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Factors Associated with Health Workers' Satisfaction in 16 Tertiary Hospitals in Kabul, Afghanistan

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Master of Hospital Administration

BY

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Thank God I'm turning to the almighty God, for the blessing and his mercy I can finish this thesis. This thesis is made in order to fulfil one of the requirements to achieve a degree of Master of Hospital Administration (MHA) at the Maulana Azad University department of public health in of Jodhpur India.

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Abstract

Name:	Dr. Bashir Ahmad Haseeb
Study Program:	Master of Hospital Administration
Title:	Factors Associated with Health Workers' Satisfaction Working in Hospitals adhered to Essential Package of Health Services in Kabul-Afghanistan

The aim of the study was to determine the factors influencing job satisfaction among medical and non-medical staff working at the framework of Essential Package of Hospital Services (EPHS) in Kabul-Afghanistan. This study utilized data derived from National Health Services Performance Assessment which was conducted on 2018 in Kabul-Afghanistan. Health and non-health workers interview instrument used to know the perspective of health all mentioned workers from health services. This study sample size was 320 participants in 16 national hospitals in Kabul-Afghanistan. The staff satisfaction index scores 36 indicators based on a self-reported questionnaire given to various types of health workers. Of the 36 indicators, box and whisker pole were shown for 18 indicators. At each hospital up to 20 health workers (physicians, nurses, midwives, and vaccinators) completed the questionnaire. Indicators related to staff satisfaction include job training, promotion opportunities, supervisor support, security, financial rewards, work demands, and work content, among others.

Both quantitative and qualitative (Action based study) methodologies were applied on different levels of positions to collect information regarding factors associated with the health workers satisifactions. The focus was to review the current status of their satisifaction. Qualitative approaches were used to collect data on the impressions and experiences of different categories of respondents. Mainly focus group discussions were conducted using the guidelines developed to collect qualitative information.

The study shows that the health workers satisifaction is increased over the past five years which has a great impact on provision of health services at thertiary hospitals in kabul.

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LIST OF ABBREVIATIONS

ANPHI	Afghanistan National Public Health Institute
BPHS	Basic Package of Health Services
BHC	Basic Health Center
BSC	Balanced Scorecard
CHC	Comprehensive Health Center
CI	Concentration index
DH	District hospital
EPHS	Essential Package of Hospital Services
KIT	The Royal Tropical Institute
LB	Lower Benchmark
MoPH	Ministry of Public Health
NRVA	National Risk and Vulnerability Assessment
SHC	Sub-health Center
SRTRO	Silk Route Training and Research Organization
UBM	Upper Benchmark
FGD	Focus Group Discussion

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND AND INTRODUCTION

After 23 years of conflict and political instability, a collapsed economy, and three years of severe drought, Afghanistan's health system is among the very poorest in the world. Obtaining the most basic of necessities – food, shelter and clothing – is a constant struggle. Such exposure intensifies an already poor health situation, with acute respiratory illnesses, diarrhoea diseases, and malnutrition killing and weakening the children of Afghanistan. There is a critical shortage of health care workers at every level. Healthcare facilities are in urgent need of restoration. There are inadequate supplies of medicines, vaccines, equipment and fuel. An estimated 6 million people have no access, or insufficient access to health care.

Saving lives in Afghanistan depends on having health workers in the field and sufficient medical supplies, as well as food, shelter and security. But the gap in material and human resources is great. Existing health services only cover limited geographical regions and even in the districts where health services are available, needs are only partially met. The impact of the conflict and remaining deadly land mines and unexploded ordnance daily adds victims both through physical injury and mental stress, affecting every family in Afghanistan over time.

- Life expectancy rates are among the lowest in the world and 25% of children die before their fifth birthday. Lack of basic health care and malnutrition contribute to the high death rates.
- Afghanistan has the second highest maternal mortality rate in the world. Less than 15% of deliveries are attended by trained health workers, mostly traditional birth attendants.
- About half of children under 5 years of age are stunted due to chronic malnutrition and up to 10% have acute malnutrition
- Mental health is a major health concern. Experts estimate that approximately 30%–50% of a population undergoing violent conflict develop some level of mental distress. Residual mental health problems that appear normally in any population have been unattended in Afghanistan for decades
- Diseases that have largely been controlled in most countries in the world continue to cause death and disability in Afghanistan. More than 60% of all childhood deaths and disabilities in Afghanistan are due to respiratory infections, diarrhoea, and vaccine preventable deaths, especially measles.

Although after implementation of EPHS since in 2005 there are considerable changes in health status indicators like childhood vaccination coverage has improved, especially for the most dangerous of vaccine-preventable diseases like measles. Impressive increases have also been documented for reproductive health with more women receiving pre-natal care. More deliveries being assisted by professional health care provided and more families using modern contraceptive methods to determine the size of their families.

However, despite the progress that has been made many problems and challenges still remained and much more work is required to address the many public/population health issues of the country

1.2. Rational and Justification

Although, improving medical workers' job satisfaction has become a central concern to health managers and human resources policy makers and researchers in recent years but, yet little is known about the key determinants of health worker' satisfaction of job in Afghanistan.

Balanced Scorecard 2018 report in its domain B-3 which address the perspective of health workers within the health system and outlines health workers' satisfaction of job.

The staff satisfaction index scores 36 indicators based on a self-reported questionnaire given to various types of health workers. Of the 36 indicators, box and whisker plots are shown for 18 indicators. At each hospital up to 20 health workers (physicians, nurses, midwives, and vaccinators) completed the questionnaire. Indicators related to staff satisfaction include job training, promotion opportunities, supervisor support, security, financial rewards, work demands, and work content, among others

1.3. Research Question

What are the factors associated with Health Workers' satisfaction of job at essential package of hospital services (EPHS)?

1.4. Research Objective

1.4.1. Primary Objective

The objective of this study is to identify the factors associated with health workers' satisfaction of job in the framework of Essential Package of Hospital Services in Afghanistan.

1.4.2. Secondary Objective

1. To determine whether knowledge of health workers' is associated with health workers' satisfaction of job.
2. To determine whether working environment is associated with health workers' satisfaction of job.
3. To determine whether salary is associated with health workers' satisfaction of job.
4. To determine whether security of hospital area is associated with health workers' satisfaction of job.
5. To determine whether feedback by authorities is associated with health workers' satisfaction of job.
6. To determine whether availability of time is associated with health workers' satisfaction of job.
7. To determine whether motivation of health workers is associated with health workers' satisfaction of job.
8. To determine whether the availability of supplies is associated with health workers' satisfaction of job.
9. To determine whether the availability of equipment is associated with health workers' satisfaction of job.

1.5. Benefit of Study

Health workers' dissatisfaction with job as a result of job condition is one of the concerned that may deteriorate job performance. Thus, understanding the determinants of job dissatisfaction of health workers is important not only from individual aspects but, also from health system perspective. Relevant aspect of this study includes, to determine the factor are associated with health workers' satisfaction of job and in further, help the health managers and policy makers to deal with those determinants as a need for comprehensive approach to improve health workers' satisfaction of job through interventions at both organizational and policy level.

Additionally, aims to ensure provision of appropriate and qualified health services through fulfillment health workers need such as, incentive, including enough salaries, required training, accessibility to secure living and also will facilitate to fulfill the requirement of health facility including drugs, supplies and internal management of hospital that may

associated with health workers' satisfaction of job. Furthermore, the result of this study may serve as a base for future studies in a deeper manner and on a larger scale.

1.6. Scope of Study

This study utilized the data previously collected through a national survey, called National Health Services Performance Assessment on 2018 in Afghanistan. The survey was the assessment of Essential Package of Hospital Services (EPHS) in 34 province of Afghanistan including Kabul, around 16 national hospitals surveyed in Kabul and in each hospital 20 health workers assessed which totally 320 health workers answered the questioner.

Since, the National Health Services Performance Assessment survey revealed the satisfaction of job for all type of health workers altogether so, there was a need for more investigation on other non-medical staffs' satisfaction of job and its associated factors.

This study aims to determine the association between health workers' job satisfaction and its determinants. We are interested to know whether knowledge, salary, rewards, promotion, supplies and equipment, security, trainings, promotion, authorities and supervisors' feedback are the determinants of health workers' satisfaction of job.

CHAPTER 2

LITERATURE REVIEW

In 2003, the Ministry of Public Health of Afghanistan developed the Basic Package of Health Services (BPHS), which outlined the primary health care system delivered at health posts, basic health centers, comprehensive health centers, and district hospitals. Recognizing the need for high quality hospital care as a complement to the BPHS, in 2005, the Ministry of Public Health of Afghanistan developed the Essential Package of Hospital Services (EPHS), which defined the role and services of the hospitals, specifically for the district, provincial and regional hospitals.

The MoPH, in partnership with key stakeholders, began supporting the activities of the Third Party Monitoring and Evaluation of the BPHS and EPHS services in 2004. In the absence of a routine system to collect information on health services, the MOPH chose to initiate a program to monitor health services through household surveys and annual surveys of health facilities, and to use the Balanced Scorecards (BSC) to benchmark progress. In 2004, the Ministry of Public Health (MoPH) of Afghanistan, adopted the Balanced Scorecard (BSC) as a performance measurement and management tool for the Basic Package of Health Services in Afghanistan (BPHS). Since 2007, the hospital sector has also undergone to annual monitoring through the BSC on specific domains related to the main elements of the EPHS guidelines.

The purpose of the Afghanistan Health Sector Balanced Scorecard (BSC) is to summarize the performance of Afghanistan's provinces in the delivery of the Basic Package of Health Services (BPHS), as well as, the Essential Package of Hospital Services (EPHS) and to provide policymakers, health managers and other decision makers with evidence on areas of strengths and weakness.

The BSC provides a framework to efficiently look at several key areas or domains of the health sector. Each domain is made up of several indicators that provide information about performance in that domain. The provincial results are color coded in a "traffic light" pattern to draw attention to strong performance (green), weak performance (red), and in-between (yellow), with benchmarks based on the performance found across the provinces in Afghanistan. This allows the Ministry of Public Health (MoPH) and other stakeholders in the health sector to quickly visualize the performance of each province for each indicator relative to benchmarks and other provinces.

The BSC is used by the MoPH to clarify its vision and strategies, and to manage change through a set of indicators that reflect the policies and strategies of the MoPH. It is intended

to provide a basis for problem-solving, programmatic change, or for rewarding good performance; the BSC is not simply a tool used for measurement. The province is the main unit of analysis, so the BSC report is largely organized to show how each province performs.

In 2009, WHO launched a report on health systems strengthening emphasizing the need for close monitoring using system-wide approaches like Balanced Scorecard (BSC) system. The Balanced Scorecard (BSC) which has been used mostly in healthcare monitoring and evaluation of high income countries, eventually, endorsed by WHO as a monitoring and evaluation tool of the health systems in low income countries. Bangladesh and Zambia together with Afghanistan are the three developing countries where BSC has been used as a tool for monitoring and evaluation of their healthcare systems.

The hospital sector is critical to the continuum of care for key referral services to reduce maternal and child mortality. Hospitals utilize a vast amount of resources, including the majority of skilled health providers, and therefore, must be managed more efficiently and effectively. The EPHS consists of three types of hospitals: district hospitals (DH), provincial hospitals (PH), and regional hospitals (RH). The EPHS provides guidelines for all necessary elements of services, staff, facilities, equipment, and drugs for each type of hospital in the country (2).

Since 2007, the hospital sector has undergone annual to bi-annual monitoring through the BSC on specific domains related to the main elements of the EPHS guidelines. The hospital BSC rounds were conducted in 2007/08, 2009/10, 2010/11, 2012/13, 2015, 2016, 2017 and 2018. The EPHS BSC indicators were revised in 2010/11, but to the extent possible remained comparable to previous years in the following domains:

- Domain A: Clients and Community
- Domain B: Human Resources
- Domain C: Physical Capacity
- Domain D: Quality of Service Provision
- Domain E: Management Systems
- Domain F: Functionality Indicators
- Domain G: Ethics and Values

Similarly, several other supplemental indicators including nutritional status assessment and counselling, knowledge regarding nutrition, knowledge and attitude regarding people living

with HIV/AIDS, and health care waste management have been calculated and added to the EPHS BSC annexes since 2016.

The national specialty hospitals (NH) in Kabul do not fall under the EPHS guidelines necessarily, as they are tertiary specialty care centers, however they are included in the hospital assessment to understand key functions and management elements. This report presents the results of the Balanced Scorecard (BSC) for Afghanistan Hospitals in 2018.

The health workers' satisfaction of job in most countries is well documented and has assumed a central concern to health care managers and human resource policy makers. It has founded that job satisfaction has multidimensional association with provision of health care services as; a consequence of low satisfaction with job environment is low quality of health care service. While, the healthcare industry requires a more adhered and skilled workforce today as a result of advancement in medical technology and the demand for more sophisticated patient are.

Job satisfaction is defined to be a worker's sense of achievement and success, is generally perceived to be directly linked to productivity as well as to personal wellbeing. Job satisfaction implies doing a job one enjoys, doing it well, and being suitably rewarded for one's efforts. Job satisfaction further implies enthusiasm and happiness with one's work.

Job satisfaction among medical workers is increasingly being recognized as a measure that should be included in quality improvement programs. Low job satisfaction can result in increased staff turnover and absenteeism, which affects the efficiency of health services. The search for enhanced productivity has been a major concern for all organizations in more developed societies. The subject of job satisfaction is particularly relevant and of interest to public health practitioners due to the fact that organization and employees heal and well-being rest a great deal on job satisfaction (Adams et al, 2000).

The search for enhanced productivity has been a major concern for all organizations in more developed societies. In developed countries the need to optimize productivity is also a consideration. job satisfaction of employees has been found to be an important factor affecting productivity and has received considerable interest. Poor performance of service providers leads to inaccessibility of care and inappropriate care. Which thus contribute to reduce health outcomes as people are not using services or are mistreated due to harmful practices (Alexander, 1995)

Ministry of Public Health of Afghanistan, relying on a strategy of partnering with contracted non-governmental organization to implement the Essential Package of Health Services (EPHS), has made substantial progress in the development of health services in recent years after many decades of conflict. Perception of services quality assume additional importance in Afghanistan. Where, the perceived legitimacy of the government may depend partially on its ability to convince the population that, it can deliver qualified essential services.

2.2 Balance Score Card and Health Workers Satisfaction of Job:

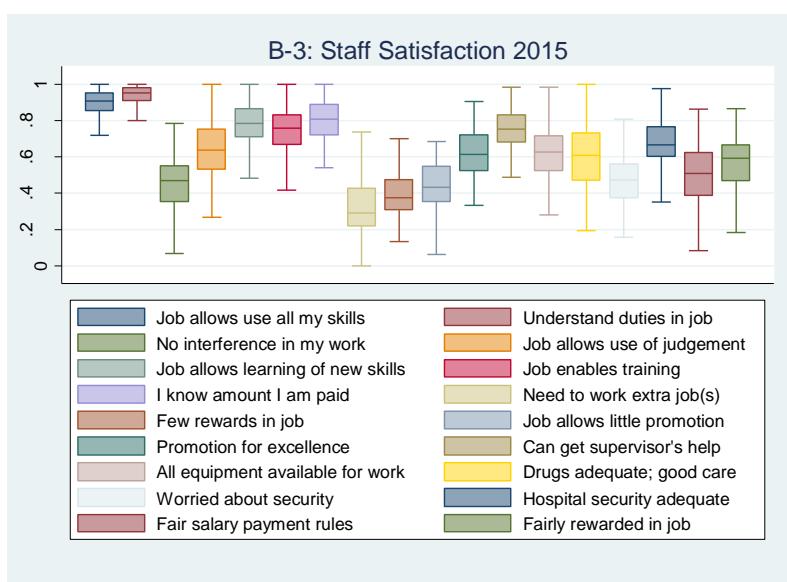


Figure 1: Staff satisfaction level in 2015 in accordance to BSC

The staff satisfaction index scores 36 indicators based on a self-reported questionnaire given to various types of health workers. Of the 36 indicators, box and whisker plots are shown for 18 indicators. At each hospital up to 20 health workers (physicians, nurses, midwives, and vaccinators) complete the questionnaire. Indicators related staff satisfaction include job training, promotion

opportunities, supervisor support, security, financial rewards, work demands, and work content, among others. The highest scored indicators by health workers were “job allows use of all my skills” and “understand duties in job”. Health workers were least satisfied with poor remuneration (unfair payment scales, few rewards on the job, and need to work extra jobs to provide for families) as well as with lack of promotion opportunities. These are persistent complaints since the first hospital assessments in 2007. The trends in staff satisfaction indicators are similar to the previous year.

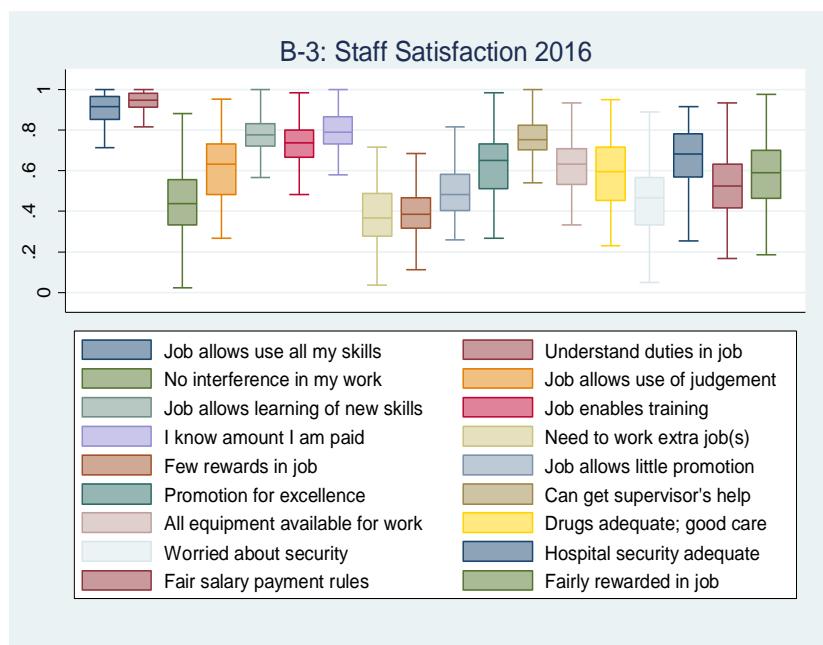


Figure 2: Staff satisfaction level in 2016 in accordance to BSC

supervisor support, security, financial rewards, work demands, and work content, among others. The highest scored indicators by health workers were “understand duties in job” followed by “job allows use of all my skills”. Health workers were least satisfied with “need to work extra jobs to provide for families”, “few rewards on the job”, “security”, “lack of promotion opportunities”, “no interference in my job” followed by “unfair payment scales”. These are persistent complaints since the first hospital assessments in 2007. The trends in staff satisfaction indices are similar to the previous year.

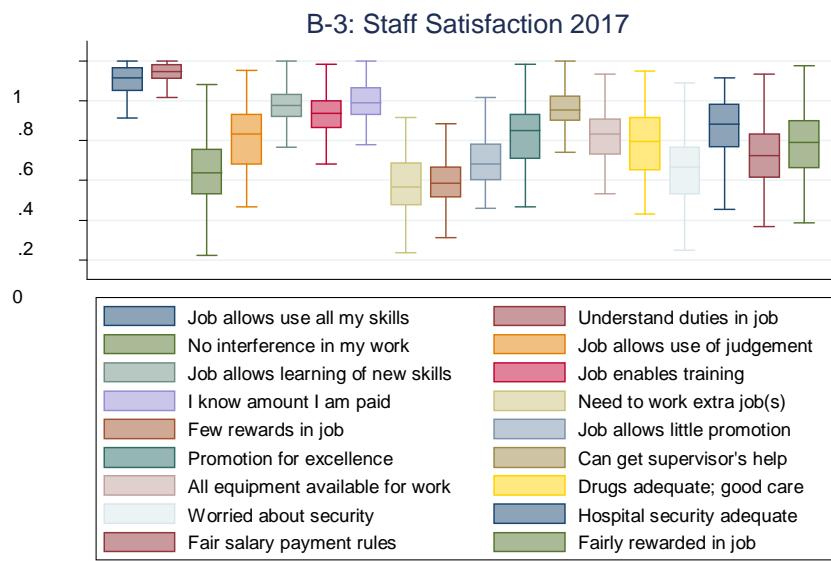


Figure 3: Staff satisfaction level in 2017 in accordance to BSC

The staff satisfaction index scores 36 indicators based on a self-reported questionnaire given to various types of health workers. Of the 36 indicators, box and whisker plots are shown for 18 indicators. At each hospital up to 20 health workers (physicians, nurses, midwives, and vaccinators) complete the questionnaire. Indicators related staff satisfaction include job training, promotion opportunities, supervisor support, security, financial rewards, work demands, and work content, among others. The highest scored indicators by health workers were “understand duties in job” followed by “job allows use of all my skills”. Health workers were least satisfied with “need to work extra jobs to provide for families”, “few rewards on the job”, “security”, “lack of promotion opportunities”, “no interference in my job” followed by “unfair payment scales”. These are persistent complaints since the first hospital assessments in 2007. The trends in staff satisfaction indices are similar to the previous year.

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The ministry of Public Health (MoPH) of implements an innovative monitoring system of Essential Package of Health Services to track health workers’ satisfaction on a routine basis as part of a Balance Scorecard approach. Balance Scorecard of 2018 report in its domain B-3 which, addresses the perspective of health workers on health system and outlines satisfaction of job.

2.3. National results

AFGHANISTAN HEALTH SECTOR		National Medians							
BPHS Balanced Scorecard 2011/12		LB	UB	2011/12	2012/13	2015	2016	2017	2018
Afghanistan Health Sector EPHS Balanced Scorecard 2018 - National Medians									
Domain B: Human Resources									
B-1	Staffing Index	49.6	74.6	60.6	62.4	64.1	68.8	67.3	71.8
B-2	Staff Management	60.7	90.4	76.5	80.2	80.6	89.7	87.1	87.2
B-3	Staff Satisfaction	56.8	63.7	60.7	60.2	61.3	62.7	62.4	61.8
B-4	Staff Motivation	61.7	69.3	65.8	70.1	68.9	68.4	69.2	69.1
B-5	Hospital Training Activities	31.7	74.3	47.9	48.1	47.3	66.6	60.4	62.6
B-6	Provider Knowledge Score	58.5	65.3	63.0	64.5	62.7	57.8	51.4	56.9
B-7	Gender Equity, Providers of Care	44.6	90.0	65.9	60.0	99.0	99.8	99.6	99.9
B-8	Salaries up-to-date	33.3	100.0	70.7	63.3	76.6	81.0	76.0	32.5

Table 1: Afghanistan Health Sector EPHS Balanced Scorecard 2018 - National Medians

2.4. National level findings in 2018:

The national results are presented by hospital type: DH, PH, RH, and NH. The lower and upper benchmarks are set based on the 2011/12 results, with the exception of Index G-1, which uses corrections to the original analysis. A total of 98 hospitals are included in the analysis: 49 DHs, 26 PHs, 7 RHs, and 16 NHs.

2.5. MOH Hospital Policies

The hospitals of Afghanistan will provide a comprehensive referral network of secondary and tertiary health facilities. The policies guiding the hospital sector are:

1. Hospitals, as part of a unified national health system, will provide necessary curative and emergency services, which complement the Basic Package of Health Services, that includes disability care, offered at basic and comprehensive health centers.
2. Hospitals must be rationally distributed so their services are accessible on an equitable basis for the entire population.
3. The MOH will carefully plan the number of hospitals, their location, hospital beds, and types of hospital beds to ensure that the resources committed to hospitals result in the maximum impact on the population's health status. Because Afghanistan does not have unlimited resources to finance hospitals, so health planning, resource allocation and financial management of hospitals will be undertaken by MOH for the entire hospital sector as a means for maximizing the impact and effectiveness of hospitals on the country's health status.
4. Provision of hospital care must be based on need for hospital care and not on ability to pay.
5. Hospitals must be managed in an efficient manner that adheres to basic clinical and managerial standards that ensure the provision of quality care to all patients, including patients with disabilities.
6. The proportion of the government's annual operational budget for hospitals will not exceed 40% of the total health budget.
7. To ensure budgetary accountability and transparency, the MOH will develop the appropriate financial systems and develop proper mechanisms, such as empowering financial management of hospitals to their board of directors.
8. Equitable cost-sharing strategies which are appropriate for Afghanistan, will be developed to help make the operation of hospitals more financially sustainable.

9. Hospitals also have a role within the health system to provide supervision of lower level health facilities, a place for professional training of physicians, nurses, midwives and other health providers as well as supporting necessary national medical and health systems research.

10. Private hospitals are permitted and are part of the health system and must comply with all standards for providing good quality care, be accredited and adhere to all MOH policies.

2.6. Levels of Hospitals

There are three levels of hospitals: district (as a part of the BPHS), provincial, and regional, including specialized hospitals. Differentiation of hospital levels is based on the patient services offered. Five core clinical functions will exist in each level of hospital: medicine, surgery, pediatrics, obstetrics and gynecology, and mental health. An escalating level of sophistication will exist from district to urban hospitals. The health post, basic health center and comprehensive health center will offer basic curative and preventative services. Hospitals in conjunction with the Provincial Coordination Committees (PCC) will ensure the enforcement of a well-functioning referral system. A two-way referral mechanism will be established maintaining a functional link between hospitals and primary health care facilities. First line referrals will stem from health centers to district hospital outpatient departments from where consultation will define whether patients need to be further referred to higher levels or treated at that level. Similarly, patients are referred back to primary health care facilities for follow-up. The following general specification of services for various hospital levels will be supplemented by the Basic Package of Hospital Services, to be developed by MOH, will identify, in detail, the clinical services provided at each level, the equipment and supplies required and the minimum staffing required.

2.6.1. District Hospital

Purpose: The district hospital (DH) brings professional inpatient and emergency services closer to the population in rural areas. Its role in supplementing the health centers aims at reducing the maternal mortality ratio (MMR), infant mortality rate (IMR), and under-5 mortality (U5M). The DH is mainly an emergency hospital where patients are assessed, diagnosed, stabilized, and either treated or referred back to a lower level or referred to a higher level of health facility. Provision of 24-hour comprehensive emergency obstetric care service is a crucial aspect of a DH. points to the DH: the outpatient department (OPD) and emergency department.

Role:

- The DH is an important part of the referral system. It is the first point of entry for referrals from the comprehensive health center and for self-referrals in case of an emergency.
- The DH is part of the BPHS. It functions as a triage station where patients are assessed, diagnosed, stabilized and treated, and referred, if needed, to a higher hospital level.
- The DH OPD functions as the entry point to the health system where no BHCs or CHCs are available.
- The health system promotes a two-way referral system in which patients who no longer need DH care are referred back to the health centers.
- The DH is not to be the primary place for emergency surgery.
- The DH plays a role in building the capacity of health workers, providing health education, collecting health management information system (HMIS) data, and participating actively in improving the health of the population. This role includes health education, immunization campaigns, information sharing with partners, responsiveness to the changing needs of the community, and appropriate use of materials and equipment.

Summary of services:

A DH should provide the following clinical, diagnostic, and administrative services. See Section 2 for a more detailed listing of conditions diagnosed and treated at the District hospital.

- Waste management and cleaning services
- Maintenance services and workshop
- Vehicles: transportation for emergencies and transferring patients

Table 2: Table 1. Summary of Services at a District Hospital

Clinical and diagnostic services	<ul style="list-style-type: none"> • Inpatient services (24-hour) <ul style="list-style-type: none"> - general surgical services (operating theater, anesthesia, recovery room services, and sterilization services) - general obstetrics and gynecology services - general pediatric services (including therapeutic feeding service s) - general medical services • Emergency department open and staffed 24 hours • Outpatient services (including vaccinations, mental health, and dental services) • Hospital pharmacy • Physiotherapy services • Basic laboratory and blood transfusion (no blood bank) services • Basic x-ray and ultrasound services
Administrative and support services	<ul style="list-style-type: none"> • Management and administration team <ul style="list-style-type: none"> - finance and accounting - procurement and medical stores - human resources - supervision of all support services and buildings - security • Central sterile supply • Medical records and HMIS statistics

Provincial Hospitals

Purpose:

The provincial hospital (PH) is the referral hospital for the provincial health system. In essence, the PH is not very different from a district hospital: it offers the same clinical services and possibly a few additional specialties (see Section 4 for staffing). In most cases, the PH is the last referral point for patients referred from the districts. In some instances, the PH can refer patients to higher levels of care—to the regional hospital or to a specialty hospital in Kabul. The PH brings professional inpatient and emergency services closer to the population in rural areas. In their supplementary role to the basic and comprehensive health centres and the district hospital, PH aim to reduce the maternal mortality ratio, infant mortality rate, under-five mortality rate, and other diseases and conditions responsible for the high mortality and morbidity in Afghanistan.

Role:

- The PH is an important part of the referral system: it is the first point of entry for referrals from the district hospital or comprehensive health center, and for self-referrals for emergencies.
- The PH is supplementary to the BPHS and functions as a triage station where patients are assessed, diagnosed, stabilized, and treated, or referred to a regional hospital.
- The health system promotes a two-way referral system in which patients who no longer need PH care are referred back to the health centers (similar to the referral patterns shown in Figure 2).
- The PH outpatient department functions as the entry point to the health system when no BHCs or CHCs are available.
- Because a PH is primarily an emergency hospital, it does not perform complicated elective surgery (see Section 2).
- The PH's role includes training health professionals, collecting HMIS health information, and actively participating in improving the health of the population through community outreach, health education, immunization campaigns, information sharing with partners, responsiveness to the changing needs of its community and province, and appropriate and efficient use of staff, buildings, equipment, and materials.

Summary of services:

A PH should offer the clinical, diagnostic, and administrative services described in

(See Section 2 for a more detailed listing of conditions diagnosed and treated at the PH.)

Table 3: Summary of Services at a Provincial Hospital

Clinical and diagnostic services	<ul style="list-style-type: none"> • Inpatient services <ul style="list-style-type: none"> - general surgical services (operating theater, anesthesia, recovery room services, and sterilization services) - general obstetric and gynecology services - general pediatric services (including therapeutic feeding) - general medical services • Emergency department open and staffed 24 hours • Outpatient services (including vaccinations, basic ear-nose-throat, mental health, eye care, and dental services)
Administrative and support services	<ul style="list-style-type: none"> • Management and administration team - finance and accounting - procurement and medical stores - human resources - supervision of all support services and buildings - security • Central sterile supply • Medical records and HMIS statistics • Kitchen • Laundry and tailor

CHAPTER 3

METHODOLOGY

3.1. Methodologies to be employed

In this study the investigator used a secondary data set in isolation and this was without combining it with other data sets. The study dug and found a data set that was useful for this research purposes and then base on entire research on that set of data. The reason for choosing this methodology was that the investigator wanted to re-assess a data set with a different research question in mind. The study utilized both quantitative and qualitative data sets.

3.2. Sources of data

Since data has been already collected, the study used external sources for this study. The benefit of external sources of data was that they provide comprehensive data. The original study was targeted 98 hospitals were adherence to the essential package of hospital service in Afghanistan, in each hospital the staff such as medical doctors, nurses' midwives, auxiliary midwives, doctor assistant, vaccinator and community health worker supervisor assessed. A number of 1960 health workers were interviewed during this study in over all the country.

3.2.1. Focus group discussions (FGD): conducted among the sampled groups of hospital staff (technical and supportive staff). One Focus Group Discussions carried out with hospital staff which were included one with hospital technical staff and with supportive staff. This aimed to investigate perception, opinion, attitude, practice, behavior and reaction of the targeted groups toward health workers' satisfaction from hospital services provision and attitude of the hospital staff. The study used Focus Group Discussions in order to triangulate data and gain in-depth information on the subject. FGDs are important tool to gain insight into different opinions among all level of health workers.

3.3. Respondents and Tools to Be Used

Respondents and tools to be used are reflected in table below:

Table 4: Respondents and tools to be used

RESPONDENT	TOOL		
	Expert interviews Guide	FGD Guide	Standardized Structured Survey Questionnaire

RESPONDENT	TOOL		
	Expert interviews Guide	FGD Guide	Standardized Structured Survey Questionnaire
Director of (National hospital)	√		√
GCMU	√		√
Hospital Staff (Doctors and nurses)		√	√
Hospital Supportive staff		√	√

3.4. Identify a secondary data set:

As mentioned above, this process involved considering the kind of data previously collected. After reviewing the literature and specifying the research question the investigator decided to rely on secondary data. the investigator discovered that this data would be perfectly reusable in this research and therefore helping the investigator to answer the research question more thoroughly and easily. During the process the study contacted the original authors and ask for a permission to use their data.

3.5. Evaluation:

As it was discussed previously the original study had a different research question, and the investigator discovered that secondary data may in fact answer the research question. The study which was mentioned to be the base of the study which was conducted in a professional manner, and therefore the investigator could expect to have access to all the essential information regarding this research. The study obtained all sample characteristics, measures, procedures, and protocols. This information would have obtained either in their final research report or through contacting the authors directly since their employed measures were both reliable and valid, and the methodology was more than sufficient. The investigator was confident that the research question could be sufficiently answered with the existing data.

3.6. Data Analysis

During the secondary data evaluation process, the study familiarized the investigator with the original research. The study outlined all variables of interest that used in this study. Once variables of are identified, the study transferred the data into a new SPSS or Excel file. The study addressed missing data (identify and label them) and recode the necessary variables (e.g., giving value). The study also created new variables to address the concept of the study. Finally, the investigator needed to analyses the data by employing statistical analyses.

3.7. Confidentiality

Confidentiality was extremely important for this study because clients were a vulnerable and they had the right to not be incriminated by anything they say in their interview. The study ensured that the information obtained from the hospital staff was not released to anyone. This included other hospitals, hospital staff, MoPH, and members of the general public.

When the questionnaires filled out, no personal identifiers used on the forms, the participants only referred to a number. Only the interviewer known the identity of the respondent.

3.8. Data management (Data Security, Transfer, Storage and processing)

An in-depth analysis of the data and information resulting from the use of the above methods and tools undertaken by the researcher to determine the level of achievement of the study objectives with particular focus on the various outcomes and their corresponding outputs. These will be measured by the proposed indicators. The completed questionnaires edited, coded and entered. The data kept under key and locked where only the primary investigator having access to it.

3.9. Ethical considerations

The study used to deploy non-intervention matters of data collection and did not pose direct or indirect threat to the enrolled individuals in terms of physical or psychosocial consequences. However, to comply with the ethical consideration of scientific research on human beings and requirements of IRB the following aspects were strongly took into consideration;

1. Protection of participants from harm (physical and psychological)
2. Prevention of deceit
3. Protection of privacy
4. Obtaining informed consent

During the research the core principles of research ethics has been considered and applied:

1. Respect for person (ensuring people are not used simply as a mean to achieve research objectives)
2. Beneficence (minimize the risks associated with research, including psychological and social risks)
3. Justice (those who participated in the research will be informed about the result of the research)
4. Respect to the communities (the research team will be obliged to respect the values and interests of the community)

A consent form was written in the prospective subjects' mother tongue. The consent form had two parts: a) a statement describing the study and the nature of the subject's involvement in it; and b) a certificate of consent attesting to the subject's consent. Both parts were in simple language so that the subject could easily understand the contents.

The informed consent was appropriate and explained why the study was conducting and why the subject is asked to participate. It also described, in sequence, what happened in the course of this study and gave enough detail for the subject to gain a clear idea of what to expect. Finally, the statement indicated that the subject had the right to withdraw from the study at any time.

CHAPTER 4

FINDINGS

RESULT SECTION

This section presents the results of official interviews, and focus group discussions. Within the finding section a summary of data that has been described and quantified from interviews and Focus Group Discussions is presented together with quotes from respondents. The last section discusses results and draws conclusions and recommendations.

This study was a cross sectional study that used secondary data from a national survey called National Health Services Performance Assessment which was conducted on 2018 to assess the Essential Package of Hospital Services. The sample size of current study including 320 medical staff who were adherent to the 16 tertiary hospitals in kabul-Afghanistan. These respondents were asked to give information personal characteristics, health related characteristics and factors associated with job satisfaction using health workers' questioner.

According to the below table, the sex of the all respondents shows that 184 respondents were male and about 136 respondents were female.

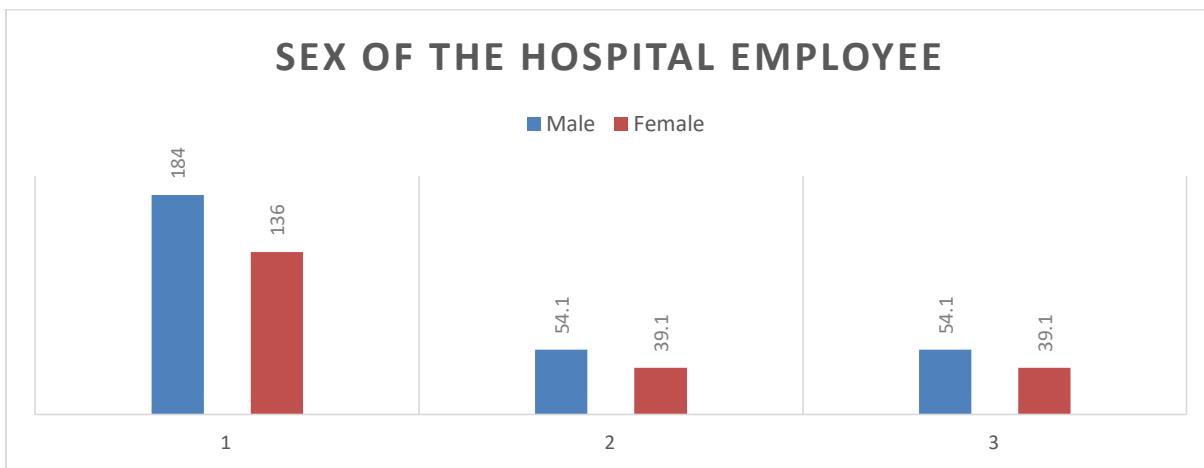


Figure 4: Sex of the Hospital Employees

Proportion of the respondents shows that among the 320 health workers filled the questioner almost (30%) were Doctors, while (6%) were pharmacists. As well as the given graph shows that around (26%) of respondents were Nurses and (9%) were Midwives. It is worth mentioned that (11%) of respondents were Health Technician and a portion of (2%) supportive staff.

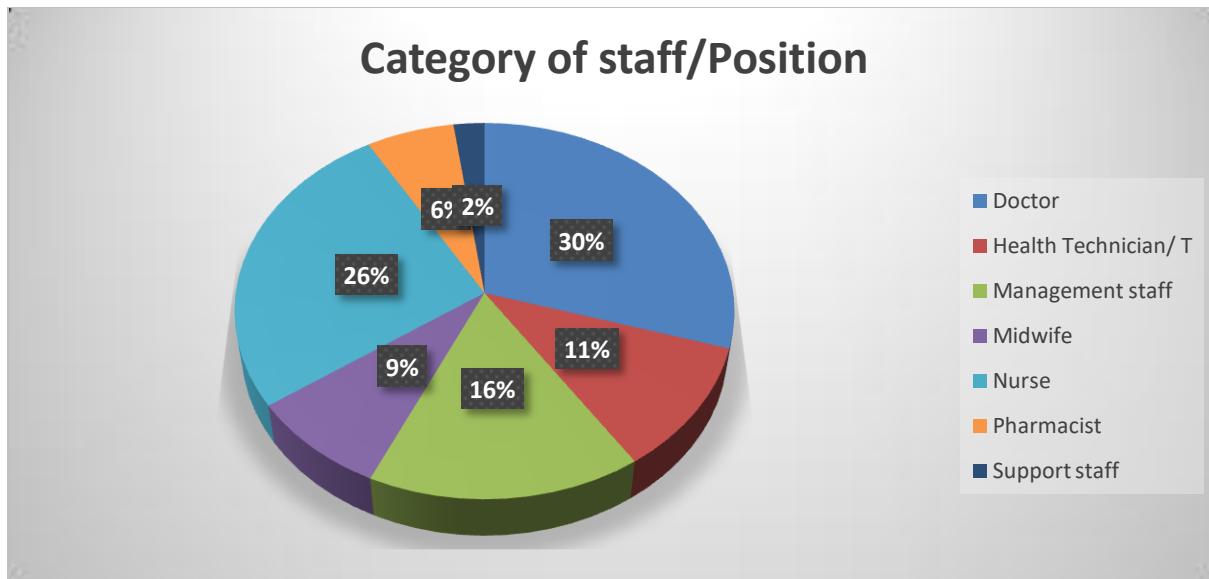


Figure 5: Category of Staff/Position

Respondents were asked whether they knew of her/his job description. Data analysis shows that more than 96% of the respondents known their job description, while (3.5%) did not know.

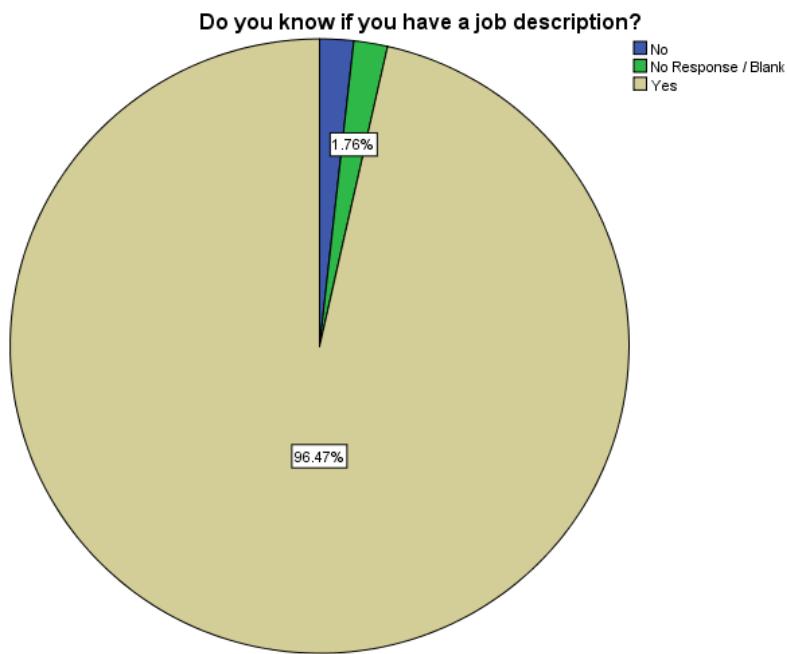


Figure 6: Do you know if you have a job description?

Among the respondents, some (49.1%) of the respondents gave the information that someone from MoPH visited their work within 30 days, while the percentage of respondents who said that they have been visited within 31-90 days was (16.1%). The health worker's percentage who

explained that someone from MoPH visited them within the past 3-6 months was (17.1%). The proportion of the health workers who remembered that someone from MoPH visited their work more than 6 months in the past was (9.4%), while (6.8%) staff said they have never visited by anyone.

Table 5: When was the last time that someone from the Ministry of Public Health in Kabul visited your work area?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More than 6 months	32	9.4	9.4	9.4
	Never	23	6.8	6.8	16.2
	No Response / Blank	3	.9	.9	17.1
	Within the past 3-6	50	17.1	17.1	34.1
	Within the past 30 d	155	49.1	49.1	83.2
	Within the past 31-9	57	16.8	16.8	100.0
	Total	320	100.0	100.0	

The proportion of the health workers who reported which have been recently within the past 30 days talked by hospital supervisor or administrator about their work was (73%). while the percentage of those had been talked by supervisor or administrator within past 31-90 day was (10%). Similarly, those who talked about their work by supervisor or administrator within past 3-6 months was (8%). Likewise, the proportion of staff talked by supervisor or administration more than 6 months is (7%) as well as those health workers who never talked is (2%).

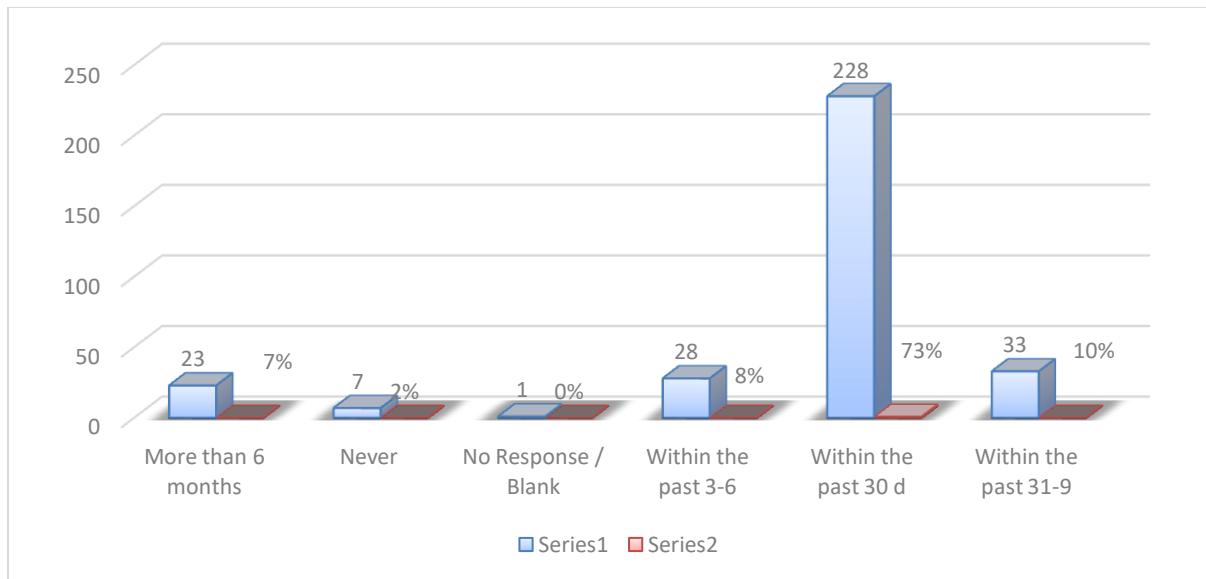


Figure 7:When was the most recent time that a hospital supervisor or administrator talked with you about your work?

The proportion of staff who have assisted which had formal employee performance easement in the past 12 months is (90.29%), while the proportion of those health workers which were never assessed in the past 12 months was (6.76%). Likewise, (2.65%) of the respondents did not know or were not sure to be assessed in the past 12 months.

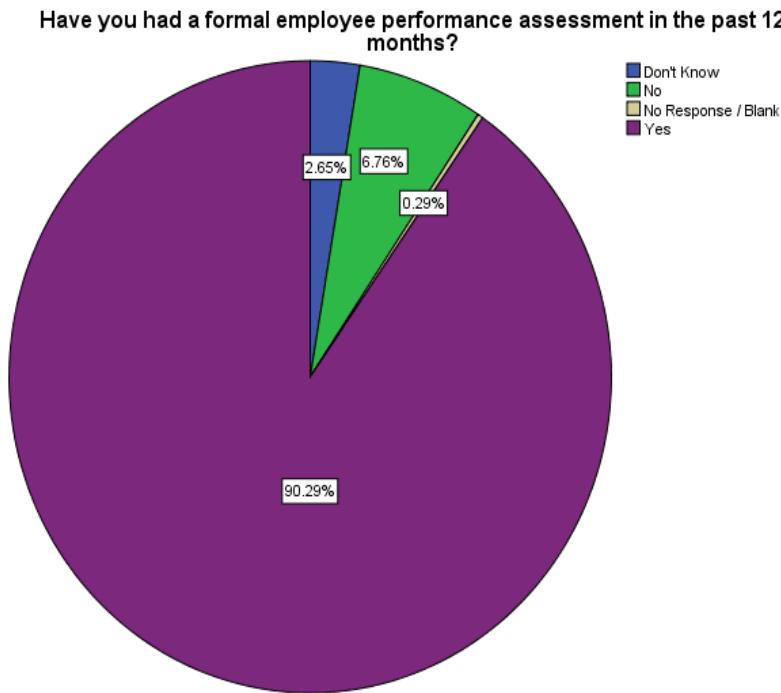


Figure 8: Have you had a formal employee performance assessment in the past 12 months?

Among the health workers who replied that have received their salaries up to date were (77.1%), but the percentage of those have not received the salaries were (22.6%), as well as only (3%) of the health workers did not replied and left the answer blank.

Table 6: Is the payment of your salary up to date?

Valid	Frequency	Percent
No	70	22.6%
No response / blank	1	3%
Yes	148	77.1%

The proportion of health workers who have replied that they strongly agree to know what is expected of them in their job was (74%), while the proportion workers who have replied that they only agree to know what is expected of them in their job was (23%). As well as, some respondents report that they disagree to know what is expected of them in their job was (2%),

meanwhile, the percentage of those health workers who were strongly disagree to know what is expected of them in their job was (1%).

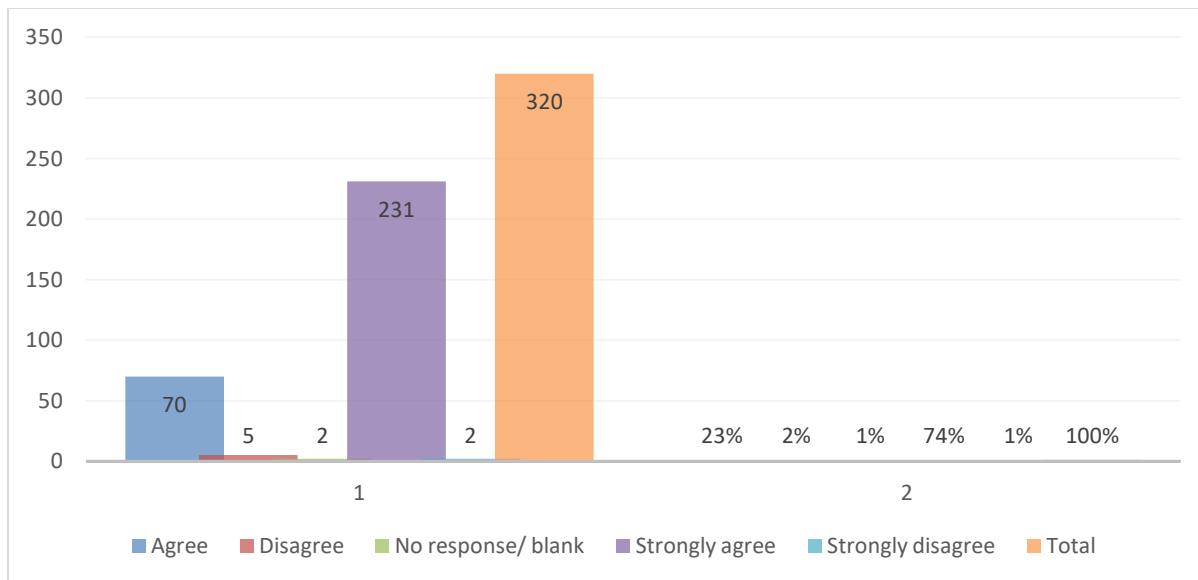


Figure 9: Response to this question: I know what is expected of me in this job

Out of 320 respondents, around (66%) of the health workers who strongly agreed that their job allows them to use all their skills, likewise (27%) of the them only agree that their job allows them to use all their skills, in the same time (5%) of health works disagreed that their job allows them to use all their skill and only (2%) of the them strongly disagreed that their job allows them to use all their skills.

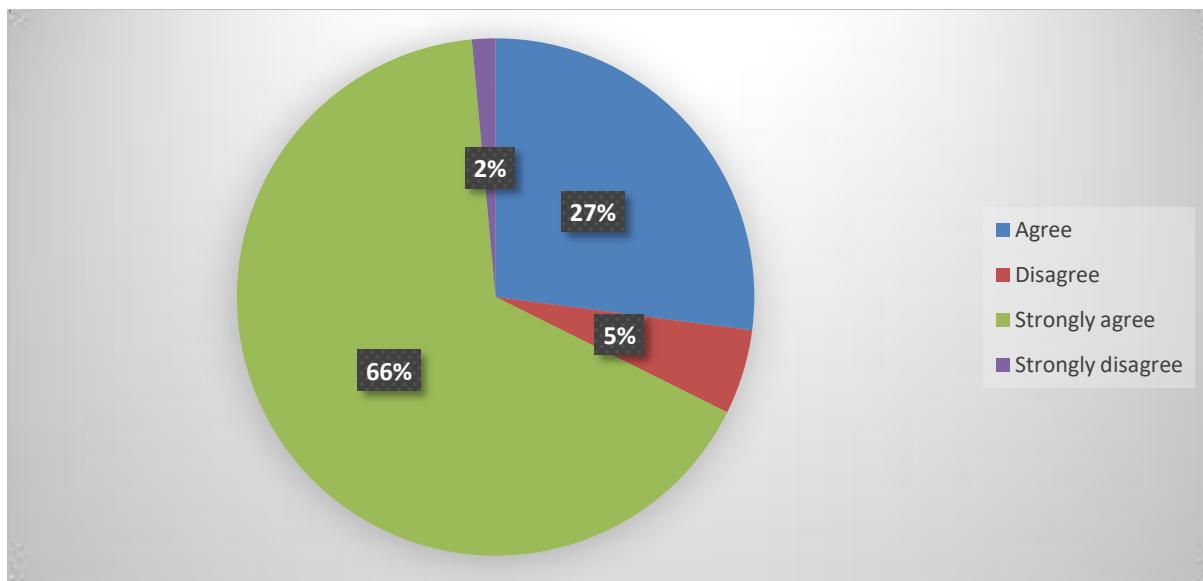


Figure 10: Response to this question: This job allows me to use all my skills

From overall respondents the percentage of (77.1%) them strongly agreed to understood their daily duties at the job, as well as (22.1%) of the them agreed to understood their daily duties at the job, however (3%) of the respondents disagreed to understood their daily duties at the job and finally only (6%) of the health workers replied strongly disagreed to understood their daily duties at the job.

Table 7: I understand my daily duties at this job

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	70	22.1	22.1	22.1
	Disagree	1	3	3	22.4
	Strongly agree	247	77.1	77.1	99.4
	Strongly disagree	2	6	6	100.0
	Total	320	100.0	100.0	

Nearly (12%) of the respondents strongly agreed to say that their management rarely interferes in their work, it is while a proportion of (32%) only agreed that their management rarely interferes in their work. As well as (26%) of respondents disagreed saying their management rarely interferes in their work, and only (30%) of the health workers strongly disagreed that their management rarely interferes in their work.

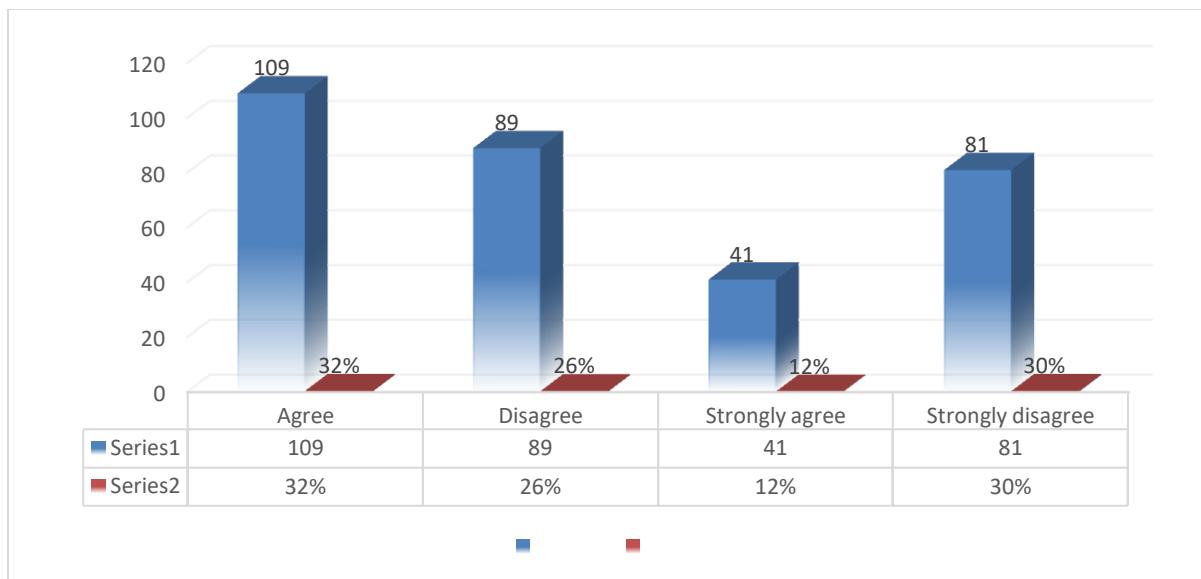


Figure 11: In this job management rarely interferes in my work

From all health staff who replied (33%) are strongly agree that their job allows them to use their personal judgment in carrying out the work, while (32%) were only agree and (20%) were disagree as well as (15%) replied that they are strongly disagree that their job allows them to use their personal judgment in carrying out the work.

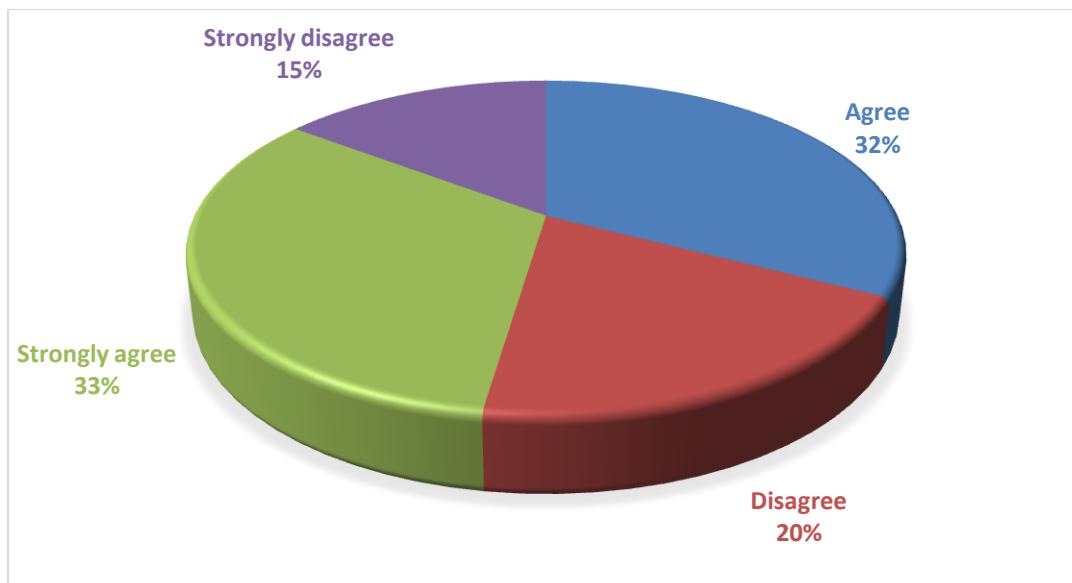


Figure 12: This job allows me to use my personal judgment in carrying out the work

There were (9.7%) respondent strongly agreed that there are unnecessary procedures in this job that take time away from my actual work, (17.1%) respondent just agreed as well as (34.7%) of



respondents disagreed to respond that there are unnecessary procedures in this job that take time away from my actual work and only (38.5%) strongly disagreed.

Table 8: There are unnecessary procedures in this job that take time away from my actual work

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	48	17.1	17.1	17.1
	Disagree	118	34.7	34.7	51.8
	Strongly agree	23	9.7	9.7	61.5
	Strongly disagree	131	38.5	38.5	100.0
	Total	320	100.0	100.0	

It is found that (7.4%) of the respondents were strongly agreed that they are often asked to do things that are not their duties, while (10.6%) of the respondents replied they are agree. Meanwhile (35%) of respondents were disagreed and only (46.8%) of the respondents were strongly disagreed with the question.

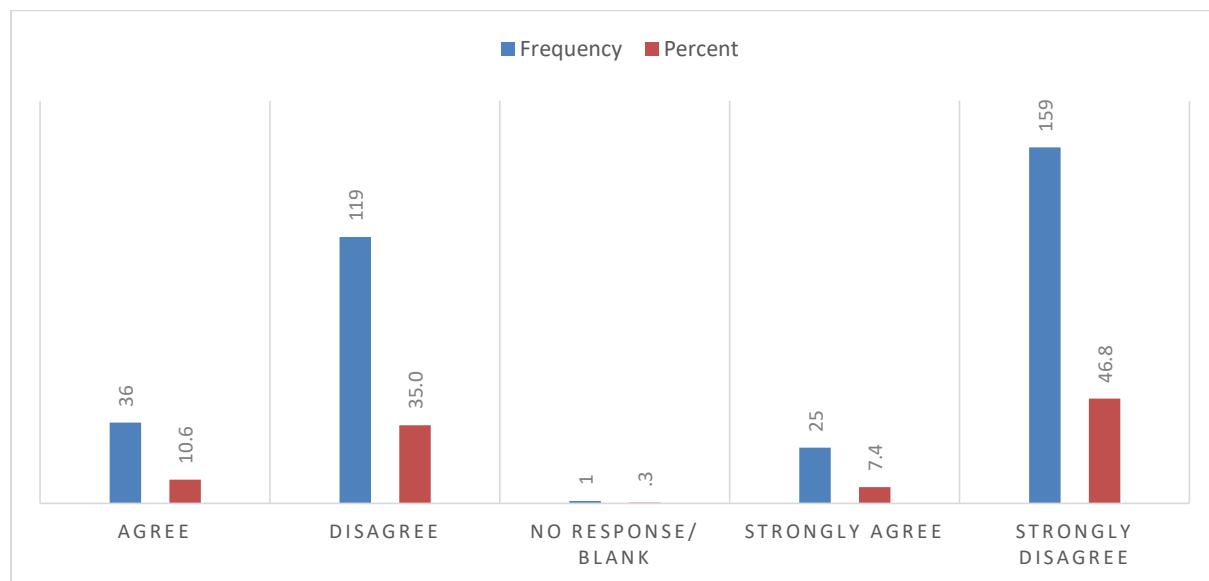


Figure 13: I am often asked to do things that are not my duties

The subsequent figure # 9, gives detail that about (40%) of those health workers who were strongly agreed that this job provides them adequate opportunities to learn new skills, it is noticeable that (40%) of the employees were agreed to the question, a portion of (10%) of

respondents were disagree and finally (9%) of the health workers replied that they are strongly disagree that their job provides them with adequate opportunities to learn new skills.

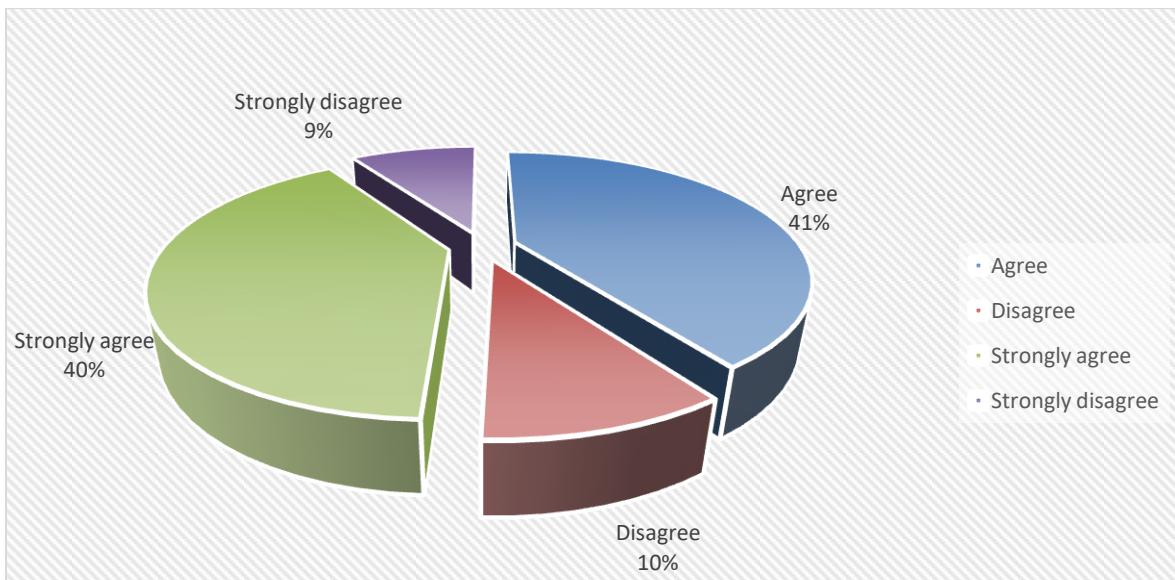


Figure 14: This job provides me with adequate opportunities to learn new skills

Out of 320 respondents (37.1%) the respondents were strongly agree regarding their job provides them with adequate opportunities to participate in training program. Meanwhile, (40%) of the them were agree and around (13.8%) of the health workers were disagree, the percentage of health workers who replied that this job provides them with adequate opportunities to participate in training programs were (8.8%).

Table 9: This job provides me with adequate opportunities to participate in training programs

	Frequency		Percent	
	Valid			
Valid	Agree	136		40.0%
	Disagree	27		13.8%
	Strongly agree	126		37.1%
	Strongly disagree	30		8.8%
	Total	320		100.0%

Among the respondents about (48.2%) of them strongly agreed that the benefits they receive are as good as most other jobs offer in Afghanistan. Another portion of staff about (38.8%) were agreeing, while the proportion of the respondents who were disagree were (5.9%) and finally

only (6.2 %) of the health workers replied that there benefits they receive are as good as most of the job offer in Afghanistan.

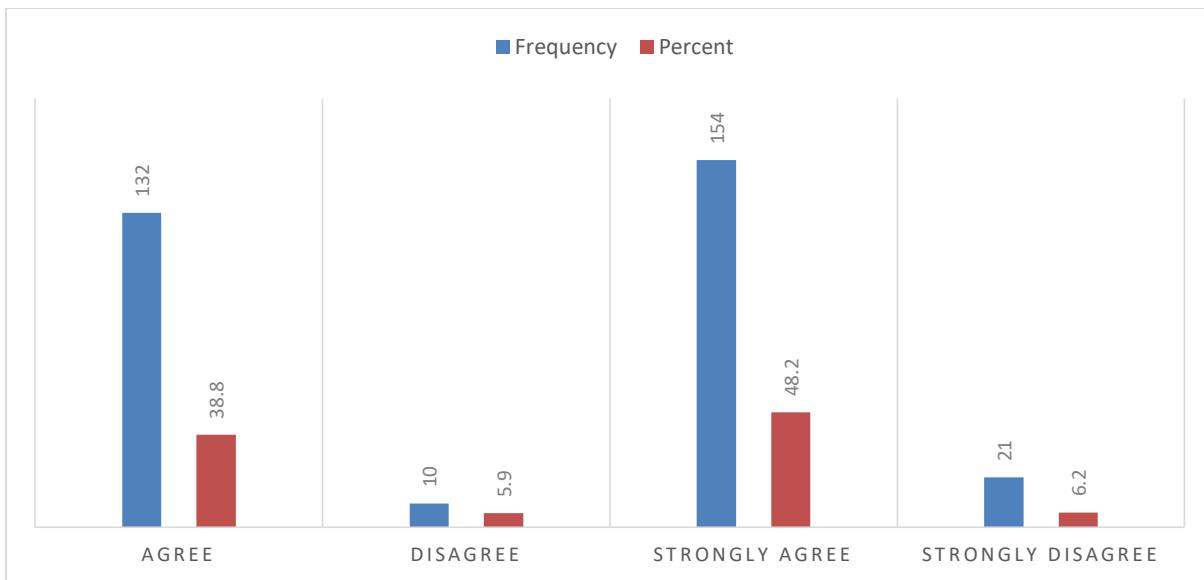


Figure 15: The benefits we receive (such as housing, transportation allowance and others) are as good as most other jobs offer in Afghanistan

Among 320 health workers, (37%) who were strongly agree about the types of benefits that they supposed to receive in their job. Likely wise, around (48%) of the respondents were agree, and (7 %) were disagree, finally only (8 %) of the respondents were strongly disagree with the types of benefits they supposed to receive in their job.

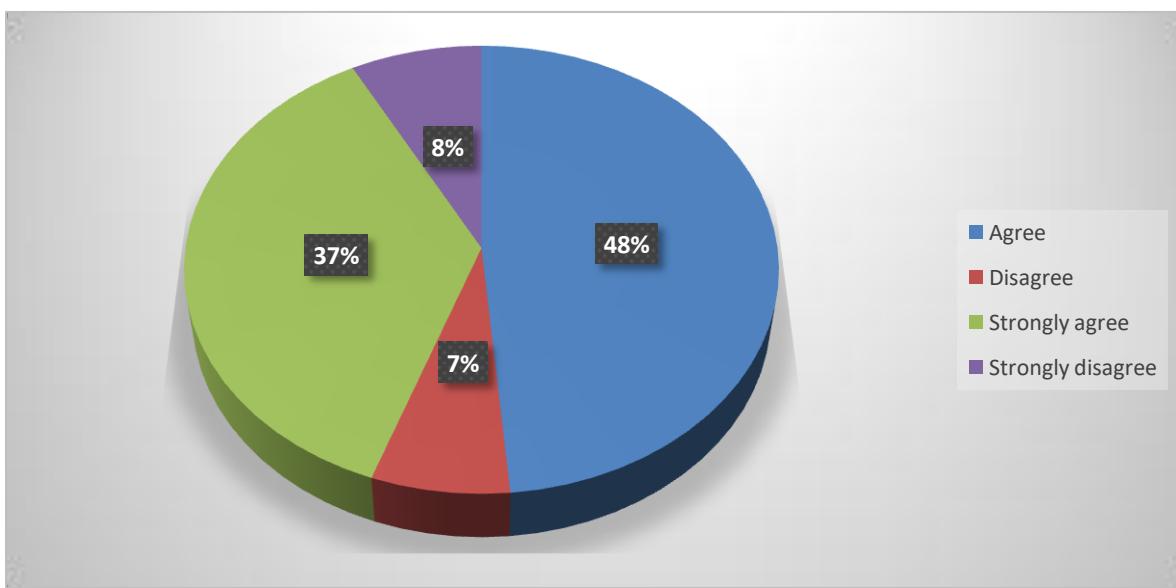


Figure 16: I understand the types of benefits that I am supposed to receive in this job

The proportion (35.6%) of those health workers who were strongly agree that there are few rewards for those who work in the health facility, some (35.3%) of the health workers were only agree, meanwhile (18.2%) percent were disagree and the minimum number (8.8%) of the health workers known that there are few reward for those who work in the hospital.

Table 10: There are few rewards for those who work here

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	120	35.3	35.3	35.3
	Disagree	52	18.2	18.2	53.5
	Strongly agree	121	35.6	35.6	91.2
	Strongly disagree	20	8.8	8.8	100.0
	Total	320	100.0	100.0	

As the data shows (25%) of health workers strongly agree that there is really too little chance for promotion in this job, as well as the percentage (34%) of the health workers were agree, as well as (25%) of the respondents were disagree and just (15%) of the health workers were strongly disagree.

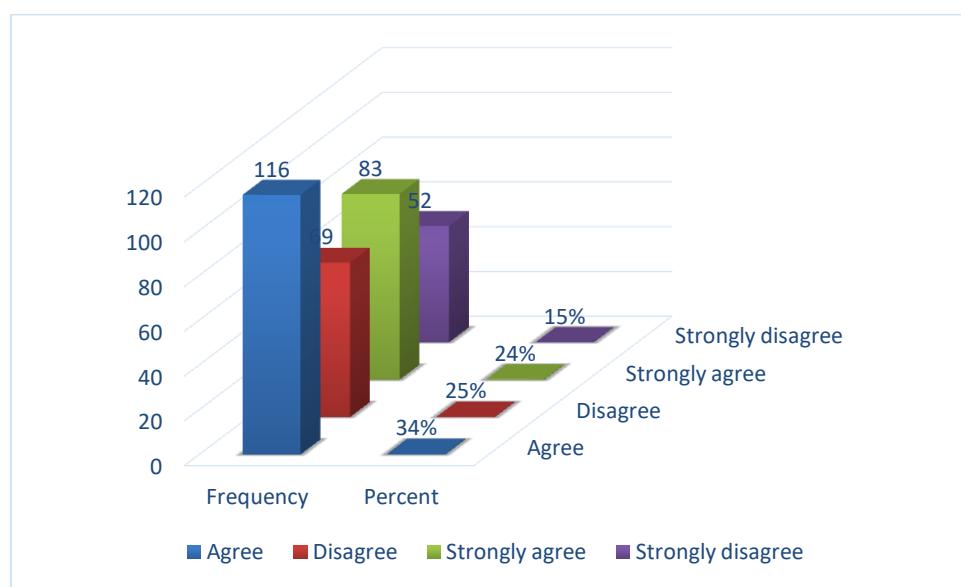


Figure 17: There is really too little chance for promotion in this job

Among 320 health workers, the proportion of the those who were strongly agree that people get ahead as fast in the hospital as they do in other organizations were (27%), that is while those who

were agree was (42%). Meanwhile the proportion of those who were disagree was (18%), the only (13%) of the health workers replied that they were strongly disagree which for those who do well on the job stand a fair chance of begin promoted.

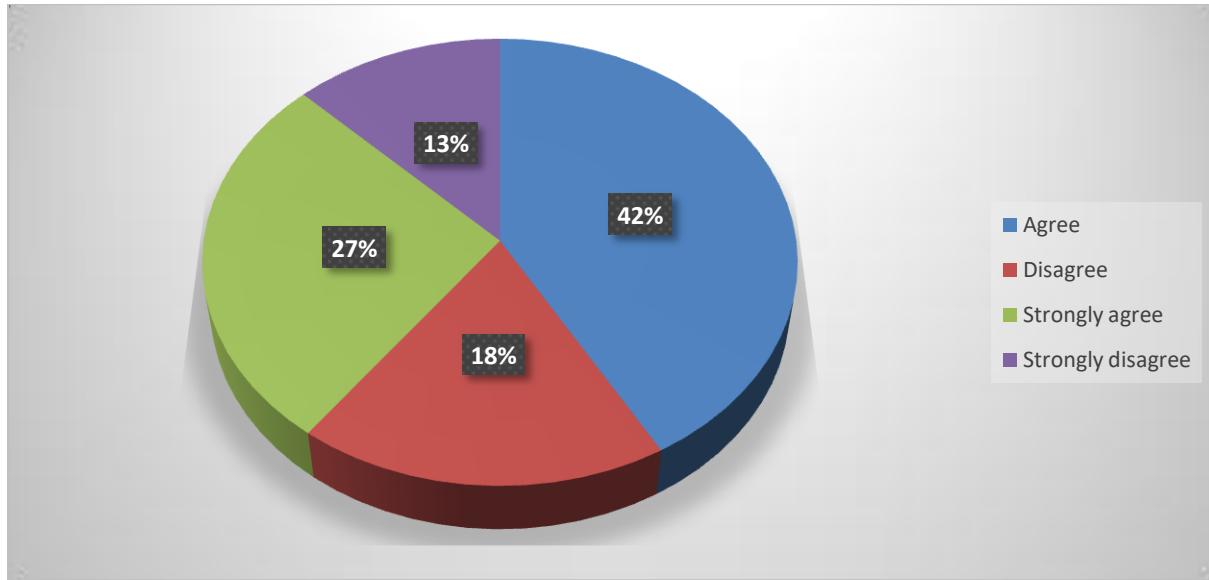


Figure 18: Those who do well on the job stand a fair chance of being promoted

Some (10%) of the health workers were strongly agree that the work assignment are not fully explained, a proportion of (19.7%) of the replies were agree, as well as (42.1%) were disagree and minor number of the health workers (27.1%) were strongly disagree

Table 11: In this job work assignments are not fully explained

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	47	19.7	19.7	19.7
	Disagree	143	42.1	42.1	61.8
	Strongly agree	34	10.0	10.0	72.9
	Strongly disagree	92	27.1	27.1	100.0
	Total	320	100.0	100.0	

regardless of whether the health workers get help from their supervisor when they need it, approximately (39.4%) of the overall respondents were strongly agree, a proportion of (48.2%) of the respondents were agree. It is while some (5.6%) health workers were only disagreeing, as well as minority of health workers (6.2%) were strongly disagree.

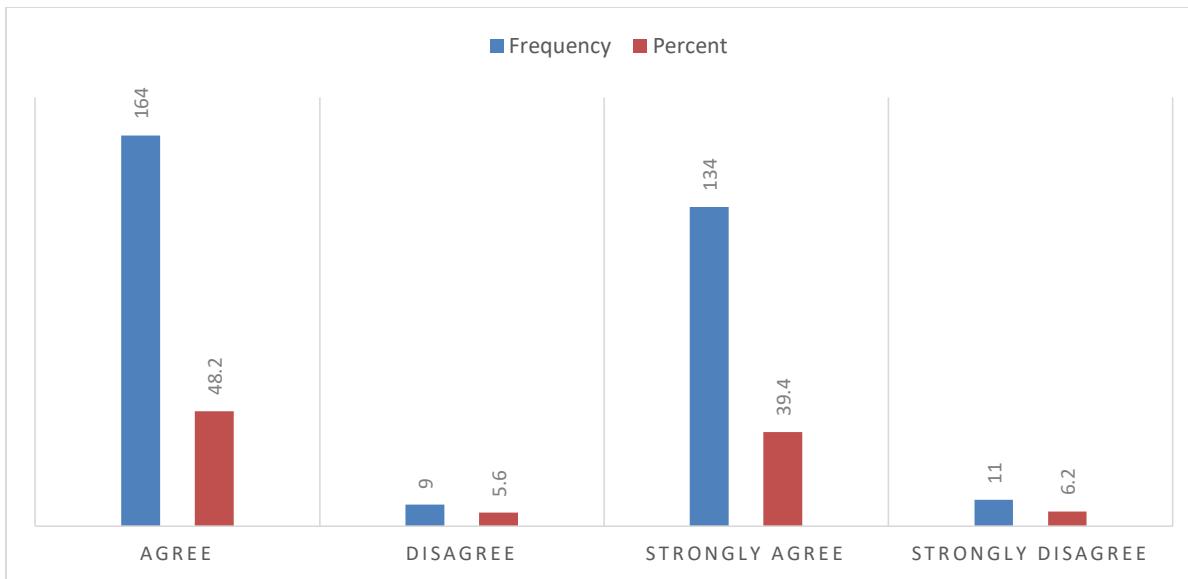


Figure 19: I can get help from my supervisor when I need it

Out of 320 respondents, the proportion of health workers who were strongly agree and replied that the supervisor never gives them any feedback about how well they are doing job was (15%), while the proportion workers who have replied that they only agree was (26%). As well as, some respondents report that they were disagree (36%), meanwhile, the percentage of those health workers who were strongly disagree was (26%).

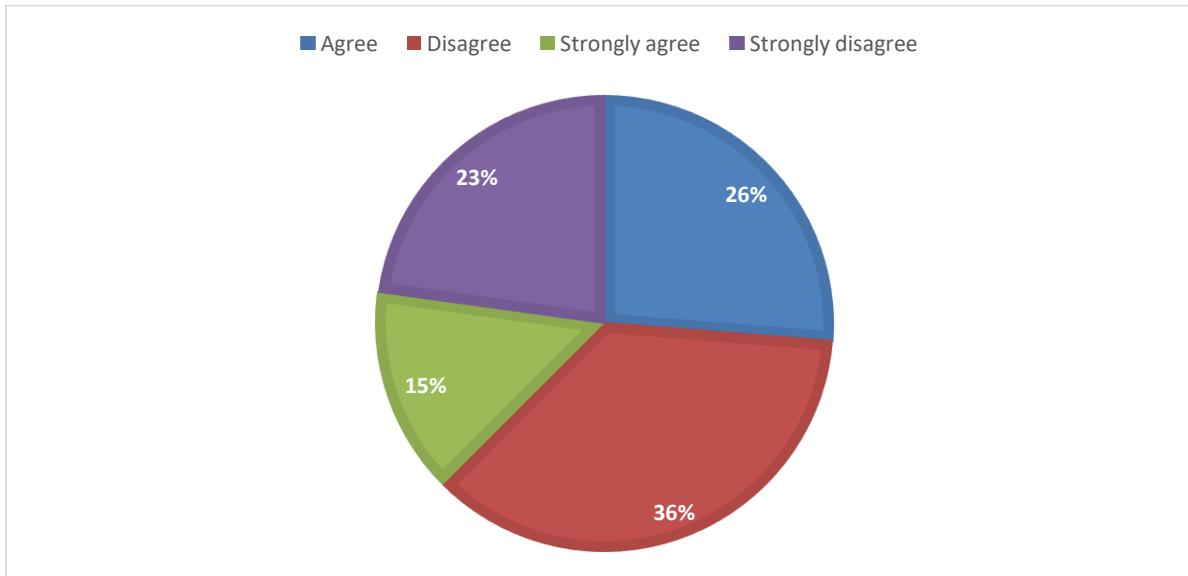


Figure 20: My supervisor never gives me any feedback about how well I am doing in my job

Around (31.5%) of the health workers who strongly agreed that they receive recognition from their supervisor when they do good job, likewise (37.6%) of the them only agree, in the same time (14.1%) of health works disagreed and only (16.2%) of the them strongly disagreed that their job allows them to use all their skills.

Table 12: When I do a good job, I receive the recognition from my supervisor

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	128	37.6	37.6	37.6
	Disagree	40	14.1	14.1	51.8
	Strongly agree	107	31.5	31.5	83.8
	Strongly disagree	45	16.2	16.2	100.0
	Total	320	100.0	100.0	

From overall respondents the percentage of (77.9%) them who strongly agreed having good working relationship with colleagues, as well as (19.1%) of the them agreed, however (2.4%) of the respondents disagreed and finally only (3%) of the health workers replied strongly disagreed having good working relationship with colleagues.

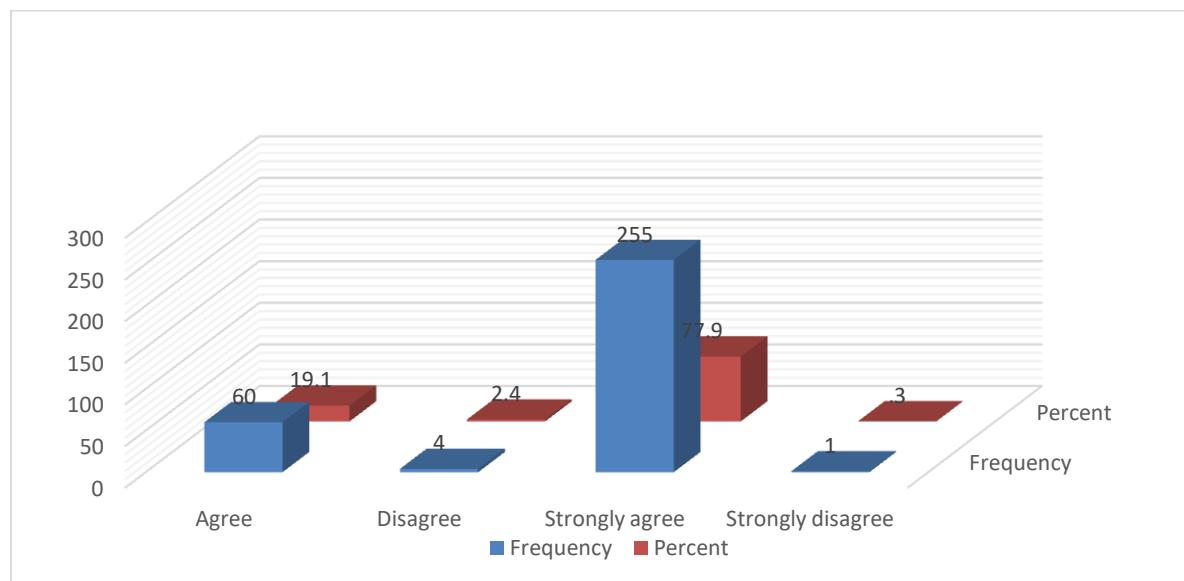


Figure 21: I have good working relationships with my colleagues

It is found that (23%) of the respondents were strongly agreed that they had all the necessary equipment and tools to do their job well, while (40%) of the respondents replied they are agreeing. Meanwhile (23%) of respondents were disagreed and only (14%) of the respondents were strongly disagreed with the question.

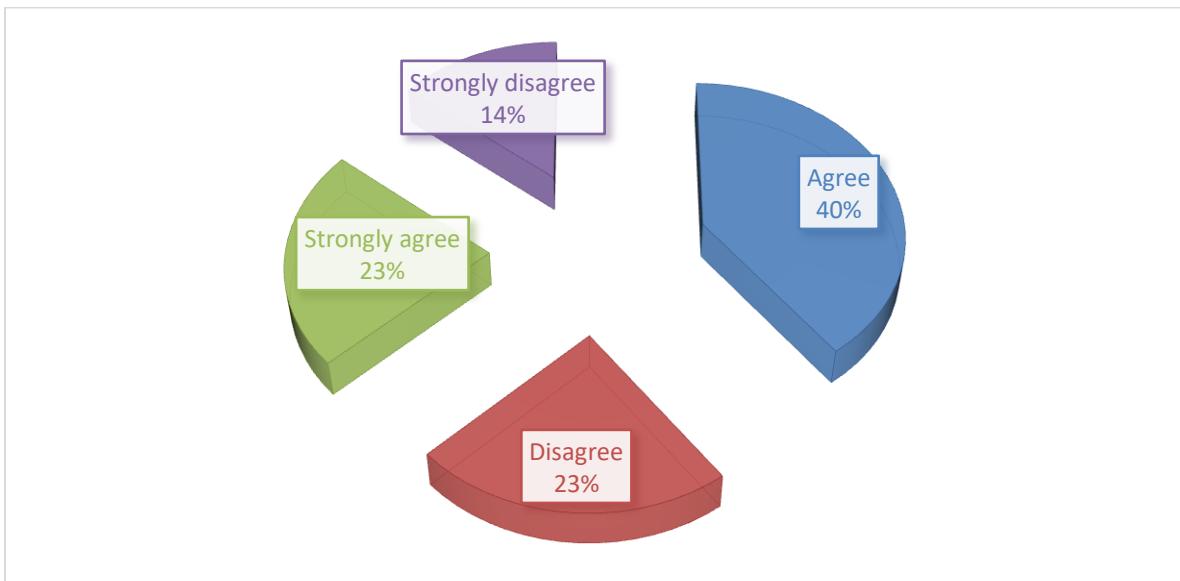


Figure 22: I have all the necessary equipment and tools to do my job well

Data analysis revealed that (18.2%) of the respondents mentioned that they are strongly agree that the hospital provides them adequate medicine to provide good quality of care, while (34.1%) of the respondents only agreed. As well as (28.5 %) of the health workers disagreed to the question and finally only (17.9) % of the employees strongly disagreed on the question

Table 13: This hospital provides adequate medicine to provide good quality of care

		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid						
Valid	Agree	116	34.1	34.1	34.1	
	Disagree	86	28.5	28.5	62.6	
	Strongly agree	57	18.2	18.2	82.1	
	Strongly disagree	61	17.9	17.9	100.0	
	Total	320	100.0	100.0		

(22.1%) of the respondents were strongly agree regarding their families and their own security living in the community. Meanwhile, (36.8%) of them were agree and around (20.9%) of the health workers were disagree, the percentage of health workers who strongly disagreed that their families and their own security living in the community were (19.7%).

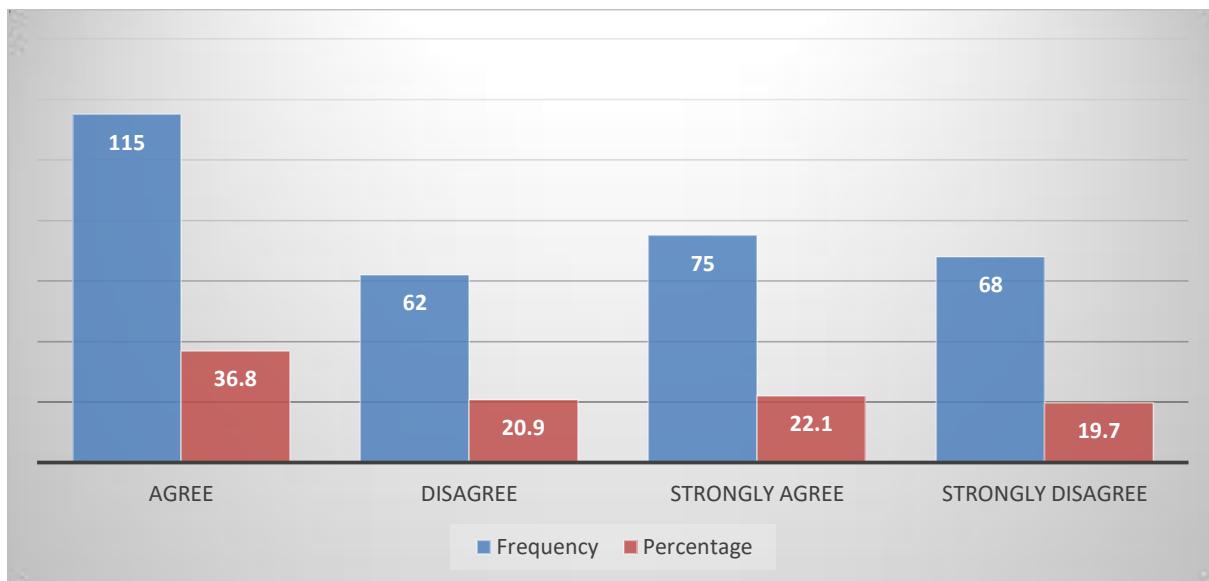


Figure 23: I worry a lot about my family's and my own security living in this community

There were (28%) respondent strongly agreed that they can keep their job as long as they want. About (37%) respondent just agreed as well as (27%) of respondents disagreed and only (8%) strongly disagreed.

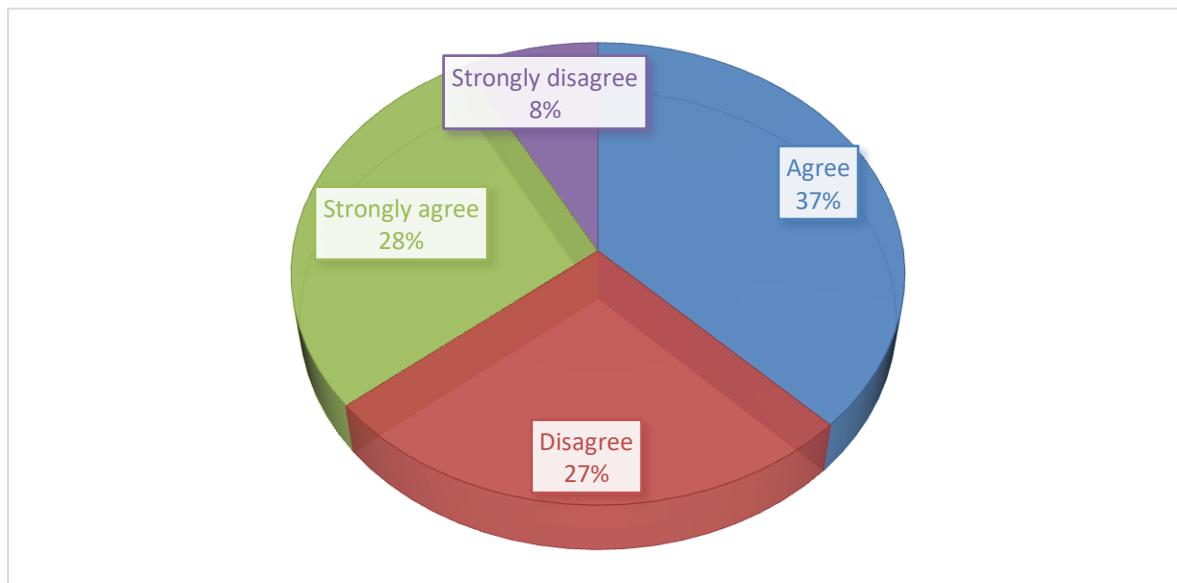


Figure 24: I can keep this job as long as I want

Data analysis revealed that (24.4%) of the respondents mentioned that they are strongly agree to have the opportunities to express their opinion, while (47.1%) of the respondents were only agreed. As well as (17.4%) of the health workers disagreed to share their opinion and finally only (10.9%) of the employees strongly disagreed on the question.

Table 14: Staff in this hospital have opportunities to express their opinions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	160	47.1	47.1	47.1
	Disagree	49	17.4	17.4	64.4
	Strongly agree	81	24.4	24.4	89.1
	Strongly disagree	30	10.9	10.9	100.0
	Total	320	100.0	100.0	

The subsequent figure gives detail that about (15.6%) of those health workers who were strongly agreed that the rules for salary payments are fair, it is noticeable that (36.8%) of the employees were agreed to the question, a portion of (22.6%) of respondents were disagree and finally (25%) of the health workers replied that they are strongly disagree that the rules for salary payment are fair.

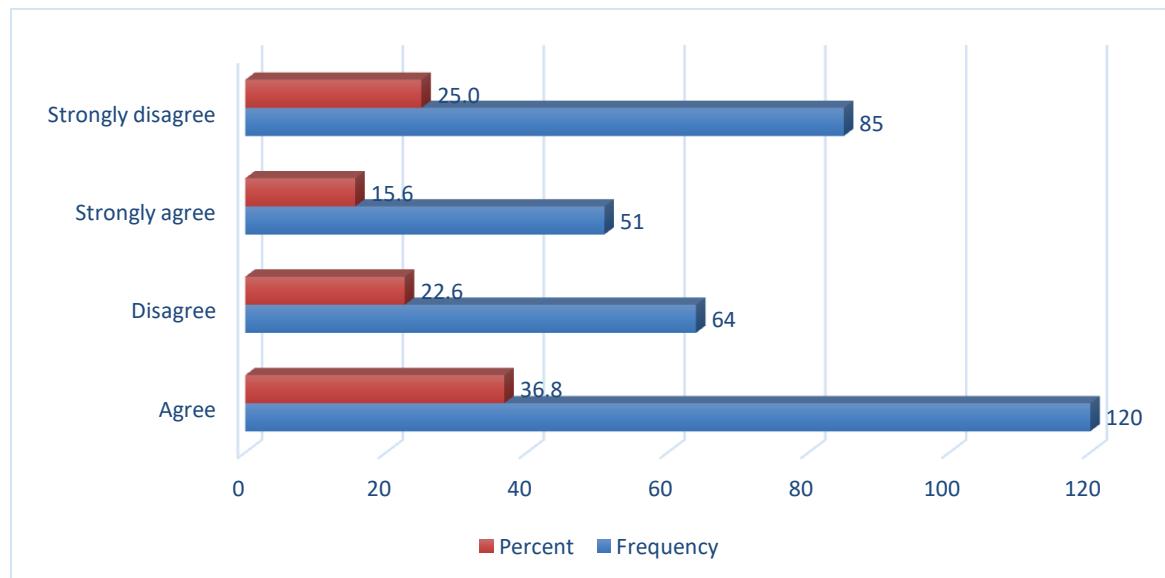


Figure 25: The rules for salary payments are fair

Among all respondents some of the health workers (9%) who were strongly agree about their supervisor behavior. Likely wise, around (14%) of the respondents were agree, and (40%) were disagree, finally only (37%) of the respondents were strongly disagree with the fairness of their supervisor behavior with them.

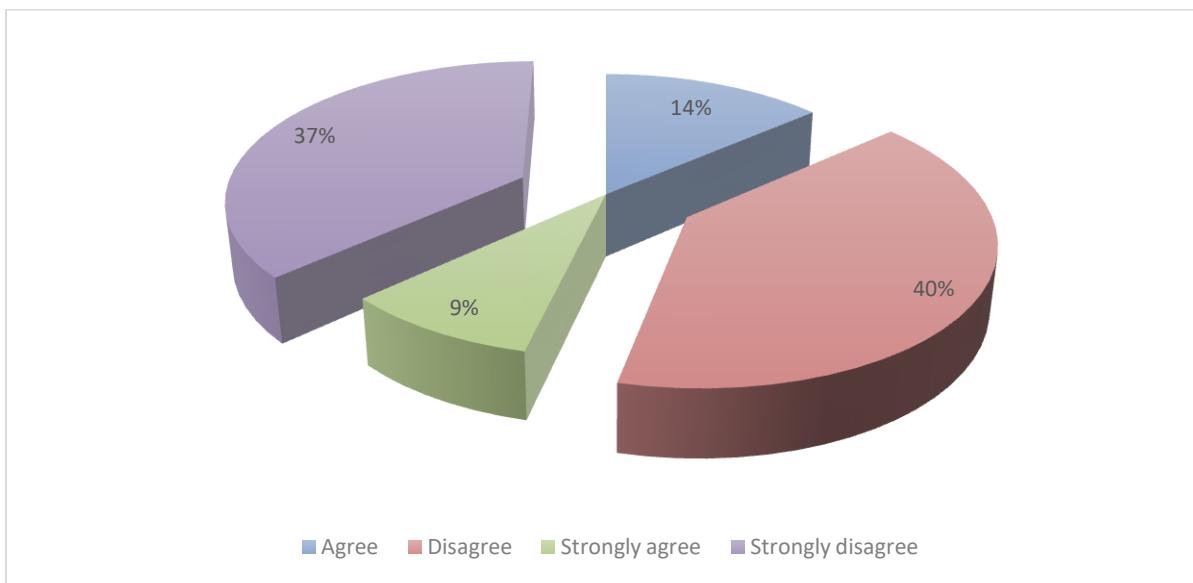


Figure 26: My supervisor is unfair to me

It was found that (20.6%) of the respondents were strongly agreed that are rewarded fairly for the work they do, while (27.1%) of the respondents replied they are agreed. Meanwhile (27.1%) of respondents were disagreed and only (18.8%) of the respondents were strongly disagreed with the question.

Table 15: I feel like I am rewarded fairly for the work I do

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	113	33.5	33.2
	Disagree	83	27.1	60.3
	Strongly agree	70	20.6	81.2
	Strongly disagree	54	18.8	100.0
	Total	340	100.0	100.0

The subsequent figure gives detail that about (35.6%) of those health workers who were strongly agreed they are satisfied with their job, it is noticeable that (48.8%) of the employees were

agreed to the question, a portion of (10.6%) of respondents were disagree and finally (5%) of the health workers replied that they are strongly disagree that are satisfied with their job.

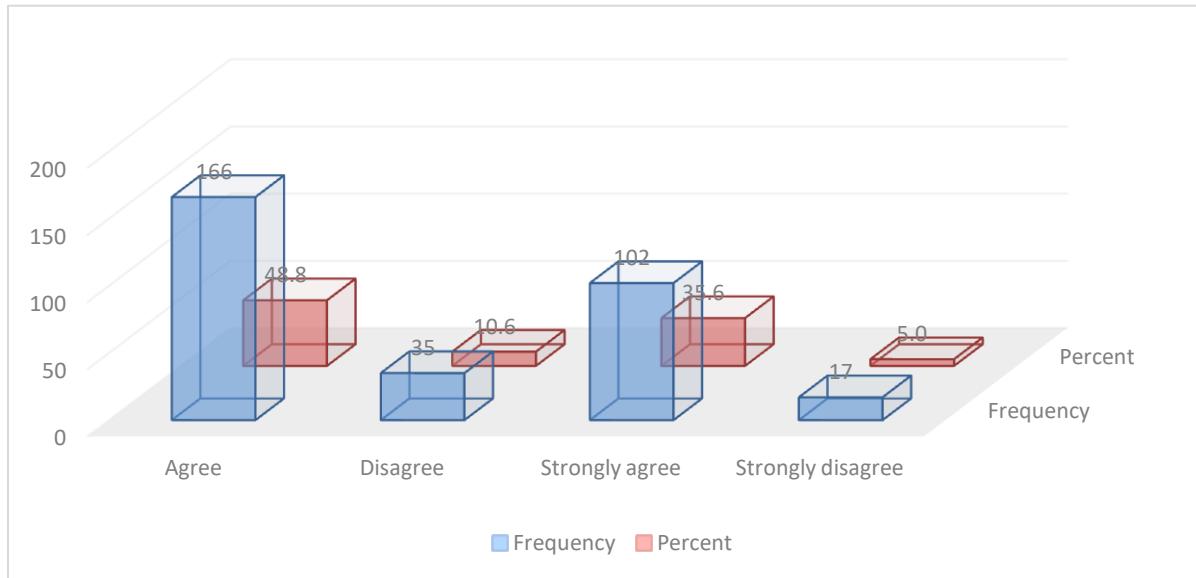


Figure 27: Overall, I am satisfied with this job

FGD Findings: Health workers and medical professionals

During the focus groups with health workers and medical professionals, the participants were encouraged to discuss their opinions of satisfaction with their current job. The focus groups eased into this discussion by first discussing the definition of a job satisfaction, and the rights of an employee.

The majority (93.2%) of the respondents who were employed in the hospital were satisfied with their job while, only few (6.8%) of them mentioned were not satisfied with their current job.

When asked about what is the reason they work in this hospital, salaries and related to programs they studied were the most common reason expressed by the study population their responses are summaries in Table below.

Table 16: Reason for staying in job

		Reason for staying in job Frequencies		Responses	Percent of Cases
		N	Percent		
Reason(s) for staying on a job ^a	Salaries & benefits	477	48.8%		95.4%
	Career challenge	2	.2%		.4%
	Related to my special skill	26	2.7%		5.2%
	Related to course or programs of study	396	40.5%		79.2%
	Proximity to residence	76	7.8%		15.2%
Total		977	100.0%		195.4%

a. Dichotomy group tabulated at value 1.

On the other hand, when employees further questioned about their satisfaction level with current salaries about 51.8% of them were less satisfied or somewhat satisfied while, 9 people completely dissatisfied with their incomes. It is concluded that though some employees have income and their income dose not respond to their family needs but at least they have compared with those who still looking for employment opportunities. Table below shows the level of satisfaction with the current salaries reported by employees.

Table 17: Level of satisfaction with the current salaries reported by employees

Satisfaction level with your current salary

		Frequency	Valid Percent	Cumulative Percent
Valid	Less satisfied	4	7.4	7.4
	Somewhat satisfied	24	44.4	51.8
	Satisfied	12	22.2	74.0
	Highly satisfied	5	9.2	83.2
	Not satisfied	9	16.6	100.0
	Total	54	100.0	

The study found the views of employees regarding the learning opportunity. It is found the majority of the responded were satisfied with the trainings provided. Regarding training method almost all (97.1%) of them expressed that a mixture of “Theoretical and practical” method was applied thought the duration of practical work was not satisfactory. Therefore, the employees were asked about to which extend they are satisfied with the trainings where majority of them were satisfied (59.3%) or highly satisfied (22.2%).

It is natural that some employees to be dissatisfied from the study provision such as teaching quality and availability of teaching materials. Therefore, only few respondents were reluctant to training and mentioned that they are somewhat satisfied (11.1%), less satisfied (3.7%) and or completely dissatisfied (3.7%). Their views are summarized in the table below.

Table 18: Satisfaction level with the training provided

Satisfaction level with the training provided

		Frequency	Percent	Valid	Cumulative
				Percent	Percent
Valid	Less satisfied	2	3.7	3.7	3.7
	Somewhat satisfied	6	11.1	11.1	14.8
	Satisfied	32	59.3	59.3	74.1
	Highly satisfied	12	22.2	22.2	96.3
	Not satisfied	2	3.7	3.7	100.0
	Total	54	100.0	100.0	

It is also found that the main reasons for accepting a job among professional staff are serving people (62.9%) and the job relevancy (3.7%) to the field they studied. Table below give the summary of reasons expressed by respondents.

Table 19: Reasons for Accepting a Job

Reasons for Accepting a Job Frequencies

		Frequency	Percent	Valid	Cumulative
				Percent	Percent
Valid	To serve my people	34	62.9%	62.9%	62.9
	Related to special skills	2	3.7%	3.7%	66.6
	Related to my field of study	15	27.7%	27.7%	94.3
	Has sufficient resources	3	5.5%	5.5%	100.00
	Total	54	100.00	100.00	

CHAPTER 5

DISCUSSION

The purpose for conduction of this was to measure the factors and level of job satisfaction among health workers in framework of tertiary hospitals in Kabul-Afghanistan. Moreover, this study was intended to determine the association between health system related characteristics and health workers' personal characteristics. Further to detect mainly influential factors with health workers job satisfaction.

Based on finding from 320 health workers were interviewed individually the overall satisfaction level of health workers in terms of strongly agree+ agree is 84.4% it shows a high level of satisfaction of health worker with their job, it is while based on the result in seven group discussions among all health workers' almost 93.2% of them are satisfied. In the current study, variables such as the rules for salary payment, the staff and their family's security in the community where they are living and the feedback provided by the supervisors in the hospital area were seen to have significant influence on the job health workers job dissatisfaction.

The study at national level in all around Afghanistan which consist of total of 98 hospitals are included in the analysis: 49 DHs, 26 PHs, 7 RHs, and 16 NHs. the staff satisfaction index scores 36 indicators based on a self-reported questionnaire given to various types of health workers. Of the 36 indicators, box and whisker plots are shown for 18 indicators. At each hospital up to 20 health workers (physicians, nurses, midwives, and vaccinators) complete the questionnaire.

Indicators related to factors associated to staff satisfaction include job training, promotion opportunities, supervisor support, security, financial rewards, work demands, and work content, among others. The highest scored indicators by health workers were "understand duties in job" followed by "job allows use of all my skills", similar to 2016 and 2017. Health workers were least satisfied with "need to work extra jobs to provide for families", "few rewards on the job", "no interference in my work", "security", followed by "job allows little promotion". These are persistent complaints since the first hospital assessments in 2007. The trends in staff satisfaction indices are similar to the previous year (Balance Score Card Report of 2018).

A study simultaneously examining two demographically similar samples of health-care providers in two very different settings—Malawi and Afghanistan—provides a new lens for understanding what makes health-care providers satisfied and what makes them want to leave their jobs. Under this lens, characteristics considered fundamental to job satisfaction, such as receiving an appropriate salary, can be seen in a new light.

First, although health-care providers in both Afghanistan and Malawi reported that they were quite satisfied with their jobs, the predictors of satisfaction and the extent to which those predictors explained variation in job satisfaction differed substantially between the two study settings. The linear regression results for Afghanistan, which included demographic, background and work environment variables, explained nearly one-fourth of the variance in job satisfaction. For Malawi, the same categories of variables—demographic and background variables and all work environment variables—explained only one-tenth of the variation in job satisfaction. Variables found to significantly contribute to the model for Malawi were different from those in the Afghanistan model. In Malawi, those who reported that they were recognized for their work and those who had more training opportunities were more satisfied with their jobs, whereas in Afghanistan only time spent traveling to work was independently significant. It is possible that facility-associated factors had greater influence on staff satisfaction in Malawi because the sample was clustered in fewer facilities, with greater likelihood of shared experiences and influences than in Afghanistan (Job satisfaction and retention of health-care providers in Afghanistan Feb 17, 2014).

Findings of study by (Dow University of Health Sciences Karachi in 2015) shows the global evidence on job satisfaction does allow comparing results from the study. However due to qualitative design findings cannot be generalized and need to be confirmed by further research in other areas of Pakistan. With this limitation in mind, the study evaluated factors influencing working uncertainty and reduced job satisfaction. Job motivation of healthcare workers is also an essential part of ensuring high quality care. Factors defining a poor work environment are: (1) lack of opportunities, (2) workload, (3) workplace violence, (4) empowerment and (5) lack of incentives; while all were satisfied with coordination and awareness regarding safety measures at work place

the health workers number quality and type of professionalism determine health output and productivity, because of the interactive nature of health workers, local organizational and broader sector policies have the potential to affect their satisfaction, either positively or negatively, and as such to influence health system performance (HRH Working Group, 2004)

According to David Grembowski et al, 2003, physician satisfaction is important because is contribute to the quality of health care. Greater physician satisfaction is associated with

appropriate prescribing practices, patient adherence, and greater patient satisfaction. Physician satisfaction also result in fewer turnover which contributes to patient's continuity of care, patient satisfaction and retention and lower administrative costs of recruiting and replacing physicians.

A study in Pakistan (Ali khan Khwjaja, et al) states that delivery of high quality medical care contributes to improve health outcomes. Health workers job satisfaction affects quality of medical services that he/she provides patients' satisfaction with the health worker patients' adherence to treatment and decreases health workers turnover. Job dissatisfaction leads to poor performance at work and negatively affects the health of an individual. Stress is inherent in medical career and leads to poor quality of care, affects career longevity and causes personal. Evidence distress showed that dissatisfaction health worker was much more likely to report difficulties in caring for patients and continuing good doctor-patient relationship spending adequate time with patients' and providing quality care.

Findings of study by Ayers (K. M. S. Ayers et al, 2010) suggests that the work environment should motivate health workers' to perform at their best and show commitment to the organization, enhancing work condition to support the organizations'' mission and thus impacting on job satisfaction. The conditions under which job are performed can enhance as much impact on people's effectiveness, comfort and safety as the intrinsic details of the take itself.

In this study variables such as income, lack of motivation and lack of supplies are variables that know to be associated with MDs job satisfaction. Similar finding was observed in the job satisfaction study among Serbian healthcare workers. According to the authors, a possible of these finding is that political, social and cultural transition in Serbia combined with the impact of conflict resulted in a deterioration of all aspects of life.

Evidence showed that poor health-workers practices contribute to low use of health facilities by venerable population and improved performance might increase use of health services. According to finding (Alexander, 1995) the problem of inadequate health-worker performance in low and middle income counties is particularly urgent. Millions of children and adults die prematurely each year even though many interventions exist that can prevent such deaths and health workers are essential for delivering these life-saving intervention.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

The job satisfaction of health workers is an essential part of ensuring high quality care, dissatisfied health worker not only give poor quality, less efficient care there also evidence that affect patient satisfaction. Given the pivotal role that health workers play in determining the effectiveness, efficiency and sustainability of health care system, it is imperative to understand what motivates them and the extent to which contextual variables in order to make them satisfy with job.

The objective of this study was to determine the factors were associated with health workers job satisfaction were working in the frame work of tertiary hospitals in kabul-Afghanistan. As stated above based on finding from 320 health workers were interviewed individually the overall satisfaction level of health workers in terms of strongly agree+ agree is 84.4% it shows a high level of satisfaction of health worker with their job, it is while that based on the result in seven group discussions among all health workers' almost 93.2% of them are satisfied

The study finding shows that the knowledge of health workers' which is associated with health workers' satisfaction of job was high. The proportion of health workers who have replied that they strongly agree to know what is expected of them in their job was (97%), while some health workers report that they don't know what is expected of them in their job was only (3%). Thus it is concluded that staff that the knowledge of health workers directly associated with health workers' satisfaction of job.

The study revealed that out of 320 respondents, around (93%) of the health workers who strongly agreed that their job allows them to use all their skills, knowledge and enjoying work environment but, only (5%) of health works disagreed that their job allows them to use all their skills, knowledge and enjoying work environment. Thus it is concluded that the working environment is directly associated with health workers' satisfaction of their job.

Our finding shows that majority of the health workers receive their salaries on time, it revealed that among the health workers who replied that have received their salaries up to date were (77.1%), but the percentage of those have not received the salaries update were (22.6%), as well as only (3%) of the health workers did replied and left the answer blank. as well as, subsequently the study details show that about (52.4%) of those health workers who were strongly agreed and

agreed that the rules for salary payments are fair, it is noticeable that only (48.6%) disagree. Thus it is concluded that the payment of salaries somehow associated with health workers' satisfaction of their job.

The security of hospital area, health works security as well as their families' security in the community which was associated with health workers' satisfaction of job shows that there are about (59%) of the respondents were strongly agree and agree regarding their families and their won security living in the community which is extremely high. Meanwhile, around (41%) of the health workers were disagree that their families and their won security living in the community.

The data shows that Out of 320 respondents, the proportion of health workers who were strongly agree and agreed replied that the supervisor never gives them any feedback about how well they are doing job was (41%), As well as, some respondents reported that they were disagree (59%). It means that the supervisor giving less feedback for health workers for their performance. This study also revealed that the feedback is also important factor associated with health worker dissatisfaction.

In order to know whether the study revealed that the availability of time is associated with health workers' satisfaction of job the data analyses shows that only (18%) of the respondents were strongly agreed and agreed that they are often asked to do things that are not their duties which mostly time consuming, while (82%) of the respondents replied they are mostly engaged with other jobs which is not on their job description, this proportion shows that the regarding timing mostly the health workers are dissatisfied.

To determine whether motivation of health workers is associated with health workers' satisfaction of job, this study finding shows a considerable satisfaction among all health workers. It means that subsequent data gives detail that about (84.4%) of those health workers who were strongly agreed they are satisfied with their job and are motivation is associate on job satisfaction, it is noticeable that only (15.6%) of the employees were disagree that motivation is not a factor for job satisfaction.

Recommendation

We would like to make recommendation based on the finding and hopefully have policy and management implications.

1. An ongoing and systematic monitoring and supervision will help to satisfy health-workers with instructive feedback in health facilities.
2. To maintain the security of health –workers' inter-sectoral collaboration and cooperation is needed. Involvement of the community where the hospital located could be the great strategy in ensuring security of health workers.
3. Continues service evaluation and monitoring of job satisfaction can be useful to determine aspects of the services and individuals that need to be improved.
4. The hospital and the ministry of public should develop a comprehensive job description to all health workers which can avoid the time wastage of the staff and health workers should not be overburden.
5. Salaries scale and benefit need to be revised and should cover the need of health workers.
6. Capacity building of the health workers at the facility level is required. This should be linked with health IT and technology. Most of the hospitals and HFs are lacking equipment and this has a negative impact on the staff and beneficiary's satisfaction as well.
7. The MoPH should work and develop hospital friendly environment for the health workers. Job security is highly recommended while change in the management style of the hospital management team is important as well.
8. The study may serve as a base for further studies in a deeper manner and on a large scale, in addition by further analysis number of issues can be explored further.

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ANNEXURES

1. CONSENT FORM
2. QUESTINNAIRE
3. IRB APPROVAL

Form 3 (H3)**Hospital Performance Assessment 2017****Hospital Worker self-completed questionnaire**

Verbal Consent Form for Hospital Workers

Instructions for the Interviewer:

The following is to be read exactly to the hospital worker prior to the interview. If the subject then agrees to participate, you must sign on the line marked "Witness to Consent Procedures" at the end of this form. Also mark the date on the appropriate line.

Purpose of the Study

The Ministry of Public Health is conducting a survey about health services. We will ask you some questions about the services you provide. This information will help the Government of Afghanistan and its partner organizations to provide better health care. However, there is no immediate or direct benefit to you for participating.

Procedures

To obtain the necessary information, you have been chosen at random to participate. If you consent, you will be asked to respond to a series of questions about your work in this facility.

Risks /Discomforts

The questions asked of you will take less than 30 minutes to answer. If there are any questions you do not want to answer you may refuse to answer them without consequence. None of the information obtained will be identified with you in any way.

Confidentiality

Please write down the information on the form. The record of this information will not have any information that can be used to identify you

Voluntary Consent

It is your decision whether or not to be in this study. You can stop participating in the study at any time without consequence. If you do not want to be in this study, it will not have any consequence for your job.

Whom to Contact

If you have any questions now I will answer them, and if you have questions later you can contact the Provincial Health Director in your province or xxxx in the Ministry of Public Health, Great Massoud Square, Kabul at xxxx.

Do you agree to participate in this survey? Yes No Witness to Consent Procedures
(to be signed by interviewer after subject has verbally consented)

Date



Form H3
Hospital Performance Assessment
Hospital Worker self-completed questionnaire

	Yes	No
Consent obtained:	1	2

THIS FORM IS TO BE COMPLETED BY THE HEALTH WORKER		
1. BACKGROUND, TRAINING, 2 nd PLACE OF EMPLOYMENT		
100	Health Worker Tracking No. COPY THE UNIQUE NUMBER ASSIGNED BY THE FIELD SUPERVISOR AT THE START OF THE SURVEY.	_____
101	A: Interviewer Code _____ _____ ____	B. Date (Afghan/Shamsi calendar): - - 139 -
102	A. Facility name: _____	B. Facility ID code: _____ _____ ____

103	Location	A. Province _____ B. District _____ C. Town _____	
104	Type of hospital	Regional hospital 1 Provincial hospital 2 District hospital 3 Specialty hospital..... 4 Private hospital 5 National hospital..... 6	
105	Sex of the hospital employee	Male 1 Female..... 2	
106	Category of staff/Position	Management staff 1 Doctor 2 Pharmacist 3 Nurse 4 Midwife..... 5 Health Technician/Technologist..... 6 Support staff 7	
107	How many year(s) and month(s) have you worked at this hospital?	_____ Years _____ months	
108	Do you know if you have a job description?	Yes 1 No 2	

109	When was the last time that someone from the Ministry of Public Health in Kabul visited your work area?	Within the past 30 days.....1 Within the past 31-90 days.....2 Within the past 3-6 months3 More than 6 months4 Never.....5	
110	When was the most recent time that a hospital supervisor or administrator talked with you about your work?	Within the past 30 days.....1 Within the past 31-90 days.....2 Within the past 3-6 months3 More than 6 months4 Never.....5	
111	Have you had a formal employee performance assessment in the past 12 months?	Yes1 No2 Don't know or not sure3	If NO or DON'T KNOW <input type="checkbox"/> 113
112	Have you received any feedback from this assessment?	Yes1 No2	
113	Is the payment of your salary up to date?	Yes1 No2	If YES <input type="checkbox"/> 115
114	If not up to date, how many months behind is it? RECORD COMPLETED MONTHS	__ __ months	

2A. HOSPITAL WORKER SATISFACTION

In this part of the questionnaire we would like to ask you some questions regarding your satisfaction with your current job. All answers are confidential and any identifying information will be removed. There are short 37

questions, plus 5 if your hospital receives funds from the RBF Project, which means it receives performance-based payments.

Please read carefully and circle one of the answers for each question, according to how you personally feel about the statement made. The answers include “strongly disagree”, “disagree”, “agree” and “strongly agree”, depending on your level of disagreement or agreement with the statements. There is no right or wrong answer, so please, do not spend long time thinking about each question, simply try to circle the answer that best describes your feelings.

No.	HOW MUCH DO YOU AGREE WITH THE STATEMENT?	1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly Agree
200	I know what is expected of me in this job	1	2	3	4
201	This job allows me to use all my skills	1	2	3	4
202	I understand my daily duties at this job	1	2	3	4
203	In this job management rarely interferes in my work	1	2	3	4
204	This job allows me to use my personal judgment in carrying out the work	1	2	3	4
205	There are unnecessary procedures in this job that take time away from my actual work	1	2	3	4
206	I am often asked to do things that are not my duties	1	2	3	4
207	I often have to work extra hours in this job	1	2	3	4
208	This job provides me with adequate opportunities to learn new skills	1	2	3	4
209	This job provides me with adequate opportunities to participate in training programs	1	2	3	4
210	The benefits we receive (such as housing, transportation allowance and others) are as good as most other jobs offer in Afghanistan	1	2	3	4
211	I understand the types of benefits that I am supposed	1	2	3	4

	to receive in this job				
212	There are few rewards for those who work here	1	2	3	4
213	There is really too little chance for promotion in this job	1	2	3	4
214	Those who do well on the job stand a fair chance of being promoted	1	2	3	4
215	In this job work assignments are not fully explained	1	2	3	4
216	I can get help from my supervisor when I need it	1	2	3	4
217	My supervisor never gives me any feedback about how well I am doing in my job	1	2	3	4
218	When I do a good job, I receive the recognition from my supervisor	1	2	3	4
219	I have good working relationships with my colleagues	1	2	3	4
220	I have all the necessary equipment and tools to do my job well	1	2	3	4
221	This hospital provides adequate medicine to provide good quality of care	1	2	3	4
222	I worry a lot about my family's and my own security living in this community	1	2	3	4
223	I can keep this job as long as I want	1	2	3	4
224	Staff in this hospital have opportunities to express their opinions	1	2	3	4
225	The rules for salary payments are fair	1	2	3	4
226	My supervisor is unfair to me	1	2	3	4
227	I feel like I am rewarded fairly for the work I do	1	2	3	4
228	Overall, I am satisfied with this job	1	2	3	4

2B. HOSPITAL WORKER MOTIVATION

In this part of the questionnaire we are asking you about WHY you work in this Health Facility. All answers are confidential and any identifying information will be removed. There are 21 questions.

Please read carefully and circle one of the answers for each question, according to how you personally feel about the statement made. The answers include "strongly disagree", "disagree", "agree" and "strongly agree", depending on your level of disagreement or agreement with the statements. There is no right or wrong answer, so please, do not spend long time thinking about each question, simply try to circle the answer that best describes your feelings.

	HOW MUCH DO YOU AGREE WITH THE STATEMENT?	1 <i>Strongly Disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly Agree</i>
229	I work in this facility because it has sufficient resources I need to do my job (medicine, equipment, infrastructure)	1	2	3	4
230	I work in this job because it allows me to use my skills	1	2	3	4
231	I do this job because it gives me respect in the community	1	2	3	4
232	I work here because it provides long term security for me	1	2	3	4
233	Overall, I feel very motivated to do my job	1	2	3	4

2F. USE OF THE BALANCED SCORECARD

In this section of the questionnaire we would like to ask you questions about the balanced scorecard. All answers are confidential and any identifying information will be removed. There are 7 questions.

234	Has anyone in the facility shared the result of the balanced scorecard with you?	Yes1 No2	If “2”<input type="checkbox"/> Section 3		
235	Do you understand the results of the balanced scorecard shared with you?	Yes1 No2	If “2”<input type="checkbox"/> Section 3		
	HOW MUCH DO YOU AGREE WITH THE STATEMENT?	<i>I Naan</i> <i>Strongly Disagree</i>	<i>I Naan</i> <i>Strongly Disagree</i>	<i>I Naan</i> <i>Strongly Disagree</i>	<i>I Naan</i> <i>Strongly Disagree</i>
236	The balanced scorecard is valuable to me as a health worker	1	2	3	4
237	The MoPH should continue using the balanced scorecard as a performance measurement tool	1	2	3	4

NOTE: HEALTH WORKER KNOWLEDGE ASSESSMENT WILL BE ATTACHED

SEPARATELY!

Thank you very much for taking the time to complete this questionnaire!

