

Level of Job Satisfaction among National Health Mission staff in Madhya Pradesh



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Acronyms

ANM	Auxiliary Nurse Mid wife
BPM	Block Programme Manager
BPMU	Block Programme Management Unit
CH	Civil Hospital
CHC	Community Health Centre
DAM	District Accounts Manager
DDO	District Data Officer
DEO	Data Entry Operator
DH	District Hospital
DPM	District Programme Manager
DPMU	District Programme Management Unit
FD	Feeding Demonstrator
JSS	Job Satisfaction Scale
LT	Laboratory Technician
MO	Medical Officer
SHC	Sub-Health Centre
NHM	National Health Mission
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PMU	Programme Management Unit
PRC	Population Research Centre
RBSK	Rashtriya Baal Suraksha Karyakram
SN	Staff Nurse

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Executive Summary

Job satisfaction can be understood in terms of its relationships with other key factors, such as general well-being, stress at work, control at work, home-work interface, and working conditions. Job satisfaction greatly determines the productivity and efficiency of human resources for health. Job satisfaction matters to health system managers because it is an important factor in predicting system stability (reduced turnover) and worker motivation. If motivation is defined as the willingness to exert and maintain effort toward attaining organizational goals, then well-functioning systems seek to boost factors (such as morale and satisfaction) that predict motivation.

Employee satisfaction in the organization is key to quality service delivery in the health sector. MP is downscaling various category of NHM staff both at the district and block level in spite of paucity of staff in all the districts. In the PMUs too rationalizing of different posts under the present phase of NHM (2017) was observed during monitoring of PIP undertaken by PRC, Sagar.

The study present aimed to assess the level of job satisfaction among contractual NHM staff. The study aimed to identify the role of intrinsic and extrinsic factors in determining job satisfaction among all categories of NHM staff, to delineate the reasons for satisfaction and dissatisfaction in different job domains.

Two districts Vidisha and Guna with high NHM staff presence were purposively selected where the presence of NHM contractual staff was considerably high. Total 244 NHM staffs working in different public health facilities in the two districts were administered the job satisfaction scale prepared by Amar Singh and T.R. Sharma. The job satisfaction scale was administered to all category of category of NHM staff including MOs, supervisors, SNs, ANMs, and data entry operators and those working in DPMU/BPMU. Also, qualitative reasons for their satisfaction and dissatisfaction were ascertained through questions like difficulty faced in the

present job, any other profession they would like to choose, apply for a job elsewhere, enhance training skills, job related stress and coping strategies used to reduce job related stress, factors inhibiting performance in their present job.

The results show that the NHM staff of Vidisha district are more satisfied in their jobs than their NHM counterparts of Guna. Nearly half of the respondents in Vidisha and two-fifths in Guna district have rated their job satisfaction as average. Male respondents are more dissatisfied in comparison to females. Those NHM workers who have served less than 5 years are more satisfied in their job than those have a work experience of five or more than 5 years.

Nearly one-third NHM staff working in different positions, medical, para-medical, managerial, DEOs, caretakers are unsatisfied or very unsatisfied with their overall job as well as the new appraisal system which they felt was unjustified.

The low levels of job satisfaction among NHM staff in M.P. can be attributed to lack of a well- defined transparent HR policy, low salary, high workload, and unsatisfactory supervision. The present appraisal system has created dissatisfaction and anxiety among different category of NHM staff many of whom have invested more than a decade in the work force. Recent yearly renewal of contract and transfer policy introduced by the state has left these contractual workers demoralized.

The salary of staff has remained stagnant for the last few years and take-home salary has reduced due to EPF deductions since 2017 and TDS being regularly deducted at source. For these staff already getting low wages, an additional out of pocket expenditure for filing the tax returns is a burden. For DPMs who were getting TA/DA at par with first class state level officers, a downgrading has taken place in TA/DA which is now equivalent to that of the clerical staff.

Although health workers in this study intended to stay in their jobs and have expressed average satisfaction on a number of job domains, a lot of groundwork is required to improve their service conditions. The desire to serve still persists, but a sizable minority given a chance would serve elsewhere. These staff who already know their work are unable to serve to the best of their abilities and potentials. They are unable to satisfy their professional commitments and may gradually distance themselves emotionally from their work, reducing their commitment and

motivation due to the present work environment. This was evident while holding discussions with them. When working conditions are poor and workload is high, health workers are undermotivated and frustrated.

Several strikes and protests by the NHM staff of all categories (medical, paramedical, DPMU) in M.P. which has been an ongoing process in the last two years. This is a testimony to the fact that the professionals involved in the public health sector are dissatisfied with HR policies, which is seriously affecting the health services. The state has augmented many of the national programmes under NHM, but at the cost of curtailing benefits of the NHM staff in the state. Sustaining these programmes will be a challenge for the state government.

Recommendations

- Under the NHM, contract appointments have improved the overall availability of health-care and management unit staff in M.P. where severe paucity of HR persists. However, the level of motivation of these contractual workers needs to be enhanced to improve the effectiveness and efficiency of health-care services.
- The principle of “equal pay for equal work” should be exercised wherein contractual workers should get similar salary as regular health-care workers. There should be promotional opportunities for all contractual health-care workers and other NHM staff at par with their regular counterparts.
- The factors which need immediate attention are privileges attached to the job, like regular salary increment, work environment, organization facilities, career development plan, facilities for training and upgrading knowledge and defined set of work. Over burdening them with work affects efficiency.
- A transparent appraisal system is essential, in which contractual workers need assurance that they will not be victimized unduly. The track tenure system may be applied for their appointment.

- There should be a proper policy of leaves, gratuity/ TA/DA/ medical allowances, and other benefits. Dialogue is necessary on regular basis to integrate them in the mainstream health services.
- If the contractual workers are to remain in the health care system, attractive remuneration packages are essential because they have no pension or other social security benefits to fall back upon.
- Much of the regular HR in the public health sector are due to retire within a span of five years in the state. Serious efforts are necessary to retain these staff to ensure that quality of health care services is not affected.
- The guiding principle of the state in framing HR policy for NHM staff should be that, workers in strong health systems are more motivated and satisfied, leading to workforce stability and better patient care and thereby achieving the health goals.

Level of Job Satisfaction among National Health Mission Staff in Madhya Pradesh

1. Introduction

Job satisfaction or employee satisfaction has been defined in many different ways. Some believe it is simply how content an individual is with his or her job, in other words, whether or not they like the job or individual aspects or facets of jobs, such as nature of work or supervision (Septor, 1997). Others believe it is not as simplistic as this definition suggests and instead that multidimensional psychological responses to one's job are involved (Hulin et al, 2003). Researchers have also noted that job satisfaction measures vary in the extent to which they measure affective job satisfaction (Thompson, et.al 2012). Moorman, 1993 has discussed about the cognitive aspects of job satisfaction.

Job satisfaction can also be seen within the broader context of the range of issues which affect an individual's experience of work, or their quality of working life (Tomažević et.al 2014). Job satisfaction can be understood in terms of its relationships with other key factors, such as general well-being, stress at work, control at work, home-work interface, and working conditions.

Job satisfaction is a widely accepted psychological aspect of functioning in any profession. The credit of bringing this term into currency goes to Hoppock (1935). He reviewed a little over 30 contemporary studies and concluded that though there was much opinion about job satisfaction yet there was not much factual work done in the field. The *summum bonum* of the opinions is that job satisfaction is a favourableness with which workers view their job. It results when there is a fit between job requirements and the wants and expectations of the employees. In other words, it expresses the extent of match between workers expectations (also aspirations) and the rewards the job provides and the values it creates and gets cherished.

Theories of Job Satisfaction

Recent years have witnessed a lot of conceptualization with regard to factors involving job satisfaction. Available are numerous theories independent and interrelated, which explain,

atleast tend doing so the different facets of job satisfaction, which view this phenomena from different angles and endeavour to explore in all its dimensions.

Maslow (1954) proposes that people are continuously in motivational state, as one desire becomes satisfied, another rises to take its place. He postulates a hierarchy of human needs- physiological needs, safety needs, social needs, esteem, status, self-actualization etc. Under Vroom's Valence-Instrumentality-Expectancy Theory (1964) the assumption is that behaviour in organizations is viewed as a function of the interaction of personality, e.g., ability, values, needs, expectations, instrumentalities and role demand, and general environments, in short organizational contingencies, environmental constraints, supervision, job or task requirements.

Adam's Equity Theory (1964), is essentially a social comparison theory in which an individual evaluates his inputs versus outputs derived from a given situation relative to those of another, where this 'other' may be a person, a group, an organisation or the individual himself relative to his experiences from an earlier point in time. To the extent that an individual perceives and imbalance in this relationship (i.e. inequity), it is postulated that he will experience disaffection and be motivated to engage in some kind of activity which will restore equity.

Herzberg's Dual Factor Theory (1959) contemplates that satisfaction and dissatisfaction are two distinct and independent feelings. They are unipolar dimensions. A man can be very satisfied and very dissatisfied at the same time. These and other theories, as individual concepts do not convey fully the meanings of job satisfaction but all of them put together do lend a wholesome peep into the complex phenomenon called job satisfaction. Depending upon these postulates, taken as single or groups, many researchers have tried to measure the quantum of job satisfaction in the workers. But most of the measuring tools have been constructed and applied on industrial workers and not on different categories of employees in different walks of life, there was no one such tool which could be used to find the job satisfaction of any category of employees all at one time and hence the present scale was conceived.

Measuring Job Satisfaction among Health Workers

Job satisfaction is a significant predictor of the quality and efficiency of the health-care systems. (Dixit et.al, 2017) It refers to the perception of health-care workers regarding various aspects of their work, such as physical atmosphere, privileges attached to the job, work-related issues, attitude of boss and coworkers, promotion opportunities, career growth, and human resource issues. Job satisfaction affects employees' organizational commitment and consequently the quality of health services. In health sector, the job satisfaction of health-care workers has a positive and strong association with patients' satisfaction and contributes to the continuity of care. Conversely, job dissatisfaction has a negative impact on the structure and workflows of organizations such as nonconformance with procedures and policies, increase in work accidents, organizational conflicts, increase in rate of medical errors, increased burnout and turnover of health-care staff, thus jeopardizing patient safety.

Job satisfaction matters to health system managers because it is an important factor in predicting system stability (reduced turnover) and worker motivation. - If *motivation* is defined as the willingness to exert and maintain effort toward attaining organizational goals, then well-functioning systems seek to boost factors (such as morale and satisfaction) that predict motivation. A survey of ministries of health from twenty-nine countries found that low motivation is seen as the second most important health workforce problem, after staff shortages(Pawan Kumar et.al, 2014).

When working conditions are poor and workload is high, health workers are undermotivated and frustrated. They are unable to satisfy their “professional conscience” and will distance themselves emotionally from their work, reducing their commitment and motivation. Sometimes the lack of supplies or equipment is viewed as being beyond anyone’s control, but when poor management or corruption are perceived to be at the root of the problem, health workers told us that it is especially frustrating to them. A modernized policy on health workforce performance, including an absence-management policy to address filling in for workers away on study leave, could address problems of supply and working conditions related to workforce retention (Hagopian,A.et.al, 2009).

Job Satisfaction among NHM staff in India

Health-care professionals in public sector of India seem to be less satisfied with the policies of the health-care institutions. Several strikes and protests by the health-care professionals in India in the recent past are the testimony of the fact. This has raised a continuous threat of attrition of medical professionals in public health-care sector. National Health Mission (NHM) has emphasized on increasing the level of satisfaction of health-care workers by providing better incentives and working environment and decreasing the workload by recruitment of more staff. One strategy to increase the effectiveness and efficacy of health-care services formulated by the National Rural Health Mission is contractualization of staff in health centers. However, increasing attrition of contractual staff is a big question mark for the sustainability of contractual model in health-care system.

A cross-sectional quantitative study was conducted from January to June 2015 among health care workers at all levels of public health-care facilities of Chandigarh. This study by Dixit et.al in 2017 aimed to assess the level of satisfaction and factors influencing the job satisfaction among regular and contractual health-care workers in. Findings indicate concerns regarding the level of motivation of health workers with various aspects related to the job, which need to be urgently addressed so as to improve the effectiveness and efficiency of health services. Job satisfaction greatly determines the productivity and efficiency of human resources for health.

MP is downscaling various category of staff both at the district and block level in spite of paucity of staff in all the districts. In the PMUs too rationalizing of different posts under the present phase of NHM (2017) was observed during monitoring work undertaken by PRC, Sagar. Employee satisfaction in the organization is key to quality service delivery in the health sector.

Good human resource management drives employee's satisfaction in the organization. Overall organizational climate plays a key role in the overall performance of the employee. Job satisfaction is one of the key components for improving the employee morale, which is ultimately critical for providing good quality of services in the public health sector. Job insecurity, anxiety and queries about performance appraisal were raised by NHM staff in different districts which provided a background for the present study.

1.2 Objectives

1. To assess the level of job satisfaction among contractual NHM staff.
2. The study aimed to identify the role of intrinsic and extrinsic factors in determining job satisfaction.
3. The study attempted to delineate the reasons for satisfaction and dissatisfaction in different job domains.

1.3 Study Design

Two districts Vidisha and Guna with high NHM staff presence were purposively selected where the presence of NHM contractual staff was considerably high. Total 244 NHM staffs working in different public health facilities in the two districts were administered the job satisfaction scale prepared by Amar Singh and T.R. Sharma. The job satisfaction scale was administered to all category of category of NHM staff including MOs, supervisors, SNs, ANMs, and data entry operators and those working in DPMU/BPMU. Also, qualitative reasons for their satisfaction and dissatisfaction were ascertained through questions like difficulty faced in the present job, any other profession they would like to choose, apply for a job elsewhere, enhance training skills, job related stress and coping strategies used to reduce job related stress and factors inhibiting performance in their present job.

Job Satisfaction Scale: The Job Satisfaction Scale prepared by Dr. Amar Singh and Dr. T. R. Sharma was used for the study purpose. A total of 30 items were used in this scale. These statements included 13 job intrinsic statements (factors inherent in the job), which had both job concrete (7 statements like place of posting, working conditions, social life etc.) and job abstract statements such as cooperation (6 statements), democratic functioning, cooperation etc., Seventeen job extrinsic statements (factors residing outside the job) which included psycho social areas like intelligence (8 statements), social circle, economic such as salary and allowance (4 statements) and issues like community, national growth, quality of life, national economy (5 statements) etc. For each item, a respondent had an option to choose from a five-point Likert scale representing various degrees of satisfaction: 1-extremely dissatisfied, 2-dissatisfied, 3-not sure, 4-satisfied, and 5-extremely satisfied. The scale has both negative and positive statements. Items 13 and 21, are negative statements, others all are positive. Four items number 12, 15, 16 and 28 have been modified for the purpose of the present study.

1.4 Presentation of Report

This report is presented in five sections. The first introductory section comprises of the background and objectives of the study, including study design and study tools. The second section presents a brief profile of respondents interviewed. The third section presents data analysis and results. The fourth section highlights the respondent's perspective about different dimensions of their work and factors contributing to their satisfaction. The last section presents the conclusions and recommendations.

Table 1: Coverage of health facilities in Vidisha and Guna districts			
Health facilities covered	Vidisha	Guna	Total
District Hospital	1	1	2
CH/CHC	5	5	10
PHC	3	10	13
UPHC	3	3	6
SHC	9	8	17
Total	21	27	48

Table 1 presents the health facilities visited for data collection and Table 2 shows the different category of NHM staff interviewed in the two districts. Among the different categories of staff interviewed in the two districts maximum were SN/ANM/FD, followed by LT/Pharmacists and DEOs. Efforts were made to interview NHM staff working in different sections to get a wide coverage.

Table 2: Different category of NHM staff interviewed in Vidisha and Guna districts			
NHM Staff	Vidisha	Guna	Total
Medical Officer	13	6	19
SN/ANM/FD	50	47	97
LT/Pharmacist	17	21	38
DPM/DDO/DCM/DAM	1	2	3
BPM/BAM/BCM	6	3	9
DEO	13	20	33
Other	22	23	45
Total	122	122	244

2. Background Profile of Respondents

Table 3. Background profile of respondents by districts			
Profile of Respondents	Vidisha	Guna	Total
Age of the Respondent			
<=25 years	7.4	3.3	5.3
26-30	45.9	39.3	42.6
31-35	22.1	30.3	26.2
>35 years	24.6	27.0	25.8
Sex			
Male	37.7	50.8	44.3
Female	62.3	49.2	55.7
Educational Qualification			
Upto12th class	9.0	5.0	7.0
Graduate	18.0	15.6	16.8
Post Graduate	26.2	23.0	24.6
Medical Graduate	10.7	5.7	8.2
Medical PG	2.5	1.6	2.0
Diploma	6.6	10.7	8.6
Other	27.0	38.5	32.8
Religion			
Hindu	92.6	93.4	93.0
Muslim	4.1	.8	2.5
Sikh	.8		.4
Christian	2.5	5.7	4.1
Caste			
Scheduled Caste	17.2	21.5	19.3
Scheduled Tribe	5.7	15.7	10.7
Other Backward Caste	35.2	26.4	30.9
General	41.8	36.4	39.1
Total	100.0	100.0	100.0

Table 3. Background profile of respondents by districts			
Profile of Respondents	Vidisha	Guna	Total
Marital Status			
Unmarried	19.7	13.9	16.8
Married	79.5	84.4	82.0
Divorced	0.0	0.8	0.4
Separated	0.8	0.8	0.8
No. of children			
No living child	20.6	21.9	21.3
1 child	41.2	36.2	38.6
2 children	33.0	40.0	36.6
>=3 children	5.2	1.9	3.5
Mean no. of living child	1.25	1.21	1.23
Type of Family			
Joint	69.7	82.0	75.8
Nuclear	30.3	18.0	24.2
Source of Family Income			
Salary	86.9	92.6	89.8
Agriculture	6.6	4.1	5.3
Business	3.3	1.6	2.5
Other	3.3	1.6	2.5
Monthly Income			
<=5000	12.3	5.7	9.0
5001-10000	26.2	32.0	29.1
10001-15000	27.9	19.7	23.8
15001-20000	15.6	23.0	19.3
>20000	18.0	19.7	18.9
Total	100.0	100.0	100.0

Table 3 highlights that more than two-fifth of the respondents belong to the younger age group of 26- 30 years (43 percent) and more than one-fourth each belong to the age group of 31- 35 years and 35 years and above. The survey covered more female respondents (56 percent) in comparison to males (44 percent). One-fourth of the respondents were post graduates and approximately 8 percent interviewed were medical graduates. One-third respondents had additional qualifications (33 percent) like a diploma in computer, diploma in laboratory technician's work, nursing training etc. apart from their basic qualifications. Majority of the respondents were Hindus and two-fifths belonged to the general category but about one-third (31 percent) of them were from other backward castes. Four-fifths and more were married respondents in both the districts, except 17 percent who were married at the time of survey. More than three-fourth of the respondents were from joint families (Vidisha: 70 percent; Guna:

82 percent). Most of the respondents were having one to two children. Mean living children was 1.23. For majority respondents their main source of income is their monthly salary ranging between Rs. 5000-10000 for 29 percent and 10001-15000 for 24 percent respondents. One-fifth respondents had a monthly salary of Rs. 20000 and above. Average monthly income works out to Rs. 15098 per month.

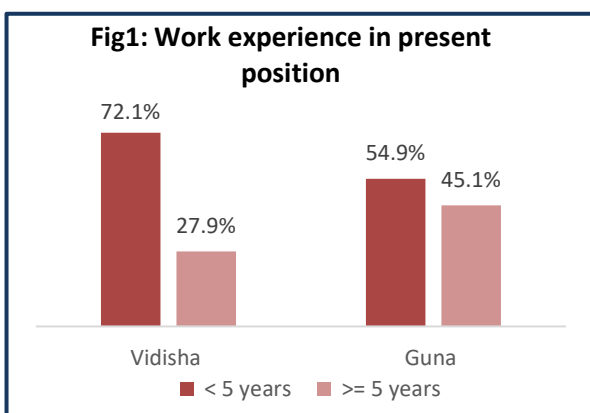


Figure 1 indicates that 72 percent respondents in Vidisha and more than half in Guna district have less than five years of experience on their present job. Conversely more than one-fourth and more than two-fifths have work experience of 5 years and above in the present post in Vidisha and Guna districts respectively.

3. Analysis and Results

At the first stage the raw scores of thirty items from the JSS scale were analysed based on the responses obtained on a five point scale of 244 respondents from the two districts. The positive statements carried a weightage of 5, 4, 3, 2, 1 and the negative statements carried a weightage of 1,2,3,4,5. Item numbers 13 and 21 were negative. All the values on the 30 items are added to derive the raw score for each respondent. The minimum and maximum range of scores is 38 and 142. For interpretation of raw scores, Z scores were computed from individual raw scores. The formula for computing the Z score is:

$$Z = \frac{X_i - \bar{X}}{\sigma_X}$$

Where Z is Z-score
 X_i is i^{th} observation of the raw scores obtained for each respondent
 $\bar{X}$ is the mean of raw scores
 σ_X is the standard deviation of raw scores

Norms for Interpreting level of job satisfaction			
Sr. No.	Range of Z Scores	Grade	Level of Satisfaction
1	+2.01 & above	A	Extremely Satisfied
2	+1.26 to +2.00	B	Highly Satisfied
3	+0.51 to +1.25	C	Above Average Satisfied
4	-0.50 to +0.50	D	Average/Moderate Satisfied
5	-0.51 to -1.25	E	Dissatisfied
6	-1.26 to -2.00	F	Highly Dissatisfied
7	-2.01 & below	G	Extremely Dissatisfied

At the second stage the raw scores obtained for 26 items were grouped together and each group represented five different domains of job satisfaction. Combined Z scores were computed for each group. These domains are:

1. Job intrinsic factors (factors inherent in the job) **Total Statements= 11**
 - i. Job concrete statements: Item nos. 6, 11, 13, 19, 23 & 25 = 6
 - ii. Job abstract statements: Item nos. 8, 17, 20, 21 and 27 = 5
2. Job extrinsic factors (factors residing outside the job) **Total Statements= 15**
 - i. Intelligence and social circle: Item nos. 1, 3, 4, 7, 10, 26, 30=7
 - ii. Economic such as salary allowance: Item nos. 2, 5, 9, 18=4
 - iii. Community national growth such as quality of life: Item nos. 14, 22, 24, 29=4

Job satisfaction by profile of respondents: Figure 2 and Table 4 below highlights the proportion of satisfied/dissatisfied respondents based on combined Z scores of 30 items.

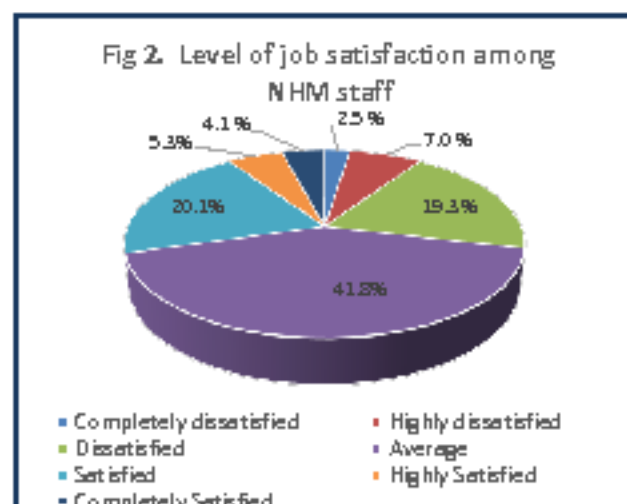
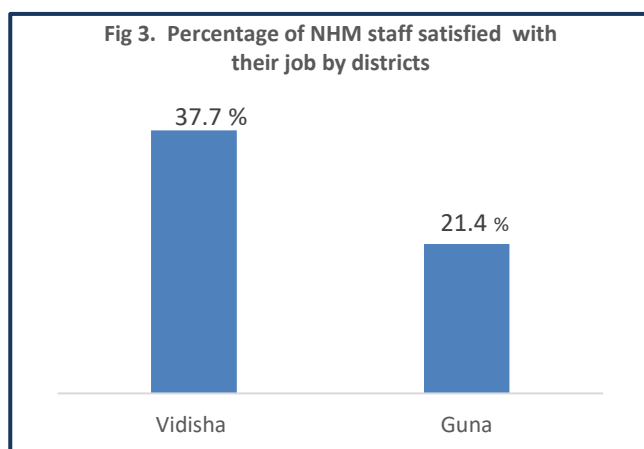


Table 4: Percentage distribution by profile of respondents and level of job satisfaction								
Profile of Respondents	Completely Dissatisfied	Highly Dissatisfied	Dissatisfied	Average	Satisfied	Highly Satisfied	Completely Satisfied	N=244
District								
Vidisha	0.0	1.6	13.9	46.7	25.4	6.6	5.7	122
Guna	4.9	12.3	24.6	36.9	14.8	4.1	2.5	122
Hospital Type								
DH	1.6	1.6	9.8	50.8	18.0	6.6	11.5	61
CHC	3.2	9.6	26.6	35.1	20.2	4.3	1.1	94
PHC	4.1	6.1	14.3	49.0	20.4	2.0	4.1	49
SHC	0.0	23.5	17.6	23.5	23.5	11.8	0.0	17
Other	0.0	0.0	26.1	43.5	21.7	8.7	0.0	23
Religion								
Hindu	2.6	7.5	19.8	41.4	19.4	5.7	3.5	227
Muslim	0.0	0.0	16.7	50.0	33.3	0.0	0.0	6
Sikh	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1
Christian	0.0	0.0	10.0	50.0	30.0	0.0	10.0	10
Caste								
Scheduled Caste	4.3	10.6	10.6	44.7	21.3	6.4	2.1	47
Scheduled Tribe	3.8	7.7	30.8	26.9	19.2	7.7	3.8	26
Other Backward Caste	0.0	4.0	20.0	38.7	22.7	8.0	6.7	75
General	2.1	7.4	20.0	47.4	17.9	2.1	3.2	95
Designation								
Medical Officer	0.0	0.0	21.1	47.4	15.8	5.3	10.5	19
DPM/DDO/DCM/DAM	0.0	0.0	0.0	66.7	33.3	0.0	0.0	3
SN/ANM/FD	0.0	8.2	10.3	48.5	22.7	8.2	2.1	97
LT/Pharmacist	7.9	2.6	23.7	36.8	23.7	2.6	2.6	38
BPM/BAM/BCM	0.0	11.1	33.3	33.3	22.2	0.0	0.0	9
DEO	9.1	12.1	33.3	33.3	9.1	3.0	0.0	33
Other	0.0	6.7	22.2	35.6	20.0	4.4	11.1	45
Gender								
Male	4.6	6.5	24.1	38.0	17.6	5.6	3.7	108
Female	0.7	7.4	15.4	44.9	22.1	5.1	4.4	136
Work experience on present post								
≤ 5 years	1.9	2.6	18.1	42.6	23.2	7.1	4.5	155
> 5 years	3.4	14.6	21.3	40.4	14.6	2.2	3.4	89
Marital Status								
Unmarried	2.4	0.0	14.6	48.8	22.0	7.3	4.9	41
Married	2.5	8.5	20.0	40.0	20.0	5.0	4.0	200
Divorced	0.0	0.0	0.0	100.0	0.0	0.0	0.0	1
Separated	0.0	0.0	50.0	50.0	0.0	0.0	0.0	2
Family Type								
Joint	3.2	6.5	22.2	42.2	18.4	4.3	3.2	185
Nuclear	0.0	8.5	10.2	40.7	25.4	8.5	6.8	59

Profile of Respondents	Completely Dissatisfied	Highly Dissatisfied	Dissatisfied	Average	Satisfied	Highly Satisfied	Completely Satisfied	N=244
Spouse Employment								
Govt Service	2.7	10.8	18.9	40.5	13.5	5.4	8.1	37
Private Service	0.0	2.4	19.5	46.3	24.4	7.3	0.0	41
Other	3.3	9.8	21.1	37.4	20.3	4.1	4.1	123
Present Residence								
Headquarter	2.7	7.6	20.0	42.7	18.2	4.9	4.0	225
Other than HQ	0.0	0.0	10.5	31.6	42.1	10.5	5.3	19
Main Source of Family Income								
Salary	2.7	6.8	19.2	42.9	19.6	4.6	4.1	219
Agriculture	0.0	7.7	15.4	30.8	23.1	15.4	7.7	13
Business	0.0	0.0	0.0	33.3	50.0	16.7	0.0	6
Other	0.0	16.7	50.0	33.3	0.0	0.0	0.0	6
Categorization based on Z scores*								

Figure 2 and Table 4 highlights that more than two-fifths (42 percent) respondents have expressed average satisfaction, 30 percent respondents from satisfied to completely satisfied. However, 29 percent of NHM staff from all categories on an average also felt varying levels of dissatisfaction.

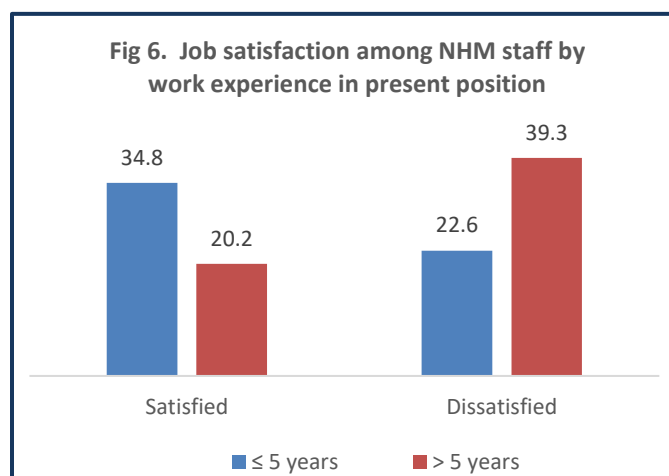
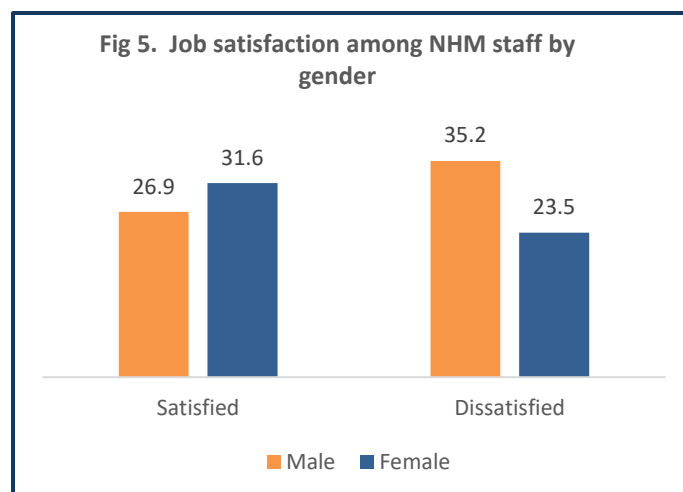
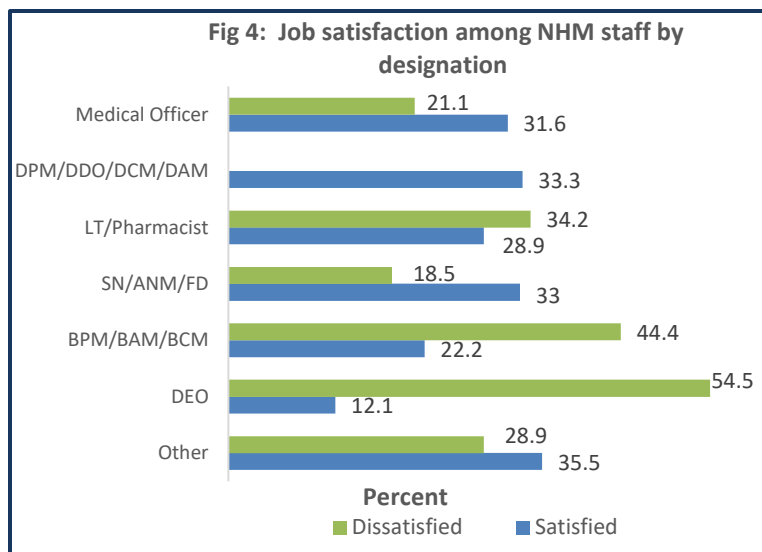
NHM staff of Vidisha district were more satisfied than their NHM counterparts of Guna



(Vidisha:38; Guna: 21 percent). Forty seven percent staff in Vidisha and 37 in Guna district have rated their job satisfaction as average. Regarding place of work it was observed that more than two fifths (41 percent) NHM staff posted at the SHC were not satisfied with their job followed by those posted at the CHC (36

percent). Amongst the different category of staff serving in the health facilities DPM/DCM DAM and SN/ANM/FD (33percent each) were satisfied with their jobs, followed by MOs (32 percent) who expressed job satisfaction. More than half (54 percent) of the DEOs were dissatisfied with their jobs probably because they have to multi-task(Fig.4).

Figure 5 highlights the gender difference in job satisfaction. Female NHM workers expressed more satisfaction with their job than their male counter parts (females: 32 percent; males 27).



On the contrary male respondents were more dissatisfied in comparison to females (males: 35 percent; females: 24). Fig 6 shows the job satisfaction levels of NHM workers who are relatively new in their job or those who have spent more than five years in their job. The figure highlights that those NHM workers who have served less than 5 years were more satisfied in their job than those have a work experience of five or more than 5 years (≤ 5 years: 35 percent; > 5 years: 20 percent).

Table 5: Level of job satisfaction among NHM staff in job intrinsic domain * (job concrete factors)					
Profile of respondents	Extremely Dissatisfied	Highly Dissatisfied	Dissatisfied	Average	Extremely Satisfied
District					
Vidisha	-	12.3	55.7	27.0	4.9
Guna	1.6	13.1	51.6	30.3	3.3
Hospital Type					
DH	-	8.2	54.1	27.9	9.8
CHC	-	14.9	54.3	29.8	1.1
PHC	4.1	12.2	46.9	32.7	4.1
SHC	-	5.9	76.5	17.6	-
Other	-	21.7	47.8	26.1	4.3
Gender					
Male	1.9	12.0	53.7	26.9	5.6
Female	-	13.2	53.7	30.1	2.9
Work Experience					
≤ 5 years	0.6	12.3	53.5	28.4	5.2
> 5 years	1.1	13.5	53.9	29.2	2.2
Monthly Income					
≤ 5000	-	22.7	31.8	27.3	18.2
5001-10000	1.4	14.1	60.6	23.9	-
10001-15000	1.7	12.1	51.7	32.8	1.7
15001-20000	-	10.6	51.1	31.9	6.4
> 20000	-	8.7	58.7	28.3	4.3
<i>*Categorization based on combined Z scores</i>					

Job intrinsic factors (factors inherent in the job): These include 11 statements representing two sub categories i. job concrete ii. job abstract.

Job concrete: The Z scores were obtained by pooling six statements for job concrete factors like: entertainment programmes offered by their institution, enabling for desired life style, place of posting, physical comfort in work conditions, children choosing the same profession, and

communication network. In the job intrinsic domain with job concrete factors it is seen that more than half (53 percent) of the respondents were dissatisfied in job intrinsic domain and 13 percent expressed high dissatisfaction. More than one-fourth (29 percent) respondents however, expressed average satisfaction and only 4 percent rated their job as extremely satisfactory in job intrinsic domain (concrete). The table shows that those serving in SHCs and those having a monthly income of Rs. 5001-10000 are relatively more dissatisfied than others (Table 5).

Table 6: Level of job satisfaction among NHM staff in job intrinsic domain * (job abstract factors)				
Profile of respondents	Extremely Dissatisfied	Highly Dissatisfied	Dissatisfied	Average
District				
Vidisha	-	12.3	54.9	32.8
Guna	2.5	27.9	42.6	27.0
Hospital Type				
DH	1.6	13.1	62.3	23.0
CHC	1.1	22.3	37.2	39.4
PHC	2.0	18.4	53.1	26.5
SHC	-	41.2	47.1	11.8
Other	-	17.4	52.2	30.4
Gender				
Male	2.8	19.4	49.1	28.7
Female	-	20.6	48.5	30.9
Work experience on present post				
≤5 years	0.6	16.1	51.6	31.6
> 5 years	2.2	27.0	43.8	27.0
Monthly Income				
≤5000	-	4.5	50.0	45.5
5001-10000	2.8	25.4	46.5	25.4
10001-15000	-	13.8	51.7	34.5
15001-20000	2.1	27.7	48.9	21.3
>20000	-	19.6	47.8	32.6
<i>*Categorization based on combined Z scores</i>				

Job abstract: Z scores were obtained by pooling five statements for job abstract factors which included factors like: perceived cooperation in the institution, motivation to work without additional incentives, low job pressures, freedom from corruption and favouritism, and willingness to change job at any cost. In the job intrinsic domain with job abstract factors, nearly half of the respondents (49 percent) were dissatisfied and one-fifth were highly dissatisfied.

However, 30 percent respondents have expressed average satisfaction. It was further seen that those serving in the DH were comparatively more dissatisfied (62 percent) than others (Table 5).

To summarize, half or more than half the respondents have expressed dissatisfaction in job intrinsic domain (concrete and abstract).

Job extrinsic factors (factors residing outside the job): These factors include 15 statements representing three sub categories i. intelligence and social circle ii. economic factors such as salary, allowance iii. community national growth, quality of life.

i. Intelligence and social circle: The Z scores were obtained by pooling seven statements for intelligence and social circle factors: these include factors like social status, training orientation and experiences, intelligence, social circle, having a desired life as per likes, opportunities for promotion, and overall job satisfaction.

Table 7: Level of job satisfaction among NHM staff in job extrinsic domain * (intelligence and social circle factors)					
Profile of respondents	Extremely Dissatisfied	Highly Dissatisfied	Dissatisfied	Average	Extremely Satisfied
District					
Vidisha	-	16.4	51.6	27.9	4.1
Guna	0.8	18.9	54.9	24.6	0.8
Hospital type					
DH	1.6	26.2	44.3	26.2	1.6
CHC	-	14.9	55.3	27.7	2.1
PHC	-	14.3	53.1	28.6	4.1
SHC	-	5.9	88.2	5.9	-
Other	-	21.7	43.5	30.4	4.3
Gender					
Male	0.9	15.7	48.1	31.5	3.7
Female	-	19.1	57.4	22.1	1.5
Work Experience					
≤5 years	-	14.8	51.6	29.7	3.9
> 5 years	1.1	22.5	56.2	20.2	-
Monthly Income					
≤5000	-	31.8	40.9	22.7	4.5
5001-10000	1.4	16.9	53.5	28.2	-
10001-15000	-	10.3	62.1	24.1	3.4
15001-20000	-	23.4	59.6	12.8	4.3
>20000	-	15.2	41.3	41.3	2.2
<i>*Categorization based on combined Z scores</i>					

Regarding issues pertaining to social status more than half the respondents (53 percent) rated dissatisfaction and nearly one-fifth of the respondents (18 percent) were highly dissatisfied with, overall job promotion avenues satisfaction, etc. (Table 7). However, more than one-fourth (26 percent) respondents have expressed average satisfaction and a few even expressed extreme satisfaction. The table shows that those NHM staff serving in the SHCs are comparatively more dissatisfied (88 percent) than others plausibly due to lack of social circle and having to live in isolation in periphery. Those respondents whose monthly income ranged between Rs. 10000-15000 (62 percent) have expressed considerable dissatisfaction.

ii. Economic factors such as salary, allowance: In the job extrinsic domain pertaining to economic aspects of job satisfaction, Z scores were obtained by pooling four statements related to monetary issues such as salary and allowance various economic advantages, benefits related to post job retirement, facilities like medical care, housing, subsidised rationing, travelling etc.

Table 8: Level of job satisfaction among NHM staff in job extrinsic domain * (economic factors)				
Profile of respondents	Highly Dissatisfied	Dissatisfied	Average	Extremely Satisfied
District				
Vidisha	11.5	20.5	64.8	3.3
Guna	5.7	46.7	43.4	4.1
Hospital type				
DH	6.6	39.3	49.2	4.9
CHC	8.5	31.9	54.3	5.3
PHC	8.2	38.8	51.0	2.0
SHC	29.4	35.3	35.3	-
Other	-	13.0	87.0	-
Gender				
Male	9.3	37.0	48.1	5.6
Female	8.1	30.9	58.8	2.2
Work Experience				
≤ 5 years	11.0	29.7	54.8	4.5
> 5 years	4.5	40.4	52.8	2.2
Monthly Income				
≤5000	4.5	31.8	59.1	4.5
5001-10000	8.5	43.7	46.5	1.4
10001-15000	6.9	29.3	56.9	6.9
15001-20000	12.8	40.4	44.7	2.1
>20000	8.7	17.4	69.6	4.3
<i>*Categorization based on combined Z scores</i>				

A little more than one-third respondents (34 percent) were dissatisfied and nine percent expressed high dissatisfaction. However, more than half (54 percent) respondents have expressed average satisfaction and four percent even expressed extreme satisfaction. NHM respondents of Guna were comparatively more dissatisfied (47 percent) on economic issues than respondents of Vidisha (21 percent). Male respondents (37 percent) those who have a work experience of 5 years and above (40 percent) in the income category of Rs.5000-10000 (44 percent) and Rs. 15000-20000 (40 percent) were relatively more dissatisfied. Among those respondents who expressed average satisfaction were proportionately more from Vidisha district (65 percent), working in CHC (54 percent), females (59 percent) having income of Rs. >20000 (70 percent). Five percent of respondents in DH and CHC expressed extreme satisfaction.

Table 9: Level of job satisfaction among NHM staff in job extrinsic domain *(perceived quality of life factors)				
Profile of respondents	Extremely Dissatisfied	Highly Dissatisfied	Dissatisfied	Average Satisfied
District				
Vidisha	1.6	13.9	32.0	52.5
Guna	6.6	21.3	33.6	38.5
Hospital type				
DH	3.3	21.3	39.3	36.1
CHC	6.4	19.1	35.1	39.4
PHC	4.1	18.4	24.5	53.1
SHC	-	-	29.4	70.6
Other	-	13.0	26.1	60.9
Gender				
Male	5.6	23.1	34.3	37.0
Female	2.9	13.2	31.6	52.2
Work Experience				
≤5 years	4.5	20.0	32.9	42.6
> 5 years	3.4	13.5	32.6	50.6
Monthly Income				
≤5000	-	31.8	13.6	54.5
5001-10000	5.6	14.1	35.2	45.1
10001-15000	3.4	8.6	39.7	48.3
15001-20000	4.3	25.5	34.0	36.2
>20000	4.3	19.6	28.3	47.8
<i>*Categorization based on combined Z scores</i>				

iii. **Perceived quality of life factors:** In domain of job extrinsic factors about perceived quality of life, Z scores were obtained by pooling four statements, quality of life improved due to present job, present job added to economy and development of the nation, work ethics, and job having appeal for relatives and friends. One third respondents (33 percent) were dissatisfied, 18 percent were highly dissatisfied, and four percent were highly dissatisfied and four percent (Table 9). However, more than two fifths respondents (45 percent) have expressed average satisfaction. Those NHM respondents working in the DH were relatively more dissatisfied (39 percent) than others. Respondents highly dissatisfied with these aspects of their job were those NHM staff who were earning ≤ 5000 males (32 percent) and males (23 percent). Average satisfaction was expressed by more females (52 percent), others (60 percent) serving for >5 years (51 percent), whose income was ≤ 5000 (55 percent).

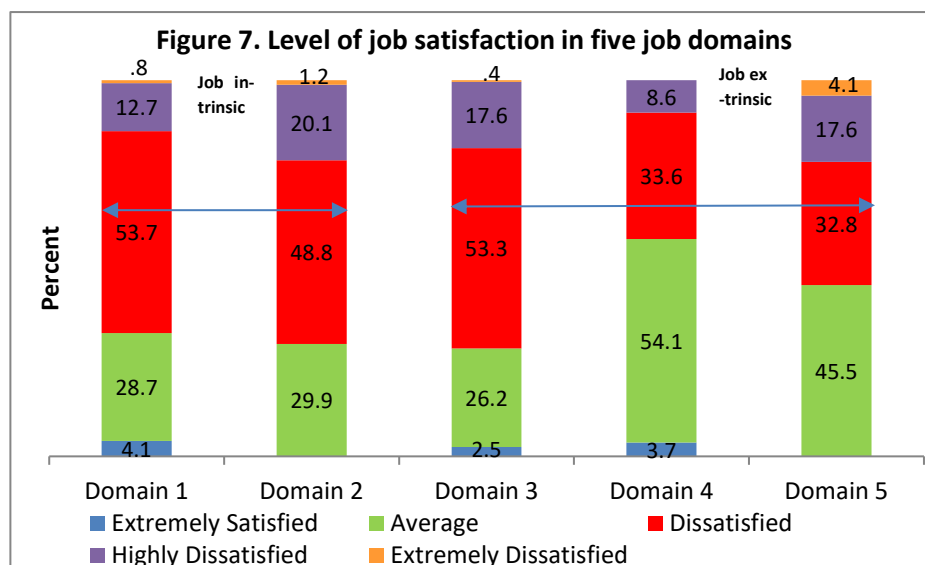


Figure 7 shows that in both job intrinsic and job extrinsic domains (5 sub-categories) NHM staff rated average satisfaction and dissatisfaction in their job. In both job intrinsic domains (concrete and abstract) more than two-thirds respondents have expressed dissatisfaction. In the job extrinsic domain respondents are mainly dissatisfied with their social life probably due to work load and job pressures.

Present Job Appraisal

The state government has in the year 2015-16 introduced the new appraisal system for all categories of NHM staff in response to rising demands for regularisation of job of this work force which is approximately 15,235 in number (HRMIS, 2017).

Table 10: Overall job satisfaction and satisfaction with present work appraisal among NHM staff							
		Satisfaction with present work appraisal					Total
		Very un-satisfied	Un-satisfied	Average	Satisfied	Highly satisfied	
Overall satisfaction with job	Very un-satisfied	40	0	2	2	0	44
	Un-satisfied	25	11	0	1	0	37
	Average	57	22	29	6	5	119
	Satisfied	9	4	11	11	1	36
	Highly satisfied	2	3	2	0	1	8
Total		133	40	44	20	7	244

Table 10 shows that nearly one-third NHM staff (31percent) working in different positions, medical, para-medical, managerial, DEOs, caretakers are unsatisfied or very unsatisfied with their overall job as well as the new appraisal system which they felt was unjustified. Therefore, it was pertinent to get the perspective of NHM staff on different dimensions of job satisfaction

4. Respondents' Perspective

Respondents' perspectives were ascertained on current job or position in terms of problems or difficulties in the present job, their affiliation with the present job, training requirement for capacity building, presence of job induced stress and coping mechanism, additional responsibilities given by superiors, factors that inhibit job performance and factors that contribute or facilitate job satisfaction. Respondents have also suggested measures for increasing productivity and job satisfaction.

Difficulties faced in the Job: Nearly all the respondents were facing one or other difficulty in their current job. Substantial number of vacancies in health particularly in rural areas, high work load,

introduction of new health programmes and target oriented approach have enormously contributed to job related difficulties. Lack of cooperation from colleagues, particularly from regular or permanent staffs is significantly adding to their work load.

Some of the prominent difficulties highlighted by them are:

“Too much work and too less salary”, “work appraisal of contractual staffs but not for the regular staff”, “fear of loss of job due to appraisal”, “no leave, vacation, service benefits”, “lack of support from superiors and other permanent staffs”.

- *“Mission [NHM] is rapidly adding new programmes and the new programmes have to be taken up instantly. The programmes which are already in place cannot be completed, which leads to low coverage and performance [of all programmes]”.*
- *“There is tremendous work pressure, sometimes we have to do manipulation. I have to do other’s work also”.*
- *“Due to shortage of staff, superior force me to work for extra hours... I don’t get any remuneration or reward for additional work”.*
- *“I have been given many tasks at a time; I have no time to complete my work. Office doesn’t give me facilities and infrastructure [to do my work]”.*
- *“Work appraisal system is inappropriate and biased. Those who work honestly are pressurized to work more, nothing is said to others..... [who do not work]”.*
- *“Department always emphasizes target completion... Issues such as wage anomalies, fewer holidays / and lack of vacations are never addressed”.*

Job Affiliation and Job Change: Regarding job affiliation it was highlighted by respondents that nearly 80 percent of respondents revealed that they had been working in the current job by chance and not by choice. Majority of them said they might have been in teaching profession if they were not in this job. Some preferred banking and other private job over the present job. All those who want to remain in the health sector, preferred regular job. More than half of respondents have applied for other jobs and are looking for employment elsewhere while working on the current post.

Job Stress and Coping Mechanism: Nearly three-fourths of respondents said that they feel stressed due to their present job and it affected their family and social life. Some reasons given by them are outlined below:

- *“Work and family are different areas, and we must take care of both. Our family life gets affected due to high work pressure and dearth of leaves and vacations”.*

- *"Due to high work pressure, I must work at home so cannot give enough time to my family".*
- *"I don't get leave so I miss many family and social gatherings. I have to do much office work at home also".*
- *"Yes! Constant fear of loss of job create stress".*
- *"Do not get time for anything else, its 24* 7 job that creates stress".*

Nearly one-third respondents do not take any stress relieving activity or rarely do yoga or listening to music etc.

- *"I do not get time to do [yoga]".*
- *"I don't do yoga, but I sit alone for some time to relieve from stress".*

Effect of additional work assigned: Respondents were asked how they feel when they are assigned other additional work by authority. About half of the respondents said they feel motivated and connected if authorities give other work or additional responsibility. They do it willingly vigorously and take it as duty to obey their authorities.

- *"I do whatever work is assigned and feel good is doing so".*
- *"I feel myself more competent when authorities assign me other work".*
- *"I follow the orders considering it as my duty".*
- *"I try to do the [assigned work] with fullest capability".*

However, one-third respondents said they feel very bad and consider it as their compulsion due to circumstances, as they have no choice but to follow orders.

- *"I feel extremely helpless and do it with a sense of compulsion".*
- *"Under compulsion I have to do other work, otherwise they threaten me to remove from job".*
- *"I have too much of work, I feel extremely overburdened, many time I tried to explain my situation to my superiors, but I don't get proper satisfactory answer".*

Factors inhibiting performance: Respondents were asked about the factors they feel are responsible for their under-performance although they are willing to perform well. Organizational climate, lack of infrastructure, non-cooperation from other colleagues, assigning extra or other tasks not related to current job, paucity of HR, unequal and low pay structure of contractual staffs, inappropriate work appraisal system and target based salary etc. are some of

the factors that are affecting work performance. This was explained by different staff in following words:

- *“Low wages, inadequate social security and minimal chances of promotion are factors that is affecting my performance and capacity to do better work”.*
- *“Future is insecure, whether I will be in [this] job or not”.*
- *“Internet facility is needed, I should have facility to be able to talk to ANM directly for any data related matter so that data uploading is done timely”.*
- *“Distinction between contractual and regular employee should be removed, mobility for field visit should be provided”.*
- *“Lack of supporting staff, excessive work pressure, non-cooperation from subordinate staff and insecure job and future are some of the factors that I am not able to perform”.*
- *“Regular / permanent staff don’t work, I have to do their work also, don’t get cooperation”.*

Factors perceived significant for enhancing job satisfaction: Respondents were assertive that issues related to defining job conditions, impartial work appraisal and removing distinction between regular and contractual staff should be addressed immediately. Work related benefits, pay parity and facilities should be provided without making any discrimination between regular and contractual staff working on the same positions. All the respondents affirmed that they need further training, technical as well as periodic orientation to improving their skills and in this respect, they would like to attend training sessions and workshops.

5. Conclusions

The low levels of job satisfaction among NHM staff in M.P. can be attributed to lack of a well- defined transparent HR policy, low salary, high workload, and unsatisfactory supervision. The present appraisal system has created dissatisfaction and anxiety among different category of NHM staff many of whom have invested more than a decade in the work force. Recent yearly renewal of contract and transfer policy introduced by the state has left these contractual workers demoralized.

The salary of staff has remained stagnant for the last few years and take-home salary has reduced due to EPF deductions since 2017, and TDS being regularly deducted at source. For these staff already getting low wages, an additional out of pocket expenditure is being borne for filing

the tax returns. For DPMs who were getting TA/DA at par with first class state level officers, a downgrading has taken place in TA/DA which is now equivalent to that of the clerical staff.

Although health workers in this study intended to stay in their jobs and have expressed average satisfaction on a number of job domains, a lot of groundwork is required to improve their service conditions. The desire to serve still persists, but a sizable minority given a chance would serve elsewhere. These staff who already know their work are unable to serve to the best of their abilities and potentials. They are unable to satisfy their professional commitments and may gradually distance themselves emotionally from their work, reducing their commitment and motivation due to the present work environment. This was evident while holding discussions with them. When working conditions are poor and workload is high, health workers are undermotivated and frustrated.

Several strikes and protests by the NHM staff of all categories (medical, paramedical, DPMU) in M.P. which has been an ongoing process in the last two years are a testimony to the fact that the professionals involved in the public health sector are dissatisfied with HR policies, which is seriously affecting the health services. The state has augmented many of the national programmes under NHM, but at the cost of curtailing benefits of the NHM staff in the state. Sustaining these programmes is a challenge for the state government.

The study had its limitations in the sense that job satisfaction of the regular employees was not measured. Therefore, a complete picture of job satisfaction could not emerge from the present study and its scope needs augmentation if a definite HR policy for contractual NHM personnel has to be evolved.

5.1 Recommendations

- Under the NHM, contract appointments have improved the overall availability of health-care and management unit staff in M.P. where severe paucity of HR persists. However, the level of motivation of these contractual workers needs to be enhanced to improve the effectiveness and efficiency of health-care services.

- The principle of “equal pay for equal work” should be exercised wherein contractual workers should get similar salary as regular health-care workers. There should be promotional opportunities for all contractual health-care workers and other NHM staff at par with their regular counterparts.
- The factors which need immediate attention are privileges attached to the job, like regular salary increment, work environment, organization facilities, career development plan, facilities for training and upgrading knowledge and defined set of work. Over burdening them with work affects efficiency.
- A transparent appraisal system is essential, in which contractual workers need assurance that they will not be victimized unduly. The track tenure system may be applied for their appointment.
- There should be a proper policy of leaves, gratuity/ TA/DA/ medical allowances, and other benefits. Dialogue is necessary on regular basis to integrate them in the mainstream health services.
- If the contractual workers are to remain in the health care system, attractive remuneration packages are essential because they have no pension and other social security benefits to fall back upon.
- Much of the regular HR in the public health sector are due to retire within a span of five years in the state. Serious efforts are necessary to retain these staff to ensure that quality of health care services is not affected.
- The guiding principle of the state in framing HR policy for NHM staff should be that, workers in strong health systems are more motivated and satisfied, leading to workforce stability and better patient care and thereby achieving the health goals.

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Annexure-1	
NHM Contractual Staff in Vidisha District	Total
Accountant	1
ANM	107
APM Urban Health	2
Ayush MO	16
Ayush Pharmacist	4
Block Account Manager	2
Block Community Mobilizer	5
Block Program Manager	5
Data Entry Operator	30
DDC Pharmacist	31
District Account Assistant	1
District Accounts Manager	1
District Community Mobilizer	1
District Data Manager IDSP	1
District Epidemiologists	1
District M&E Officer	1
District Program Manager	1
District RBSK Coordinator	1
Feeding demonstrator	4
Lab Technician	6
LDC for MIS	1
LMO	1
Medical Officer	19
PGMO Anaesthesia	1
PGMO Pediatrics	2
Pharmacist	4
RBSK AMO	21
RBSK Pharmacist	11
Senior DOTS plus TB – HIV Supervisor	1
Social worker	1
Staff Nurse	41
STLS	3
STS	3
Sub Engineer	1
TBHV	2
Not Specified	32
Biomedical Engineers	2
Data Entry Operator	10
Div. RMNCHA Coordinator	10
Program Assistant - Nursing College	1
Refrigerator Mechanic	4
Sub Engineer	1
Trainer MO (Skill Lab)	1
Trainer Staff Nurse	3
HR NHM Status (as per HRMIS report - 10.11.2017)	397

Annexure-2	
NHM Contractual Staff in Guna District	Total
Accountant	1
ANM	106
Audiologist & speech therapist	1
Ayush MO	4
Ayush Pharmacist	2
Block Account Manager	5
Block Community Mobilizer	4
Block Program Manager	3
Data Entry Operator	26
DDC Pharmacist	14
Dental Surgeon	1
District Account Assistant	1
District Accounts Manager	2
District Community Mobilizer	2
District Epidemiologists	1
District M&E Officer	1
District Program Coordinator (RNTCP)	1
District Program Manager	1
District RBSK Coordinator	1
Early interventionist cum special educator	1
Feeding demonstrator	7
Lab Technician	26
LDC for MIS	2
LMO	3
Medical Officer	10
Ophthalmic Assistant	1
PGMO Pediatrics	1
Pharmacist	1
Physiotherapist	1
PMW	1
Psychologist	1
RBSK AMO	14
RBSK Pharmacist	4
Social worker	1
Staff Nurse	46
STLS	2
STS	2
Sub Engineer	2
TBHV	3
VBD Technical Supervisor	5
Women Health Counselors	1
HR NHM Status (as per HRMIS report 10.11.2017)	312

Photographs from field visit in Vidisha district



Photographs from field visit in Guna district



- * आपकी जानकारी को गोपनीय रखा जावेगा
* कृपया उत्तर देने के पूर्व प्रश्नों को ध्यान से पढ़ें

जनसंख्या अनुसंधान केन्द्र
POPULATION RESEARCH CENTRE
स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार, नई दिल्ली
(Ministry of Health and Family Welfare, Government of India, New Delhi)
डॉ. हरीसिंह गौर विश्वविद्यालय, सागर म.प्र.
Dr. Harisingh Gour Vishwavidyalaya, Sagar (M.P.)

मध्यप्रदेश में राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत कार्यरत कर्मचारियों के कार्यतोष का स्तर
Level of Job Satisfaction among NHM Staff in MP

भाग अ : जानकारी			
1	जिले का नाम		
2	अस्पताल/स्वास्थ्य केन्द्र: 1. जिला अस्पताल 2. सामु.स्वा.केन्द्र 3. प्राथ.स्वा.केन्द्र 4. उप स्वा. केन्द्र 5. अन्य		
3	गाँव/षहर का नाम		
भाग ब : व्यक्तिगत जानकारी			
4	नाम		
5	मोबाईल नंबर		
6	धर्म : 1. हिन्दू 2. मुस्लिम 3. सिक्ख 4. ईसाई 5. अन्य		
7	जाति : 1. अनु.जाति 2. अनु.जनजाति 3. पिछड़ा वर्ग 4. सामान्य		
8	विभाग का नाम		
9	पद नाम : 1. मेडीकल ऑफीसर (एलोपैथी, होम्योपैथी, आयुर्वेदिक) 2. डी.पी.एम./डी.डी.ओ./डी.सी.एम. 3. स्टाफ नर्स, ए.एन.एम., फीडिंग डिमाँस्ट्रेटर 4. लैब टेक्निशियन, फॉर्मासिस्ट 5. बी.पी.एम., बी.ए.एम., बी.सी.एम. 6. डाटा एन्ट्री ऑपरेटर 7. अन्य		
10	पैक्षणिक स्तर : 1. 10वीं 2. 12वीं 3. स्नातक 4. मेडीकल स्नातक 5. स्नातकोत्तर 6. मेडीकल स्नातकोत्तर 7. डिप्लोमा 8. अन्य		
11	आयु : वर्ष		
12	लिंग : 1. पुरुष 2. महिला		
13	वर्तमान पद पर कार्यानुभव वर्ष : (1) 5 वर्ष से कम (2) 5 वर्ष से अधिक		
14	वैवाहिक स्थिति : 1. अविवाहित 2. विवाहित 3. तलाक़पुदा 4. विधवा 5. विधुर		
15	यदि विवाहित हैं तो बच्चों की संख्या : 1. बालक 2. बालिका 3. कुल		
16	परिवार का प्रकार : 1. संयुक्त 2. एकल		
17	आपकी मासिक आय (रुपयों में)		
18	यदि आपके पति/पत्नी कार्यरत हैं तो 1. षासकीय सेवा 2. अषासकीय सेवा 3. अन्य		
19	वर्तमान में आप कहाँ निवासरत हैं 1. अपने मुख्यालय पर 2. अन्यत्र स्थान पर		
20	पारिवारिक आय का मुख्य स्रोत : 1. वेतन 2. कृषि से आय 3. व्यवसाय से आय 4. अन्य		

सहमति

जनसंख्या अनुसंधान केन्द्र, डॉ. हरीसिंह गौर विश्वविद्यालय, सागर द्वारा आपके जिले में **राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत कार्यरत कर्मचारियों के कार्यतोष के स्तर** का आंकलन किया जा रहा है। यहां कुछ कथन दिए गए हैं जिनका संबंध आपसे और आपके कार्य से है। प्रत्येक कथन के पांच वैकल्पिक उत्तर हैं, उनमें से आपको उस उत्तर का चयन करना है जो आपकी प्रतिक्रिया की स्पष्ट रूप से अभिव्यक्ति करता है, उस उत्तर को आपको रेखांकित करना है। सामान्य रूप से स्वाभाविक तथा स्वतः मिलने वाला उत्तर आपकी प्रतिक्रिया को सही रूप से व्यक्त करता है। अतः आप किसी वैकल्पिक उत्तर पर अनावश्यक रूप से देरी न लगाकर स्वतः तथा शीघ्र मिलने वाला उत्तर देकर कथनों की पूर्ति करें। कृपया यह देख लें कि आपने समस्त कथनों का उत्तर दे दिया है। धन्यवाद ! विश्वास रखें कि आपके द्वारा दिये गये उत्तर व्यक्तिगत रूप से आपको प्रभावित नहीं करेंगे तथा आपके उत्तर गोपनीय रखे जायेंगे। इस जानकारी का उपयोग केवल शोध हेतु किया जावेगा।

क्या आप इस अध्ययन में भाग लेने के लिये तैयार हैं ? हाँ / नहीं

दिनांक

साक्षात्कारकर्ता के हस्ताक्षर

उत्तरदाता के हस्ताक्षर

भाग स :

Sr. No.	Statement / कथन	वैकल्पिक उत्तर				
		Excellent अतिउत्तम	Very good उत्तम	Average सामान्य	Below average निम्न	Very poor अतिनिम्न
1	In the society in general, as a result of the job I hold, my social status is मेरे वर्तमान व्यवसाय के कारण मेरी सामाजिक स्थिति है।					
2	With regard to economic advantage, like salary, allowances, etc, I rate my job as satisfactory आर्थिक लाभों की दृष्टि से (जैसे वेतन, भत्ते आदि) मैं अपने नौकरी/कार्य को मानता/मानती हूँ।	Very satisfactory अत्यधिक संतोषजनक	Satisfactory अधिक संतोषजनक	Average सामान्य	Un-satisfactory असंतोषजनक	Very un-satisfactory अत्यधिक असंतोषजनक
3	The training, orientation and experiences that I have got while on job, it has improved my competence and efficiency as a person. अपने कार्य के लिये जो प्रशिक्षण, परिचय तथा अनुभव मुझे प्राप्त हुआ है उससे मेरी योग्यता एवं कार्यक्षमता मेंवृद्धि हुई है।	Very high degree अत्यधिक मात्रा में	High degree अधिक मात्रा में	Average सामान्य	Low degree कम मात्रा में	Not at all बिल्कुल नहीं
4	Keeping individual factors like intelligence, I genuinely feel that I am perfect for this job. व्यक्तिगत कारकों के आधार पर (बुद्धि, क्षमता, परिश्रम आदि) मैं इस कार्य के लिये उपयुक्त हूँ	Strongly agree पूर्णतः सहमत	Agree सहमत	Neutral तटस्थ	Disagree असहमत	Strongly disagree पूर्णतः असहमत
5	Benefits related to my job after retirement is पेंशन तथा नौकरी से अवकाश प्राप्त कर मिलने वाले लाभ हैं।	Excellent अति उत्तम	High उत्तम	Average सामान्य	Below average निम्न	Very poor अतिनिम्न
6	My Institute/Hospital conducts entertainment programmes for their Employees (like Trips, Outings, Picnic, etc.) मेरी संस्था/अस्पताल आमोद-प्रमोद के प्रोग्राम जैसे सैर-सपाटे, घूमने का अवसर तथा विविध कार्यक्रम के अवसर देता/देती है.....	Very high degree अत्यधिक मात्रा में	High degree अधिक मात्रा में	Average सामान्य	Low degree कम मात्रा में	Not at all बिल्कुल नहीं
7	My Social Circle takes my advantage (e.g. for making OPD card, admission in hospital or for checkups, etc.) मेरी इस नौकरी में रहने से मेरे परिचित लाभान्वित होते हैं	Very high degree अत्यधिक मात्रा में	High degree अधिक मात्रा में	Average सामान्य	Low degree कम मात्रा में	Not at all बिल्कुल नहीं
8	Do you agree that your bosses and colleagues are cooperative, helpful and inspiring people for better and sincere work? क्या आप सोचते हैं कि आपके अफसर एवं साथी, सहयोगी, मदद करने वाले एवं प्रेरणा प्रदान करने वाले हैं जिससे अच्छा एवं वास्तविक कार्य हो सके	Strongly agree पूर्णतः सहमत	Agree सहमत	Neutral तटस्थ	Disagree असहमत	Strongly disagree पूर्णतः असहमत
9	My job provides facilities like medical care, housing, subsidised, rationing, travelling etc. मेरे कार्य में चिकित्सा, आवासीय, कम कीमत पर भोजन सामग्री,	Very high degree अत्यधिक मात्रा में	High degree अधिक मात्रा में	Average सामान्य	Low degree कम मात्रा में	Not at all बिल्कुल नहीं

Sr. No.	Statement / कथन	वैकल्पिक उत्तर				
	यात्रा आदि की सुविधायें मिलती हैं।					
10	My job enables me to have a desired life as per my habit and likes. मेरा कार्य मुझे वांछनीय जीवनयापन, आदत एवं अभिरुचि दे सकने में समर्थ है.....।	Very high degree अत्यधिक मात्रा में	High degree अधिक मात्रा में	Average सामान्य	Low degree कम मात्रा में	Not at all बिल्कुल नहीं
11	My job allows me sufficient time and opportunity to fulfil my family's needs. मेरा कार्य, मुझे पारिवारिक जिम्मेदारियों को निभाने में समय व अवसरप्रदान करता है।	Very high अत्यधिक	High अधिक	Average सामान्य	Low कम	Not at all बिल्कुल नहीं
12	I assist higher authorities in decision making or higher authority gives me chance to participate in decision making? मेरे इस पद पर मेरे उच्च अधिकारी मुझे निर्णय लेने का अवसर प्रदान करते हैं।	Very high अत्यधिक	High अधिक	Average सामान्य	Low कम	Not at all बिल्कुल नहीं
13	Place of posting in my job is inconvenient to me and my family. जिन स्थानों पर मेरी पदस्थापना होती/हुई है वह मेरे एवं परिवार के लिएकठिन, परेशानी वाली हैं।	Most of the time अधिकतर मौकों पर	Often अक्सर	Some time कभी-कभी	Very few बहुत कम	Never कभी नहीं
14	My job improves the quality of life. मेरा कार्य, मेरे जीवन की गुणवत्ता को बढ़ाता है	Strongly agree पूर्णतः सहमत	Agree सहमत	Neutral तटस्थ	Disagree असहमत	Strongly disagree पूर्णतः असहमत
15	On scale of freedom, I will rate my job as is comfortable as I want. स्वतंत्रता के पैमाने पर मेरा कार्य उतना सुविधाजनक है जितना मैं चाहता/चाहती हूँ	Very high degree अत्यधिक मात्रा में	High degree अधिक मात्रा में	Average सामान्य	Low degree कम मात्रा में	Not at all बिल्कुल नहीं
16	I rate my job in comparison with other jobs as much better. मैं अपने कार्य को दूसरे कार्यों की तुलना में बहुत अच्छा मानता/मानती हूँ	Strongly agree पूर्णतः सहमत	Agree सहमत	Neutral तटस्थ	Disagree असहमत	Strongly disagree पूर्णतः असहमत
17	My job is so interesting that even in the absence of overtime allowance, I am willing to work on Sundays, holidays etc. and also at late hours. मुझे अपने कार्य में इतनी रुचि है कि मैं अतिरिक्त समय एवं अवकाश के दिनों में बिना कोई अतिरिक्त भुगतान के कार्य करने हेतु तैयार हूँ	Always सदैव	Some time कभी-कभी	Rarely यदा-कदा	Under pressure दबाव में	Never कभी नहीं
18	In case of emergency after me, my job has provisions to offer job to my children or family etc. मेरे न रहने पर मेरे परिवार के सदस्य को अनुकंपा नियुक्ति की सुविधा/व्यवस्थाएँ हैं	Very high अत्यधिक	High अधिक	Average सामान्य	Low निम्न	Not at all बिल्कुल नहीं
19	The working condition like comfortable seating's, adequate temperature, humidity, hygienic and healthy environment of office/work place is good.	Very satisfactory अत्यधिक संतोषजनक	Satisfactory संतोषजनक	Average सामान्य	Un-satisfactory असंतोषजनक	Very un-satisfactory अत्यधिक असंतोषजनक

Sr. No.	Statement / कथन	वैकल्पिक उत्तर				
	मेरे संस्थान में कार्य के लिए आरामदायक सुविधायें, समुचित तापक्रम, आर्द्रता, स्वच्छता, स्वस्थ वातावरण आदि कीव्यवस्था है।					
20	My job work is light enough that I can undertake side jobs in a same period. मेरा कार्य इतना कम है कि उसी दौरान में अन्य कार्य भी कर सकता हूँ।	Very high degree अत्यधिक मात्रा में	High degree अधिक मात्रा में	Average सामान्य	Low degree कम मात्रा में	Not at all बिल्कुल नहीं
21	Practices like corruption, partiality, favouritism etc., are there in my job. भ्रष्टाचार, पक्षपात आदि जैसी गलत बातें मेरे व्यवसाय में भी हैं।	Very high degree अत्यधिक मात्रा में	High degree अधिक मात्रा में	Average सामान्य	Low degree कम मात्रा में	Not at all बिल्कुल नहीं
22	Do you agree that your job or profession in any way adds to the economy and development of the nation? क्या आप समझते हैं कि आपका कार्य देश की आर्थिक उन्नति तथा राष्ट्र के विकास में सहायता करता है	Strongly agree पूर्णतः सहमत	Agree सहमत	Neutral तटस्थ	Disagree असहमत	Strongly disagree पूर्णतः असहमत
23	If given a chance I shall put my children in the same job that I am in, Do you agree? यदि मुझे मौका मिला तो मैं अपने बच्चों को भी अपने व्यवसाय में लगाना चाहूंगा	Strongly agree पूर्णतः सहमत	Agree सहमत	Neutral तटस्थ	Disagree असहमत	Strongly disagree पूर्णतः असहमत
24	Work is worship was perhaps spoken about the job that I hold. कर्म ही पूजा है, यह कथन मेरे ही व्यवसाय के लिए उपयुक्त है	Very correct पूर्णतः सही	Correct सही	Neutral तटस्थ	Less correct कम सही	Not at all correct पूर्णतः गलत
25	Communication network with colleagues and staff is adequate. मेरे कार्य में पारस्परिक सूचना का आदान प्रदान (निम्न से उच्च तथा उच्च से निम्न) पर्याप्त है	Very correct पूर्णतः सही	Correct सही	Neutral तटस्थ	Less correct कम सही	Not at all correct पूर्णतः गलत
26	Opportunities for promotions in my job is available. मेरे कार्य में पदोन्नति के अवसर हैं।	Very high अत्यधिक	High अधिक	Average सामान्य	Low निम्न	Not at all बिल्कुल नहीं
27	If I got opportunity to shift to some other job (even the pay scale remains same), I would like to shift to another job. यदि अवसर मिले (चाहे वेतन समान हो) तब भी मैं अन्यत्र नौकरी में जाना चाहूंगा/चाहूंगी	Immediately तत्काल	Very soon जल्दी से जल्दी	Un decided अनिर्णित	Later बाद में	Never कभी नहीं
28	How satisfied are you with the process of present work appraisal ? वर्तमान में कार्य मूल्यांकन की प्रक्रिया से आप कितने संतुष्ट हैं	Highly satisfied अत्यधिक संतुष्ट	Satisfied संतुष्ट	Average सामान्य	Un-satisfied असंतुष्ट	Very un-satisfied अत्यधिक असंतुष्ट
29	My job appears pleasing to my family, friends and relatives.	Strongly like	Like	Average	Do not like	Strongly dislike

Sr. No.	Statement / कथन	वैकल्पिक उत्तर				
		पूर्णतः पसंद	पसंद	सामान्य	पसंद नहीं	पूर्णतः नापसंद
	मेरे परिवार संबंधियों एवं मित्रों को मेरा कार्य है।					
30	How much satisfied are you over all with your job? कुल मिलाकर आप अपने व्यवसाय में कितना संतुष्ट हैं	Highly satisfied अत्यधिक संतुष्ट	Satisfied संतुष्ट	Average सामान्य	Un-satisfied असंतुष्ट	Very un-satisfied अत्यधिक असंतुष्ट

भाग द :

1. What kind of difficulty you are facing in your present job?

वर्तमान कार्य में आप किन कठिनाईयों का सामना करते हैं ?

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2. If you were not in this profession, than what other profession, would you like to choose?

यदि आप इस नौकरी में न होते तो किस नौकरी में जाना पसंद करते ?

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3. Did you apply for any other job elsewhere while working in present job ?

इस नौकरी में रहते हुये क्या आपने अन्यत्र किसी नौकरी के लिये आवेदन किया ?

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4. Do you wish to attend workshop or training to enhance your skills?

क्या आप अपनी कार्य क्षमता को बढ़ाने के लिये कार्यशाला या प्रशिक्षण में भाग लेना पसंद करेंगे?

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5. Is your job related stress affecting your family or social life?

क्या कार्य संबंधी कारक आपके पारिवारिक एवं सामाजिक जीवन में तनाव पैदा करते हैं?

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6. What kind of coping strategies you used to reduce the job related stress (e.g.Yoga, Meditation) etc?

कार्य संबंधी तनाव को कम करने के लिए योगा, ध्यान, शारीरिक व्यायाम आदि करते हैं?

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7. Apart from your work, how do you feel if you were assigned other work by authority?

आपके निर्धारित कार्य के अलावा यदि अधिकारी द्वारा अन्य काम दिया जावे तो आप कैसा महसूस करते हैं?

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8. Do you think, you have capacity to perform better services but due to certain factors you are not able to perform (list those factors).

क्या आपको लगता है कि आप अपने कार्य को बहतर ढंग से कर सकते हैं परंतु कुछ कारणों से यह संभव नहीं हो पा रहा है (कारकों की सूची बतायें)।

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9. Which factors do you think that may enhance your job satisfaction? (multiple response)

कौन से कारक आपके कार्यतोष में वृद्धि करते हैं ? (सभी वांछित विकल्प चुनें)

a. Increment in salary
वेतनवृद्धि

b. Regular job
नियमित नौकरी

c. Leave Policy
अवकाश नियम

d. Transfer Policy
स्थानांतरण नियम

e. Posting at Rural/Urban
ग्रामीण/षहरी में पदस्थापना

f. Government
Accommodation
षासकीय निवास

g. Gratuity/TA/DA Allowances
ग्रेच्युटी/टीए/डीए भत्ते

h. Promotion
पदोन्नति

i. Any Other, Pls. Specity
अन्य कोई, कृपया स्पष्ट करें

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