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Research Paper

Job Satisfaction Among Healthcare Workers Working During COVID-19 Pandemic at a Private Teaching Hospital in Nepal

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ABSTRACT

Background: COVID-19 pandemic has created many serious challenges to the frontline workers in their day-to-day job activities. Job satisfaction among healthcare workers is most predominant component to smooth functioning of institutional activities and to improve the quality of patient care.

Objectives: To find out job satisfaction among frontline health care workers during COVID-19 pandemic.

Materials & Methods: A cross-sectional study was conducted among 228 healthcare workers (doctors and nurses) working in Chitwan Medical College Teaching Hospital during COVID-19 pandemic. Sample was selected using simple random sampling technique and data were collected through self-administered structured questionnaire with job satisfaction scale. Obtained data were analyzed in SPSS software, version 20 for window using descriptive and inferential statistics.

Results: Out of 228 healthcare workers, only 18% of healthcare workers were satisfied with their job during COVID-19 pandemic. Healthcare workers median percentage satisfaction score was higher on the domains of coworkers (70.8%), nature of work (70.8%) and supervision (70.8%) whereas lower on fringe benefits (54.2%), and contingent rewards (54.2%) other domains. There was statistically significant association between job satisfaction level with age (P=0.037), marital status (P≤0.001) and experience (P=0.016) of the doctors and nurses.

Conclusion: Job satisfaction is very low among healthcare workers in a teaching hospital. Hence, appropriate strategies are needed to be implemented considering the identified domains of satisfaction to enhance the healthcare workers' job satisfaction and quality patients' care.

Keywords: Job satisfaction, COVID-19, Healthcare workers

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1. Introduction

COVID-19 pandemic has created many serious challenges to the frontline workers in their day-to-day activities of their job. It has built immense pressure on the frontline staff with increased workload, working long shifts, availability of inadequate resources, inadequate knowledge and support to deal with COVID-19 infected patients, fear of acquiring infection and transmitting to the family members. This disastrous effect has made frontline staff concerned about their job and profession [1]. Besides, healthcare professionals involved in caring and management of COVID-19 infected patients also faced physical and psychological challenges such as intense workload, physical exhaustion, sleep disorders, depression, fear and anxiety [2]. It also has led to separation from family members for more than period of one month [3].

Many studies have shown that job satisfaction of healthcare workers can be influenced by various common factors such as age group, marital status, working experience, position, educational background, and work related factors such as; clinical rotations especially during night shifts, doctor patient relationship, inter and intra professional relationship, nature of work, job security and career development. Managerial factors influencing job satisfaction from were conflict resolution at work, supervision, leadership style, communication, organization structure, availability of resources and developmental activities within the organization [4-9].

Due to COVID -19 pandemic healthcare workers are under tremendous pressure and facing many serious challenges while dealing with COVID-19 patients. Most of the staff are experiencing stress due to burden of workload, exposure to virus, inadequate personal equipment and various issues unable to perform their duties efficiently. Eventually, few of the healthcare workers have intention to leave jobs and stop coming to work [10]. According to the study conducted among frontline nurses in 5 different hospitals of Philippines, evidenced that fear of COVID 19 shown decreased job satisfaction and increased turnover intention among studied population [11].

In Egypt, the nurses especially working as front-liners are exposed to various stressors from physical, psychosocial and social working condition. The overtime, frequent night shift, working under time and resources constraints environment are the most significant stressor faced by nurses working in COVID-19 hospitals [12].

Based on the findings of various studies, job satisfaction of healthcare workers is one of the components for smooth functioning of healthcare activities [1-13]. Therefore, this study aimed to assess the job satisfaction of healthcare workers working in frontline while providing care and treatment during COVID-19 pandemic. Findings will help us to identify the factors associated with satisfaction towards providing their professional roles in times of crisis. It also helps the organization to forecast the solutions in motivating employees in upcoming crisis.

2. Materials and Methods

A quantitative cross-sectional study was carried out among health care workers working in Chitwan Medical College Teaching Hospital, Bharatpur, Nepal. Those fulltime health care workers i.e. doctors and nurses who had at least one year of clinical experience and working in COVID wards and COVID ICU of selected hospital were included in the study. This study excluded those health care workers who were on long vacation and not willing to participate in the study

Sample size was calculated using the Cochrane formula taking 57.85% proportion of job satisfaction among nurses in Nepal (P=0.58) [13]., considering 95% confidence level (z=1.96), and 5% margin of errors (d), After adjusting for finit population correction for N=561, a total of 228 sample size was calculated.

Out of total 561 health workers, 228 were selected for the study using simple random sampling method with table of random numbers. Structured questionnaire was used to collect socio-demographic and professional information of the respondents. Job Satisfaction Survey (JSS) developed by Paul E Spector [14] was used to measure job satisfaction. JSS is a valid and reliable tool with an average 0.70 for internal consistency. It comprised of 36 items in nine facets of job satisfaction namely pays, promotion, supervision, fringe benefits; contingent rewards operating conditions, co-workers, nature of work, and communication. Each facet is assessed with 4 items and each item was rated with 6 choices from strongly disagree to strongly agree. Total score ranged from 36-216 and classification is done based on original reference developed by Paul E Spector [14]. Prior to data collection, pre-testing was done in 25 health workers of non-covid wards of Chitwan Medical College-Teaching Hospital (CMC-TH) and they were excluded from the final study.

Researchers themselves collected the data from December 1st 2021 to January 31st 2022 through self-administered method using structured questionnaire. Researchers gathered the healthcare workers during the exit period of their duty room, explained the purpose of the study and took informed consent. Each participant was given 25-30 minutes to fill up the form.

Collected data were analyzed in SPSS software, version 20.0 for windows. Descriptive statistics was used to describe socio-demographic, professional and job satisfaction related variable. Negatively worded items scores were reversed during analysis. Total score of satisfaction was computed from all items after reversing the negatively worded items scores. It was further classified into three categories according to their scores as: dissatisfaction (36-108), ambivalent (108-144), and satisfaction (144-216). Shapiro Wilk test was applied for the normality of the data where P was less than 0.05. It indicated that are not normally distributed. Non-parametric (Chi-square) test was used to observe the association between selected variables and job satisfaction status.

3. Results

Sociodemographic and professional characteristics

In the study it was found that 82.9% of study participants belonged to 19-30 years of age group with mean age of 27±5.6 years. The minimum age was 19 and maximum was 50 years. Majority of the respondents were female (77.6%), unmarried (65.8%), belonged to nuclear family (77.6%) and living with their family during COVID-19 pandemic (70.2%). More than two third of respondents were nurses (69.7%) and 86.0% had 1-5 years of work experience (Table 1).

Table 1. Respondents' socio-demographic and professional characteristics (n=228)

Variables		No. (%)/Mean±SD
Age (y)	Min=19, Max=50	27.0±5.6
	19-30	189(82.9)
	31-50	39(17.1)
Duration of experience (y)	Min=1, Max=20	3.36±3.393
Sex	Male	51(22.4)
	Female	177(77.6)
Religion	Hindu	204(89.5)
	Non-Hindu	24(10.5)
Marital status	Married	78(34.2)
	Unmarried	150(65.8)
Type of family	Nuclear	177(77.6)
	Joint	51(22.4)
Living with family	Yes	160(70.2)
	No	68(29.8)
Profession	Doctor	69(30.3)
	Nurse	159(69.7)
Work experience in year	1-5	196(86.0)
	6-10	21(9.2)
	>10	11(4.8)

Table 2. Job satisfaction scores on different domains among the respondents

No.	Satisfaction Domains	Items	Obtained Score		Median	IQR
			Min	Max		
1	Pay	4	4	24	12	9-14
2	Promotion	4	4	24	14	11-16
3	Supervision	4	4	24	17	15-20
4	Fringe Benefits	4	4	24	13	10-14
5	Contingent rewards	4	4	23	13	11-15
6	Operating Conditions	4	5	23	12	10-14
7	Coworkers	4	9	24	17	15-20
8	Nature of work	4	7	24	17	15-20
9	Communication	4	5	24	14	12-17

Possible score of each item: 1-6; IQR: interquartile range

Job satisfaction

Majority (71.1%) of the respondents were ambivalent, 18% of respondents were satisfied, only 11.0 % were dissatisfied with their job during COVID-19 pandemic (Table 2).

Domains of job satisfaction

The highest satisfaction was found in supervision, coworkers and nature of work domains with the median percentage scores of 70.8% in each domain. However, lowest satisfaction was found in the operating conditions (fringe benefits-54.2%, and contingent rewards-54.2%) with the median percentage of 70.8% (Table 3).

Factors associated with job satisfaction

Table 4 shows the association of sociodemographic variables in relation to the level of satisfaction. Due to a smaller number of dissatisfaction respondents the ambivalent group is merged with dissatisfaction group. The result showed that there was statistically significant association between job satisfaction status with age (P=0.037), marital status (P≤0.001) and work experience (P=0.016) of the health care workers. Sex, religion, type of family, living with family and profession were not associated with the satisfaction status of the respondents (Table 4).

4. Discussion

In this study, only 18% of the health care workers were satisfied with their job during COVID-19 pandemic whereas majorities were ambivalent (71.1%) and 11.0 % were dissatisfied. Satisfaction was higher among married, higher age group and higher work experience compared to unmarried, younger age and lesser work experience. Among the nine domains of job satisfaction scale, highest satisfaction is evidenced in supervision, coworkers and nature of work whereas lower level of satisfaction is evidenced in operating condition.

Table 3. Job satisfaction status among the respondents (n=228)

Variables	No. (%)
Satisfaction (144-216)	41(18.0)
Ambivalent (108-144)	162(71.1)
Dissatisfaction (36-108)	25(11.0)

Table 4. Association between level of job satisfaction and selected variables of respondents (n=228)

Variables		No. (%)		χ^2	P
		Dissatisfaction	Satisfaction		
Age (years)	19-30	160(84.7)	29(15.3)	5.216	0.037*
	31-50	27(69.2)	12(30.8)		
Sex	Male	42(82.4)	9(17.6)	0.005	0.944
	Female	145(81.9)	32(18.1)		
Religion	Hindu	164(80.4)	40(19.6)	3.471	0.088
	Non hindu	23(95.8)	1(4.2)		
Marital status	Married	53(67.9)	25(32.1)	15.911	0.001*
	Unmarried	134(89.3)	16(10.7)		
Type of family	Nuclear	146(82.5)	31(17.5)	0.118	0.836
	Joint	41(80.4)	10(19.6)		
Living with family	Yes	127(79.4)	33(20.6)	2.540	0.133
	No	60(88.2)	8(11.8)		
Profession	Doctor	59(85.5)	10(14.5)	0.817	0.454
	Nurse	128(80.5)	31(19.5)		
Experience in year	1-5	166(84.7)	30(15.3)	8.177	0.017*
	6-10	15(71.4)	6(28.6)		
	>10	6(54.5)	5(45.5)		

*P<0.05

This study reflects the job satisfaction among frontline staff working during COVID-19 pandemic at a private teaching hospital. It helps the healthcare organizations to assess the job satisfaction of frontline workers and take measure to motivate and increased satisfaction of doctors and nurses caring COVID-19 patients. It also helps the healthcare mangers to frame action plans to manage future crisis situation similar as COVID-19 pandemic with increasing the satisfaction level and improving the facilities and benefits of frontline staff. The limitation of this study is that the data is collected from only one setting so findings cannot be generalized to other settings. Further, this is a cross-sectional study which could not measure the temporal relationship.

In this study the overall job satisfaction among nurses and doctors was 18% and most of the participants (71.1%) shown ambivalent nature towards their profession. The finding is similar to the study conducted in Pakistan where only 18% of participants shown satisfaction with their working profession [7]. The result was lower than similar studies conducted in other countries such as Iran 71.8% [6], West Ethiopia 41.46% [15], North Western Nigeria 90.4% [16]. This difference might me due to the insufficient or inappropriate management of resources on time, economic condition, workload among healthcare workers and provision of facilities and incentives to the HCWs by the institution and the government bodies. Furthermore, the lower satisfaction is obtained in this study is due to the COVID-19 situation where most of HCWs face physical mental and social challenge during their duty in COVID-19 wards and critical units.

In this study, health workers satisfaction was higher in the supervision, co-workers and nature of work whereas lower satisfaction was in operating condition, fringe benefits, contingent rewards, pay, promotion and communication. Correspondingly, all these results of the domains

are similar with the findings of the studies conducted in Pakistan [7] and India [8]. Possibilities of the similar findings might be due to using the same data collection questionnaire, similar healthcare system, inappropriate pay scale, injustice to the professional growth, etc.

In this study, some sociodemographic and profession related variables such as age, marital status, and work experience were associated with job satisfaction. Similarly, other studies showed the significant associations between job satisfaction with marital status [9, 17], salary leadership style and supervisor [9], age [18, 19], educational level, citizenship [18] and years of service [19].

In COVID-19 context, evidence has shown that the frontline nurses experienced increased level of fear which was significantly associated with decreased job satisfaction, increased psychological distress, increased organization and professional turnover intentions [11]. Similarly, study conducted in Egypt shows that job satisfaction is highly statistically significant with specific COVID-19 associated stress such as biosecurity measures, exposure to infectious risk, personal demand, fear and stigma [12]. Due to fear, anxiety and depression most of the HCWs was not comfortable to work in COVID-19 wards and critical care units which ultimately hampered the job satisfaction.

On the contrary, similar study conducted in other part of Nigeria [16] and public health centers in West Ethiopia [15] showed that there was no association between job satisfaction and socio-demographic variables. This difference may be due to difference in working environment of the study population.

In COVID-19 context, evidence has shown that the frontline nurses experienced increased level of fear which was significantly associated with decreased job satisfaction, increased psychological distress, increased organization and professional turnover intentions [11]. Similarly, study conducted in Egypt shows that job satisfaction is highly statistically significant with specific COVID-19 associated stress such as biosecurity measures, exposure to infectious risk, personal demand, fear and stigma [12]. Due to fear, anxiety and depression most of the HCWs was not comfortable to work in COVID-19 wards and critical care units which ultimately hampered the job satisfaction.

5. Conclusion

Job satisfaction is very low among healthcare workers. Job satisfaction is higher on the domains of coworkers, nature of work and supervision whereas lower on fringe benefits, and contingent rewards. Intervention on operating condition, fringe benefits, contingent rewards, pay, promotion and communication will provide a valuation insight on the level of satisfaction with the facilities, incentives and organization culture among the working healthcare workers. The healthcare organizations, local and federal government should consider these factors in improving the satisfaction of healthcare workers. Ultimately the low satisfaction rate of healthcare workers will lead to delivery of poor quality of healthcare services. Thus, job satisfaction survey should be conducted more often to know the demand and needs of healthcare workers and to improve the quality of services. The policy of job satisfaction should be incorporated in the policies and protocols of human resources and should be adapted in all healthcare organization at regular interval.

Ethical Considerations

Compliance with ethical guidelines

The research proposal was approved by Institutional Research Committee of Chitwan Medical College, Bharatpur-10, Chitwan, Nepal. (Ref: CMC-IRC/078/079-046).

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Authors' contributions

Conceptualization, methodology, literature review, data collection, supervision, research administration, original manuscript preparation, and manuscript finalization: Ram Prasad Sharma G; Study design, manuscript review, manuscript editing, and manuscript finalization: Kalpana Sharma; Data analysis, software validation, interpretation and manuscript finalization: Sunita Uprety.

Conflict of interest

The authors declared no conflict of interest.

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