slow pace and a much more compelling evidence base to convince health ministries to change their priorities. Second, where such planning has taken place, it has generally focused on inputs and workers to target population are often emphasised above all else.
Levels of Job Satisfaction

Broader concerns include financing, payment, overall environment, management of health workforce, working conditions and policy environment. A more comprehensive approach to designing health-workforce policies is therefore warranted.

The WHO (World Health Organisation) document on Human Resource and new approaches to public sector management improving Human Resource Management capacity (Bach 2001) highlights the significance of building HR capacity for health reforms and reports that work on human resources for health are frequently focused narrowly on workforce planning and training, while effective HR is characterised by a much wider agenda.

The report of the National Commission on Macroeconomics & Health, developed by MOHFW (Ministry of Health and Family Welfare), Govt. of India (2005), addresses many critical issues confronting the health sector and quotes that the biggest impediment in India’s ability to achieve health goals are human resources, both in terms of availability as well as their expertise. The performance of health workforce depends greatly on the core administrative components of the human resource management being effectively managed. Well formulated job descriptions, for instance, reflect good organisational and management competencies and are a prerequisite for performance review and can be an important element in improving management training and practices (Ruck et al. 1999). A well-defined career path may be an important component in attracting and retaining employees, yet such structures often exist only for doctors and nurses (Martineau & Martinez 1998).

A study carried out by Freeborn (2001) reported that healthcare providers, who perceive greater control over work, and who also perceive their work demands are reasonable and have more support from colleagues, have higher levels of satisfaction and commitment to the Health Maintenance Organisation (HMO) and psychological well-being.

The authors also reported that interventions which give healthcare providers more control over freedom to work and enhance social supports are likely to enhance healthcare providers’ performance and morale.

More and more challenges threaten the human resources responsible for healthcare planning and delivery in public sector funded systems today. Among the old challenges, low pay and staff motivation, unequal and inequitable distribution of the health workforce, and poor staff performance and accountability remain key obstacles to health sector development. Among the new challenges, frequent relocation among the skilled and qualified work
force to more lucrative private and offshore destinations has created a great insecurity for the public sector organisations. Today, these organisations are witnessing a growing challenge to maintain the needed numbers, right mix and distribution of its healthcare providers in order to render the desired quality of services to its beneficiaries.

An Indian study carried out by IIM Ahmedabad faculty (Maheshwari et al. 2008) explores the commitment of state health officials towards health sector reforms in India and the study provides support for positive effects of progressive HR practices on organisational commitment. For reform process in the health sector to succeed, the authors mention the need to promote high involvement of medical officers and the need to invest in developing leadership quality, supervision skills and developing autonomy in the public health institutions.

But improving and sustaining motivation in the public health system is a challenge in India because of multiple pressures, demands of time as well as poor supervisory processes and structures. There are several reasons for low motivation including no work recognition, low accountability, lack of supportive supervision, absence of human resource policy, inconsistent organisational direction, and lack of training and development opportunities in the health sector. Additionally, tools like basic human resource management and management information systems required to manage this complex issue are not always present. Reports of the UN Millennium Development Project (2006) reported that so far India had ‘underinvested’ in the health sector. India ranks 165th out of 177 in the share of public sector spending on health. While many aspects of the provider’s satisfaction in the international context have been researched, there has been a lack of attention to the human resource in developing countries on elements of reforms with only recent papers beginning to address these issues. It is of immense importance for us to identify, from the provider’s perspective, what are their constraints and what are their expectations. Unless and until the healthcare provider is motivated and committed it is difficult to assure ourselves of quality care.

**Methodology**

The present study, carried out to assess the levels of job satisfaction of the healthcare providers in CGHS dispensaries, involved using Multistage
Stratified Random Sampling design. All the four CGHS zones of Delhi were included. Official permission was sought from all the four zonal heads to conduct the interviews in their respective zones. From each of the zones, with the help of Simple Random Sampling technique, five dispensaries (one-fourth from each zone) were selected.

Hence a total of 20 dispensaries were selected. Since each dispensary had on an average five doctors, a total of 250 healthcare providers were interviewed during the study period from August 2008 to November 2008. Only the healthcare providers who had a work experience of at least five years in the present job were included in the study.

Interview Schedule, for collecting background characteristics of the healthcare provider, was used. Characteristics like age, sex, religion, educational qualification and years of experience in the present job were collected. A standardised tool developed by Peter Warr, John Cook and Toby Wall (1979) was used to measure the healthcare provider’s job satisfaction in the present study. Since their tool was developed in Great Britain, it needed to be pre-tested on the Indian population. Therefore pilot testing of the scale was done on the Indian population before using it in the present study. The data collected was computed and analysed using 11.5 versions of SPSS (Statistical Package of Social Sciences).

**Results**

Table 1 shows that the total number of healthcare providers interviewed is 250. Out of these 40 per cent are doctors, 20 per cent are nurses and 40 per cent are paramedics. Majority of the providers are Hindus. Majority of the doctors (61 per cent) and paramedics (95 per cent) are males, while all the nurses are females. Majority of the providers are in the age range of 40–49 years. Among the doctors 71 per cent are graduates and 29 per cent are postgraduates. Among the nurses majority (66 per cent) are undergraduates and only 34 per cent are graduates. Among the paramedics majority (89 per cent) again are undergraduates and only 11 per cent are graduates.

**Job Satisfaction**

Job satisfaction is the degree to which a person reports satisfaction with the various features of his/her job.
Table 1
Background Characteristics of the Healthcare Providers

<table>
<thead>
<tr>
<th>Characteristics studied</th>
<th>Doctors (N = 100)</th>
<th>Nurses (N = 50)</th>
<th>Paramedics (N = 100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 30 YRS</td>
<td>1%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>30–39 YRS</td>
<td>19%</td>
<td>32%</td>
<td>13%</td>
</tr>
<tr>
<td>40–49 YRS</td>
<td>47%</td>
<td>42%</td>
<td>67%</td>
</tr>
<tr>
<td>&gt; 50 YRS</td>
<td>33%</td>
<td>22%</td>
<td>20%</td>
</tr>
<tr>
<td>SEX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MALE (N = 143)</td>
<td>61%</td>
<td>0%</td>
<td>96%</td>
</tr>
<tr>
<td>FEMALE (N = 107)</td>
<td>39%</td>
<td>100%</td>
<td>4%</td>
</tr>
<tr>
<td>RELIGION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HINDU</td>
<td>94%</td>
<td>80%</td>
<td>98%</td>
</tr>
<tr>
<td>MUSLIM</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>SIKH</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>CHRISTIAN</td>
<td>3%</td>
<td>18%</td>
<td>1%</td>
</tr>
<tr>
<td>EDUCATION LEVEL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNDERGRADUATE</td>
<td>NA</td>
<td>66%</td>
<td>89%</td>
</tr>
<tr>
<td>GRADUATE</td>
<td>71%</td>
<td>34%</td>
<td>11%</td>
</tr>
<tr>
<td>POST GRADUATE</td>
<td>29%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>YEARS OF EXPERIENCE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 20 YRS</td>
<td>59%</td>
<td>60%</td>
<td>54%</td>
</tr>
<tr>
<td>&gt; 20 YRS</td>
<td>41%</td>
<td>40%</td>
<td>46%</td>
</tr>
</tbody>
</table>

Table 2
Sub Variables Studied for Job Satisfaction Using Warr, Cook & Wall Scale

Sub Variables Studied For Job Satisfaction
1. Physical Work Conditions.
2. Freedom to Choose One’s Method of Working.
3. One’s fellow workers.
4. Recognition One Gets for Good Work.
5. One’s immediate boss.
6. Amount of Responsibility Given.
7. Rate of Pay.
8. Opportunity to Use one’s Abilities.
9. Relations between Management and Workers.
10. Chances of Promotion.
11. Way the Firm is Managed.
12. Attention Paid to Suggestions One Makes.
13. Hours of work.
15. Job security.
16. Taking Everything into Cosideration How Does One Feel About One’s Job as a Whole?
Job satisfaction was measured on a seven point Likert Scale from extremely dissatisfied to extremely satisfied.

1. Extremely Dissatisfied
2. Very Dissatisfied
3. Moderately Dissatisfied
4. Not Sure
5. Moderately Satisfied
6. Very Satisfied
7. Extremely Satisfied

Table 3 and Figure 1 show that the mean score for the total study population for Job satisfaction is 4.12 (not sure). The mean scores for doctors

Table 3
Mean and SD of the Three Groups of Healthcare Providers on Job Satisfaction

<table>
<thead>
<tr>
<th></th>
<th>Doctors (G1) N = 100</th>
<th>Nurses (G2) N = 50</th>
<th>Paramedics (G3) N = 100</th>
<th>Total N = 250</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>4.22</td>
<td>4.17</td>
<td>4.01</td>
<td>4.12</td>
</tr>
<tr>
<td>SD</td>
<td>0.86</td>
<td>0.57</td>
<td>0.82</td>
<td>0.79</td>
</tr>
</tbody>
</table>

Figure 1
Job Satisfaction Mean Scores and SD of the Three Groups of Healthcare Providers

is 4.22 (not sure), for nurses is 4.17 (not sure) and for paramedics is 4.12 (not sure), indicating that all the healthcare providers of the study did not clearly express any job satisfaction.

Table 4 shows that the mean score for the physical work conditions for the total population is 3.73 (moderately dissatisfied). For the freedom to choose one’s own method of working the mean score for the total population is 4.16 (not sure). For the recognition one gets for good work, the mean score for the total population is 3.39 (moderately dissatisfied). For the amount of responsibilities the mean score for the total population is 4.68 (not sure). The nurses are moderately dissatisfied with their rate of pay (mean score 3.00). The doctors and nurses are dissatisfied with opportunity to use their abilities, with mean scores of 3.37 and 3.00 respectively. The paramedics are very dissatisfied with their relationship with the management (mean score 2.00). The nurses are very dissatisfied with their chances of promotion (mean score 2.00). On the variable for attention paid to suggestions one makes, the total mean score of the healthcare providers is only 3.34 (moderately dissatisfied). On the variable for amount of variety in job, the doctors are again moderately dissatisfied (mean score 3.59). While majority of the variables report a mean score of three (moderately dissatisfied), few report four (not sure) and only in regards to the hours of work and job security the scores are higher. Thus it can be seen that majority of sub variables on job satisfaction showed low scores in the study population.

Discussion

The results of each of the 16 sub variables need attention and are being discussed below as important determinants of the provider’s job satisfaction.

Physical Work Conditions

The physical infrastructures being the basic requirement for the effective functioning of an organisation have an important bearing on the job satisfaction of the healthcare providers. The mean score of physical work conditions of the total study population (see Table 4) is 3.73 (moderately dissatisfied). The scores are low among all the three groups. This can be attributed as an important contributor for the low satisfaction levels of the
Table 4
Mean Scores of Sub Variables Studied for Job Satisfaction

<table>
<thead>
<tr>
<th>Sub variables studied for job satisfaction</th>
<th>Doctors (N=100)</th>
<th>Nurses (N=50)</th>
<th>Paramedics (N=100)</th>
<th>Total (N=250)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>1. Physical Work Conditions</td>
<td>3.63</td>
<td>1.72</td>
<td>4.20</td>
<td>1.44</td>
</tr>
<tr>
<td>2. Freedom to Choose One’s Method Working</td>
<td>3.83</td>
<td>1.57</td>
<td>4.36</td>
<td>1.32</td>
</tr>
<tr>
<td>3. One’s Fellow Workers</td>
<td>4.74</td>
<td>1.16</td>
<td>5.00</td>
<td>1.03</td>
</tr>
<tr>
<td>4. Recognition One Gets for Good Work</td>
<td>3.33</td>
<td>1.49</td>
<td>3.48</td>
<td>1.53</td>
</tr>
<tr>
<td>5. One’s Immediate Boss</td>
<td>4.85</td>
<td>1.18</td>
<td>4.00</td>
<td>0.92</td>
</tr>
<tr>
<td>6. Amount of Responsibility Given</td>
<td>4.57</td>
<td>1.29</td>
<td>4.08</td>
<td>0.93</td>
</tr>
<tr>
<td>7. Rate of Pay</td>
<td>4.29</td>
<td>1.53</td>
<td>3.00</td>
<td>1.47</td>
</tr>
<tr>
<td>8. Opportunity to Use One’s Abilities</td>
<td>3.37</td>
<td>1.52</td>
<td>3.00</td>
<td>1.23</td>
</tr>
<tr>
<td>9. Relations between Management and Workers</td>
<td>3.80</td>
<td>1.07</td>
<td>4.00</td>
<td>0.67</td>
</tr>
<tr>
<td>10. Chances of Promotion</td>
<td>4.37</td>
<td>1.61</td>
<td>2.00</td>
<td>1.16</td>
</tr>
<tr>
<td>11. Way One’s Firm is Managed</td>
<td>3.77</td>
<td>1.17</td>
<td>4.00</td>
<td>0.55</td>
</tr>
<tr>
<td>12. Attention Paid to Suggestions Made</td>
<td>3.62</td>
<td>1.47</td>
<td>3.00</td>
<td>1.18</td>
</tr>
<tr>
<td>13. Hours of Work</td>
<td>5.62</td>
<td>1.14</td>
<td>6.00</td>
<td>0.60</td>
</tr>
<tr>
<td>14. Amount of Variety in One’s Job</td>
<td>3.59</td>
<td>1.48</td>
<td>4.00</td>
<td>1.41</td>
</tr>
<tr>
<td>15. Job Security</td>
<td>5.81</td>
<td>0.96</td>
<td>6.00</td>
<td>0.51</td>
</tr>
<tr>
<td>16. Taking Everything into Consideration</td>
<td>4.21</td>
<td>1.24</td>
<td>4.28</td>
<td>1.57</td>
</tr>
</tbody>
</table>

How Does One Feel about One’s Job as a Whole?
healthcare providers. These findings are supported by V. Sasi Kumar and Sundar Ramanathaiyer (2008), who reported poor physical work conditions in government hospitals in India as a major cause of concern.

**Freedom to Choose Method of Working (autonomy)**

The domain of autonomy, which relates to a healthcare provider’s sense of control over his or her work, is a very important variable for measuring the intrinsic job characteristics. In the present study, the healthcare providers reported an overall mean score of 4.16 (not sure) for freedom to choose their own method (see Table 4). This indicates low satisfaction level with regard to autonomy of work. The doctors reported a mean score of only 3.83 as far as this sub variable was concerned. Studies show a positive association of autonomy, job satisfaction and job motivation because workers need more freedom to determine their own effort and work schedule (Anderson et al. 1992; Bhuian et al. 1996; Landerweerd & Bousmans 1994). Autonomy has also been linked to job satisfaction (Adams & Bond 2000; Tummers et al. 2002).

**Relations with Fellow Workers**

This is reflective of the general good fellowship that prevails in the organisation and the manner in which informal associations are formed inside an organisation. In the present study, the total study population (see Table 4) reported a mean score of 4.77 (not sure to moderate satisfaction) in the context of relationship with their fellow workers. The scores were similar in all the three groups of providers. Pestonjee and Mishra (1999) who included interpersonal relations as one of the elements measuring job satisfaction reported ‘Organizations where people lack trust and confidence in each other, the climate may not be congenial for better organizational performance’. Letwin and Stringer (1968) also concluded that interpersonal relations have an important effect on the overall job satisfaction levels of employees. This finding is supported by other studies that suggest that relationships with colleagues are the best predictors of job satisfaction (Adams & Bond 2000; Healy & McKay 2000; Tovey & Adams 1999).
Recognition One Gets for Good Work

Need for recognition is an important determinant of motivation for workers. Recognition is directly related to retention and productivity. The mean score for the amount of recognition in work for the total population (see Table 4) is 3.39 (moderately dissatisfied). Similar low scores were seen in all the three groups of healthcare providers (see Table 4). Earlier studies also support a positive correlation between amount of recognition and job satisfaction (Dieleman et al. 2006). According to Herzberg ‘recognition of work’ is a very important satisfier or motivator. The foundation of recognition is that people need and want Acceptance, Approval and Appreciation. Individuals at all levels of the organisation want to be recognised for their achievements on the job and their successes do not have to be monumental before they deserve recognition (Murray et al. 2001).

Relationship with Boss

While understanding the reasons of job dissatisfaction is critical for organisations, discerning the relationship with the boss is of paramount concern. In the present study the majority of the healthcare providers are only moderately satisfied (mean score 5.00) in their relationship with their bosses, as shown in Table 4. Earlier studies have reported about the stresses of working with a non-cooperative boss (Wilkinson & Wagner 1993). Non-supportive interactions between senior and junior can result in decreased satisfaction at work (Chen & Spector 1991). Considerate bosses, who show concern for people, have been found to facilitate a group with higher productivity and higher performance (Singh & Pestonjee 1974).

Amount of Responsibility Given

Employees will be more motivated to do their jobs if they have ownership of their work. In the present study, the healthcare provider’s mean score for amount of responsibility given in Table 4 is 4.68, that is, ‘not sure’. As individuals mature, their jobs provide more opportunities for added responsibility which is an important intrinsic job motivator. Studies report that responsibility and accountability boost most people’s level of interest in their jobs (Anderson et al. 1992; Bhuian et al. 1996; Landerweerd & Bousmans 1994).
Rate of Pay

Majority of studies discuss the importance of financial incentives on the healthcare worker’s job satisfaction. It is one of the major retention factors of human resources. In the present study, the mean score for pay for the entire study population is 3.42 (moderately dissatisfied).

Majority of the providers felt there were no performance-based incentives. The response that job satisfaction is dependent on income has been suggested in studies by Clark and Oswald (1996) and Neumark and Postlewaite (1995). Studies by Dieleman et al. (2004), Oum et al. (2005) and WHO (2004) reported that countries such as Fiji, Samoa, Tonga, Vanuatu, Papua New Guinea, Vietnam, Cambodia and Thailand have identified low salaries as a major reason for low motivation, job dissatisfaction and/or migration among health workers. There is substantial discussion of the prospects for and effectiveness of performance-related pay in developing countries in the context of public sector (Nunberg 1995). In Cambodia, performance-based financial incentives for health workers led to better quality health services, increased health worker productivity and reduced informal user fees (Soeters & Griffiths 2003).

Opportunity to Use One’s Ability

In a 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. With regard to this parameter the study population reported mean score of 3.51 (moderately dissatisfied), as shown in Table 4. The mean score among the nurses is only 3.00 and among the doctors it is only slightly higher (3.37). Earlier studies also reinforce the above findings that tapping one’s potential to the maximum is one of the most consistent situational predictors of job satisfaction and motivation (Murray 1999).

Relations between Management and Workers

Substantial evidence now attests to the existence of a positive relation between job satisfaction and relations between management and workers. In the present study, the researcher found that the mean score for this parameter for total study population, as shown in Table 4, is only 3.88 (from not sure to moderately dissatisfied). The striking fact was that the paramedics had a very low mean score of only 2.00 (very dissatisfied).
During detailed discussion the researcher found that the paramedics felt their issues in the organisation were not properly dealt with and they lacked proper representation at the higher level. This could explain the low motivation levels and low levels of job satisfaction among this group. Earlier studies also support the fact that organisations need to be more people-friendly and need to value their employees and consider long-term loyalty, commitment and motivation rather than short term stints (Batlis 1980; Connis et al. 2005).

Chances of Promotion

Opportunities of promotion have a positive correlation with job satisfaction. The mean score of the total population in response to chances of promotion, as shown in Table 4, is only 3.10 (moderately dissatisfied). Especially the group of nurses was very dissatisfied (mean score of 2.00) with their promotional opportunities. Earlier studies report that promotions constitute an important aspect of healthcare providers' mobility (Pergamit & Veum 1999).

It results not only in substantial wage increase but also raises the healthcare provider to a higher position relative to those who do not receive one but can have a significant impact on other job characteristics such as responsibilities, recognition and opportunity to use one's ability (Pergamit & Veum 1999). All other things being equal, promotional opportunities have a positive correlation to job satisfaction. Herzberg in his two-factor theory emphasised the fact that opportunities for growth and advancement are strong motivators and hence lead to job satisfaction.

The Way One's Firm is Managed

Organisational structures, processes and resources provide the day to day context in which healthcare providers carry out their tasks. The way processes and organisational structures are laid out helps to determine the kinds of resources needed to complete the work of the organisation. The researcher in the present study found out the mean overall score regarding this dimension of job satisfaction to be 3.83 (moderately dissatisfied) as shown in Table 4. The lowest score is in the group of paramedics at 3.00 (moderately dissatisfied). Earlier studies by Mulvany et al. (2002) have reported that organisational structures and processes affect the healthcare provider’s experience of outcomes and the nature of feedback that a healthcare provider receives.
from colleagues and supervisors within the health system. It is a well-known fact that those organisations which handled the grievances of their workers efficiently had more satisfied workers (Kaur & Singh 1994).

**Attention Paid to Suggestions One Makes**

Suggestions by workers, who have been working in an organisation, can have great impact on the performance of the organisation. This variable again has an important contribution to the job satisfaction of the employees. The mean score of the total study population for this variable, as shown in Table 4, is 3.34 (moderately dissatisfied). All the three groups are moderately dissatisfied in regard to this variable.

Earlier studies also report the importance of this variable in regard to job satisfaction of the providers (Pergamit & Veum 1999). This can also have a significant impact on other job characteristics such as responsibilities, recognition and opportunity to use one's ability (Ibid.).

**Working Hours**

Data from the Austrian special survey of Autumn 2004 of the *Arbeitsklima* index which focused on job satisfaction in relation to working time, work-life balance and income reveal that the fewer hours people work per week, the more satisfied they are with their job. People working less than 30 hours per week have a higher index than others working longer hours. In addition, people whose weekly working time exceeds 40 hours have the lowest index record. The present study also found 93 per cent of the doctors, 98 per cent of the nurses and 96 per cent of the paramedics satisfied with their hours of work. Mean scores in relation to working hours was around 5 (moderately satisfied) for all the three groups. Working hours and rostering practice have both previously been linked to job satisfaction (Hegney & McCarthy 2000; Senate Community Affairs References Committee 2000; Silvestro & Silvestro 2000).

**Amount of Variety in Job**

Low job variety tends to be correlated with other negative environmental characteristics such as low opportunity for control and use of skills. In the present study, the mean score for the entire population with regard to ‘amount...
of variety’ in their jobs is 3.68 (moderately dissatisfied), as shown in Table 4. Similar results were seen in all the three study groups. On analysing the work profile of the providers, it was found that it lacked variety and only a very minimal amount of time (3 per cent in doctors, 7 per cent in the nurses and 3 per cent in the paramedics) was spent on trainings and CMEs (Continuing Medical Education).

### Job Security

In the present study the mean score for job security for the entire study population is 5.80 (moderately satisfied), as shown in Table 4. However, recent studies reveal that job security is considered as an important job factor by a mere 1 per cent of employees (SHRM Report 2008). Today the professionals aim at diversifying skills and building portfolio careers. Thus today the onus is on the employers to create a proper work environment resplendent with open communication, stimulating work, flexibility, autonomy, new opportunities, enhanced training and a healthy work-life balance. Researchers report that health sector reforms should concentrate on human resource issues and practices more than ever in the present scenario (Maheshwari et al. 2005).

### Overall Job Satisfaction

Considering all the above sub variables the overall job satisfaction score for the study population, as shown in Table 4, is corresponding to ‘not sure’ option. The scores were similar for all the three groups interviewed. 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 (Rose 2001).

### Conclusion

The study concluded with affirmation that there was a low level of job satisfaction in all three groups of the healthcare providers as all the variables used for measuring it reported low scores. Job satisfaction levels were not high for

*Journal of Health Management, 12, 4 (2010): 403–422*
all the three groups of healthcare providers. All the sub variables used to measure job satisfaction reported low scores. The healthcare providers reported low scores with regard to all the sub variables used to measure job satisfaction, especially the intrinsic job characteristics.

At a time when dissatisfaction is steadily growing among the healthcare providers, especially the doctors throughout the world, it is imperative that the employers put more emphasis on the intrinsic job characteristics like autonomy, recognition of work, amount of responsibility, amount of variety in work, which influence the doctors’ job satisfaction, and therefore their motivation levels which finally impact the overall work output of the healthcare organisation. It is therefore important that further research on job satisfaction of healthcare providers is taken up so that there is a better understanding on this important yet neglected aspect of human resources.

**Recommendations**

CGHS being one of the largest public health sector organisations in the country—providing its services to a large section of the population—has rich assets in terms of the skilled human resources available to it. This potential, if properly tapped and utilised, can provide a great impetus for the growth and better quality care to the masses. But the results of the study on the health care providers in CGHS point to a low level of satisfaction among them.

Therefore in view of the present study findings, the researcher draws the following recommendations for the management of human resources, both at the policy level and at the level of the health centres.

At the policy level it is recommended that the distribution of staff in the dispensary should be more equitable, depending on the workload of the dispensary in the particular area. The career graphs of the employees, especially nurses and paramedics, need to be worked out with more promotional opportunities, both in terms of seniority and remuneration. Training policy is required for the continuous training and development of the clinical, technical and managerial skills of the healthcare providers. The infrastructure of most dispensaries needs improvement.

The concept of Performance Related Incentives (PRIs) should be introduced. The scope of the job responsibility of the medical officers and especially the post graduate doctors need to be expanded. Two way
communication mechanism should be encouraged to help strengthening employee–employer relationship in the organisation. Recognition in terms of appreciation, felicitation, delegation of power (say in decision making), incentives (both monetary and non-monetary) and timely promotion is needed. Providing opportunities to learn new techniques and treatment methods is significant in sustaining the interest level of the staff. It is important to give autonomy to the providers to exercise freedom to carry new initiatives. It will enhance ownership of the work and generate positive energy in the work atmosphere.

At the dispensary level, each dispensary should set up its own objectives and targets and define priority areas. The CMO (Chief Medical Officer) in charge of the dispensary should be empowered with administrative powers so that decisions regarding day to day functioning of the dispensary can be taken. Job rotation within the department should be done frequently.

**Limitations**

Since the total sample of the study is just 250, it should be emphasised that the samples used in this study is not necessarily representative of all the healthcare providers working in the public sector. For a generalised conclusion the study required to be carried out on a larger sample.

**References**


