

Research Article

Assessing Job Satisfaction Among Diverse Healthcare Staff in Public Hospital, Lahore

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Abstract

Background: It has become a global trend of measuring employee's job satisfaction to enhance the performance. Job satisfaction is referred as positive attitude of employees towards duties of job, the work environment, and other employees. The aim of this article is to demonstrate how pay and promotion, rewards and benefits, sense of justice from supervisor, relationship with colleagues and work value and nature correlate with job satisfaction among health care staff.

Objectives: The study aims to access job satisfaction among hospital staff including doctors, nurses, and support staff of Public Hospital Lahore.

Methods: A cross-sectional survey among hospital staff was conducted. This study targeted 62 health care and support staff members of Public Hospital Lahore using consecutive non-probability sampling technique. The data collection tool was a manual questionnaire that was determined to be valid and internally consistent for diverse health care staff. Data were analysed using SPSS statistical software, version 16.

Results: This study assessed job satisfaction among 62 healthcare employees, including house officers, postgraduates, nurses, and non-medical staff. Respondents were evenly distributed across gender and employment types. Satisfaction levels varied: 11.3% were satisfied, 8.1% dissatisfied, and 80.6% ambivalent. Nurses reported the highest self-rated satisfaction (26.7%) and mean overall satisfaction, while non-medical staff had the lowest. Female employees had higher satisfaction than males. Pay was unpopular across all groups, with non-medical staff particularly dissatisfied with promotion opportunities. The study highlights the need for targeted interventions to improve job satisfaction, especially for non-medical staff.

Conclusion: Measuring job satisfaction among health care professionals is crucial. Factors such as organizational management practices, team coordination mechanisms and working conditions significantly impact satisfaction levels. By addressing these factors, health care organizations can promote a more satisfied and motivated workforce.

Keywords | job satisfaction, healthcare, employees, workforce

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Introduction

How happy an employee is with their work is determined by their job satisfaction score. High job satisfaction boosts employees' enthusiasm and is good for the organiza-

tion's growth and success.¹ Data research revealed a strong correlation between job satisfaction and age, years of service, income, and educational background among doctors.² Years of study have shown a wide range of personal and workplace characteristics that are linked to job satisfaction.³ The frequency of night shifts, marital status, and income were additional characteristics that significantly impacted emergency department physicians' job satisfaction.⁴

6.8% of emergency department doctors in Beijing said they were satisfied with their jobs, which is significantly less



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than in developed nations.⁵ A survey conducted in a tertiary hospital of Lahore showed that a sizable portion of doctors were discovered to be unhappy at work, which could have an effect on their output or performance.³ Compared to German hospital doctors, Norwegian hospital doctors report better levels of life and work satisfaction. The most plausible explanations for this are Norway's more tolerable work hours, pay, and control over clinical practice.⁶

Physicians in Punjab province used to go on severe strikes, and then doctors in Sindh, Baluchistan, and Islamabad's capital city held strikes as well. Their grievances were with the salary, policies regarding advancement and development, the treatment of doctors, and many other aspects of the medical system.² As the mainstay of effectively working healthcare, the job satisfaction among medical staff deserves great attention. The aim of this study was to analyze the influence of job shifts, pay and other factors on overall job contentment among medical staff. Given that some of these factors may be amenable to interventions, this survey could be an effective means for administrators to introduce revolutionary changes to the policy intended to resolve the factors having negative impact on the job satisfaction among medical staff and ultimately improving current healthcare system.

Material And Methods

A cross-sectional study was conducted at Mayo Hospital Lahore, a tertiary care teaching hospital in Pakistan. The study was approved by the institutional ethics committee. The sample size of 62 was calculated using the formula $n = Z^2Pq/e^2$, where n is the sample size, Z is level of confidence, which was 95%, p is the expected prevalence which was found from the results of previous studies. It was found to be 20%.⁷ The allowable error i.e. e was 10%. Consecutive non-probability sampling was used to select participants meeting the inclusion criteria. Healthcare providers, including doctors, nurses, and non-paramedic staff, were included to assess their job satisfaction. Informed consent was filled by participants before data collection.

Data were collected by a pre-tested questionnaire. The questionnaire included sociodemographic information and the Job Satisfaction Survey Scale (JSS Scale). The JSS Scale, available in English and Urdu, was used to measure job satisfaction. It consists of 36 items categorized into nine subscales, each assessing a different job aspect. Responses were collected using a six-point Likert scale. The JSS Scale categorizes job satisfaction into three levels: dissatisfied, ambivalent, and satisfied. Subscale and overall scores are interpreted based on these categories.

Data analysis was performed using SPSS-27 software.

Descriptive statistics were calculated for continuous variables, and frequencies were used for categorical data. The chi-square test was used to examine relationships between variables. Differences were considered statistically significant when the p-value was less than 0.05.

Results

Among the 62 respondents, 15 (24.2%) were house officers, 17 (27.4%) were postgraduate students, 15 (24.2%) were nurses, and 15 (24.2%) were non-medical staff, including ward boys, guards, air-conditioning technicians, electricians, and lift operators. Approximately 30 (48.4%) were male employees, while 32 (51.6%) were female employees. In terms of employment status, 47 (75.8%) were on regular posts, whereas 15 (24.2%) were on contractual terms with a private company. (Table 1).

Table 1: Distribution of demographic characteristic

Demographic characteristic	House Officers (15)	Post-graduates (17)	Nurses (15)	Non-Paramedic Staff (15)
Gender:				
Male	8	7	0	15
Female	7	10	15	0
Post:				
Regular	15	17	15	0
Contractual	0	0	0	15

Among all participants in the study, 7 (11.3%) were satisfied, and 5 (8.1%) were dissatisfied. The majority, 50 (80.6%), fell into the ambivalent group, which is between satisfied and dissatisfied.

In comparing the three groups, nurses showed the highest satisfaction rate at 26.7%, with postgraduates following at 17.6%. Conversely, the highest dissatisfaction rate was observed among nurses at 13.39%, followed by postgraduates at 11.8%. Nurses were significantly more satisfied compared to doctors and non-paramedic staff ($p = 0.000$). (Table 2).

Table 2: Satisfaction among healthcare providers

Hospital staff	Satisfied (score: 145-216)		Dissatisfied (score: 36-108)		Ambivalent (score: 109-144)	
	No.	%	No.	%	No.	%
House officers	0.0	0.0	1	6.7	14	93.3
Post-graduates	3	17.6	2	11.8	12	70.6
Nurses	4	26.7	2	13.3	9	60
Non-Paramedic staff	0.0	0.0	0	0.0	15	100

The mean overall satisfaction score across all 36 items was 133.33 ± 19.16 for house officers, 129.59 ± 18.18 for post-graduates, 131.47 ± 28.5 for nurses, and 127 ± 7.29 for non-paramedic staff. Nurses had the highest scores, followed by house officers and postgraduates, with support staff having the lowest scores.

No male employee was found to be satisfied, however 21.9% of females were satisfied. Satisfaction was more (15.2%) among those on regular posts. It was found that all the non-paramedic staff was on contractual basis. The government has made contracts with different companies which then recruit the staff. There was a mix opinion regarding satisfaction among the non-paramedic staff. Some were satisfied with their pay others were not. Some said that they enjoyed the benefits received from the employer while some were the dissidents of their employer. All the paramedic staff (100%) were neither satisfied or dissatisfied with their jobs i.e. they were ambivalent.

Comparing the average satisfaction scores for the four-item subscales for each of the four groups, it was found that mean score was maximum for operational procedures among the doctors (16.07 and 15.41 for house officers and postgraduates respectively). For nurses and non-paramedic staff maximum mean satisfaction score lies in co-workers (15.20 and 16.53 for nurses and non-paramedic staff respectively) among doctors the mean score of satisfaction with co-workers was 15.80 for house officers and 14.94 for post-graduates. This suggests that there was a positive working relationship between co-workers and colleagues.

Highest level of dissatisfaction (lowest mean score) was seen regarding pay among all the four groups. Non-Paramedic staff shows highest level of dissatisfaction for their chances of promotion. (Table 3).

Table 3: Comparison of mean satisfaction score among all four groups

Subclass	Mean score			
	House officers	Post-graduates	Nurses	Non-paramedic staff
Pay	14.60	12.71	13.87	14.27
Promotion	13.40	13.65	15.20	12.27
Supervision	14.67	14.53	143.40	13.93
Fringe benefits	14.87	14.11	14.80	15.73
Performance based rewards	15.07	15.17	13.87	12.80
Operating procedures	16.07	15.41	14.47	13.73
Co-workers	15.80	14.94	15.20	16.53
Nature of work	15.07	15.17	15.80	14.27
communication	13.80	13.88	13.87	13.27

Discussion

This study found that 11.3% of responders were satisfied while 8.1% were dissatisfied. Majority of responders 80.6% were ambivalent i.e. they were not satisfied or dissatisfied. Satisfaction was significantly higher among nurses 26.7%, followed by doctors (postgraduates) and paramedic staff. Overall satisfaction scores highest for support staff followed by nurses and doctors. Abate and Mekonnen found 31.7% to 54% satisfaction in their Systemic Review.⁸ Our findings are consistent with Deshmukh et al.⁷, who also found that majority of respondents were ambivalent however satisfaction was significantly higher among support staff followed by doctors and nurses. The mean overall satisfaction score for all 36 items among house officers and postgraduates was 133.33 and 129.59 respectively, among nurses 131.47 and among support staff as 127.00. The higher dissatisfaction among the support staff may be due to non-permanent jobs. This finding is consistent with our study that permanent job has positive relevance with job satisfaction.

Kitsios et al. found that majority of sample statement is very satisfied, however all the employees are not satisfied with the recourses of the hospital to be able to perform their work.⁹ This finding is contrary to our study findings where majority of respondents were ambivalent i.e. they were not satisfied or dissatisfied.

Elbahlol et al. in his study found low proportions of job satisfaction varying from 23% to 52%, consistent to our findings.¹⁰ Whereas the study showed that job satisfaction was not significantly affected by gender. This is contrary to our finding where gender played a significant role in determining job satisfaction. No male employee was found to be satisfied however 21.9% of female were satisfied in our study.

Job satisfaction is crucial for the efficacy of an institution, particularly in healthcare settings. Improving job satisfaction can lead to a more positive working environment and higher employee output. This study addresses the notable gap in research on job satisfaction among healthcare providers in this institution, highlighting important factors that contribute to dissatisfaction. Conducting this study is crucial for formulating effective policies and practices to improve the workplace environment. It is recommended that the authorities provide sufficient financial support to healthcare providers and foster a culture of recognition and reward for their work. Promoting better communication between co-workers is just as crucial, as it can significantly improve teamwork and overall job satisfaction.

In this study, most of the responses were ambivalent, which may be due to a natural tendency among respondents to provide moderate feedback even when they are dissatisfied. The sample size was also small, which may decrease the

statistical power of the study. Moreover, the study focused on a limited range of variables, including gender, job status, and job type, but did not examine the impact of job experience, which could be a critical factor in understanding job satisfaction.

Conclusion

This study examined job satisfaction among healthcare workers in a single institution. Although most participants were unsure about their satisfaction, nurses expressed the greatest contentment and least dissatisfaction. Interestingly, all groups identified pay as the main source of dissatisfaction. Contractual non-medical staff specifically desired more chances for promotion. Positive co-worker relationships emerged as a bright spot across the board. To improve satisfaction, the study recommends increased financial support, recognition programs for staff, and better communication to strengthen teamwork.

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Authors Contribution:

MS,AHS: Involved in conceptualization of study

AA,AN: Involved in data collection

AN,AA: Involved in manuscript writing

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