

Job Satisfaction of Midwives Working in Labor Ward of the Lady Dufferin Hospital: A Cross-Sectional Study

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Abstract—Health workforce is a fundamental component of health system and plays a significant role in delivering effective health care services. However, there is a crucial shortage of skilled personnel which make them prone to work in stressful conditions. In spite of excessively high workload and burnout among the staff, little attention is given to their job satisfaction level which has serious implications on the productivity and effective performance of staff to achieve organizational goals. Therefore, this study aims to explore the job satisfaction of midwives working in the labor ward of the Lady Dufferin Hospital, Karachi. A cross-sectional survey was conducted. The short version of Minnesota Job Satisfaction Questionnaire was administered on a convenient sample group of 22 midwives to gather information on their job satisfaction. The results demonstrated that midwives were overall satisfied with their job. The level of job satisfaction was however found different in various positions within midwifery cadre. The head of midwives was highly satisfied as compared to midwifery staff who works under the supervision of head. The level of satisfaction of team leaders fall between the head and staff of midwifery. Similar trends were observed for both intrinsic and extrinsic job satisfaction. Such evidences on these issues are essential and useful as it helps explore the attitudes of individuals towards work which has direct implications on access to quality care services. Strategic interventions are required at organizational level to provide motivators and satisfiers to health workers for their work related satisfaction and enhanced motivation.

Keywords—Health workforce, job satisfaction, motivation, workload, burnout, midwives, health system.

I. INTRODUCTION

HUMAN resources is the major building block of healthcare delivery system and yet least stressed upon [1]. In recent years, globally, we are facing significant human resources crises due to increased turnover and migration of skilled health workforce [2]. Various factors contribute to this increased brain drain; poor satisfiers and motivators is one of the major contributors in this regard [3]. In spite of increased workload and ultimate burnout among the staff, little attention is given to staff's level of job satisfaction.

Job satisfaction is commonly defined as a positive affect towards job [4]. In healthcare context, level of job satisfaction determines the quality of care provided by health personnel [5]. Positive correlation has been observed between the healthcare provider's job satisfaction and patient's satisfaction and service quality [6], [7].

Job satisfaction, for employees; assume to have major implications as it is the subjective wellbeing of personnel and relates to overall life satisfaction [8]. Level of job satisfaction is determined by multifaceted aspects which are described in Herzberg's two-factor theory [9]. According to this theory, there are certain intrinsic factors or job motivators that provide job satisfaction to employees and give them immense psychological pleasure. These factors usually include achievement, recognition, growth, responsibilities and the work itself. On the other hand, there are things that dissatisfy the workers and affect their job satisfaction. These extrinsic factors or satisfiers are environmental that surrounds the job context and include salary, working conditions, supervision, interpersonal relations and organization policies and procedures. Thus, job satisfaction is a complex phenomenon which is influenced by intrinsic and extrinsic factors.

Pakistan is one of the fifty seven countries that have a critical shortage of skilled health workforce that affects the access of the population to the skilled and quality care [10]. Moreover, those healthcare providers working in such stressful shortage face increased workload and burnout. Thus, lack of motivating and satisfying factors lead to poor performance and dissatisfaction [11]. Health workforce is an important resource for healthcare delivery system and system's success relies on the productivity of health personnel. However, various organizations have underestimated the importance of staff's mental and physical health in achieving the organizational goals [12]. Job satisfaction is an important variable that determines the employee's performance. Since midwives provide essential health care services to the patients in forefront, assessment of their job satisfaction is of pivotal importance [11]. This study focuses on midwives who are a strategic component that can provide skilled care to mother and child and help reduce maternal morbidity and mortality. Considering Pakistan profile, where maternal mortality is very high, it is facing significant shortage of healthcare providers including those who are essential for maternal care that is midwives and nurses [2]. Despite of the key role midwives play in reduction of maternal mortality, little is known about how they perceive about their job and its effect on their individual wellbeing. This study aims to explore the job satisfaction of midwives working in the labor ward of the Lady Dufferin Hospital, Karachi.

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II. METHODOLOGY

A. Research Design

A cross sectional longitudinal study design was employed. Firstly, a baseline survey of all participants including socio-demographic and information related to job was collected. Later, questions related to job satisfaction were asked to assess the level of job satisfaction among the midwives.

B. Study Population

The study population for this study was the midwives working in the labor ward of the Lady Dufferin Hospital, Karachi. Midwives, of the study group, had different job responsibilities, one was the midwives' head, three were the team leaders of their shift and remaining eighteen were the staff midwives.

C. Data Collection

Data was collected from participants through face to face interview and self-administration of tool. A structured short version of Minnesota Job Satisfaction Questionnaire (MSQ) was used to survey the participants in order to assess their job satisfaction level. The MSQ- short version is comprised of two sections; the first section helps to collect the sociodemographic information of the participants whereas the second section consists of 20 items pertaining to job satisfaction and has five points Likert scale format for responses ranging from very dissatisfied (1) to very satisfied (5) with the job. The tool is comprised of two components merely named as intrinsic and extrinsic job satisfaction. The former measures the perceptions about the nature of the job where as the later quantifies the aspects external to the job. The scores were totaled to identify participant's satisfaction level ranging from 20 to 100.

Eighteen participants were interviewed in person and remaining filled the tool on their own. The time consumed to fill the forms varied between five and fifteen minutes.

D. Validity and Reliability of Tool

The MSQ short version tool has been used in my studies to assess the job satisfaction of employees. The internal consistency reliability of the tool is very high with a Cronbach's alpha of 0.96. Its test retest reliabilities fall between 0.70 and 0.80.

E. Sampling Size

A non- randomized purposive sampling was done to recruit twenty- two participants for the study from labor ward of LDH, Karachi.

F. Inclusion and Exclusion Criteria

All midwives employed in the labor unit of LDH, Karachi were included in the study whereas those midwives who left job non-voluntarily either due to death or retirement were excluded.

G. Data Analysis

The data collected was analyzed using the SPSS version 20. Descriptive analysis that is proportion and percentage were

calculated to characterize the overall sample. Frequencies and percentages were also analyzed to assess job satisfaction level of midwives working in the labor unit of LDH, Karachi.

H. Ethical Considerations

The study was conducted after the approval of the heads of LDH, Karachi including Medical Superintendent and Chief Executive Officer. Written informed consent was taken from the study participants. Research participants were also informed of their right to respect, autonomy, confidentiality and right to withdraw from the study at any point.

III. RESULTS

The sample of 22 midwives was interviewed. Table I shows the demographic results of the participants. The mean age of the participants was 27.5 years ranging from 20 to 42 years. The mean number of years of experience was found to be 5.4 with minimum experience of one year to maximum experience of twenty three years. Fifty- nine percent (13) of the midwives were married and remaining marital status was single. All of the midwives working in the labor ward had permanent job position. Around 82% (18) of the participants were staff midwives whereas 13.6% (3) and 4.5% (1) of the participants were team leaders and head-midwives respectively.

TABLE I
DEMOGRAPHIC CHARACTERISTICS

Demographic Characteristics	n	%
Age group (years)		
< 25	10	45.5
26- 30	6	27.3
31- 35	4	18.2
35- 40	1	4.5
> 40	1	4.5
Gender		
Male	-	-
Female	22	100
Marital status		
Single	9	40.9
Married	13	59.1
Designation		
Midwives Head	1	4.5
Team Leader	3	13.6
Midwifery Staff	18	81.8
Work Experience		
0-9 years	19	86.4
10- 19 years	03	13.6

Overall, midwives reported to be satisfied with their job with the percentage of more than seventy- five percent. The results in Fig. 1 illustrate seventy eight percent of intrinsic job satisfaction, seventy six percent of extrinsic job satisfaction and seventy seven percent of general job satisfaction among the midwives. Moreover, most of the midwives reported high satisfaction in 'organizational structure and behavior' and 'job compensation and rewards' whereas little satisfaction was reported in 'working environment' and 'opportunity at workplace'.

Within the midwifery cadre, there were different job position in the ward side including head-midwives, team leaders and midwifery staff. The detailed analysis of these three job positions revealed huge variation in the level of job

satisfaction in three different components of the MSQ that is general, intrinsic and extrinsic job satisfaction. Fig. 2 depicts the results of overall general job satisfaction among the mentioned positions. The highest level of job satisfaction that is eighty five percent was observed in the head of the midwives and lowest (67%) in the midwifery staff with team leaders' satisfaction (79%) in between.

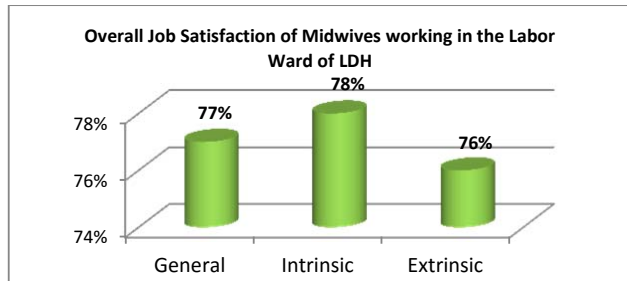


Fig. 1 Percentages of intrinsic and extrinsic job satisfaction of midwives

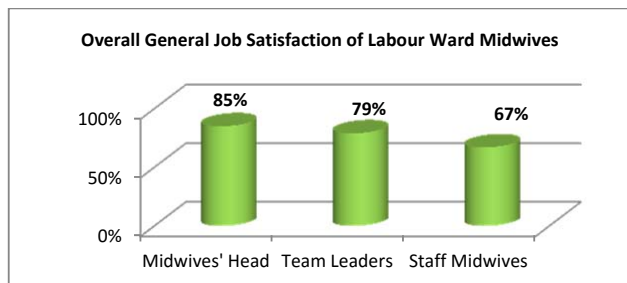


Fig. 2 General job satisfaction of midwives with different job positions

Similar variation was observed while calculating the intrinsic job satisfaction of midwives with varying job titles. In Fig. 3, the highest intrinsic satisfaction is evident in the head of midwives with eighty-seven percent and lowest in midwifery staff with sixty-eight percent.

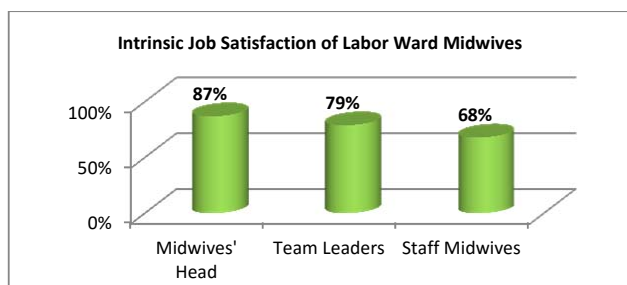


Fig. 3 Percentages of intrinsic job satisfaction among the midwives with different job titles

Trends for extrinsic job satisfaction were also somewhat consistent to general and intrinsic satisfaction levels of midwives. The results in Fig. 4 suggest highest job satisfaction of midwives' head with eighty- three percent and lowest for midwifery staff with sixty- five percent. There is a huge gap of

eighteen percent between the job satisfaction of head and the staff under her supervision.

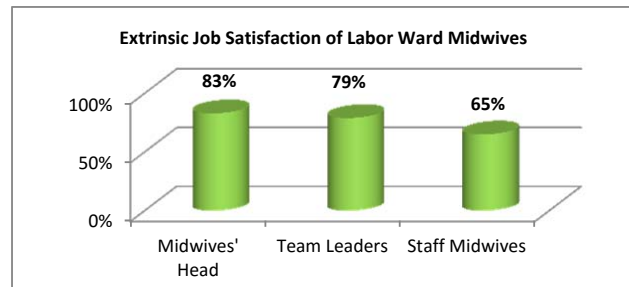


Fig. 4 Percentages of extrinsic job satisfaction among the midwives with different job titles

IV. DISCUSSION

This study provided an opportunity to have a close look at the professional lives of midwives working in the hospitals and explore their feelings and perceptions about their job. The analysis revealed the difference in the job satisfaction among various job positions within the midwifery cadre. Midwifery staff was found to be rather less satisfied as compared to team leaders and head of midwives. Findings were consistent in both the components of job satisfaction that is intrinsic and extrinsic. The results indicated the difference existing between the level of job satisfaction and job position and depicts that midwives working at the senior level are more satisfied and motivated as compared to the staff working under their supervision. The midwifery staff mainly reported their dissatisfaction in the aspect of opportunity at workplace and a kind of working environment provided to them. Similar relationship between level of job satisfaction and job positions was observed in a study which determined that as the level of employment increased, work related stress decreased and sense of accomplishment and job satisfaction increased [13].

The overall general job satisfaction in our study revealed that staff was seventy- seven percent satisfied with their jobs with lowest score of 56 and highest of 85. Further categorizing the job satisfaction components; intrinsic job satisfaction was around seventy- eight percent with highest and lowest score of 52 and 37 respectively. Looking at the extrinsic component, midwives were satisfied up to seventy six percent with minimum and maximum score of 13 and 25 respectively. However, very high level of job satisfaction has been quoted in developed regions unlike our findings. A study done by Skinner et al. [14] in Australia demonstrated 96% percent of midwives with high job satisfaction. Another study conducted in Turkey found more than ninety percent of midwives were highly satisfied with their job [15]. This suggests that in order to achieve very high job satisfaction level, midwives in developing countries like Pakistan need to be provided with more strategic and sustainable motivators and satisfiers to ensure effective performance and quality care service provision to patients.

V.CONCLUSION

This study offered a better understanding of the work related satisfaction of midwives and portrayed the story of just one ward, similar scenario might exist in other health setups with the same characteristics. Such evidences on these issues are essential and useful as they help explore the attitudes of individuals towards work which is an important determinant of job performance, staff turnover, retention and delivery of essential quality services. This will help envisage the important role of satisfiers and motivators that will help midwives experience their work positively in a conducive environment in order to achieve organization's goals effectively in such challenging working conditions. This problem needs to be further explored as it has serious implications on the physical and mental health of midwives and quality of care they provide to their clients. Thus, stringent policies and interventions are required at organizational level to ensure sufficient provision of motivators and satisfiers for health workers to be more ambitious and motivated towards their job. Moreover, intrinsic and extrinsic aspects of job satisfaction need to be reinforced that could therefore lead to improved provision of quality care services and increased patient satisfaction.

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REFERENCES

- [1] G. Dussault, and M.C. Franceschini, "Not enough there, too many here: understanding geographical imbalances in the distribution of the health workforce," *Human Resources for Health*, vol. 4, no. 1, pp.12-27, 2006.
- [2] World Health Organization, *The World Health Report 2006- Working Together for Health*. Geneva: World Health Organization, 2006.
- [3] N. Jensen, *The Health Worker Crises: An Analysis of the Issues and Main International Responses*. London, UK: Health Poverty Reduction, 2013.
- [4] A. Kazemian, K. Nooriyan, and K. Parvin, "Survey the relationship between job satisfaction and job performance of nurses in ChaharMahal Bakhtiari," *Journal of Nursing and Midwifery of Gilan*, vol. 15, no. 54, pp. 39-44, 2005.
- [5] M.A. West, J.P. Guthrie, J.F. Dawson, C.S. Borrill, and M. Carter, "Reducing patient mortality in hospitals: the role of human resource management," *Journal of Organizational Behaviour*, vol. 27, pp. 983-1002, 2006.
- [6] M. Buchan, "What difference does ("good") HRM make?" *Human Resources for Health*, vol. 2, no. 6, pp. 25-32, 2004.
- [7] C.D. Fisher, "Why do lay people believe that satisfaction and performance are correlated? Possible sources of a commonsense theory," *Journal of Organizational Behavior*, vol. 24, no. 6, pp. 753-77, 2003.
- [8] P. Spagnoli, A. Caetano, and S.C. Santos, "Satisfaction with job aspects: Do patterns change over time?" *Journal of Business Research*, vol. 65, no. 5, pp. 609-16, 2012.
- [9] T. Wall, and G. Stephenson, "Herzberg's two-factor theory of job attitudes: A critical evaluation and some fresh evidence," *Industrial Relations Journal*, vol. 1, no. 3, pp. 41-65, 2007.
- [10] S. Afzal, I. Masroor, and G. Shafiqat, "Migration of health workers: a challenge for health care system," *Journal of the College of Physicians and Surgeons Pakistan*, vol. 22, no. 9, pp.586-587, 2012.
- [11] D. Rouleau, P. Fournier, A. Philibert, B. Mbengue, and A. Dumont, "The effects of midwives' job satisfaction on burnout, intention to quit and turnover: a longitudinal study in Senegal," *Human Resources for Health*, vol. 10, no. 1, pp. 9-22, 2012.
- [12] S.J. Sarker, A. Crossman, and P. Chinmeteeputuck, "The relationships of age and length of service with job satisfaction: An examination of hotel employees in Thailand," *Journal of Managerial Psychology*, vol. 18, pp. 745-758, 2003.
- [13] F. Kuyurtar, T. Yamac, A. Kanik, and M. Yurdakul, "The factors that affect nurses' jobs atisfaction in hospitals in Mersin province," *Mersin Universitesi Tip Fakultesi Dergisi*. Vol. 4, pp. 449-454, 2002.
- [14] V. Skinner, J. Madison, and H. Humphries, "Job satisfaction of Australian nurses and midwives: A descriptive research study," *Australian Journal of Advanced Nursing*, vol. 29, no. 4, pp. 19-27, 2007.
- [15] S. Oncel, Z.C. Ozer, and E. Efe, "Work related stress, burnout and job satisfaction in Turkish midwives," *ProQuest Psychology Journals*, vol. 35, no. 3, pp. 317-328, 2007.