Job Satisfaction and its determinants of Public Health Midwives: Sri Lankan experience

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Abstract: Job satisfaction is the level of favorableness with which employees view their work. Satisfied work force with their job will influence the countries' productivity and ultimately overall development. Hence the job satisfaction of Public Health Midwives (PHMs) would be an important factor to consider with regard to the quality of service provided by them to the health sector of the country. Therefore the purpose of the current study was to describe the job satisfaction and factors associated with job satisfaction among Public Health Midwives in Kandy District of Sri Lanka.

This is a descriptive cross sectional study and the present study was conducted among all PHMs (n=480) who have worked for more than one year in the field of Kandy district. PHMs, who were under the administration of estate and the municipality and those who had less than one year of service in the field work were not included for the study. A self-administered questionnaire was used in the study to gather information. A questionnaire constructed based on two factor theory was selected as the study instrument. The final questionnaire consisted of 13 items which represent motivator or satisfactory variables and the hygienic or dissatisfactory variables.

The percentage of midwives who were satisfied with their job from the study population was 138(28.7%). Almost half of the population 264(55.1%) was neither satisfied nor dissatisfied and 78 (16.2%) of midwives were dissatisfied. No one scored as strongly dissatisfied. Median for total satisfactory variables was 7 (mean-6.214) and dissatisfactory variables was 4 (mean- 4.05). Final job satisfaction rated a median of twelve (mean-10.245).

Since satisfactory variables rated more than dissatisfactory variables, it could be concluded that total satisfaction was more influenced by satisfiers (motivators) than dissatisfactory (hygienic factors) variables. Considering the results the author recommends improvement of motivational factors to increase the level of the job satisfaction of the workforce.

Key words - Determinants, Health, Public Health Midwives, Sri Lanka

I. INTRODUCTION

Health care system in Sri Lanka consists of well-developed sectors which include primary health care, curative health care, and rehabilitative health care [1]. The delivery of health services is based on an integrated approach through a network of institutional and primary health care units. The midwifery system came into action in Sri Lanka in 1926 at Kalutara district in the Western province. It brought the era to go beyond the four walls of the hospital and commence a service to the mother, infant and children in the community. After 1926, training of public health midwives was started and

gradually the number of midwives expanded. At present there are 5676 public health midwives in Sri Lanka (up to 2016).

These Public Health Midwives are attached to Medical Officer of Health(MOH) areas and the numbers are decided according to the population of the MOH area. Each public health midwife has a defined area of responsibility, with a population ranging from 2000 to 4000.

Public Health Midwives, who are in direct contact with the client, family and community, have a considerable opportunity to influence the health of the community. When more and more midwives joined the health service in Sri Lanka, their contribution to the achievement of the targets of family health became unprecedented. Midwife has been accepted by the community, as an important category of health personal with the necessary knowledge and skills to benefit the community's health.

With this system in place, health indices of Sri Lanka became comparable to that of developed countries. Maternal mortality ratio has shown a sharp decline over the recent years and is 25.7 per 100, 000 live births in 2015. More than 96% of deliveries are institutional and infant mortality rate is 8.5 per 1000 live births [2]. Further, Sri Lanka has the highest rates of immunization coverage in the South East Asia region. The corner stone for such a picture is the efficient contribution of midwives in this perspective. As the country has achieved these satisfactory indices in maternal and child health care services, ongoing evaluation system is necessary to sustain such a high standard.

Direct correlation has been identified between health care staff satisfaction and patient satisfaction by recent studies [3]. One of a major cause of staff turnover is low job satisfaction among health care teams [4]. Poor quality of service, lack of organizational commitment, staff shortages and psychosocial stress can be associated with low job satisfaction [5]. In the health care sector, only few organizations have made job satisfaction a top priority. Further job satisfaction of work force will influence the country productivity and ultimately, overall development. Hence the job satisfaction of Public Health Midwives (PHM) would be an important factor to consider with regard to the quality of services provided by them.

In the Sri Lankan health care sector, only a few studies have been done on PHMs' job satisfaction. It is essential to identify PHMs' level of job satisfaction and its correlates, so as to

address those aspects with clarity and to improve their quality of services. Therefore the objective of the current study was to describe the job satisfaction and factors associated with job satisfaction among Public Health Midwives in Kandy District of Sri Lanka.

II. METHODOLOGY

A community based descriptive cross sectional study was conducted in Kandy district, the largest health administrative district in the Central province of Sri Lanka. Kandy district having a population of about 1.52 million people of different socio demographic variations has been subdivided into 23 MOH areas. The present study was conducted among all PHMs (n=480) who have worked for more than a year in any of the 23 MOH areas in Kandy district. PHMs, who were under the administration of estate and the municipality and those who had less than one year of service in the field work, were not included for the study.

A self-administered questionnaire was used to assess the level of job satisfaction. Among various job satisfaction theories in the world, the present study utilized the Frederick Herzberg's two factor theory after extensive literature surveys [6]. Reported studies and other published literatures were perused for this purpose. When selecting this theory cultural acceptability, practicability, suitability to public health care structure in Sri Lanka was taken into consideration. In this two factor theory, Frederick Herzberg states [7] that "job factors could be classified according to whether the factors contribute primarily to satisfaction or to dissatisfaction. First two-factor theory describes that satisfaction and dissatisfaction do not exist on a continuum running from satisfaction through neutral to dissatisfaction. Two dependent continua exist, one running from satisfied to neutral, and another running from dissatisfied to neutral. Second the theory stresses that different job facets influence feeling of satisfaction and dissatisfaction".

A questionnaire which was constructed based on two factor theory was selected as the study instrument [8]. The final questionnaire consisted of 13 items which represent motivator or satisfactory variables and the rest of questionnaire represented hygienic or dissatisfactory variables. Five responses (strongly agree to strongly disagree) were given with each item to be selected by the respondent. Scoring was done as follows. They are "strongly agree" (+2), "agree" (+1), "neither agree nor disagree" (0), "disagree" (-1) and "strongly disagree" (-2). A total score was computed for each respondent by algebraically summing the responses to all the satisfying items and by subtracting from this quantity the algebraic sum of responses to all the dissatisfying items. The maximum and minimum scores that could be obtained by a respondent were therefore +60 and -60 respectively. Final level of job satisfaction was categorized according to the following cut-off levels. They were final score of 60-39 as strongly satisfied (SS), 38-18 as satisfied (S), 17-(-17) as

neither satisfied nor dissatisfied (NSND), -18-(-38) as dissatisfied (D) and (-39) to (-60) as strongly dissatisfied.

Job satisfaction scale was developed to ascertain the level of job satisfaction of PHMs in Sri Lankan context since such a scale was not available. Content and consensual validity was obtained by the panel of experts in adopting the questionnaire into Sri Lankan context and also deciding the cut off values. The draft questionnaire was pre-tested among PHMs in a MOH area in Matale, an administrative district nearby Kandy and the necessary changes were made accordingly. Data was collected by the trained research assistants on the monthly conference days as it is mandatory to all the PHMs to attend this meeting. Those who were absent, the questionnaire was administered on salary days.

All PHMs were educated on purpose of the study before administering the questionnaire. Confidentiality and anonymity of the information was stressed, assured and informed written consent was obtained. Optimal level of personal privacy was provided at the time of answering. Each completed questionnaire was manually checked for completeness before entering the data into the computer. Data analysis was performed using the Statistical Package for Social Science (SPSS) statistical software by the principal investigator. Descriptive statistical methods and Chi square test were used in analysis of data. Administrative clearance was obtained from Regional Director of Health Services (RDHS), Kandy. Ethical clearance was obtained from a local ethics review committee in the region.

III. RESULTS

A total of 480 Public Health Midwives participated in the present study. The nonresponse rate was zero.

Table. I: Frequency Distribution of Public Health Midwives By Demographic And Social Factors

Characteristics	Frequency	Percentage
Age category (Years)		
20-30	32	6.6
31-40	138	28.8
41-50	211	44
>50	99	20.6
Marital status		
Unmarried	75	15.6
Married	405	84.4
No of children		
One	148	30.8
Two	215	44.8
Three	53	11
Four	9	1.8
Married but no children	56	11.6
Husband's Employment status		

Unemployed	164	34.1
Employment	316	65.9
Place of residence		
Own home	297	61.8
PHM quarters	123	25.7
Rent home	37	7.8
Relative home	15	3.1
Friend home	8	1.6
Total	480	100

Majority (44%) of Public Health Midwives are belonging to age group 41-50 years. Minimum age is 24 years and maximum age is 59 years. Mean age is 43.2 years.

Table. II: Frequency Distribution Of Public Health Midwives By Factors Related To Their Occupation

Characteristics	Frequency	Percentage
Total experience as PHM		
0-5	17	3.5
6-10	125	26.1
11-15	103	21.4
16-20	162	33.8
21-25	67	14.0
>26	6	1.2
Experience as PHM in present station		

0-5	117	24.5
6-10	178	37.0
11-15	97	20.2
16-20	71	14.8
21-25	15	3.1
>26	2	0.4
Distance from place residence to working field (km)		
<5	357	74.3
6-10	80	16.7
11-15	20	4.3
16-20	8	1.6
21-25	9	1.9
>26	6	1.2
Availability of PHNS/SPHM		
Only PHNS	164	34.2
Only SPHM	118	24.5
Both PHNS and SPHM	142	29.6
None of them	56	11.7
Population in PHM area		
1000-2000	37	7.8
2001-3000	151	31.5
3001-4000	224	46.7
>4001	67	14
Total	480	100

Table. III: Frequency Distribution of Public Health Midwives According To Descriptive Statistics of Final Level of Satisfaction

No	Categories	Job satisfaction											
		SS		S		NSND		D		SD		Total	
		No	%	No	%	No	%	No	%	No	%	No	%
1	Final level of job satisfaction	9	1.9	129	26.8	264	55.1	78	16.2	0	0	480	100
2	Total job satisfaction according to motivator issues	15	3.2	213	44.3	231	48.2	21	4.3	0	0	480	100
3	Total job satisfaction according to hygienic issues	9	1.8	116	24.1	323	67.3	33	6.8	0	0	480	100

[SS-Strongly Satisfied, S-Satisfied, NSND – Neither Satisfied Nor Dissatisfied, D- Dissatisfied, SD- Strongly Dissatisfied]

The fraction of satisfied midwives with their job from the study population was 138(28.7%). All most half of the population 264(55.1%) was neither satisfied nor dissatisfied and 78 (16.2%) of midwives were dissatisfied. The final job satisfaction of midwives showed normal distribution. (SD=10.4, mean =13.6, n=480).

Median for total satisfactory variables was 7 (mean-6.214) and dissatisfactory variables was 4 (mean- 4.05). Final job satisfaction rated a median of twelve (mean-10.245

Among the study population 231 (48.2%) has received the score of neither satisfied nor dissatisfied for the questions based on the motivator (satisfiers) factors. However 228 (47.5%) had received the score of satisfied or strongly satisfies for the same. Further it was observed that 323 (67.3%) of the PHM has express that they are neither satisfied nor dissatisfied with questions reflects the hygienic factors. while 116 (24.1%) satisfied and 33(6.8%) dissatisfied.

Table. IV: Frequency Distribution of Public Health Midwives Job Satisfaction According To Certain Motivator and Hygienic Factors

No	Characteristics	Job satisfaction											
		SS		S		NSND		D		SD		Total	
		No	%	No	%	No	%	No	%	No	%	No	%
1	Updating knowledge with current information	29	6.1	230	47.8	51	10.7	145	30.2	25	5.2	480	100
2	Rules and regulation on transfer in midwifery field	12	2.4	230	47.9	42	8.7	161	33.8	35	7.2	480	100
3	Solving duty related field problems by MOH	123	25.6	230	62.4	25	5.2	29	6.1	3	0.7	480	100
4	Adequacy of salary	20	4.1	216	45.1	31	6.4	162	33.8	51	10.6	480	100
5	Adequacy of extra payments	4	0.9	29	6.1	26	5.5	235	48.7	186	38.8	480	100
6	Adequacy of salary increments	10	2.1	146	30.4	30	6.2	212	44.1	82	17.2	480	100
7	Duty hours	52	10.8	327	68.2	18	3.6	75	15.7	8	1.7	480	100
8	Work load	12	2.5	155	32.2	50	10.4	204	42.7	59	12.2	480	100
9	Facilities provided by government	3	0.7	51	10.6	27	5.7	236	49.2	162	33.8	480	100
10	Use of individual's talents to improve quality of works	44	9.1	210	43.7	36	7.6	175	36.4	15	3.2	480	100
11	Receiving of effective feedback on works at MOH level	36	7.5	159	33.2	25	5.2	235	48.9	25	5.2	480	100
12	Availability of appraisal systems within the institution	16	3.2	150	31.3	60	12.5	229	47.8	25	5.7	480	100
13	Availability of system within the institution to give promotion on the basic of work performance with compare to private sector	17	3.5	121	25.3	67	14	242	50.5	33	6.7	480	100

[SS-Strongly Satisfied, S-Satisfied, NSND – Neither Satisfied Nor Dissatisfied, D- Dissatisfied, SD- Strongly Dissatisfied]

Table. V: Frequency Distribution of the Level of Job Satisfaction among the Public Health Midwives According To Selected Demographic and Occupational Factors

No	Factor	Job satisfaction											
		SS		S		NSND		D		SD		Total	
		No	%	No	%	No	%	No	%	No	%	No	%
1	Age Group												
	< 35	0	0	22	27.3	32	38.6	28	34.1	0	0	82	100
	36-45	2	0.9	39	18.3	162	75.6	11	5.2	0	0	215	100
	>46	6	3.1	52	28.5	92	50	34	18.4	0	0	183	100
2	Total experience as PHM												
	<8	0	0	20	21.5	45	47.1	30	31.4	0	0	95	100
	9-16	6	3	36	19	125	67	21	11	0	0	187	100
	>17	2	0.9	58	29.2	118	58.6	22	11.3	0	0	198	100
3	Availability of PHNS/ SPHM												
	Only PHNS	2	1.1	41	25	110	67	11	6.8	0	0	164	100
	Only SPHM	2	1.6	19	15.9	82	69.8	15	12.7	0	0	118	100
	Both PHNS and SPHM	4	2.6	37	26.3	79	55.3	22	15.8	0	0	142	100
	None of them	0	0	17	30	15	26.7	24	43.3	0	0	56	100
4	Total population in the field												
	1000-2000	0	0	9	25	22	60	6	15	0	0	37	100
	2001-3000	2	1.2	34	22.2	82	54.4	34	22.2	0	0	151	100
	3001-4000	6	2.5	60	26.7	133	59.2	26	11.6	0	0	224	100
	>4001	0	0	11	16.7	48	72.2	7	11.1	0	0	68	100

[SS-Strongly Satisfied, S-Satisfied, NSND – Neither Satisfied Nor Dissatisfied, D- Dissatisfied, SD- Strongly Dissatisfied]

majority(75.6%) of PHMs belonged to the age group of 36 to 45 were neither satisfied nor dissatisfied or satisfied than the age group of PHMs of age less than 36 years ($p<0.001$). Further those PHMs with total experience as PHM for 9 years or more were neither satisfied nor dissatisfied or satisfied than

IV. DISCUSSION

Being a developing country, Sri Lanka has its health indices comparable to that of developed countries. The corner stone for such a picture is the efficient contribution of midwives in this perspective. It is necessary to have an ongoing evaluation system in various aspects to maintain such standard. Hence the job satisfaction of public health midwives would be an important factor to consider with regard to the quality of service provided by them.

In final satisfaction of midwives, median for total satisfactory variables was 7 (mean-6.214) and dissatisfactory variables was 4 (mean- 4.05). Final job satisfaction rated a median of twelve (mean-10.245). Here satisfactory variables rated more than dissatisfactory variables, it could be concluded that total satisfaction was more influenced by satisfiers (motivators) than dissatisfactory (hygienic factors) variables. This observed difference demonstrates that the total satisfaction score is more influenced by the motivation factors (satisfactory variables) than the hygienic factors (dissatisfactory variables). This shows the importance of improving the factors related to motivation of the workforce in order to increase the level of the job satisfaction.

Job Satisfaction in Other Countries

The level of job satisfaction is high in many countries. Lesser fraction of workers; 4% in Switzerland, 16% in Russia and 10% in the United States of America were reported with low job satisfaction and in the same time Japanese workers got the third lowest among the other countries [9].

However these findings cannot be compared with the present study findings as the geographical differences in the working fields, job functions, work load, system of supervision & evaluation and also physical infrastructure facilities are quite different to the other countries. Further the above finding was taken not only from the public health workers, with different questionnaires, with different type of scaling systems and in very different socio demographic and in different geographical situation. Therefore we cannot completely compare our study finding with the finding done in other countries.

Job Satisfaction and Socio Demographic Indices

Two hundred fifteen (44.7%) of PHMs who are belonging to age category of 36 to 45 years are neither satisfied nor dissatisfied and 31.6% of PHMs who are older than 46 years and 27.3% of PHMs who are younger than 35 years are satisfied while 18.3% of PHMs in the age category of 36-45 are neither satisfied nor dissatisfied (Table V).

those who have experience of 8 years or less ($p<0.005$). Those PHMs who worked with the presence of PHNS and SPHM were reported to be neither satisfied nor dissatisfied or satisfied than those who are working in the absence of their immediate supervising officers ($p<0.05$).

Herzberg has described this association that "This is a U-shaped function. Initially satisfaction is high, then decreases, and eventually, after hitting a low point, increases again with age". The correlation between age and job satisfaction has been identified in literature as high satisfaction can be achieved when worker get mature (10). In another study, done by Bowen et al [11] found that job satisfaction of university faculty members has been increased with the age and maturity. Further Bowen et al. (1994), Mwange and McCaslin (1994), and Bertz and Judge [11] revealed that direct correlation exist between job satisfaction and years of experience.

When newly trained PHMs appointed to the field they are expecting a transfer or more facility due to poor experience in midwifery and as a result of this PHMs with less experience may not satisfy with a job. When they get experience they may feel that the job is monotonous, no promotion and they may be neither satisfied nor dissatisfied as a PHM. There are different levels of job satisfaction with different total experience as a PHM and this difference is statistically significant ($p<0.05$).

Motivator and Hygenic Factors

Irrespective of availability of PHNS/SPHM or not, the majority are neither satisfied nor dissatisfied as a PHM. But when compare to dissatisfaction, more PHM are satisfied when PHNS or SPHM are available and observed difference is statistically significant ($p<0.001$) This is an important finding to highlight that the importance of the immediate supervisors in order to increase the job satisfaction of the PHMM while in turn this could enhance the quality of the service provision. Quality supervision is a prerequisite for effective worker practice. Ideally the MOH office should have both PHNS and SPHM as immediate supervisors of the PHMM.

When supervision is perceived as inadequate or not supportive, workers may be more likely to be dissatisfied [12]. In situations where workers did not feel supported by their supervisors, other potentially negative working conditions became more significant [13]. On the other hand, supervisory support was found to be a critical factor in mediating the stress and frustrations of their job. In the present study there is no PHNS or SPHM supervision for 11.7 % of the PHMs. Therefore availability of PHNS or SPHM as immediate supervisor is a very important factor when considering midwifery field. Some researchers have argued that stress does not always have a negative impact on employee job satisfaction [14]. If the employee receives adequate social support, especially support from family

members (e.g., spouse), the depressive impacts of job stressors can be buffered [15].

Most of PHMs were supplied with PHM quarters, majority are living in their own homes. The reason for this may be the poor quality and poor facilities at those quarters. Also, as majority is living in their field area, they only use their quarters for official work. Ideally PHMs should reside in their field area. Therefore, when appointing a PHM it is better to select them to the area where they are living. This will enhance their work performance, because they would know the area quite well.

Majority of PHMs (46.7%) have to serve a total population of 3001 to 4000 and 31.5% of PHMs serve a total population of 2001 to 3000. When the total population is high their work load increases in every aspect.

Variables which come under the motivation factors (satisfiers) showed that 241 (50.3%) are satisfied with rules and regulation on transfer in the district while 197(41%) are not satisfied. Further 236 (49.2%) are satisfied with current salary while 213 (44.4%) are not satisfied. Four hundred and twenty (87.5%) are express that their extra payment is not enough and 294 (61.3%) also say their salary increment is not adequate. Several studies done in India have identified that low salaries as a major contributor to dissatisfaction and a frequent precursor to turnover [16]. In other studies, however, salary ranks behind other work factors in decisions to stay or leave [22]. In some states, the average salary range in public child welfare is superior to comparable positions in the private sector.

At the same time 379 (79%) satisfied with current working hour [17]. Two hundred and fifty four (52.8%) say that their individual talents are used to improve the quality of services and 260 (54.1%) are not satisfied with MOH level feedback systems on work. Two hundred and fifty four (53%) say that they are not satisfied with existing appraisal system and Majority 275 (57.2%) rated as there is no proper promotion scheme within the midwifery field in comparison to private sector. Opportunity for promotion has been recognized as a major determinant of job satisfaction [18].

Increased responsibility, recognition for accomplishment, challenging work, and achievement has been identified as major factors which contribute to job satisfaction, worker motivation and staff retention [19]. All kind of workers including supervisors highly satisfied if they have autonomy to work [20].

V.CONCLUSION

However, the present study found that younger PHMs were less satisfied with their overall job than older PHMs. Further it concluded that the period of service years and grade in which PHMs belongs to, have a positive impact on the level of overall job satisfaction. Therefore, PHMs who are in early career need supporting programs to improve their job satisfaction as well as to enhance quality of care. The majority of PHMs, who got the appointments for their preference,

expressed high level of job satisfaction than others. Therefore, a high degree of transparency and reliability of transfer schemes should be maintained. The majority of PHMs were unhappy with their salary and other payments. Increment of salary and other allowances will not be permitted within the existing salary structure. Therefore, behavioral change and communication programs should be implemented to change their attitudes. Further, system of performance base incentives or salary increment process should be introduced. Majority of PHMs were not satisfied with existing performance appraisal system. A psychometrically sound system of performance appraisal should be deployed to motivate and encourage them. Majority of PHMs were unsatisfied with their facility available within the working environment. Provision of needy facilities (such as office rooms) should be considered. It has to be recommended to appoint both PHNS and SPHM as an immediate supervisor for PHMs. Availability of immediate supervisor has significant influence on job satisfaction [21].

Finally observed differences demonstrate that the total satisfaction score is more influenced by the motivation factors (satisfactory variables) than the hygienic factors (dissatisfactory variables). This shows the importance of improving the factors related to motivation of the workforce in order to increase the level of job satisfaction.

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