



The level of job satisfaction among doctors of General Duty Medical Officer (GDMO) Cadre with post graduate qualification of central health services (CHS) in a central government teaching hospital in Delhi

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Introduction

In India major burden of delivering effective health services falls on the public sector. Currently in our country the public health system is resource limited and is under the pressure of high burden of disease. Healthcare system is a labour intensive sector¹. Therefore, the importance of doctors in public sector in delivering effective health services cannot be over-emphasized. Doctors in central health services (CHS) are organized into the following main cadres: Public Health, Specialists-teaching and non teaching and General Duty Medical Officers (GDMO). GDMO's are recruited via UPSC and the pre requisite qualification for them is graduation that is MBBS. However in the present scenario most of the doctors who are joining CHS as GDMO possess post graduate (PG) qualifications. This is advantageous for the government of India as GDMO's with PG qualifications can be utilized as specialists thus improving the quality of patient care. An organization's efficiency depends to a large extent on the morale of its employees². Behavioural and social science research suggests that job satisfaction and job performance are positively correlated². The phenomenon of job satisfaction has been inversely associated with absenteeism, stress, exhaustion, and increase turnover¹. Job satisfaction depends on certain individual factors as well as on the organisation⁴. People respond differently to

similar working conditions⁵. Job satisfaction is a self reported positive emotional state resulting from appraisal of one's job or job experiences⁶.

More work needs to be done to link the perceptions of individual physicians with the organizational context in which they work and with the wider political, economic and social context of medical service reforms². With this back ground, a study was undertaken to assess job satisfaction amongst GDMO's with PG qualification working in a teaching hospital in New Delhi, fully funded by the Government of India (Ministry of Health and Family Welfare). This hospital has grown over the years and is currently having about 1420 beds, spread over in 30 acres of land. It is having 71 beds in a Nursing Home including Maternity Nursing Home.

Methodology

- Study location: A Teaching hospital in New Delhi.
- Study population: Doctors of General Duty Medical Officer (GDMO) Cadre with post graduate qualification.
- Study design: Descriptive study.
- Study type: Observational prospective study.
- Study tools: Observation and questionnaire.
- Questionnaire: Semi Structured.
- Mode of data collection: Questionnaire, Observation and interview.

- Sample size: 30, simple random sampling.

Inclusion criteria

- Doctors of General Duty Medical Officer (GDMO) Cadre of CHS with post graduate qualification.
- Those in service for a period of 6 months or more.
- Those willing to participate.

Exclusion Criteria

- Doctors of General Duty Medical Officer (GDMO) Cadre of CHS without post graduate qualification.
- Those not willing to participate.

Study Variables

- Independent- socio-demographic.
- Dependent- job satisfaction and factors affecting it.

Data collection method

Data were collected by using self-administered semi-structured questionnaire which had different items such as: socio-demographic, qualification, income, working environment and questions based on Likert scale to assess job satisfaction. The questionnaires were distributed to obtain responses from study population.

Data analysis and interpretation

The collected information was entered into Microsoft Excel to check and manage the data. Then, study findings explained in words, tables and other statistical summary techniques.

Observations and Results

Total of 30 (100%) doctors in GDMO cadre with PG qualification willingly responded to the questionnaire.

General Information And Demographic Characteristics

1. Age Distribution

Age distribution of respondents was divided into 5 groups as shown in Figure1.

0/30 (none) belonged to age group <30 years, 17/30 (56.6%) belonged to age group 30-39 years, 6/30 (20%) belonged to the age group 40-49 years, 5/30 (16.6%)

belonged to the age group 50-59 years and 2/30 (6.6%) belonged to the age group >60 years.

Thus, in this study most respondents were of the age group 30-39 years.

2. Gender Distribution

Gender distribution is shown in Figure 2.

11/30 (36.7%) respondents were females and 19/30 (63.3%) were males.

3. Post Graduate Qualification- Degree Or Diploma

28/30 (93.3%) were degree holders and 2/30 (6.7%) were diploma holders. Thus, majority GDMO cadre doctors included in the study were post graduate degree holders.

4. Service Period

As shown in Figure3, 19/30 (63.3%) doctors were working for more than 5 years, 3/30 (10%) were working for 2-5 years, 4/30 (13.3%) were working for 1-2 years and 4/30 (13.3%) were working for 6 months-1 year.

Thus, majority of doctors included in the study were working for more than 5 years.

5. Primary Department Of The Hospital Where Posted At Present

27/30 (90%) doctors were posted in the departments of their specialization and 3/30 (10%) were posted in departments other than their specialization.

Job Satisfaction And Elements Affecting It

This is represented in Table 1 as types of responses and their frequency (%) by the respondents.

Following interpretation and observations were made out of above responses given by doctors included in the study: All doctors feel a sense of security in their job. Majority of GDMO's were performing both administrative and technical duties. 83.3% of doctors included in the study feel that the prestige of organization in which they are working is an important factor determining job satisfaction. Overall there was a low level of job satisfaction among GDMO's with PG qualification. 66.7%

of them felt that they were not being treated at par with faculty of specialist cadre and an equal percentage of them felt that there was a disparity in the nature of work, duties and opportunities pertaining to patient care and teaching activities being given to them compared to the faculty of specialist cadre irrespective of having same period of experience in their specialty. In fact most of them were of the view that they were not even considered a faculty and were treated at par with the resident doctors and given same profile of work as resident doctors and were also made to perform round the clock resident duties in the hospital for as long as 10-12 years. 66.7% of them felt that their working environment was de-motivating and 50% of them felt severe levels of stress at work. Only 50% of them felt that they were free to give comments or suggestions.

Discussion

The review of literature shows that there are many factors which contribute to the job satisfaction³⁻⁷. These factors resemble to Herzberg's motivators in two factor theory and Maslow's esteem and self-actualization needs in the hierarchy of needs. It is also evident that job satisfaction leads to job performance and organizational commitment and which in turn leads to low turnover of employees. Specifically, in hospitals where patient experience is related to employee's satisfaction, organizations should focus on hospital employees needs and should create an environment which will improve job satisfaction and commitment^{1,2,8,10-13,18}.

This study showed that there is a low level of job satisfaction among medical officers with PG qualification working in a central government teaching hospital. Though discouraging, the phenomenon is not restricted to medical officers of the Central Health Service (CHS). Other studies pertaining to this matter have brought out similar results. Chaudhury S et al carried out a study to

assess the job satisfaction of medical officers of the Armed Forces². They also concluded that overall there is a low level of job satisfaction amongst the medical officers. G Chopra et al studied the job satisfaction of 46 Employee State Insurance (ESI) doctors by interview method¹⁸. None of the subjects found the job greatly satisfying.

The nature of the work allotted was itself was identified as an important factor determining the level of job satisfaction. The research literature concerning employee attitudes and job satisfaction clearly shows a general relationship between occupational level and job satisfaction^{1,2,8-13,18}. All of the GDMO's in the study were performing both administrative and technical duties, however majority of them were of the view that the nature of work allotted to them specially in their department of specialization was not utilizing their skills and qualification fully. 66.7% of them felt that they were not being treated at par with faculty of specialist cadre and an equal percentage of them felt that there was a disparity in the nature of work, duties and opportunities pertaining to patient care and teaching activities being given to them compared to the faculty of specialist cadre irrespective of having same period of experience in their specialty.

Another factor determining job satisfaction in the present study was an opportunity for self-development and promotion avenues. 66.7% of the doctors in the study were not satisfied with the opportunities concerned with self development and promotion. They were of the view that promotions should be work based rather than time based. An equal percentage of doctors were of the view that their work and the working hours they were putting in were not proportionate to their salary and allowances. Majority of them felt that they had a compromised work life balance. This is consistent with the findings of previous similar studies^{2,8-13,18}.

Job satisfaction also depends on one's working environment³⁻⁷. 66.7% of doctors in the study felt that their working environment was de-motivating and 50% of them felt severe levels of stress at work. Only 50% of them felt that they were free to give comments or suggestions. In fact most of them were of the view that they were not even considered a faculty and were treated at par with the resident doctors and given same profile of work as resident doctors and some were also made to perform round the clock resident duties in the hospital for as long as 10-12 years.

Organizational policy and administration was another important cause of dissatisfaction. Majority of the respondents (83.34%) agreed that some of the organizational policies that is appraisal system, posting policy, etc, need reform. Only negative feedback was available in the present appraisal system while appreciation was secret. It is a well-established fact that every worker wants appreciation because his work is an extension of his self^{1,2,18}. Appreciation at the correct time will definitely enhance job satisfaction. Many of them expressed that there was no appreciation of their work by seniors and corresponding colleagues of specialist cadre and there was a high prevalence of blame and shame culture towards majority of doctors of GDMO cadre.

The grievance handling procedure was considered to be inadequate by all of the respondents and was identified as the third most important factor causing job dissatisfaction. Previous studies have shown that those organizations, which handled the grievances of their workers efficiently, had highly satisfied workers^{1,2,8-13,18}.

To conclude the factors leading to job dissatisfaction among GDMO's with PG qualification as per above responses were:

- Poor physical working conditions.
- Low salary and allowances as per expectation.

- Fewer opportunities for self development.
- Limited avenues (only time based, not work based) of promotion.
- No appreciation by seniors and corresponding colleagues of specialist cadre, high prevalence of blame and shame culture towards majority of doctors of GDMO cadre.
- Nature of work allotted not fully utilizing qualification and skills.
- Division of doctors into cadres rather than a unified cadre considering equal opportunities for doctors with same qualification and experience.
- Ineffectively addressing the grievances.
- Not treating GDMO's with PG qualification as faculty at par with doctors of specialist cadre, rather treating them as resident doctors.
- No work life balance.
- Less inter-departmental coordination.

All of the respondents had a sense of security regarding their job. However security is perhaps of less importance to professionals like doctors, who may be confident of being able to find alternative employment, if necessary². The prestige of the organization was mentioned as a factor by 83.3% of the subjects. Individuals who work for prestigious organizations definitely feel important and recognized, thereby enhancing the level of job satisfaction^{1,2}.

Dramatic changes in the health sector have altered doctors' jobs, limiting autonomy and reducing morale. A better understanding of what physicians consider important to job satisfaction may help to ameliorate conditions linked to medical disaffection, possibly improving health care.

In CHS there should be no division of doctors into cadres rather there should be a unified cadre considering equal

opportunities for doctors with same qualification and experience.

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