

# Job satisfaction in Serbian health care workers who work with disabled patients

Research Article

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**Abstract:** The study was undertaken to assess job satisfaction among health care workers (HCWs) who work with disabled patients and to identify the factors that contribute to their job satisfaction. This was a cross-sectional study conducted at nine rehabilitation centers in Serbia. The study sample consisted of doctors, nurses, physiotherapists, and other HCWs (social workers, work and speech therapists, and psychologists). A self-administrated questionnaire was distributed to 170 HCWs. Chi square testing and multivariate logistic regression analyses were applied. The response rate was 97.1% (165/170). Overall job satisfaction was reported by 22.4% of the respondents and was associated with hospital politics (odds ratio [OR], 4.16; 95% confidence interval [CI], 1.13–15.30), personal relationships (OR, 13.96; 95% CI, 4.07–47.92) and the feeling of being able to provide a good quality of care (OR, 5.24; 95% CI, 1.62–16.99). Profession, age, and gender did not affect job satisfaction. In conclusion, the results show very low job satisfaction among HCWs. Improving contributing factors may lead to higher job satisfaction and a better quality of health care.

**Keywords:** Job satisfaction • Health care workers • Disabled patients

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## 1. Introduction

Satisfaction with one's profession can affect not only motivation at work but also career decisions, personal health, and relationships with others. Those working in a profession that is undergoing dynamic and sometimes unpredictable changes can be especially susceptible to feelings of uncertainty and reduced professional satisfaction [1,2].

Job satisfaction is a complex phenomenon. It refers to an individual's attitude towards his work. Robbins proposed a broad definition of job satisfaction that took into account that jobs require interaction with coworkers and superiors, adherence to organizational rules and policies, and the achievement of performance standards. This means that an employee's self-assessment of job satisfaction is a complex summation of a number of discrete job elements [3]. Price showed that promotion,

supervisor influence, work-related attitude, education, gender, age, and salary are all elements that determine job satisfaction [4]. Furnham et al. further demonstrated that job-specific factors or the personal experiences of individuals are also powerful predictors of job satisfaction [5].

Previous studies have shown that what makes a job satisfying or dissatisfying depends not only on the nature of the job but also on the expectation of what the individuals perceive their job should provide. Generalizations are always risky because various personal factors and expectations are involved, which are likely to generate exceptions [6].

Health care workers (HCWs) are at high risk for job dissatisfaction. Job satisfaction, which is usually lower among HCWs than in other types of organizations, has a major influence on job-related behavior, such as turnover, absenteeism, and self-reported job performance [7].

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Also, job satisfaction has a special implication for health care service and quality of care [8].

There is evidence that patients of physicians who have higher professional satisfaction may themselves be more satisfied with their care [9]. There have been a large number of studies addressing job satisfaction among providers of health care. Unfortunately, there has been a noticeable lack of such studies in Eastern European countries.

The aim of this study was to determinate job satisfaction among HCWs who work with disabled patients as well as factors influencing job satisfactions. In Serbia, as the population grows and ages, improving rehabilitation services will be one of the most important issues facing health politics in years to come. Providing preventive and rehabilitative health care to disabled persons is an ethical mandate and an important public service. Thus, perceiving and improving job satisfaction among HCWs is very important for the development of future health care policies and procedures [10,11].

## 2. Material and Methods

The study was conducted among 170 Serbian HCWs who work with disabled patients. This was a multicenter cross-sectional study carried out in nine rehabilitation centers and with multidisciplinary HCWs. Besides university hospitals, these nine centers provide health care to disabled patients. The sample consisted of doctors, nurses, physiotherapists, and other HCWs (social workers, work and speech therapists, and psychologists) that are members of the “rehabilitation teams”.

The data was collected by an anonymous self-administered questionnaire, which was administrated by trained interviewers. Measures included demographic data (sex, age, occupation, and current job position), self-reported job satisfaction, relationship with patients, interpersonal relationships, hospital politics, ability of HCWs to provide good quality care, and self-assessment of professional and educational needs, problems at work, and practice characteristics.

The current satisfaction variable was created from four questions (day-to-day practice, professional autonomy, professional motivation, and participation in the decision-making process). A dichotomous satisfaction variable was created as follows: A “yes” response to all questions indicated current professional satisfaction and a “no” response to any question was used as an indicator of not being satisfied.

Data were analyzed by descriptive statistics, chi-square test for differences by occupation, and logistic

regression (univariate and multivariate). Associations between variables were initially tested using the chi-square test. Logistic regression was used to identify the odds ratio (OR) for job satisfaction. Variables entered into the logistic regression model were: profession, age, gender, hospital politics, relationship with patients, interpersonal relationships, intellectual stimulation, and feeling of being able to provide a good quality of care. Independent variables were dichotomously constructed. The OR and 95% confidence intervals (CIs) were obtained, and a p value less than 0.05 was taken as the minimum level of significance.

## 3. Results

Of the 170 HCWs, 165 completed the questionnaire, giving a response rate of 97.1%. Of these 165, 133 (80%) were female and 32 (20%) were male. A total of 80 (48.5%) were nurses, 21 (12.7%) were doctors, 29 (17.6%) physiotherapists, and 35 (21.2%) other HCWs. The mean age of the respondents was  $39.2 \pm 7.5$  years (Table 1).

**Table 1.** Characteristics of HCWs.

Characteristics	n=165
Gender, n (%)	
Female	133 (80.6%)
Male	32 (19.4%)
Profession, n (%)	
Doctors	21 (12.7%)
Nurses	80 (48.5%)
Physiotherapeutic	29 (17.6%)
Others	35 (21.2%)
Age (years), mean (range)	39.2 (21–59)

Overall job satisfaction was reported by 37 (22.4%) of the HCWs. The lowest job satisfaction was found among nurses 13 (16,3%). Age and gender did not influence job satisfaction.

More than half of HCWs (86 [52.1%]) agreed that their working environment was not at all stimulating and that there had not motivation for the job (84 [50.9%]). Approximately one-fifth of the respondents (32 [19.4%]) responded that they had no personal or clinical autonomy, and most (117 [70.9%]) felt that they rarely participated in the decision-making process.

Educational stimulation was not often present according to the respondents. Sixty-four percent feel that they do not have adequate professional development or educational stimulation in the workplace. In general,

HCWs were not satisfied with their psychosocial environment and interpersonal relations (138 [83.6%]). Among all respondents, doctors were the most satisfied (chi-squared, 8.47;  $p < 0.001$ ).

Good interaction with patients is essential for quality of care, especially for disabled patients. The majority of HCWs (131 [79.4%]) reported good communication and good relationship with their patients. Despite this high level of good interaction with patients, respondents were not satisfied with hospital politics (140 [84.8%]), with no significant difference by profession. Of the respondents, nurses were the most unsatisfied. Half of HCWs (68 [41.2%]) are facing lack of clinical protocols and guidelines at their work place. The majority of respondents stressed that the major problems in their work are a lack of modern equipment, bad organization, the amount of time they spend with patients, and relationships with other staff members.

Using the logistic regression models, we found that job satisfaction among HCWs was associated with hospital politics (OR, 4.16; 95% CI, 1.13–15.30), interpersonal relationships (OR, 13.96; 95% CI, 4.07–47.92), and feeling that they can provide a good quality of care (OR, 5.24; 95% CI, 1.62–16.99) (Table 2).

## 4. Discussion

Our study found very low level of job satisfaction and generally low level of any kind of job-related satisfaction in Serbian HCWs compared to HCWs worldwide [12–14]. We found that job satisfaction was associated with hospital politics, good interpersonal relationships, and a feeling of being able to provide a good quality of care. Previous studies suggest that there are strong interrelationships between low levels of job satisfaction and organizational factors [7,15]. Furthermore, numerous studies conducted among HCWs point to the importance of interpersonal relationships in job satisfaction [16,17]. Similarly, the findings of this study support the idea that interpersonal relationships are important in job satisfaction.

Similar to other studies, Serbian HCWs share

similar problems at their workplace, with no difference by specialty or educational level [18–20]. Dissatisfaction with the degree of personal autonomy in clinical decision-making, the amount of time spent with patients, system roles, balance between personal and professional commitments, and earnings are some examples of problems identified in this study.

This study has several strengths and limitations. Our data are based on self-reported perceptions of HCWs who work with disabled patients. Perception, as compared with facts, can be very time-sensitive and likely differ. Also, the cross-sectional study design did not allow determination of the causal relationships among variables. It must not be forgotten that these data provide a window into job satisfaction of HCWs during a period of dramatic changes in Serbia. The past 15 years of political, social, and cultural transition in Serbia, combined with the devastating impact of conflict have resulted in deterioration of all aspects of life. Citizens were surrounded by war, bombarded with incessant and aggressive war propaganda with constant images of human suffering and were continuously exposed to violence and crime [11]. It is possible that all these of these influences contributed to job dissatisfaction among Serbian HCWs.

The health care system in Serbia is now undergoing tremendous changes due to health care reform. Therefore, despite the limitations of the study, our results may contribute to the reformation process. There is also a challenge for management to develop effective, diverse ways of providing recognition and expanding work responsibilities for employees as they mature in their work capabilities and to redesign jobs and training programs to foster growth and development of individual employees.

Our results may also stimulate further research and provide a valuable reference point for future studies on job satisfaction. We suggest that improvement in the health care field be a priority. From a practical perspective, the issues addressed here are central to changes in management practices that should be an integrated part of the ongoing reform.

**Table 2.** Predictors for job satisfaction among HCWs.

Variable	Univariate			Multivariate		
	p	OR	95% CI	p	OR	95% CI
Good hospital politics	0.000	21.46	7.56–60.89	0.032	4.16	1.13–15.30
Good interpersonal relationships	0.000	20.34	7.49–55.24	0.000	13.96	4.07–47.92
Good relationship with patients	0.000	6.15	2.79–13.52	0.059	2.83	0.96–8.32
Good quality of care	0.000	11.37	4.73–27.37	0.005	5.24	1.62–16.99

Data are from a total of 156 HCWs. Abbreviations used: OR, odds ratio; CI, 95% confidence interval

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