

Job satisfaction for Physicians and Auxiliary Medical Staff working in Public Health Institutions (A case study: Managil Teaching Hospital; Gezira State, Sudan)

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ABSTRACT

This research aims to assess some of the aspects and factors that underlie the lack of job satisfaction (JS) to propose solutions of problems and constraints faced by public institutions. A descriptive and analytical method was used. A structured questionnaire was the research tool. SPSS program was used for the data analysis. There was a positive and statistically significant correlation between wages, incentive system, management and JS. There was a negative relationship between the environment, training and JS. About (64.3%) of the respondents were dissatisfied with their jobs, (28.3%) were dissatisfied with career advancement system, and (61.3%) stated that the lack of JS does not affect their relation with patients. Focus on wages and incentives system and to achieve the principle of justice in bonuses is needed to have a JS. The institution's objectives and structure must be explained to employees, and to create objective control measures to prevent the politicization of government job and on the subject of appointments and promotions.

Keywords: Job satisfaction, doctors, medical assistance staff, wages, promotion, Sudan.

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INTRODUCTION

Job satisfaction (JS) is the degree to which employees feel personally fulfilled and content in their job roles. It is considered an important administrative topic in private and government organizations. It is linked to the issues of performance, productivity, and organizational loyalty. JS impact cannot be concluded from short term researches. The low wages, incentives and the lack of modern equipment and the impact of poor working environment and poor training of administrative complexity, all these lead to the lack of job satisfaction. Workplace environments greatly influence employee satisfaction, which in turn directly affects employee turnover rates. JS can be understood in terms of its relationships with other key factors, such as general well-being, stress at work,

control at work, home-work interface, and working conditions.

Managil Teaching Hospital provides educational, medical and health services for large groups of population in Managil locality, Gezira State, central Sudan. The hospital social entity includes doctors and auxiliary medical staff, as well as employees of non-medical staff. It has been observed that the doctors and other cadres have recently left their jobs. A problem that creates a brain drain, which opens the way to study this phenomenon. The research question was: Are the reasons for this brain drain in public institutions related to a lack of job satisfaction, or for other reasons? The study aims to assess some of the aspects and factors that

underlie the lack of job satisfaction (JS) and job stability to propose solutions of problems and constraints faced by public institutions.

Job satisfaction most widely used definition is that of Locke "a pleasurable or positive emotional state resulting from the appraisal of satisfaction measures vary in the extent to which they measure feelings about the job (affective job satisfaction), or cognitions about the job (cognitive job satisfaction)". JS is assessed at both the global level, or at the facet level that is whether or not the individual is satisfied with different aspects of the job, Spector (1997) lists 14 common facets: (Appreciation, Communication, Coworkers, Fringe benefits, Job conditions, Nature of the work, Organization, Personal growth, Policies and procedures, Promotion opportunities, Recognition, Security, and Supervision). JS includes multidimensional psychological responses to an individual's job, and that, these personal responses have cognitive (evaluative), affective (or emotional), and behavioral components (Hulin and Judge, 2003).

A study analyzing factors affecting JS of the Employees in Public and Private Sector in India concluded that employees in India tend to love their job if they get what they believe is an important attribute of a good job. Most of the employees in Indian industry are not satisfied with their job except for a few, like male in commerce sector and female in education sector. Total JS level of males is found to be higher than that of women and that in manufacturing sector is found to be very low (Kumari et al., 2014).

Job characteristics which include (skill variety, task identity, task significance, autonomy, and feedback) impact job outcomes, including job satisfaction (Hackman and Oldham 1976). Job characteristics impact critical psychological states and in turn influencing work outcomes (JS, absenteeism, work motivation, and performance).

One specific area of investigation is the study of differing levels of reported job satisfaction by gender. Practically all studies (Sloane and Williams, 2000; Sousa-Poza and Sousa-Poza, 2003; Long, 2005) have shown that females possess higher levels of job satisfaction compared to males, a puzzling outcome when one considers the existence of gender wage differentials in favor of males, as well as occupational segregation by gender, with women occupying jobs with 'lower' prestige. There exist a number of theories as to why females possess higher levels of job satisfaction. These include the role of expectations, a possible difference in work 'values' and female selection into employment (Bender and Heywood, 2006).

Promotions are also an important aspect of a worker's career and life, affecting other facets of the work experience. They constitute an important aspect of workers' labor mobility, most often carrying substantial wage increases (Kosteas, 2009; Blau and DeVaro, 2007)

and can have a significant impact on other job characteristics such as responsibilities and subsequent job attachment. Promotions also serve to place individuals into different jobs, where their skills can be used to greater effect. However, not all promotions carry an increase in supervisory responsibilities or significant changes in tasks.

A work environment is made up of a range of factors, including company culture, management styles, hierarchies and human resources policies. Low levels of job satisfaction and high rates of burnout and attrition are common among behavioral health providers serving challenging patient populations (Bingham et al., 2002). This is especially true in rural areas where behavioral health workers appear to be at higher risk of burnout and job attrition. Massad, 2005 and DeStefano et al.(2005) found that 90% of rural behavioral health workers in Arizona had been with a health provider agency for 7 years or less, with 73% in their first three years. Osborn (2004) suggests this high rate of burnout and attrition may be due to the fact that behavioral health providers are overwhelmed with numerous demands on their time, talents, and resources.

Bai et al. (2006) reported a consistent relationship between job satisfaction and increasing wage for food service employees. Lam et al. (2001) investigated employees' job satisfaction in Hong Kong Hotels and their research results specifically showed that wages is the most important category contributing to job satisfaction.

METHODOLOGY

Researchers follow the descriptive analytical method. The sample was taken from Managil Teaching Hospital purposefully chosen because it represents one of the largest hospitals outside the state capital, and its services covers a large and densely populated area who are in die needs for this medical services. The sample consists of doctors and auxiliary medical staff assistance.

A preliminary visit to determine all the themes to be discussed such as to what extent the research sample is familiar with the importance of training, and impact of that training on raising up the work and study whether administration authority is basically interested in establishment of the training courses and their number. Whether new technology has been introduced in laboratory tests, as well as the introduction of modern surgery such as laparoscopic surgery.

Structured pre-coded questionnaire was designed as a tool to collect information. It includes information about wages and incentives, the hospital environment, the availability of a new technology for training and management. The data were analyzed by the Statistical Package for Social Sciences (SPSS) program and the

Table 1. Relative Distribution of sample according to classes.

Sample Size	%	Community Size	Class
59	37%	97	Doctors
100	63%	167	Auxiliary Staff
159	100%	264	Total

Table 2. The internal consistency coefficient (Cronbachs alpha).

Study aspects	Wages incentives	and Environment	Training	Administrative department	Total reliability
Number of paragraphs	5	5	5	5	20
Consistency coefficient (Cronbachs alpha)	0.82	0.63	0.62	0.81	0.83

Table 3. Demographic characteristics.

JOB	Consultant	Medical registrar	Medical officers	House officer	Technician	Surgical theatre attendant	Others	Total
No (%)	15 (9%)	3 (2%)	19 (12%)	22 (14%)	33 (20%)	3 (1.88%)	64 (40.3%)	159(100%)
Age distribution	18-28	29-38	39-48	49-58	≥ 59	--	--	--
No (%)	56(35%)	49(31%)	29(18%)	22(14%)	3(2%)	--	--	159(100%)
Social status	Married	Single		Divorce	--	--	--	--
No (%)	77 (48%)	69 (43%)	9 (6%)	4 (3%)	--	--	--	159(100%)
Experience								
In years	1-5	6-10	11-15	16-20	21-25	--	--	--
No (%)	79 (50%)	29(18%)	19(12%)	11(7%)	21(13%)	--	--	159(100%)

use of frequency distribution and relative tables in addition to the test of relation by using (χ^2) square.

Sample selection

The sample size was 159. The class preview method for the distribution of sample into classes including doctors and other medical staff depending on the size of each class Table 1.

Two types of analysis were used; constructive analysis and descriptive analysis. Likert's scale had been used to assess the direction of the respondents' opinions on a particular variable that has ordinal scale.

Validity and reliability

Before starting the data analysis, the reliability tests for the questionnaire was performed by using one of the reliability coefficients such as Cronbach's alpha or mid-term retail. The questionnaire has been reviewed by a number of specialists to ensure their credibility, and to examine the reliability. The internal consistency coefficient (Cronbachs alpha) has been calculated for the analysis of reliability, to all the questions, at all study

dimensions. It reached the value of reliability coefficient of (0.83%) as shown in the Table 2.

Table 2 shows the results of the internal consistency coefficient (Cronbachs alpha) of the study aspects, in order to ensure internal consistency between the paragraphs of each aspect. Considering the reliability coefficients, it is clear that the aspect salaries and incentives comes on top of the order in terms of the degree of stability with a high degree of stability of (0.82), followed by the management (0.81) and training and the environment, (0.62) and (0.63). Consequently, it is clear that the study aspects had an acceptable degree of stability.

RESULTS

The number of personnel in the hospital was 274 all of them had been given the questionnaire. Those who responded were 159. Distribution by gender was as follows 83 (52%) and 76 (48%). Table 3 shows the demographic characteristics of the sample. Number of auxiliary staff is prevalent (62.2%). Male to female ratio was 1:1.2, 48% were married. Majority age lies between

Table 4. Attitudes of study group towards the study areas.

Attitude	Arithmetic mean	Area (axis)
Not satisfied	1.82	Wages and incentives
Not satisfied	1.94	Environment, Equipment,
Satisfied to some extent	2.60	Training
Not satisfied	1.92	administration

Table 5. Study group concept of wage, incentives and environment on Job satisfaction.

Statements	Well satisfied	Satisfied	To some extent	Not satisfied	Never satisfied	Arithmetic mean	Rank
The wage is satisfactory	00	5.7	3.1	43.4	47.8	1.67	2
Wage fits the basic needs	00	3.8	8.2	44.7	43.4	1.72	3
Incentives equal to effort	00	3.8	5.0	37.1	51.6	1.66	1
Working hours equal to month salary	00	6.3	12.6	33.3	36.5	2.11	5
Compared to previous years your income status	1.3	17.6	11.3	27.0	46.5	1.96	4

Chi square value (29.50) and significant level (α) (0.003).

Table 6. Study group concept of hospital environment on Job satisfaction.

Statements	Well satisfied	Satisfied	To some extent	Not satisfied	Never satisfied	Arithmetic mean	Rank
The hospital environment is generally convenient	0.6	22.6	3.1	36.5	37.1	2.13	3
Services and residence & waste disposal is good	00	5.7	12.6	37.1	44.7	1.79	2
Relation with colleagues	16.4	55.3	3.1	13.2	11.9	11.9	3.51
Medical Equipment are available	0.6	6.3	6.9	40.3	45.9	1.75	1
Enough auxiliary staff in the department	5.7	25.8	12.6	28.3	27.7	2.53	5

Chi square (22.69) and significant level (α) (0.122).

18-28 years. The proportion of medical staff increased with increasing age, except for registrars who come for short training period. Years of experience to both doctors and assistance medical staff ranged between 1-5 years. This research is based on four assumptions in order to identify the factors that affect job satisfaction. Table 4 shows that the doctors and auxiliary medical staff perceptions about the study assumptions ranging from not satisfied and satisfied to some extent. The training axis scored high with a mean of 2.60, while the remaining axes were limited in not satisfied. Wages and incentives (Table 5) axis represented a mean of 1.82, and it is located between 1.80 -2.50, Eckart to scale. The statement that says "the wage is satisfactory when compared to working hours" is important and scored the

highest arithmetic mean of 2.11. The relation between the job satisfaction and incentive system showed a significant level of 0.003 indicating strong and statistical significant relation between the job satisfaction and wages and incentive systems.

Regarding the influence of the environment Table 6, medical equipment showed that the statement "Enough auxiliary staff in the department" is significant with 2.53 arithmetic mean, and with the same direction and ranking of the statement (Medical Equipment are available) that showed 1.75 arithmetic mean. Statistical analysis showed a significant level of 1.22 indicating the lack of a significant statistical relation between the job satisfaction and the hospital environment.

The mandatory training program is significant with

Table 7. Continuous professional training and Hospital administrator influence on job satisfaction.

Statement	Well satisfied	satisfied	Satisfied To some extent	Not satisfied	Not satisfied at all	Arithmetic mean	Ranking
Training chances are available	5.7	32.7	10.7	18.2	32.7	2.60	3
Mandatory training programs are useful	11.9	42.1	13.2	17.6	15.1	3.18	5
Training concepts suite the job	5.0	32.7	29.6	18.2	14.5	2.96	4
Selection criteria for training are fare	1.3	11.9	18.2	20.8	47.8	1.98	1
Training on new medical equipment is available	7.5	21.4	7.5	25.8	37.7	2.35	2

Chi square (32.52) and significant level (α) (0.009).

Table 8. Continuous professional training and Hospital administrator influence on job satisfaction.

Statement	Well satisfied	satisfied	Satisfied To some extent	Not satisfied	Not satisfied at all	Arithmetic mean	Ranking
Hospital cooperative director is to solve problems	3.8	32.1	8.8	27.7	27.7	2.57	4
Hospital director understands the work pressure	2.5	32.9	6.3	34.0	33.3	2.28	1
Hospital director appreciates your efforts	8.2	37.1	8.2	25.2	21.4	2.86	5
Hospital director accepts your suggestions	2.5	22.7	13.8	28.9	32.1	2.35	2
Department administration system is working perfectly	5.7	21.4	7.5	37.7	27.7	2.40	3

Table 9. Promotion system and job satisfaction.

Promotion system		Job satisfaction		Levels of satisfaction
%	No.	%	No.	
7.5	12	25.8	41	Not satisfied at all
20.8	33	38.4	61	Not satisfied
25.8	41	6.9	11	Satisfied to some extent
26.4	42	18.9	30	Satisfied
19.5	31	10.1	16	Well satisfied
100.0	159	100.0	159	Total

arithmetic mean of 3.18, whereas, the selection criteria showed less significance with arithmetic mean of 1.98. The significant level of 0.180 indicating a lack of statistically significant relation between the job satisfactions and training in the hospital Table 8.

Hospital director appreciation of employee's efforts was the significant statement with arithmetic mean of 2.86 and the director understanding of the work pressure was low with 2.28 arithmetic mean. The significant level of 0.009 indicated a significant statistical relation between the attitude and relation of hospital director and job satisfaction Table 7.

Table 9 showed that about 11 (6.9%) of doctors and

auxiliary staff were not able to decide if satisfied or not, whereas 45.9% were satisfied with the promotion system and 25.8% didn't respond to this question. A considerable number 76 (61.3%) stated that their relation with the patients was not affected with their satisfaction.

DISCUSSION AND CONCLUSION

Job satisfaction is linked to the issues of performance, productivity, and organizational loyalty. It is the result of many desirable and undesirable work-related experiences, and individual desire and appreciation for

the work and its administration. The extent of personal success or failure in achieving personal goals are also confounding factors. Job in general is a need to satisfy oneself desire. In this study doctors and auxiliary medical staff concepts about the study measures ranging from not satisfied and satisfied to some extent. The training axis scored high with a mean of 2.60, while the remaining axes were limited in not satisfied.

There are five key aspects to define job satisfaction, namely: the nature of work, salary, supervision, career advancement, and co-workers. In this study the relation between the job satisfaction and incentive system showed a significant level of 0.003, indicating strong and statistically significant relations between the job satisfaction and wages and incentive systems. However, there was a poor relation between the job satisfaction and training in the hospital. The study also showed a high hospital director appreciation of employees' efforts. This is consistent with Bai et al. (2001) who reported a consistent relationship between job satisfaction and increasing wage for food service employees and with Lam et al. (2001) who investigated employees' job satisfaction in Hong Kong Hotels and their research results specifically showed that wages is the most important category contributing to job satisfaction.

Bingham et al. (2002) showed that low levels of job satisfaction and high rates of burnout and attrition are common among behavioral health providers serving challenging patient populations. This study showed that hospital director appreciation of employees' efforts was the significant and the director understanding of the work pressure was low. There was a significant relation between the attitude and relation of hospital director and job satisfaction. Osborn (2004) suggests that the high rate of burnout and wear and tear may be due to the fact that behavioral health providers are overwhelmed with numerous demands on their time, talents, and resources. Whereas Kumari (2014) showed that most of the employees in Indian industry are not satisfied with their job except for a few male in commerce sector and female in education sector. Total job satisfaction level of males is found to be higher than that of woman. Total job satisfaction level in manufacturing sector is found to be very low.

Studies of (Sloane et al., 2000; Sousa-Poza et al., 2003 and Long, 2005) have shown that females possess higher levels of job satisfaction compared to males, a puzzling outcome when one considers the existence of gender wage differentials in favor of males, as well as occupational segregation by gender, with women occupying jobs with 'lower' prestige. This effect of gender and age was not analyzed in this study. There is an urgent need to address this issue as the gender ratio is currently and more likely in the future is reversing in favor of females. Job satisfaction can be partially explained by both personal and labor market characteristics, in this

study the main reason for job satisfaction is brain drain towards the rich Gulf countries therefore more males are dissatisfied and usually move for better chances to face their responsibilities. This is usually not accessible to females so the rate of satisfaction is more or less better as compared to male gender.

Bingham et al., showed that, low levels of job satisfaction and high rates of burnout and attrition are common among behavioral health providers serving challenging patient populations. This is especially true in rural areas where behavioral health workers appear to be at higher risk of burnout and job attrition as mentioned by Massad, 2005 and De-Stefano et al. (2005) who found out that 90% of rural behavioral health workers in Arizona had been with a health provider agency for 7 years or less, with 73% in their first three years. The influence of the environment in this study showed that enough auxiliary staff in the department affects job satisfaction positively. On the other hand the study showed no significant relation between the job satisfaction and the hospital environment.

The goals of wage and salary programs in the organizations are to attract and keep qualified employees, provide equal pay for equal work, reward good performance, control labor costs, and maintain cost parity with direct competitors.

Efficient systems are thought to lead to satisfied employees who are productive and committed to the organization. This is particularly important in doctors and other medical staff due to the current brain drain to the Gulf and Saudi Arabia of Sudanese experts in this field. To stop brain drain and job withdrawal this study recommended the need to focus on wages and incentives system and their dispensing time, and to achieve the principle of justice in bonuses in the medical field. Knowing how to use a positive work environment to increase employee satisfaction and reduce turnover is a key to developing a high-performance workforce.

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