

Effect of Organizational factors on Job satisfaction of Midwives in the preventive care services in Matara, Sri Lanka

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Abstract- Job satisfaction is a multifaceted concept. Numerous organizational factors have been identified to determine the level of job satisfaction. Midwives attached to Medical Officer of Health's offices of Sri Lanka provide maternal and child health care services at ground level. This cross-sectional descriptive study was conducted in Matara district, Sri Lanka to assess the effect of organizational factors on job satisfaction on midwives in the preventive care services. Job satisfaction and satisfaction with selected eleven organizational factors was assessed through a self-administered structured validated questionnaire based on the short form of Minnesota Satisfaction Questionnaire. The questionnaire consisted of a five-point Likert scale. Midwives were satisfied with their job with a mean of 3.6161 (SD 0.60024). Considering the eleven organizational factors, midwives were satisfied with eight selected organizational factors. Yet midwives were not satisfied with workload, remuneration and transfer scheme. All the selected organizational factors were found to be determining the level of job satisfaction through multivariate analysis (R squared = .44, F (11, 253) = 17.191, P = .000). This study recommends to improve the identified organizational factors in view of increasing job satisfaction of midwives.

Index Terms- Midwives, Job Satisfaction, Organizational Factors, Preventive care

I. INTRODUCTION

Job satisfaction is a complex multifaceted concept. Vroom (1964, p.99) defines "job satisfaction as affective orientations on the part of individuals toward work roles which they are presently occupying" focusing on the role of the employee in the work place. Research reveal numerous organizational factors determining the level of job satisfaction such as organizational development, policies of compensation and benefit, promotion and career development, job security, working environment and condition, relationship with supervisor, work group, leadership styles and job characteristics (Haijuan et al ,2006; Luthans, 2005; Sageer et al 2012).

Public Health Midwives (PHMs) are the key service providers in Sri Lanka who deliver home-to-home Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health (RMNCAYHP) services. Presence of this skilled grass root level worker has ensured the quality of maternal and child health services resulting a reduction in maternal mortality ratio from 2650 in 1935, to 33.8 per 100,000 live births in 2016. Further midwives have contributed to the fall of infant mortality rate from 263 in 1935 to 10 per 1,000 live births in 2016 (Ministry of Health, 2016).

Midwives are attached to 342 MOH areas in 25 districts of Sri Lanka. They receive a common training at different provincial training institutes. Following training, Ministry of Health (MoH) recruits midwives to hospitals to provide curative care or to a Medical Officer of Health's (MOH) office to provide preventive care. All midwives attached to a MOH has the same job role which is accepted nationally. Midwives are eligible for transfers each five year but the transfers are not implemented regularly.

The role of the midwives providing preventive care has widened in the recent past including the provision of services related to control of both communicable and non-communicable diseases and mental health related diseases at the ground level resulting a rise in the workload. Midwives in their workplace are exposed to stressful situations. Identification of the current level of job satisfaction and organizational determinants of job satisfaction of midwives attached to MOH offices is important for the management. This knowledge aid to raise the job satisfaction by modifying the identified organizational factors.

II. LITERATURE REVIEW

Job satisfaction of midwives has been assessed worldwide through different questionnaires. Short form of Minnesota Satisfaction Questionnaire (MSQ) is a validated tool which provides more specific information on the aspects of a job that an individual find rewarding (Weiss et al, 1977). International studies which assessed the job satisfaction of midwives with MSQ revealed mixed results where some are satisfied and some are not expressing its changing nature (Bodur, 2002; Kumar et al, 2014; Muhammadani, 2015; Skinner et al, 2007; Talasaz et al, 2014). Based on the organizational environment satisfaction with organizational factors have been varied in different studies (Gamini, 2008; Hampton & Peterson, 2012; Muhammadani, 2015; Talasaz et al, 2014).

Job satisfaction and its correlates among midwives attached to MOH offices was studied in Ratnapura district, Sri Lanka in 2008 where majority were neutral on job satisfaction (Gamini, 2008). Further midwives were not satisfied on remuneration and career development opportunities where as they were satisfied with the working environment, and support of supervisory officers (Gamini, 2008). Considering the impact of job satisfaction on the quality of health care services, assessing job satisfaction and its organizational determinants at least once in every six months has been recommended by Jahani (2010, cited in Talasaz et al, 2014).

Matara district has a population of 845000 living in both rural and urban settings whom were served through 253 midwives attached to 17 MOH areas (Ministry of Health, 2018). Each MOH area is composed of several PHM areas which is varying from 10-20. With the recent addition of job functions, role of a midwife attached to a MOH has changed considerably. Hence in view of identifying the level of job satisfaction and effects of organizational factors on job satisfaction among midwives in the preventive care services this study was conducted in Matara district of Sri Lanka.

III. METHODOLOGY

This descriptive cross-sectional study was conducted in 2016 among all 273 Public Health Midwives (PHMs) served in all MOH areas (17) in Matara district providing preventive health services. Midwives on maternity leave or long medical leave were excluded from the study. A modified, validated, pretested structured self-administered questionnaire with a five-point Likert scale response (Strongly agree, Agree, Neutral, Disagree and Strongly disagree) was developed based on short form of MSQ. Questionnaire assessed the demographic information, satisfaction with eleven organizational factors and satisfaction with job itself of midwives. Data was collected by the principal investigator visiting each MOH office following obtaining ethical and administrative approval.

Data was entered and analyzed in Statistical Package for the Social Science (SPSS) software (version 23). Demographics of the midwives, satisfaction with identified organizational factors and satisfaction with job itself was assessed. Further correlation was assessed among the satisfaction with organizational factors and job satisfaction.

IV. RESULTS

Among the eligible 261 midwives 253 responded to the questionnaire resulting a response rate of 96.9%. Hundred and eighty-nine (74.7%) midwives were 36 years or more and 228 (90.1%) of midwives were married. Most of them were residing in their own house (n=220, 87%). Majority had an experience of more than 10 years in the Ministry of Health (191, 75.49%). More than half of the midwives have been in the current station for more than 5 years in the current station (n=174, 68.77%).

Among Midwives, 173 (68.4%) had a serving population of 2501- 4500. Twenty-one (8.3%) midwives had a population more than 4500. Extent of area of the majority (n=131, 51.9%) was > 4 km² - 8 km². Only 16 (6.3%) midwives had an area larger than 16 km². There were 27 vacant posts. Among them 22 (81.5%) were vacant for a period less than 1 year and 5 (18.5%) for 1- 2 years. Medical Officer of Health (MOH) was available for all the midwives as a supervising officer (n=253, 100.0%) whereas only 198 (78.3%) were supervised by a Public Health Nursing Sister (PHNS). Supervising Public Health Midwives (SPHM) supervised 239 (94.5%) of midwives.

The mean value of job satisfaction was 3.6161 (SD 0.60024) hence, midwives were considered to satisfied with their job. Assessment of satisfaction with eleven selected organizational factors was illustrated in Table 1. Midwives were highly satisfied with their co-workers (M=3.9217, SD=0.63249). Midwives were not satisfied with the remuneration (M=2.5837, SD=0.82651) and transfer scheme (M=2.7727, SD= 1.03065). Workload (M= 2.4012, SD= 0.89621) is the least satisfied factor.

Table I: Distribution of mean and standard deviation of satisfaction of organizational factors

Organizational Factor	Mean	Standard Deviation
Working Condition	3.7688	0.70913
Supervision	3.8235	0.71487
Co worker	3.9217	0.63249
Workload	2.4012	0.89621
Autonomy	3.3439	0.66393
Training Received	3.5586	0.52260
Remuneration	2.5837	0.82651
Carrier development	3.2292	0.75908
Welfare	3.3992	0.92835
Transfer scheme	2.7727	1.03065
Leave	3.5850	0.75046

As the mean values of the organizational factors were normally distributed, Pearson correlations coefficients (r) were conducted to determine whether a relationship existed between the dependent variable job satisfaction and the selected eleven organizational independent variables which were statistically significant. Therefor a multiple regression analysis was conducted to evaluate the predictive values of the organizational factors on the midwives' job satisfaction. All analyses were conducted at the 0.05 significance level. Normal P-P plot of regression standardized residual revealed the normal distribution of data (Figure 1).

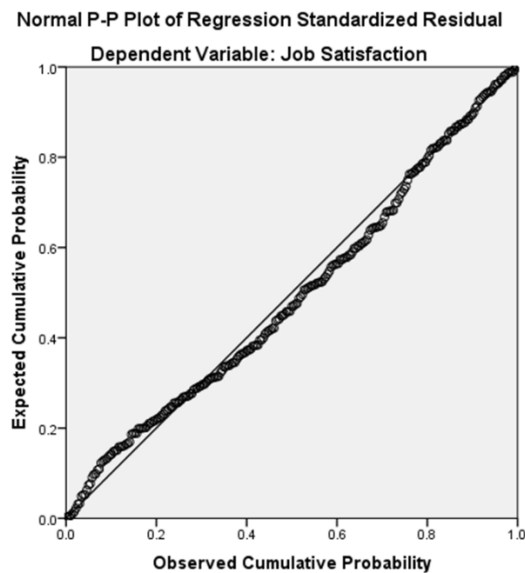


Figure 1: Regression Standardized Residual Plot

A model analysis was conducted including the eleven independent variables (Autonomy, Carrier development, Coworker, Leave, Remuneration, Supervision, Training Received, Transfer scheme, Welfare, Working condition and Workload) and the dependent variable. The linear combination of the 11 independent variables was significantly related to the dependent variable (job satisfaction), $R^2 = .44$, adjusted $R^2 = .414$, $F(11, 253) = 17.191$, $P = .000$ (Table 2).

Table II: Model summary between independent variables and dependent variable

Model Summary						
Model	R	R square	Adjusted R square	Std. Error of the Estimate		
1	0.663 ^a	0.440	0.414	0.45945		
ANOVA						
Sum of Squares	df	Mean Square	F	Sig.		
Regression		3.629	11	0.32990	17.191	0.000
Residual		0.211	241	0.00087		
Total		3.840	252			

A. Predictors:

(Independent variables) Autonomy, Carrier development, Coworker, Leave, Remuneration, Supervision, Training Received, Transfer scheme, Welfare, Working condition and Workload

B. Dependent Variable: Job satisfaction

The analysis revealed job satisfaction of midwives are affected by all selected organizational factors.

V. DISCUSSION

Midwives were satisfied with the job in contrast to the findings of Gamini (2008) where the majority of midwives were neither satisfied nor dissatisfied. Improvements in transport facilities provided, presence of fairly low vacant posts, small populations to be served and small extent of areas may have contributed to the findings.

Yet, midwives were not satisfied with the remuneration, transfer scheme and workload. Job role of a midwife attached to a MOH office has widened in the recent past which may have contributed to the rise in the workload. Further they do not receive extra duty payment compared to hospital midwives and do not receive an adequate travelling allowance. These factors may have contributed to the findings.

As the midwives are not satisfied with the current transfer scheme further research is needed to identify the reasons for the finding in view of modifying the current practice. Descriptive analysis of job role with the newly added job functions and recruitment of midwives for the vacant posts may improve the satisfaction with workload. Further revision of salary and allowances timely may enhance job satisfaction. Study concluded selected organizational factors were strongly correlated with job satisfaction hence, improvements in organizational factors may enhance job satisfaction.

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