

ORIGINAL ARTICLE

DETERMINANTS OF EMPLOYEE SATISFACTION: A SURVEY OF HEALTHCARE WORKERS OF A GROUP OF HOSPITALS IN KARACHI

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ABSTRACT

Background: To assess the satisfaction levels of employees in a health care organization at Karachi, Pakistan.

Methods: A cross sectional survey was conducted on 598 employees working at University and tertiary care hospital for a period of 5 months. Purposive sampling technique was used for collection of data. All employees working for at least one year at any level of management were included in the study. Part time employees, visiting staff, those absent at the time of data collection and those who refused to consent were excluded from the study. Self administered questionnaires were utilized for the purpose of data collection. Entire analysis was performed using SPSS version 20. P value less than 0.05 was taken as significant. For descriptive statistics frequency and percentages were calculated for categorical variables while mean and standard deviation for numerical variables. Analysis of Variance was applied to see association between different groups. The study was approved by the ethical review board.

Results: Majority 69.4% (n=415) employees were found to be satisfied. Upper management was seen to have slightly lower scores of satisfaction compared to middle and lower management levels. Between clinical & non-clinical side there was also no significant difference observed in the satisfaction level. Satisfaction levels were seen directly proportional to age and length of service. When overall benefits were seen non clinical side 61% (n=84) were found to be more dissatisfied than clinical side 40% (n=53).

Conclusion: Study findings conclude that majority employees were satisfied. However most were dissatisfied with the overall benefit package and vacation policy.

KEY WORDS: Employee satisfaction, Management, Tertiary care hospital

INTRODUCTION

Employee job satisfaction is vital for ensuring the quality of work, services, productivity, turnover and performance of a health-care organization. It plays an effective role in employee's performance which is translated into health, well-being and satisfaction of the patients¹. Job satisfaction is determined by a comparison of one's prior expectations about the job and the actual effects on private life. Satisfied employees tend to be more productive and committed to their employees, with a direct correlation between staff satisfaction and patient satisfaction in healthcare organizations²

Motivated and satisfied workers are a source of strength for a health care organization continuously determined to meet stipulated targets³. Motivated workers strive for skills enhancement, better performance and alignment with organizational goals⁴. Many organizations realize the need to monitor the employee satisfaction levels since dissatisfaction can have detrimental impact on the working of the organization⁵. Research studies have been conducted abroad and locally to study the employee job satisfaction levels. A multi-center study of hospital workers in Central West Ontario, Canada demonstrated that job satisfaction is a multidimensional concept with some commonli-

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ties across organizations; however, there are certain predictors of job satisfaction which are unique to one's workplace^{6,4}. Another study was carried out in Cyprus to study association between job satisfaction and motivation in doctors and nurses, who showed that worker satisfaction and motivation was, related to monetary and non-monetary incentives especially intrinsic factors⁷.

Studies in Pakistan showed dissatisfaction amongst public sector healthcare workers was due to poor salaries and working environment, lack of respect, unbalanced responsibilities, and lack of control, time pressure and opportunities for professional development⁸. Local health care system lacks sufficient data on satisfaction and motivational levels of healthcare workers⁹. Therefore, the prime objective of our study is to identify employee satisfaction levels amongst different cadres of health workers in hospital and University in Karachi.

METHODS

This cross sectional study was conducted from August 2015 to December 2015 for a time duration of 5 months. Participants were selected from private tertiary care hospital consisting of three campuses along with University employees. These campuses were located in different districts of Karachi. A sample size of n=450 was calculated through Open Epi version 3.03. Altogether the final sample corresponded to n= 598 participants. The bound of error is taken at 5% with 95% confidence interval.

The sample size was inflated to accommodate non response and incomplete questionnaires. The sample was selected through purposive sampling technique with non response by just 2 subjects. Participants consisted of employees of all ages working at the hospital and University for at least one year. Part time employees, visiting staff, those absent at the time of data collection and those who refused to consent were excluded from the study.

The employee survey questionnaire was developed on a liker scale of agree and disagree with 36 statements corresponding to the working hours, benefit packages, supervisor managerial skills, working environment and work description. Satisfaction was given a 2 while dissatisfaction was taken as 1. Maximum score was 72 while minimum was 36. Participants were briefed on the objectives of the research and consent was taken prior to inclusion in the research. Self administered questionnaires were

utilized for the purpose of data collection. Entire analysis was performed using SPSS version 20. In lieu of errors data was cleaned prior to analysis. It was initially entered into Microsoft excel and all inconsistencies were resolved. P value less than 0.05 was taken as significant. For descriptive statistics frequency and percentages were calculated for categorical variables while mean and standard deviation for numerical variables. Association between demographic profile and satisfaction level was carried out through Chi square test. Analysis of Variance was applied to see difference in mean scores between different groups. P value less than 0.05 was taken as significant. The study was approved by the ethical review board.

RESULT

The total sample size was n=598. Participants belonged to all three levels of management, upper management had 6% (n=35) participation, whereas middle management had 31% (n=198). Lower management had the maximum number of participants 63% (n=379). We further divided the participants into clinical and non-clinical departments and it was found that 43.1% (n=258) were from clinical whilst 56.9% (n=340) were from the non-clinical side. When the participants were stratified on the basis of age majority 61% (n=365) were from 21-34 years age group whilst the second highest group was from 35-44 years comprising 23.9% (n=149). Majority of participants were male 77.8% (n=465) and 63% (n=376) were married. When the length of service was enquired majority 82.6% (n=494) were working since more than 2 years. Majority participants wanted to continue with their jobs indefinitely 74% (n=442).

The mean score of this survey came out to be 56.4 +/- 3.9. Overall majority 69.4% (n=415) employees were found to be satisfied. When the satisfaction level between the different levels of management was observed it was seen that upper management had slightly lower scores as compared to other levels of management, though this difference was not statistically significant (ANOVA P value 0.265). Similarly when we compared the satisfaction level of clinical & non-clinical side there was also no significant difference was observed in the satisfaction level of both the groups showing high level of satisfaction (Pooled t test, P value 0.930). The age group of 45-55 years and above was found to be slightly less satisfied as compared to other age groups, though this difference was not statistically significant (ANOVA P value 0.996).

Significant difference in satisfaction level was observed in participants who wanted to quit the job soon and those who wanted to continue either indefinitely or more than 5-10 years. (ANOVA P value 0.001).

When satisfaction level for overall benefits were compared between clinical and non clinical departments, non clinical side 61% (n=84) were found to be more dissatisfied than clinical side 40%

(n=53). Similarly dissatisfaction over the administration vacation policy was more profound among non-clinical side 57.4% (n=108) as compared to clinical side 42.6% (n=80).

When the participants were asked to give their recommendations for improving the existing benefits from their administration, more than 50% highlighted medical cover for parents and annual bonuses.

Table 1: Effect of Different Variables on Employees Satisfaction (n=598)

		EMPLOYEE SATISFACTION			
		SATISFIED		DISSATISFIED	
		n	%	n	%
Level of Management	Upper Management	21	5.1	14	7.7
	Middle Management	130	31.3	54	29.5
	Lower Management	264	63.3	115	62.8
Department	Clinical	179	69.4	79	30.6
	Non Clinical	236	69.4	104	30.6
Age of Employee	Under 21 Years	6	54.5	5	45.5
	21-34 years	257	70.4	108	29.6
	35-44 years	103	72	40	28
	45-54 years	35	58.3	25	41.7
	55 years and above	14	73.7	5	26.3
Length of Service	< than 2 years	70	67.3	34	32.7
	2-5 years	224	70	97	30
	5-10 years	114	70.4	48	29.6
	> Than 10 years	7	63.6	4	36.4
Gender of the Employee	Male	316	68	149	32
	Female	99	74	34	26
Marital Status	Married	263	70	113	30
	Unmarried	152	68.5	70	31.5
Continuation of Job	Quit Soon	15	43	20	57
	Work for next 5-10 years	71	59	50	41
	Work Indefinitely	329	74	113	26

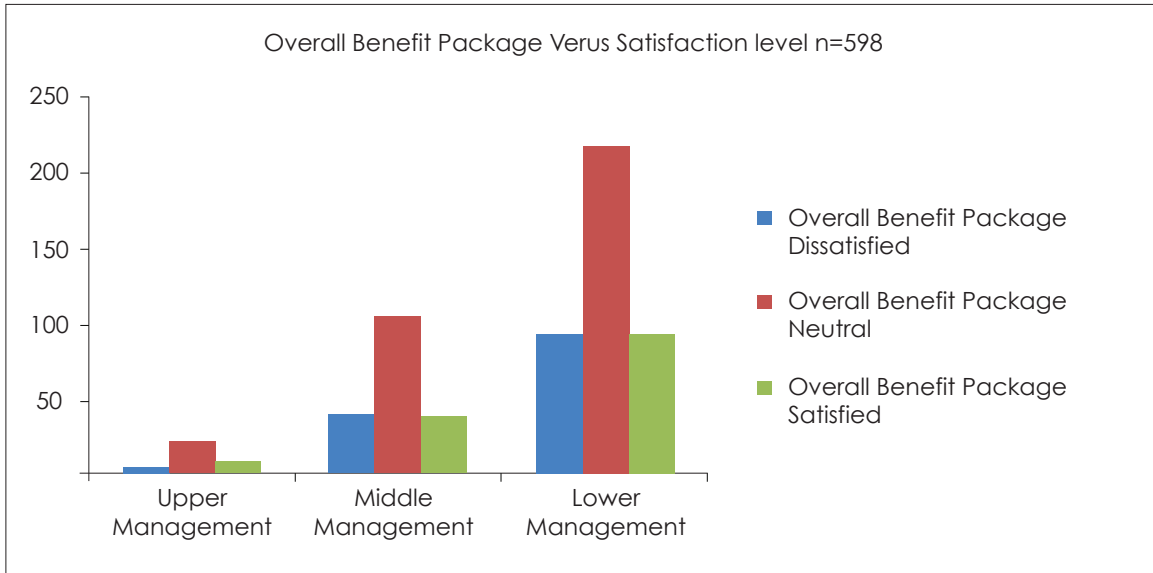


Figure 1: Overall Benefit Package and the Satisfaction Level of the Employees

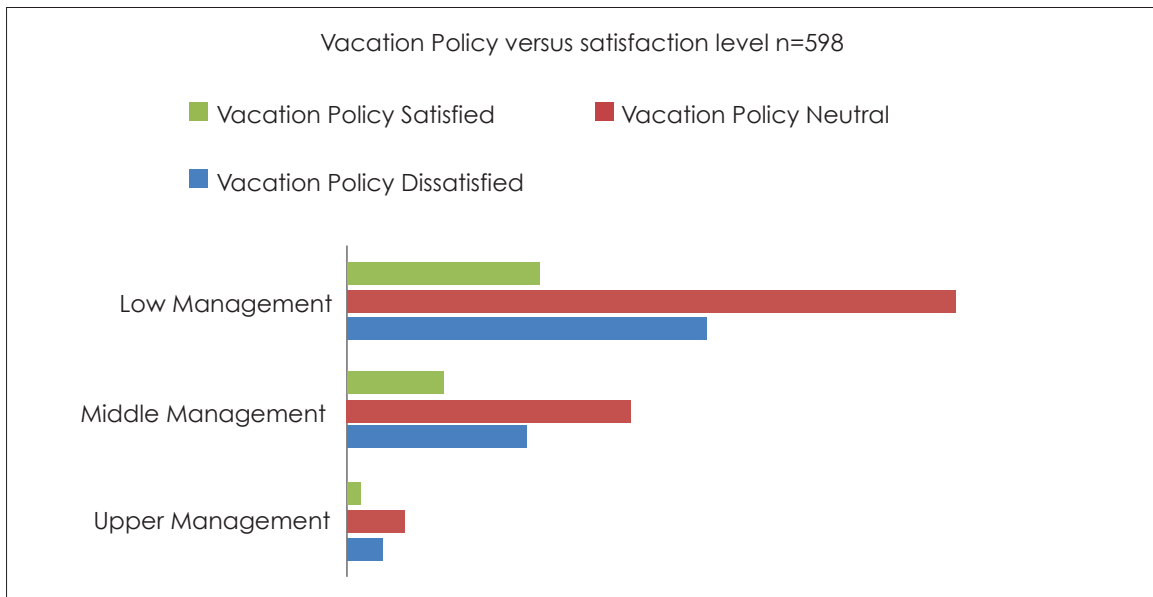


Figure 2: Vacation Policy and the Satisfaction Level of the Employees

DISCUSSION

In our study satisfaction level were found to be highest among lower management employees 63.6% followed by middle management 31.3% & upper management 5.1%. A previous survey by Bahalkhani et al in public sector tertiary care hospital of Islamabad demonstrated that merely 14% of employees comprising of nurses belonging to all levels of management were satisfied with their working condition⁸. Similarly, a study by Riaz et al in teaching hospitals of Karachi showed that 68% doctors of all cadres were dissatisfied with their jobs¹⁰. However study by Brown et al in private hospitals

of Canada showed that there was no difference in satisfaction levels amongst different levels of management comprising of non-supervisor, non-designated and designated supervisory staff at the hospital¹¹.

Our study showed that male employees (32%) were dissatisfied more with their jobs as compared to 26% female employees. An earlier study by Riaz et al showed that 72% females & 65% males were overall dissatisfied with their job conditions¹⁰. These findings were further supported by Roopalekha et al who showed that overall females were less dissatisfied than male employees¹².

The un-married employees (31.5%) were marginally more dissatisfied as compared to married employees (30%) at the hospital. Similar findings of Shahnaz et al who reported below average work motivation scores for 25.8% un-married and 26.3% married employees (nurses) ⁹. No clear difference was seen in satisfaction levels on clinical and non clinical sides. These findings were different compared to other studies (Abida et al) carried out in the country ¹³. Our findings were still better than an earlier study in Karachi where only 32% of doctors working on clinical side were satisfied with their jobs. When satisfaction levels were contrasted with age and length of service our findings were similar to an earlier study by Roopalekha et al. where positive correlation was seen ¹².

When satisfaction level for overall benefits were compared between clinical and non clinical departments, non clinical side 61.3% (n=84) was found to be more dissatisfied than clinical side 38.7% (n=53). These findings were similar to studies by Abida et al. in hospitals of Rawalpindi ¹³. However findings differed for another study in KPK where 88.89% of doctors working in private sectors hospitals were dissatisfied with their pay and benefits ¹⁴. These findings were consistent with studies carried out by Shahnaz et al which showed that 48.8% preferred financial benefits, 9.6% favored non-financial whilst 41.7% preferred a balance between the two ⁹. Another study by Fiaz et al reported that majority of respondents (doctors – 61.11%) from private sector hospitals believed that fringe benefits increase the job performance and satisfaction of employees ¹⁴.

Our study had few weaknesses. First data was collected from single private tertiary care hospital and University employees. Our strengths lie in the fact that employees from all levels of management including both clinical and non clinical side were included using purposive sampling technique. Only employees working for an appropriate duration were taken as part of survey. Our study indicates that for majority their satisfaction banked on benefits like vacation policy, improvement of medical benefits especially for parents and introduction of pay-for-performance incentives like annual bonuses. Satisfied and motivated human resources is essential for growth and development of any organization. Employee satisfaction plays a vital role in effective human resource management.

CONCLUSION

The results of the study highlighted some of the important factors related to workers satisfaction pertinent to our circumstances. Majority employees from all management levels were satisfied with their job. Most employees were dissatisfied with the vacation policy and benefit packages.

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