Health Hazards, Job Satisfaction and Quality of Life of Health Professionals working at Government Hospitals in Mandalay City, Myanmar

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Abstract

Health professionals play a vital role in improving and restoring health status of the community. Quality of care, patient safety and patient satisfaction depend on their performance. Job dissatisfaction, poor quality of life and they themselves being unhealthy have significant impact on performance and commitment of health professionals. Therefore a cross-sectional study was conducted to determine health hazard, job satisfaction and quality of life of Myanmar health professionals during the period of February and March, 2014. Altogether 142 subjects (97 medical doctors and 45 nurses) working in government hospitals situated in Mandalay City were recruited after getting informed consent. This study found out that overall, very few health professionals were regular smokers (2.1%) and betel chewers (1.4%). There were no regular alcohol drinkers. However, among the male medical doctors12% and 8% were found to be regular smokers and betel nut chewers, respectively. Reading (58.5%) and watching movie (43.9%) are the most common recreational activities. About half (45.8%) of the subjects reported to have encountered injury either during an operation or while giving injections to patients. Such injury was reported in spite of 92.8% of all the respondents reporting to have followed universal safety precaution measures. In addition 67.6% reported that they did not have enough income and 21.1% reported not to be having adequate sleeping hours. In general 53% did not have job satisfaction. The reasons given for this were low salary (66.7%) and overwork (61.3%). However, most of the subjects (about 80%) fell into average levels of compassion satisfaction, burnout and secondary traumatic stress. Only 1% of the respondents were at low level of compassion satisfaction and high level of secondary traumatic stress. No respondent was at high level of burnout scale. Insufficient income was found to be major determinant of job satisfaction and quality of life of Myanmar health professionals ($p < 0.01$). There was significant relationship between job satisfaction and quality of life, especially burnout ($p = 0.008$). There is urgent need to address the problem of lacking job satisfaction through giving enough income and increasing manpower to reduce workload in hospitals. Strict adherence to universal precaution by health professionals should be reviewed and reinforced.

Introduction

Job satisfaction literally means employees' feeling towards their jobs.[1] Job satisfaction among health professionals affect patient satisfaction, patient behavior such as adherence to treatment

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given and quality of care. Job dissatisfaction and poor quality of life can lead to increased absenteeism (or) attrition, conflict and decrease in quality and productivity of work.[2] Professional quality of life means quality of someone's feeling in relation to his/her work as a professional. Professional quality of life encompasses positive and negative aspects. Positive aspect can be measured by compassion satisfaction and negative aspect by compassion fatigue that can be divided into burnout and secondary traumatic stress.[3] There are many health hazards to which health professionals are exposed in hospitals. Among them, mechanical hazards by pointed and sharp instruments such as needles, scalpel and knives are very common.[4]

Objectives

This study aimed to determine prevalence of health hazard, job satisfaction and quality of life of health professionals working at Government Hospitals situated in Mandalay City, Myanmar.

Materials and Methods

The study design used in this study was cross-sectional analytic design using questionnaire for collection of data (Anonymous self administered questionnaire, and chi-square test and STATA version 11 soft-ware were used for data collection and data analysis, respectively.) Epi-info version 7 statistical soft-ware was used in calculating sample size, and estimated job satisfaction was set at 60% with 95% confidence level and 10% confidence limit. Altogether 142 subjects (97 medical doctors and 45 nurses) working in government hospitals situated in Mandalay City were recruited after getting informed consent. The study was carried out in February and March, 2014. Smoking, alcohol drinking, betel chewing, getting injury during operation or giving injection to patients and having enough sleeping hours were assessed as health hazards. The presence or absence of these hazards was based on self report of the subjects. If a subject reported daily use of smoking, alcohol drinking or betel chewing for minimum seven days at the time of data collection, he or she was regarded as regular smoker, drinker or betel chewer, respectively. Quality of life was measured and categorized by using PROQOL version 5 (2009)[3]. Job satisfaction, sufficiency of income, recreational activities and adherence to universal safety precaution measures were also based on self-report. Reasons for job dissatisfaction were assessed using open-ended question.

Results

The subjects were 97 medical doctors (25 males and 72 females) and 45 nurses (all are females). Age distribution of participants is shown in Table 1. Overall, very few health professionals were regular smokers (2.1%) and betel chewers (1.4%). There were no regular alcohol drinkers. However, 12% and 8% of male medical doctors were regular smokers and betel chewers (Table 2). About half (45.8%; 95% CI = 37.4%, 54.3%) of the subjects gave a history of receiving injury during operation or while giving injection to patients although 92.8% of the respondents reportedly followed universal precaution measures. About 68% (95% CI = 59.2%, 75.2%) and 21.1% (95%

CI = 14.7%, 28.8%) did not have enough income and adequate sleeping hours, respectively. Fifty-three percent (95% CI = 44.3%, 61.2%) did not have job satisfaction and main reasons were low salary (66.7%) and overwork (61.3%). Reading (58.5%) and watching movie (43.9%) were the two most common recreational activities among the health professionals. Female medical doctors are more likely to read books and journals (55.9%) whereas males are more likely to watch movies (47.6%). Similarly, among nurses more of them prefer reading (70.6%) compared to watching movies (52.9%). Very few health workers travel for recreation (8.1%) and this could be due to low income. Table 5 shows the reasons of job dissatisfaction reported by the respondents in the study. About 67% of health professionals are not satisfied with their current low salary and 61.3% are saying that they are over worked. Only a few reported to be dissatisfied with their work as a result of health hazards (1.4%), family problems (4.2%) and career developments (5.6%). However, most of the subjects (about 80%) fell into average levels of compassion satisfaction, burnout and secondary traumatic stress (Table 4). Only 1% of the respondents were at low level of compassion satisfaction and high level of secondary traumatic stress. "QOL is found to have significant relation with income and degree of burnout" (Table 4). Insufficient income (Table 6) was found to be major determinant of job satisfaction and quality of life of Myanmar health professionals ($p < 0.01$). A significant relationship between job satisfaction and quality of life was observed (Table 7), especially in the burnout scale category ($p = 0.008$).

Table 1. Age (in years) Distribution of Health Professionals

Category (n)	Minimum	Maximum	Mean (sd)	Median	Mode
Doctors (97)	25	42	31.4 (4.3)	31	29
Male (25)	25	41	31.8 (4.7)	30	29
Female (72)	25	42	31.3 (4.1)	31	29
Nurses (45)	21	50	29.3 (7.1)	28	24
Total (142)	21	50	30.8 (5.4)	30	29

Table 2. Health Hazards and Insufficient Income by Different Categories of Health Professionals

Category (n)	Regular			Injury	Inadequate Sleep	Insufficient Income
	Smoker	Drinker	Betel Chewer			
Doctors (97)	3 (3.1%)	0 (0%)	2 (2.1%)	47 (48.5%)	20 (20.6%)	65 (67%)
Male (25)	3 (12%)	0 (0%)	2 (8%)	15 (60%)	6 (24%)	17 (68%)
Female (72)	0 (0%)	0 (0%)	0 (0%)	32 (44.4%)	14 (19.4%)	48 (66.7%)
Nurses (45)	0 (0%)	0 (0%)	0 (0%)	18 (40%)	10 (22.2%)	31 (68.9%)
Total (142)	3 (2.1%)	0 (0%)	2 (1.4%)	65 (45.8%)	30 (21.1%)	96 (67.6%)

Table 3. Recreational Activities of Health Professionals

Category (n)*	Reading	Watching Movies	Singing	Travelling	Others**
Doctors (89)	48 (53.9%)	36 (40.4%)	8 (9%)	7 (7.9%)	15 (16.9%)
Male (21)	10 (47.6%)	10 (47.6%)	2 (9.5%)	1 (4.8%)	1 (4.8%)
Female (68)	38 (55.9%)	26 (38.2%)	6 (8.8%)	6 (8.8%)	14 (20.6%)
Nurses (34)	24 (70.6%)	18 (52.9%)	8 (23.5%)	3 (8.8%)	1 (2.9%)
Total (123)	72 (58.5%)	54 (43.9%)	16 (13%)	10 (8.1%)	16 (13%)

* 8 doctors (4 males and 4 females) and 11 nurses did not respond.

** Others category includes playing with (or) caring children, gardening, gathering with friends (or) family, sleeping and meditation etc.

Table 4. Job Dissatisfaction and Professional Quality of Life by Different Categories of Health Professionals

Category (n)	Job Dissatisfaction	CSS			BS			STS		
		L	A	H	L	A	H	L	A	H
Doctors (97)	48 (49.5%)	0 (0%)	82 (85%)	15 (15%)	24 (25%)	73 (75%)	0 (0%)	33 (34%)	63 (65%)	1 (1%)
Male (25)	12 (48%)	0 (0%)	21 (84%)	4 (16%)	5 (20%)	20 (80%)	0 (0%)	11 (44%)	14 (56%)	0 (0%)
Female (72)	36 (50%)	0 (0%)	61 (85%)	11 (15%)	19 (26%)	53 (74%)	0 (0%)	22 (31%)	49 (68%)	1 (1%)
Nurses (45)	27 (60.0%)	1 (2%)	41 (91%)	3 (7%)	5 (11%)	40 (89%)	0 (0%)	15 (33%)	29 (64%)	1 (3%)
Total (142)	75 (52.8%)	1 (1%)	123 (86%)	18 (13%)	29 (20%)	113 (80%)	0 (0%)	48 (34%)	92 (65%)	2 (1%)

CSS - Compassion Satisfaction Scale; BS - Burnout Scale; STS - Secondary Traumatic Stress Scale

L - Low Level; A - Average Level; H - High Level

* There are no significant differences among and between groups statistically at $\alpha = 0.05$ level.

Table 5. Reasons of Job Dissatisfaction reported by the Health Professionals

Category (n)	Low Salary	Overwork	Health Hazard	Family Problem	Career Development
Doctors (48)	35 (72.9%)	31 (64.6%)	1 (2.1%)	5 (10.4%)	5 (10.4%)
Male (12)	10 (83.3%)	9 (75.0%)	1 (8.3%)	1 (8.3%)	2 (16.7%)
Female (36)	25 (69.4%)	22 (61.1%)	0 (0.0%)	4 (11.1%)	3 (8.3%)
Nurses (27)	15 (55.6%)	15 (55.6%)	1 (3.7%)	1 (3.7%)	3 (11.1%)
Total (75)	50 (66.7%)	46 (61.3%)	2 (2.7%)	6 (8.0%)	8 (10.7%)

Table 6. Association between Income, and Job Dissatisfaction and Professional Quality of Life

Income (n)	Job Dissatisfaction	CSS			BS			STS		
		L	A	H	L	A	H*	L	A	H
Sufficient (46)	12 (26.1%)	1 (2%)	37 (81%)	8 (17%)	16 (35%)	30 (65%)	0 (0%)	19 (41%)	27 (59%)	0 (0%)
Insufficient (96)	63 (65.6 %)	0 (0%)	86 (90%)	10 (10%)	13 (14%)	83 (86%)	0 (0%)	29 (30%)	65 (68%)	2 (2%)
p-value	< 0.001	0.167			0.003			0.289		

CSS - Compassion Satisfaction Scale; BS - Burnout Scale; STS - Secondary Traumatic Stress Scale
L - Low Level; A - Average Level; H - High Level
* - H category is omitted in data analysis due to its absence in both groups.

Table 7. Association between Job Satisfaction and Professional Quality of Life

Job Satisfaction (n)	CSS			BS			STS		
	L	A	H	L	A	H*	L	A	H
Present (67)	0 (0%)	55 (82.1%)	12 (17.9%)	20 (29.9%)	47 (70.1%)	0 (0%)	27 (40.3%)	40 (59.7%)	0 (0%)
Absent (75)	1 (1.3%)	68 (90.7%)	6 (8.0%)	9 (12%)	66 (88%)	0 (0%)	21 (28%)	52 (69.3%)	2 (2.7%)
p-value	0.140			0.008			0.120		

CSS - Compassion Satisfaction Scale; BS - Burnout Scale; STS - Secondary Traumatic Stress Scale
L - Low Level; A - Average Level; H - High Level
* - H category is omitted in data analysis due to its absence in both groups.

Discussion

The prevalence of risk behavior like smoking is slightly lower among health professionals in this study than that found in Laos[5] (5% compared to 2.1% observed in this study). Similarly the prevalence of work-related injury and inadequate duration of sleep are lower than that of health workers in an Obstetric & Gynaecology unit of a Nigerian teaching hospital[6] (45.8% versus 76% for injury and 21.1% versus 42% for inadequate duration of sleep). However, an alarming higher percentage was seen with regards to work related injury among health workers in this study in Mandalay (45.8%) compared to a similar study done in Nigeria where the occurrence of injury is much lower (10%).[4]

Around fifty-three percent of health professionals in the study reported job dissatisfaction and 68% of them complained of insufficient income including low salary (66.7%). In 61.3% of health professionals, overwork was identified as a significant determinant of job dissatisfaction. Similar find-

ings are also reported in a study done in Laos[1], Pakistan[7,8] and India.[2] Insufficient income is found to have significant effect on quality of life, income or QOL in the present study. A study conducted in India[9] also shows the same result. These findings indicate that working environment and income are important factors to have job satisfaction and to improve quality of life of health professionals. Job satisfaction itself is found to be significantly related to professional quality of life, especially burnout. The similar finding is also reported in a study done in Turkey.[10]

The present study revealed that although there was no statistically significant difference between medical doctors and nurses, job satisfaction and professional quality of life were lower in nurses. This could be due to insufficient manpower leading to high workloads for nurses in government hospitals.

Conclusion

The present study suggests that there is urgent need to address the problem of lacking of job satisfaction among health professionals in Myanmar. The study has highlighted the importance of providing sufficient salary / income and the need to increase human resources in order to reduce their workloads in government hospitals. Providing proper motivation and improving welfare for health professionals should be enhanced. Strict adherence to universal safety precaution measures by health professionals needs to be reviewed and appropriate measures strictly enforced in order to reduce work-related injury.

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