

Professional Quality of Life and Its Association with Work Experience and Income among Healthcare Workers

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ABSTRACT

Objective: The objective of the study is to assess job satisfaction between groups of healthcare workers based on their work experience and monthly salary.

Methodology: Healthcare workers (n=81) including clinicians, nurses and medical teachers were recruited from a private medical institute at Lahore. Job Satisfaction Survey (JSS) and Professional Quality of Life (ProQOL) Scale including its component scales of Compassion Satisfaction (CS), Burnout (BO) and Secondary Traumatic Stress (STS) were used to determine aspects of vocational quality of life and satisfaction. Kruskal-Wallis test was used to assess group differences. Spearman correlational analysis was done to assess correlation between income, work experience and job satisfaction.

Results: Significantly higher professional satisfaction, lower burnout and stress scores were observed in experienced healthcare workers as compared to less-experienced ones (p value =0.039* for JSS, p value =0.011* for CS, p value =0.055* for BO and p value =0.027* for STS). Significantly higher satisfaction scores were found in workers with higher monthly income as compared to those with lower monthly salary (p value =0.006* for JSS and p value =0.032* for CS). Significant positive correlation was observed between healthcare workers' job satisfaction and their experience and monthly salary.

Conclusion: More experience at work is particularly associated with lower burnout and reduced occupational stress.

KEYWORDS: Job Satisfaction, Healthcare, Burnout, Traumatic Stress.

INTRODUCTION

Job satisfaction is the level of an employee contentment with his occupation.¹ The perception that working individuals have, role in an organization directly influences their level of job satisfaction.² Job satisfaction is optimistic feeling of job, represents a collective positive or negative feelings towards their work.³ Employee satisfaction is influenced by a variety of modifiable factors which include, but not only limited to remuneration, recognition of accomplishments, appreciation for one's Job.

Employee satisfaction is influenced by a variety of efforts, duty hours, relationship with coworkers,

opportunities for professional development and job security.³ Compassion Satisfaction (CS) reflects the positive outcome of working with challenging environment.⁴ Several non-modifiable factors such as age and gender have also been linked to job satisfaction.⁴ Provision of optimum emergency healthcare to the society is pivotal. Healthcare professionals have very challenging jobs with prolong and sometimes awkward working hours. They are at an increased risk for traumatic experiences. Moreover, they are themselves vulnerable to a variety of effects, including depression, anxiety, intrusive imagery, cognitive shifts and problems in their social relationship at their work place which can negatively affect their professional satisfaction. Such negative consequences have been described in terms of Compassion Fatigue (CF).⁵ Burnout (BO) is emotional and mental exhaustion leading to lack of personal accomplishment caused by long-term involvement in emotionally challenging circumstances.⁶

The assessment of job satisfaction is important as high job satisfaction is associated with enhanced productivity and lower employee turnover rates. While low job satisfaction results in an increase in absenteeism and decreased employee efficiency.⁶

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Apart from doctors, health care workers include nurses, paramedics, lab assistants and instructors, are an essential pre-requisite for smooth functioning of any healthcare system.⁶ In low income countries like Pakistan, BO and CF are emergent issues among the nursing staff. It is due to the low incentives and remuneration, longer working hours with work burden, stressful environment and lack of appreciation. This ultimately leads to reduced work capacity, depersonalization, cynicism and finally dissatisfaction of their job. It is very difficult to retain these caregivers on their job in Pakistan and our country faced severe shortage of health care providers.^{7,8} There is need to optimize the working environment and health of healthcare professionals to prevent the negative impact on staff and impaired work capacity for better provision of health care services for patients.^{6,9}

The healthcare delivery system in the private sector is considered to have better working conditions than the public sector, however, there is no indication that this leads to a higher level of job satisfaction in healthcare professionals working in private set-ups.^{9,10} Job satisfaction has been investigated to some extent in the government sector but no substantive data from the private sector is available at present.¹¹

Numerous studies have evaluated patients' satisfaction in terms of the medical care they receive at hospitals but professional satisfaction of healthcare workers has not been studied that extensively, especially in Pakistan, where there is a considerable shortfall of adequately skilled human resource in healthcare services. It is imperative to assess the quality of life of health professionals in term of BO, CF and CS. This study investigated the association of professional satisfaction and quality of life with income and work experience of healthcare professionals working at a local tertiary care hospital in the private setting.

METHODOLOGY

This cross-sectional study was conducted at private medical institute of Lahore from June 2018 to December 2018. The study period included time to develop the proposal and associated documents, obtaining ethical approval, recruitment for the study, data input and analysis, review of the analysed data and write-up of the manuscript. The study was approved by the institutional research committee. The study population comprised of 81 healthcare workers. Employees from medical institute were recruited using non-random convenience sampling.

The sample size for this pilot exploratory study was calculated based on published data, in order to yield statistical power with level of significance set at ≤ 0.05 . Physicians, nurses and medical teachers were included in the study while medical lab personnel, surgical technicians and general duty assistants were excluded from the study. Participants provided written informed consent before enrolment. The study population was segregated into groups based on their work experience and monthly remuneration. The rationale behind this grouping was to see whether experience or salary affect the outcomes of professional satisfaction.

Grouping by work experience included: Group 1 with work experience <1 year, Group 2 with work experience between 1 to 5 years, Group 3 with work experience of 5 to 10 years and Group 4 with work experience >10 years. Grouping by monthly salary included: Group A with monthly salary <Rs. 25,000/-, Group B with a monthly salary between Rs. 25,000/- to Rs. 50,000/-, Group C with a monthly salary between Rs.50,001/- to Rs.100,000/- and Group D with a monthly salary of >Rs. 100,000/-.

The data was collected by administering two validated self-report questionnaires namely the Professional Quality of Life (ProQOL) Scale and the Job Satisfaction Survey (JSS). These two instruments were used to determine vocational quality of life and satisfaction, respectively.

Professional Quality of Life (ProQOL) Scale is 30 item self-report measures of the positive and negative effects of working comprised of 5 pointed Likert Scale (1=Never, 2=Rarely, 3=Sometimes, 4=Often & 5=Very Often).¹² It was comprised of three components including Compassion Satisfaction (CS) and Compassion Fatigue (CF). CF further comprised of two elements, Burnout (BO) and Secondary Traumatic Stress (STS). Scoring requires summing the item responses for each 10-item subscale, and higher scores indicate higher levels of Compassion Satisfaction, Compassion Fatigue, and Burnout.¹³

Job Satisfaction Survey (JSS) structured survey questionnaires were also comprised of 30 items with Yes and No options. Each Positively stated statement score 2 points for that researcher answered positively. Points ranging from 50-60 were categorized in great satisfaction while point from 1-19 were taken as dissatisfaction.¹⁴

The questionnaires used were in the English language, thus only those healthcare workers who were well versed in the English language were included in the study.

RESULTS

The mean age of the participants was 31.88±10.15 years. Grouping by work experience revealed significantly higher scores on JSS and CS component of ProQOL (p value =0.039* for JSS and p value =0.011* for CS) in experienced workers as compared to less experienced ones, reflecting a positive association between work experience and satisfaction (Table 1). Significant difference was also observed between groups on the BO and STS components of ProQOL (p value =0.055* for BO and p value =0.027* for STS), indicating lower burnout and professional stress in experienced healthcare workers as compared to newcomers (Table 1).

Table 1. Comparison of scores on JSS and components of ProQOL between groups based on work experience (n=81)

Parameters	Group 1 (n=20) (Median ± IQR)	Group 2 (n=39) (Median ± IQR)	Group 3 (n=8) (Median ± IQR)	Group 4 (n=14) (Median ± IQR)	p value
JSS	126.50 ± 27.00	137.50 ± 21.0	149.00 ± 37.0	152.50 ± 33.0	0.039*
CS	36.00 ± 12.0	39.00 ± 12.0	42.50 ± 7.0	42.50 ± 8.0	0.011*
BO	26.00 ± 9.0	24.00 ± 7.0	22.00 ± 14.0	21.50 ± 6.0	0.005*
STS	27.00 ± 13.0	23.00 ± 7.0	21.50 ± 5.0	25.00 ± 13.0	0.027*

*p ≤0.05 was taken as significant.

Assessment of groups based on monthly salary revealed significantly higher JSS and CS scores in Groups C and D as compared to Groups A and B (p value =0.006* for JSS and p value =0.032* for CS), reflecting increased professional satisfaction in healthcare workers with higher income as compared to those with lower income (Table 2). No significant difference was observed between groups on BO and STS scores (p value =0.058 for BO and p value =0.205 for STS), although lower BO scores in higher salaried healthcare workers as compared to lower salaried ones were approaching the set level of statistical significance, suggesting higher pay to be associated with reduced professional fatigue (Table 2).

Significant positive correlation was seen between monthly salary and JSS (Spearman's R=0.351, p value =0.001). Similarly, there was significant positive correlation between work experience and JSS (Spearman's R= 0.299, p value =0.007*).

Table 2. Comparison of scores on JSS and components of ProQOL between groups based on monthly salary (n=81)

Parameters	Group A (n=7) (Median ± IQR)	Group B (n=28) (Median ± IQR)	Group C (n=30) (Median ± IQR)	Group D (n=16) (Median ± IQR)	p value
JSS	122.00 ± 23.0	131.00 ± 30.0	144.00 ± 20.0	147.00 ± 32.0	0.006*
CSS	31.00 ± 17.0	37.50 ± 10.0	41.00 ± 8.0	40.50 ± 8.0	0.032*
BO	26.00 ± 4.0	25.50 ± 8.0	23.50 ± 8.0	22.00 ± 6.0	0.058
STS	23.00 ± 9.0	26.00 ± 12.0	23.30 ± 7.0	24.00 ± 7.0	0.205

*p ≤0.05 was taken as significant

DISCUSSION

The present findings reflect greater degree of job satisfaction and professional quality of life in healthcare professionals with higher work experience and better salary packages in comparison with those less work experience and lower income. The improved quality of life of healthcare workers as indicated by the low burnout and secondary traumatic stress was particularly associated with professional experience.

Bhatnagar et al. have shown previously that job satisfaction and the worker's morale are correlated such that a greater the job satisfaction allows professionals to better utilize and enhance their creativity, planning and management skills, thereby improving their overall productivity.¹¹ In accordance with our findings, an earlier study by García et al. showed that job satisfaction in healthcare professionals increases with age and experience. The relative lack of satisfaction in young healthcare workers was due to their desire of learning.¹⁵

Results from a recent study in Chinese doctors revealed low job with work-family conflict being found to have a negative impact and healthy doctor-patient relationship being shown to have a positive impact on job satisfaction.¹⁶ Another recent study in China demonstrated that gender, age, marital status, educational attainment, professional title, and seniority affect job satisfaction in doctors.¹⁷ A Sudanese study reported dissatisfaction in more than half of the doctors surveyed with working conditions, lack of training, inadequate compensation, excessive workload highlighted as the major factors contributing to the low job satisfaction.¹⁸ These aforementioned studies have

highlighted varied factors influencing job satisfaction and Professional QoL of healthcare workers, some of which are dissimilar to our findings possibly due to non-uniformity of the administered questionnaires.

In the current study, lower satisfaction scores and higher fatigue scores were seen in workers with less experience and low income. Current findings are also justified by similar documentation from Islamabad by Bahalkani HA, who reported poor salaries are attributed to key cause of job dissatisfaction.¹ These results are consistent with those of Chen et al. who reported that strict working hours and lower income lead to dissatisfaction in healthcare professionals, particularly young doctors and paramedical staff.¹⁹ On contrary to current results, study conducted in Lahore by Naz S reported high burnout scores and low on QOL in old and experienced nurses.⁷

Studies in various healthcare set-ups worldwide have shown more dissatisfaction at work and professional burnout in junior, less experienced and early career staff members with invariably lower salaries as compared to their senior, experienced and more accomplished colleagues. Low salary packages, long working hours, less chances for promotion and heavy workload are some of the salient factors that have been highlighted in previous studies to contribute to reduced job satisfaction and elevated stress health professionals.^{20, 22}

Limitations: Study is limited by participation of a select group of healthcare professionals from a single center which hampers the general applicability of these findings. Further, the grouping based on monthly salary is likely to have clustered nurses and medical teachers in the low salary bracket groups while consultant physicians are likely to have been included in the higher salary bracket groups, thus adding the confounding factor of profession which thereby further limits the robustness of the observed results. Limitations need to be addressed in a larger multi-center study, preferably involving public sector as well as private sector health organizations to gather inferences that may eventually influence policy shifts to enhance job satisfaction and professional QoL in healthcare workers.

CONCLUSION

Good salary packages and higher work experience have a positive impact on the professional satisfaction and quality of life of healthcare workers.

Recommendation: An effective organizational management policy should include strategies to

improve the job satisfaction of lower income and less experienced healthcare workers to enhance their efficiency at work along with their personal and professional growth.

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Author's Contribution:

Nirmeen Maroof	Study design, data collection and manuscript writing.
Mirza Zeeshan Sikandar	Study design, data collection and manuscript writing.
Haleema Nawaz	Study design, data collection and manuscript writing.
Dr. Syed Imran Ali Shah	Concept of the study, data analysis and interpretation, manuscript writing and approval.

All authors are equally accountable for the integrity of the data.