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Job Satisfaction of Health Assistants in Selected Upazila Health Complexes of Bangladesh

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Abstract

Health assistants play an important role in providing primary health care among the rural population in Bangladesh. Their improper working performance can hamper the entire nations' health care. Proper productivity is related to the job satisfaction and job satisfaction is the result of attitude and behavior. The purpose of this study was to assess the job satisfaction level among health assistants working in selected Upazila Health Complex (UHC). 203 health assistants were interviewed through purposive sampling technique from four UHCs in the Dhaka district. Out of 203 respondents, 114 were female and 89 were male where Mean± SD was 38.80 ±7.62. The highest 109 (53.7%) participants had 1-10 years of working experience and 104 (51.2%) respondents had monthly income between 18000 -23000 BDTK. The percentage of neutral, satisfied and unsatisfied participants' was 65%, 28% and 7%, respectively. There was significant ($P < 0.05$) relationship between job satisfaction and getting medical allowance, training opportunity and salary. Job nature such as security, meaningless, pride and enjoying, support colleagues such as supervisor and coworkers, acceptance by both the community and oneself were identified as the satisfied items where low and fair opportunities for promotion, low increment, and low pay, no praise, high work pressure, and null administrative capacity were found as dissatisfied factors of job. On the basis of these findings, policy makers and concerned authorities could take necessary steps for increasing the level of job satisfaction of health assistants.

Keywords: Job Satisfaction, Primary Health Care, Health Assistant

1. Introduction

Job satisfaction is a thematic phenomenon that results in consistency in attitude and behavior (Salma & Hasan, 2020). Wide range of intrinsic and extrinsic factors are responsible for job satisfaction such as nature of the

work, working environment, organizational policies, professional developmental opportunities, colleagues, creativity, autonomy, promotion and incentives (Sveinsdottir, Biering & Ramel, 2006) . The absence of any of these factors can alter the quality of working environment and affecting job satisfaction in an organizational environment (Khamlub et al., 2013). In the health care sector, job satisfaction among healthcare professionals plays a crucial role in maintaining a nation's entire health care system (Haroon Or Rashid et al. 2019; Geleto, Baraki, Atomsa & Dessie, 2015).

Bangladesh is a signatory country to the concept of primary health care (PHC) since 1978, where achieving the goal of health for all (HFA) was laid as the strategy (World Health Organization, 2017). The task of providing primary health care is the responsibility of health assistants. In Bangladesh, health assistants deliver basic health care at the doorstep in the rural areas and urban slums as the domiciliary health workers under Upazila Health System (UHS). Community clinic at the ward is the grass root level of UHS (World Health Organization, 2017) where each ward is covered by one HA. Approximately 20,815 health assistants are working under UHS as of now (Health Bulletin, 2012).

Shortage of health work force is a global problem, especially in a middle-income country like Bangladesh, where 63% of the people living in rural areas (The World Bank, 2019) have inadequate access to domiciliary health workers (World Health Organization, 2014). Research suggests that having fewer health professionals may create a higher workload on existing employees, which in turn influences the contentment of occupation (Salma & Hasan, 2020). Along with the work-force, other detrimental factors, such as, long working hours, unsafe workplaces, inadequate career structures, poor remuneration/unfair pay, poor access to needed supplies and limited or no access to professional development opportunities play significant role in the overall job satisfaction (Geleto, Baraki, Atomsa & Dessie, 2015; Elarabi & Johari, 2014). Literature (Haroon Or Rashid et al. 2019; Kumar et al., 2013) found a strong positive relationship between job satisfaction and performance. In other words, an organization's productivity is dependent on the satisfaction of its employees. In medical settings, health professionals' productivity is reflected through good quality medical care and patients' gratification (Geleto, Baraki, Atomsa & Dessie, 2015; Kumar et al. 2013).

On the other hand, low job satisfaction is linked with the low performance of medical staff (Kumar et al., 2013) which may results absenteeism, turnover or psychological pressure (Salma & Hasan, 2020; Kumar et al., 2013). Migration of health worker from the rural to city areas or to the foreign country could be occurred due to job dissatisfaction of employees which may lead to shortage of skilled manpower (Geleto, Baraki, Atomsa & Dessie, 2015). Further, dissatisfied workers are known to engage in unethical or illegal activities while continuing to work for an organization, such as stealing, voluntarily providing poor service, abusing equipment, or spreading slander (Geleto, Baraki, Atomsa & Dessie, 2015).

In Bangladesh, many studies about job satisfaction among doctors and hospital staff have been carried out so far, but research on the job satisfaction of health assistants, the first responders in healthcare needs at the community level, has been scarce. Therefore, this study had attempted to assess the level of job satisfaction among health assistants at the selected Upazila of Bangladesh in order to recommend some interventions and programs to the concerned authority for upholding health assistants' professional life.

2. Method

This cross-sectional study was conducted among 203 health assistants who were working under four Upazila Health Complexes of Bangladesh namely Keraniganj, Nawabganj, Dohar and Sonargaon. Non-probability purposive sampling was used for selecting both the study place and participants. To find the appropriate number of participants, a standard equation was applied (Hoque, 2019) and the results showed that 364 participants might be suitable for conducting the study. However, due to time constraints and unavailability of participants, 203 health assistants were selected as respondents of this study. Regardless of age, gender and working experience, all the able-bodied health assistants willing to take part were included in the study. This study lasted for about one year from 1 January 2019 to 31 December 2019.

In order to collect data, a face-to-face interview was conducted upon the selected participants during their Upazila Health Complexes' monthly meeting through using a structured questionnaire blended with Job Satisfaction Survey (JSS) scale. This scale had 27 items with 5-point rating response namely "Totally Disagree," "Fairly Disagree," "Neutral," "Fairly Agree" and "Totally Agree." Agreement with positively-worded items and disagreement with negatively-worded items were represented as satisfaction, whereas disagreement with positive-worded items and agreement with negative-worded items were represented as dissatisfaction. The total score was ranging from 27 to 135 while 27 to 85 was considered as dissatisfaction, 100 to 135 was regarded as satisfaction, and between 86 to 99 was identified as neutral.

Necessary permission was taken from the participants before proceeding to data collection. After completion of data collection, the data were checked and verified for any omission, error or irrelevance before tabulation. Data were coded, entered and analyzed using SPSS (statistical package for social science) software. The findings of the study were presented by frequency and percentage in tables and pie charts. Mean and standard deviations for continuous variables and frequency distributions for categorical variables were used to describe the characteristics of the total sample. Prior to begin the study, permission was sought from the ethical review committee of National Institute of Preventive and Social Medicine (NIPSOM).

3. Results

Table 1: Descriptive Statistics of the study participants (N = 203)

Variable	Category	Frequency	Percentage
Age (In years)	23-30	44	21.7
	31-38	65	32.0
	39-46	59	29.0
	47-54	35	17.3
	Mean±SD = 38.80 ±7.62		
Gender	Female	114	56
	Male	89	44
Marital Status	Married	156	76.9
	Divorced	21	10.3
	Widow	11	5.4
	Unmarried	9	4.4
	Widower	6	3
Educational Status	SSC	1	2
	HSC	42	85
	Graduate	114	56
	Others	1	2
Working Experience	1-10 year	109	53.7
	11-20 year	59	29.1
	21-30 year	33	16.3
	<30 year	2	1.0
Type of Family	Joint	122	59.8
	Nuclear	81	39.7
	Others	1	.5
Monthly family income (In BDT)	13,000-18,000	5	2.5
	18,001-23,000	104	51.2
	23,001-28,000	38	18.8
	> 28,000	21	10.3
Religion	Islam	167	82.3
	Hindu	35	17.2
	Christian	1	0.5
Number of family members	2-3	19	9.4
	4-5	125	61.6
	6-7	34	16.7
	8-10	25	12.3

Mean age of the study population was 38.80 years, where 32% of the respondents were from the age group of 31-38 years and 17.3% were from the age group of 47-54 years (Table 1). Study population was predominantly female (56%). In regards to the marital status, 76.9% respondents were married. Graduation was marked as their highest educational qualification by 56% of the study population. In terms of working experience, 53.7% of respondents had working experience up to 10 years. Joint family was identified as the type of family by 59.8% of participants and 51.2% had a monthly family income of BDT 18,001-23,000 with 61.6% having 4 to 5 family members. Islam was found to be the dominant religious belief by 82.3% of the participants.

Table 2: Distribution of respondents according to work place environment related characteristics

Attributes	Category	Frequency	Percentage
Salary (In BDT)	10,000-20,000	33	16.26
	20,001-30,000	119	58.62
	30,001-40,000	51	25.12
Facing problems to bear family and child education expenses	Always	80	39.4
	Never	7	3.4
	Often	60	29.6
	Sometimes	56	27.6
Encourage process	Nothing	91	44.8
	Only encouragement	111	54.7
	Special vacation	1	0.5
Evaluation process	In monthly meeting	110	54.2
	Nothing	62	30.5
	Through thanks giving by ACR	23	11.4
		8	3.9
Working hours	6	124	61
	7	6	3
	8	73	36
Resolving conflict	Very good	31	15.3
	Good	143	70.4
	Neutral	29	14.3
Maintaining rules and regulations	Very strictly	42	20.7
	Strictly	143	70.4
	Neutral	18	8.9
Feeling accomplishment	Very good	3	1.5
	Good	68	33.5
	Neutral	132	65.0
Working place condition	Good	49	23.6
	Neutral	138	67.4
	Bad	16	8

Respondents' distribution according to their work place environment related characteristics can be noticed from Table 2. Among 203 respondents, 58.62% had monthly salaries between BDT 20,001 and BDT 30,000. In the case of facing problems to bear family and child education expenses, 39.4% respondents always faced problems, 54.7% were "only encouraged" to do better at work place, 54.2% said that there were monthly meeting for evaluation. In the case of working hours, 61% had 6 hours per day working hour, 70.4% had "Good" experience regarding resolving conflict, 70.4% had strict maintenance of rules and regulation in their organization, 33.5% had a good feeling of accomplishment in their work place followed by 23.6% having good working place.

Table 3: Opinion about job and career prospect related characteristics

Variable	Always	Often	Sometime	Rarely	Never
Get proper working plan from supervisor	125 61.6%	57 28.1%	17 8.4%	4 2%	0 0.0
Faces any problem during communication with community	0 0.0%	15 7.4%	103 50.7%	37 18.2%	48 23.6%
Work influenced by political issues	0 0.0%	0 0.0%	52 25.6%	4 2%	147 72.4%
Work influenced by religious issues	0	0	19	2	182

	0.0%	0.0%	9.4%	1%	89.7%
Participation in any decision making	1 0.5%	31 15.3%	96 47.3%	71 33.0%	4 2%
Preserving morale during work	100 49.3%	56 27.6%	42 20.7%	5 2.2%	0 0.0%
Training opportunity	4 2%	41 20.2%	99 48.8%	58 28.6	1 0.5%

Data are presented as n (%)

Among the respondents, 61.6% always received a proper working plan from their supervisor, 50.7% sometimes faced any problem during communication with community, 72.4% never had their work influenced by political issues, 89.7% never had their work influenced by religious issues, 47.3% sometimes participated in the decision making process, 49.3% always preserved moral during work and 48.8% sometimes had training opportunity (Table 3).

Table 4: Distribution of the respondent according to JSS scale with Mean and SD

Variable	Mean	Std. Deviation
Satisfied Items		
1. Job is enjoyable	4.41	0.649
2. Feels a sense of pride in doing this job.	4.41	0.540
3. Likes the supervisor	4.18	0.564
4. Job's security is very good	4.56	0.777
5. The respect that the community shows to the health assistants is satisfactory	4.13	0.956
6. Supervisor quite competent in doing his/her job	4.02	0.626
7. Sometime feels the job is meaningless	4.82	0.668
8. Likes the co-workers	4.12	0.710
Neutral Items		
9. Likes the things that are done at work.	3.94	0.742
10. Communication seems good within this organization	3.48	0.930
11. Supervisor shows interest in the feeling of subordinates.	3.99	0.692
12. Have enough time to do family work	3.30	0.930
13. The work is appreciated by the supervisor	3.85	0.825
14. There is no bickering and fighting at work	3.36	1.101
15. Duty can be done properly with the given training	3.48	1.026
16. Many rules and regulations make doing a good job to be difficult	3.56	0.832
17. Have to work hard due to incompetence of the co-workers	3.99	1.080
18. Supervisor is unfair	3.46	1.279
19. Not satisfied with all benefits that are provided by organization	3.09	1.189
20. The work is not risky	3.58	1.384
Dissatisfied Items		
21. Little chances for promotion	2.11	0.885
22. Efforts on work are not rewarded the way they should be	2.31	0.973
23. Does not have to do paper work.	2.90	1.262
24. Have to work too much.	2.02	0.786
25. Satisfied with the amount of salary increases yearly	2.11	1.070
26. Payment for work is fair	2.79	1.313
27. Those who do well on the job stand a fair chance of being promoted	2.02	0.786

Table 4 pictures the distribution of the respondents according to the JSS scale with Mean and SD. If a mean score of 3 is taken as the neutral point, the satisfying items were scored 4, that means the satisfying items were, job is enjoyable (M=4.41, SD=0.649), feels a sense of pride in doing this job (M=4.41, SD=0.540), likes the supervisor (M=4.18, SD = 0.564), security of the job is very good (M=4.56, SD=0.777), the respect that community shows to the health assistants is satisfactory (M=4.13, SD = 0.956), supervisor is quite competent in doing his/her job (M=4.02, M=0.626), sometime feels the job is meaningless (M=4.82, SD=0.668), likes the coworkers (M=4.12, SD=0.710). In contrast, the mean score below 3 denotes dissatisfied item, that means; little chance for promotion (M=2.11, SD=0.885), efforts on work are not rewarded the they should be (M=2.31,

SD=0.973), does not have to do paper work (M=2.90, SD=1.262), have to work too much (M=2.02, SD = 0.786), satisfied with the amount of salary increased (M=2.11, SD=1.070) were dissatisfied item. In this study 12 (9-20) items were neutral that means those questions mean score is 3. Of the 203 respondents, 65% were neutral, while 28% and 7% were satisfied and dissatisfied, respectively, with their job (Figure 1).

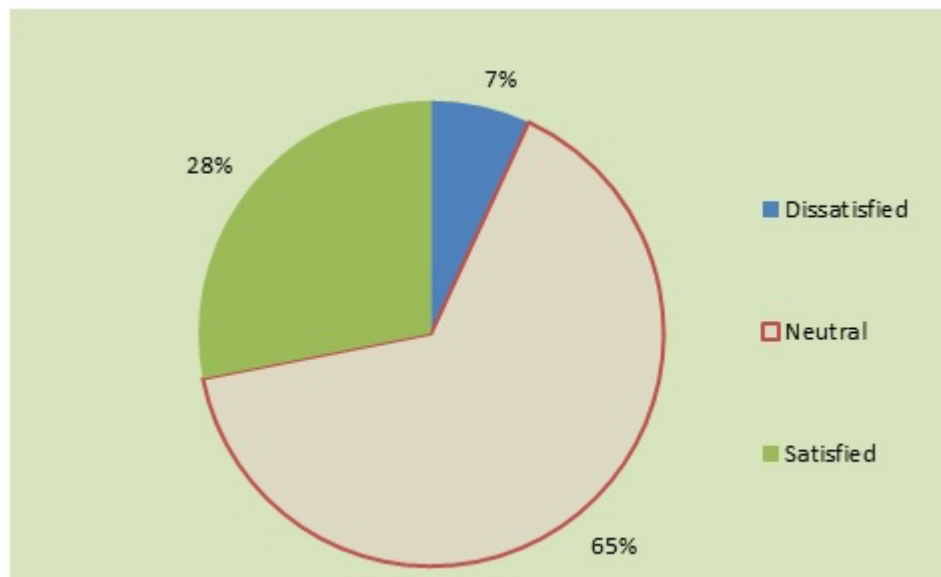


Figure 1: Distribution of study population according to the level of job satisfaction.

Table 5: Statistical relationship between job satisfaction level and family member, monthly salary, getting medical allowance, training opportunity and logistic support

Attributes	Category	Job Satisfaction level			P Value
		Dissatisfied	Neutral	Satisfied	
Get enough medical allowance	Yes	8	35	15	0.049 ^a
	No	6	97	42	
Training opportunity	Often	8	28	9	0.006 ^a
	Sometime	2	65	33	
	Rarely	4	39	15	
Get proper logistic support	Yes	14	112	51	0.540 ^a
	No	10	20	6	
Family member	1-5	7	100	37	0.65 ^a
	6-10	7	32	20	
Monthly salary (Mean)	23354.35	14	-	-	0.014 ^a
	24221.03	-	132	-	
	23738.61	-	-	57	

a – Chi squared test was done

P value less than 0.05 was considered statistically significant

Job satisfaction level shows statistically significant ($p < 0.05$) relation with getting enough medical allowance, training opportunity, and monthly salary (Table 5).

4. Discussion

This cross-sectional study was conducted among purposively selected 203 health assistant in four selected Upazila Health Complexes in Dhaka district, namely Keraniganj, Nawabganj, Dohar and Sonargaon. The purpose of this study was to assess the level of work satisfaction of health assistants; therefore, this study focused on various aspects of work that may affect job satisfaction and dissatisfaction.

The current study participants had a monthly salary of between BDTK 10-40,000 and with the exception of 3.4%, almost all of them had more or less difficulty maintaining family and child expenses. Having too many

family members may be the reason for this result as statistics show that about 90% of the participants had more than 4 family members. On the other hand, most of the participants in the present study chose the neutral option as their opinion about the workplace situation and feeling successful. These inquiries are somewhat dubious because almost all of them get encouragement only after working 6-8 hours in addition to strictly maintaining the rules of the organization. Also, maximum participants took part in occasional decision-making and training opportunities. Although their entire work environment was free from political and religious influences, and all of them were getting proper direction about work from their supervisors. As the results are contradicted, therefore, a depth study is recommended to carry out to get a biased free result which could help the concerned authorities to pay more attention to health assistants' salary, fringe benefit, career prospect, and working condition-related factors.

In this study, it is found that almost 65%, 28% and 7 % of the participants were neutral, satisfied and dissatisfied with their job, respectively. These findings are in contrast to a previous study because that study presents a higher dissatisfaction percentage than a satisfaction percentage (Yami et al., 2011). The satisfied items of this study was "job is enjoyable, feel a sense of pride in doing this job, like the supervisor, job's security, the respect that community show to the health assistants, competency of supervisor, something feel that job is meaningless and supportive workers." Various researches have shown that with good and effective supervisor, the level of employee satisfaction was high (Raziq & Maulabakhsh, 2015). Moreover, having friendly and supportive coworkers may lead to increased job satisfaction (Robbins, 1993). Further, a top leadership author identified ten satisfactory items of work that are supported by the current research findings in this regard (Morgan, 2014). On the other hand, low and fair opportunities for promotion, low increment, low pay, no compliments, high workload and null administrative power were identified as unsatisfactory items in this study. Previous authors stated that remuneration, pay and promotion equity influences job satisfaction of an employee to a large extent (Li et al., 2014). Similarly, other studies reported that job dissatisfaction among health workers is primarily due to low wages. In addition, a research suggests that high workload create anxiety which leads to job dissatisfaction (Salma & Hasan, 2020). Praise for good performance from the company or supervisor is inversely related with job dissatisfaction (Robbins, 2003). Therefore, the policymakers and officials related to every aspect of health assistants' job should be aware of dissatisfaction factors and require to act to limit or lessen the factors arising or inducing job dissatisfaction among health assistants.

It is noticed in the running study that there is strong relationship between job satisfaction levels and getting medical allowance, training opportunity and monthly salary which is similar to a study findings conducted in China (Lu et al., 2016). In addition to these, Lu et al (2016) found a significant relationship between job satisfaction and logistic support and family member (Lu et al., 2016) which contradicts the current study findings. Therefore, a further depth study about the association between job satisfaction level and socio-demographic status and working environment are recommended to carry out.

5. Conclusion

Health assistants provide primary health care to the rural community people in Bangladesh. Their role in achieving the Health for All (HFA) agenda is significant because they act as the first person to provide health care to the rural population of Bangladesh. The entire health care could be questionable if they are not productive. Productivity is a subjective thing that depends on job satisfaction. This study found that the nature of the work, the acceptance of the job by the community and oneself, and the supportive supervisors and colleagues satisfied the health assistant. In contrast, salary and fringe benefits, work environment and career prospects were some of the factors that contributed to dissatisfaction with the work of health assistants, such as low and fair opportunities for promotion, low increment, and low pay, no praise, high work pressure, and null administrative capacity. This is expected that these findings would assist policymakers and concerned authorities revise the health policy and help to take appropriate steps to improve the job satisfaction of health assistants.

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