

## Job Satisfaction and intension to migrate among Medical Doctors Working At Primary Health Care Centers In Khartoum State ,Sudan

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**Abstract:** Background: Job satisfaction usually determines the productivity and efficiency of human resource for health and it also affects the intension to migration as well as retention of staff . The aim of this study is to explore the job satisfaction levels and associated factors and intension to migrate among Medical doctors working at primary health care centers in Khartoum state. Methods: This was a descriptive cross-sectional health facility based study Data was collected through pretested -designed questionnaire, Analysis was done using the Statistical Package for Social Science, result was presented as tables and figures.Results: highest average Satisfaction rate was (29.0%) .Causes for dissatisfaction includes low salary (70.1%), no clear job description (55.5%), tremendous working load (51.7%) training opportunity(55.0%) the highest satisfaction is found to be about social relations with coworkers (85%)and about (70.1%) had an intension to migrate .There is Significant association between satisfaction and age, marital status, and place of work. (P value < 0.05)

**Conclusion:** Findings of the current study indicated low level of job satisfaction is associated with salary ,age,maital status and is a cause for intension to migrate among medical doctors working at primary health care centers in Sudan .

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### I. Introduction

Job satisfaction is one of the important variables in work and organizational psychology and is regarded as and is considered to be a crucial variable in determining the quality of health-care systems[1].According to editorials and reviews in major medical journals there is general agreement about the waning level of job satisfaction among doctors [2]. This was explained by growing public and patient expectation which increase pressure on time and cost containment as well as regulatory controls which threaten doctors' professional autonomy however empirical evidence about this statement is weak[3,4]. job satisfaction is a frequently studied subject in organizational behaviour literature. This is because experts believe that job satisfaction trends affect labor market behavior and influence work productivity, work effort, employee absenteeism and staff turnover[5] ,and intentions or decisions of employees to leave a job[6]. A study conducted In Sudan with the objective to measure job satisfaction among community physicians working in the ministry of health showed that 65% of causes of dissatisfaction include low income, no satisfying working environment and limited opportunity for professional development. [7] . Low job satisfaction among medical doctors in PHC centers in Sudan is thought to be a problem, but there was no studies carried out to explore level and contributing factors for job satisfaction among medical officer in Sudan. Primary Health care (PHC) centers in Khartoum state provide healthcare for most of the people at the state level. Objectives was To explore the job satisfaction levels and associated factors among Medical Doctors at governmental primary health care centers in Khartoum state. Sudan

### II. Material And Methods

A descriptive cross-sectional study was carried among medical doctors working at public primary health care facilities at Khartoum which is the national capital and commercial center of Sudan., sample of the study was calculated to be 211 using epical calculator with a degree of confidence of 95% and desired margin of error of 0.05

And total number of medical Doctors working in Sudan as 507 .The prevalence of highest satisfaction for medical doctors was considered to be 50% which gives maximum sample size as there is no prevalence from previous study to consider for calculation of sample size .The technique of sampling was a simple random sample by computer random number. inclusion criteria is general doctors . Data was collected

through Self-administered coded questionnaires The questionnaires comprised demography and job satisfaction criteria as well as intension to migrate . For each factor, a respondent can choose from a three -point likert scale representing various degrees of satisfaction .Data was entered and analyzed with the use of the Statistical Package for Social Science (SPSS) results were presented as tables and figures. Correlation was assessed considering confidence level of 95% and P value (0.05) or less will be significant. Ethical approval was obtained from of Sudan University Medical Sciences institutional Review Board and from Research Ethics Committee at Khartoum State Ministry of Health (MOH) .A written informed consent was obtained from each participant and measures was taken to ensure the respect, dignity and autonomy of each individual participating in the study .There is no coercion and complete confidentiality for study participants was also emphasized.

### III. Result

Table .1. shows Demographic characteristics of study population ,more than three quarter were females .About half were from the middle age group (30-40 years).Working experience for less than 5years was found in nearly two third of the population and almost half of them in Khartoum city . General was calculated from table 2.2 and it shows satisfaction rate was low slightly higher than quarter(30%). Also causes low satisfaction are listed in table 2 and it include low salary , no clear job description ,tremendous working load .no opportunity for training .On the other hand 85% were satisfied with relationship with coworkers . satisfaction was found to be statistically associated with age ,marital status and residence and place of work no association was found between satisfaction and working load, experience or type of health Centre as shown in table 3 . the low satisfaction rate affects the retention of the staff at primary health centers where only 40% plan to stay and 70% had an intension to migrate (table 4) .this could be linked the fact that only 30% chose to work in primary health and 70% prefer to work in secondary care.

**Table-1 General characteristics of study population (n=211) .**

Variable		frequency(n)	Percentage%
gender	Male	43	20.4%
	Female	168	79.6%
Age	<30	62	29.4%
	30-40	126	59.7%
	>40	23	10.9%
Marital status	Married	150	71.1%
	Single	61	28.9%
Years of experience	<5 yr	123	58.3%
	5-10 yr	59	28.0%
	>10 yrs	29	13.7%
Place of work	Khartoum	106	50.2%
	Omdurman	73	34.6%
	Bahri	32	15.2%
classification of Health center	Referral	121	57.3%
	Not refrence	90	42.7%

**Table -2 :Factors Affecting satisfaction (n = 211)**

no	Item	Agree		Neutral		Disagree		Total
		F	%	F	%	F	%	
	Salary commensurate with the requirements of living	14	6.6	49	23.2	148	70.1	211
	Satisfaction with well written job description	47	22	47	22.3	117	55.5	211
	Satisfaction with opportunity for training	35	16.6	60	28.4	116	55.0	211
	Satisfaction with current working load	53	25.1	49	23.2	109	51.7	211
	Satisfaction with quality of health care services provided to client	54	25.6	55	26.1	102	48.3	211
	Satisfaction with working environment	45	21.3	65	30.8	101	47.9	211
7.	Satisfaction with relationship with co-worker	181	85.8	25	11.8	5	2.4	211

**Table-3 Association between socio-demographics and level of satisfaction (n=211) .**

Variable		Level of satisfaction		Percentage%	
		Satisfied n (%)	Dissatisfied n (%)	Chi square value	P- value
gender	Male	11(25.%)	32(19.2%)	0.7	.392
	Female	33(75%)	135(80.5%)		
Age	<30	2(4.5%)	60(35.9%)	22.8	.000*
	30-40	40(9.9%)	36(51.5%)		
	>40	2(4.5%)	21(12.6%)		
Marital status	Married	40(90.9%)	110(56.9%)	10.8	.001*
	Single	4(9.1%)	57(34.1%)		
	1-3	21(47.7%)	82(49.1%)		
	>3	2(4.5%)	10(6%)		
Residence	owned	37(84.1%)	116(69.5)	3.7	.053*
	Rental	7(15.9%)	51(30.5%)		
Years experience of	<5 yr	23(52.3)	100(59.9)	2	.372
	5-10 yr	16(36.4)	43(25.7)		
	>10 yrs	5(11.4)	24(14.4)		
	>7th	9(20.5%)	70(41.9%)		
Place of work	Khartoum	17(38.6 %)	89(53.3%)	10.4	.005*
	Omdurman	24(54.5 %)	49(29.3%)		
	Bahri	3(86 %)	29(17.4 %)		
classification of Health Centre	Reference	20(45.5%)	101(60.5%)	3.21	.073
	Not Reference	24(54.5%)	66(39.5%)		

**Table-4: Intension to Continue working in PHC or migration :**

	Item	Yes		No		Total
		F	%	F	%	
1	Individual self Choice to work at PHC Centre	64	30.3	147	69.7	211
2	plan to continue working at PHC Centre	88	41.7	123	58.3	211
3	Plan to migrate for working outside the Sudan	148	70.1	63	29.9	211
4	Opinion about preference to working at PHC center	75	35.5	136	64.5	211
	Would you advice a friend to work at PHC Centre	86	40.7	125	59.3	211

#### IV. Discussion and Conclusion

Judgement of the existing PHC situation and possible problems can be done by studying job satisfaction of medical Doctors and physicians. Job satisfaction is closely related to the high level of employee turnover and intentions to migrate [8, 9].

The low satisfaction in this study is in line with satisfaction among community physicians working in the ministry of health which was surveyed in 2008 in Sudan by Elhammadi A. who reported that 65% of dissatisfaction with job is due to income, working environment or opportunity for professional development.[7] Another study by Mutasim R indicated that general dental practitioners in Sudan showed good satisfaction.[10] . This is compatible with findings of a study in Turkey in 2002 which reported that, the job satisfaction level of all health Centre staff was low[11].dissimilar to findings of a study conducted among Norwegian general practitioner which showed high and stable level of job satisfaction due to good working condition ,well paid and strong primary health care system[11].An Indian study by Kumar P and colleagues in 2013 have shown that, dissatisfaction is high among MOs in regard to training policies and practices[12].

Satisfaction showed highly significant association with age (0.000) which might be attributed to being in the starts of their job career and not deeply dragged to social commitment, with marital status (0.001) . Dissatisfaction associated with married more than unmarried might be impacted by the financial issues[13]., with residence (0.053) and place of work (0.005). Inquiring about MO future with the current job revealed that most not intending to continue (58.3%), they are planning to migrate broad (70.1%) and don't advice friends to work for PHC (59.3%). The intention to leave the job seeking abroad opportunities of career building or job is very common nowadays in Sudan. Physician immigration from Sub-Saharan Africa to US was studied by

Siankam AB and published in 2013, the findings indicated that, the increase in last-decade migration was >50% in Nigeria (+1,113) and Ghana (+243), >100% in Ethiopia (+274), and >200% (+244) in Sudan. [13]

We conclude current study that, job satisfaction level among medical Doctors at primary health care centers was low. Factors attributed to it includes salary, working load, for doctors .Significant statistical associated was found between satisfaction and age, marital status, residence, and place of work . Alarming results showed intentions not to continue working for PHC and migrate

### References

- [1]. Smith R. Why are doctors so unhappy? *BMJ* 2001;322:/ 1073\_/4.
- [2]. Zuger A. Dissatisfaction with medical practice. *N Engl J Med* 2004;350:/69\_/75.
- [3]. Mechanic D. Physician discontent. *JAMA* 2003;/290:/941\_/6.
- [4]. Landon BE, Reschovsky J, Blumenthal D. Changes in career satisfaction among primary care and specialist physicians, 1997\_/2001. *JAMA* 2003;/289:/442\_/9.
- [5]. Diaz-Serrano, L. and Cabral Vieira, J.A., Low pay, higher pay and job satisfaction within the European Union: Empirical evidence from fourteen countries , *IZA Discussion Papers No. 1558*, Institute for the Study of Labour(IZA), 2005, available at: <http://ideas.repec.org/p/iza/izadps/dp1558.html>
- [6]. Gazioglu, S. and Tansel, A., Job satisfaction in Britain: Individual and job-related factors, *Economic Research Centre Working Papers in Economics 03/03*, Ankara, 2002, available at: <http://ideas.repec.org/p/met/wpaper/0303.html>
- [7]. Dr.AbdallaElhamadi Ahmed March 2008, assessment of job satisfaction among community Physician who working in Sudan ministry of health. SMSB(unpublished thesis)
- [8]. Iiona Buciuniene, AurelijaBlazeviciene and EgleBliudziute. *BMC Family Practice* 2005, 6:10.
- [9]. Davis T, Newstrom JW. *Human Behavior at Work: Organizational Behavior*. New York: McGraw-Hill Book Company; 1985.
- [10].
- [11]. Dr.RiemMutasim Malik, March 2003; job satisfaction among dentist working in the ministry of ministry of health ,Khartoum state. SMSB (unpublished thesis )
- [12]. *Scandinavian Journal of Primary Health Care*, 2005; 23: 198\_/202
- [13]. Kumar P, et al. Job Satisfaction of Primary Health-Care Providers (Public Sector) in Urban Setting. *J Family Med Prim Care*. 2013 Jul-Sep; 2(3): 227–233
- [14]. Siankam AB, et al. Physician Emigration from Sub-Saharan Africa to the United States: Analysis of the 2011 AMA Physician Masterfile. *PLoS Med*. Sep 2013; 10(9): e1001513.

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