A Survey to Assess Job Satisfaction of Doctors in Bangladesh

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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 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, doctors frequently deal with difficult and complex situations (World Medical Association, Inc., 2015; European Junior Doctors 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 doctors, doctors' competency is routinely assessed (Payne & Firth-Cozens, 1987).

Medical professionals frequently deal with emotionally draining circumstances including patient suffering, mishaps, and mortality. When dealing with complicated events like death, doctors 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 Doctors Association, 2016; World Medical Association, Inc., 2015). Compared to other professionals, doctors are more likely to experience burnout, particularly those in frontline care specialties (Shanafelt et al., 2012). Doctors 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).

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.

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 different studies 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 physicians in Bangladesh (Syed Ghazaili & Daud, 2016).

Given the unique healthcare landscape in Bangladesh and the potential differences in healthcare systems

compared to high-income countries, there is a need for context-specific research to understand the factors influencing physicians' job satisfaction in Bangladesh hospitals. This research proposal aims to address this critical knowledge gap by conducting a rigorous examination of the different factors contributing to job satisfaction among physicians working in hospitals across Bangladesh.

By focusing on the unique context of healthcare in Bangladesh, this study endeavors to shed light on the specific factors that drive job satisfaction among physicians. The findings of this research will not only contribute to the limited body of knowledge on physician job satisfaction in Bangladesh but also have practical implications for healthcare management and policy development aimed at enhancing the quality of healthcare delivery in the country.

Research Questions

1. What factors influence job satisfaction among Bangladeshi doctors, including salary and financial benefits, work-life balance, autonomy, respect, working conditions, and professional development opportunities?

2. How do professional development opportunities mediate the relationship between job satisfaction and other factors such as salary benefits, work-life balance, and the influence of government policies and the healthcare system?

3. What role does organizational culture and management play in moderating the relationships between job satisfaction and factors such as salary benefits, working conditions, and professional development opportunities?

Research Objectives

The objective of the study is to investigate the factors influencing job satisfaction among Bangladeshi doctors, focusing on key aspects such as salary benefits, work-life balance, autonomy and respect, professional development opportunities, and working conditions. Additionally, the study aims to explore the mediating role of professional development opportunities and the moderating effect of organizational culture and management in shaping these relationships, while considering the broader impact of government policies and the healthcare system.

HYPOTHESIS DEVELOPMENT

A range of studies have explored the factors influencing job satisfaction among Bangladeshi doctors. Gruen (2002) found that doctors in primary health care were more likely to give up private practice for a higher salary, while those in secondary and tertiary care were less likely to do so. Sarwar (2012) identified job, pay, promotion, and supervision as key determinants of job satisfaction, with pay being a significant factor. Bayzid (2019) and Aktar (2013) both highlighted the significant impact of salary on job satisfaction among physiotherapy professionals and employees in the pharmaceutical and insurance industries. Ahmed (2015) also emphasized the positive effect of salary and benefits on job satisfaction among commercial bank employees. Rashid (2019) and Roy (2017) both found that doctors were dissatisfied with their salary, with organizational support being a significant predictor of job satisfaction. Sararaks (1997) found that income was significantly associated with job satisfaction among doctors in Negeri Sembilan. These studies collectively suggest that salary benefits significantly influence job satisfaction among Bangladeshi doctors.

H1.Salary benefits significantly influence job satisfaction among Bangladeshi doctors.

Priyanka (2022) found that control variables such as gender, number of children, and marital status significantly influenced work-family conflict and job satisfaction. Munir (2020) identified a significant relationship between job satisfaction and stress among healthcare professionals, including doctors. Kumar (2020) and Priyadharshini (2020) both highlighted the role of job resources and personal factors in achieving work-life balance, with Kumar

(2020) specifically noting the influence of perceived supervisor support, organization support, patient orientation, and rewards and recognition. Anuradha (2016) and Kaliannan (2016) emphasized the positive impact of work-life balance on job satisfaction, particularly among women doctors and different generations of doctors. Verary (2022) and Kumar (2020) further underscored the importance of work-life balance in achieving work satisfaction, with Verary (2022) specifically focusing on millennial doctors.

Work-life balance has a significant impact on the job satisfaction of Bangladeshi doctors.

Munir (2020) found a significant link between job satisfaction and stress, while Hossain (2019) identified a positive relationship between healthcare management and physician satisfaction. Haider (2023) highlighted the importance of job satisfaction for healthcare providers, with individual, job-related, and workplace factors playing a role. Abdullah (2019) and Bosu (2021) both emphasized the importance of organizational support and specific job-related factors in influencing job satisfaction. However, none of these studies specifically examined the link between autonomy, respect, and job satisfaction among Bangladeshi doctors.

There's a significant link between autonomy & respect and job satisfaction for Bangladeshi doctors.

Munir (2020) and Roy (2017) both found that job satisfaction is significantly affected by work prospects, the way abilities are used, and the way the department is run. However, dissatisfaction with salary and organizational support can negatively impact job satisfaction (Munir, 2020; Roy, 2017). Bayzid (2019) and Juhani (2006) further highlight the influence of salary, promotion opportunities, and workload on job satisfaction. Lodh (2022) and Andaleeb (2007) emphasize the importance of quality work life and service orientation in enhancing job satisfaction. Lastly, Stevens (1992) and Rashid (2019) underscore the role of formal work structuring, professional attitudes, and specific job-related factors in determining job satisfaction.

Professional development opportunities significantly affect the job satisfaction of Bangladeshi doctors.

Haider (2023) found that individual, job-related, and workplace factors significantly influence job satisfaction, while Chellaiyan (2022) and Munir (2020) both reported high levels of job satisfaction among resident doctors and healthcare professionals, respectively. However, Rbehat (2019) and Bayzid (2019) highlighted the influence of factors such as salary, recognition, and working environment on job satisfaction. Bhattacherjee (2016) and Usama (2022) further emphasized the importance of working space and income in determining job satisfaction. Overall, these studies suggest a significant relationship between working conditions and job satisfaction among Bangladeshi doctors.

The quality of working conditions is significantly related to job satisfaction among Bangladeshi doctors.

A range of studies have explored the factors influencing job satisfaction among healthcare professionals, including doctors, in Bangladesh. Munir (2020) and Roy (2017) both highlight the importance of professional development opportunities and work characteristics, such as organizational support, in this context. Kumar (2020) and Haider (2023) further emphasize the role of job resources and individual, job-related, and workplace factors in job satisfaction. The impact of work-life balance on job satisfaction is also a key theme, with Kaliannan (2016) and Anuradha (2016) both finding a positive relationship between the two. However, the specific mediating role of professional development opportunities in the relationship between work-life balance and job satisfaction in Bangladeshi doctors has not been directly addressed in these studies.

Professional development opportunities significantly mediate the relationship between work-life balance and job satisfaction in Bangladeshi doctors.

Gruen (2002) and Roy (2017) both highlight the importance of financial and non-financial incentives, with the latter emphasizing the need for improved work design in the healthcare system. Professional development opportunities, including training and career advancement, are identified as key factors in job satisfaction by Bayzid (2019) and Darkwa (2015). However, the lack of these opportunities in rural areas is a significant barrier, as noted by Darkwa (2015). The impact of these factors on the quality of work life and job satisfaction is further

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explored by Lodh (2022). The need for improved retention policies, including salary structures and career development, is emphasized by Bashar (2022). Lastly, the role of patient satisfaction in shaping healthcare providers' attitudes and job satisfaction is discussed by Mohiuddin (2020).

The connection between government policies & healthcare system and job satisfaction of Bangladeshi doctors is significantly mediated by professional development opportunities.

Aman-Ullah (2022) and Kaliannan (2016) both found that work-life balance significantly impacts job satisfaction, with the latter emphasizing the importance of organizational support. Mone (2019) and Anuradha (2016) specifically focused on female doctors, highlighting the challenges they face in achieving work-life balance and the positive impact of balance on job satisfaction. Azeem (2014) and Dousin (2019) further underscored the importance of work-life balance and job satisfaction in fostering organizational commitment and job performance. However, Roy (2017) found that organizational support was a significant predictor of job satisfaction, turnover intention, and burnout, suggesting that this factor may play a more significant role than work-life balance. Lodh (2022) emphasized the need for quality work life to improve job satisfaction and performance. These findings collectively suggest that while work-life balance is important, other factors such as organizational support and work design also play a crucial role in shaping job satisfaction among Bangladeshi doctors.

Work-life balance plays a significant mediating role between government policies & healthcare system and job satisfaction of Bangladeshi doctors.

Kusumawati (2022) and Sarwar (2012) both found that career satisfaction and organizational culture, including self-competence, job demand, and healthcare management, significantly impact job satisfaction. Hossain (2019) and Abdullah (2019) further emphasized the importance of healthcare management and organizational support, with the latter also highlighting the role of salary and benefits. Munir (2020) and Roy (2017) both found that work characteristics, including salary, significantly influence job satisfaction, with organizational support being a key predictor. Aktar (2013) and Subiyanto (2021) also found a positive relationship between rewards, including salary, and job satisfaction. These findings suggest that salary benefits, when combined with a supportive organizational culture and effective management, can significantly impact job satisfaction among Bangladeshi doctors.

The impact of salary benefits on Bangladeshi doctors' job satisfaction is significantly moderated by organizational culture and management.

Roy (2017) found that organizational support significantly affects job satisfaction, while Ahamed (2015) and Sarwar (2012) identified the importance of organizational culture and specific job-related factors. Latif (2010) and Zokaei (2016) both highlighted the positive relationship between organizational climate and job satisfaction. Stevens (1992) and Arnetz (1997) further emphasized the role of work environment and professional development in influencing job satisfaction. Rubel (2020) provided a more specific focus on high-performance work practices and their impact on medical professionals' work outcomes, mediated by perceived organizational support. These studies collectively suggest that organizational culture and management play a significant role in moderating the relationship between professional development opportunities and job satisfaction among Bangladeshi doctors.

Organizational culture and management significantly moderate the relationship between professional development opportunities and job satisfaction in Bangladeshi doctors.

Roy (2017) found that organizational support significantly affected job satisfaction, turnover intention, and burnout among doctors, with private doctors experiencing more support. Similarly, Latif (2010) and Sarwar (2012) highlighted the positive relationship between organizational climate and job satisfaction, and the significant impact of job, pay, promotion, and supervision on job satisfaction, respectively. Rana (2015) and Bayzid (2019) further emphasized the role of human resource management practices, such as job autonomy,

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team work environment, and leadership behavior, in influencing job satisfaction. Hossain (2014) and Arnetz (1997) identified work conditions, pay, fairness, and promotion as key factors affecting job satisfaction among bank employees and physicians, respectively. Lastly, Aziz (2015) underscored the importance of factors such as work pressure, workplace safety, social support, learning opportunities, and employee influence on job satisfaction among health professionals. These findings collectively suggest that working conditions significantly moderate job satisfaction among Bangladeshi doctors, with organizational culture and management playing a crucial role.

Working conditions and job satisfaction among Bangladeshi doctors is significantly moderated by organizational culture and management.

RESEARCH METHODOLOGY

Research Design

The chosen research design for this study is quantitative in nature. In the context of this research, it enables a structured examination of the correlation between job satisfaction and job performance among doctors 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 doctors, 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 doctors and dentists as per the records maintained by the Bangladesh Medical and Dental Council, the authoritative body regulating doctors 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 (BM&DC (info@bmdc.org.bd)), 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 doctors working in diverse environments in Bangladesh.

Sample and its size

Physicians working in different public and private hospitals and healthcare organizations in Bangladesh were included in this study. 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.

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N	*S*	*N*	*S*	*N*	*S*
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	1000000	384

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

Source: Krejcie & Morgan, 1970

Sampling criteria

Inclusion criteria:

1. Doctors practicing within Bangladesh across urban and rural regions.
2. Specializing in fields such as internal medicine, surgery, pediatrics, gynecology, cardiology, orthopedics, and dentistry.
3. Having professional experience ranging from early-career (less than 5 years) to senior-level (over 20 years).
4. Employed in public hospitals, private clinics, or non-governmental healthcare organizations within Bangladesh.
5. Having access to stable internet connectivity to participate in online surveys.

Exclusion criteria: Doctors 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.

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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 doctors 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.

Measurement and Measures

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.

Job Satisfaction Survey

	A Survey to Assess Job Satisfaction of Doctors in Bangladesh	
	Demography of Participants-	
1	Age-	
2	Gender-	
3	Level of Education (MBBS/Post Graduate)-	
4	Years of Experience-	
5	Public/Private-	
No	PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.	Disagree very much Disagree moderately Disagree slightly Agree slightly Agree moderately 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

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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	People get ahead as fast here as they do in other places.	1, 2, 3, 4, 5, 6
20	My supervisor shows too little interest in the feelings of subordinates.	1, 2, 3, 4, 5, 6
21	The benefit package we have is equitable.	1, 2, 3, 4, 5, 6
22	There are few rewards for those who work here.	1, 2, 3, 4, 5, 6
23	I have too much to do at work.	1, 2, 3, 4, 5, 6
24	I enjoy my coworkers.	1, 2, 3, 4, 5, 6
25	I often feel that I do not know what is going on with the organization.	1, 2, 3, 4, 5, 6
26	I feel a sense of pride in doing my job.	1, 2, 3, 4, 5, 6
27	I feel satisfied with my chances for salary increases.	1, 2, 3, 4, 5, 6
28	There are benefits we do not have which we should have.	1, 2, 3, 4, 5, 6
29	I like my supervisor.	1, 2, 3, 4, 5, 6
30	I have too much paperwork.	1, 2, 3, 4, 5, 6
31	I don't feel my efforts are rewarded the way they should be.	1, 2, 3, 4, 5, 6

32	I am satisfied with my chances for promotion.	1, 2, 3, 4, 5, 6
33	There is too much bickering and fighting at work.	1, 2, 3, 4, 5, 6
34	My job is enjoyable.	1, 2, 3, 4, 5, 6
35	Work assignments are not fully explained.	1, 2, 3, 4, 5, 6

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 Method

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 doctors 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 doctors across different hospital settings. By employing convenience sampling, the study aims to gather responses efficiently while acknowledging the practical constraints in recruiting participants. 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.

DATA ANALYSIS

Demographics Of the Respondents

Gender Distribution of the respondents

The gender distribution of the respondents in this study on job satisfaction and job performance among Bangladeshi doctors reveals a distinct majority of male participants. As outlined in Table 4.1 and illustrated in Figure 4.1, of the 430 doctors surveyed, 277 are male and 153 are female. This means that 64.4% of the participants are male, while 35.6% are female.

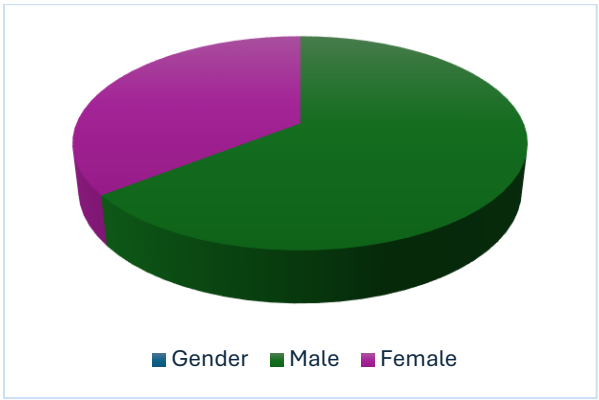

Figure 3.1: Gender distribution of the respondents.

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Table 3.1: Gender Distribution of the respondents

	Frequency	Percent
Male	277	64.4
Female	153	35.6
Total	430	100.0

Age Distribution of the respondents

The age distribution of the respondents in the study on job satisfaction and job performance among Bangladeshi doctors shows a significant skew towards younger age groups, as detailed in Table 4.2 and Figure 4.2. Out of the 430 doctors surveyed, 270 are under 30 years old, making up 62.8% of the sample. Those aged between 30 and 40 years account for 34.9% with 150 respondents, and only 10 doctors, representing 2.3% of the total, are over 40 years old.

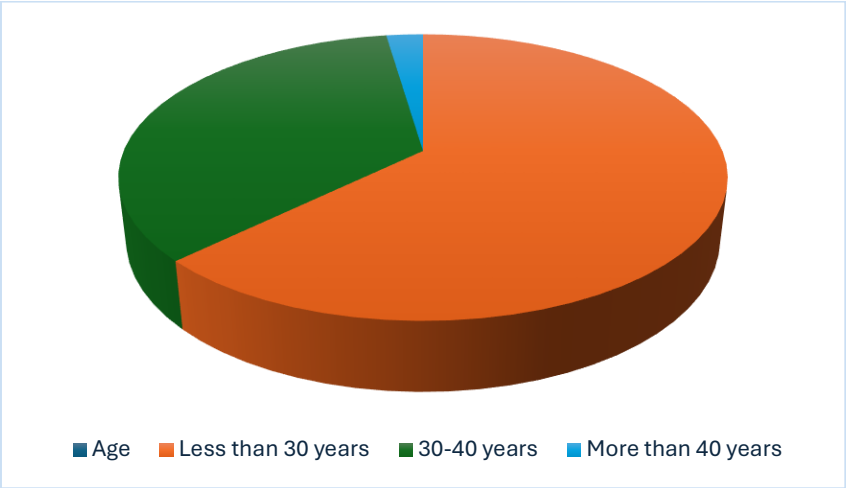

Figure 3.2: Age distribution of the respondents.

This distribution indicates a predominant participation of younger doctors, potentially pointing to a bias where younger medical professionals were more accessible or more responsive to the survey methods employed, likely digital communications that younger doctors use more frequently.

Table 3.2: Age distribution of the respondents.

	Frequency	Percent
Less than 30 years	270	62.8
30-40 years	150	34.9
More than 40 years	10	2.3
Total	430	100.0

Educational Qualifications of the respondents

The educational qualifications of the respondents in the study on job satisfaction and job performance among Bangladeshi doctors show that most participants have completed at least a Bachelor's degree, with a substantial

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number also holding postgraduate qualifications. Specifically, out of 430 doctors surveyed, 319 (74.2%) have completed a Bachelor's degree and 111 (25.8%) have postgraduate degrees.

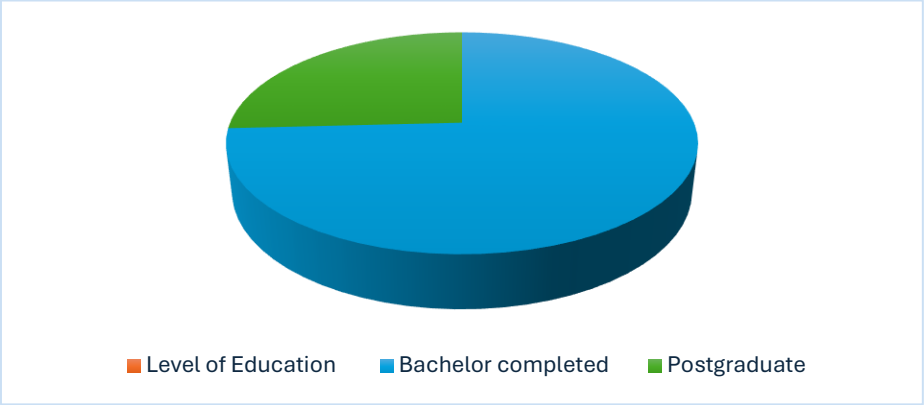

Figure 3.3: Level of Education

This educational profile indicates a predominance of Bachelor's degrees among the participants, which reflects the basic mandatory medical education required to practice medicine in Bangladesh. The significant presence of doctors with postgraduate qualifications suggests a higher level of specialization and possibly a greater involvement in specialized fields or academic medicine.

Table 3.3: Level of Education

	Frequency	Percent
Bachelor completed	319	74.2
Postgraduate	111	25.8
Total	430	100.0

Experiences of the respondents

The study on job satisfaction and job performance among Bangladeshi doctors also explores the distribution of years of experience among the participants. The findings indicate that the majority of the doctors surveyed are relatively early in their careers. Specifically, 198 doctors have less than 5 years of experience, accounting for 46% of the total respondents, while 221 doctors have between 5 to 10 years of experience, making up 51.4% of the sample. Only a small fraction, 11 doctors or 2.6%, have more than 10 years of experience.

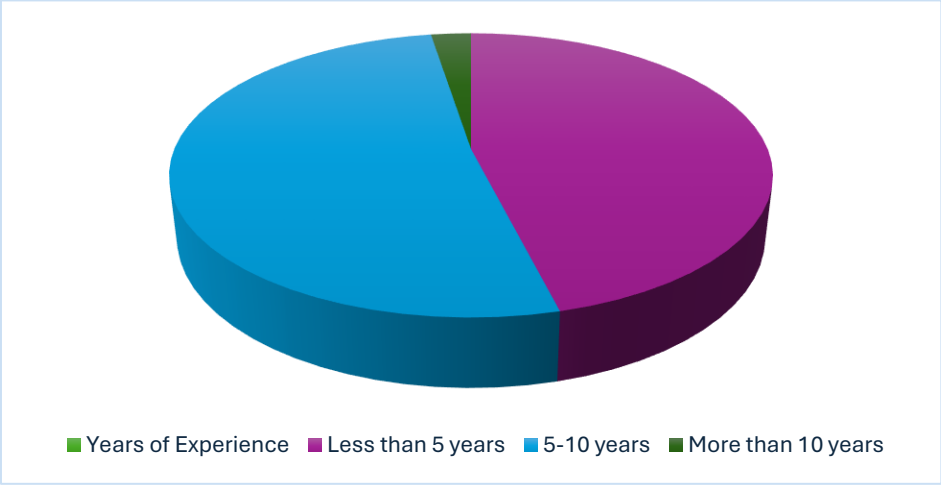

Figure 3.4: Pie Chart Count of Years of Experience

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This distribution suggests a young workforce with the majority of doctors being in the early to mid-stages of their careers. The large number of doctors with less than 10 years of experience might imply that newer entrants into the medical field are particularly interested or available for participation in studies such as this, possibly due to their greater familiarity with and access to digital survey methods used in the study.

Table 3.4: Count of Years of Experience

	Frequency	Percent
Less than 5 years	198	46.0
5-10 years	221	51.4
More than 10 years	11	2.6
Total	430	100.0

Given this skew towards less experienced doctors, the study's findings might primarily reflect the job satisfaction and performance issues and attitudes typical of early-career medical professionals. Additional research might be needed to fully understand the job satisfaction and performance dynamics at later career stages, ensuring that interventions and policies developed from the study's findings are relevant and applicable to all age and experience levels in the Bangladeshi medical profession.

Sector of employment

The study on job satisfaction and job performance among Bangladeshi doctors includes an analysis of the sector of employment for the participants. According to the findings, a significant majority of the doctors surveyed work in the private sector. Specifically, 325 of the 430 respondents, accounting for 75.6%, are employed in private healthcare settings, while only 105 doctors, or 24.4%, work in the public sector.

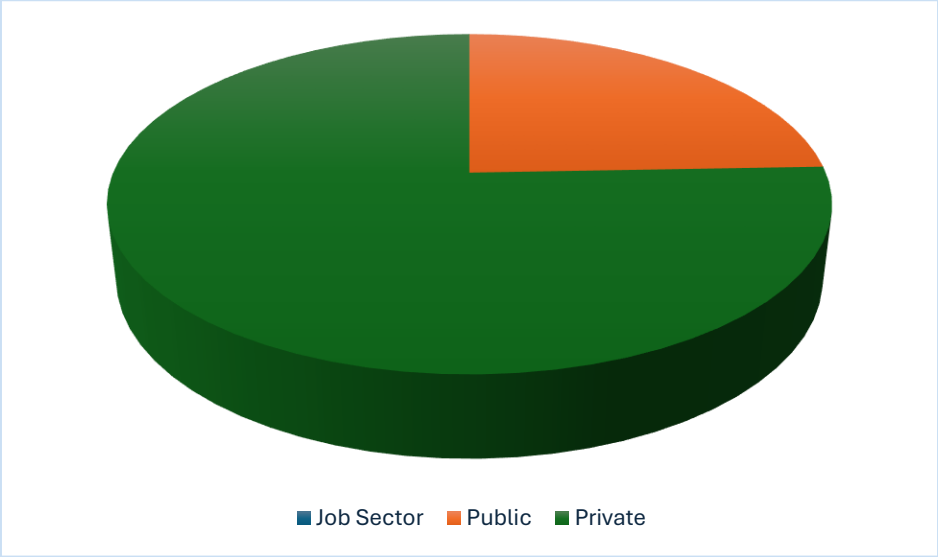

Figure 3.5: Pie Chart Count of Job Sector

This distribution highlights a substantial lean towards private sector employment among the doctors participating in this study. The dominance of the private sector could suggest several underlying factors, such as potentially better job satisfaction levels, higher salaries, or more opportunities for professional development in private settings, which might attract more doctors compared to the public sector.

The relatively small number of public sector doctors in the sample could impact the breadth of the study's conclusions, as the experiences and conditions in public hospitals—which often differ significantly from those

in private ones—might not be as thoroughly represented. This disparity could skew the study's findings towards the viewpoints and experiences of those working in private sectors.

Table 3.5: Count of Years of Experience

	Frequency	Percent
Public	105	24.4
Private	325	75.6
Total	430	100.0

Moreover, the overwhelming preference for private sector jobs among the sample might also reflect broader trends in healthcare employment in Bangladesh, possibly indicating a general perception of better conditions or prospects in private practice. Understanding this preference is crucial for addressing job satisfaction and performance issues comprehensively and could guide targeted improvements in both public and private healthcare sectors to enhance overall doctor satisfaction and effectiveness.

MEASUREMENT MODEL ANALYSIS

In the study examining job satisfaction and job performance among Bangladeshi doctors, the reliability of various constructs was rigorously evaluated to ensure the accuracy and dependability of the measurements used. These constructs include Salary Benefits, Autonomy & Respect, Working Conditions, Government Policies & Healthcare System, Work-Life Balance, Professional Development Opportunities, Job Satisfaction, and Organizational Culture & Management.

Reliability of the Constructs

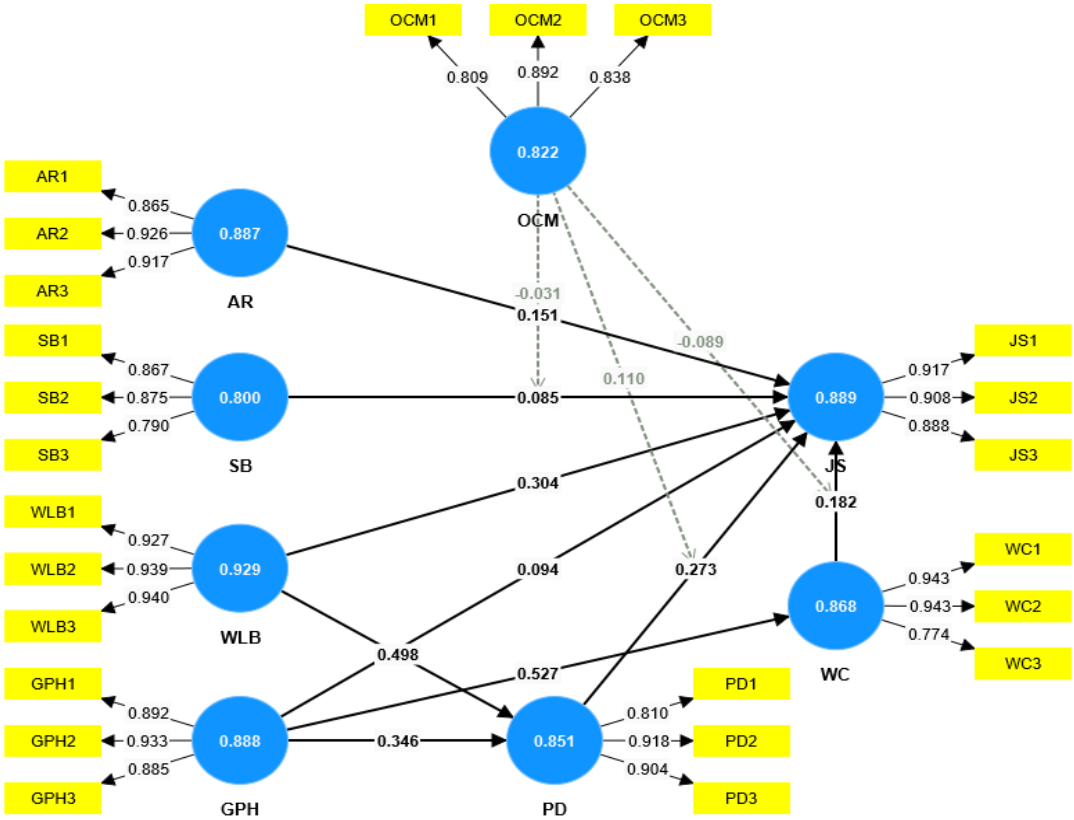

Figure 3.6: Measurement model statistics.

SB→ Salary Benefits, AR→ Autonomy & Respect, WC→ Working Conditions, GPH→ Government Policies & Healthcare System, WLB→ Work-Life Balance, PD→ Professional Development Opportunities, JS→ Job

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Satisfaction, OCM→ Organizational Culture & Management.

Autonomy & Respect

The construct of Autonomy & Respect demonstrated strong reliability and validity. Outer loadings ranged from 0.865 to 0.926, confirming strong construct validity. Variance Inflation Factor (VIF) values (2.132 to 3.116) indicated no critical multicollinearity. Reliability metrics included a high Cronbach's alpha (0.887), composite reliability (0.93), and an Average Variance Extracted (AVE) of 0.815, all underscoring excellent internal consistency. These robust measures validate the reliability of the data and reinforce the study's credibility in analyzing the influence of autonomy and respect on job satisfaction among doctors.

Table 3.6: Reliability Statistics of Autonomy & Respect

Items	Outer Loading	VIF	Cronbach's alpha	Composite reliability (rhoc)	Average variance extracted (AVE)
AR1	0.865	2.132	0.887	0.93	0.815
AR2	0.926	3.116			
AR3	0.917	2.882			

Government Policies & Healthcare System

Table 3.7: Reliability Statistics of Government Policies & Healthcare System

Items	Outer Loading	VIF	Cronbach's alpha	Composite reliability (rho_c)	Average variance extracted (AVE)
GPH1	0.892	3.001	0.888	0.931	0.817
GPH2	0.933	3.646			
GPH3	0.885	2.132			

The study on job satisfaction and performance among Bangladeshi doctors emphasized the reliability of constructs influencing job satisfaction, particularly the impact of Government Policies and the Healthcare System, as detailed in Table 4.7. Statistical analyses confirmed the robustness of the measurement items, with strong outer loadings (0.885–0.933) indicating their effectiveness in capturing the construct. Variance Inflation Factor (VIF) values (2.132–3.646) affirmed the absence of excessive collinearity, while reliability coefficients further validated the construct, including a Cronbach's alpha of 0.888, composite reliability of 0.931, and AVE of 0.817.

These results demonstrate that the data are reliable and reflective of doctors' perceptions, providing a solid foundation for understanding how government policies and the healthcare system influence job satisfaction. This rigorous validation enhances the study's credibility and offers actionable insights for policymakers and healthcare administrators aiming to improve job satisfaction and performance in Bangladesh's healthcare sector.

Job Satisfaction

Table 3.8: Reliability Statistics of Job Satisfaction

Items	Outer Loading	VIF	Cronbach's alpha	Composite reliability (rho_c)	Average variance extracted (AVE)
JS1	0.917	2.859	0.889	0.931	0.818

JS2	0.908	2.768			
JS3	0.888	2.291			

In the comprehensive study aimed at assessing job satisfaction and job performance among Bangladeshi doctors, the Job Satisfaction construct was critically examined for reliability to ensure that the survey accurately measures this central aspect. The findings from this analysis are compiled in Table 4.8, providing essential insights into the robustness of the job satisfaction metrics used in the study.

The Job Satisfaction construct underwent rigorous testing to validate the consistency and reliability of the items designated to measure this concept. The items, labeled JS1, JS2, and JS3, exhibited strong outer loadings of 0.917, 0.908, and 0.888 respectively. These high loadings indicate that the items are well-suited to capture the essence of job satisfaction among the respondents, effectively reflecting the doctors' feelings and attitudes towards their job satisfaction with high fidelity.

Additionally, the Variance Inflation Factor (VIF) for these items was evaluated to check for multicollinearity, which can dilute the specificity of the data. The VIF values for JS1, JS2, and JS3 were found to be 2.859, 2.768, and 2.291, respectively, all of which are within acceptable limits. This ensures that each item contributes uniquely to the understanding of job satisfaction without excessive overlap, providing clear and distinct insights into different facets of the construct.

Further confirming the reliability of this construct, the Cronbach’s alpha was calculated to be 0.889, indicating very good internal consistency among the items. This high level of consistency is important as it suggests that the items grouped under the Job Satisfaction construct cohesively measure the same underlying concept. The composite reliability, also known as rho_c, was similarly high at 0.931, and the Average Variance Extracted (AVE) stood at 0.818, demonstrating that a substantial proportion of the variance in the responses can be attributed directly to the construct being measured.

These statistical measures, detailed in Table 4.8, collectively affirm the reliability and accuracy of the Job Satisfaction construct in the survey. By ensuring that the data collection tools effectively and reliably measure job satisfaction, the study sets a strong foundation for further analysis and interpretation. This meticulous validation of the measurement tools helps in drawing meaningful and actionable conclusions from the study, potentially guiding policy-makers and healthcare administrators in improving job satisfaction and overall job performance among doctors in Bangladesh. This approach not only enhances the scientific rigor of the study but also contributes significantly to its practical relevance in the field of healthcare.

Organizational Culture & Management

Table 3.9: Reliability Statistics of Organizational Culture & Management

Items	Outer Loading	VIF	Cronbach's alpha	Composite reliability (rho_c)	Average variance extracted (AVE)
OCM1	0.809	2.365	0.822	0.884	0.718
OCM2	0.892	1.492			
OCM3	0.838	2.556			

The study on job satisfaction and job performance among Bangladeshi doctors included a thorough evaluation of the Organizational Culture & Management construct to ensure that the survey tools used were accurately capturing this essential aspect. The results from this detailed analysis are compiled in Table 4.9, which underscores the reliability of the metrics used to assess organizational culture and management's impact on job satisfaction.

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To evaluate the Organizational Culture & Management construct, various statistical tests were conducted on items OCM1, OCM2, and OCM3. These items showed strong outer loadings of 0.809, 0.892, and 0.838 respectively, indicating that they are effective in reflecting the nuances of organizational culture and management as perceived by the doctors. High outer loadings suggest that these items reliably measure the construct and are capable of capturing significant variations in the respondents' perceptions related to their workplace environment and management practices.

Moreover, the Variance Inflation Factor (VIF) values for these items were calculated to check for multicollinearity, which could potentially cloud the distinctiveness of the data. The VIFs were 2.365 for OCM1, 1.492 for OCM2, and 2.556 for OCM3, all within acceptable ranges. This indicates that while there is some overlap, each item primarily contributes unique insights about the organizational culture and management, enhancing the depth of the construct analysis.

The reliability of this construct was further affirmed by Cronbach's alpha, recorded at 0.822. This figure reflects very good internal consistency among the items, suggesting that they collectively form a coherent group that consistently measures aspects of organizational culture and management. The composite reliability for these items, noted as rho c, was also robust at 0.884, and the Average Variance Extracted (AVE) was 0.718. These metrics indicate a high level of consistency and suggest that a considerable portion of the variance in responses can be directly attributed to differences in perceived organizational culture and management.

The careful validation of these measurement tools as shown in Table 4.9 ensures that the data regarding organizational culture and management is reliable and can be used confidently in further analyses. This process helps establish a solid foundation for exploring how organizational factors influence job satisfaction and performance, providing critical insights that could be used to enhance workplace environments and management practices in the healthcare sector. Such rigorous methodology not only bolsters the study's scientific credibility but also significantly contributes to its practical applications in improving organizational outcomes in Bangladeshi hospitals.

Professional Development Opportunities

Table 3.10: Reliability Statistics of Professional Development Opportunities

Items	Outer Loading	VIF	Cronbach's alpha	Composite reliability (rho_c)	Average variance extracted (AVE)
PD1	0.81	1.643	0.851	0.91	0.772
PD2	0.918	2.899			
PD3	0.904	2.756			

The reliability of the Professional Development Opportunities construct was rigorously evaluated in the study focused on job satisfaction and job performance among Bangladeshi doctors. The detailed reliability statistics for this construct are presented in Table 4.10, ensuring that the measures used accurately reflect the professional development opportunities as perceived by the doctors.

To assess the effectiveness of the items designed to measure Professional Development Opportunities, several statistical analyses were performed. Items PD1, PD2, and PD3 demonstrated strong outer loadings of 0.81, 0.918, and 0.904 respectively. These high loadings indicate that the items are capable of capturing the essence of professional development opportunities accurately, reflecting the doctors' perceptions with high fidelity.

The Variance Inflation Factor (VIF) was also calculated for these items to ensure there was no significant multicollinearity that might affect the clarity of the data. The VIF values were within an acceptable range—1.643 for PD1, 2.899 for PD2, and 2.756 for PD3—suggesting that each item provides unique and valuable insights into the construct without excessive overlap.

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Additionally, the reliability of the Professional Development Opportunities construct was confirmed through various consistency metrics. Cronbach's alpha was reported at 0.851, indicating very good internal consistency among the items and suggesting that they work well together to measure the construct cohesively. The composite reliability, noted as rho_c, was particularly strong at 0.91, and the Average Variance Extracted (AVE) was 0.772. These figures highlight not only the internal consistency of the measurements but also that a significant proportion of the variance observed in the responses can be attributed directly to the construct being measured.

This meticulous validation of the measurement tools, as detailed in Table 4.10, assures that the data collected on Professional Development Opportunities is robust and reliable. By confirming that the survey instruments effectively measure this key aspect of job satisfaction, the study provides a solid basis for subsequent analysis and interpretation. Such rigorous assessment of the tools helps in drawing meaningful and actionable conclusions from the study, potentially guiding initiatives to enhance professional development practices in the healthcare sector. This methodological rigor enhances the scientific integrity of the study and ensures that its findings can effectively inform policy and practice in improving job satisfaction and performance among doctors in Bangladesh.

Salary Benefits

Table 3.11: Reliability Statistics of Salary Benefits

Items	Outer Loading	VIF	Cronbach's alpha	Composite reliability (rho_c)	Average variance extracted (AVE)
SB1	0.867	1.855	0.8	0.882	0.714
SB2	0.875	1.947			
SB3	0.79	1.519			

In the comprehensive study assessing job satisfaction and job performance among Bangladeshi doctors, the construct of Salary Benefits was thoroughly analyzed to verify the reliability of its measurement. The findings, which are crucial for ensuring that the study accurately reflects the impact of salary benefits on job satisfaction, are systematically documented in Table 4.11.

The evaluation of the Salary Benefits construct involved a detailed examination of several statistical metrics to ascertain the validity and reliability of the items used to measure it. Specifically, the items labeled SB1, SB2, and SB3 were analyzed for their outer loadings, which were found to be 0.867, 0.875, and 0.79 respectively. These high loadings suggest that the items are effectively capturing the nuances associated with salary benefits and are adequately reflecting the doctors' perceptions regarding this aspect of their employment.

To further ensure the precision of the data, the Variance Inflation Factor (VIF) for each item was calculated to detect any potential multicollinearity issues that could obscure the results. The VIF values were 1.855 for SB1, 1.947 for SB2, and 1.519 for SB3—all within acceptable limits, indicating that each item contributes uniquely to the overall measurement of the construct without significant overlap.

Moreover, the reliability of the Salary Benefits construct was supported by several key indicators:

- **Cronbach's alpha**: The value of 0.8 reflects good internal consistency among the items, suggesting that they collectively provide a consistent measure of the salary benefits perceived by the doctors.
- **Composite reliability (rho_c)**: At 0.882, this metric is robust, further confirming that the construct is reliably measured across the sample.
- **Average Variance Extracted (AVE)**: The AVE value stands at 0.714, indicating that a significant portion of the variance in the responses is accounted for by the salary benefits construct.

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These carefully calculated and reported statistics in Table 4.11 ensure that the data related to salary benefits is both reliable and valid. By establishing that the measurement tools effectively capture the construct of salary benefits, the study sets a solid foundation for analyzing how this factor influences job satisfaction among doctors. This rigorous approach not only bolsters the scientific credibility of the study but also enhances its practical implications, providing valuable insights that could help healthcare organizations and policymakers in Bangladesh to better understand and improve the conditions affecting doctor satisfaction and performance.

Working Conditions

Table 3.12: Reliability Statistics of Working Conditions

Items	Outer Loading	VIF	Cronbach's alpha	Composite reliability (rho c)	Average variance extracted (AVE)
WC1	0.943	4.296	0.868	0.919	0.792
WC2	0.943	4.205			
WC3	0.774	1.609			

In the study focused on job satisfaction and job performance among Bangladeshi doctors, significant emphasis was placed on accurately assessing the impact of working conditions. The reliability of the Working Conditions construct was meticulously evaluated, with detailed results presented in Table 4.12. This careful examination was vital for ensuring that the measurements genuinely reflect the doctors' perceptions and experiences of their working environments.

The construct was assessed using a set of predefined items (WC1, WC2, WC3) designed to capture various aspects of the working conditions experienced by the doctors. The reliability and validity of these items were evaluated based on several key statistical metrics:

- **Outer Loadings**: The items demonstrated high outer loadings with WC1 and WC2 both at 0.943, and WC3 slightly lower at 0.774. These loadings indicate a strong ability of the items to represent the construct, with WC1 and WC2 showing particularly strong correlations with the underlying factor of working conditions.

- **Variance Inflation Factor (VIF)**: The VIF values for these items were 4.296 for WC1, 4.205 for WC2, and 1.609 for WC3. While the VIFs for WC1 and WC2 are on the higher end, suggesting some level of redundancy between these items, they still provide unique insights into the working conditions. WC3, with a significantly lower VIF, offers additional, distinct information about the construct.

- **Reliability Metrics**:

    - **Cronbach's Alpha**: At 0.868, this value indicates good internal consistency among the items, suggesting that they reliably measure the same concept of working conditions.

    - **Composite Reliability (rho_c)**: The composite reliability score of 0.919 further confirms the high reliability of these measurements, ensuring that the construct is consistently represented across different instances within the data.

    - **Average Variance Extracted (AVE)**: An AVE of 0.792 demonstrates that a substantial portion of the variance observed in the items is due to the construct they are meant to measure. This high AVE supports the validity of the items in capturing the essence of the working conditions experienced by the respondents.

The comprehensive data provided in Table 4.12 validates that the Working Conditions construct is measured

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with a high degree of reliability and accuracy. By confirming the effectiveness of the survey instruments in capturing this crucial aspect of the workplace environment, the study solidifies its foundation for analyzing the effects of working conditions on job satisfaction and performance. Such rigorous validation processes enhance the study's credibility and contribute significantly to its potential impact, guiding efforts to improve working environments for doctors in Bangladesh and potentially influencing policy changes aimed at enhancing healthcare delivery and worker satisfaction.

Work-Life Balance

Table 3.13: Reliability Statistics of Work-Life Balance

Items	Outer Loading	VIF	Cronbach's alpha	Composite reliability (rho c)	Average variance extracted (AVE)
WLB1	0.927	3.426	0.929	0.955	0.875
WLB2	0.939	3.801			
WLB3	0.94	3.896			

The Work-Life Balance construct was meticulously analyzed through several statistical indicators to confirm the validity and reliability of the items designed to measure it:

- **Outer Loadings**: The outer loadings for the items WLB1, WLB2, and WLB3 were exceptionally high, recorded at 0.927, 0.939, and 0.94 respectively. These values indicate a strong correlation of these items with the work-life balance construct, suggesting that they effectively capture the nuances of how doctors perceive their ability to manage work and personal life.

- **Variance Inflation Factor (VIF)**: The VIF values ranged from 3.426 for WLB1 to 3.896 for WLB3. Although these values are relatively high, indicating some degree of redundancy among the items, each item still contributes uniquely to the overall measurement of the construct, providing robust insights into different facets of work-life balance.

- **Reliability Metrics**:

    - **Cronbach's Alpha**: With a value of 0.929, this metric showcases excellent internal consistency among the items, indicating that they are coherent and consistently measure the work-life balance aspect.

    - **Composite Reliability (rho_c)**: The composite reliability of 0.955 is outstanding, further affirming the high reliability of the measurements and the cohesiveness of the items in representing the construct.

    - **Average Variance Extracted (AVE)**: An AVE of 0.875 is particularly high, demonstrating that a significant majority of the variance in the responses can be directly attributed to the work-life balance construct. This high AVE reflects the strong factor loadings and the validity of the items in capturing the essence of work-life balance.

These statistical findings from Table 4.13 ensure that the Work-Life Balance construct is measured with a high degree of reliability and accuracy. This thorough validation process is essential as it underpins the study's ability to accurately analyze the impact of work-life balance on job satisfaction and performance among doctors. By ensuring that the survey tools effectively measure this critical aspect, the study provides a reliable basis for subsequent analyses and discussions. Such meticulous methodological rigor not only enhances the scientific integrity of the study but also supports its practical implications, potentially guiding initiatives aimed at improving the quality of life for doctors through better work-life balance practices.

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Discriminant Validity (HTMT)

The study on job satisfaction and job performance among Bangladeshi doctors included a comprehensive evaluation of discriminant validity using the Heterotrait-Monotrait ratio (HTMT), as documented in Table 4.14. This statistical assessment is crucial for verifying that the constructs defined in the research are distinct from one another, ensuring robustness and reliability in the interpretation of the findings.

Table 3.14: Discriminant Validity (HTMT)

	AR	GPH	JS	OCM	PD	SB	WC	WLB	OCM x PD	OCM x WC	OCM x SB
AR											
GPH	0.769										
JS	0.812	0.800									
OCM	0.671	0.658	0.677								
PD	0.753	0.786	0.917	0.627							
SB	0.662	0.717	0.757	0.649	0.655						
WC	0.609	0.586	0.757	0.575	0.733	0.482					
WLB	0.762	0.754	0.887	0.765	0.824	0.813	0.602				
OCM x PD	0.278	0.214	0.279	0.316	0.349	0.153	0.319	0.286			
OCM x WC	0.218	0.181	0.319	0.337	0.327	0.133	0.389	0.251	0.789		
OCM x SB	0.215	0.128	0.195	0.280	0.168	0.104	0.141	0.239	0.714	0.599	

Discriminant validity testing through the HTMT criterion involves comparing the level of correlations between constructs against the correlations within the same constructs. Lower HTMT values suggest a higher level of discriminant validity, meaning the constructs are more distinct and less likely to overlap significantly. The key constructs analyzed in this study include:

- Salary Benefits (SB)
- Autonomy & Respect (AR)
- Working Conditions (WC)
- Government Policies & Healthcare System (GPH)
- Work-Life Balance (WLB)
- Professional Development Opportunities (PD)
- Job Satisfaction (JS)
- Organizational Culture & Management (OCM)
- Interaction terms such as OCM x PD, OCM x WC, and OCM x SB

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The HTMT ratios provided in the study were as follows:

- The HTMT values between different constructs such as AR and GPH (0.769), JS and OCM (0.677), and PD and SB (0.655) indicate sufficiently distinct constructs as these values are below the conservative threshold of 0.85 or 0.90, suggesting good discriminant validity.
- Particularly low HTMT ratios such as between OCM and the interaction terms OCM x PD (0.316) and OCM x SB (0.280) reinforce the distinctiveness of the interaction effects compared to the main constructs.
- The values for constructs related to job satisfaction facets like WLB with JS (0.887) and PD with JS (0.917) while higher, still reflect an acceptable level of distinctiveness, supporting their validity as separate but related constructs influencing job satisfaction.
- Lower cross-construct HTMT values such as WC with SB (0.482) and WC with PD (0.733) further confirm that the constructs are properly differentiated, validating the conceptual framework of the study.

These discriminant validity metrics, as detailed in Table 4.14, are essential for affirming that the constructs measured in the study are unique and capture different aspects of the job satisfaction and performance experience among Bangladeshi doctors. By establishing that each construct contributes distinctively to the overall model, the study ensures that the relationships observed between various job satisfaction factors and job performance outcomes are not due to overlapping construct definitions.

Such rigorous validation of the constructs not only enhances the credibility of the study's findings but also supports the theoretical framework underpinning the research. This methodological rigor helps in accurately identifying and interpreting the specific factors that impact job satisfaction and performance, thereby providing reliable insights that can be used to inform policy and practice in the healthcare sector. This comprehensive approach to validating the distinctiveness of each construct through discriminant validity testing is crucial for advancing our understanding of the complex dynamics at play in the professional lives of doctors.

Discrimination Validity (FLC)

The study on job satisfaction and job performance among Bangladeshi doctors also included a thorough evaluation of discriminant validity using the Fornell-Larcker Criterion (FLC), which is detailed in Table 4.15. This analysis is crucial for establishing that the constructs used in the study are distinct and measure different phenomena, ensuring the reliability of the study's conclusions.

Table 3.15: Discriminant Validity (FLC)

	AR	GPH	JS	OCM	PD	SB	WC	WLB
AR	0.903							
GPH	0.689	0.904						
JS	0.724	0.717	0.904					
OCM	0.626	0.622	0.649	0.847				
PD	0.658	0.690	0.797	0.593	0.879			
SB	0.559	0.607	0.641	0.573	0.547	0.845		
WC	0.541	0.527	0.678	0.521	0.635	0.407	0.890	
WLB	0.692	0.691	0.807	0.735	0.737	0.704	0.554	0.935

Discriminant validity assessed through the Fornell-Larcker Criterion involves comparing the square root of the Average Variance Extracted (AVE) of each construct with the correlations involving that construct. For strong discriminant validity, the square root of the AVE for each construct should be greater than its highest correlation with any other construct. This approach helps to ensure that constructs are empirically distinct and not merely different manifestations of the same underlying dimension.

The FLC provides the following key insights into the discriminant validity of the constructs measured:

- **Diagonal Elements (Square Root of AVEs)**: These values, which appear along the diagonal of Table 4.15, represent the square root of the AVE for each construct and are used as a benchmark to compare against the off-diagonal elements in the same row and column. For instance, for Autonomy & Respect (AR), the square root of the AVE is 0.903, and it is 0.935 for Work-Life Balance (WLB).

- **Off-Diagonal Elements (Correlations)**: These are the correlations between constructs. For example, the correlation between AR and Government Policies & Healthcare System (GPH) is 0.689, and between AR and Job Satisfaction (JS) is 0.724.

Key Findings

- **Higher Square Root of AVE than Correlations**: Each construct's square root of the AVE is higher than any of its correlations with other constructs. This pattern holds across the board, confirming good discriminant validity. For example, AR's square root of the AVE (0.903) is higher than any of its correlations with other constructs such as GPH (0.689), JS (0.724), etc.

- **Implications for Construct Validity**: These results suggest that each construct in the study is distinct and captures a different aspect of the doctors' experiences and perceptions. This distinction is crucial for the accuracy of the study's findings regarding the various factors affecting job satisfaction and performance.

- **Overall Validity**: The fact that all constructs meet the Fornell-Larcker criterion indicates strong discriminant validity across the board, enhancing the overall validity of the study's theoretical framework and the interpretations based on it.

These findings from the discriminant validity analysis using the Fornell-Larcker Criterion (Table 4.15) are instrumental in verifying that the constructs used are appropriate and robust for studying the complex dynamics of job satisfaction and performance among Bangladeshi doctors. This methodological rigor is vital for ensuring that the study's recommendations for improving job satisfaction and performance are based on clearly defined and distinct factors, thereby providing actionable insights that are grounded in solid empirical evidence.

STRUCTURAL MODEL ASSESSMENT

Model Fit Analysis

Table 3.16: Model Fit

	R-square	R-square adjusted
JS	0.799	0.794
PD	0.606	0.604
WC	0.277	0.275

In the comprehensive study on job satisfaction and job performance among Bangladeshi doctors, a detailed model fit analysis was conducted to evaluate how effectively the constructed model explains the observed data. This evaluation, crucial for validating the theoretical framework and ensuring the robustness of the study's

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conclusions, involved assessing the R-square and adjusted R-square values for various constructs, including Job Satisfaction (JS), Professional Development Opportunities (PD), and Working Conditions (WC). The findings from this analysis are presented in Table 8.11 and visually represented in Figure 4.7, titled "Structural Model Assessment."

The analysis revealed that the model provides a strong explanation for the variability in job satisfaction among doctors, with an R-square value of 0.799 and an adjusted R-square of 0.794. This indicates that nearly 80% of the variance in job satisfaction can be predicted from the independent variables included in the model, which likely encompass factors such as professional development opportunities, working conditions, and other relevant aspects.

For Professional Development Opportunities, the model also showed a good level of explanatory power, with R-square and adjusted R-square values of 0.606 and 0.604, respectively. This suggests that over 60% of the variance in doctors' perceptions of their professional development opportunities is accounted for by the predictors in the model, pointing to a significant impact of these factors on professional growth perceptions.

However, the model was less effective in explaining the variance in perceptions of working conditions. The R-square value for this construct was 0.277, and the adjusted R-square was 0.275, meaning that only about 27.7% of the variance is explained by the model. This relatively low figure implies that there are other factors influencing perceptions of working conditions that are not captured by the current model, highlighting potential areas for further research and model enhancement.

Overall, the model fit analysis underscores the model's strong predictive capability concerning job satisfaction and reasonable effectiveness regarding professional development opportunities. However, the lesser explanatory power related to working conditions suggests the need for ongoing adjustments and possibly expanding the model to include more variables that could influence this aspect of the work environment.

By providing a clear and robust assessment of how well the model fits the data, this analysis plays a pivotal role in affirming the validity of the study's findings. It also offers valuable insights into which factors are most significant in shaping job satisfaction and professional development among doctors, thereby informing targeted interventions to enhance these dimensions in the healthcare sector in Bangladesh. This methodical approach to model evaluation is essential for developing well-grounded, actionable recommendations that can effectively address the complexities of job satisfaction and performance in the medical field.

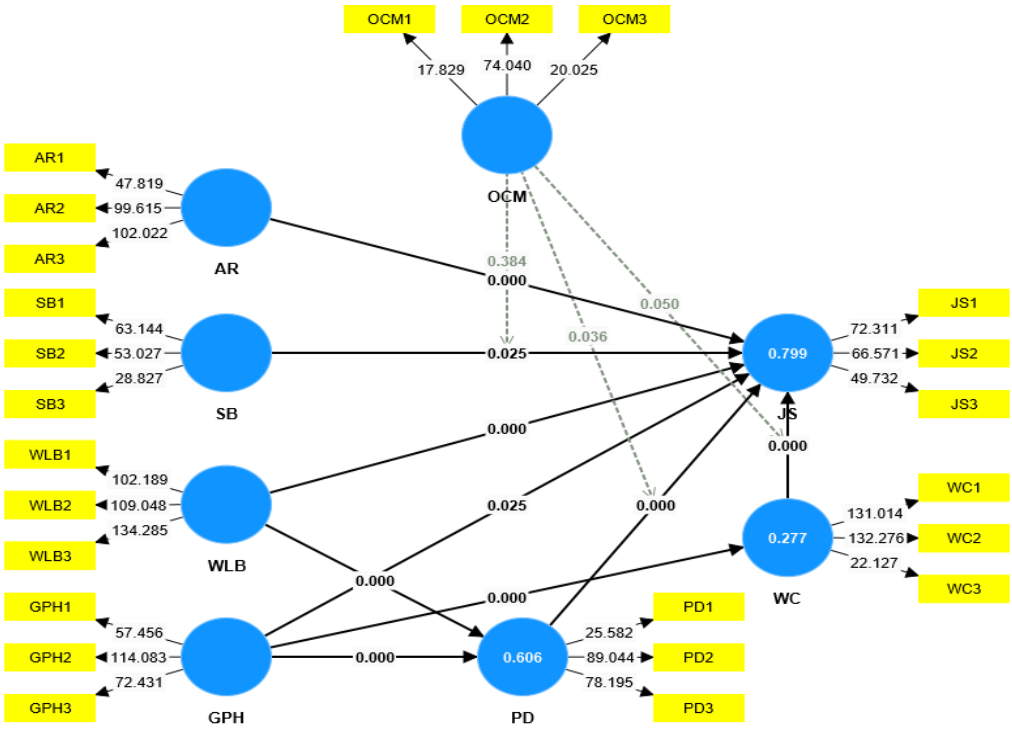

Figure 3.7: Structural Model Assessment

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Hypothesis Testing

In the study aimed at understanding job satisfaction and job performance among Bangladeshi doctors, a detailed structural model was employed to analyze the relationships between various job-related factors and job satisfaction. This model, whose outcomes are summarized in Table 8.12, facilitated a rigorous evaluation of several hypotheses concerning the influence of different variables on job satisfaction.

Table 3.17: Structural Model

Hypothesis Path		Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (|O/STDEV|)	P values
H1	SB -> JS	0.085	0.085	0.038	2.245	0.025
H2	WLB -> JS	0.304	0.299	0.063	4.848	0
H3	AR -> JS	0.151	0.149	0.04	3.769	0
H4	PD -> JS	0.273	0.276	0.05	5.489	0
H5	WC -> JS	0.182	0.183	0.047	3.865	0
H6	WLB -> PD -> JS	0.136	0.138	0.032	4.259	0
H7	GPH -> PD -> JS	0.095	0.095	0.023	4.157	0
H8	GPH -> WC -> JS	0.096	0.097	0.028	3.455	0.001
H9	OCM x SB -> JS	-0.031	-0.028	0.035	0.871	0.384
H10	OCM x PD -> JS	0.11	0.105	0.053	2.097	0.036
H11	OCM x WC -> JS	-0.089	-0.086	0.045	1.96	0.05

The structural model incorporated several paths hypothesized to impact job satisfaction, quantified through path coefficients, their respective standard deviations, T statistics, and P values. This statistical approach provided a robust framework to test the significance and strength of each hypothesized relationship within the model.

Several key hypotheses were tested in this analysis:

- **H1 (Salary Benefits -> Job Satisfaction)**: The path from salary benefits to job satisfaction had a coefficient of 0.085, with a T statistic of 2.245, resulting in a significant P value of 0.025. This suggests a modest but statistically significant positive relationship between salary benefits and job satisfaction.

- **H2 (Work-Life Balance -> Job Satisfaction)**: This relationship showed a strong and highly significant positive correlation with a path coefficient of 0.304 and a T statistic of 4.848, indicating that better work-life balance is strongly associated with higher job satisfaction.

- **H3 (Autonomy & Respect -> Job Satisfaction)**: With a path coefficient of 0.151 and a T statistic of 3.769, this also indicated a significant positive effect of autonomy and respect on job satisfaction.

- **H4 (Professional Development -> Job Satisfaction)** and **H5 (Working Conditions -> Job Satisfaction)**: Both these paths demonstrated significant positive impacts on job satisfaction, with coefficients of 0.273 and 0.182 respectively, underscoring the importance of professional development opportunities and favorable working conditions in enhancing job satisfaction.

- **Mediated Relationships**:
    - **H6 (Work-Life Balance -> Professional Development -> Job Satisfaction)** and **H7 (Government Policies & Healthcare System -> Professional Development -> Job Satisfaction)**: These mediated paths were significantly positive, suggesting that professional development acts as a crucial mediator in translating work-life balance and effective healthcare policies into job satisfaction.
    - **H8 (Government Policies & Healthcare System -> Working Conditions -> Job Satisfaction)**: This path also showed a significant mediation, with working conditions serving as a mediator.
- **Interaction Effects**:
    - **H9 (Organizational Culture & Management x Salary Benefits -> Job Satisfaction)**: Interestingly, this interaction term was not significant, indicating that the combination of organizational culture and salary benefits does not significantly alter job satisfaction.
    - **H10 (Organizational Culture & Management x Professional Development -> Job Satisfaction)** and **H11 (Organizational Culture & Management x Working Conditions -> Job Satisfaction)**: In contrast, these interactions were significant, suggesting that organizational culture modifies how professional development and working conditions impact job satisfaction.

The structural model analysis provided comprehensive insights into how various factors and their interactions affect job satisfaction among doctors in Bangladesh. The significant paths highlight critical areas such as work-life balance, professional development, and working conditions as key determinants of job satisfaction. Moreover, the influence of organizational culture in moderating these relationships underscores the complex dynamics that healthcare organizations in Bangladesh must navigate to enhance job satisfaction.

DISCUSSION AND CONCLUSION

Discussion On the Findings

In an extensive study aimed at understanding the factors influencing job satisfaction among Bangladeshi doctors, a detailed structural model provided significant insights into various determinants such as salary benefits, work-life balance, autonomy and respect, professional development, and working conditions. The model was pivotal in identifying the key predictors of job satisfaction and illustrating the complex interactions between these variables.

The analysis showed that salary benefits have a modest yet statistically significant positive impact on job satisfaction, with a path coefficient of 0.085 and a P-value of 0.025. This aligns with previous research which has consistently found that better compensation is linked to higher job satisfaction levels. Notably, the influence of work-life balance on job satisfaction was the strongest among the factors studied, with a coefficient of 0.304. This suggests that efforts to improve work-life balance may be particularly effective in boosting job satisfaction.

The high percentage of doctors with Bachelor's degrees might suggest that a large segment of the medical workforce is practicing with the foundational qualifications required in the field. On the other hand, the notable percentage of postgraduate degree holders implies a commitment to further education, which could be associated with career advancement opportunities or a pursuit of specialization.

Given this distribution, the educational level of the doctors could influence their perceptions and experiences related to job satisfaction and performance. For instance, those with postgraduate degrees might have different expectations and possibly higher aspirations, impacting their satisfaction levels and perceptions of job performance. Analyzing responses based on educational qualifications could therefore provide deeper insights into how education affects job satisfaction and performance among doctors.

The low percentage of doctors with more than 10 years of experience could indicate that more seasoned

professionals are underrepresented, which might affect the generalizability of the study's findings across the entire medical community. It's possible that these experienced doctors have different perspectives on job satisfaction and performance that are not as well captured in the current data set.

IMPLICATIONS OF THIS STUDY

Theoretical Implications

The findings of this study hold several theoretical implications that contribute to the existing body of knowledge on job satisfaction among healthcare professionals, particularly doctors. Firstly, the identification of salary benefits as a significant determinant of job satisfaction reinforces the relevance of financial incentives in motivating and retaining medical professionals. This aligns with established theories such as expectancy theory and equity theory, which posit that individuals are motivated by perceived fairness and the expectation of rewards in exchange for their efforts.

Secondly, the strong association between work-life balance and job satisfaction highlights the importance of addressing work-life integration strategies within healthcare organizations. Theoretical frameworks such as role theory and conservation of resources theory provide insights into how individuals seek to balance their professional roles with other aspects of their lives to maintain well-being and satisfaction.

Thirdly, the findings regarding the impact of autonomy, respect, and professional development opportunities on job satisfaction underscore the significance of fulfilling intrinsic needs and fostering personal growth in the workplace. This resonates with self-determination theory, which emphasizes the importance of autonomy, competence, and relatedness in promoting intrinsic motivation and well-being.

Furthermore, the study's emphasis on the mediating role of professional development and the moderating effects of organizational culture and management offer valuable insights into the mechanisms through which various factors influence job satisfaction. These findings contribute to a deeper understanding of the complex interplay between individual and organizational-level factors in shaping employees' perceptions and experiences.

Overall, the theoretical implications of this study highlight the multidimensional nature of job satisfaction among healthcare professionals and underscore the importance of considering a holistic approach that addresses both individual and organizational factors to enhance overall satisfaction and well-being in the healthcare workforce.

Practical Implications

The practical implications of this study offer actionable insights for healthcare organizations, policymakers, and human resource managers aimed at improving job satisfaction and overall well-being among doctors and healthcare professionals.

Firstly, recognizing the significant influence of salary benefits on job satisfaction suggests that healthcare organizations should prioritize competitive compensation packages to attract and retain talented medical professionals. This may involve conducting regular salary reviews, benchmarking against industry standards, and offering performance-based incentives to align financial rewards with individual contributions.

Secondly, addressing work-life balance concerns by implementing flexible scheduling options, telecommuting arrangements, and supportive policies can help mitigate work-related stress and enhance job satisfaction among doctors. Organizations should foster a culture that values work-life integration and supports employees in managing their personal and professional responsibilities effectively.

Thirdly, providing opportunities for autonomy, respect, and professional development can empower doctors to actively engage in their work, enhance their sense of competence, and foster a positive work environment. This may include initiatives such as mentorship programs, leadership development opportunities, and recognition schemes that acknowledge and reward contributions to patient care and organizational success.

Moreover, recognizing the mediating role of professional development and the moderating effects of

organizational culture and management underscores the importance of leadership practices in shaping workplace dynamics and employee experiences. Healthcare leaders should prioritize fostering a supportive and inclusive organizational culture, promoting transparent communication, and providing resources and support for ongoing professional growth and development.

Finally, this study highlights the need for a holistic approach to enhancing job satisfaction and well-being in the healthcare workforce. By addressing the multifaceted needs of doctors and healthcare professionals, organizations can create environments that promote engagement, resilience, and fulfillment, ultimately leading to improved patient outcomes and organizational performance.

LIMITATIONS AND RECOMMENDATIONS

While this study provides valuable insights into the factors influencing job satisfaction among Bangladeshi doctors, several limitations should be acknowledged, along with recommendations for future research.

Limitations:

1. **Sampling Bias:** The study's reliance on a convenience sampling method may introduce sampling bias, limiting the generalizability of the findings to the broader population of doctors in Bangladesh. Future research could employ random or stratified sampling techniques to ensure a more representative sample.

2. **Cross-Sectional Design:** The cross-sectional design of the study precludes the establishment of causal relationships between variables. Longitudinal or experimental designs could provide more robust evidence of the causal effects of factors such as salary benefits, work-life balance, and professional development on job satisfaction.

3. **Self-Report Measures:** The use of self-report measures for data collection may introduce common method bias and social desirability bias, potentially inflating the strength of observed relationships. Future studies could incorporate multi-source and multi-method approaches to mitigate these biases.

4. **Limited Scope:** The study focused primarily on individual and job-related factors influencing job satisfaction, neglecting broader contextual factors such as organizational culture, leadership practices, and healthcare system dynamics. Future research could adopt a more comprehensive approach to understanding the complex interplay of factors shaping job satisfaction in healthcare settings.

Recommendations:

1. **Longitudinal Studies:** Future research should employ longitudinal research designs to explore the dynamic nature of job satisfaction and its determinants over time. Longitudinal studies would enable researchers to assess how changes in individual, organizational, and environmental factors influence job satisfaction trajectories among doctors.

2. **Mixed-Methods Approaches:** Combining quantitative surveys with qualitative interviews or focus groups could provide a deeper understanding of the mechanisms underlying job satisfaction among doctors. Qualitative methods could elucidate the lived experiences, perceptions, and motivations of doctors, complementing quantitative findings with rich contextual insights.

3. **Contextual Analysis:** Researchers should consider the broader socio-cultural, economic, and political context in which doctors operate when investigating job satisfaction. Understanding how macro-level factors, such as healthcare policies, funding mechanisms, and societal norms, intersect with individual and organizational factors can provide a more nuanced understanding of job satisfaction dynamics.

4. **Intervention Studies:** Interventional research that evaluates the effectiveness of specific interventions aimed at enhancing job satisfaction among doctors could provide valuable evidence for healthcare organizations and policymakers. Implementing targeted interventions, such as leadership training

programs, wellness initiatives, or organizational restructuring, and assessing their impact on job satisfaction outcomes would facilitate evidence-based decision-making.

5. **Comparative Studies:** Comparative studies that examine job satisfaction across different healthcare systems, specialties, and demographic groups could shed light on the unique challenges and opportunities faced by doctors in Bangladesh relative to their counterparts in other countries or regions. Cross-national comparisons could identify best practices and inform policy recommendations for improving job satisfaction and workforce retention in Bangladesh's healthcare sector.

CONCLUSION

In conclusion, this study has provided valuable insights into the factors influencing job satisfaction among doctors in Bangladesh. Through a comprehensive examination of individual, job-related, and contextual factors, we have identified several key determinants of job satisfaction, including salary benefits, work-life balance, professional development opportunities, organizational culture, and working conditions.

Our findings suggest that salary benefits significantly influence job satisfaction among Bangladeshi doctors, highlighting the importance of fair compensation and financial incentives in retaining and motivating healthcare professionals. Moreover, work-life balance emerges as a critical factor, with doctors reporting higher levels of job satisfaction when they can effectively balance their professional responsibilities with personal and family life.

Professional development opportunities also play a significant role in shaping job satisfaction, underscoring the importance of ongoing training, career advancement prospects, and skill development programs for doctors. Additionally, organizational culture and management practices have a substantial impact on job satisfaction outcomes, emphasizing the need for supportive work environments, effective leadership, and transparent communication within healthcare organizations.

While this study contributes to our understanding of job satisfaction among Bangladeshi doctors, it is essential to acknowledge the study's limitations, including sampling bias, the cross-sectional design, and reliance on self-report measures. Future research should address these limitations by employing more rigorous research designs, incorporating mixed-methods approaches, and considering broader contextual factors.

Overall, by identifying the factors that contribute to job satisfaction among doctors, this study provides valuable insights for healthcare policymakers, administrators, and practitioners seeking to enhance the well-being and retention of doctors in Bangladesh's healthcare system. By addressing the underlying drivers of job satisfaction, healthcare organizations can foster a more supportive and conducive work environment, ultimately leading to improved patient care and outcomes.

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.

REFERENCES

1. Latif, P. Thiangchanya and Tasanee Nasae. (2010), “Relationship between organizational climate and nurses’job satisfaction in Bangladesh”.
2. Abdullah M Al Juhani and N. Kishk. (2006), “Job satisfaction among primary health care physicians and nurses in Al-madinah Al-munawwara.”, Journal of Egyptian Public Health Association.

3. Ahmad Mohammad Rbehat. (2018), "The Impact of Incentives and Job Satisfaction towards Job Performance among Public Sector Doctors in Jordan: A Review of Literature".
4. Ahmed, R.U. (2015), "A comparative research on job satisfaction and HRM practices: Empirical investigation of few commercial bank employees in Bangladesh.", International Journal of Human Resource Studies, Macrothink Institute, Inc., Vol. 5 No. 2, p. 290.
5. Alrawahi, S., Sellgren, S.F., Altouby, S., Alwahaibi, N. and Brommels, M. (2020), "The application of Herzberg's two-factor theory of motivation to job satisfaction in clinical laboratories in Omani hospitals", Heliyon, Elsevier BV, Vol. 6 No. 9, p. e04829.
6. Aman-Ullah, A., Ibrahim, H., Aziz, A. and Mehmood, W. (2022), "Balancing is a necessity not leisure: a study on work–life balance witnessing healthcare sector of Pakistan", Asia-Pacific Journal of Business Administration, Emerald, Vol. 16 No. 1, pp. 127–147.
7. Andaleeb, S.S., Siddiqui, N. and Khandakar, S. (2007), "Patient satisfaction with health services in Bangladesh", Health Policy and Planning, Oxford University Press (OUP), Vol. 22 No. 4, pp. 263–273.
8. Anuradha and Pandey, M. (2016), "Impact of work-life balance on job satisfaction of women doctors", Problems and Perspectives in Management, LLC CPC Business Perspectives, Vol. 14 No. 2, pp. 319–324.
9. Aparicio, M. (2016), "Professional Mobility and ``Objective'' and ``Subjective'' Satisfaction. a Non-Linear Analysis from the Theory of the Three-Dimensional Spiral of Sense in Population of Doctors", European Journal of Interdisciplinary Studies, Revistia, Vol. 6 No. 1, p. 52.
10. Arnetz, B.B. (1997), "Physicians View of Their Work Environment and Organisation", Psychotherapy and Psychosomatics, S. Karger AG, Vol. 66 No. 3, pp. 155–162.
11. Azeem, S.M. and Akhtar, N. (2014), "The Influence of Work Life Balance and Job Satisfaction on Organizational Commitment of Healthcare Employees", International Journal of Human Resource Studies, Macrothink Institute, Inc., Vol. 4 No. 2, p. 18.
12. Bayzid, B. (2019a), "Job Satisfaction among Physiotherapy Professionals Working In Private Sectors of Bangladesh: A Cross-Sectional Study", Journal of Current Medical Research and Opinion, Innovative Journal, Vol. 02 No. 09.
13. Bayzid, B. (2019b), "Job Satisfaction among Physiotherapy Professionals Working In Private Sectors of Bangladesh: A Cross-Sectional Study", Journal of Current Medical Research and Opinion, Innovative Journal, Vol. 02 No. 09.
14. BM&DC (info@bmdc.org.bd) (no date) BM&DC, Bangladesh Medical & Dental Council. Available at: https://www.bmdc.org.bd/.
15. Bosu, S., Haque, M.F., Barua, S., Israfil, K.Md., Sen, A. and Naher, N. (2021), "Job Satisfaction of Health Assistants in Selected Upazila Health Complexes of Bangladesh", Center for Open Science.
16. Chen, C., Fan, J. and Jury, M. (2017), "Are perceived learning environments related to subjective well-being? A visit to university students", Learning and Individual Differences, Elsevier BV, Vol. 54, pp. 226–233.
17. Chin, Y.F. (2019), "Malaysia: From Hub to Exporter of Higher Education and Implications", International Journal of Business and Social Science, Vol. 10 No. 2, doi: 10.30845/ijbss.v10n2p6.
18. D. Gnanasundari and D. Jayakumar. (2020), "JOB SATISFACTION OF DOCTORS IN COIMBATORE".
19. Dousin, O., Collins, N. and Kler, B.K. (2019), "Work-Life Balance, Employee Job Performance and Satisfaction Among Doctors and Nurses in Malaysia", International Journal of Human Resource Studies, Macrothink Institute, Inc., Vol. 9 No. 4, p. 306.
20. F. Mehboob. (2012), "FACTORS AFFECTING JOB SATISFACTION AMONG FACULTY MEMBERS HERZBERGS TWO FACTOR THEORY PERSPECTIVE A Study of Shah Abdul Latif University, Sind, Pakistan".
21. F. Stevens and H. Philipsen. (1989), "[Job satisfaction of physicians in academic and general hospitals].", Nederlandsch Tijdschrift Voor Geneeskunde.
22. Gibson, D.D. and Borges, N.J. (2009), "Aligning Career Expectations With the Practice of Medicine", Journal of Career Development, SAGE Publications, Vol. 35 No. 4, pp. 331–351.
23. Gruen, R., Anwar, R., Begum, T., Killingsworth, J.R. and Normand, C. (2002), "Dual job holding practitioners in Bangladesh: an exploration", Social Science & Medicine, Elsevier BV, Vol. 54 No. 2, pp. 267–279.

24. Guo, J. (2018), "Building bridges to student learning: Perceptions of the learning environment, engagement, and learning outcomes among Chinese undergraduates", Studies in Educational Evaluation, Elsevier BV, Vol. 59, pp. 195–208.
25. Guo, J., Yang, L. and Shi, Q. (2017), "Effects of perceptions of the learning environment and approaches to learning on Chinese undergraduates learning", Studies in Educational Evaluation, Elsevier BV, Vol. 55, pp. 125–134.
26. Haider, T., Efa, S.S., Hossain, Md.E., Ara Shampa, S.G., Mahdee, S.N., Reza, R. and Al Fidah, Md.F. (2023), "Factors Influencing Job Satisfaction among Healthcare Providers in a Specialty Department: a cross-sectional study", Cold Spring Harbor Laboratory.
27. Hossain, Md.S. (2014), "Job Satisfaction of Bank Employees in Bangladesh", SSRN Electronic Journal, Elsevier BV.
28. Hossain, M.S., Kiumarsi, S., Yahya, S. and Hashemi, S. (2019), "The effect of healthcare management and physicians loyalty", International Journal of Healthcare Management, Informa UK Limited, Vol. 14 No. 1, pp. 162–174.
29. Imrana Aziz, Ramesh Kumar, Anita Rathore and Manohr Lal. (2015), "WORKING ENVIRONMENT AND JOB SATISFACTION AMONG HEALTH PROFESSIONAL WORKING AT A TERTIARY CARE HOSPITAL OF PAKISTAN.", Journal of Ayub Medical College.
30. Isaacs, A., Raymond, A., Jacob, A. and Hawkings, P. (2020), "Job satisfaction of medical interns: a qualitative study using Herzbergs hygiene motivation theory", Research Square Platform LLC.
31. Irabor, I.E. and Okolie, U.C. (2019) 'A Review of Employees' Job Satisfaction and its Affect on their Retention', Annals of Spiru Haret University. Economic Series, 19(2), pp. 93–114. Available at: https://doi.org/10.26458/1924.
32. Jahan Priyanka, T., Akter Mily, M., Asadujjaman, Md., Arani, M. and Billal, Md.M. (2022), "Impacts of work-family role conflict on job and life satisfaction: a comparative study among doctors, engineers and university teachers", PSU Research Review, Emerald.
33. Jalagat, Revenio. (2016). Job Performance, Job Satisfaction and Motivation: A Critical Review of Their Relationship. International Journal of Management and Economics. 5. 36-43.
34. Kaliannan*, M., Perumal, K. and Dorasamy, M. (2016), "Developing a work-life balance model towards improving job satisfaction among medical doctors across different generations", The Journal of Developing Areas, Project MUSE, Vol. 50 No. 5, pp. 343–351.
35. Khanam, R.A., Talukder, H.K., Nargis, T. and Rubaiyat, A. (2014), "Job Satisfaction of Medical Teachers in Bangladesh : Who Are More Satisfied?", Bangladesh Journal of Medical Education, Bangladesh Journals Online (JOL), Vol. 2 No. 2, pp. 12–17.
36. Koshy, M. (2016), "Being a doctor: time for a reality check", Quantitative Imaging in Medicine and Surgery, AME Publishing Company, Vol. 6 No. 2, pp. 238–239.
37. Kusumawati, D.A. and Mutamimah, M. (2022), "PERAN KEPUASAN KARIR DAN BUDAYA ORGANISASI TERHADAP KINERJA SDM", JMM UNRAM - MASTER OF MANAGEMENT JOURNAL, Universitas Mataram, Vol. 11 No. 1, pp. 56–68.
38. Lai, M.M., Lau, S.H., Mohamad Yusof, N.A. and Chew, K.W. (2015), "Assessing antecedents and consequences of student satisfaction in higher education: evidence from Malaysia", Journal of Marketing for Higher Education, Informa UK Limited, Vol. 25 No. 1, pp. 45–69.
39. Lease, S. H. (1998). Annual review, 1993–1997: Work attitudes and outcomes. Journal of Vocational Behavior, 53(2), 154–183. https://doi.org/10.1006/jvbe.1998.1662
40. Locke, Edwin. (1976). The Nature and Causes of Job Satisfaction. The handbook of industrial and organizational psychology. 31.
41. Lodh, P. and Ghosh, Dr.S. (2022), "Doctors' Work Life Quality and Effect on Job Satisfaction: An Exploratory Study Based on Literature Review", International Journal of Rural Development, Environment and Health Research, AI Publications, Vol. 6 No. 1, pp. 1–7.
42. M. Ahamed and Rezwan Mahmood. (2015), "Impact of Organizational Culture on Job Satisfaction: A Study on Banglalion Communication Ltd, Bangladesh".
43. M. Sarwar and A. Al. (2012), "Determinants of Job Satisfaction: A Study on Bangladesh Perspective".
44. Mao, Y., Xie, M., Li, M., Gu, C., Chen, Y., Zhang, Z. and Peng, C. (2022), "Promoting academic self-efficacy, positive relationships, and psychological resilience for Chinese university students life satisfaction", Educational Psychology, Informa UK Limited, Vol. 43 No. 1, pp. 78–97.

45. Md Abdullah, S.A.H., Tamanna, N. and Jahan, I. (2019), "Employees Job Satisfaction in Tertiary Level Hospitals", Journal of Armed Forces Medical College, Bangladesh, Bangladesh Journals Online (JOL), Vol. 11 No. 2, pp. 14–19.
46. Mone, F.H., Ashrafi, D.M. and Sarker, Md.A.R. (2019), "Work Life Balance of Female Doctors in Bangladesh: An Overview", Journal of Health and Medical Sciences, Asian Institute of Research, Vol. 2 No. 3.
47. Munir, U.R., Rahman, M.F. and Nosib, M.N.U. (2020), "Job Satisfaction among the Healthcare Professionals of Combined Military Hospitals of Bangladesh", Journal of Armed Forces Medical College, Bangladesh, Bangladesh Journals Online (JOL), Vol. 14 No. 2, pp. 164–168.
48. Nolte, J., Löckenhoff, C.E. and Reyna, V.F. (2022), "The influence of verbatim versus gist formatting on younger and older adults' information acquisition and decision-making.", Psychology and Aging, Vol. 37 No. 2, pp. 197–209, doi: 10.1037/pag0000676.
49. O. Ogunnaike, B. G. Ekweme, O. Adeyemo and D. Okedurum. (2017), "THE FREDERICK HERZBERG TWO FACTOR THEORY OF JOB SATISFACTION AND ITS APPLICATION TO BUSINESS RESEARCH".
50. V. Priyadharshini and K. Sivagami. (2020), "Factors Influencing Work Life Balance of Doctors (A Study with Special Reference to Dindigul District)".
51. R. A. Kumar and T. R. Murthy. (2020a), "A Study on Key Factors Impacting Work Life Balance of Doctors".
52. R. A. Kumar and T. R. Murthy. (2020b), "Do Good Job Resources Contribute to Work-Life Balance - A Study of Doctors in Bengaluru".
53. Rashid, Md.H., Islam, M., Imtiaz, A., Ferdushi, H.M., Salahuddin, A.K.M., Chowdhury, M.H. and Tufael. (2019), "Job satisfaction of doctors working at Upazila Health Complexes in Barisal District.", Asian Journal of Biomedical and Pharmaceutical Sciences, Allied Academies, Vol. 9 No. 67.
54. Roy, A., van der Weijden, T. and de Vries, N. (2017), "Relationships of work characteristics to job satisfaction, turnover intention, and burnout among doctors in the district public-private mixed health system of Bangladesh", BMC Health Services Research, Springer Science and Business Media LLC, Vol. 17 No. 1.
55. Rubel, M.R.B., Hung Kee, D.M. and Rimi, N.N. (2020), "High-performance work practices and medical professionals' work outcomes: the mediating effect of perceived organizational support", Journal of Advances in Management Research, Emerald, Vol. 18 No. 3, pp. 368–391.
56. S. Dash and A. Jagadishchandran. (1994), "Professional satisfaction of doctors working in a super speciality hospital in Bangalore.", Journal (Academy of Hospital Administration (India)).
57. S. Sararaks and R. Jamaluddin. (1997), "Job satisfaction of doctors in Negeri Sembilan.", The Medical Journal of Malaysia.
58. Serena Aktar, Md. Zia Uddin and Muhammad Kamruzzaman Sachu. (2013), "The Impact of Rewards on Job Satisfaction and Employees Performance in Bangladesh : A Comparative Analysis between Pharmaceutical and Insurance Industries".
59. Shahijan, M.K., Rezaei, S. and Amin, M. (2015), "International students course satisfaction and continuance behavioral intention in higher education setting: an empirical assessment in Malaysia", Asia Pacific Education Review, Springer Science and Business Media LLC, Vol. 17 No. 1, pp. 41–62.
60. Singh, J.K. and Jain, Dr.M. (2013) A STUDY OF EMPLOYEES' JOB SATISFACTION AND ITS IMPACT ON THEIR PERFORMANCE. Journal of Indian Research (ISSN: 2321-4155) Vol.1, No.4, October-December, 2013, 105- 111. Available at: https://jir.mewaruniversity.org/wp-content/uploads/2021/03/Vol_1_issue_4_Oct_Dec_2013/A%20STUDY%20OF%20EMPLOYEE'S%20JOB%20SATISFACTION%20AND%20ITS%20IMPACT%20ON%20THEIR%20PERFORMANCE%20BY%20JITENDRA%20KUMAR%20SINGH%20AND%20DR.%20MINI%20JAIN.pdf.
61. Sohel Rana, M. (2015), "Job Satisfaction Effecting Factors of Employees in Bangladesh Banking Sector", International Journal of Economics, Finance and Management Sciences, Science Publishing Group, Vol. 3 No. 4, p. 352.
62. Stevens, F., Philipsen, H. and Diederiks, J. (1992), "Organizational and Professional Predictors of Physician Satisfaction", Organization Studies, SAGE Publications, Vol. 13 No. 1, pp. 35–49.
63. Subiyanto, T. and Aini, Q. (2021), "The Influence of Islamic Leadership and Remuneration on Organizational Citizenship Behaviour and Its Impact on Job Satisfaction at MItra Keluarga Husada

Klaten General Hospital", Jurnal Aisyah : Jurnal Ilmu Kesehatan, STIKES Aisyah Pringsewu Lampung, Vol. 6.

64. Suffian Maqbool, S. Javed and Shoaib Kiani. (2020), "JOB SATISFACTION AND SELF-ESTEEM AMONG MBBS AND SPECIALIZED DOCTORS SERVING IN CMH & MH, RAWALPINDI".
65. Verary, R., Suwarsi, S. and Dwi Mulyaningsih, H. (2022), "The Influence of Work Life Balance on the Work Satisfaction of Millenial Doctors", Jurnal Sosial Sains, Green Publisher, Vol. 2 No. 3, pp. 419–425.
66. V. Vijayakumar and Urvika Saxena. (2015), "Herzberg Revisited: Dimensionality and Structural Invariance of Herzberg's Two Factor Model".
67. Wall, T.D. and Stephenson, G.M. (1970), "Herzberg's twofactor theory of job attitudes: a critical evaluation and some fresh evidence", Industrial Relations Journal, Wiley, Vol. 1 No. 3, pp. 41–65.
68. The World Medical Association, Inc. , L'association Medicale Mondiale, Inc. and Asociación Médica Mundial, Inc. (2015) JDN-NEWSLETTER-ISSUE-07-2015. Available at: https://www.wma.net/news-post/issue-10-2016/jdn-newsletter-issue-07-2015/.
69. Yousaf, S. (2019), "Dissection of Herzbergs Two-Factor Theory to Predict Job Satisfaction: Empirical Evidence from the Telecommunication Industry of Pakistan", Lahore Journal of Business, Lahore School of Economics, Vol. 8 No. 2, pp. 85–128.