

Job satisfaction among medical officers working in Delhi

Tanu Anand¹, Gurmeet Kaur², Kalika Gupta³, Sunil Thapliyal⁴, Panna Lal⁵

¹Scientist D, Clinical Studies, Trials and Projection Unit, ECD Division, ICMR Headquarters, Delhi, ²Department of Community Medicine, Army College of Medical Sciences, Delhi, ³Department of Community Medicine, Ananta Institute of Medical Sciences and Research Centre, Rajasthan, ⁴Department of Community Medicine, BSA Hospital and Medical College, Delhi, ⁵Department of Community Medicine, Maulana Azad Medical College, Delhi, India

ABSTRACT

Background: Satisfied human resource is an essential asset for high productivity, efficiency, and quality of care in a healthcare organization. Job satisfaction among healthcare professionals assumes further significance for the purpose of maximization of human resource potential in the context of the shortage of manpower in the health sector in India. **Objectives:** The objective of the study was to assess the job satisfaction among medical officers (MOs) working in Delhi and to study the factors influencing the satisfaction level amongst them. **Material and Methods:** It was a cross-sectional study conducted amongst selected MOs (by convenience) in all the districts of Delhi. A structured, self-administered questionnaire was used to collect data from the participants. **Results:** A total of 115 MOs completed the questionnaire. There were 61 (53%) female doctors and 54 (47%) male doctors. The mean age of the study participants was 38.28 ± 7.37 years. The experience of the study group ranged between 1 and 28 years (9.59 ± 6.47 years). Of the total, 59.1% of participants were found to be satisfied with their job. The most common reason given for satisfaction with job was the timing of their job that suits them. The reason given for not being satisfied with job was salary not at par with work pressure. A significantly higher proportion of male participants considered “lack of accommodation” ($P < 0.03$) and “frequent detailment” ($P < 0.031$) are big problems faced in their jobs as compared with the female participants. Only 37 (32.2%) participants felt that the MO is able to give enough time to patients for clinical assessment in Out Patient Department. **Conclusions:** Although majority (59%) of the study group was satisfied with their job, there were numerous problems faced by the doctors at their workplace. Low pay was one of the important reasons cited for being dissatisfied. There is an urgent need to address all the factors affecting job satisfaction through proper planning and implementing relevant human resource policies for improvement in the work environment at public health institutions.

Keywords: Delhi, human resource, job satisfaction, medical officers

Introduction

Job satisfaction is defined as the degree to which individuals feel positive or negative about their jobs.^[1] It is an attitude or emotional response to one’s tasks as well as to the physical and social conditions of the workplace.^[2] Job satisfaction, thus, is one of the important variables in work and organizational psychology and is regarded as an indicator of working life quality.^[3]

Address for correspondence: Dr. Kalika Gupta, B-05, Doctor’s Quarters, Ananta Institute of Medical Sciences and Research Centre, Rajsamand, Rajasthan, India. E-mail: kalikagupta007@gmail.com

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Job satisfaction among health professionals is increasingly being recognized as an important determinant as it directly affects the healthcare system of any country. Several studies have disclosed that a low level of satisfaction from job may cause a high level of stress, which could eventually be detrimental to physical and mental health and quality of life.^[4,5] Further, dissatisfaction from job has been found to be related to an increase in conflict, absenteeism, low patient care rate, and reduction in quality and quantity of work.^[6] Dissatisfaction also affects the overall efficiency, induces lower productivity, and increased the switch over jobs which eventually raises the cost of medical services.^[7,8] However, satisfaction among doctors is interlinked to patient satisfaction, patient compliance to treatment, and continuity of care.^[3,9]

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Job satisfaction among health professionals is influenced by many factors, including sex, age, level of education, work experience, working conditions, salary, working hours, and the possibility of promotion.^[10-12] These factors need to be addressed strategically to enhance physicians' job satisfaction which would, in turn, improve the qualitative and quantitative clinical output.

Evidence suggests that while the private health sector is relatively well organized and providing working conditions, the workers within the public sector face numerous issues that grossly affect the level of their job satisfaction.^[13] In this regard, studies are scarce in India where there is a shortage of skilled human resources in health and the burden of disease is highly prevalent.^[14] Therefore, the current study was undertaken with the objective to assess job satisfaction among medical officers (MOs) in Delhi and to study the factors influencing the satisfaction level amongst them.

Material and Methods

Study settings and participants

It was a cross-sectional study conducted amongst the MOs and specialists working in healthcare centers under the Government of National Capital Territory (NCT) of Delhi and Municipal Corporation of Delhi (MCD), in all the 11 districts of Delhi. Delhi is a unique state where healthcare services are being provided by multiple agencies having their own administrative control. Amongst the Government Organizations, the Directorate General of Health Services (DGHS), Government of NCT of Delhi is the major agency bearing the responsibility of healthcare delivery. The DGHS is providing healthcare facilities at the primary and secondary levels to the citizens of Delhi through various types of health outlets, viz. Dispensaries and Health Centers, School Health Clinics and Mobile Health Clinics.^[15] Local bodies like MCD, New Delhi Municipal Council, and Delhi Cantonment Board, also provide health services through a network of dispensaries, maternity and child welfare centers, maternity homes, and hospitals in areas under their administrative control. The ethical approval is obtained. Dated 12/03/2019.

Sample size and sampling

The sample size was calculated taking job satisfaction amongst 41% public sector doctors in a study by Kumar *et al.*^[16] in 2013 in Pakistan. A sample of 96 was calculated taking the power of the study as 80% and precision of 10% at a 95% confidence interval (CI). Considering the design effect of 1.2, the final sample of 115 was estimated. The participants were chosen from each of the 11 districts of Delhi using the nonprobability sampling method.

Inclusion and exclusion criteria

Only those allopathic MOs were included who had completed at least 6 months in the present health facility.

Study tool

A structured, self-administered questionnaire was used to collect data from the participants. The questionnaire was developed after

an extensive review of literature.^[3,7,8,14,16] Pre-testing was done with an aim to check its format, language, sequence, comprehension of the questions among the participants, and duration of one interview. The Cronbach's Alpha for close-ended questions of Job Satisfaction was 0.79. The questionnaire consisted of two sections. Section A consisted of items to collect the sociodemographic characteristics and information about the workplace of the participants. It included six questions for seeking sociodemographic profiles in the form of age, gender, religion, category, medical qualification, the system of medicine practiced. There were seven questions regarding information about the workplace, which included the place of work, district, type of administrative controlling authority, the area where the workplace is located, work experience, current post, and work experience in the current workplace. Section B consisted of items related to job satisfaction. There was one question on job satisfaction and there were two questions to elicit reasons for their satisfaction or dissatisfaction. There were another 17 questions that focused on problems faced by the physicians in their respective jobs. The questions regarding the perception of the participants about whether MOs give enough time to their patients and finding out the reasons for not giving enough time to the patients were also asked.

Methodology

All eligible participants were personally contacted by the investigators. The objectives of the study were explained and written informed consent was obtained from them. The questionnaires were administered to the participants and were asked to return the questionnaire in 3 days. Those who failed to return the questionnaire within the stipulated time period were contacted three more times. The participants who did not return responses even after the reminder were excluded from the study. The privacy and confidentiality of information were assured. The study was approved by the Institutional Review Board.

Statistical analysis

The data were entered and analyzed in Statistical package for the Social Sciences (SPSS) (version 17.0). Data were expressed in terms of percentages. Differences between the proportions were assessed by applying the Chi-square test or Fischer exact test and *P* value of less than 0.05 was considered "statistically" significant to declare the difference.

Results

Amongst 115 participants, 49.6% were participants of age between 35 and 44 years. The mean age of the participants was 38.28 ± 7.37 years (range = 25–56 years). There were 61 (53%) female doctors and 54 (47%) male doctors ($n = 54$). Most of the participants were Hindus ($n = 106$; 92.2%) and belonged to general category ($n = 82$; 71.3%). A large proportion of them were MBBS only ($n = 86$; 74.8%). There were 52 doctors who were working in the Delhi Government health center whereas 23 doctors were working in District hospital. Most of them had their workplace located in

urban areas ($n = 96$; 83.5%). Nearly, one-third of the participants had 0–4 years of experience ($n = 39$; 33.9%) while 24.3% ($n = 28$) had 5–9 years experience. There was no gender-wise difference in sociodemographic variables of the participants. Only seven participants were on specialist posts [Table 1]. Overall, the mean experience of the study group was 9.59 ± 6.47 years (1–28 years). District-wise distribution of the participant was as follows: South 27 (23.5); Southeast 6 (5.2); Southwest 11 (9.6); North 2 (1.7); Northeast 2 (1.7); Northwest 25 (21.7); Central 7 (6.1); New Delhi 7 (6.1); East 8 (7); West 16 (13.9); and Shahdara 4 (3.5).

Of the total participants, the majority of them were not staying at the workplace (92.2%; $n = 106$). Median Out Patient

Department attendance was 150 patients per day (interquartile range [IQR] = 70–200). Only 24.3% ($n = 28$) of participants said that they were admitting patients at their workplace. The median number of patients admitted was 34 (IQR = 0–800) in a month.

Of the total participants, there were 59.1% of participants who were satisfied with their job [Table 2]. The most common reason given for satisfaction with job was the timing of their job that suits them. Other reasons given were as follows: job security, want to serve the public, adequate work pressure, patient satisfaction, diverse responsibilities, nontransferable, regular salary, clinical exposure, and platform to learn administrative skills. Reasons given for not satisfaction with job were as follows: salary not par

Table 1: Sociodemographic characteristics of the study population

Variables	Male (n=54) (%)	Female (n=61) (%)	Total (n=115) (%)	Chi square; P
Age group (in years)				5.31; 0.38; (df=5)
25-29	7 (41.2)	10 (58.8)	17 (14.8)	
30-34	8 (47.1)	9 (52.9)	17 (14.8)	
35-39	16 (53.3)	14 (46.7)	30 (26.1)	
40-44	9 (33.3)	18 (66.7)	27 (23.5)	
45-49	8 (50)	8 (50)	16 (13.9)	
50-54	6 (75)	2 (25)	8 (7)	
Religion				3.87; 0.28; (df=3)
Hindu	48 (45.3)	58 (54.7)	106 (92.2)	
Muslim	1 (33.3)	2 (66.7)	3 (2.6)	
Christian	3 (75)	1 (25)	4 (3.5)	
Others	2 (100)	0 (0)	2 (1.7)	
Category				10.18; 0.04*; (df=4)
General	34 (41.5)	48 (58.5)	82 (71.3)	
Other Backward Classes	10 (45.5)	12 (54.5)	22 (19.1)	
Scheduled Caste (SC)	7 (100)	0 (0)	7 (6.1)	
Scheduled Tribe (ST)	3 (75)	1 (25)	4 (3.5)	
Qualification				0.56; 0.75; (df=2)
MBBS	42 (48.8)	44 (51.2)	86 (74.8)	
MD/PG Diploma	12 (41.4)	17 (58.6)	29 (25.2)	
Place of work				9.22; 0.056; (df=4)
Delhi Government Health Centre	28 (53.8)	24 (46.2)	52 (45.2)	
District Hospital	10 (43.5)	13 (56.5)	23 (20)	
Maternity Home	2 (40)	3 (60)	5 (4.3)	
M & C W Centre	8 (28.6)	20 (71.4)	28 (24.3)	
Others	6 (85.7)	1 (14.3)	7 (6.1)	
Controlling authority				5.51; 0.02*; (df=1)
Delhi Government	44 (53.7)	38 (46.3)	82 (71.3)	
MCD	10 (30.3)	23 (69.7)	33 (28.7)	
Type of area of workplace				0.29; 0.59; (df=1)
Urban	44 (45.8)	52 (54.2)	96 (83.5)	
Rural	10 (52.6)	9 (47.4)	19 (16.5)	
Duration of experience				3.65; 0.72; (df=5)
0-4 years	18 (46.2)	21 (53.8)	39 (33.9)	
5-9 years	11 (39.3)	17 (60.7)	28 (24.3)	
10-14 years	16 (53.3)	14 (46.7)	30 (26.1)	
15-19 years	6 (42.9)	8 (57.1)	14 (12.2)	
20-24 years	2 (66.7)	1 (33.3)	3 (2.6)	
25-29 years	1 (100)	0 (0)	1 (0.9)	
Current job profile				3.50; 0.32; (df=3)
Specialist	1 (14.3)	6 (85.7)	7 (6.1)	
Generalist	53 (49.1)	55 (50.9)	108 (93.9)	

Table 2: Job satisfaction and problems faced among the medical officers (n=115)

Variables	Male (n=54) (%)	Female (n=61) (%)	Total (n=115) (%)	Chi square; P
Satisfied with job				2.23; 0.13; (df=1)
Yes	28 (41.2)	40 (58.8)	68 (59.1)	
No	26 (55.3)	21 (44.7)	47 (40.9)	
Problems faced in the job* (Yes)				(df=1)
Too many other assignments apart from patient care	34 (46.6)	39 (53.4)	73 (63.5)	0.01; 1.000
Public do not care and react unnecessary	34 (48.6)	36 (51.4)	70 (60.9)	0.19; 0.70
Lack of adequate security	35 (51.5)	33 (48.5)	68 (59.1)	1.36; 0.26
Apathy on the part of higher authority	22 (50)	22 (50)	44 (38.3)	0.26; 0.70
Difficult to get leaves	20 (46.5)	23 (53.5)	43 (37.4)	0.005; 1.000
Unofficial over empowerment of subordinates	18 (51.4)	17 (48.6)	35 (30.4)	0.40; 0.55
Discrepancy in allowance	14 (41.2)	20 (58.8)	34 (29.6)	0.65; 0.42
Lack of privacy during work	16 (51.6)	15 (48.4)	31 (27)	0.37; 0.67
Lack of feedback system	15 (48.4)	16 (51.6)	31 (27)	0.035; 1.000
Frequent detailment	19 (65.5)	10 (34.5)	29 (25.2)	5.36; 0.031*
Unnecessary complaints to higher authority	14 (50)	14 (50)	28 (24.3)	0.14; 0.83
Lack of accommodation	14 (70)	6 (30)	20 (17.4)	5.16; 0.03*
Frequent transfers	6 (33.3)	12 (66.7)	18 (15.7)	1.59; 0.30
Face corruption	9 (50)	9 (50)	18 (15.7)	0.79; 0.80
Frequent power cuts	6 (33.3)	12 (66.7)	18 (15.7)	1.59; 0.30
Fixed working hours ignoring weather conditions	6 (37.5)	10 (62.5)	16 (13.9)	0.67; 0.41
Accommodation not satisfactory	6 (46.2)	7 (53.8)	13 (11.3)	0.004; 1.000
Do you think MO is able to give enough time to patients?	15 (27.8)	22 (36.1)	37 (32.2)	0.90; 0.64

*Responses are not mutually exclusive

with work pressure, lack of staff, lack of medicines, no respect, less time for patient care, working conditions not very good, too many assignments, no promotion, too much workload, more administrative work, less opportunities to grow, no appreciation of work, lack of infrastructure, political interference, delay in salary, no mechanism for transfer, and no safety.

When asked about the problems faced in job, most of the participants ($n = 73$; 63.5%) replied that “too many other assignments apart from patient care” are given to them. Nearly, three-fifth felt that “public do not care about their working conditions and react unnecessarily.” Significantly higher proportion of male participants considered “lack of accommodation” and “frequent detailment” as the problems faced in their jobs when compared to the female participants. For other problems, there was no gender-wise difference [Table 2]. Only one-third of the participants felt that the MO is able to give enough time to patients in OPD. When asked as to why the MO is not able to give enough time to patients in OPD, the participants cited lack of adequate doctors, high patient load, and overburdening of doctors with other work as the major reasons for it.

Univariate analysis of sociodemographic variables with job satisfaction revealed that job satisfaction did not vary with age, gender, religion, category, qualification, controlling authority, type of area of the workplace, duration of experience, and current job profile [Table 3].

Discussion

Offering the highest quality of healthcare services possible to as many people who need them, is the main goal of healthcare

systems.^[2] Achieving this goal requires a committed and high-quality workforce in healthcare organizations. Attending to job satisfaction of staff is then the fundamental component of human resources quality.^[2] With this background, the current study was undertaken to assess the job satisfaction among MOs in Delhi. Our study revealed that as many as 40.9% of the doctors were not satisfied with their jobs. The finding is in line with a study done by Khaula *et al.*^[17] in 2015 among doctors in a tertiary care hospital in Lahore. Such dissatisfaction among health professionals is a cause for concern since job satisfaction is known to affect the overall efficiency, performance, absenteeism, and turnover.^[18]

Higher proportion of female doctors reported being satisfied with job compared with male doctors though the difference was not significant. In a study by Rodriguez *et al.*^[19] job satisfaction was found to be more and job related burnout was less among females, as compared to males.^[20]

Dissatisfaction with the job because of the fact that salary is not par with work pressure in the current study is a common finding evident in other studies as well.^[3,14,16,17] Evidence suggests that large income has a positive impact on satisfaction level.^[21] Of the many aspects of job satisfaction investigated in recent years, satisfaction with pay appears to be one of the most important that deserves special attention.^[7] This suggests that healthcare systems should provide a suitable salary and fringe benefits scheme to satisfy their workers and maintain their loyalty towards the job.^[3]

Another important reason for job dissatisfaction among doctors in the current study was less time being given to patient care,

Table 3: Univariate analysis of job satisfaction with sociodemographic factors

Variables	Whether satisfied with job		Odds ratio (95% CI)	Chi-square, P
	Yes n=68 (%)	No n=47 (%)		
Age			0.57 (0.25-1.30)	2.15, 0.14
25-39 years	34 (53.1)	30 (46.9)		
40-54 years	34 (66.7)	17 (33.3)		
Religion			0.70 (0.13-3.42)	0.23, 0.74
Hindu	62 (57.4)	44 (43.6)		
Others	6 (66.7)	3 (33.3)		
Category			1.09 (0.45-2.68)	0.05, 0.84
General	49 (59.8)	33 (40.2)		
Others	19 (57.6)	14 (42.4)		
Qualification			1.81 (0.71-4.60)	1.89, 0.17
MBBS	54 (62.8)	32 (37.2)		
MD/Diploma	14 (48.3)	15 (50.7)		
Controlling authority			0.53 (0.20-1.35)	2.14, 0.21
Delhi Government	45 (54.9)	37 (45.1)		
MCD	23 (69.7)	10 (30.3)		
Type of area of workplace			0.62 (0.19-1.95)	0.81, 0.45
Urban	55 (57.3)	41 (42.7)		
Rural	13 (68.4)	6 (31.6)		
Duration of experience			1.51 (0.66-3.48)	1.12, 0.29
0-10 years	41 (64.1)	23 (35.9)		
>10 years	26 (54.2)	22 (45.8)		
Current job profile			0.50 (0.11-2.33)	0.81, 0.44*
Specialist	3 (42.9)	4 (57.8)		
Generalist	65 (60.2)	43 (39.8)		

*Fischer exact test applied

minimal resources, and too many other assignments. The findings are similar to a study done in Lithuania where the professionals were dissatisfied with the amount of time spent with patients.^[22] A study by Kumar *et al.*^[16] in 2013 in Pakistan also highlighted that public health professionals reported low satisfaction as they were doing a lot of irrelevant tasks and having sufficient time pressure. It is known that irrelevant tasks assigned and the nonavailability of a clear work plan could be the main factors contributing to the mismanagement of working hours also.^[23]

The current study also showed that doctors who were satisfied with their job attributed their satisfaction to working hours, job security, patient satisfaction, and regular pay. Similar findings have been reported elsewhere also.^[24-26] The research thus, points to the importance of employees' satisfaction with services rendered. Organizational factors such as autonomy, the timing of work, workload have a great influence on job satisfaction because they impact on the delivery of quality patient care.^[25]

Although the univariate analysis did not reveal any significant correlation with age, category, gender, qualification, and duration of experience, studies have shown that job satisfaction among health workers is influenced by these factors. A small sample size of the current study may be responsible for the lack of correlation of these factors with job satisfaction. A study by Collins, *et al.*^[27] ascertained that training and career development were the most important areas of the psychological contract for nonconsultant doctors and training and organizational

support were the most important breaches. In a recent study to assess the use of e-health and job satisfaction, physicians who used digital health technology were 14.2 percentage points (95% CI, -1.3 to 29.7) and 20.3 percentage points (95% CI, 2.4 to 38.1) more likely to report, respectively, higher job satisfaction and good work-life balance, compared with the physicians who did not use it.^[28]

Strengths and limitations of the study

Our study had few limitations, one of which is the sample size of the study. The sample size of the study was small and was selected through convenience sampling. Although the attempt was made to select the doctors from each district, sampling was not proportionate to the size and may not be representative of the district. Further, the sample was selected from two types of health organizations only. However, larger sample size and better sampling methods might result in a more conclusive comparison of job satisfaction in the future.^[3] Nevertheless, the study had few strengths as well. The study tool was validated before the data collection. Also, the sample so taken was from all the districts in Delhi.

Summary

- A large proportion of doctors working in the public sector in Delhi are unsatisfied with their jobs. These doctors, mostly MOs, are involved as primary care physicians at Primary Health Centers.

- One of the most important reasons for dissatisfaction among them is that the salary is not at par with the work pressure.
- Besides, there are numerous problems faced by them at their workplace. One of the prominent problems stated by the majority of doctors is that “too many other assignments apart from patient care” are given to them.

In conclusion, the study documented that nearly two-fifth (40.9%) were not satisfied with their jobs. Various factors of job satisfaction were defined along with their interrelation. The study highlights the importance of taking job satisfaction into account as this affects their job performance as well. It is pertinent that health managers should take into consideration the factors affecting job satisfaction and plan and reinforce relevant human resource policies, improved work conditions, and adequate compensation. Continuous service evaluations and monitoring of job satisfaction can be useful to determine aspects of the services that need improvement.^[16,25] Enhanced job satisfaction will not only contribute to individual growth and well-being, but it will also warranty high-quality patient care and better healthcare delivery.

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Conflicts of interest

There are no conflicts of interest.

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