Job satisfaction among local-level health workers following federalization in Nepal

Presented by

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Background

Decentralization refers to the transfer of authority and responsibility for health services from central to elected authorities with autonomy [1]

In high income countries such as Organization for Economic Cooperation and Development (OECD) members, decentralization has:

- Enhanced coverage of health services
- Reduced mortality rates
- Increased life expectancy [2,3]

In LMICs, decentralization has led to:

- Improvements in mortality reduction and service delivery
- Challenges related to resource availability, equity, and accountability [4,5]

Background

- Evidence on the benefits of decentralized health systems is in the state of debate in the literatures

- Following federalization in 2015, Nepal underwent significant health system reforms transferring basic health service responsibilities to local governments [6]

- Also, a total of 26,612 staff members at various levels of Ministry of Health and Population (MoHP) were redistributed to 3 tiers with 82.9% of the health workforce being deployed at the local level [7]

Background

However, this transition has faced enormous challenges:

- Salary delays
- Deployment issues with thousands of complaints filed to the MoHP and MoFAGA[8–11]

Job satisfaction influences service quality, efficiency, and equity [12-14]

It also impacts employee absenteeism and turnover [15,16]


THE KATHMANDU POST

SUDURPASCHIM PROVINCE

Dhangadi Sub-metropolis health workers protest demanding due salary


The Himalayan

Nepal

Thousands of health workers file complaint against their adjustment

Research Gap

Effect of decentralization on human resources for health remains under-researched, as most studies focused on health outcomes or other aspects of heath systems.

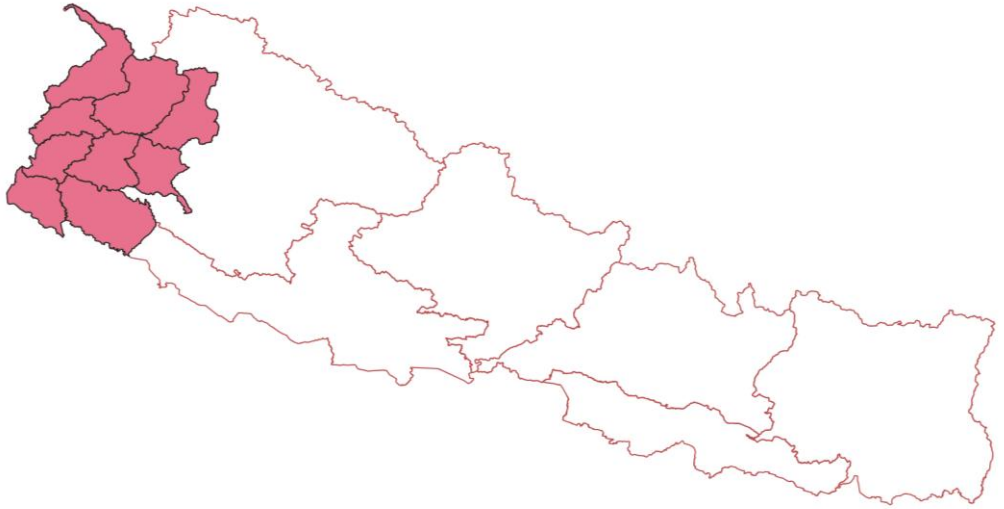
Studies from Nepal have examined job satisfaction before federalization, or have focused on specific professions, institutions or limited geographical regions [17-19]

Objective

To assess job satisfaction and its associated factors among local-level health workers in Sudurpashchim Province.

Methodology

- **Study design:** Cross-sectional study
- **Study population:** Local level health workers
- **Study setting:** Sudurpashchim province
- **Study duration:** January 11, 2023 to February 6, 2023
- **Sample Size:** 444
- **Sampling Technique:** Multistage Sampling



Methodology

Data collection tools:

- A 31-item five-point Likert scale (ranging from strongly disagree to strongly agree)
- The tool was pretested and demonstrated a high internal consistency, with a Cronbach’s alpha of 0.88

Data collection technique:

Data were collected through an online, self-administered questionnaire which were distributed via district health worker messenger groups in 9 districts, with follow-up by identified study focal persons.

Ethical consideration

- Ethical approval was obtained from the Institutional Review Board of the Institute of Medicine, Tribhuvan University (Reference number: 255(6-11) F2/079/080).
- Administrative approval was obtained from the Health Directorate, Sudurpashchim Province (Ref 2079/80/301).
- Data collection adhered to the ethical standards set by the NHRC.

Dependent Variable

Overall job satisfaction (3 Domains, 31 items)

- Working environment (15 items)
- Employee adjustment process and policy (9 items)
- Local governance (7 items)

Scoring technique

Positively worded questions: -2 (strongly disagree) to 2 (strongly agree),

Negatively worded questions were reverse-scored.

Categories

Mean item score was measured (≤ 0 Dissatisfied, > 0: Satisfied)

Independent Variables

- Age
- Gender
- Workplace geography
- Place of work
- Local residence
- Educational Qualification
- Worksite
- Designation
- Employee level
- Service duration

Data Management

- The data collected via Google Forms were downloaded in the form of a spreadsheet and necessary cleaning was done
- Data analysis was done using the Statistical Package for Social Science (Version 25).

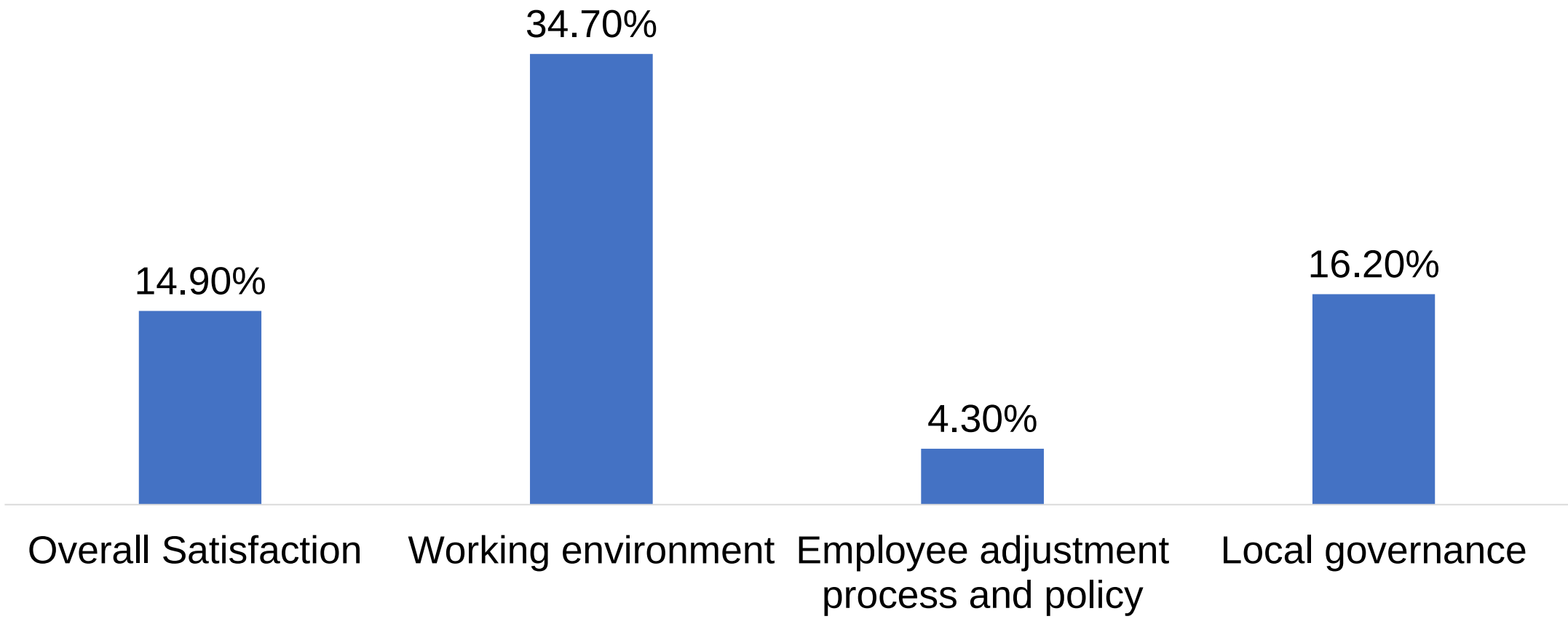
Data Analysis

- Descriptive statistics were reported as frequency distribution
- Association of outcome variable with independent variables were examined using chi square test followed by multiple logistic regression
- Variables with a p-value less than 0.1 during chi-square analysis were adjusted during multiple logistic regression analysis
- The adjusted odds ratios (aORs) with 95% confidence intervals (CIs) were reported with p-value <0.05 considered as significant

General characteristics of the participants (n=444)

- 50.2 % were employed hilly region and 35.1% were employed in Terai region of the province
- More than half (52.3%) were working in the urban regions of the province
- 62.4% of the participants were local resident
- 18% of health workers were working in health section
- Two in five (41.2%) were Gadzetted officers

Job Satisfaction Level



Factors associated with job satisfaction

- **Overall Satisfaction:** Gadzetted officers were less likely to be satisfied than non-gazetted assistant and clerks (AOR: 0.48; 95% CI: 0.27, 0.86).
- **Working Environment:** Those with a master's degree or higher reported lower satisfaction (AOR: 0.38; 95% CI: 0.16, 0.89).
- **Local Governance:** Health workers in health sections were more satisfied than those in health institutions (AOR: 2.03; 95% CI: 1.12, 3.65).
- **Local Governance:** Workers in Himalayan regions reported lower satisfaction than those in hilly/Terai areas (AOR: 0.38; 95% CI: 0.15, 0.99).

Strengths and Limitations

Strengths

- Focuses three key domains the working environment, the employee adjustment process and policy, and local governance which are relevant to the local context.
- First to assess satisfaction related to employee adjustment.

Limitations

- Potential response bias from self-administered questionnaires
- Selection bias, as health workers without internet access could not participate.

Conclusion

Only a small proportion of health workers were satisfied with the adjustment.

Overall satisfaction was lesser compared with previous studies from Nepal and other Lower Middle-Income Countries (LMICs)

Further research is needed to examine

- Trends in declining satisfaction levels and
- Gain a deeper understanding by exploring their underlying causes.

Conclusion

The study recommends the following actions:

- Address health workers’ concerns regarding the adjustment
- Provide career development opportunities for those serving in deprived areas and challenging workplaces
- Offer responsibilities and opportunities aligned with workers' educational qualifications

Acknowledgment

- Ministry of Social Development, Sudurpashchim Province
- Health Office and their chief of Sudurpashchim Province

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"Job satisfaction drives successful health reform"

Thank You!

Brief Bio

Mr. Prakash Adhikari is a public health professional who graduated from the Institute of Medicine in 2023. He has multiple publications in reputed journals and currently supports data management for EHR, HMIS, DHIS-2 and GIS at the Health Service Office, Dailekh. For the past two years, he has worked in close coordination with local-level health workers to strengthen data management and improve health service delivery.