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Original Article

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Determinants of Job Satisfaction amongst Medical Officers of Primary Health Centre in Anand District, Gujarat, India

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ABSTRACT

Introduction: Dissatisfaction with job is invariably linked with decreased work performance. Discontent provider is more likely to face difficulty in caring for his patients and provide quality medical care. Thus, provider dissatisfaction results in patient dissatisfaction which deleteriously affects health outcomes.

Aim: The study was undertaken with the objective of finding determinants of job satisfaction amongst Primary Health Centre (PHC) doctors in Anand, Gujarat, India.

Materials and Methods: The present cross-sectional analytical study was conducted amongst 50 PHC Medical Officers (MO), MBBS and Ayurveda, Yoga and Naturopathy, Unani, Siddha, Homeopathy (AYUSH) of Anand, Gujarat, India. Self-administered questionnaire method was used to obtain the responses from the participants. Job satisfaction was seen in four different heads/dimensions like "Workload", "Relationships with Staff", "Personal Difficulties" and "Availability of Infrastructure". Some questions were in Likert scale and some questions were of dichotomous type. All the individual heads were summated to get a final score. Total scores ranged from 6-36. Categorical analysis of all the individual variables was also done. Face validity and consensual validity, and content validity of the questionnaire was checked. The data entry was done in excel and analysed using SPSS version 15.0. Qualitative as well as quantitative analysis was done. Mann-Whitney U test, and chi-square test were applied and values were calculated. Fisher's exact test was also applied.

Results: Out of total 50 MO, 33 (66.0%) were MBBS doctors and the rest were BAMS and BHMS doctors. Overall job satisfaction score was found to be significantly different amongst two groups (p=0.037). The two groups (MBBS and AYUSH) were statistically different in the workload scores (p=0.008).

Conclusion: Overall job satisfaction scores were poor amongst PHC doctors. It was observed that doctors were unsatisfied on account of facilities in terms of good infrastructure, support services, good human relations, and personal conflicts. If we want sustainable development at primary healthcare level, job satisfaction is must, as doctors are providers of health services and they must be satisfied so that they can provide best of the services to a large number of rural beneficiaries.

Keywords: AYUSH, Primary healthcare, Workload

INTRODUCTION

Since, the inception of Alma Ata declaration, the concept of primary healthcare has gathered real momentum as a tool to attain 'Health for All' by the year 2000 (WHO 1978) [1]. Each PHC is staffed with two doctors (one allopathic and one AYUSH). Despite their critical importance, there has been an ever present dearth of qualified doctors willing to provide their services as primary care doctors to the underserved rural community [2]. Rao K et al., in their study mentioned about geographic maldistribution of the health workforce in India as a cause of concern [3]. They mentioned that there are several factors which drive health outcomes, but having few health workers influences the ability of the health systems profoundly to deliver preventive and curative services. They stressed on the fact that the large disparity in workforce density between urban and rural areas is alarming. Mainstreaming of AYUSH providers has been identified as a strategy under National Rural Health Mission (NRHM) to fill in the gaps created by unavailability of allopathic doctors [4].

However, there has been considerable discontent among primary care physicians and AYUSH providers regarding their job. In Chhattisgarh, moderate level of satisfaction was observed among PHC MO and AYUSH providers [4]. Job satisfaction has been defined as a pleasurable emotional state resulting from the appraisal of one's job, an affective reaction to one's job and an attitude towards one's job [5]. Dissatisfaction with job is invariably linked with decreased output/work performance and enhanced absenteeism [6]. As there are many individual differences, job satisfaction has become a diverse issue. To have a better understanding, all the facets of job satisfaction have to be understood and considered for sustaining people [7]. So, the current study was undertaken with the objective of finding job satisfaction and its different epidemiological correlates amongst PHC doctors in Anand, Gujarat, India.

MATERIALS AND METHODS

The present cross-sectional analytical study was conducted amongst 50 PHC MO (MBBS and AYUSH). All those present on the scheduled meeting date for MO of the district were included as study participants in the study. No further attempt was made for completion of the absent MO during that day; however, majority of PHC MO attended the official meeting and filled the questionnaire. All the MO present in the meeting and who had filled in the questionnaire were the participants. Therefore, 50 MO were considered for the study.

On the scheduled meeting date for MO, as suggested by Chief District Health Officer (CDHO), the investigators reached the meeting place, gave introduction and a brief background for research and distributed the questionnaire to the MO. They were asked to fill the questionnaire without their name; however, they were told to mention their qualification as it was required. Verbal informed consent was taken and everyone present consented and was ready to fill the questionnaire. The MO were asked about any confusion related to the process. There was no hesitation seen among the participants as seen by their gestures and no questions were put forth. Self-administered questionnaire method was used to get the responses from the participants. The CDHO's permission

was taken for the study and anonymity was maintained. Questions were also read out aloud and in case of any confusion, the same was solved. The questionnaire was administered to the participants and the comfortability of the participants was ensured, so that the responses were accurate and as per the individual's feeling for the job. The MO were given full time to answer the questionnaire. Total number of PHCs in Anand is 45. Job satisfaction was seen in four different heads like "Workload" (WL), "Relationships with Staff" (RS), "Personal Difficulties" (PD) and "Availability of Infrastructure" (AI). In WL, three questions were included for MBBS doctors and two questions were there for AYUSH doctors. These were: i) Administrative workload; ii) Clinical workload; iii) MLC workload. Total scoring in WL head was from 3-12. In scoring for Clinical work, highly overloaded and very less were given same score as 1. Overloaded and less was scored same as 2 and the maximum score was given to average as 3. So, the scoring was 1-2-3-2-1 for highly overloaded, overloaded, average, less and very less respectively. In Administrative workload, highly overloaded was given a score of 1, overloaded as 2, less and very less were same as 3 and average was given a score of 4. In MLC workload, the likert scale ranged from 1-5 from highly overloaded to very less in increasing fashion. In MLC workload, BHMS and BAMS MO have been given 5 for nil work. In "Relationships with staff", five questions were included. These were: i) Relationship with subordinates; ii) Relationship with higher officials; iii) Conflicts with field staff; iv) Political pressure/Unnecessary interference; v) No powers in execution of work, felt helpless. Total scoring in "Relationships with staff" head was from 3-16. In scoring for "Relationship with subordinates/higher officials" scoring was from 1-5 for the options very poor to very good in increasing order. In question "No powers in execution of work, felt helpless", the scoring was from 1-4 for all the times to never in increasing order. The other two questions were dichotomous. In "Personal difficulties" five questions were included, these were: i) Commuting/ Residing in quarters; ii) Working in a difficult terrain; iii) Problems of providing education to children because of poor resources like school; iv) Working at PHC is by force or by choice; v) Being called as a doctor of PHC in the medical fraternity brings disgrace. All the questions were dichotomous. Total scoring in "Personal difficulties" head was from 0-5. In "Availability of infrastructure" three questions were included. These were: i) Lack of infrastructure to work in; ii) Improper facilities at PHC; iii) Inappropriate support services like laboratory facilities. All the questions were dichotomous. Total scoring in "Availability of infrastructure" head was from 0-3. Total there were 16 questions for the overall scoring. Six questions were in Likert scale {2 questions (clinical workload and administrative workload) were having scores based on weightage, so the uniform pattern of either increasing and decreasing scores was not seen for these two questions which have been elaborated above} and 10 were of dichotomous type. In dichotomous type, all "No" were scored as 1 except one question on choice for PHC MO, where if a doctor is working by choice then 1 was given. All "Yes" were scored as 0, except as mentioned.

All the individual heads were summated to get a final score. Total scoring was summation of all the individual heads. Job Satisfaction Score=Σ (WL score+RS score+PD score+AI score). Here WL score ranged from 3-12. RS score ranged from 3-16, PD score ranged from 0-5 and AI score 0-3. So, total scores ranged from 6-36. More the score, more was job satisfaction.

STATISTICAL ANALYSIS

For the subcomponent scores and composite scores, Mann Whitney U test was applied. Categorical analysis of all the individual variables under four different heads of job satisfaction was also done. Considering outcome as in numerical ordinal scale and exposure variable (MBBS/AYUSH) as dichotomous, Mann-Whitney U test was applied. For the factors where the outcome variable was measured in dichotomous scale and exposure variable (MBBS/AYUSH) was dichotomous, chi-square was applied. Fisher's-exact test was also applied. A p-value less than 0.05 was taken as significant. Face validity, consensual validity, content validity of the questionnaire was checked. The data entry was done in excel and analysed by using SPSS 15.0 version. The study was approved by IEC committee of the institute.

RESULTS

Total 50 MO participated in the study, 33 (66.0%) were MBBS doctors and 17 (34.0%) were AYUSH doctors, 14 (28.0%) were female and the rest were male [Table/Fig-1].

Variables	Qualification		Total (N=50) N (%)
	MBBS (N=33) N (%)	AYUSH (N=17) N (%)	
Sex			
Female	6 (42.85)	8 (57.14)	14 (100.0)
Male	27 (75.0)	9 (25.0)	36 (100.0)
Marital Status			
Married	32 (65.30)	17 (34.69)	49 (100.0)
Unmarried	1 (100.0)	0 (0.0)	1 (100.0)
Service Period (Years)			
<5	1 (100.0)	0 (0.0)	1 (100.0)
5-10	23 (57.5)	17 (42.50)	40 (100.0)
>10	9 (100.0)	0 (0.0)	9 (100.0)
Total	33 (66.0)	17 (34.0)	50 (100.0)

[Table/Fig-1]: General attributes of medical officers.

A. Components of Workload

A total of 47 (94.0%) MO told that they were overloaded with administrative work, 33 (66.0%) mentioned that they had average clinical work [Table/Fig-2].

B. Relationship at Work Place

A total of 41 (82.0%) MO reported that they have good relationship with subordinates and 40 (80.0%) told that they have good relationship with seniors. About 18 (36.0%) MO reflected that many a times they feel that they do not have powers for execution of work, whereas 16 (32.0%) felt it sometimes.

A total of 36 (72.0%) MO felt that there was external pressure, whereas 29 (58.0%) said that they have had conflict with the field staff [Table/Fig-2].

C. Personal Difficulties

A total of 29 (58.0%) MO told that they commute to their work place, 26 (52.0%) worked in difficult terrain, 21 (45.65%) faced difficulty in providing education to children [Table/Fig-2].

D. Infrastructure

A total of 31 (62.0%) MO told that they do not have good infrastructure to work in, 32 (64.0%) mentioned that they don't have good facilities to work.

Differences were significant for overall scores (z=-2.081 and p=0.037) and workload scores (z=-2.663 and p=0.008), else no significant differences were found for other sub component scores [Table/Fig-3].

There were none in highly satisfied, whereas 29 (58.0%) MO were satisfied, 13 (26.0%) were not satisfied with their job [Table/Fig-4].

A total of 12 (24.0%) MO joined the workforce as per their choice. If given an alternative job, 37 (74.0%) MO would like to join the alternative [Table/Fig-5].

Qualitative Analysis of the Responses of Medical Officers

MO statements about their liking for this job, these were the comments: Adequate salary, good clinical work, job security, service to poor people, improve living standards of community,

A. Components of workload					
Workload					
	Administrative workload				
Qualification	Less N (%)	Average N (%)	Overloaded N (%)	Total N (%)	Statistical significance (Mann-Whitney U test)
BAMS/BHMS	0 (0.0)	0 (0.0)	17 (100.0)	17 (100.0)	U=226.500 Z=-1.295 p=0.19 NS
MBBS	0 (0.0)	3 (9.09)	30 (90.90)	33 (100.0)	
Total	0 (0.0)	3 (6.0)	47 (94.0)	50 (100.0)	
	Clinical workload				
	Less	Average	Overloaded	Total	
BAMS/BHMS	3 (17.64)	10 (58.82)	4 (23.52)	17 (100.0)	U=243.500 Z=-0.891 p=0.373 NS
MBBS	1 (3.03)	23 (69.69)	9 (27.27)	33 (100.0)	
Total	4 (8.0)	33 (66.0)	13 (26.0)	50 (100.0)	
	Medico-legal workload				
	Less	Average	Overloaded	Total	
MBBS	6 (18.18)	22 (66.66)	5 (15.15)	33 (100.0)	
Significant p-value≤0.05					

B. Relationship at work place					
Relationship					
Relationship with subordinates					
Qualification	Poor N (%)	Fair N (%)	Good N (%)	Total N (%)	Statistical significance (Mann-Whitney U test)
BAMS/BHMS	0 (0.0)	0 (0.0)	17 (100.0)	17 (100.0)	U=204.00 Z=-2.478 p=0.013 S
MBBS	2 (6.06)	7 (21.21)	24 (72.72)	33 (100.0)	
Total	2 (4.0)	7 (14.0)	41 (82.0)	50 (100.0)	
Relationship with seniors					
Qualification	Poor	Fair	Good	Total	
BAMS/BHMS	1 (5.89)	0 (0.0)	16 (94.11)	17 (100.0)	U=224.00 Z=-1.938 p=0.054 NS
MBBS	2 (6.06)	7 (21.21)	24 (72.72)	33 (100.0)	
Total	3 (6.0)	7 (14.0)	40 (80.0)	50 (100.0)	

No powers in execution of work						
Qualification	All the times N (%)	Many a times N (%)	Some times N (%)	Never N (%)	Total N (%)	Statistical significance (Mann-Whitney U test)
BAMS/BHMS	4 (20.0)	4 (20.0)	6(30.0)	6 (30.0)	17 (100.0)	U=268.00 Z=-0.268 p=0.789 NS
MBBS	3 (10.0)	14 (46.66)	10 (33.33)	3 (10.0)	33 (100.0)	
Total	7 (14.0)	18 (36.0)	16 (32.0)	9 (18.0)	50 (100.0)	

External pressures (political pressure/unnecessary interference)				
Qualification	Yes N (%)	No N (%)	Total N (%)	Statistical test (Chi-square test/Fisher's exact test)
BAMS/BHMS	12 (70.58)	5 (29.41)	17 (100.0)	Fisher's exact≥0.9999
MBBS	24 (72.72)	9 (27.27)	33 (100.0)	
Total	36 (72.0)	14 (28.0)	50 (100.0)	
Conflict with field staff				
BAMS/BHMS	8 (47.05)	9 (52.94)	17 (100.0)	χ^2=1.266 p=0.2615 NS
MBBS	21 (63.63)	12 (36.36)	33 (100.0)	
Total	29 (58.0)	21 (42.0)	50 (100.0)	

C. Personal Difficulties				
Personal Difficulties				
Commuting				
Qualification	Yes N (%)	No N (%)	Total N (%)	Statistical significance (Chi-square test)
BAMS/BHMS	11 (64.70)	6 (35.29)	17 (100.0)	χ^2=0.4755 p=0.4905 NS
MBBS	18 (54.54)	15 (45.45)	33 (100.0)	
Total	29 (58.0)	21 (42.0)	50 (100.0)	
Working in a difficult terrain				
BAMS/BHMS	10 (58.82)	7 (41.17)	17 (100.0)	χ^2=0.4805 p=0.4882 NS
MBBS	16 (48.48)	17 (51.51)	33 (100.0)	
Total	26 (52.0)	24 (48.0)	50 (100.0)	
Difficulty in providing education to children				
BAMS/BHMS	5 (31.25)	11 (68.75)	16 (100.0)	χ^2=2.051 p=0.1522 NS
MBBS	16 (53.33)	14 (46.66)	30 (100.0)	
Total	21 (45.65)	25 (54.34)	46* (100.0)	
*Three may not be having children, so didn't comment on this and one was NA as that participant was unmarried. Hence, the total was 46.				

D. Infrastructure				
Lack of infrastructure to work				
Qualification	Yes N (%)	No N (%)	Total N (%)	Statistical test (Chi-square test/ Fisher's exact test)
BAMS/BHMS	11 (64.70)	6 (35.30)	17 (100.0)	χ^2=0.08005 p=0.7772 NS
MBBS	20 (60.60)	13 (39.40)	33 (100.0)	
Total	31 (62.0)	19 (38.0)	50 (100.0)	
Improper facilities at PHC*				
BAMS/BHMS	8 (47.05)	9 (52.95)	17 (100.0)	χ^2=3.209 p=0.073 NS
MBBS	24 (72.72)	9 (27.28)	33(100.0)	
Total	32 (64.0)	18 (36.0)	50 (100.0)	
In appropriate support services**				
BAMS/BHMS	16 (94.11)	1 (5.89)	17 (100.0)	Fisher's exact >0.6192 NS
MBBS	27 (81.81)	6 (18.19)	33 (100.0)	
Total	43 (86.0)	7 (14.0)	50 (100.0)	

[Table/Fig-2]: Detailed distribution of job satisfaction components amongst medical officers.
*Availability of drinking water (cold), air coolers/ACs, mobile network and eating facilities.
**Lab services and lab technician/availability of vehicle and driver/field man power (MPHW/FHW)
Significant p-value≤0.05

Job satisfaction attributes	Qualification	Number	Mean Ranks	z-value	p-value	Significance
Workload total	MBBS	33	21.68	-2.663	0.008	S
	BAMS/BHMS	17	32.91			
Relationship total	MBBS	33	23.59	-1.320	0.187	NS
	BAMS/BHMS	17	29.21			
Personal difficulties total	MBBS	33	25.15	-0.243	0.808	NS
	BAMS/BHMS	17	26.18			
Infrastructure total	MBBS	33	24.47	-0.749	0.454	NS
	BAMS/BHMS	17	27.50			
Grand total	MBBS	33	22.44	-2.081	0.037	S
	BAMS/BHMS	17	31.44			

[Table/Fig-3]: Composite scores and sub component scores of job satisfaction amongst medical officers at PHC.
S: Significant; NS: Non significant
Significant p-value <0.05

independent work, many programmes for Below Poverty Line (BPL) families and poor people, no alternative, preventive and promotive service to community, stability, lot of respect from people.

MO statements about their disliking for this job, these were the comments: Administrative work overload, to be at head quarter, poor facilities, lack of well qualified staff, contractual appointment, less salary, limited resources, lot of programmes in PHC, no motivation and appreciation, no promotion, status not maintained, educational problem of children, interference of people, lack of medicine, no bright future for self and family.

Qualification	Highly satisfied N (%)	Satisfied N (%)	Unsatisfied N (%)	Highly unsatisfied N (%)	Total N (%)	Statistical significance (Chi-square test)
BAMS/BHMS	0 (0.0)	8 (47.05)	3 (17.65)	6 (35.30)	17 (100.0)	χ^2=7.216 p=0.02711 df=2 S
MBBS	0 (0.0)	21 (63.63)	10 (30.30)	2 (6.06)	33 (100.0)	
Total	0 (0.0)	29 (58.0)	13 (26.0)	8 (16.0)	50 (100.0)	

[Table/Fig-4]: Overall job satisfaction amongst medical officers.
Significant p-value <0.05

Working is by choice				
Qualification	**Yes N (%)**	**No N (%)**	**Total N (%)**	**Statistical significance (Chi-square test/ Fisher's exact test)**
BAMS/BHMS	3 (17.64)	14 (82.35)	17 (100.0)	Fisher's exact=0.6995 NS
MBBS	9 (27.28)	24 (72.72)	33 (100.0)	
Total	12 (24.0)	38 (76.0)	50 (100.0)	
Being called as PHC MO brings disgrace				
BAMS/BHMS	9 (52.94)	8 (47.05)	17 (100.0)	χ^2=0.5193 p=0.4711 NS
MBBS	14 (42.42)	19 (57.58)	33 (100.0)	
Total	23 (46.0)	27 (54.0)	50 (100.0)	
If given an alternative of comparative job, would you join?				
BAMS/BHMS	16 (94.11)	1 (5.88)	17 (100.0)	Fisher's exact=0.037 S
MBBS	21 (42.0)	12 (36.36)	33 (100.0)	
Total	37 (74.0)	13 (26.0)	50 (100.0)	
Opinion on whether to join as PHC MO				
BAMS/BHMS	2 (12.5)	14 (87.5)	16 (100.0)	Fisher's exact=0.8004 NS
MBBS	6 (20.69)	23 (79.31)	29 (100.0)	
Total	8 (17.77)	37 (82.22)	45* (100.0)	

[Table/Fig-5]: Opinions of medical officers.
*5 did not opine
Significant p-value <0.05
S: Significant
NS: Non significant

DISCUSSION

Total 47 (94.0%) MO in the present study told that they were overloaded with administrative work, 33 (66.0%) told that they have average clinical work to do. Poor utilisation of skills was identified as a factor contributing towards job dissatisfaction [8]. In PHCs, as the clinical workload was less; MO lose interest in treating the patients. Relationship with subordinates and seniors was again seen as an important tenet in job satisfaction. In the current study, 41 (82.0%) MO reported that they have a good relationship with their subordinates while 40 (80.0%) said that they have a good relationship with their seniors. Freedom to work and have a complete control over the affairs in the PHC, had much to do with the job satisfaction. In the present study, 18 (36.0%) MO reflected that many a times they felt that they do not have powers in execution of work, whereas 16 (32.0%) MO felt the same sometimes. External pressure at work lessens the job satisfaction. One study carried out by Health, Nutrition and Population Unit (HNP) [9], Human Development Network mentioned in their report that the frustration among rural health workers often stems from the feeling of being exasperated by local political interference. In the present study, 36 (72.0%) MO felt that there was an external pressure, whereas 29 (58.0%) said that they had conflicts with the field staff. During conflicts, field staff were not supportive. According to HNP report [9], frustration among rural health workers also stems from the lack of supporting staff.

Not living at the work place and commuting from an outer town in difficult conditions can waste a lot of time. Travelling also creates stress, if it is done on a day to day basis to reach out for duty hours. We found that 29 (58.0%) MO commute daily to their work place, 26 (52.0%) worked in difficult terrain and 21 (45.65%) faced difficulty in providing education to children. PHCs are present in villages with poor infrastructure and lack of facilities, support services, quarters etc., and this is another important factor in deciding for job satisfaction. HNP report also mentioned that medical students often regarded the housing provided to rural health workers to have poor conditions [9]. They thought that basic facilities like 24-hour water and electricity, good sanitation, and clean surroundings were rarities in rural areas. A total of 31 (62.0%) MO told that they do not have a good infrastructure to work in, 32 (64.0%) reported that they do not have good facilities to work while 43 (86.0%) MO felt that there was a lack of appropriate support services. According to HNP report [9], frustration among rural health workers often stems from the lack of infrastructure. In a study by Kumar P et al., they have mentioned that healthcare providers in their study population were dissatisfied with the material and means of working in the dispensary, facilities of water supply, condition of the toilets and seating spaces [10]. Not being appreciated by the service providers was an important factor. They also mentioned that interpersonal relations have an important effect on the overall job satisfaction of providers. In their study, majority of providers were not satisfied working with co-workers.

In a study conducted in West Ethiopia by Deriba BK et al., did not find any significant association between job satisfaction and working environment or relationship with management [11]. These findings were similar to the findings of the current study.

In categorical analysis for the overall impression of job satisfaction, none of the MO were highly satisfied, whereas 29 (58.0%) MO were satisfied, 13 (26.0%) were not satisfied with their job and 8 (16.0%) were highly unsatisfied. Chopra G and Singh G studied the job satisfaction of 46 Employee State Insurance (ESI) doctors by an interview method. None of the subjects found their job greatly satisfying. They mentioned that only one doctor found his job very satisfying. The percentages of doctors who were moderately satisfied, just satisfied and not at all satisfied were 12 (30%), 16 (40%) and 11 (27.5%) respectively [8]. In a study conducted by Kumar P et al., overall satisfaction score was relatively low in their study population [12]. Study conducted in Gujarat by Central Bureau of Health Intelligence (CBHI), MoHFW also highlighted dissatisfaction in Gujarat by medical staff. It was mentioned in the study that most of the state health personnel were concerned with the parity in salary within their cadre and other comparable cadre in the state. This implies that delay in increments and disparity due to late regularisation etc., was a cause of concern and demotivation [13].

Normally, MBBS doctors opt for postgraduation, so this question was asked in the questionnaire, whether they had joined the service by choice or by force. A total of 12 (24.0%) MO reported that the job was their choice. When a PHC MO joins a post, there is always a pressure that they have not done post graduation and so this might bring disgrace and when we asked about this, 35 (70.0%) mentioned in negative. As per the HNP report [9], rural doctors have a low standing among medical students. Their perception is that rural postings were taken up by those who are left with no other option, i.e., to specialise further or work in an urban area. In the present study, 23 (46.0%) MO mentioned that being called as PHC MO brings disgrace to their name. According to the HNP [9] report, a primary care job commands respect. A total of 37 (82.22%) MO did not encourage new people to join as MO in a PHC, whereas 8 (17.77%) said that they should join a PHC. We also had qualitative data, where the respondents gave their opinion. The respondents replying in favour of working as PHC MO discussed that the perks of

a good salary (90%), job security (65%) and clinical work (80%) are required for job satisfaction. In a study conducted by Azam A, on 50 Fiji doctors, in the summary report of World Health Organisation Western Pacific region, mentioned that 55% doctors emphasised the low salary as the primary source of dissatisfaction, followed by poor work conditions (41%) and the lack of postgraduate training (27%) [14]. Chipeta JB stated in his article that factors like implementation of a clear performance management system, recognition awards and others are deemed motivational. [15].

All the AYUSH MO were contractually appointed, whereas some MBBS doctors were permanent in the current study. Job security was quoted as a factor for enhancing job satisfaction. Higher the degree of skill utilisation, higher would be the level of satisfaction, since self-actualisation need is satisfied [16]. The study by Bach S, highlights the optimistic views of policy makers; however, implementation of the same may not meet their expectations. Simple measures based on sound evidence base that critically appraises both recent successes and failures, strengthen human resource capacity in health sector [17].

Since, different factors related to the job play a vital role, it is very difficult to rule out a solo factor as the determinant of satisfaction or dissatisfaction with the job. The dynamics of the relations between these factors is considered more important than any one factor in isolation [18-20]. So, it can be concluded that job satisfaction is seen as a diversified phenomenon having multiple facets.

LIMITATION

The sample size could have been larger. Detailed qualitative study like Focussed Group Discussion (FGD) should have been conducted to get the details not revealed in quantitative study. Due to limitations of manpower and time, such ideas were not implemented by the authors; however, they can be planned in future for such similar studies.

CONCLUSION

Overall job satisfaction scores were poor amongst PHC doctors. Job satisfaction of PHC medical officers is important as they cater to the health needs of rural people which form a very big proportion. If they are satisfied in terms of good job prospects, it can be hoped that their services towards rural people will be better and with a good commitment.

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