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Job Satisfaction of Health Professionals Working in Governmental Tertiary Level Hospitals of Nepal

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ABSTRACT

The extent to which an individual feels self-motivated, content & satisfied with his/her job is job satisfaction. By enhancing job satisfaction among the employees, the organization can create happier employees. It will eventually lower costs for hiring and training new personnel and also create more motivated and productive employees. This descriptive study was carried out to find out the various factors that influence job satisfaction of health employees of varying specializations working in a tertiary level Governmental Hospital of Nepal. The participants were asked to respond the questionnaires largely based upon the Job Satisfaction Scale (JSS) questionnaires developed by Paul E. Spector (1997) using 5-point likert scale. Convenience sampling method was employed in the study. Similarly, the study also relied on the publications of the various related agencies for its secondary sources in regard to data collection. Only 28.1% of the participants were found to be satisfied. The study proposes that hospital employees perceive supervision, recognition, pay& benefits, promotion, work environment and autonomy as significant factors affecting their job satisfaction. Also demographic variables like age, rank and education qualification has a significant relationship with job satisfaction while gender, marital status and work experience didn't show any significant correlation with job satisfaction. The study provides an insight to the policy makers about the various factors that need to be considered for uplifting the job satisfaction level of the health professionals and hence uplifting the standard of the health care system of the Governmental Hospital.

INTRODUCTION

The extent to which an employee feels self-motivated, content & satisfied with his/her job is job satisfaction. In the area of organizational performance and human resource management, job satisfaction is largely sought subject. If an employee feels happy with their company & work, they look to perform better for the company with all their efforts. Managers should focus on employee satisfaction because dissatisfied employees may get irritated and there may be possibility of providing inferior service by him/her. So, job satisfaction is an indicator of an emotional well-being and a fair treatment in an extent. The people of all over the world want a Universal Health Coverage (UHC) of excellent quality to make sure their access to healthcare services for disease prevention and cure, palliation, health promotion, and rehabilitation, as and when needed which are not a financial burden for users (WHO, 2017). The dream of UHC can become reality through a well-functioning health system equipped with skilled workforce, as consumers of health system today are more conscious of their rights. This is why the health institutions of today prioritize even more to possess an upgraded, well abreast with knowledge and skilled workforce who is satisfied with their jobs (Janicijevic *et al.*, 2013). These healthcare services providers are indispensable for an efficient and effective healthcare system and their worldwide shortage is also a major challenge for thrachievement of Millennium Development Goals, more so in the low and

middle-income countries. According to World Health Organization by the year 2035 the health workforce shortage will reach up to 12.9 million(WHO, 2013).

Stress in the workplace can lead to poor health and work-related injuries (Iglehert, 2000). Health care professionals comprise a crucial group which will be impacted by workplace stress due to their unique work environment (Grunfeld *et al.*, 2005). Nepalese governmental health sector is relatively not well organized. The workers within the governmental health sector face various issues that have a huge impact on the level of job satisfaction. Among health care employees, job satisfaction has a huge impact on work efficiency and quality, including health care costs (Bovier & Pernege, 2003). Studies showed that job satisfaction among health care workers is influenced by many factors, including gender, age, and level of education, work experience, working conditions, salary, working hours, and the possibility of promotion (Fahrenkopf *et al.*, 2008). This intricate phenomenon is an attitude towards one's job that has an impression not only on the personnel's motivation, but also on career, health and relationships with co-workers (Visser *et al.*, 2007). Moreover, low salaries, lack of fringe benefits, job insecurity, nepotism, political influences and improper career development structure are some of the important factors that either hinder qualified health professionals from joining the governmental sector or increase the turnover rate (Makowicz-Dabrowska *et al.*, 2001).

The World Health Organization (WHO) defines the

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health workforce as “all people engaged in actions whose primary intent is to reinforce health” (WHO SEARO, 2008). Human resources for the health are often defined as the various types and specializations of medical and Para-medical staffs liable for individual and public health intervention. This includes both public and personal sectors and different areas of health systems, like curative, preventive care, personal and non-personal public health interventions, disease prevention, health promotion services, and research, management and support services. The health resources include different categories of health professionals ranging from doctors, nurses, paramedics, mid-level health professionals of different specialty of health sciences, public health professionals and researchers. Human Resources in any health system and their proper utilization in work environment is a major requisite for better functioning of health care system. (WHO SEARO, 2008).

In Nepal, Human Resources for Health (HRH) situation have been met with various notable challenges particularly associated to the acute shortage and uneven distribution of the health workforce in the country (MOHP, 2012). Despite the necessity for an appropriate number and distribution of different categories or level of health professionals, who are socially responsible, technically competent and are available at the right time and place, as outlined in the National Health Policy 1991, these limitations have prevented policy from being implemented into the practice. Moreover, the National Health Policy has not taken into consideration the epidemiological transitions and demographic developments that have occurred over the last two decades.

Nepal has been identified by the World Health Organization as one of 57 nations with a critical shortage of health workers (WHO report). This creates a huge deficit in the requirements for the coverage of essential interventions; including those necessary to meet the health related Millennium Development Goals (MDGs). In Nepal, this is unlikely until the threshold density of health workers (doctors, nurses and midwives) is at least 23 per 10,000 in the population (NHSP II, MOHP 2010). Furthermore, policy has not addressed the changing demographics in the country, as despite a population increase of more than 45 percent in the last two decades the human health resources has increased by 3.4 percent during that time (NHSP II, MOHP 2010).

The distribution of health workers has been raised as a concern in Nepal, with huge variations between ecological zones (Mountain, Hill and Terai) and among the 7 federal states of the country. The absence of doctors and qualified health professionals in the most remote areas has also been a long standing issue. These issues are compounded by the movement of high-level health workers, such as doctors, nurses and professionals of other specialties to private health institutions or overseas, due to the high demand for health workers in industrialized countries, as well as attractive incentives that they offer.

In Nepal like in other developing countries; the “brain

drain” of health workers has been identified as a major concern. Previous research has identified that the professional councils approached for letters of good standing by staff wanting to work abroad and data suggests approximately 16% of registered doctors are outside the country studying or working (Blair, 2011). Nearly more than half of health staffs are working in either the Kathmandu Valley or in other cities, leaving rural areas under-staffed, with absenteeism a growing problem for the effective delivery. The main issues in the human resource for health of Nepal are retention, inadequate skill manpower with improper distribution, and inadequate finance, low opportunity for pre and in service training. Current recognition of these issues by the government of Nepal, developed the Human Resource for Health Strategy in 2003 for 14 years, i.e. 2003 – 2017. However, this could not become effective because of inadequate and unscientific projection, poor implementation of the policy, inadequate funding, and ownership by the concerned stakeholders. In addition, the notable point in the Nepal is that the private sector has emerged as a substantial force in HRH; however the coordination between these two sectors are very weak and the private sectors are more concerned to the Urban area for the profit. So, governmental health facilities should be strengthened and for that the health professionals working in public hospital should be prioritized and retained (Shrestha, 2012).

Employee job satisfaction is considered as a critical factor for the success and better functioning of any organizations including health care institutions. There have been numerous researches on this topic that are conducted all around the world. In recent decades, this issue has aroused interest in Nepal as well. Unfortunately, it is observed that there is not enough research made in Nepalese major governmental health care institutions about job satisfaction. To the best of our knowledge, no any published study covering major health professionals of varying specializations has been found in our scenario. Non-profit public organizations are pivotal for the nation and its economy. Therefore, the issue is very important for governmental institutions.

In developing countries like Nepal many of the healthcare workers are unsatisfied with the quality of life they themselves or their families can have in their country with their earnings or job incentives. They even think that there is not adequate opportunities to learn advanced technologies, enhance skills and career development, have poor working conditions, face violence at workplaces and are under political influences. Thus, they search for jobs in developed countries which have a higher pull force.

For these reasons, the tertiary level governmental healthcare institutions are selected for this study on measuring job satisfaction among health professionals. The public institutions where this study is performed are central governmental institutions, subject to central government budget applications and limitations. These institutions implement fundamental health policies and

activities mainly related to health. Therefore, the job satisfaction is worth to be investigated and very important to be kept at high level in this kind of institutions. The intention of this study is to recommend the Government and public health institution of our country to take necessary steps to keep the employees satisfied with their work and other work-related factors for the success and better functioning of the institution.

This research gains its importance from the subject matter itself, because it opens the scope for the officials and policy makers to consider job satisfaction as a very important issue among health workers in Government Hospital of Nepal. The lack of the previous studies on our scenario also makes this study important. This research focuses on the sources of job satisfaction for health care providers and trying to make it better. The importance of this study is that it will enrich the libraries of the Ministry of Health and Population for the future planning with suitable interventions to increase the level of job satisfaction among health professionals and thus uplifting the standard of health care service delivery in governmental hospital.

MATERIALS AND METHODS

Research Design

Design of this study is not correlative. It is more of opinion survey which identifies various factors that influence job satisfaction level among healthcare employees of public hospitals of Nepal. Thus, the research can be categorized as a descriptive study. For the purpose of the study, 500 hospital employees were selected randomly from 3 hospitals of Kathmandu. As indicated, 250 questionnaires in one major hospital and 125 in each of the other two hospitals were distributed to hospital employees working in government hospital of Kathmandu. Personal efforts were made on behalf of the researcher on delivering and collecting questionnaires. Of the total 325 responses from the participants, 24 questionnaires were unusable. These excluded questionnaires, were missing key information. Thus, the usable returned questionnaires were 301 representing a response rate of slightly more than 60%. In the present study, two sampling techniques i.e. multi stage sampling and convenience sampling was adopted. The first stage sampling involved selection of public health institution operating in Kathmandu valley at different locations. In the second stage, depending on the number of bed capacity, three hospitals were selected. In the third stage, the convenience sampling was adopted.

Sources of Data

The information has been collected from both primary as well as secondary sources.

Secondary Source

This study relies on publications of the respective agencies for its secondary sources with regard to collection of data. Thus, the present study depends heavily upon the relevant information from such secondary data. This secondary

information has been collected from various publications relating to health workers, healthcare system etc. Different books, magazines, journals, newspapers, publications of executing agencies viz. World Health Organization (WHO), publications of Ministry of Health and Family Population, Government of Nepal; Department of Health Services, Government of Nepal; Planning Board, Government of Nepal have been consulted to make the study meaningful. Various e-resources have been extensively consulted to make the study more updated, comprehensive and also to supplement the findings of the study.

Primary Source

In order to obtain desired information regarding job satisfaction level among health workers, primary data was collected and analyzed. There are various methods for the collection of primary data and information. However, the present study bases itself on a questionnaire which is explained below:

Development of Questionnaire

In this survey general information about the respondent and information relevant to the topic was asked of the respondents. Structured, non-disguise questionnaire was used i.e. pre-determined and pre-drafted questionnaire has been used to collect the information. Since, the proposed questions were fairly harmless, it was decided not to change the major objectives of the study. The questionnaire consisted of fixed choice questions both dichotomous and multiple choice ones. But some questions were kept open ended to know the personal attitudes more clearly. In order to obtain unhesitant and honest responses by the respondents, they were assured that information collected would be kept strictly confidential and would only be used for academic purpose.

The questionnaire used in this study consists of three different sections. The first section contains questions pertaining to the personal demographics about the respondents specifically about age group, gender, marital status, highest level of education, salary, years of experience, and job level. The second section of the survey measures job satisfaction. Specifically, the Job Satisfaction Survey (JSS) questionnaire developed by Paul. E. Spector (1997) has been mainly used to measure job satisfaction level of healthcare employees of public hospitals. Finally, the third section of the questionnaire comprises of open-ended questions just to know their preference of working and to know their suggestions for improvement.

Job Satisfaction Survey (JSS)

The JSS includes thirty-questions that test attitudes toward six different aspects of work. The six areas or subscales are autonomy, recognition, promotion, supervision, pay and work environment and group cohesion.

JSS Scoring

The JSS consist of 30 questions. The response format

used in the study incorporated a 5-point Likert-type scale. Respondents were asked to tick one of five numbers that corresponded to their satisfaction or dissatisfaction about each question with one being the lowest and five being the highest score. Response choices for each question were scored as 1=very dissatisfied, 2=dissatisfied, 3=Neutral, 4=satisfied slightly and 5=very satisfied. Each subscale has five questions.

The Cronbach's alpha internal consistency test was used to determine the reliability of the test for each dimension. The values of Cronbach's alpha greater than 0.7 were regarded as acceptable and those ≥ 0.7 were subjected to factor/principal component analysis (PCA). The Cronbach's alpha value in our study was 0.87 which shows a good reliability of the questionnaire used.

A pilot study was conducted with an effort to provide feedback regarding questions or any errors about the Demographic Questionnaire, JSS instrument and its scale. Eight participants agreed to participate in the pilot study. The participants were employed at National Trauma Center, Kathmandu where the actual survey was later distributed. A response sheet was attached to the survey; suggestions for improving the clarity of instruction and general layout of the instrument were obtained from the pilot study participants. The length of time for completing the survey was also recorded on the response sheet. Results of the pilot study demonstrated the average time for completing the survey was approximately 10 minutes, with minimum ranging from 7 minutes to slightly more than 10 minutes. This information was later used in the request for participation in the actual study. Change made to the survey following the pilot study improved the clarity of instructions and some content of the demographic questionnaire. The pilot study raised no major questions and the respondents did not have any difficulty in understanding and answering the questions. To make the study meaningful the data was analyzed and interpreted with the help of certain statistical tools and techniques. The data for this research were analyzed using the Statistical Package for Social Science (SPSS). There are a number of criteria to select a suitable statistical technique, two of which are the appropriateness of the technique to the research question and the characteristics of data. Accordingly, different statistical techniques were used in the analysis based on their relevance to the research objectives, questions and hypotheses. Among the techniques that have been used in the present study are frequencies analysis, histograms, Chi-Square, Pearson Coefficient of Correlation and t-test at 5% level of significance.

RESULTS AND DISCUSSION

Socio-demographic information

Age group of the participants was divided into four groups as 20-30, 31-40, 41-50 and 51-60 years. We included the age up to 60 years in consideration to the compulsory retirement age of 60 years according to the Health Service Act of Nepal. There were 79 (26.2%), 167

(55.5%), 50 (16.6%) and 5 (1.7%) respondents in 20-30, 31-40, 41-50 and 51-60 years age groups respectively. Table-1 presents the age distribution of the respondents. Out of 301 respondents, there were 157 males and 144 females that account for 52.2% males and 47.8% females.

Table 1: Age group of the participants

Age group (in years)	Frequency	Percentage
20-30	79	26.2
31-40	167	55.5
41-50	50	16.6
51-60	5	1.7

This shows that the majority of the participants were males. Table-2 represent the gender distribution of the respondents. Among the respondents, 244 were married and 57 were single with the majority of participants i.e. 81.06% married. In this study, there were 9 (3%), 36(12%), 9(3%), 44(14.6%), 38(12.6%), 59(19.6%), 100(33.2%) and 6(2%) of the participants in 11th, 10th, 9th, 8th, 7th, 6th, 5th and 4th level respectively. The majority of the participants were of the 5th level followed by 6th, 8th, 7th, 10th, 9th and 11th level.

Table 2: Rank/ level of the participants according to Nepal Health Service Act

Rank	Frequency	Percent
11	9	3%
10	36	12%
9	9	3%
8	44	14.6%
7	38	12.6%
6	59	19.6%
5	100	33.2%
4	6	2%

Table 3: Educational qualification of the participants

	Frequency	Percentage
Certificate	58	19.3%
Bachelor (Undergraduate)	137	45.5%
Masters (Postgraduate)	106	35.2%

Table 4: Work experience of the participants (in years)

Years of Experience	Frequency	Percentage
<1yrs	28	9.3%
1-5yrs	103	34.2
5-10yrs	101	33.6%
>10yrs	69	22.9%

In the study, the educational qualification of the respondents were 58(19.3%), 137(45.5%) and 106(35.2%) of certificate, undergraduate and postgraduate level respectively. Table-4 represents the educational

qualification of the respondents.

Job satisfaction scale (JSS)

The study consists of the participants of varying work experience in terms of duration.

Table 5: Overall job satisfaction of the participants

	Frequency	Percentage
Very Dissatisfied	2	0.7%
Dissatisfied	31	10.4%
Neutral	183	60.8%
>10yrs	69	22.9%
Satisfied	79	26.2%
Very Satisfied	6	1.9%

Table-5 represents the data regarding the working experience of the participants in years. After calculating the total facet score for each of the six aspects of job satisfaction, the total score was calculated on a scale from 30-150. The score values of 30-54 were considered as very dissatisfied, 55-78 as dissatisfied, 79-102 as neutral, 103-126 as satisfied and 127-150 as very satisfied. Observing

these values, 0.7%, 10.4%, 60.7%, 26.2%, and 1.9% of the participants were very dissatisfied, dissatisfied, neutral, satisfied and very satisfied respectively. Table-6 represents the data regarding overall job satisfaction of the participants.

The overall job satisfaction was studied under six sub-scales i.e. Autonomy, Recognition, Work environment, promotion, Supervision and pay and benefits. On analyzing the satisfaction level on those sub-scales, recognition holds the highest percentage of satisfaction (58.1%) followed by work environment (43.5%) and autonomy (33.2%).

When the job satisfaction of the health professionals according to the area of specialization was analyzed taking into account the average total job satisfaction score, pharmacists were found to have the highest score (108.36). They were followed by chief consultant doctor of 11th level (103.67), medical recorder (102), consultant doctor i.e. 9/10th level (100.71), physiotherapist (100.20), medical officer, Biomedical technicians/engineers, Health Assistant, Laboratory technologists, Radiographers and Nurses. Nurses were found to have the lowest score among all of the specializations.

Table 6: Job satisfaction in different sub-scales

Sub-scale	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
Autonomy	0.7%	9.3%	56.8%	31.3%	1.9%
Work Environment	0.7%	6.9%	48.9%	39.6%	3.9%
Recognition	0.7%	2.6%	38.6%	56.8%	1.3%
Promotion	10.6%	26.6%	36.5%	26.3%	-
Supervision	3.3%	28.6%	47.1%	20.3%	0.7%
Pay and Benefits	11.7%	39.2%	45.2%	3.9%	-

Table 7: Correlation between overall job satisfaction and each sub-scale of satisfaction

Sub-scales	Spearman correlation coefficient	p-value*
Autonomy	0.46	<0.001
Work environment	0.65	<0.001
Recognition	0.75	<0.001
Supervision	0.79	<0.001
Promotion	0.67	<0.001
Pay and Benefits	0.72	<0.001

*statistical significance at 0.05

Correlation between overall job satisfaction and each sub-scale of satisfaction

In order to determine the main factors that were correlated with satisfaction and/or dissatisfaction with a job, the relationship between overall job satisfaction and job characteristics was analyzed (Table-8). Spearman's ratio demonstrated that the strongest correlation factor was in supervision (0.79). Other factors that influenced satisfaction were recognition (0.75) and pay and benefits (0.72), respectively.

Socio-demographic predictors of health professional's job satisfaction score

The relationship between socio-demographic variables and job satisfaction score was quantified. Age, rank and educational qualification showed statistically significant relation with the overall job satisfaction ($p < 0.05$). Gender, marital status and work experience did not show any significant correlation with the overall job satisfaction ($p > 0.05$).

DISCUSSION

The health system of Nepal is struggling with various issues. Those major issues are due to the economic, political and peace instability in the country. Among various blocks that are affected, one of those prime area is human resources for health. As observed in a developing country, there is increased dissatisfaction in all aspects of life of a person and healthcare resources are no exception to this. This is a very important aspect which cannot be neglected as it will not only worsen the gap between the desired and the actual numbers of health care workers but will also seriously affect their performance, efficiency and effectiveness in the long run.

In an international commitment in order to reduce global poverty and improve population health, the governments of the world have committed, in the Sustainable Development Goals, to achieve universal health coverage (UHC), including financial risk protection by 2030 (WHO, 2017). A critical decision in the progressive realization of UHC is which health services to include in essential packages of care. To realize the goal of comprehensive universal health coverage, it is important to increase the utilization of public health services through effective care. As per the data provided by the National Health Account 2016, the household out of pocket, expenditure is 53% and is one of the highest in the world (NHA, MOHP, 2016). The Government of Nepal has always prioritized for the improved health services in the country. The constitution of Nepal, 2015 has established health as the fundamental right of the people. But all these efforts cannot achieve the desired goal until we have self motivated and efficient healthcare providers at primary, secondary and tertiary healthcare levels. However, the motivation of the healthcare service providers is the key to effective delivery of the health service and the motivation depends upon their job satisfaction. Hence, it is critical to ensure that they feel satisfied with their jobs. Our study included healthcare workers with different specializations including doctors to have a holistic picture and approach to assess job satisfaction.

Past studies focused mainly on doctors and nurses (Jharana *et al.*, 2019; Chaulagai & Khadka, 2012; Peters *et al.*, 2010). This study has included different health professionals of varying specialization. Our study has used JSS. This is a frequently used validated instrument that allows comparisons with previous studies (Sibbald *et al.*, 2000). Only 28.1 % of the study participants showed satisfaction with their jobs based on the absolute approach used for computing the job satisfaction scores ranging from 30-150. Low levels of job satisfaction were also reported in a job satisfaction study regarding Pakistan where 14% of the employees showed high dissatisfaction with their jobs (Kumar *et al.*, 2013). This has big implications for the public health system like ours, which is already facing a significant lack of financial resources and can't afford to lose the skilled workforce. Another study done in Lahore showed that only 31.1% of doctors were satisfied with their jobs (Deeba *et al.*, 2015). In another study, the result

showed that only 13% of the doctors were well satisfied with their jobs while a significant number had either below average or average satisfaction for their job (Nikic *et al.*, 2008).

This dissatisfied workforce will be further increasing to the number of workers who leave their country or their cities and migrate to other areas in search of better opportunities and developments. It can be observed that previous studies showed similar results. It is a clear evidence that despite being brought to the notice of people and policy makers in the country where these studies were, still not suitable intervention has been made in order to bring improvement in the satisfaction of health services employees who are integral part of the health system and without the satisfaction of whom the effective delivery of healthcare services to the poor or the needy public cannot be achieved. Any level of dissatisfaction among healthcare providers in the public sector demands further assessment and intervention, as this could have deterrent consequences in terms of overall efficiency, effectiveness, and sustainability of any health system around the world. Our findings of this study on job satisfaction was carried out in Government hospital of Kathmandu. Thus, the results are of the serious concern for the policy makers. Even though the study was conducted in the capital which is presumed to have a comfortable working environment, good infrastructure, and a convenient life, the results showed a very less satisfaction among the professionals. Job satisfaction was similar in all age groups in our study. Some studies have reported higher satisfaction in elderly professionals compared to younger professionals (Carrillo-Garcia *et al.*, 2019). When analyzed with the gender, marital status and the work experience, the result showed no statistical significance in this study. This contradicts with the results from some of the previous studies. Male workers felt more satisfied compared to females similar to a survey conducted among German physicians (Behmannet *et al.*, 2012). However, a Spanish study reported the opposite results (Carrillo *et al.*, 2013). Some other reviews concluded that gender is not a strong independent predictor (Keeton *et al.*, 2000). The differences may be due to cultural variations. The professionals in the higher rank and with higher educational qualification showed higher satisfaction and was found to be statistically significant. This can be attributed to the fact that the professionals in the higher position and with higher qualification enjoy more respect and the pay than the others and can also have a influence on the management.

The three highest levels of satisfaction were the recognition, work environment and autonomy. This agrees with the findings of Cooper *et al.* who reported that health-care providers appreciated their freedom and independence to work, as well as enjoyed the responsibility and variety of their job with the recognition. The autonomy at one's work is a feature which distinguishes healthcare from other service industries. If the workers feel they are handcuffed due to the conditions at the

work/workplace and believe that the procedures pose barriers in the effective performance of their duties, then the quality of services that they offer are also affected significantly as many treatment options or timely decisions for the treatment or the services cannot be taken due to these red tapes.

Our study revealed that the participants had overall low satisfaction with various global dimensions of job with only 3.9 % satisfied with remuneration, 21% satisfied with the supervision and 26.3 % satisfied with their promotion chances. All these results in regard to pay, promotion opportunities, benefits and rewards are similar with the findings which were presented in the study assessing job satisfaction among public health care workers in Pakistan (Kumar R *et al*, 2013). Low satisfaction with salaries/ pay and development opportunities of an individual was also reported in a study conducted in healthcare workers in Tanzania (Nikic *et al*, 2008). The healthcare profession is not similar to other professions in the sense that here the biggest reward for any service provider is the satisfaction of providing services to mankind and in return get appreciation. But if the workers don't get their due reward for their duty, then it adds to their dissatisfaction and can negatively influence the delivery of the effective quality of care to be provided. The results for supervision showed that most of the respondents were dissatisfied with the capabilities of their supervisor, the role he plays in mentoring them. This is particularly important in regards to sensitive healthcare industry as the workers have to deal with patients and their emotions not machines. For this, they need to learn skills to scale up their capabilities. If they believe that their supervisor lacks the ability to guide/supervise them and does not entrust them with tasks that can add to their skills, then they will be at a loss.

Dissatisfaction with one's salary in our findings seems to be a common issue that is also evident in several other studies (Kinzel *et al*, 2005; Ekeret *et al*, 2004; Goetz *et al*, 2011; Burnard *et al*, 1999). Many managers consider that the key motivation for their employees is pay, bonuses or raises. This suggests that health-care systems should provide an adequate salary and fringe benefits scheme to satisfy their workers and maintain their loyalty. In contrast, that does not seem to be a problem in Australia as evidenced by a previous study done in 2002. That discrepancy may be due to differences in the economic status of Australian health-care systems and ours (Ulmer & Harris, 2002)

The main factors that correlated with the overall job satisfaction were supervision followed by recognition and pay. Thus, the study suggested on improving the quality of supervision, recognition of one's work or contribution and also increasing the incentives. For improving the quality of supervision, the policy makers must ensure the adequate training and education of the supervisors in order to enhance their skills.

When asked about the preference of their working, more than 80% of the participants preferred working

in governmental hospital with the major reason being the job stability. Similarly, the study also asked for their suggestion for the overall improvement in job satisfaction. Among the various suggestions, the major suggestions were the increase in salary and benefits, creating good and fair opportunities for the training and education and good performance appraisal system.

CONCLUSION AND RECOMMENDATIONS

The study intends to sensitize the policy makers on the subject of satisfaction of the workforce and its implications in the governmental hospital of Nepal. It is essential to regularly improve the policies related to healthcare providers and their working conditions in certain interval of time. Among various factors, the study proposes that hospital employees perceive supervision, recognition, pay & benefits, promotion, work environment and autonomy as significant factors affecting their job satisfaction. Any interventions directed at improving the various facets of the job satisfaction will surely have a positive impact on job satisfaction. A conducive working ecosystem in addition to a satisfied and ambitious workforce can and have a positive impact on the evolving health system of a country.

It is time that job satisfaction surveys should be conducted frequently in a regular basis in the provincial and federal sector public hospitals of the country. The data collected from such surveys will provide a very fruitful insight into the expectations of the workers as well as provide the employee's views regarding the various shortcomings of different dimensions at their workplaces. These results can then be looked and thus incorporated into newer human resources policies for health that can surely provide better compensation packages, provide clear job description to the employees and these in turn will help improve satisfaction of health care workers in future. It is advised that an all-inclusive approach be undertaken in order to strengthen the policies addressing employee satisfaction which can bring a noticeable improvement in the quality and performance of organization.

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