



## Research Article

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# A Comparison of Job Satisfaction Levels Among South African Public Healthcare Professionals

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## Abstract

*The purpose of this study was to determine levels of job satisfaction among healthcare professionals in South Africa. Self-administered questionnaires were distributed through email, and by hand, to a sample of pharmacists, nurses, and doctors across the country. The study found that the majority of the doctors, nurses and pharmacists were not satisfied with their jobs. There was also a significant difference between nurses and pharmacists regarding overall job satisfaction but not between doctors and pharmacists / nurses. It is recommended that working conditions of healthcare professionals in South Africa be improved.*

**Keywords:** Job satisfaction, healthcare professionals, dissatisfaction, South Africa, developing economy

## 1. Introduction

South Africa is a country with a dual healthcare system, the public sector responsible for the wellbeing of 82% of the population, but accounting for only 40% of the country's healthcare expenditure and a private healthcare sector responsible for less than 20% of the population but consuming 60% of the healthcare expenditure (Pillay 2009). The performance of the healthcare workforce is of strategic importance to the national health systems as well as disease control initiatives locally and internationally. South Africa faces many challenges, such as under-resourced facilities that deliver poor out-comes in comparison to the expenditure. Due to the imbalanced workload and working conditions, job satisfaction among healthcare professionals seem to be low (Mutale et al. 2013). Dissatisfied employees have low morale, which can be a major contributing factor to poor quality of healthcare service. Symptoms for this include, being impatient with clients, high absenteeism, taking long breaks, and increased labour strike actions (Mutale et al. 2013; Tynan et al. 2013).

Absenteeism led to increased workload and fatigue on the working staff. This may increase medical errors such as giving wrong diagnosis, dispensing wrong medication, and forgetting to give

patients medicines (Siu 2002; Larabee et al. 2003). There is also evidence of a direct relationship between job satisfaction and employee health. Squires et al. (2015) demonstrated that dissatisfaction leads to increased work stress and frustration, which usually result in physical, emotional and behavioural problems. As suggested by Tzeng (2002), there is confirmation of a positive relationship between healthcare professional satisfaction and satisfaction of patients. An effective working health system is not possible without a satisfied workforce (Tasneem et al. 2018). Each year many dissatisfied health professionals either quit the profession or leave jobs in search of better opportunities (Moloney et al. 2018; Boamah & Laschinger 2016). This is why the subject of job satisfaction has gained attention in the public healthcare sector and human resources in the recent past.

A number of studies on healthcare professionals' job satisfaction or their intention to leave the profession because of work related stress or burn-out have been carried out in several countries around the globe. For example, studies in developed countries, Australia, Switzerland and Spain (Hämmig 2018; Vander Elst et al. 2016; Moloney et al. 2018; Scanlan & Still 2019) and developing economies, such as Turkey, India and Ethiopia (Arslan Yurumezoglu & Kocaman 2016; Ugwa 2016; Goetz 2015; Bello 2018; Temesgen et al. 2018; Singh et al. 2019) emphasize the gravity of the subject.

In South Africa, some job satisfaction studies focused on specific professions such as nurses, doctors, dentists or specific regions (Liebenberg et al. 2018; Pillay 2008; Singh 2016). This study's contribution is that instead of focusing on individual health professions or regions, it combines nurses, doctors and pharmacists (referred to as healthcare professionals in this study) and assess their satisfaction as a group and the study has a national focus. No evidence of prior studies on job satisfaction on South Africa with a similar coverage could be found. In addition, the study also compares these three professions to establish if significant differences in job satisfaction exist. This could enable the tailor making of interventions if necessary. The poor access to basic healthcare services in many developing countries (Bagayoko et al. 2014; Lee et al. 2015), and the need for upskilling and reskilling for new disease patterns and emerging technology (Kamineni 2019), place new challenges on individual healthcare professionals and their work environment.

The study introduces the literature review first, and then outlines the methodology before presenting the results and discussion. Recommendations are presented together with the discussion.

## 2. Literature Review

The review will cover job satisfaction and dissatisfaction as well as an overview of the select South African healthcare professional.

### 2.1 Job Satisfaction

Hedge & Borman, (2012, 1245) defined job satisfaction as "how people feel about their jobs and different aspects of their jobs". According to Salazer et al. (2006, 1) job satisfaction is "the extent to which people like or dislike their jobs and the degree to which they feel positively or negatively about various aspects of their jobs". Robbins & Timothy (2008, 40) define job satisfaction as a "positive feeling about one's job resulting from the evaluation of its characteristics." As put across by Gibson et al. (2009, 106), job satisfaction is "an employee's attitude towards his / her work". It can be deduced therefore that, job satisfaction is multifaceted and not a unitary concept (Azim et al. 2013).

The underlying elements of these definitions is, the psychological state of an individual resulting from his/ her interaction with the job performed and the environment in which it is performed. As observed by Saif & Saleh (2013, 250), job satisfaction is "individual beliefs about the characteristics of the situation they find themselves in". What the employee receives and what he or she expects is what the job satisfaction depends on overall (Azim et al. 2013). A range of individual and organizational factors has shown to influence job satisfaction of health professionals (Lu et al. 2012; Hayes 2010). These include personality, the work itself, work organization, remuneration and

workload, interactions with colleagues, training opportunities, recognition, and leadership styles (Shader et al. 2001; Aiken et al. 2001). Employees' expectation of what their job should provide is one of the most important factors on job satisfaction (Lu et al. 2012; Boamah & Laschinger 2016). Job satisfaction as a worker's emotional response to different job related factors results in finding pleasure, comfort, confidence, personal growth and various positive opportunities, including upward mobility, recognition, and appraisal done on a merit pattern with monetary value as compensation (Temesgen et al. 2018). Job dissatisfaction is the opposite emotional response (to job satisfaction) on the different job related factors. This is stated to acknowledge that there might be other states of mind (in between) where an individual is neither satisfied nor dissatisfied (Herzberg 1974).

## 2.2 Job Dissatisfaction

The competencies held by an employee do not only dictate job satisfaction but job performance and output quality (Matzler & Renzl 2007). The essential part of insuring high-quality care is therefore work satisfaction (Labrague et al. 2017). Healthcare professionals who are dissatisfied give poor quality, less efficient care (Chang et al. 2018; Takase et al. 2005). They have low morale and are more likely to be impatient with clients, record high absenteeism, take long breaks, or take strike actions resulting in increased waiting times for patients (Agyepong et al. 2004; Faye et al. 2013; Mutale et al. 2013; Tynan et al. 2013).

When an individual gets less of what he or she expects, dissatisfaction will kick in or will occur (Azim et al. 2013). The basic way of understanding the phenomena of job or work satisfaction / dissatisfaction is through intrinsic and extrinsic satisfaction analysis. Career opportunity, task identity, skill variety, task significance, job autonomy and perceived power are all included in intrinsic job characteristics. The desire to work on something that is perceived to be interesting, challenging, satisfying, exciting or involving is what is important to some employees (Robbins & Judge 2013).

The starting point for addressing the question of the ultimate impact of intrinsic motivation on performance is provided by the explanation of how the direction, intensity, and persistence are fuelled by intrinsic motivation (Kanfer et al. 2008). Intrinsic motivation and choice of direction have an existing relationship. Individuals are likely to participate or engage in a task when they find it enjoyable or identifiable with themselves (Patall et al. 2008). Healthcare employees expect better remunerations, professional advancement, and working environment that is better and safer, and provide better career opportunities that would improve their quality of life (Aluttis et al. 2014). Professionals, whose needs and expectations are satisfied, tend to be more productive compared to their dissatisfied colleagues (Temesgen et al. 2018; Singh et al. 2019). Prolonged exposure to work-related stress leading to burnout has negative consequences for job satisfaction and general health of healthcare professionals. This has wider implications on the health system, such as high turnover rates and compromised patient care (Khamisa 2019). The decision to leave an organization is usually influenced by job dissatisfaction (Faye et al. 2013; Moloney et al. 2018; Scanlan & Still 2019).

Extrinsic motivation is doing something to obtain an external reward or outcome (Li et al. 2014). The emotional state that an employee attains from the rewards that are controlled by the organization, colleagues, or supervisors is extrinsic motivation (Van Herpen et al. 2005). Job security, compensation and benefits, tenure, promotion opportunity, feedback, and quality of co-worker-relationship are included in the characteristics of extrinsic motivation (Li et al. 2014). Enhancing an employee's extrinsic motivation is the initial and most important goal of incentives (Anthony & Govindarajan 2007). Linking incentives to performance motivates employees to increase their performance (Gerhart 2017).

It can therefore, be concluded that job satisfaction is a multidimensional response to work and workplace environment that depends on many factors, and affects the behaviour of employees (Singh et al. 2019). Ashmore (2013) states that the South African government sector is underfunded and is hackneyed or overworked, and is mostly described as not capable of successfully delivering its

directive of available, inexpensive and suitable healthcare services. This is expected to negatively affect the job satisfaction factors, especially hygiene factors (Herzberg 1974) whose absence cause job dissatisfaction. In the recent past, studies in other developing countries point to the same problems (Bagayoko et al. 2014; Lee et al. 2015). Mutale et al. (2013) also points out to the imbalanced workload and working conditions, and concludes that job satisfaction among healthcare professionals seem to be low.

It is imperative to assess the job satisfaction of healthcare professionals to enable the planning of appropriate interventions that may ameliorate the situation. The study proposes that the majority of healthcare professionals in South Africa are not satisfied with their jobs (salary, benefits, job security, work progression and work accomplishment recognition). The proposition has sub-propositions; salary (P1-1), benefits (P1-2), job security (P1-3), work progression (P1-4), and work accomplishment recognition (P1-5).

### 3. South African Healthcare Professional Analysis

South Africa is ahead in the rest of Africa in terms of health worker per capita (WHO 2017). The minimum standard for the World Health Organization is that for every 100 000 people there must be 228 health workers. The whole of Africa falls below the standard with 185 health workers per every 100 000. South Africa lies at 140 health care workers per every 100 000 population (Essack 2012). In 2022, the situation remains the same. It must be noted that it is difficult to have accurate human resources count in South African healthcare because healthcare professionals may leave and go pursue other careers or migrate to work overseas but still pay their annual fees with their local council. Each of the healthcare profession in the study is discussed briefly.

#### 3.1 Pharmacist

There is currently a shortage of pharmacists in the country (South African Pharmacy Council 2020) with an average of less than 24 pharmacists per 100 000 population, more than 50% less than the required 50 per 100 000 (WHO standard). The South African ratio of pharmacist per population in 2020 reflected one pharmacist per 3 601 people in comparison to the World Health Organization's (WHO) recommendation ratio of one pharmacist per 2 000, population. The shortage compromises delivery of optimal healthcare. Though, pharmacist's numbers have increased by about 12% and support personnel have increased by 17%, in the past five years, there appears to be a limited capacity on the South African healthcare system to accommodate qualified and newly qualified pharmacists (Chetty 2019).

The demand and interest in the pharmacy profession is growing steadily. Pharmacists represent the third largest health care professional group in the world (Anderson et al. 2009). According to the WHO, the shortage of pharmacists is especially worrying in regions such as sub-Saharan Africa, where in many communities, the pharmacist is the most accessible or often the sole provider of health care advice and services (Tsuayuki et al. 2018).

#### 3.2 Doctors

The number of registered doctors in South Africa is 45 553, but the evidence shows only 27,432 doctors practicing in total. General practitioners (GP's) are 17,802 and specialists practicing are 9,630 (HPCSA Annual Report 2018/2019). The distribution of these doctors between private and public hospital is almost equal. General practitioners are the majority in public sector at (61.9%) while in private sector specialists are (56.2%). The HPCSA figure also include a number of doctors who are practicing abroad or who have decided to work in other occupations i.e. those in managerial and administrative jobs (HPCSA 2019). Could the fact that a third are not in active practice be explained by job dissatisfaction? This may need to be researched to confirm.

### 3.3 Nurses

For every 100 000 people in South Africa, there are 495 nurses, including auxiliary categories. If only registered nurses are considered there will be about 254 nurses per 100 000 people. This translates to 393 people for every registered nurse. The correctness of this ratio of 393 people per registered nurse will be valid if all the registered nurses were working in South Africa (SANC 2018). This situation is not different in 2022.

The total number of nurses in South Africa's private and public healthcare sector is 285 704 (SANC 2018), around 44% in the public sector and 56% in the private sector. Anecdotal evidence shows that many South African nurses keep their registration status with the South African Nursing Council (SANC) active but choose to go and work in other regions such as Europe, America, Oceania and also the Middle East. South Africa is one of the top five suppliers of nurses to other countries (Kassick 2012). The fact that South Africa is one of the top five suppliers of nurses to the world imply a large brain drain. As research shows, one cause of brain drain is lack of job satisfaction.

The health professional to patient ratios differs per sector with some more burdened than others. WHO prescribe the acceptable standards. The more negatively skewed the ratio is, the more the strain on the health professional and cause for job dissatisfaction. Interdependency and interconnectedness among global societies has led to increased mobility among skilled health workers, resulting in shortages in the health care systems of some countries. South Africa in particular has recently been affected by this trend in international migration of professional nurses, migration from rural to urban areas as well as migration from the public sector to the private sector (Khamisa 2019).

Given South Africa's nurse driven health system, a shortage of nurses (the gap between supply and demand of 18,758 nurses) makes managing the country's quadruple burden of disease (HIV/AIDS, TB, infectious diseases, under nutrition and currently covid-19) challenging. Nurses are forced to adapt to, as well as cope with shortages, by learning new skills, expanding their capabilities and assuming additional responsibilities, among other coping mechanisms. Such adaptation and adjustment contribute to work-related stress, leading to high levels of burnout, low job satisfaction as well as poor physical and mental wellbeing (Khamisa 2019). For example, an OECD global survey found that, 79% of nurses and 76% of doctors were performing tasks for which they were over-qualified. This calls for the rational re-organization of the workforce for effective management of high-burden diseases, particularly NCDs (non-communicable diseases), which are responsible for 71% of the global mortality (Kamineni 2019).

Given the sector differences in the supply and demand of healthcare professionals, benefits and working conditions, it is expected that the levels of job satisfaction would be different. The study therefore proposes that there is a significant difference between South African healthcare professionals in different occupations regarding job satisfaction (proposition 2-P2). The next section discusses the methodology used in the study.

## 4. Methodology

This was a cross-sectional survey, which studied the public healthcare professionals (doctors, nurses, and pharmacists throughout South Africa), registered with the Health Professional Council of South Africa, South African Pharmacy Council and the South African Nursing Council.

South African pharmacists register with the South African Pharmacy (SAPC), doctors with the Healthcare Professional Council of South Africa (HPCSA) and nurses with the South African Nursing Council (SANC 2020). The SAPC, HPCSA, and SANC were approached to supply the contact details of the respective registered health professionals. A questionnaire was sent randomly to the professionals in each list through e-mail. 1100 healthcare professionals were targeted, 600 questionnaires were sent to nurses, 300 sent to doctors and 200 were sent to pharmacists. These numbers were arrived at arbitrary by the researchers, taking into account the need for a large enough sample to work with. A

target 10 percentage of the population of each profession was the basis of arriving at the numbers used. There were 161 respondents of which 20 (questionnaires) were not fully completed and were therefore removed. 141 responses were used in the study. This consisted of doctors, pharmacist, and nurses, working in private and public hospitals, urban and rural areas, in South Africa. The possible reason for the poor responses is due to the nature of the job, where they have pressing work schedules and limited time to access internet. Response rates among healthcare professionals are normally around 10 % lower than in other sectors (Cumming, Savitz & Konrad 2001).

The questionnaire was divided into two parts, the first collected demographic data: gender, profession, private or public sector employment. The second, which measured job satisfaction of respondents comprised 5 questions on a 7 point Likert scale: completely dissatisfied, very dissatisfied, dissatisfied, neutral, satisfied, very satisfied and completely satisfied. The questions asked respondents to indicate levels of satisfaction or dissatisfaction on aspects; salary (JS1), benefits (JS2), job security (JS3), work progression (JS4), and work accomplishment recognition (JS5). The researchers were personally responsible for distributing and collecting some of the questionnaires in cases where e-mails were not utilised.

Data was captured and analysed using the statistics software IBM SPSS version 23. An exploratory factor analysis and reliability analysis were done before testing the study’s proposition through a descriptive statistical analysis and a chi square test. A reliability test of the construct is reflected in Table 1. Job satisfaction shows very high level of internal consistency with a score of 0.853.

**Table 1:** Reliability statistics: Job satisfaction (JS)

Variable	Cronbach's Alpha	N of Items
Job Satisfaction (JS)	0.853	5

## 5. Research Findings

The demographic distribution shows that the majority of health workers are female. This is the case in both developing and developed countries (Zurn et al. 2004; Spratley et al. 2000). The study aimed to find out the satisfaction levels of South African healthcare professionals with a set of job related elements notably salary (P1.1), benefits (P1.2), job security (P1.3), work progression (P1.4), and work accomplishment recognition (P1.5). This proposition was measured using descriptive statistical analysis and the results are shown in Tables 2 and 3.

**Table 2:** Job satisfaction

Job satisfaction variables		Completely Dissatisfied	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Completely Satisfied	Total
JS1 (Salary) (P1.1)	Count	16	12	35	31	25	1	1	121
	Row N %	13.2%	9.9%	28.9%	25.6%	20.7%	0.8%	0.8%	100.0%
JS2 (Benefits) (P1.2)	Count	16	15	33	31	21	4	1	121
	Row N %	13.2%	12.4%	27.3%	25.6%	17.4%	3.3%	0.8%	100.0%
JS3 (Job Security) (P1.3)	Count	13	7	15	34	43	2	7	121
	Row N %	10.7%	5.8%	12.4%	28.1%	35.5%	1.7%	5.8%	100.0%
JS4 (work progression) (P1.4)	Count	13	15	26	41	21	4	1	121
	Row N %	10.7%	12.4%	21.5%	33.9%	17.4%	3.3%	0.8%	100.0%
JS5 (Work accomplishment recognition) (P1.5)	Count	15	11	35	33	19	5	3	121
	Row N %	12.4%	9.1%	28.9%	27.3%	15.7%	4.1%	2.5%	100.0%

The results in Table 2 are aggregated in Table 3, to better show those who are satisfied, dissatisfied and those who are neutral.



**Table 3:** Aggregate job satisfaction

Job satisfaction variables		Aggregate Dissatisfied	Neutral	Aggregate Satisfied	Total
JS1 (Salary) (P1.1)	Count	63	31	27	121
	Row N %	52.9%	25.6%	22.4%	100.0%
JS2 (Benefits) (P1.2)	Count	64	31	26	121
	Row N %	52.9%	25.6%	21.5%	100.0%
JS3 (Job Security) (P1.3)	Count	35	34	52	121
	Row N %	28.9%	28.1%	43%	100.0%
JS4 (work progression) (P1.4)	Count	54	41	26	121
	Row N %	44.6%	33.9%	21.5%	100.0%
JS5 (Work accomplishment recognition) (P1.5)	Count	61	33	27	121
	Row N %	50.4%	27.3%	22.3%	100.0%

What stands out in this result is that at least a quarter (25.6%) of the respondents are neutral. The neutral score rises to as high as 33.9 % for work recognition. This is a substantial percentage of professionals who cannot clearly indicate whether they are satisfied or not. It will be important to find out exactly why they are neutral through a qualitative study. It would be important to know, what it is about their salary that they cannot state whether they are satisfied or not satisfied with. Why are they not forthcoming about their position?

When comparing the satisfied and dissatisfied, (Table 3) results show that most healthcare professionals are not satisfied with all the aspects, except for work progression where the aggregate dissatisfaction is 28.9% compared to a satisfaction aggregate of 43%. The highest level of dissatisfaction is with benefits (JS2) at 52.9%, followed by salary (52 %) and work accomplishment (50.4%). The lowest levels of dissatisfaction are with job security (JS3) and work accomplishment (JS5) each with an aggregate score of 21.5%. The majority of the respondents are therefore dissatisfied with their benefits. The proposition (P1) which states that the majority of healthcare professionals in South Africa are dissatisfied (not satisfied) with their benefits is accepted.

A study by Hasan & Aljunid (2019) on job satisfaction among Community-Based Rehabilitation (CBR) in Malaysia, determined that the highest dissatisfying factor among CBR workers was salary. Results in a study by Singh et al. (2019), in Punjab, India found that, three-fourth of the respondents (75.3%) were dissatisfied with their working conditions, followed by fringe benefits (34%), promotion (25.4%), and contingent rewards (23.7%). They however felt satisfied with relations with their co-workers (97%), nature of their work (93.3%), supervision (91.2%) and communication (80.6%). An Ethiopian study by Temesgen et al. (2018) revealed that job satisfaction of health professionals working at Western Amhara region was 31.7%. Tasneem et al. (2018)'s study showed that a majority of the employees were satisfied with their supervisors, nature of job and colleagues but showed dissatisfaction with the rest of the factors like salaries, benefits, communication and conditions at work. Overall, there seems to be similarities in sentiments among these studies, despite the superfluous differences in the aspects under focus.

The outcome of this study is in agreement with the study conducted by Lu et al. (2012) where a range of individual and organizational factors were shown to influence job satisfaction of health professionals. These include personality, the work itself, work organization, remuneration, and workload, interactions with colleagues, training opportunities, recognition, and leadership styles. It is also in agreement with the study by Aluttis et al. (2014); Gigantesco et al. (2003) that show that employees expect better remunerations, professional advancement, better and safer working environment and better career opportunities. Healthcare professionals in many countries highlighted the need for safer working conditions, during the Covid -19 pandemic. Studies by Finn (2001); Lyons et al. (2003); Adams (2004) found that lack of autonomy, poor work content, and lack of professional development and recognition, were causes of work dissatisfaction.

The reason for the South African healthcare professionals to be satisfied with their job security

may be due to the rigid South African labour laws and unions, which make it difficult for employers to hire and fire at will. There is therefore job security. The general shortage of health professionals in the country may also lend to a higher level of job security, compared to a study in the United States, (a developed country) where findings done in 2013 by Harris Interactive Poll, found that at least 56 percent of employees in America are worried about their job security.

Satisfaction with one's profession can influence not only motivation with the job but also occupation determination, individual health and the relationship with colleagues. Literature demonstrate that what leads to job satisfaction or dissatisfaction is not solely the essence of the work but also the presupposition of what a person considers the work he or she is doing should provide. It is recommended that job security for healthcare professionals be maintained and ensured.

The second aim of the study was to find if there was a significant difference in job satisfaction among the various occupations within the select South African health professionals. It was therefore proposed that: There is a significant statistical difference between select South African healthcare occupations regarding job satisfaction (Proposition 2-P<sub>2</sub>). This was tested using a multiple comparison chi-square test and the results are shown in Table 4. In this case, one occupation is compared with the other.

**Table 4:** Occupation and job satisfaction

(I) Occupation	(J) Occupation	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Doctor	Nurse	.62182	.38856	.313	-.3589	1.6025
	Pharmacist	-.16127	.35906	.958	-1.0816	.7591
Nurse	Doctor	-.62182	.38856	.313	-1.6025	.3589
	Pharmacist	-.78308*	.21781	.003	-1.3262	-.2399
Pharmacist	Doctor	.16127	.35906	.958	-.7591	1.0816
	Nurse	.78308*	.21781	.003	.2399	1.3262

\* The mean difference is significant at the 0.05 level.

Results (Table 4) show that though there was no statistically significant difference between occupation, doctor - nurse and doctor - pharmacist in job satisfaction, there was instead a statistical significant difference between the mean estimations of occupation pharmacist, and nurse as shown by the p value of  $0.003 < 0.05$ . Therefore, proposition 2 is accepted. It can be affirmed that there is a statistical significant difference between healthcare professionals in South Africa with regard to job satisfaction.

The highest levels of burnout are reported for South African nurses compared to other health professionals and to nurses working in other low and middle-income countries owing to the nature of their work. This is exacerbated by difficult working conditions characterized by high patient loads, a shortage of staff, increasing job demands and the quadruple burden of disease (Khamisa 2019). It is not clear why the satisfaction levels between doctors and pharmacists and between doctors and nurses is not significant. Advancing possible reasons would just be speculative.

## 6. Discussion

The World Health Organization's Report (WHO/HIS/HWF/BrainDrain/EC/ 2017), notes that, 10% of healthcare professionals in South Africa moved to overseas nations, such as Canada, Australia and the United Kingdom, possibly in search of better opportunities (better working conditions). Wyss (2004) contends that the degree of movement and different misfortunes of healthcare professionals are hard to evaluate. However, employees expect better remunerations, professional advancement, working environment, which translate to better quality of life. These conditions are better availed / accessed in developed countries. The low retention rates should be of great concern, since nearly half of South



African health professionals are lost (most probably to overseas countries) after 10 years of gaining experience (Labonte et al. 2015). Practical steps to improve local working conditions of health care professionals in most developing countries should be taken to turn around this tide of migration to the first world.

Job satisfaction affects future career goals, social relationships, and personal health (Singh et al. 2019). It is therefore important that performance contracts be linked to career planning and individual wellness. Each of these aspects should not be addressed in isolation but as a package to try improving employee satisfaction. Dissatisfaction with work progression is as high as 46%. Clear, career pathing should be considered, to provide for individual work aspirations. Such interventions, could curtail the high levels of individuals opting to migrate to other countries, other professions or to administrative work.

Employers should improve professional advancement opportunities for healthcare professionals. Career progression framework for healthcare professionals in South Africa have not been well developed and needs sufficient numbers of experienced tutors to motivate workers and good practical examples of advancements have to be exhibited. It is the authors' observation that movement to higher qualification and profession status is just accomplished by surrendering clinical practice and seeking training or administration vocation tracks.

Job satisfaction is likewise a crucial piece of guaranteeing quality healthcare, as dissatisfied healthcare workers are prone to give low quality and less efficient patient care as shown in various studies among healthcare professionals in many parts of the world. Satisfaction with one's profession can influence not only motivation with the job but also occupation determination, individual health and the relationship with colleagues. A study by Pillay (2008) showed that, although doctors were generally dissatisfied, there are opportunities for enhancing work satisfaction and care provision if policymakers, administrators and health care managers work in collaboration with them to provide the specific working conditions they desire. This observation applies to all healthcare professionals, as this study found that the majority of healthcare professionals was not satisfied with their work conditions. Health services planning should include strategies to address and prevent burnout of which adequate staffing and improved work environment are of prime importance (Liebenberg et al. 2018). It is recommended that feedback be sort from the healthcare professionals (Pillay 2008's collaboration approach) to establish how best their conditions can be improved, given prevailing resource constrains and the challenges brought about by diseases. Accommodating feedback allows for joint ownership of decisions, (Palmer & Dunford 2008), which likely improves senses of recognition and in turn satisfaction. Satisfaction with work accomplishment recognition is as low as 22.3%.

Job satisfaction has a significant impact on overall happiness and quality of life. If people are satisfied with their jobs, they will produce quality work, their level of creativity will rise, and absenteeism, intention to leave, and burnout will decrease. The quality of healthcare services they provide will be high, and will in turn likely improve the quality of life and happiness of citizens. To enhance recruitment, retention, motivation and performance, monetary incentives for healthcare professionals should be regularly reviewed. Salaries, compensation and benefits packages for healthcare professionals have not been viewed as ideal. Health workers are essential service employees and in cases where their salaries are governed by statutory instruments, essential service allowances, such as rural work allowances, or risk allowances, should be provided to augment salaries.

One other element, which stands out from the result, is the high percentage of those that recorded "neutral" to the satisfaction / dissatisfaction continuum. These range from 26% to 34 %. If these respondents do not know if they are satisfied or not, this creates a possible intervention dilemma. It is recommended that these be treated as "dissatisfied" and intervention programmes be put in place to sway them over to "satisfied". This is on the understanding that a satisfied employee is generally a more productive employee and more likely to affirm satisfaction.

Getting feedback on the satisfaction of health professionals should be a continuous and consistent exercise by employers and researchers. The feedback should be acted upon to ameliorate the unfavourable situations. Not acting on grievances raised is a waste of resources and makes staff

see the employer as uncaring and unsympathetic to their working conditions. The conditions for healthcare professionals are not easy at all, and most of them are driven by the oath to care. Losing a healthcare professional to another profession, or to administrative work is a wasted investment, which a developing country cannot afford, given the resources spend in training and the current shortage of this much-needed expertise. The authorities (government) should try all in its power to curtail these losses to improve the already over-burdened health care system in the country. This call applies to other developing countries, where healthcare provision to the majority of the citizens, needs improvement.

## 7. Conclusion

A similar study could be undertaken after the introduction of the National Health Insurance (NHI) to assess if this would have improved or worsened job satisfaction. The South African NHI is modelled under the British, National Health Service. It is expected to provide quality and equitable health services to all citizens. Comparative studies with other regions of the world especially those that attract South African healthcare professionals could be done to enable benchmarking and learning from similar or better environments. One weakness of this study was the comparison of professions whose job descriptions are different. The reasoning behind this was that all are healthcare professionals, experiencing a more or less common work environment.

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