

Comparative Study of Physicians' Job Satisfaction Level in the Public and Private Sectors in Bangladesh

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DOI: <https://doi.org/10.51244/IJRSI.2024.11150033P>

Received: 23 September 2024; Accepted: 07 October 2024; Published: 08 November 2024

ABSTRACT

Background: Physicians are the assets of any healthcare organization. Efficient human resource management and maintaining higher job satisfaction level of physicians determine not only the performance but also affect the growth and performance of the entire health sectors. So, it is essential to keep them satisfied for the success of the health sector as well as the prosperity of the economy. It is very important to handle human resources effectively and to find out whether they are satisfied or not. Only if they are satisfied, they will work with commitment and project a positive image of the healthcare organization.

Methodology: In this study, the job satisfaction between private and public sector physicians was compared using a cross-sectional design. I conducted the study from May to July 2019. A semi-structured questionnaire was carried out among 250 physicians of different public and private sector hospitals in Dhaka city. Data were stored and analyzed using SPSS to determine the job satisfaction level and its association with different factors.

Result: The result of this study indicated that the mean score of overall job satisfaction in public sector hospitals ($M = 126.94$, $SD = 5.96$) was found to be higher than those in private sector hospital ($M = 114.56$, $SD = 5.31$). The Independent sample t-test and linear regression analysis also revealed statistically significant.

Keywords: Job satisfaction, physicians, public and private sector, comparison, hospitals.

INTRODUCTION

Background of Study

Job satisfaction can be defined as the positive and negative emotions an employee associates with their job or the degree of happiness derived from their job (Singh, J.K., and Jain, M., 2013). Consequently, job satisfaction stands as one of the most extensively studied subjects in the field of organizational psychology (Spector, P.E., 1997). According to Locke (Locke, E., 1976), job satisfaction is the positive and enjoyable emotional state that results from assessing one's job or job-related experiences. Previous studies have revealed that when an employee is content with their job, they are more likely to perform at their best to fulfill the organization's objectives (Jalagat, R., 2016). Highly satisfied employees tend to exhibit regular attendance and punctuality, increased productivity, stronger commitment, and an overall sense of satisfaction in their lives (Lease, S.H., 1998). In addition to a great deal of responsibility, physicians frequently deal with difficult and complex situations (World Medical Association, Inc., 2015; European Junior Physicians Association, 2016). Over the past thirty years, stress in the medical industry has been intensively examined (Cooper et al.). Occupational stress is particularly high in the dental, medical, aviation, law enforcement, mining, and social work fields (Cooper et al., 1988). The strain in medicine comes from having to care for people instead of things and from knowing how much their actions affect other people's lives (Caplan et al., 2017). Given that mistakes can have major consequences for patients as well as physicians, physicians' competency is routinely assessed (Payne & Firth-Cozens, 1987).

Medical professionals frequently deal with emotionally draining circumstances including patient suffering, mishaps, and mortality. Complicated events like death, physicians may find these situations extremely difficult to handle if they are not well prepared. Notably, a large percentage of physicians suffer from stress and burnout, particularly in their early training years (European Junior Physicians Association, 2016; World Medical Association, Inc., 2015). Compared to other professionals, physicians are more likely to experience

burnout, particularly those in frontline care specialties (Shanafelt et al., 2012). Physicians at hospitals are more likely to become burned out than those in private practices or research institutions, according to Olkinuora's research (Olkinuora et al., 2018).

Problem Statement

One widely accepted belief is that employees who are highly satisfied with their jobs tend to approach their tasks with more enthusiasm. As Nelson (2016) pointed out, an employee's satisfaction is invaluable. Conversely, job dissatisfaction can have detrimental effects on job performance in multiple ways. Frustrated or disheartened employees are less motivated to fulfill their responsibilities, show reduced commitment to the organization, and consequently, affect the company's overall performance. Piccoli (2013) observed that dissatisfied employees are prone to negative behaviors due to their frequent negative emotional states. Barrett (1980) also noted that job dissatisfaction can lead to unhappiness at work, as individuals who are dissatisfied with their work tend to experience unhappiness. In the healthcare sector, job dissatisfaction can have particularly severe consequences due to the critical nature of the work and its potential impact on patient care. Dissatisfied physicians may become less attentive, make more errors, or exhibit reduced diligence in their clinical assessments. This can ultimately compromise the quality of patient care, potentially resulting in misdiagnoses or delayed treatments. Furthermore, job dissatisfaction can negatively affect both the organization and the individuals receiving healthcare services. It can jeopardize patient safety and treatment outcomes, contributing to poor job performance and absenteeism among healthcare workers (HCWs) (Lee, 2019).

Perhaps the most evident consequence of job dissatisfaction is that physicians may choose to leave for other opportunities, disrupting patient-physician continuity and causing organizational instability. The costs associated with replacing a physician who departs can be substantial, estimated at nearly \$250,000 per physician lost (Lichtenstein, 1984; Berger, 1992; Buchbinder 2009). The influence of job satisfaction among healthcare workers on patient care, patient satisfaction, improved patient outcomes, and the overall quality of healthcare delivery may have been the driving force behind these concerns (Khuwaja 2014). Therefore, to enhance job performance, it is essential to recognize various factors that have a positive impact on job satisfaction.

While extensive research has explored job satisfaction across various sectors in Bangladesh, there exists a significant gap in the literature concerning physicians' job satisfaction within the hospital setting (Chen et al., 2004). Job satisfaction among physicians is a critical aspect that directly impacts the quality of healthcare delivery and overall healthcare outcomes (Franco et al., 2002). Despite its importance, there is limited research focusing specifically on physicians' job satisfaction within the context of hospitals in Bangladesh.

Physicians' well-being and job satisfaction are crucial factors influencing the quality of health services provided (DeVoe et al., 2002). Job satisfaction not only affects physician productivity but also impacts various aspects of patient care, including quality and patient satisfaction (Sibbald et al., 2003). Furthermore, job satisfaction has been identified as a significant determinant of physician turnover and retention, which can have profound implications for healthcare staffing and continuity of care (Pathman et al., 2002).

Existing studies on job satisfaction among healthcare workers in Bangladesh have primarily focused on the public sector, with limited attention given to physicians working in hospital settings, especially within the private sector. Moreover, while studies from other countries have highlighted factors such as working hours, administrative tasks, rewards, recognition, and remuneration influencing physicians' job satisfaction, it remains unclear whether similar factors hold true for public and private sector physicians in Bangladesh (Syed Ghazaili & Daud, 2016).

In Bangladesh, the comparison between the public sector and private sector in terms of job satisfaction among physicians remains a topic of significant debate. Despite the recognition that both sectors offer distinct advantages, empirical studies addressing job satisfaction levels among healthcare professionals are limited. While factors such as age, tenure, salary, job type, and work environment have been extensively discussed in relation to job satisfaction, there is a notable gap in research focusing specifically on the disparity between public and private sector employees (Pandey, 2011; DeSantis & Durst, 1996).

In low and middle-income countries like Bangladesh, health programs and service delivery are often compromised by inadequate numbers, inappropriate distribution, and low motivation among healthcare workers. The unequal distribution of health workers between public and private sectors, as well as between rural and urban areas, is considered a significant factor influencing health indicators (Blaauw et al., 2017; Singh et al., 2019). Therefore, there is a critical need to compare the job satisfaction levels of physicians working in the public and private sectors of Bangladesh to address this disparity and improve healthcare delivery. The aim of this study was to compare the job satisfaction of physicians working in public versus private sector of Bangladesh.

Objectives of the study

General Research Objective

To compare physicians' job satisfaction levels between public and private healthcare organizations in Bangladesh.

Specific Research Objectives

RO 1. To identify the factors that influence physicians' job satisfaction in Bangladesh.

RO 2. To compare the influence of individual factors on physicians' job satisfaction in public and private sector health care organizations in Bangladesh.

Research Questions

General Research Question

How do physicians' job satisfaction levels differ between public and private healthcare organizations in Bangladesh?

Specific Research Questions

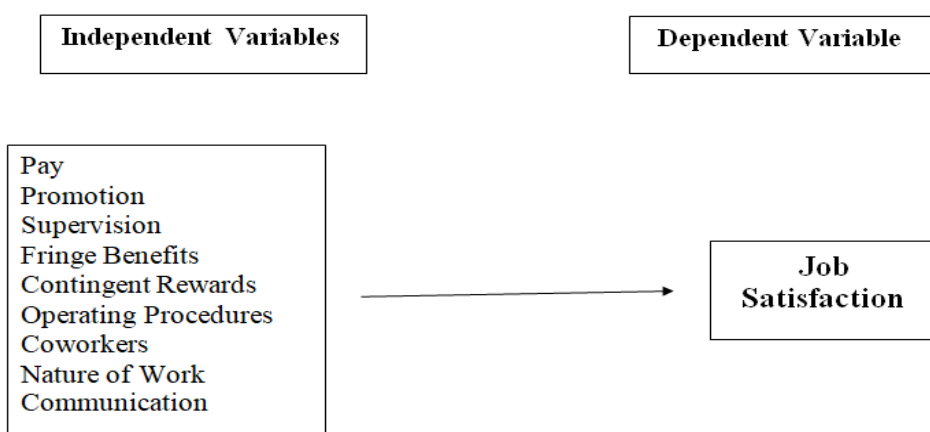
RQ 1. What are the key factors that influence physicians' job satisfaction in Bangladesh? RQ 2. How do individual factors influence physicians' job satisfaction differently in public and private sector healthcare organizations in Bangladesh?

Research Hypotheses

H0. There is no significant difference between the physicians of public and private healthcare organizations in respect of their job satisfaction.

H1. There is a significant difference between the physicians of public and private healthcare organizations in respect of their job satisfaction.

CONCEPTUAL FRAMEWORK



Significance of the Study

The significance of the study lies in its multifaceted contribution to the understanding and enhancement of healthcare delivery and workforce satisfaction within the country. Firstly, the research addresses a crucial gap in the existing literature by specifically examining the job satisfaction levels of physicians working in both the public and private sectors of Bangladesh. With limited empirical studies focusing on this aspect, the study will provide valuable insights into the factors influencing job satisfaction among healthcare professionals in different organizational settings.

Moreover, in the context of Bangladesh's healthcare landscape, where the distribution and motivation of healthcare workers significantly impact health indicators, understanding the job satisfaction of physicians becomes imperative. By comparing satisfaction levels between public and private sectors, the study aims to shed light on disparities and inform strategies to improve healthcare delivery and workforce well-being.

The study's significance is further underscored by its potential implications for healthcare management and policy. The findings can guide efforts to enhance physicians' job satisfaction, leading to improvements in the working environment and, consequently, the provision of higher quality healthcare services across sectors.

From a theoretical standpoint, the research contributes to academic discourse by providing empirical evidence on job satisfaction among physicians in Bangladesh. It enriches existing theories and lays the groundwork for future investigations, fostering a deeper understanding of the dynamics between job satisfaction and related factors in organizational settings. The study holds profound significance for healthcare management, policy-making, and academic research in Bangladesh. Its findings have the potential to influence practice, policy, and further research endeavors, ultimately contributing to the enhancement of healthcare services and the well-being of the population.

Limitations of the Study

The study encountered certain limitations that were considered. First, the research involved a non-random sampling method, given the impracticality of implementing a random sampling approach. Consequently, potential selection bias may have persisted, and this limitation may have affected the generalizability of the findings. Additionally, even though the study aimed to maintain a gender distribution similar to the national ratio and encompass diverse specializations, there could have been challenges in achieving a truly representative sample of physicians in Bangladesh's district health system. Such limitations could have influenced the extent to which the study results accurately reflected the entire healthcare landscape of the country.

Furthermore, as the study was conducted remotely from Malaysia while focusing on Bangladesh, the questionnaire distribution method was online. This approach may have introduced potential limitations related to internet accessibility, technological constraints, and the digital divide in Bangladesh. It's crucial to acknowledge that not all segments of the population may have had equal access to online platforms, which could have resulted in underrepresentation or exclusion of certain groups, potentially impacting the study's comprehensiveness.

Finally, the use of self-administered questionnaires, while minimizing interviewer bias, may have introduced the possibility of social desirability response bias, particularly on sensitive topics related to professional dignity. Respondents may have provided answers that aligned with societal expectations rather than reflecting their true perceptions and experiences. Consequently, this limitation should have been considered when interpreting and generalizing the study's findings, as it may have impacted the accuracy of responses in the context of professional behavior and dignity.

Operational Definitions Job Satisfaction

Job satisfaction, a fundamental construct in the field of organizational psychology, is delineated as the degree to which an employee experiences self-motivation and contentment derived from their occupation. This

encompasses not only a sense of professional stability but also opportunities for career progression and a harmonious equilibrium between work and personal life. Job satisfaction becomes evident when an employee perceives that their job fulfills their expectations and aligns with their individual needs and desires.

The concept of job satisfaction delves into the realm of attitudes and emotional dispositions individuals hold regarding their work. Favorable and positive attitudes toward one's job signify a state of job satisfaction, while unfavorable and negative attitudes indicate job dissatisfaction (Armstrong, 2006). Furthermore, job satisfaction can be defined through the lens of the rewards an employee reaps from their employment, particularly in terms of intrinsic motivation (Statt, 2004). It is the foundation upon which recognition, financial remuneration, career advancement, and the attainment of various personal and professional goals rest (Kaliski, 2007).

Crucially, job satisfaction is intricately interwoven with an individual's behavioral tendencies within the workplace (Davis et al., 1985). It exerts a profound influence on how employees conduct themselves in their professional roles, thus substantiating its central role in organizational dynamics.

Salary

A salary, within the context of employment, is defined as a predetermined monetary compensation provided by an employer to an employee in exchange for the services rendered. This monetary sum undergoes periodic revisions contingent upon the employee's performance. Salaries are typically characterized as a fixed remuneration package awarded to employees as their annual compensation. Conceptually, a salary represents a consistent, fixed payment disbursed by an employer to an employee, typically measured on a monthly and annual basis, rather than an hourly rate, as distinguished from wages. This form of compensation entails an established amount of money offered to an employee in return for the execution of expected job duties (Idrees, Xinping, Shafi, Hua & Nazeer, 2015). A salary signifies a set wage predicated on a defined set of responsibilities to be fulfilled. The existence of a fixed salary ensures that employees possess a degree of financial security, as it guarantees a minimum level of remuneration for their labor. As noted by Wilfred, Elijah & Muturi (2014), a basic salary represents a regular payment, typically expressed on an annual basis, but disbursed on a monthly basis, with no additional compensation contingent upon productivity. While a fixed salary structure within an organization may risk fostering complacency, with employees secure in the knowledge that they will receive compensation regardless of their productivity, the crucial interplay of job satisfaction and a sense of purpose remains integral in propelling worker productivity.

Promotion

The term "promotion" refers to an employee's move up the organizational ladder, usually resulting in better working conditions, more responsibility, and greater pay (Rao, 2018). Both the employing authority's and the employee's perspectives are presented. From the perspective of the worker, a promotion is moving up the organizational ladder to a higher class or grade, which comes with more responsibility, duties, and pay (Sharma et al., 2019). On the other hand, from the standpoint of the employer, promotion entails assigning the best qualified individuals from inside the company to higher positions, putting the interests of the general public ahead of those of specific employees (Sharma et al., 2019). However, as this can impede organizational goals, it is crucial to make sure that promotions are given justly and equitably to prevent instilling feelings of injustice among staff members (Sharma et al., 2019). Promotion is not the same as upgradation (Bhagwan & Bhushan, 2015). Upgradation entails moving a job up the organizational structure without necessarily increasing responsibilities or remuneration. Promotions have an intrinsic motivational value since they increase an employee's prestige and authority inside the company, in contrast to transfers, which are horizontal moves without changes in salary or status (Saharuddin, 2015). Promotion, then, is an essential instrument for encouraging career advancement and employee motivation in an organizational context.

Supervision

Supervision, as elucidated in the provided articles, encompasses a multifaceted role within organizational structures (Marume, 2016). Etymologically, it embodies the idea of overseeing the work of subordinates by their superiors, involving activities such as superintendence, direction, control, guidance, inspection, and

coordination. Notably, supervision entails educative and consultative aspects, akin to a leadership role. It operates within the hierarchical structure of organizations, where each employee is subject to the supervision of their immediate superiors, irrespective of position. As stated by Henry Reining and echoed by Terry and Franklin, supervision involves the direction accompanied by authority over the work of others. Moreover, M. Williamson underscores the role of supervision as a process aimed at helping workers utilize their knowledge and skills effectively, enhancing job performance and satisfaction for both individuals and the organization. Hence, supervision can be defined as the process of guiding and directing the efforts of employees and other resources to accomplish organizational goals, while fostering continuous improvement and satisfaction among stakeholders (Marume, 2016).

Fringe Benefits

The extra pay and advantages that companies give their staff members as part of their employment package are referred to as fringe benefits. As an indirect type of pay linked to organizational membership, these benefits are provided to all employees inside the company, regardless of their individual performance (Sharma, Jaiswal et al., 2018). Although fringe benefits are shared by all employees, incentives are usually given to high performers. The importance of fringe benefits is rooted in their function within the practices of Human Resource Management (HRM), specifically in terms of improving employee retention, which is essential to the success of the firm (Kwenin, Muathe & Nzulwa, 2013). As stressed in the articles, staff commitment and retention within the company are facilitated by an efficient remuneration plan that includes fringe benefits (Terera & Ngirande, 2014). Consequently, fringe benefits are a crucial part of the whole pay plan that aims to maintain organizational stability and employee loyalty.

Contingent Rewards

The impact of contingent rewards on creativity in organizational contexts has been the subject of several research, with varying outcomes. According to Byron and Khazanchi (2012) and Lee and Meyer-Doyle (2017), rewards that are based on performance have the potential to stifle creativity. Eisenberger and Aselage (2009), on the other hand, contend that these kinds of incentives can really encourage creativity. An inverted U-shaped relationship is proposed by Zhang and Long (2013a) and Liu et al. (2014), suggesting that while contingent rewards initially foster creativity, an over-reliance on them may eventually stifle original thought. Finally, Zhang et al. (2015a,b) argue that there is no discernible impact of performance-contingent rewards on creativity. These contradictory results show how complicated the connection is between creativity and contingent rewards, emphasizing the need for more study to fully understand their complex dynamics in work environments.

Coworkers

A person with whom an employee interacts in the course of their employment is known as a co-worker. Colleagues are invaluable in imparting information and skills, especially when confronted with obstacles or novel circumstances for which there may not be easy access to substitute solutions. Coworker connections that are positive foster a supportive work environment that can improve employee job involvement, dedication to the organization, and job satisfaction (Deery, Iverson, & Walsh, 2010; Dur & Sol, 2008). According to Deery, Iverson, and Walsh (2010), supportive connections are especially helpful in high-stress environments because they can help people manage the demands of their jobs and collaborate to control the pace and intensity of work.

Communication

According to Keyton (2011), communication is the complex process of sharing information and promoting understanding amongst people. It includes the communication of ideas, feelings, and understanding between the sender and the recipient. The foundation for establishing and maintaining connections at work is effective communication. But it's important to remember that meaningful communication isn't always ensured by just transmitting or receiving information (Dunn, 2002). Even while administrators devote a large amount of their time to communication tasks, once a message—a note, letter, fax, or email, for example—is sent, there's a

chance that people will assume that communication has taken place. In order for there to be true communication, all parties must ensure that the message is received, comprehended, and interpreted as intended.

REVIEW OF LITERATURE

Job satisfaction among healthcare professionals, particularly physicians, is a critical aspect influencing the quality of healthcare services and overall healthcare system performance. Several studies have investigated the factors influencing job satisfaction among physicians across different countries, shedding light on various aspects such as compensation, incentives, and work environment.

In Russia, Shkolnikova (2017) conducted a comparative study on the levels of job satisfaction among physicians employed in different sectors - public and private. The study revealed that physicians in the private sector reported the highest levels of job satisfaction (67%), while those in the public and departmental sectors exhibited significantly lower levels of satisfaction (9% and 11% respectively). Notably, salary emerged as a crucial determinant of job satisfaction, with physicians in public clinics reporting notably lower satisfaction levels (11%) compared to their counterparts in other types of clinics.

Yaseen (2019) examined the impact of compensation on the job satisfaction of physicians working in Punjab. The study highlighted the significant influence of factors such as pay, promotion opportunities, recognition, and meaningful work on physicians' job satisfaction. Dissatisfaction among physicians was attributed to the absence of an appropriate services structure and a perception of their work as insignificant. These findings echo those of Shkolnikova, reinforcing the pivotal role of financial incentives in shaping physicians' job satisfaction.

In Palestine, Talalwih (2015) investigated the factors affecting the performance of physicians employed in governmental hospitals. The study identified financial incentives as the most crucial factor, followed by moral incentives and specialized grants. Similarly, Abdullah and Saud (Year) explored the incentives provided to physicians working in Saudi Arabian security force hospitals. They found that technical improvement and rewards were common physical incentives, while moral incentives included quality management practices and verbal compliments.

Ainas Eltarhuni (2018) studied physicians employed in a pediatrics hospital in Benghazi, Libya, revealing dissatisfaction with financial incentives. However, physicians exhibited neutrality towards moral incentives and performance. Salaries emerged as the most significant factor encouraging performance, followed by stability at work and positive relationships with supervisors and colleagues. These findings align with previous studies, underlining the widespread dissatisfaction among physicians regarding financial incentives. Job satisfaction, a critical facet of individuals' sentiments regarding their employment, embodies a scenario where job attributes align with employees' aspirations, thereby engendering their contentment with their work (Bakan & Büyükebeşe, 2004; Bayar & Öztürk, 2017). In an alternate context, job satisfaction transpires when one's work environment or the conditions prevailing therein harmonize with their positive sentiments toward their occupation (Ugboro & Obeng, 2000; Timuroğlu & İşcan, 2008). This overarching construct of Job Satisfaction encompasses two fundamental dimensions, defined as either "a favorable or unfavorable appraisal of one's job or job position" or "the extent to which employees' work-related needs and desires find fulfillment" (Ertekin, 2021).

The conceptualization of job satisfaction is multifaceted, as discerned by various scholars. Vroom (1964) characterized it as an individual's attitudinal stance towards their present job roles, while Hoppock (1935) depicted it as an amalgamation of psychological, physiological, and environmental elements, culminating in a personal declaration of job contentment. Job satisfaction, therefore, assumes a subjectively contingent quality, engendering a plethora of definitions tailored to distinct perspectives (Mullins, 2005). Aziri (2008) posited that job satisfaction emanates from the perception of a job fulfilling both material and psychological requisites. Consequently, job satisfaction can be construed as an individual's emotional orientation towards their occupation, be it positive or negative in essence (Armstrong, 2006). A harmonious congruence between expectations and actuality typically results in favorable job satisfaction, serving as a pivotal metric in assessing

the efficacy and potency of organizations (George & Jones, 2008).

Spector (1997) delineated three cardinal facets of job satisfaction. First and foremost, it underscores the necessity for organizations to accord primacy to human values, treating employees with equity and respect, irrespective of their hierarchical standing. Enhanced job satisfaction precipitates elevated emotional and psychological states among employees. Subsequently, it wields an influential sway over employee conduct, thereby impacting organizational performance. Favorable job satisfaction fosters constructive behaviors, whereas dissatisfaction breeds negativity. Lastly, job satisfaction assumes a pivotal role in shaping the prosperity of organizations (Spector, 1997). The genesis of job satisfaction transpires at the individual level, with contented employees enhancing their individual and collective contributions, ultimately underpinning the achievement of organizational triumph (Meyer & Peng, 2006).

In the contemporary corporate landscape, job satisfaction stands as an imperative for thriving businesses. Factoring in the personal needs, desires, and aspirations of employees is indispensable for not only fostering job satisfaction but also perpetuating their well-being and productivity (George & Jones, 2008). The repercussions of job dissatisfaction encompass absenteeism, disloyalty, and workplace accidents. The fortunes of a corporation are profoundly intertwined with the job satisfaction of its workforce, rendering it incumbent upon enterprises to discern the determinants of job satisfaction and actively address them (Bozkurt & Bozkurt, 2008). McBride (2002) drew a parallel between job satisfaction's significance and the healthcare industry, emphasizing the onus of companies to ensure employee contentment and proactively rectify sources of dissatisfaction.

Job satisfaction, encapsulating individuals' subjective sentiments concerning their work and various facets thereof, ultimately plays a pivotal role in the efficient functioning of primary health service institutions (Eiche et al., 2021). Exalted job satisfaction not only augments the self-assurance and professional identity of medical personnel but also catalyzes their unwavering commitment to executing their duties with diligence, fostering positive interactions with colleagues, and concomitantly alleviating the psychological stress associated with their profession (Fleury et al., 2018; Yehya et al., 2020).

The profound connection between job satisfaction and job performance within the nursing domain is underscored by Hanan Al-Ahmadi (2009). Consequently, a positive correlation between job satisfaction and job performance is posited, signifying that heightened job satisfaction yields superior job performance (Hanan Al-Ahmadi, 2009; Platis et al., 2015). Contrarily, Vaculik et al.'s study divulged an absence of a substantial relationship between job satisfaction and job performance (Giri and Kumar, 2010). Certain theoretical paradigms postulate that employee job performance and job satisfaction function as mediators endorsed by society (Liu, 2018).

Job satisfaction, encapsulating the degree to which individuals derive gratification from their professional pursuits, is a product of both situational and personal determinants (Keller & Semmer, 2013; Yang et al., 2014; Tekingündüz et al., 2015). The components contributing to job satisfaction, as expounded by Misener et al. (1996), encompass remuneration, work-related perks, opportunities for career advancement, working conditions, managerial efficacy, peer interactions, and the overall work milieu (Eroğluer, 2011). Furthermore, job satisfaction manifests in two distinct manifestations: internal and external satisfaction. External satisfaction emanates from extrinsic facets such as remuneration and financial inducements, while internal satisfaction is rooted in the experiential gratification derived from the act of working, epitomizing a sense of accomplishment (Deniz, 2005; Özyaydın & Özdemir, 2014).

In the contemporary labor market, there exists a burgeoning demand for a highly skilled, trained, and proficient workforce. The triumph of an organization is intrinsically tethered to the performance of its human capital (Currall et al., 2005). Extant research delineates that employee performance is considerably influenced by the level of job satisfaction exhibited by the workforce (Sousa-Poza and Sousa-Poza, 2000). Nanda and Brown (1977) have scrutinized pivotal indicators of employee performance within the recruitment process, discerning that job satisfaction and motivation exert a direct bearing on productivity. High-performing employees harbor anticipations of attractive compensation packages, thereby

presenting a conundrum to human resource practitioners in terms of retaining these elite contributors (Sumita, 2004). Conversely, diminished job satisfaction can detrimentally impede employee commitment, subsequently undermining the organization's ability to attain its objectives and function optimally (Meyer, 1999).

Job Satisfaction Theory: Maslow's Hierarchy of Needs

Maslow's Hierarchy of Needs, introduced by Abraham Maslow in 1943, is a conceptual framework represented as a hierarchical pyramid, illustrating the progressive fulfillment of human needs as one ascends its tiers. This model posits that satisfying lower-order needs is a prerequisite for addressing higher-order ones (Maslow, 1943). The foundational stratum of the pyramid encompasses physiological needs, including sustenance, hydration, and rest. As individuals ascend, they encounter safety requirements, which pertain to the need for a secure and stable environment. Beyond this, individuals yearn for love and a sense of belonging within the social context, followed by the desire for esteem and recognition. The apex of the pyramid signifies self-actualization, signifying the ultimate aspiration in this hierarchical framework.

In the context of organizational dynamics, the fulfillment of employees' physiological needs can be facilitated through the provision of facilities such as vending machines or kitchenettes and through the provision of various benefits, including health support, competitive salaries, and both monetary and non-monetary incentives. Subsequently, addressing safety needs within the workplace involves creating an atmosphere of security and psychological safety, thereby aiding individuals in achieving this need.

The next echelon in the hierarchy, which is the need to feel love and belonging, can be fostered by managerial and peer appreciation, thereby contributing to a sense of connection and inclusion among employees. Moving up, the need for esteem necessitates that employees perceive their contributions as valuable to the organization's prosperity and experience a sense of professional growth.

Finally, the culmination of self-actualization necessitates that employees feel that they have maximized their efforts, resulting in a heightened sense of motivation and empowerment, ultimately culminating in enhanced job satisfaction. This organizational approach aligns with Maslow's model, demonstrating how attending to each level of need can facilitate employee development and overall satisfaction within the workplace.

METHODOLOGY

Research Design

The chosen research design for this study is quantitative in nature. Quantitative research involves the systematic collection and analysis of numerical data to comprehend phenomena and establish relationships between variables. In the context of this research, it enables a structured examination of the correlation between job satisfaction and job performance among physicians in different hospitals across Bangladesh.

For this particular investigation, quantitative research allows for the measurement and quantification of variables related to job satisfaction and job performance. By utilizing statistical tools and methods, this design enables the generation of numerical data that can be statistically analyzed to draw meaningful conclusions and infer relationships between the variables under scrutiny.

The quantitative approach provides a structured framework to systematically investigate the impact of job satisfaction on job performance among physicians, ensuring a rigorous and empirical evaluation of this relationship within the context of the hospitals in Bangladesh.

Setting of the Study

Study was carried out on the context of different hospitals as well as other healthcare organizations in all over Bangladesh.

Population

The study focuses on the entirety of registered physicians in Bangladesh, encompassing 86,800 MBBS physicians and dentists as per the records maintained by the Bangladesh Medical and Dental Council, the authoritative body regulating physicians and medical education within the country.

The source validating this figure of 86,800 registered physicians is the Bangladesh Medical and Dental Council's official registry, which meticulously maintains and updates records of licensed medical practitioners across various specialties within Bangladesh.

This comprehensive pool of registered physicians forms the population under scrutiny for the investigation into the job satisfaction among physicians working in diverse environments in Bangladesh.

Sample and its size

Physicians working in different public and private hospitals and healthcare organizations in Bangladesh. The study aims to investigate among a population of 50,000 individuals. Considering the parameters suggested by the Krejcie and Morgan table (Krejcie and Morgan, 2017), a sample size of 400 was selected to ensure a representative subset for detailed analysis and meaningful insights.

<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	100000	384

Note.—*N* is population size. *S* is sample size.

Source: Krejcie & Morgan, 1970

Sampling criteria

Inclusion criteria:

1. Physicians from various regions within Bangladesh.
2. Specializing in diverse medical fields.
3. Having varying levels of professional experience.
4. Working in different healthcare settings within Bangladesh.
5. Having reliable internet access for online survey participation.

Exclusion criteria: Physicians practicing outside the geographical boundaries of Bangladesh.

Sampling Technique

The chosen sampling technique for this study was convenient non-probability sampling. This method was selected primarily due to logistical constraints and the geographical distance between the researcher, based in Malaysia, and the study population located in Bangladesh.

Convenient non-probability sampling allows for the practical distribution of online questionnaires, considering the researcher's limited physical access to the diverse hospitals and physicians across Bangladesh. Given the extensive reach and ease of administering surveys online, this method enables the collection of a wider range of responses from physicians working in various hospitals within Bangladesh.

As the researcher is situated outside Bangladesh, conducting traditional probability sampling techniques involving personal visits or stratified sampling based on specific geographical regions was impractical. Online distribution of questionnaires facilitates easy access to a larger pool of respondents, transcending geographical barriers and ensuring a more diverse representation of physicians working in different hospitals. Convenient non-probability sampling minimizes logistical costs and time investments associated with in-person data collection, allowing for a more efficient gathering of responses.

Variables

The study investigated the complex interplay between various independent variables, including pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work, and communication, on the dependent variable of job satisfaction among physicians. Understanding the impact of these factors on job satisfaction is crucial for optimizing workforce well-being and enhancing the overall quality of healthcare delivery. By analyzing the relationship between independent variables such as salary, opportunities for career advancement, quality of supervision, and the support network provided by coworkers, alongside organizational factors like operating procedures and communication channels, the study aims to gain insights into the drivers of job satisfaction within healthcare settings. Through this comprehensive examination, the study seeks to identify areas for improvement and inform evidence-based strategies to promote a positive work environment and foster greater job satisfaction among physicians.

Instruments

A Personal Information Form was created by the researcher. Job Satisfaction Survey (JSS) developed by Spector, P. E. (1985) and The Individual Work Performance Questionnaire (IWPQ) developed by Koopmans et al. (2014) was used in the study.

The Job Satisfaction Survey (JSS), developed by Spector, P. E. in 1985, is a tool designed to gauge employee attitudes toward various aspects of their job. It consists of 36 items divided into nine facets, each assessed with four items. The scale uses a six-point rating format, ranging from "strongly disagree" to "strongly agree," and includes items that are both positively and negatively phrased, requiring some to be reverse scored. The facets cover areas such as Pay, Promotion, Supervision, Fringe Benefits, Contingent Rewards (performance-based incentives), Operating Procedures (required rules and procedures), Coworkers, Nature of Work, and

Communication. Originally intended for human service organizations, the JSS is applicable to a wide range of workplaces. The Job Satisfaction Survey (JSS) is applicable to many kinds of organisations, despite being developed originally for human service organisations.

Validity and Reliability

Cronbach's Alpha was used to assess the internal consistency or reliability of the questionnaire.

Pilot Study

A pilot study was conducted on a small-scale basis to ascertain the feasibility of the proposed larger study. Additionally, this helped to refine the questionnaire and address any potential issues, thereby enhancing the reliability and relevance of the collected data.

Data Collection Procedure

The data collection method for this research involved the utilization of a survey. To ensure ease of participation and broader reach, the survey was administered online. This approach allowed for flexibility in responses and accommodates the busy schedules of physicians working across various hospitals in Bangladesh.

The survey instrument was distributed among participants using a convenient sampling method. This method was chosen due to the challenges in accessing and engaging physicians across different hospital settings. By employing convenience sampling, the study aims to gather responses efficiently while acknowledging the practical constraints in recruiting participants. After the poll was made, we sent the URL to Bangladeshi physicians. We did this by getting the word out about the Google form through emails and other means. It was limited to January through March 2024 for the physicians to be able to take part. People were asked to fill out the poll anonymously and give basic personal information, like their gender, age, number of years of work, and level of schooling. The Job Satisfaction Survey Scale (JSS Scale) is in the second part of the questionnaire, while sociodemographic information is in the first part. The subjects knew why the study was being done, and their permission was asked for before the link was given to them. Before the study began, permission was asked for from the institution's ethics committee. Throughout the data collection process, effort was made to ensure the clarity and accessibility of the survey instrument, encouraging active participation from the targeted participants.

Ethical Consideration

The protocol was approved by protocol approval committee of MAHSA University. Ethical clearance for the study was obtained. Informed written consent was taken from each participant. After getting permission from the administration, the objectives of the study were clearly explained to the participants and oral informed consent will be obtained. Privacy and confidentiality were maintained strictly throughout the execution of the study as participants were not required to disclose personal information on the questionnaire. There was no harm to the respondents as no invasive procedure was done. All participants had all rights to withdraw from the study at any time.

DATA ANALYSIS AND RESULTS RESPONSE RATE

A total of 400 physicians were provided with the self-administered questionnaire. 200 questionnaires were distributed to the private sector physicians and the other 200 questionnaires were distributed to the physicians in government sector hospital. Among the 400 questionnaires distributed, 208 completed questionnaires were returned, resulting in an overall response rate of 52%. Within these 208 questionnaires, 84 questionnaires were from private sector health workers, with a response rate of 50%; 124 questionnaires were from public hospital health workers, with a response rate of 54%.

Description of general characteristics of respondents

The study solicited information from participants based on their age, gender, level of education and years of experience. In aggregate, the study attracted a total of 208 respondents of which 84(41%) were from private and 124 (59%) were from public sector hospitals.

In terms of gender distribution, 71 (57.3%) male participants are from public and 37 (44.0%) from private sectors. And 53 (42.7%) female participants are from public and 47 (56.0%) from private sectors.

In terms of age distribution in public sector, 17(13.7%) were in the age group of less than 30 years, followed by the age group 30-40 were 84 (67.7 %), and 23 (18.5 %) above 40 years of age. And in the private sector, 63(75.0%) were in the age group of less than 30 years, followed by the age group 30-40 were 17(20.2%), and 4(4.8%) above 40 years of age.

In the case of public sector, 68(54.8%) study participants are MBBS holders and 56(45.2%) completed post-graduation. And in the case of private sector, 65(77.4%) study participants are MBBS holders and 19(22.6%) completed post-graduation.

In the Public sector, about 45 (36.3%) of the respondents have a work experience of five and less, followed by 5+ years of service 79 (63.7%) respectively. In the Private sector, 73 (86.9%) of the respondents have a work experience of five and less, followed by 5+ years of service 11 (13.1%) respectively.

Table 1: Socio-demographic characteristics of the study participants working in public and private sectors, Chi-square test done, physicians & denotes significant level at 1% and 5% respectively

Variables	Organization category		P-value	
	Public (%)	Privaten (%)		
Age				
	<30 years	17(13.7%)	63(75.0%)	0.00
	30-40 years	84(67.7%)	17(20.2%)	
	40+ years	23(18.5%)	4(4.8%)	
	Total	124(100.0%)	84(100.0%)	
	Mean (±SD),	36.31 ± 4.846	29.39 ± 4.587	
Gender				
	Male	71 (57.3%)	37 (44.0%)	0.42
	Female	53 (42.7%)	47 (56.0%)	
	Total	124(100.0%)	84(100.0%)	
Level of Education				
	MBBS	68(54.8%)	65(77.4%)	0.001
	Postgraduates	56(45.2%)	19(22.6%)	

	Total	124(100.0%)	84(100.0%)	
Year of experience				
	1-5 years	45 (36.3%)	73(86.9%)	0.00
	5+	79 (63.7%)	11 (13.1%)	
	Total	124(100.0%)	84(100.0%)	

Job satisfaction across sector (public and private)

One of the specific objectives of this study was to investigate whether or not there is significant difference on the level of job satisfaction between health workers in public and private sector hospitals. As such, the descriptive statistics and Independent Samples T- Test was computed, and results obtained are summarized in Table 2.

According to these results, the mean score of overall job satisfaction in public sector hospital (126.94 ± 5.96) was found to be higher than those in private sector hospital (114.56 ± 5.31). In terms of the facets of job satisfaction, analysis result showed that, except for promotion and contingent rewards, the mean score of satisfaction with pay (12.86 ± 1.23), supervision (16.66 ± 2.23), fringe benefits (14.02 ± 1.54), operating conditions ($11.91 \pm .98$),

coworkers (16.68 ± 1.88), nature of work (14.04 ± 1.68) and communication (17.83 ± 1.18) was found to be higher in public sector hospital health workers.

Also Table 2 indicates that there is a statistically significant difference on the level of overall job satisfaction between health workers at private and public sector hospital ($p < 0.01$). More specifically, Independent sample t-test revealed statistically significant mean difference across sectors on all the nine facets of job satisfaction, namely pay ($p < 0.01$), promotion ($p < 0.01$), supervision ($p < 0.01$), fringe benefits ($p < 0.01$), co-workers relationship ($p < 0.01$), contingent reward ($p < 0.01$), operating conditions ($p < 0.01$), nature of work ($p < 0.01$) and communication ($p < 0.01$).

Table 2: Independent sample t-test done, physicians & denotes significant level at 1% and 5% respectively.

Sub-Domain	Public	Private	Total	P value
	Mean ± SD		Mean ± SD	
Pay	12.86 ± 1.23	10.28±1.35	12.62 ± 1.31	.002
Promotion	9.53 ± .98	10.65±1.98	9.98 ± 1.56	< 0.01
Supervision	16.66 ± 2.23	14.45±1.29	15.78 ± 2.19	< 0.01
Fringe Benefits	14.02 ± 1.54	10.46±2.23	12.58 ± 2.54	< 0.01
Contingent Rewards	13.38 ± 1.44	14.75±2.76	13.94 ± 2.17	< 0.01
Operating Conditions	11.91 ± .98	10.78±1.78	11.45± 1.47	< 0.01

Coworkers	16.68 ± 1.88	14.38±1.01	15.75 ± 1.94	< 0.01
Nature of work	14.04 ± 1.68	12.85±.71	13.56 ± 1.49	< 0.01
Communication	17.83 ± 1.18	14.13±.86	16.33 ± 2.11	< 0.01
Overall score	126.94 ± 5.96	114.56 ± 5.31	122.01 ± 8.32	< 0.01

Level of job satisfaction

Table 3: Overall Score predictors by regression coefficient and confidence interval

List of Predictors	Bivariate			Multivariate		
	Coefficient	Confidence Interval		Coefficient	Confidence Interval	
		Lower	Upper		Lower	Upper
Age						
<30 years	Reference					
30-40 years	6.32	4.058	8.59	-2.77	-5.43	-0.11
>40 years	8.46	5.09	11.82	-3.68	-7.48	0.05
Gender						
Male	Reference					
Female	0.67	-1.62	2.96	1.89	0.03	3.74
Educational Attainment						
MBBS	Reference					
Postgraduate	4.38	2.07	6.68	1.94	-0.23	4.09
Type of Organization						
Public	Reference					
Private	-12.38	10.78	13.98	-13.18	-15.25	-11.11
Years of Experience						
<5 years	Reference					
>5 years	6.91	4.81	9.02	1.72	-0.55	3.98

According to table 3, in terms of overall satisfaction, mean score of satisfaction of physicians aged 30-40 years were 6.32 more (Coefficient = 6.32, 95% CI (4.058,8.59)) and , physicians aged more than 40 years were 8.46 more (Coefficient = 8.46, 95% CI (5.098,11.82)) compared to those aged less than 30 years..

Mean score of Female physicians were 0.67 times more with their job compared to male physicians

(Coefficient = 0.67, 95% CI (-1.62, 2.96)).

Physicians with the post graduate degree holders, mean score of satisfaction was 4.38 more with their job compared to those with an educational status MBBS (Coefficient = 4.38, 95% CI (2.07,6.68)).

Physicians who were serving in the private institution were less satisfied with their job compared to those working in public institutions (Coefficient = -12.38, 95% CI (10.78,13.98)).

Physicians who were serving in the institution for five and more years , mean score of satisfaction was 6.91 times more with their job compared to the counterpart (Coefficient = 6.91, 95% CI (4.81,9.02)).

Factors associated with job satisfaction

Table 4: Pay Score predictors by regression coefficient and confidence interval

List of Predictors	Bivariate			Multivariate		
	Coefficient	Confidence Interval		Coefficient	Confidence Interval	
		Lower	Upper		Lower	Upper
Age						
<30 years	Reference					
30-40 years	0.31	-0.07	0.67	0.03	-0.57	0.62
>40 years	0.81	0.24	1.37	-0.12	-0.97	0.71
Gender						
Male	Reference					
Female	0.48	0.12	0.83	0.59	0.182	1.01
Educational Attainment						
MBBS	Reference					
Post Graduate	0.57	0.21	0.94	0.27	-0.25	0.75
Type of Organization						
Public	Reference					
Private	-0.58	-0.93	-0.21	-0.44	-0.91	0.01
Years of Experience						
<5 years	Reference					
>5 years	0.53	0.17	0.89	0.31	-0.19	0.82

According to table 4, mean score of satisfaction of physicians aged 30-40 years were 0.31 more likely to get with their pay (Coefficient = 0.31, 95% CI (-0.07,0.67)) and , mean score of satisfaction of physicians aged more than 40 years were 0.81 more with their pay (Coefficient = 0.81, 95% CI (0.24,1.37)) compared to those aged less than 30years.

Mean score of satisfaction of female physicians were 0.48 more with their pay compared to male physicians (Coefficient = 0.48, 95% CI(0.12,0.83)).

Physicians with the post graduate degree holders, mean score of satisfaction were 0.57 more with their pay compared to those with an educational status MBBS (Coefficient = 0.57, 95% CI (0.21,0.94)).

Physicians who were serving in the private institution, mean score of satisfaction 0.57 less satisfied with their pay compared to those working in public institutions (Coefficient = -0.58, 95% CI (-0.93,-0.21)).

Physicians who were serving in the institution for five and more years mean score of satisfaction was 0.53 with their pay compared to the counterpart (Coefficient = 0.53, 95% CI (0.17,0.89)).

Table 5: Promotion Score predictors by regression coefficient and confidence interval

List of Predictors	Bivariate			Multivariate		
	Coefficient	Confidence Interval		Coefficient	Confidence Interval	
		Lower	Upper		Lower	Upper
Age						
<30 years	Reference					
30-40 years	-0.51	-0.97	-0.04	0.53	-0.15	1.22
>40 years	-0.73	-1.4	-0.06	-0.21	-1.11	0.78
Gender						
Male	Reference					
Female	0.52	0.11	0.96	0.75	0.27	1.22
Educational Attainment						
MBBS	Reference					
Post Graduate	-0.17	-0.62	0.28	0.14	-0.69	0.42
Type of Organization						
Public	Reference					
Private	1.14	0.72	1.52	1.43	0.88	1.95
Years of Experience						
<5 years	Reference					
>5 years	-0.4	-0.81	-0.07	0.39	-0.190	0.99

According to table 5, physicians aged 30-40 years were 0.51 times less likely to get satisfied with their chance of promotion (Coefficient = -0.51, 95% CI -0.97,-0.04)) and , physicians aged more than 40 years were 0.73 times less likely to get satisfied with their chance of promotion (Coefficient = -0.73, 95% CI (-1.4,-0.06)) compared to those aged less than 30years.

Female physicians were 0.52 times more likely to get satisfied with their chance of promotion compared to male physicians (Coefficient = 0.52, 95% CI(0.11,0.96)).

Physicians with the post graduate degree holders were 0.17 times less likely to get satisfied with their chance of promotion compared to those with an educational status MBBS (Coefficient = -0.17, 95% CI (-0.62,0.28)).

Physicians who were serving in the private institution were 1.14 times less satisfied with their chance of promotion compared to those working in public institutions (Coefficient = 1.14, 95% CI 0.72,1.52)).

Physicians who were serving in the institution for five and more years were 0.4 times less likely to get satisfied with their chance of promotion compared to the counterpart (Coefficient = -0.4, 95% CI (-0.81,-0.07)).

Table 6: Supervision Score predictors by regression coefficient and confidence interval

List of Predictors	Bivariate			Multivariate		
	Coefficient	Confidence Interval		Coefficient	Confidence Interval	
		Lower	Upper		Lower	Upper
Age						
<30 years	Reference					
30-40 years	1.44	0.86	2.03	0.65	-0.19	1.5
>40 years	2.77	1.88	3.64	0.81	-0.38	2.01
Gender						
Male	Reference					
Female	0.81	0.22	1.41	1.18	0.57	1.76
Educational Attainment						
MBBS	Reference					
Post Graduate	1.61	1.01	2.18	0.65	-0.03	1.33
Type of Organization						
Public	Reference					
Private	-2.21	-2.73	-1.66	-1.78	-2.44	-1.12
Years of Experience						
<5 years	Reference					
>5 years	1.49	0.92	2.06	0.03	-0.68	0.75

According to table 6, physicians aged 30-40 years were 1.44 times more likely to get satisfied with their supervision (Coefficient = 1.44, 95% CI (0.86,2.03)) and , physicians aged more than 40 years were 2.77 times more likely to get satisfied with their supervision (Coefficient = 2.77, 95% CI (1.88,3.64)) compared to those aged less than 30 years.

Female physicians were 0.81 times more likely to get satisfied with their supervision compared to male physicians (Coefficient = 0.81, 95% CI(0.22,1.41)).

Physicians with the post graduate degree holders were 1.61 times more likely to get satisfied with their supervision compared to those with an educational status MBBS (Coefficient = 1.61, 95% CI (1.01,2.18)).

Physicians who were serving in the private institution were 2.21 times less satisfied with their supervision compared to those working in public institutions (Coefficient = -2.21, 95% CI - 2.73,-1.66)).

Physicians who were serving in the institution for five and more years were 1.49 times more likely to get satisfied with their supervision compared to the counterpart (Coefficient = 1.49,95% CI (0.92,2.06)).

Table 7: Fringe Benefits Score predictors by regression coefficient and confidence interval

List of Predictors	Bivariate			Multivariate		
	Coefficient	Confidence Interval		Coefficient	Confidence Interval	
		Lower	Upper		Lower	Upper
Age						
<30 years	Reference					
30-40 years	2.56	1.86	3.24	0.34	-0.55	1.22
>40 years	1.77	0.78	2.7	-0.68	-1.94	0.96
Gender						
Male	Reference					
Female	-0.68	-1.37	0.01	0.15	-0.48	0.76
Educational Attainment						
MBBS	Reference					
Post Graduate	0.71	-0.12	1.42	-0.15	-0.85	0.55
Type of Organization						
Public	Reference					
Private	-3.55	-4.07	-3.04	-3.31	-3.98	-2.62
Years of Experience						
<5 years	Reference					
>5 years	1.96	1.32	2.61	0.48	-0.26	1.23

According to table 7, physicians aged 30-40 years were 2.56 times more likely to get satisfied with their fringe benefits (Coefficient = 2.56, 95% CI 1.86,3.24)) and , physicians aged more than 40 years were 1.77 times more likely to get satisfied with their fringe benefits (Coefficient = 1.77, 95% CI (1.86,3.24)) compared to those aged less than 30years.

Female physicians were 0.68 times less satisfied with their fringe benefits compared to male physicians (Coefficient = -0.68, 95% CI(-1.37,0.01)).

Physicians with the post graduate degree holders were 0.71 times more likely to get satisfied with their fringe benefits compared to those with an educational status MBBS (Coefficient = 0.71, 95% CI (-0.12,1.42)).

Physicians who were serving in the private institution were 3.55 times less satisfied with their fringe benefits compared to those working in public institutions (Coefficient = -3.55, 95% CI-4.07,-3.04)).

Physicians who were serving in the institution for five and more years were 1.96 times more likely to get satisfied with their fringe benefits compared to the counterpart (Coefficient = 1.96, 95% CI (1.32,2.61)).

Table 8: Contingent Rewards Score predictors by regression coefficient and confidence interval

List of Predictors	Bivariate			Multivariate		
	Coefficient	Confidence Interval		Coefficient	Confidence Interval	
		Lower	Upper		Lower	Upper
Age						
<30 years	Reference					
30-40 years	-1.55	-2.12	-0.95	-2.05	-2.99	-1.12
>40 years	-1.31	-2.21	-0.41	-1.09	-2.42	0.24
Gender						
Male	Reference					
Female	-0.51	-1.12	0.09	-1.34	-2.01	-0.71
Educational Attainment						
MBBS	Reference					
Post Graduate	-0.77	-1.37	-0.15	-0.02	-0.77	0.75
Type of Organization						
Public	Reference					
Private	1.37	0.78	1.95	0.64	-1.01	1.34
Years of Experience						
<5 years	Reference					
>5 years	0.73	-1.33	-1.14	0.44	-0.37	1.44

According to table 8, physicians aged 30-40 years were 1.55 times less satisfied with their contingent rewards (Coefficient = -1.55, 95% CI -2.12,-0.95)) and , physicians aged more than 40 years were 1.31 times less satisfied with their contingent rewards (Coefficient = - 1.31, 95% CI (-2.21,-0.41)) compared to those aged less than 30years.

Female physicians were 0.51 times less satisfied with their contingent rewards compared to male physicians (Coefficient = -0.51, 95% CI(-1.12,0.09)).

Physicians with the post graduate degree holders were 0.77 times less satisfied with their contingent rewards compared to those with an educational status MBBS (Coefficient = -0.77, 95% CI (-1.37,-0.15)).

Physicians who were serving in the private institution were 1.37 times more satisfied with their contingent rewards compared to those working in public institutions (Coefficient = 1.37,95% CI 0.78,1.95)).

Physicians who were serving in the institution for five and more years were 0.73 times more likely to get satisfied with their contingent rewards compared to the counterpart (Coefficient= 0.73, 95% CI (-1.33,-1.14)).

Table 9: Operating Procedures Score predictors by regression coefficient and confidence interval

List of Predictors	Bivariate			Multivariate		
	Coefficient	Confidence Interval		Coefficient	Confidence Interval	
		Lower	Upper		Lower	Upper
Age						
<30 years	Reference					
30-40 years	0.51	0.78	0.94	-0.17	-0.82	0.46
>40 years	0.86	0.23	1.41	0.36	-1.23	0.55
Gender						
Male	Reference					
Female	0.37	-0.03	0.77	0.51	0.07	0.97
Educational Attainment						
MBBS	Reference					
Post Graduate	0.51	0.08	0.91	0.18	-0.33	0.71
Type of Organization						
Public	Reference					
Private	-1.12	-1.48	-0.72	-1.1	-1.6	-0.64
Years of Experience						
<5 years	Reference					
>5 years	0.65	0.25	1.05	0.25	-.31	0.81

According to table 9, physicians aged 30-40 years were 0.51 times more likely to get satisfied with their institutional operating procedures (Coefficient = 0.51, 95% CI (0.78,0.94)) and , physicians aged more than 40 years were 0.86 times more likely to get satisfied with their institutional operating procedures (Coefficient = 0.86, 95% CI (0.23,1.41)) compared to those aged less than 30years.

Female physicians were 0.37 times more likely to get satisfied with their institutional operating procedures compared to male physicians (Coefficient = 0.37, 95% CI(-0.03,0.77)).

Physicians with the post graduate degree holders were 0.51 times more likely to get satisfied with their institutional operating procedures compared to those with an educational status MBBS (Coefficient = 0.51, 95% CI (0.08,0.91)).

Physicians who were serving in the private institution were 1.12 times less satisfied with their institutional operating procedures compared to those working in public institutions (Coefficient = -1.12, 95% CI -1.48,-0.72)).

Physicians who were serving in the institution for five and more years were 0.65 times more likely to get satisfied with their institutional operating procedures compared to the counterpart (Coefficient = 0.65, 95% CI (0.25,1.05)).

Table 10: Coworkers Score predictors by regression coefficient and confidence interval

List of Predictors	Bivariate			Multivariate		
	Coefficient	Confidence Interval		Coefficient	Confidence Interval	
		Lower	Upper		Lower	Upper
Age						
<30 years	Reference					
30-40 years	0.86	0.32	1.43	-1.36	-2.09	-0.61
>40 years	1.41	0.57	2.23	-1.17	-2.2	-0.12
Gender						
Male	Reference					
Female	-0.09	-0.62	0.44	-0.21	-0.72	0.31
Educational Attainment						
MBBS	Reference					
Post Graduate	0.75	0.21	1.31	0.57	-0.03	1.13
Type of Organization						
Public	Reference					
Private	-2.31	-2.71	-1.74	-2.8	-3.3	-2.2
Years of Experience						
<5 years	Reference					
>5 years	1.17	0.66	1.79	0.31	-0.32	0.93

According to table 10, physicians aged 30-40 years were 0.86 times more likely to get satisfied with their coworkers relationship (Coefficient = 0.86, 95% CI 0.32,1.43)) and , physicians aged more than 40 years were 1.41 times more likely to get satisfied with their coworkers relationship (Coefficient = 1.41, 95% CI (0.57,2.23)) compared to those aged less than 30years.

Female physicians were 0.09 times less get satisfied with their coworkers relationship compared to male physicians (Coefficient = -0.09, 95% CI(-0.62,0.44)).

Physicians with the post graduate degree holders were 0.75 times more likely to get satisfied with their coworkers relationship compared to those with an educational status MBBS (Coefficient = 0.75, 95% CI (0.21,1.31)).

Physicians who were serving in the private institution were 2.31 times less satisfied with coworkers relationship compared to those working in public institutions (Coefficient = -2.31, 95% CI -2.71,-1.74)).

Physicians who were serving in the institution for five and more years were 1.17 times more likely to get satisfied with coworkers relationship compared to the counterpart (Coefficient = 1.17, 95% CI (0.66,1.79)).

Table 11: Nature of Work Score predictors by regression coefficient and confidence interval

List of Predictors	Bivariate			Multivariate		
	Coefficient	Confidence Interval		Coefficient	Confidence Interval	
		Lower	Upper		Lower	Upper
Age						
<30 years	Reference					
30-40 years	.01	-0.43	0.45	-1.12	-1.75	-0.49
>40 years	-0.07	-0.66	-0.66	-1.15	-2.02	-0.24
Gender						
Male	Reference					
Female	0.12	-0.29	0.53	-0.01	-0.44	0.43
Educational Attainment						
MBBS	Reference					
Post Graduate	-0.17	-0.61	0.24	-0.02	-0.53	0.48
Type of Organization						
Public	Reference					
Private	-1.19	-1.5	-0.81	-1.93	-2.47	-1.45
Years of Experience						
<5 years	Reference					
>5 years	0.11	-0.25	1.21	-0.08	-0.63	0.45

According to table 11, physicians aged 30-40 years were 0.01 times more likely to get satisfied with their nature of work (Coefficient = 0.01, 95% CI -0.43,0.45)) and , physicians

aged more than 40 years were 0.07 times more likely to get satisfied with their nature of work (Coefficient = 0.07, 95% CI (-0.66,-0.66)) compared to those aged less than 30 years.

Female physicians were 0.12 times more likely to get satisfied with their nature of work compared to male physicians (Coefficient = 0.12, 95% CI(-0.29,0.53)).

Physicians with the post graduate degree holders were 0.17 times more likely to get satisfied with their nature of work compared to those with an educational status MBBS (Coefficient = -0.17, 95% CI (-0.61,0.24)).

Physicians who were serving in the private institution were 1.19 times less satisfied with their nature of work compared to those working in public institutions (Coefficient = -1.19, 95% CI-1.5,-0.81)).

Physicians who were serving in the institution for five and more years were 0.11 times more likely to get satisfied with their nature of work compared to the counterpart (Coefficient = 0.11, 95% CI (-0.25,1.21)).

Table 12: Communication Score predictors by regression coefficient and confidence interval

List of Predictors	Bivariate			Multivariate		
	Coefficient	Confidence Interval		Coefficient	Confidence Interval	
		Lower	Upper		Lower	Upper
Age						
<30 years	Reference					
30-40 years	2.63	2.14	3.13	0.61	.09	1.1
>40 years	2.83	2.11	3.51	0.48	-0.22	1.2
Gender						
Male	Reference					
Female	-0.41	-0.99	0.45	0.18	-1.67	0.53
Educational Attainment						
MBBS	Reference					
Post Graduate	1.29	0.71	1.8	0.25	-0.15	0.66
Type of Organization						
Public	Reference					
Private	-3.7	-3.9	-3.4	-3.3	-3.7	-2.9
Years of Experience						
<5 years	Reference					
>5 years	2.05	1.5	2.5	-0.08	-0.49	0.35

According to table 12, physicians aged 30-40 years were 2.63 times more likely to get satisfied with their communication (Coefficient = 2.63, 95% CI 2.14,3.13)) and , physicians aged more than 40 years were 2.83

times more likely to get satisfied with their communication (Coefficient = 2.83, 95% CI (2.11,3.51)) compared to those aged less than 30 years.

Female physicians were 0.41 times less satisfied with their communication compared to male physicians (Coefficient = -0.41, 95% CI(-0.99,0.45)).

Physicians with the post graduate degree holders were 1.29 times more likely to get satisfied with their communication compared to those with an educational status MBBS (Coefficient = 1.29, 95% CI (0.71,1.8)).

Physicians who were serving in the private institution were 3.7 times less satisfied with their communication compared to those working in public institutions (Coefficient = -3.7, 95% CI(-3.9,-3.4)).

Physicians who were serving in the institution for five and more years were 2.05 times more likely to get satisfied with their communication compared to the counterpart (Coefficient = 2.05, 95% CI (1.5,2.5)).

Hypothesis Test

H0. There is no significant difference between the physicians of public and private healthcare organizations in respect of their job satisfaction.

H1. There is a significant difference between the physicians of public and private healthcare organizations in respect of their job satisfaction.

From table 2, the calculated p-value is found to be lower than the significance level of 0.05.

Hence the Null Hypothesis “There is no significant difference between the physicians of public and private sector in respect of their job satisfaction” is rejected.

That means, there is a significant difference between the physicians of public and private sector in respect of their job satisfaction. The Mean value indicates that the public sector physicians scored better than private sector in respect of job satisfaction.

So, Alternative Hypothesis “There is a significant difference between the physicians of public and private healthcare organizations in respect of their job satisfaction.” is accepted.

DISCUSSION

This study presents a comparative cross-sectional analysis aimed at contrasting job satisfaction levels among health workers in private and public sector hospitals in Dhaka, Bangladesh. The findings from this investigation are juxtaposed with existing research and literature on the subject.

The study revealed that the majority of participants expressed dissatisfaction with their current salary. According to a longitudinal study, primary healthcare physicians who reported lower incomes tended to be less satisfied with their jobs. Similarly, another study yielded comparable results. The prevalence of dissatisfaction with salary and other benefits is unsurprising, given the multitude of factors contributing to the failure of the public sector in Bangladesh to meet physicians' demands for increased pay and allowances.

Research comparing job satisfaction levels among physicians working in public and private healthcare facilities in Bangladesh underscores significant differences in healthcare service delivery between the two sectors. The findings align with studies from low and middle-income countries, indicating that physicians working in private organizations tend to be highly motivated. In contrast, a minority of healthcare workers in the public sector reported satisfaction with their jobs. Furthermore, evidence suggests that private providers outperform their public counterparts in healthcare delivery, drug availability, and responsiveness.

Majority of respondents expressed dissatisfaction with the rate of promotion, with additional contributing factors including the lack of provision of personal protective measures and facilities for safe waste disposal.

This finding is consistent with the context of Bangladesh, where public servant promotions are often delayed and retroactively implemented. Similar conclusions were drawn in other studies.

The results of this study indicates that health workers employed in public hospitals exhibited higher levels of job satisfaction. Remarkably, this discovery echoes findings from various other studies conducted at institutions such as Kigali University Teaching Hospital (D'amour, 2012), in Malaysia (Roslan, et al., 2014), Iran (Ali-Mohammed, 2004), and Rwanda (Nkomeje, 2008). According to our study, the mean score for overall job satisfaction was higher among health workers in public sector hospitals compared to those in the private sector. In terms of specific facets of job satisfaction, analysis revealed that, apart from promotion and contingent rewards, health workers in public sector hospitals scored higher on satisfaction with pay, supervision, fringe benefits, working conditions, coworkers, nature of work, and communication.

Similarly, Jahrami et al. (2011) reported moderate job satisfaction among health workers in psychiatric hospitals in Bahrain. Their findings indicated that health workers expressed higher levels of job satisfaction regarding the nature of work, supervision, coworkers, and communication, compared to dimensions such as pay, promotion, fringe benefits, contingent rewards, and working conditions. Dissatisfaction with salaries, as observed in our study, aligns with findings from a recent study in West Shoa Zone, Ethiopia (Mengistu & Bali, 2015), and is consistent with results from Bahrain (Jahrami et al., 2011).

In terms of differences between sectors, our study suggests that health workers in public sector hospitals perceive their jobs as more fulfilling and report higher satisfaction levels compared to those in private hospitals. This finding is corroborated by Rao & Malik (2012), who found that government healthcare workers exhibited greater job satisfaction than private health workers. Conversely, Rana (2014) reported higher satisfaction among private sector health workers compared to their public sector counterparts in Punjab. Similarly, Pala et al. (2008) noted significant differences in job satisfaction, with higher levels reported among workers in private hospitals compared to public hospitals.

Regarding specific facets of job satisfaction, our findings reveal that health workers in public sector hospitals generally reported higher satisfaction levels across all dimensions except for satisfaction with the nature of work, coworkers, and working conditions. This aligns with Pillay's (2008) findings, which indicated dissatisfaction among private sector health workers regarding pay and promotion, while public sector workers exhibited moderate satisfaction with these facets. Overall, significant differences were found between private and public sector hospital healthcare workers in terms of overall job satisfaction scores and across nine out of nine dimensions analyzed.

RECOMMENDATIONS AND CONCLUSION

The comparative cross-sectional analysis conducted in this study sheds light on the job satisfaction levels among health workers in private and public sector hospitals in Dhaka, Bangladesh. The findings reveal a prevalent dissatisfaction among participants with their current salary and other benefits, reflecting a broader issue within the public sector's failure to meet physicians' demands for increased pay and allowances. This dissatisfaction aligns with similar trends observed in previous longitudinal studies and underscores the challenges faced by healthcare professionals in Bangladesh.

Moreover, the research underscores significant disparities in job satisfaction levels between the public and private healthcare sectors. While health workers in public sector hospitals exhibited higher levels of job satisfaction overall, particularly in areas such as pay, supervision, fringe benefits, working conditions, and communication, their counterparts in private hospitals reported lower satisfaction levels. These differences resonate with findings from other studies conducted across various countries, further highlighting the nuanced dynamics of job satisfaction within different healthcare settings.

Despite the higher overall job satisfaction levels among health workers in public sector hospitals, notable areas of dissatisfaction persist, particularly concerning the nature of work, coworkers, and working conditions. These findings underscore the need for targeted interventions to address specific facets of job satisfaction within the public healthcare sector, aiming to enhance overall workforce well-being and productivity.

Based on the study's findings, several recommendations can be proposed to address the identified challenges and improve job satisfaction levels among health workers in Bangladesh:

Salary and Benefits: Public sector healthcare organizations should prioritize efforts to address the dissatisfaction among health workers regarding salary and other benefits. This may involve revisiting existing compensation structures and implementing reforms to ensure equitable and competitive remuneration packages.

Promotion and Career Development: Efforts should be made to streamline promotion processes and provide clear pathways for career advancement within the public healthcare sector. Creating opportunities for professional development and recognition can help enhance job satisfaction and motivate healthcare professionals to excel in their roles.

Work Environment: Attention should be given to improving the overall work environment in public sector hospitals, focusing on factors such as infrastructure, facilities for personal protective measures, and safe waste disposal. Creating a conducive and safe workplace environment is essential for fostering job satisfaction and ensuring the well-being of healthcare workers.

Communication and Supervision: Enhancing communication channels and promoting effective supervision practices can contribute to a positive work culture and improved job satisfaction among healthcare professionals. Encouraging open dialogue, feedback mechanisms, and supportive leadership can help address issues and concerns more effectively.

Research and Monitoring: This research provides valuable insights that can aid policymakers and healthcare authorities in devising strategies to improve the job satisfaction of physicians in Bangladesh. By recognizing and addressing the identified specific challenges, it is possible to foster a work environment that is more conducive to professional commitment and enhances the quality of healthcare services at the national level. Further research is required to examine additional variables that influence job satisfaction and to develop individualized interventions that address the specific needs of physicians in Bangladesh. Continued research and monitoring of job satisfaction levels among health workers are essential to identify evolving trends and challenges within the healthcare sector. Regular assessments can inform evidence-based interventions and policy decisions aimed at enhancing workforce satisfaction and overall healthcare quality.

By implementing these recommendations, policymakers, healthcare managers, and stakeholders can work collaboratively to create a supportive and rewarding work environment for health workers in Bangladesh, ultimately contributing to improved healthcare delivery and outcomes for the population.

ACKNOWLEDGEMENT

I extend my heartfelt gratitude to all those who have played a significant role in the successful completion of this research project.

First and foremost, I express my sincere appreciation to my supervisor, Dr. Fatin Syazwani Safiyuddin, for her unwavering support, guidance, and invaluable insights throughout the entirety of this project. Her dedication and expertise significantly contributed to the quality and depth of my research.

I would also like to extend my special thanks to Fahmid Azad Badhon for his dedicated efforts in gathering information from respondents both face to face and online.

In closing, I wish to express my gratitude to all the respondents who generously dedicated their time and effort to complete the questionnaire survey, providing invaluable feedback for the development of the halal industry. Special appreciation is also extended to my friends and course mates for their constructive feedback.

Finally, I want to acknowledge and express boundless love and appreciation to my family members. Their continuous support and encouragement have been my pillar of strength throughout the process of studying and

completing this research. This achievement would not have been possible without them.

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APPENDIX

JOB SATISFACTION SURVEY						
Impact of job satisfaction on job performance among physicians working in different hospitals in Bangladesh						
Demography of Participants:						
1. Age						
2. Gender						
3. Level of Education (MBBS/Postgraduate)						
4. Service Years						
Instructions:						
Please circle the number that best reflects your opinion about each statement.						
Statements	1
 Disagree very much	2
 Disagree moderately	3
 Disagree slightly	4
 Agree slightly	5
 Agree moderately	6
 Agree very much
1. I feel I am being paid a fair amount for the work I do.	1	2	3	4	5	6
2. There is really too little chance for promotion on my job.	1	2	3	4	5	6
3. My supervisor is quite competent in doing his/her job.	1	2	3	4	5	6
4. I am not satisfied with the benefits I receive.	1	2	3	4	5	6
5. When I do a good job, I receive the recognition for it that I should receive.	1	2	3	4	5	6
6. Many of our rules and procedures make doing a good job difficult.	1	2	3	4	5	6

7. I like the people I work with.	1	2	3	4	5	6
8. I sometimes feel my job is meaningless.	1	2	3	4	5	6
9. Communications seem good within this organization.	1	2	3	4	5	6
10. Raises are too few and far between.	1	2	3	4	5	6
11. Those who do well on the job stand a fair chance of being promoted.	1	2	3	4	5	6
12. My supervisor is unfair to me.	1	2	3	4	5	6
13. The benefits we receive are as good as most other organizations offer.	1	2	3	4	5	6
14. I do not feel that the work I do is appreciated.	1	2	3	4	5	6
15. My efforts to do a good job are seldom blocked by red tape.	1	2	3	4	5	6
16. I find I have to work harder at my job because of the incompetence of people I work with.	1	2	3	4	5	6
17. I like doing the things I do at work.	1	2	3	4	5	6
18. The goals of this organization are not clear to me.	1	2	3	4	5	6
19. I feel unappreciated by the organization when I think about what they pay me.	1	2	3	4	5	6
20. People get ahead as fast here as they do in other places.	1	2	3	4	5	6
21. My supervisor shows too little interest in the feelings of subordinates.	1	2	3	4	5	6
22. The benefit package we have is equitable.	1	2	3	4	5	6
23. There are few rewards for those who work here.	1	2	3	4	5	6
24. I have too much to do at work.	1	2	3	4	5	6

25. I enjoy my coworkers.	1	2	3	4	5	6
26. I often feel that I do not know what is going on with the organization.	1	2	3	4	5	6
27. I feel a sense of pride in doing my job.	1	2	3	4	5	6
28. I feel satisfied with my chances for salary increases.	1	2	3	4	5	6
29. There are benefits we do not have which we should have.	1	2	3	4	5	6
30. I like my supervisor.	1	2	3	4	5	6
31. I have too much paperwork.	1	2	3	4	5	6
32. I don't feel my efforts are rewarded the way they should be.	1	2	3	4	5	6
33. I am satisfied with my chances for promotion.	1	2	3	4	5	6
34. There is too much bickering and fighting at work.	1	2	3	4	5	6
35. My job is enjoyable.	1	2	3	4	5	6
36. Work assignments are not fully explained.	1	2	3	4	5	6