

ORIGINAL ARTICLE

JOB SATISFACTION AMONG SPECIALIST IN MINISTRY OF HEALTH MALAYSIA AND ITS ASSOCIATED FACTORS

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ABSTRACT

The increasing trend of resignation among specialist from the Ministry of Health (MOH) is mostly associated with job dissatisfaction. This phenomenon is not just commonly seen on Malaysia but also in all over the world. The main purpose of this study is to determine the factors that affect job satisfaction and also to understand the level of job satisfaction among specialists in the MOH. A mixed-method approach applied in this cross-sectional study among 316 specialists. Google Form contains quantitative questionnaires using a validated Job Satisfaction Survey (JSS) and qualitative open-ended question were distributed to respondents via email. The data was analysed using descriptive, bivariate, and thematic analysis. Respondents who are from Malay ethnicity and those who graduated from the local universities were found to be more satisfied in terms of pay, contingent rewards, fringe benefits, promotion, co-workers and communication. The policy makers may improve in terms of the non-monetary incentives and benefits in the near future.

Keywords: Job satisfaction, specialists, resignation, incentives

INTRODUCTION

A healthcare professional, including a specialist, is someone who provides patients, families, or communities with extensive prevention, therapeutic, educational, or rehabilitative medical services. However, resignation among doctors is a very common and important issue to be discussed and reviewed thoroughly. For many years, the resignation matter has been the topic of interest among management teams and researchers. Resignation or turnover is an unfavourable implicit expense in any corporation¹. Often, the reason behind the increased number of resignations is job dissatisfaction among the doctors. It occurs across countries and around the world for instance in Norwegian and Germany².

To tackle this issue and to prevent actual leaving, reasons for leaving must be better understood³. As a general rule it is known that most common reasons to resign among health care practitioners especially doctors are due to overworked, lack of job satisfaction, hospital work environment, and unsatisfactory income level⁴. Low salary, high job risk, work pressure, and the desire for a better career growth are all reasons for resigning. The salary rate and promotion opportunities are two factors that trigger dissatisfaction among them⁵.

Many countries policy maker have looked into this important and crucial issue and have tried to improve their retaining programs despite the

increasing attrition year by year. The retaining policy should also improve in the element of workload reduction and financial incentivization⁶. Human resource management across the world are striving to retain their doctors mainly specialist of various discipline to stay in the public service but still many have left the service for various reasons, mainly the more lucrative salary provided by the private sectors. The retention of doctors reflects a positive vibes and outcome in the organization and hence projects a certain level of workforce stability⁷.

The other issue with resignation is among others, the patient's trust being compromised as they see a high turnover rate of doctors and also affecting the hospital performance too⁷. Apart from that the continuity of service as a whole is more often affected with resignation as the list of doctors shortened the list of on-call and long hours of working grow much longer and in which this may affect the work life balance of the remaining doctors. The issue of work life balance is an important issue because not only does a better work-life balance improve job satisfaction, success, and organisational engagement, but it also improves life and family satisfaction⁸. Stress-related consequences such as psychological distress, physical fatigue, anxiety, and depression are also reduced when work-life balance is achieved⁸.

METHODS

A mixed-method approach was used to explore on job satisfaction and factors associated with job satisfaction among specialists. A questionnaire (Google Forms) sent via email was used to collect quantitative and qualitative data in this cross-sectional analysis. In Job Satisfaction Survey (JSS) questionnaire, there were 9 components or categories that determines the level of Job Satisfaction. The findings were discussed according to the 9 components or categories such as Pay, Promotion, Supervision, Fringe Benefits, Contingent Reward, Operating Condition, Co-Workers, Nature of Works, and Communication. The data from the quantitative section was analysed using descriptive and bivariate analysis. In the Google Forms for the qualitative section, an open-ended question was included: "What could have been done to prevent you from leaving the public service?". Thematic analysis was used to analyse the results.

The target population for this study were the specialists who are still working with Ministry of Health (MOH). Participants for this study were sampled using convenient sampling method. Inclusion criteria includes Malaysian Specialist in Grade UD48 and above and, permanent Service Doctors. Exclusion criteria were Dental officers and Contract for Service officer. The participants were contacted by email and requested to complete the JSS questionnaires in Google Forms. They are to respond and provide feedback within two months.

Participants were allowed sufficient time to consider their participation in the study. Participants do not need to sign in any account to

maintain privacy and confidentiality of personal information. Participants were then linked to the information sheet with implied consent on the first page. They may tick at the box whether they 'agree/disagree' to participate in this study. Participants proceeded answering the survey once they agreed to participate, otherwise they would exit from the link once they choose 'disagree' to participate. The period of data collection lasted for 2-months from the date the link was distributed to the participants. This link was disabled after 2-months and only the researchers were able to access it. The data collected were recorded in another separate offline document after being retrieved from Google Forms and all data in the Google Forms will be destroyed to protect confidentiality.

Permission to conduct this study was obtained from the Medical Research and Ethics Committee Ministry of Health [NMRR-19-2756-48239] and Ethics Committee of Universiti Kebangsaan Malaysia [FF-2019-442 UKM PPI/111/8/JEP-2019-605].

RESULTS

Quantitative Data

Descriptive Analysis

A total of 333 questionnaires were returned from 1950 emails (Google Forms) that were distributed during the process of data collection but only 316 completed forms were analyzed. The overall response rate was only 17 %. This might be due to COVID-19 pandemic which occurs early 2020 which affects data collection and responses as all of the responders are specialists in the MOH hospitals. The sociodemographic results are detailed in Table 1.

Table 1: Sociodemographic data of the respondents

Variable		n	%
Gender	Female	168	53.2
	Male	148	46.8
Race	Chinese	81	25.6
	Indian	46	14.6
	Malay	182	57.6
	Others	7	2.2
Place of graduation	Local	240	75.9
	Foreign	76	24.1
Age group	<40	105	33.2
	>40	211	66.8
Length of services	<10	17	5.4
	>10	299	94.6
Total		316	100.0

Table 2 shows the level of job satisfaction among 316 respondents based the nine factors such as Pay, Promotion, supervision, fringe benefits, contingent rewards, operating condition, co-

workers, nature of work and communication. Among the nine factors mentioned, there are 5 factors of job satisfaction that most respondents are dissatisfied of. About 287(84.2%) respondents

are dissatisfied with operating conditions, 280 (88.6%) respondents are dissatisfied with fringe benefits, 280 (88.6%) respondents are dissatisfied with promotion, 266 (84.2%) respondents are dissatisfied with pay and 260 (82.3%) respondents

are dissatisfied with contingent rewards. Total level of job satisfaction shows 69.3% of respondents are dissatisfied and 30.7% are satisfied.

Table 2: Frequency by job satisfaction (n=316)

Variable		n	%
Pay	Dissatisfied	266	84.2
	Satisfied	50	15.8
Promotion	Dissatisfied	280	88.6
	Satisfied	36	11.4
Supervision	Dissatisfied	121	38.3
	Satisfied	195	61.7
Fringe Benefits	Dissatisfied	280	88.6
	Satisfied	36	11.4
Contingent Reward	Dissatisfied	260	82.3
	Satisfied	56	17.7
Working Condition	Dissatisfied	287	90.8
	Satisfied	29	9.2
Co Workers	Dissatisfied	108	34.2
	Satisfied	208	65.8
Nature of Works	Dissatisfied	38	12.0
	Satisfied	278	88.0
Communication	Dissatisfied	144	45.6
	Satisfied	172	54.4
Job Satisfaction	Dissatisfied	219	69.3
	Satisfied	97	30.7
Total		316	100.0

Bivariate Analysis

The Chi Square test was used to identify the relationship between sociodemographic factors with the level of satisfaction. From Table 3, the Chi square test showed a statistically significant association between ethnicity with level of

satisfaction where Malay ethnicity are more satisfied compared to other races. For the other categories such as gender, age, Place of graduation and Length of service do not show any significant association with the total level of job satisfaction.

Table 3: Association between total job satisfaction and sociodemographic factors (Chi Square Test)

Variable		Job Satisfaction		χ^2	P
		Dissatisfied n (%)	Satisfied n (%)		
Gender	Female	114 (67.9)	54 (32.1)	0.35	0.552
	Male	105 (70.9)	43 (29.1)		
Race	Malay	112 (61.5)	70 (38.5)	13.97	0.003*
	Chinese	62 (76.5)	19 (23.5)		
	Indian	39 (84.8)	7 (15.2)		
	Others	6 (85.7)	1 (14.3)		
Age group	<40	74 (70.5)	31 (29.5)	0.10	0.750
	>40	145 (68.7)	66 (31.3)		
Place of graduation	Local	162 (67.5)	78 (32.5)	1.53	0.217
	Foreign	57 (75)	19 (25)		
Length of service	<10	12 (70.6)	5 (29.4)	0.01	0.906
	>10	207 (69.2)	92 (30.8)		

Significant $P < 0.05$

The bivariate analysis showed there is a statistically significant association between Malay ethnicity and total level of satisfaction. Based on the factors contributing to job satisfaction among the specialist, it can be concluded that Malay ethnicity are more satisfied with factors such as pay, promotion, contingent rewards and co-workers. Apart from that, the result also showed the local graduates are more satisfied with pay, as compared to the foreign graduates.

Overall results from this study showed that most respondents are dissatisfied with the 5 common factors which is consistent with the previous study by Aidalina and her team⁹. The 5 common factors are namely operating conditions, fringe benefits, promotion, pay and contingent rewards. With regards to the operating conditions this is

consistent with a study done among Norwegian doctors where opportunities to use their abilities, cooperation with colleagues and freedom to choose their own method of working will allow them to be more satisfied with their job as a whole². A study in Japan, burn out, heavy on-call duty and poor work control are among the factors related to job dissatisfaction among Japanese doctors¹⁰.

Qualitative data

Open-Ended Questions

The question asked in this section was “What could have been done to prevent you from leaving the public service?”. The thematic analysis of the answer revealed dissatisfaction in the 5 components as depicted from the table below:

Table 4: Five components of thematic analysis

Identified themes	Identified sub-themes	Number of responses
Pay	Low pay	100
	Low on-call allowances	6
	Time based promotion extended to <i>JUSA</i>	3
Work condition		92
Promotion		51
Fringe benefits		11
Contingent Rewards		6
Supervision		8
Emerging factors	Family commitments	6

The majority of the respondents stated that if the pay is much higher, they will be more satisfied and would prevent them from leaving the public services. A number of respondents stated that the on-call allowances should be increased and changed to per hour rate. The respondents also stated that better maintenance of assets and facilities must take place and also the supporting staff to look after these resources should be increased.

Many respondents mentioned about their frustration on the red tapes and too many paperwork apart from the clinical work. The MOH specialists are also required to perform not only services part but teaching and training of House Officers, Masters students and Subspecialty trainees. Respondents suggested that more benefits be given to those served in Sabah and Sarawak and also to introduce the Subspecialty allowances. The introduction of merit and evidence-based performance in recognition and rewards. Other emerging factors are the work family balance where the respondents stated that placement of doctors near their family and home

would prevent them from leaving the public service.

DISCUSSIONS

Overall, Job Satisfaction

In this study, a total job satisfaction revealed that most of the respondents both male and female are dissatisfied with five important factors such as working condition, fringe benefits, promotion, pay and contingent rewards respectively. Most respondents are satisfied with supervision, co-workers, nature of work and communication.

Job Satisfaction and Sociodemographic Factors

In terms of gender, this study revealed that female respondents are more satisfied in general as compared to the male respondents. This finding concur with a study where female surgeon are more satisfied than male surgeon in terms of supervision, feedback and recognition¹¹. A study in Iraq found female doctors require more work life balance and they are more prone to burn out and stress as compared to male doctors¹². A study revealed women are more likely than men to retire early for family reasons⁶.

In terms of race and ethnicity, the findings of this study revealed that Malay ethnicity seemed to be more satisfied compared to the other races. Based on a study, there is a high turn-over rate among minorities where the level of dissatisfaction is also higher¹³. This can be correlated with other study done relating that ethnicity is important factor influencing multi-cultural or multi-racial workplace¹⁴. A recent study concluded that addressing the racial/ethnic challenges is crucial in creating a diverse and inclusive workforce¹⁵. However, a study in Malaysia showed that there was no significant relationship between ethnicity and work performance¹⁶.

In this study, the respondents age more than 40 years old are more satisfied than those who are younger. A study mentioned that higher rates were commonly reported in female and younger physicians¹⁷. This can be related and similar to a study done where the age factor is important in determining the job satisfaction and resignation among healthcare workers¹⁸. Our findings resonated with the study in the United States of America among the surgeon, revealed that the younger surgeons tend to be dissatisfied where the senior ones are more satisfied due to more control over work schedule, appreciation from peers and accomplished career goals¹⁹.

Factors Influencing Job Satisfaction

The findings from this study showed that the majority of the respondents are dissatisfied with their pay where most stated in the open-ended question that the pay is too low as compared to the offer by the private sectors. Majority of the respondents requested pay to be raised to be at par with the private sectors as they feel the disparity is too big a difference. This is consistent with a study mentioned in the literature review chapter which revealed that there was a significant relationship between job satisfaction and pay and promotion, where those who work for longer hours and with less pay are more dissatisfied²⁰.

Majority of the respondents are also dissatisfied with the promotion. They requested for faster promotion and suggested that the time-based promotion be extended to the Public Sector Key Position or *Jawatan Utama Sektor Awam (JUSA)*. Promotion plays an important role in motivating workers and retaining them in an organization. Recognition will increase productivity, morale, job retention among employees²¹.

The specialists are dissatisfied with the contingent rewards given by the government and requested more rewards be given to especially those working in the rural area such as the district hospitals across the country. Doctors in rural areas are generally dissatisfied with their job rewards, working conditions, and organisational management²².

Nonetheless, this study revealed that most respondents are satisfied with the co-workers and team work in their respective workplaces. They addressed that the higher level of satisfaction and quality of service can be achieved with good teamwork. The result of this study would agree with other study where job satisfaction has been associated with good team work²³.

In this study, many respondents voiced their concern about wanting a more flexible working hour. They also addressed the issues of lack of human resource and finance, lack of work control, being burdened over paper work and the training of house officers and also red tapes in the public service. The result of this study aligns with the study done in Czech where doctors frustration derived from the poor working condition such as understaffing and undervalued and claimed to be underpaid by the government²⁴.

Communication is important aspect in determining the job satisfaction hence the level and quality of service. In this study most respondents are satisfied with the communication aspect and this can be related to a study where there is a positive relationship between communication quality, compensation, employee engagement and job satisfaction²⁵. Based on a study, there is positive and significant impact on the organization's communication on job satisfaction of employees²⁶. A study in Korea found that job satisfaction was significantly correlated with communication satisfaction and resilience²⁷.

Factors That Prevent Specialists from Leaving the Public Service

From the qualitative study, there are two factors that showed highest number of responses. These two most important factors are pay and working condition, which majority of respondents are most dissatisfied with. Respondents suggested for increase in pay and also on-call allowances and suggested that the on-call allowance should be charged per hour rate. The working condition is also a factor that most respondents are dissatisfied with. Assets and facilities in the public services were not maintained properly. Small and crowded wards and clinics were among the working condition that requires additional resources, thus should be enlarged and optimized.

The Components and Their Implications

This study confirmed issues related to pay, promotion, fringe benefits, contingent rewards and working conditions were the determining factors for the level of job satisfaction among specialists in the Ministry of Health Malaysia. Various allowances were introduced by the MOH such as the critical allowances (introduced in November 2002), after hours' clinic incentives in September 2002, after hour work allowance (June 2005), Cost of living allowances (January 2006)

and time-based promotion in 2008⁹. However, despite the introduction of these new allowances and increment on time-based promotion by the government, many specialists are still not satisfied with the remuneration. There are lots of suggestions from the specialist to re-visit and update the remuneration and increment in terms of pay, promotion and rewards.

This study also found that there a statistically significant association between race and job satisfaction among the specialists in the Ministry of Health Malaysia. Apart from that there is also a significant association between the place of graduation (local vs foreign) with job satisfaction. The Malay respondents found to be more satisfied compared to the other races. Respondents who graduated from the local universities are more satisfied than those graduated from the foreign universities as they may have been accustomed to the nature of pay and working conditions throughout their period of study in the local setting.

From the qualitative study it was found that the major factor; 1) pay and 2) working condition are the two most important factors that could be improved to retain the specialists in public service. However, while the government services and pay cannot match the pay offered by the private sectors, the on-call allowances rate and pay are suggested to be reviewed as it was last revised in year 2010. Subspecialty allowances was also suggested as to acknowledge specialist whom had undergone subspecialty training. Apart from that, the Ministry of Health should strengthen the work condition or environment such as having better facilities for services, looking into specific and optimized human resources and staffing needs at every level. Improving and strengthening the implementation of staff safety would lead to better staff satisfaction will also help to reduce workplace injury among the healthcare staff²⁸. It is suggested for future study to go deeper into the meaning of working condition and environment to further elaborate and extrapolate hence providing a better solution and implementation in the near future to increase the level of job satisfaction among specialists in MOH thus retaining them in the public service.

CONCLUSIONS

The factors that determine the job satisfaction among the specialists in MOH are pay, promotion, fringe benefits, contingent rewards and working condition. This study found about 287(84.2%) respondents are dissatisfied with working conditions, 280 (88.6%) respondents are dissatisfied with fringe benefits, 280 (88.6%) respondents are dissatisfied with promotion, 266 (84.2%) respondents are dissatisfied with pay and 260 (82.3%) respondents are dissatisfied with contingent rewards. Total level of job satisfaction

shows 69.3% of respondents are dissatisfied and 30.7% are satisfied. This study also found that there is an association between race and level of satisfaction where the Malay respondents are found to be more satisfied.

Recommendations to improve the above conditions are to review the current policy in terms of remuneration. Reviewing the on-call allowances which is long overdue since it was last revised more than a decade ago. Improving the working conditions in the hospitals and health facilities are suggestions put forth by the specialist. This would ensure the medical equipment and facilities are well taken care. Future research includes to go deeper in terms of issues concerning human resources management, working condition and workload levelling across country.

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Conflict of interest

We confirm that this work is original and has not been published elsewhere, nor is it currently under consideration for publication elsewhere. This publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright holder.

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