

# Effect Of Work Setting On Job Satisfaction Of Midwives In Matara, Sri Lanka

Yaddehige, I.S, Arnold, M.

**Abstract:** Public Health Midwives (PHMs) are essential grass root level workers in Sri Lankan health system. Job satisfaction of midwives is affected by various organizational factors. Midwives work in both preventive and curative work settings. This descriptive cross-sectional study was conducted among all 405 PHMs served in all government hospitals and MOH areas in Matara district. Level of job satisfaction and satisfaction on selected 11 organizational factors was assessed based on a modified, validated, pretested structured self-administered questionnaire with a five-point likert scale based on short form of Minnesota Satisfaction Questionnaire. Overall response rate was 93.6% which studied 253 midwives in field setting and 111 hospital settings which included provincial ministry and line ministry hospitals. The mean value of job satisfaction was 3.66 (SD 0.593). Even though all midwives were satisfied with their job, midwives in the hospital settings are more satisfied than the midwives in the field setting ( $t(362) = -2.179, p = 0.030$ ). All eleven organizational factors were positively correlated with job satisfaction. Midwives in the field were not satisfied with the transfer scheme ( $M=2.7727, SD= 1.03065$ ), remuneration ( $M= 2.5837, SD= 0.82651$ ) and workload ( $M=2.4012, SD=0.89621$ ). Midwives in hospitals were not satisfied with the transfer scheme ( $M=2.7748, SD= 0.88610$ ) and autonomy ( $M=2.9730, SD=0.81913$ ). Midwives in the field setting are more satisfied than the midwives in the hospitals with the working condition, supervision, coworker, autonomy and welfare yet midwives in field are less satisfied with the workload and remuneration compared to their counterparts. As the selected organizational factors are associated with job satisfaction, improvements in the selected organizational factors may contribute to raise the job satisfaction of midwives.

**Index Terms:** Job Satisfaction, Organizational Factors, Public Health Midwives & Work Setting.

## 1 INTRODUCTION

Job Satisfaction is a complex multifaceted concept. Vroom [1] defines "job satisfaction as affective orientations on the part of individuals toward work roles which they are presently occupying" focusing on the role of the employee in the work place. Various individual and organizational factors were identified which determine job satisfaction [2],[3]. "Midwifery encompasses care of women during pregnancy, labour, and the postpartum period, as well as care of the newborn. It includes measures aimed at preventing health problems in pregnancy, the detection of abnormal conditions, the procurement of medical assistance when necessary, and the execution of emergency measures in the absence of medical help" [4].

### Public Health Midwives (PHMs) contribute to improve maternal and child health services of Sri Lanka in both

curative and preventive settings. Midwives in government hospitals are engaged in providing intra natal care and facilitating post-partum care. Midwives attached to Medical Officer of Health's (MOH) offices mainly provide antenatal and postnatal care in the field setting. Midwives in the hospital setting are involved in provision of natal care and immediate postpartum care for the mother. They provide newborn care including education related to breast feeding. Midwives in hospital setting work in all types of hospitals from divisional hospitals to teaching hospitals. Their performances are assessed by the Consultant or Medical Officer in charge and Nursing Sister in charge. Systematic supervision is done in both setups by supervising officers at various levels to ensure accountability and quality of work.

- Dr I.S.Yaddehige is currently pursuing a degree of doctor in medicine in Medical Administration, works as a Senior Registrar in Ministry of Health, Sri Lanka, PH-+94773439081 E-mail: [isyaddehige@gmail.com](mailto:isyaddehige@gmail.com)
- Dr.M.Arnold is currently pursuing a degree of doctor in medicine in Community Medicine, works as Director ,Quarantine Unit in Ministry of Health, Sri Lanka, PH-+94714199953 E-mail: [mahendra\\_arnold@yahoo.com](mailto:mahendra_arnold@yahoo.com)
- Field midwives previously focused only on midwifery, but now they provide services related to control of both communicable and non-communicable diseases and mental health related diseases at the grass root level. PHM has to maintain the registers, records and returns related to maternal and child care and supervised by the Supervising Public Health Midwife (SPHM), Public Health Nursing Sister (PHNS) and the MOH.

Midwives in both settings are in a common transfer scheme. The government of Sri Lanka has provided quarter's facilities to a considerable proportion especially at rural settings. Career advancement for this workforce is through promotion to the post of "Supervising Public Health Midwife" and through being eligible to apply for nursing training if the eligibility criteria are fulfilled. Matara district has a population of 819000 for whom preventive health services are provided through 17 MOH areas. Matara owns one district general hospital, two type B base hospitals and 12 divisional hospitals to which the midwives are attached [5]. There are 273 and 132 midwives working in Matara district in field and hospital settings respectively. Midwives in their workplace are exposed to stressful situations. Identification of the current level of job satisfaction and organizational determinants of job satisfaction of midwives attached to field and hospital settings is important for the management. This knowledge aid to raise the job satisfaction by modifying the identified organizational factors. Hence, objective of the study was to assess the level of job satisfaction of midwives in both field and hospital settings and to compare the effect of organizational determinants on job satisfaction at both settings.

## 2 LITERATURE REVIEW

Job satisfaction of midwives has been assessed worldwide through different questionnaires. Short form of Minnesota Satisfaction Questionnaire (MSQ) is a validated tool which provides more specific information on the aspects of a job that an individual find rewarding [6]. International studies which assessed the job satisfaction of midwives with MSQ revealed mixed results where some are satisfied and some are not expressing its changing nature [7],[8],[9],[10],[11]. Job satisfaction and its correlates among midwives attached to MOH offices was studied in Ratnapura district, Sri Lanka in 2008 where majority were neutral on job satisfaction [12]. Further, midwives were not satisfied on remuneration and career development opportunities where as they were satisfied with the working environment, and support of supervisory officers [12]. According to Haijuan [13] work setting is a key variable which affect job satisfaction. Midwives in different

work settings had differences in satisfaction with organizational factors and job satisfactions. Comparison between caseload and standard midwives in Victoria revealed caseload midwives were satisfied on professional support and client interaction compared to standard care [14]. A comparative study in United Kingdom among community midwives and hospital midwives revealed satisfaction of community midwives on "professional development" and "interactions with clients" was significantly higher than hospital midwives. Hospital midwives were not satisfied about autonomy [15]. Considering the impact of job satisfaction on the quality of health care services, assessing job satisfaction and its organizational determinants at least once in every six months has been recommended [11]. Hence in view of identifying the level of job satisfaction and effects of organizational determinants on job satisfaction among midwives this study was conducted in Matara district of Sri Lanka.

### 3 MATERIAL & METHODOLOGY

This descriptive cross-sectional study was conducted in 2016 among all 405 Public Health Midwives (PHMs) served in all government hospitals and MOH areas in Matara district. Midwives on maternity leave or long medical leave were excluded from the study. A modified, validated, pretested structured self-administered questionnaire with a five-point likert scale response (Strongly agree, Agree, Neutral, Disagree and Strongly disagree) was developed based on short form of MSQ. The questionnaire assessed satisfaction with selected eleven organizational factors and job satisfaction. Data was collected by the principal investigator visiting each institute following obtaining ethical and administrative approval. Data was entered and analyzed in Statistical Package for the Social Science (SPSS) software (version 23). Demographics of the midwives, satisfaction with identified organizational factors and satisfaction with job itself was assessed for both field and hospital settings.

### 4 RESULTS

In Matara district 405 midwives were serving and 389 were eligible for the study. Overall response rate was 93.6% which studied 253 midwives in field setting and 111 hospital settings which included provincial ministry and line ministry hospitals. Medical Officer of Health (MOH) was available for all the field midwives as a supervising officer (n=253,100.0%) whereas only 198 (78.3%) were supervised by a Public Health Nursing Sister (PHNS). Supervising Public Health Midwives (SPHM) supervised 239 (94.5%) of midwives in the field. Serving population was between 2501- 4500 for 173 (68.4%) midwives and only twenty one (8.3%) midwives had a population more than 4500. Extent of area of the majority (n=131, 51.9%) was more than 4 km<sup>2</sup> to less than 8 km<sup>2</sup>. There were 27 vacant posts which were vacant for a period less than 2 years. In the hospital setting, all 52 midwives in the line ministry hospital reported there were vacancies in the unit they work. The mean value of job satisfaction was 3.66 and the standard deviation was 0.593. As the value was above 3 midwives were considered to satisfied with their job. An independent sample t test was performed to compare the job satisfaction of midwives in field and hospital settings. There was a significant difference in the scores at the p< 0.05 level for the field setting (M=3.6161, SD=0.60024) and hospital setting (M=3.7624, SD=0.56482) conditions; t (362) = - 2.179, p = 0.030

concluding midwives in the hospital setting are more satisfied than the midwives in the field setting. As the mean values of the organizational factors were normally distributed, association of each organizational factor with job satisfaction was assessed with Pearson Correlation. All eleven organizational factors were positively correlated with job satisfaction (Table I).

**Table I.** Association of organizational factors with job satisfaction

| Organizational factor | r value | P value |
|-----------------------|---------|---------|
| Working Condition     | 0.401   | 0.000   |
| Supervision           | 0.181   | 0.000   |
| Co worker             | 0.354   | 0.000   |
| Workload              | 0.384   | 0.000   |
| Autonomy              | 0.353   | 0.000   |
| Training Received     | 0.327   | 0.000   |
| Remuneration          | 0.349   | 0.000   |
| Career development    | 0.302   | 0.000   |
| Welfare               | 0.350   | 0.000   |
| Transfer scheme       | 0.146   | 0.005   |
| Leave                 | 0.436   | 0.000   |

Midwives in both work settings were satisfied highest with the coworkers. Midwives in the field were not satisfied with the transfer scheme (M=2.7727, SD= 1.03065), remuneration (M= 2.5837, SD= 0.82651) and workload (M=2.4012, SD=0.89621). Midwives in hospitals were not satisfied with the transfer scheme (M=2.7748, SD= 0.88610) and autonomy (M=2.9730, SD=0.81913) (Table II).

**Table II.** Distribution of mean and standard deviation of job satisfaction by organizational factors among midwives in field and hospital settings

| Organizational Factor | Midwives in Field |                    | Midwives in Hospitals |                    |
|-----------------------|-------------------|--------------------|-----------------------|--------------------|
|                       | Mean              | Standard Deviation | Mean                  | Standard Deviation |
| Working Condition     | 3.7688            | 0.70913            | 3.4414                | 0.85742            |
| Supervision           | 3.8235            | 0.71487            | 3.1051                | 0.85160            |
| Co worker             | 3.9217            | 0.63249            | 3.7027                | 0.57008            |
| Workload              | 2.4012            | 0.89621            | 3.2027                | 1.00539            |
| Autonomy              | 3.3439            | 0.66393            | 2.9730                | 0.81913            |
| Training Received     | 3.5586            | 0.52260            | 3.5135                | 0.49601            |
| Remuneration          | 2.5837            | 0.82651            | 3.2883                | 0.76606            |
| Career development    | 3.2292            | 0.75908            | 3.2252                | 0.67332            |
| Welfare               | 3.3992            | 0.92835            | 3.1937                | 0.79250            |
| Transfer scheme       | 2.7727            | 1.03065            | 2.7748                | 0.88610            |
| Leave                 | 3.5850            | 0.75046            | 3.4369                | 0.81217            |

As all eleven organizational factors were positively statistically significantly associated with job satisfaction (Table I), satisfaction with organizational factors was compared between the midwives of field and hospital settings. There was a statistically significant difference in level of satisfaction between the two groups in all organizational factors except for training received, career development, transfer scheme and leave (Table III).

**Table III.** Comparison of job satisfaction of PHM in field and hospital settings by organizational factors

| Organizational factor | Mean job satisfaction Score |              | Significance          |
|-----------------------|-----------------------------|--------------|-----------------------|
|                       | Field PHM                   | Hospital PHM |                       |
| Working Condition     | 3.7688                      | 3.4414       | t = 3.797, P = 0.000  |
| Supervision           | 3.8235                      | 3.1051       | t = 8.313, P = 0.000  |
| Co worker             | 3.9217                      | 3.7027       | t = 3.132, P = 0.002  |
| Workload              | 2.4012                      | 3.2027       | t = -7.564, P = 0.000 |
| Autonomy              | 3.3439                      | 2.9730       | t = 4.559, P = 0.000  |
| Training Received     | 3.5586                      | 3.5135       | t = 0.770, P = 0.442  |
| Remuneration          | 2.5837                      | 3.2883       | t = -7.654, P = 0.000 |
| Career development    | 3.2292                      | 3.2252       | t = 0.048, P = 0.962  |
| Welfare               | 3.3992                      | 3.1937       | t = 2.030, P = 0.043  |
| Transfer scheme       | 2.7727                      | 2.7748       | t = -0.018, P = 0.986 |
| Leave                 | 3.5850                      | 3.4369       | t = 1.689, P = 0.092  |

In summary, midwives in the field setting are more satisfied than the midwives in the hospitals with the working condition, supervision, coworker, autonomy and welfare yet midwives in field are less satisfied with the workload and remuneration compared to their counterparts.

## 5 DISCUSSION

In contrast to the findings of Gamini [12] where the majority of midwives were neither satisfied nor dissatisfied, the present study concluded midwives were satisfied with their job as the mean value of job satisfaction was 3.66. This may be due to improvement in transport facilities provided to a midwife, reduction of population to be served, and the reduction of extent of area with less cover-up duties due to fairly low vacant posts. Even though midwives were satisfied with their job, midwives in the field setting were less satisfied compared to midwives in the hospital setting. This was different from the findings in developed countries where community midwives were more satisfied than the hospital midwives [14],[15]. Yet, this is not comparable due to differences in the questionnaire and job role. Selected eleven organizational factors were positively correlated with job satisfaction which is similar to other Sri Lankan and international studies [9],[11],[16]. Midwives in the field setting were more satisfied than the midwives in the hospitals with the working condition, supervision, coworker, autonomy and welfare. Similar findings, satisfaction with autonomy and working condition among community midwives, were observed by international authors [14],[15]. There was no significant difference between the satisfaction among two groups regarding training, career development, transfer scheme and leave. Midwives were not satisfied with remuneration, workload and transfer scheme. Midwives in field were less satisfied with the workload and remuneration compared to their counterparts. Hence, the reasons for the poor satisfaction of midwives in the field compared to midwives in the hospital may be due to workload and remuneration.

## 6 CONCLUSIONS

Midwives in both settings were satisfied with their job yet midwives in the hospital setting are more satisfied than the midwives in the field setting. Midwives were not satisfied with some organizational factors. Midwives in field setting were not satisfied with the workload, remuneration whereas midwives in hospital setting were less satisfied with autonomy. Midwives in

both settings were not satisfied with the current transfer scheme. As the selected organizational factors are associated with job satisfaction, improvements in organizational factors may enhance job satisfaction.

## ACKNOWLEDGMENTS

The authors wish to thank all institutional heads and midwives in Matara who contributed to the study.

## 7.2 REFERENCES

- [1]. Vroom, V.H., Work and motivation, New York: John Wiley & Sons, 1964.
- [2]. Luthans, F., Organizational Behavior, 10th ed, New York: McGraw Hill, 2005.
- [3]. Sageer, A., Rafat, S. & Agarwal, P., Identification of Variables Affecting Employee Satisfaction and Their Impact on the Organization, IOSR Journal of Business and Management, 5(1), 32-39, 2012.
- [4]. World Health Organization, Midwifery, Retrieved 02 February, 2016, from <http://www.who.int/topics/midwifery/en/>, 2016.
- [5]. Ministry of Health, Annual health bulletin, Colombo: Ministry of Health, 2017.
- [6]. Weiss, D.J., Dawis, R.V., England, G.W. & Lofquist, L.H., Manual for Minnesota Satisfaction Questionnaire, Retrieved from <http://vpr.psych.umn.edu/assets/pdf/Monograph%20XII%20-%20Manual%20for%20the%20MN%20Satisfaction%20Questionnaire.pdf>, 1967.
- [7]. Bodur, S., Job satisfaction of health care staff employed at health Centers in Turkey, Occupational Medicine, 52(6), 353-355, Retrieved from [www.ncbi.nlm.nih.gov/pubmed/12361997](http://www.ncbi.nlm.nih.gov/pubmed/12361997), 2002.
- [8]. Kumar, P., Khan, A.M., Inder, D. & Mehra, A., A comparative study of job satisfaction among regular and staff on contract in the primary health care system in Delhi, India, J Family Community Med, 21(2), 112-118, Retrieved from <http://www.jfcmonline.com/article.asp?issn=2230-8229;year=2014;volume=21;issue=2;epage=112;aulast=Kumar,2014>.
- [9]. Muhammadani, B., Job Satisfaction of Midwives Working in Labor Ward of the Lady Dufferin Hospital: A Cross-Sectional Study, International Journal of Social, Behavioral, Educational, Economic, Business and Industrial Engineering, 9(10), 3311-3314, Retrieved from <http://waset.org/publications/10002584/job-satisfaction-of-midwives-working-in-labor-ward-of-the-lady-dufferin-hospital-a-cross-sectional-study>, 2015.
- [10]. Skinner, V., Madison, J. & Humphries, J.H., Job satisfaction of Australian nurses and midwives: A descriptive research study. Australian Journal of Advanced Nursing, 29(4), 19-27, 2007.
- [11]. Talasaz, Z.H., Saadoldin, S.N. & Shakeri, M.T., The Relationship between Job Satisfaction and Job Performance among Midwives Working in Healthcare Centers of Mashhad, Iran. J Midwifery Reprod Health, 2(3), 157-164, 2014.
- [12]. Gamini, N. B., Job Satisfaction and Its Correlates Among Public Health Midwives in Rathnapura District, MSc dissertation, Postgraduate Institute of Medicine,

- Colombo, 2008.
- [13]. Haijuan,W.,Yongpin,N. & Bibo,X., Main factors influencing nurse job satisfaction-a cross country study, MSc dissertation, Kristianstad University College, Sweden, 2006.
- [14]. Newton, M.S., McLachlan, H.L., Wills,K.F. & Forster,D.A., Comparing satisfaction and burnout between caseload and standard care midwives:findings from two cross sectional surveys conducted in Victoria,Australia, BMC Pregnancy and Childbirth, 14(426), 1-16, 2014.
- [15]. Todd, C.J., Farquhar,M.C. & Ferrante,C.C., Team midwifery: the views and job satisfaction of midwives, Midwifery, 14 (4), 214-224, 1998.
- [16]. Ponweera, P. A. D. D. S., Factors affecting job satisfaction among grade medical officers in secondary care hospitals in Puttalam district, MSc dissertation, Postgraduate Institute of Medicine, Colombo, 2012.