

Job satisfaction of primary healthcare providers with expanded roles under integration of public health services into clinic services in rural China: a cross-sectional mixed methods study

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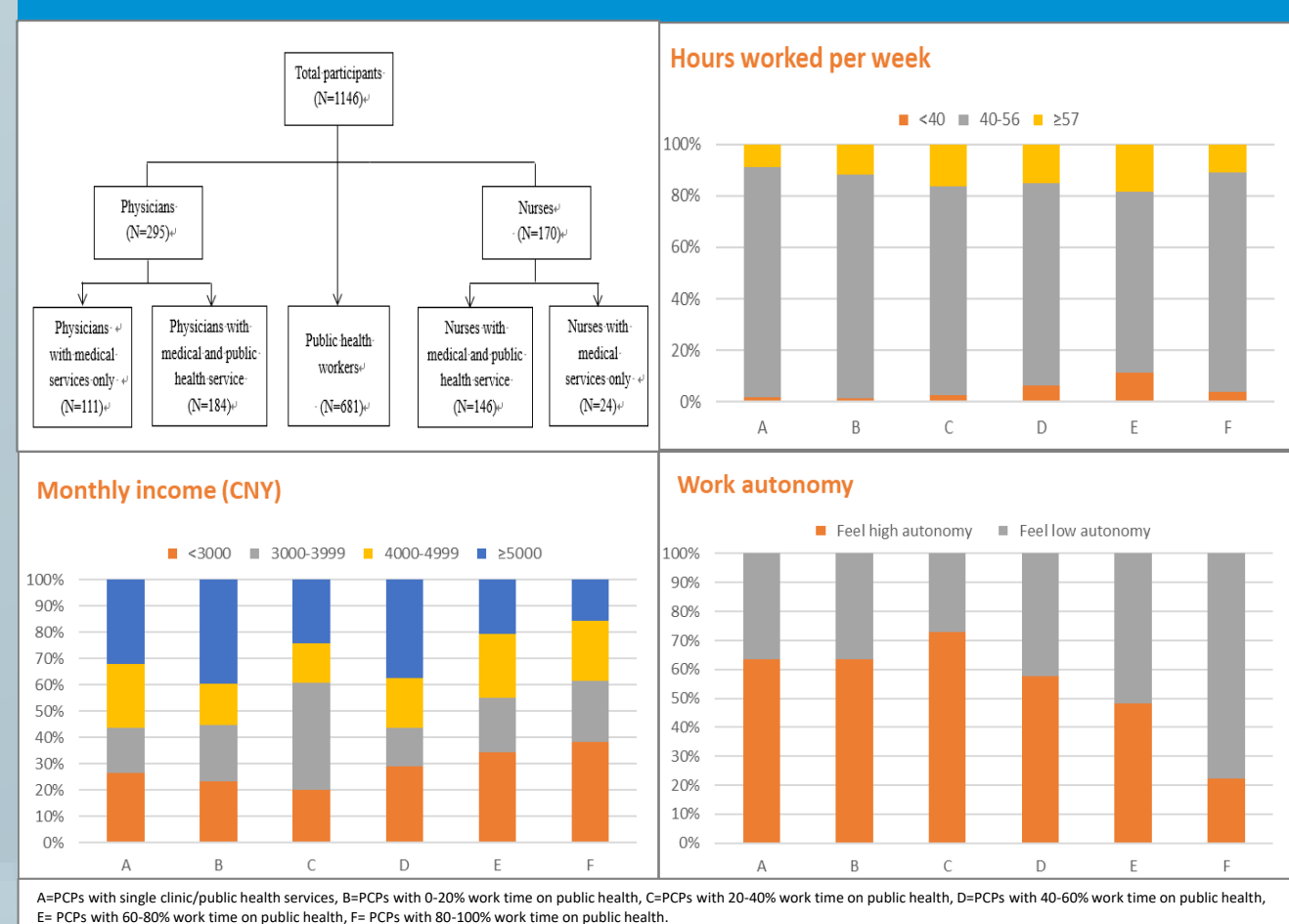


Introduction

- Expanded roles of primary healthcare providers (PCPs) under the integration of public health services and clinic services at primary healthcare (PHC) institutions is a potential challenge to China because it may have direct impact on PCPs' workload, income and perceived work autonomy thereby influencing their job satisfaction.
- This study examined the association between the expanded roles and job satisfaction in the group of PCPs at rural PHC institutions in China.



Results

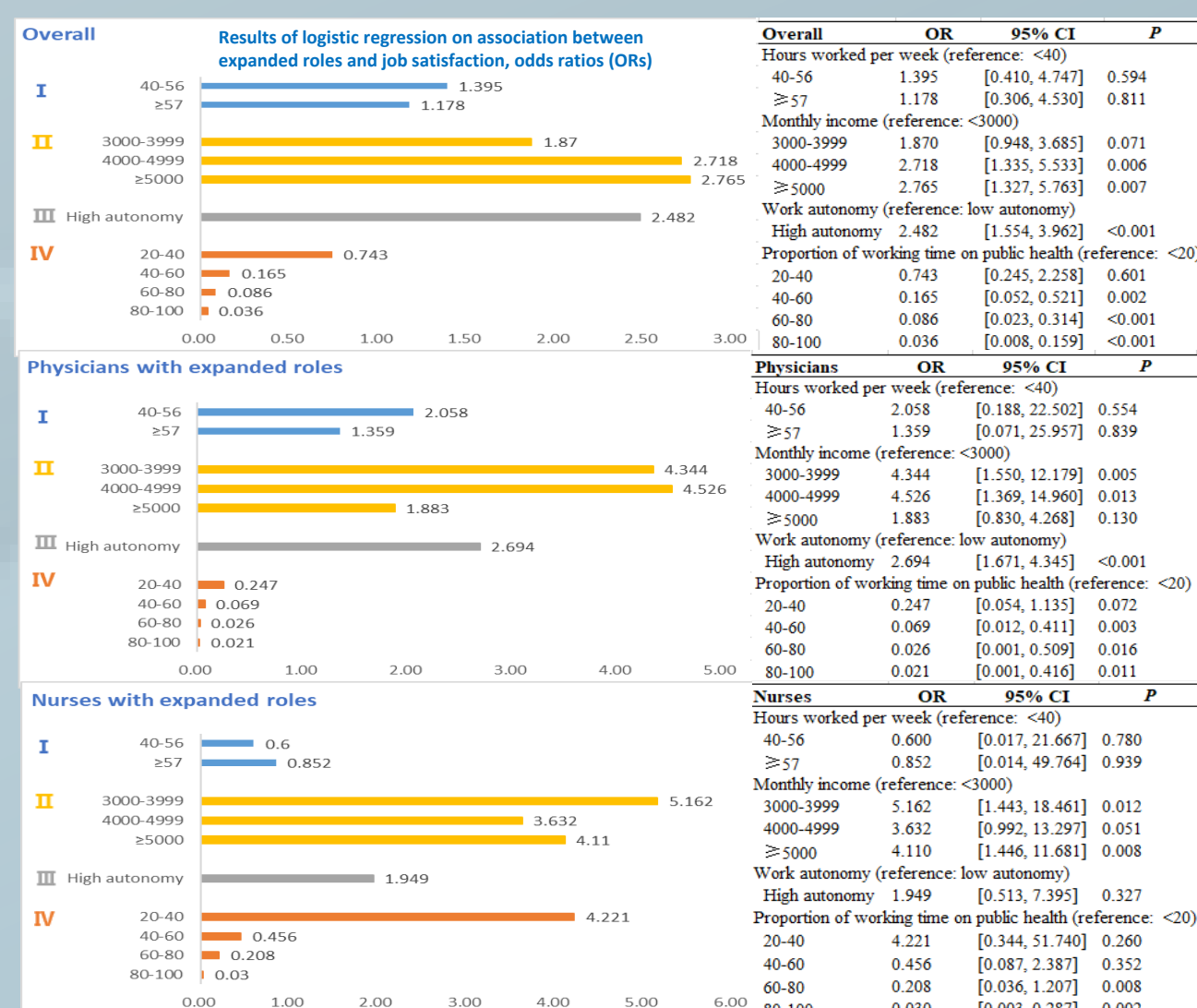


Key Findings

- 15.9% of physicians and 12.6% of nurses undertook increased work responsibilities.
- Those with 40-60%, 60-80% and more than 80% of working time on public health were negatively associated with job satisfaction.
- Qualitative analysis illustrated that majority of PCPs with expanded roles reported unsatisfied as they felt high workload, income mismatching with their workload and low work autonomy.
- The current public health services delivery policy and its separation from regular clinical services delivery work were the major reasons causing the increased work burden for PCPs, which remained a significant challenge for efforts to strengthen the synergy of public health services and clinical services at PHC institutions.

Methods

Study design	Cross-sectional mixed methods study
Data sources	1146 participants in 47 rural PHC institutions in 3 representative counties of Shandong Province (using random cluster sampling method)
Measures	Job satisfaction: measured by asking "Are you satisfied with your work?" Expanded work roles: defined as the proportion of PCPs' working time on public health services
Quantitative analysis	Multivariate logistic regression models
Qualitative analysis	Face-to-face semi-structured interviews and theoretical coding



Conclusions

- The current policies of adding the delivery of public health services package to PHC system have negative impacts on PCPs' job satisfaction through imposing increased work responsibilities for PCPs, which caused the mismatch between the income and the workload and the reduction of work autonomy.
- The fundamental reason is the fragment of incentives, segmented external supervision for delivering public health services and clinical services. Policy-makers should balance the development of clinic and public health departments at institutional level and integrate the financing and supervision mechanisms for both kinds of services at system level to strengthen the synergy of public health services package and routine clinical services.

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