

Job Satisfaction of Primary Health Care Providers: Experience from an Institution in Lima, Peru

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DEAR EDITOR,

Primary care in Peru is understood as medical attention given at precarious healthcare establishments where physicians may not always be present. This phenomenon creates an overflow of patients at specialized healthcare centers with diseases that could very well be treated by a general physician.^[1] As a consequence of this transition, physicians and other healthcare professionals who do provide primary care may experience low job satisfaction which could, at the same time, have a negative impact on patient satisfaction.

For this and other reasons, further improvement of primary care attention in Peru is now a national health research priority for the period 2010-2014.^[2] In this regard, between December 2009 and May 2010, a descriptive study on the degree of job satisfaction by healthcare workers was carried out at the Basic Unit of Primary Healthcare Attention III in Huaycan, an urban community belonging to the Almenara EsSalud Network (Peruvian Social Security). A questionnaire made up of 33 items on job satisfaction^[3] was administered on 58 healthcare workers; 51.9% of which were female. Technicians and administrative personnel made up 48.3% of the total, 24.1% were physicians, and the remaining 27.6% were nonphysician healthcare professionals. Results from the questionnaire

showed a high degree of reliability ($\alpha = 0.96$) with a mean satisfaction score of 3.8 ± 0.9 (out of a maximum of 5). Considering that satisfaction was reached with a score of 4-5, up to 63.8% of healthcare workers showed global job satisfaction. The rest of components considered in this study are shown in Table 1.

No significant difference was found between any of the workers' job description and the level of satisfaction. We found greater satisfaction with the social aspects of work, followed by intrinsic factors; and lastly, extrinsic factors.

We identified three previous studies which explored healthcare workers' satisfaction in Peru: Two carried out at the primary care level and one at the third level of attention. The first was carried out by Tarco *et al.*^[4] which, in spite of using a similar scoring system as ours, found a lower global satisfaction score of 3.25. The second study by Gonzáles *et al.*^[5] used a four-dimension scale with a maximum score of 56 points. They found that 21% were satisfied, 56% were barely satisfied and 23% unsatisfied; results that differ sharply from those found in our study: 63.8% of global satisfaction. Finally, Bobbio and Ramos^[6] applied a dichotomous scale at the hospital that offered only third level of medical attention. They found satisfaction in 22.7% of physicians,

Table 1: Components of job satisfaction at the Basic Unit Of Primary Care III in Huaycan, EsSalud Network. December 2009-May 2010

Components of satisfaction (number of question in each subscale)	Crombach's α	Mean \pm SD	Percentage of satisfied
Social factors			
Satisfaction with the working group ^[7]	0.91	3.5 \pm 0.7	75.9
Satisfaction with the enterprise and relationship with other relevant units ^[4]	0.88	3.2 \pm 0.8	50.0
Intrinsic factors			
Intrinsic satisfaction of work activities ^[5]	0.86	3.5 \pm 0.7	70.7
Satisfaction with autonomy to carry out work-related activities and job supervision ^[3]	0.76	3.5 \pm 0.7	67.2
Satisfaction with job definition and objectives ^[3]	0.89	3.5 \pm 0.8	67.2
Extrinsic factors			
Satisfaction with retribution and compensation ^[3]	0.86	3.1 \pm 1.0	48.3
Satisfaction with working conditions and resources available to carry out work ^[5]	0.87	2.7 \pm 0.9	34.5
Satisfaction with work load ^[3]	0.76	3.3 \pm 0.8	53.4
Global satisfaction	-	3.8 \pm 0.9	63.8

SD=Standard deviation

26.2% of nurses/midwives and 49.4% of nursing technicians. We believe diverse factors related to each healthcare establishment could explain differences found among all of these results.

Similar outcomes were found by Amiri *et al.*^[7] in Iran and by Al-Eisa *et al.* in Kuwait.^[8] This latter was reported on primary healthcare providers in the capital city of that country. On the other hand, Arab *et al.*^[9] found a low level of satisfaction in healthcare workers from a rural area of Iran. This dissatisfaction was related to the magnitude of the population attended and to the distance from the healthcare establishment to the city center.

Our present study was carried out in an urban area close to Lima, the capital city. Different outcomes might be reached if the study were replicated in healthcare establishments from rural and more distant places in Peru; as those found by Arab *et al.* in Iran.

All these studies, including ours, show greater job satisfaction concerning interpersonal relationships, which have to do with social, and intrinsic factors.

Classical studies by Hawthorne^[10] have shown workers' productivity being strongly related to interpersonal relationships; this may explain why informal groups were assembled within the institution, making work more comfortable to its members. Finally, as expected, there was lower satisfaction when it came to extrinsic factors

related to work such as retribution, infrastructure and everyday working environment conditions.

According to our results, we conclude that job satisfaction could increase by expanding programs of social well-being given that workers spend most of the time at their workplaces. In searching for a healthcare reform in Peru, it is not only necessary to raise workers' salaries and improve the establishments' infrastructure; it is also a must to consider social factors such as cordiality and other interpersonal relationships among workers at all job positions. We believe these factors will influence positively on healthcare workers' job satisfaction and consequently on patient satisfaction.

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