

ORIGINAL RESEARCH

Correlates of level of satisfaction among primary health care workers in Albania

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Abstract

Aim: The aim of this study was to explore the level of satisfaction of primary health care staff in Albania and the factors associated with it.

Methods: A cross-sectional study was conducted in Tirana city, the Albanian capital, from 11 November 2020 until 25 November 2020. Among all health centers (HCs) and health centers of specialties (HCSs) of Tirana Municipality, there were selected randomly a HC in rural areas, a HC in urban areas and one HCS. All the staff (doctors and nurses) being present at the time of data collection was interviewed, using an international standardized tool (the Dartmouth-Hitchcock Medical Center instrument) assessing the satisfaction with various elements of the work in PHC, validated in Albanian. A total of 102 PHC staff were included in the study. Binary logistic regression was used to assess the association of staff satisfaction with independent factors.

Results: The aspects of work most appreciated by PHC staff (% satisfied or very satisfied) were: respectful treatment by colleagues (78.2%), staff morale and their positive attitude towards work (73.2%). The most disliked aspects of work by PHC staff (% dissatisfied or very dissatisfied) were: current salary (60.8%), stress at work (38.3%), physical and medical infrastructure in the institution (27%). Staff in rural HCs, older staff, females and nurses and family doctors are more likely to be satisfied compared to their respective colleagues.

Conclusion: Our findings suggest various factors associated with the satisfaction of PHC staff in Albania. These findings could be guiding future efforts aiming to improve the work conditions of the professionals working in primary health care in Albania.

Keywords: Albania, cross-sectional, primary health care, staff satisfaction.

Conflicts of interest: None declared.

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Introduction

Primary health care (PHC) is the point of entry of individuals/patients/users or clients to the health system representing the stable point of care over time (1). The function of primary health care is to coordinate health care for people and their multiple health needs throughout life and throughout the continuity of care provided both in PHC institutions and communities, and for individuals and human populations; thus, PHC is essential for the achievement of universal health coverage (1). PHC is the most comprehensive, equitable, cost-effective and efficient approach to enhancing people's physical and mental health, as well as social welfare (2). An optimized effective PHC is critical for making health systems resilient and more responsive to crisis situations or increased demand for services, such as with the COVID-19 pandemic (2). An effective PHC implies that users have easy and convenient access to trusted providers (3). Increasing the availability of primary health care is associated with increased patient satisfaction and reduces spending on health care (4). A stronger primary health care system tends to be more pro-poor, more equal and more accessible compared to health systems based on specialist care (4). The use of primary health care reduces costs by increasing patient satisfaction without adverse effects on the quality of care or patient treatment outcomes as compared to the provision of services through specialist physicians; in addition, replacing the provision of some services from the secondary health level with those offered in PHC has demonstrated to be a more cost-effective approach (4). However, the expansion of PHC services may not always and necessarily be associated with cost reductions due to the risk of re-identifying unmet needs, improving access and tendencies to increase and expand service use (4), and, therefore a detailed analysis of the effects of the expansion of the PHC system is needed as well as an analysis to at what extent and depth this

expansion should take place. Health care providers are of critical importance in assuring the quality of PHC services because their contribution is essential to the effectiveness, safety, equality, and timeliness of PHC services (5). Therefore, in order to achieve the goals of the medical visit, in addition to the satisfaction of patients, which refers to the fulfillment of patients' expectations with the health encounter (6), it is also important for the medical staff to be satisfied and to be able to meet the relevant expectations in terms of self-realization, personal career objectives, income from the provision of care for patients or users of the health care system, etc.

International literature suggests that the satisfaction of healthcare professionals is related to both patient satisfaction and the quality of care provided and more favorable health outcomes (7-9). Moreover, the way medical staff communicates with patients seems to have a significant effect on the level of patient satisfaction, as evidenced by the international literature: not applying the dominant position, being caring and committed to patients, and holding a positive attitude, have a favorable impact on the smooth running of the relationship between health personnel and patients (10). On the other hand, the characteristics of physicians working in PHC (such as gender, work experience, and specialty) seem to influence their relationship with patients (11), and subsequently to the quality of PHC. Also, non-verbal communication seems to be very important in the doctor-patient relationship (12). The extent to which primary health care staff is satisfied is influenced by several factors, including salary, individual characteristics, infrastructure of health care institutions, time pressure, autonomy in decision making, professional relationships with colleagues, etc. (13-15).

Work stress also reduces the satisfaction of health personnel and the ability to have control over the schedule of visits and working hours seem to be associated with greater job

satisfaction (16). Likewise, job satisfaction or dissatisfaction is related to doctors' plans to leave work, where younger doctors were more likely to plan to leave medical practice in the future, and then this indicator decreased with the increasing age of doctors; likewise, dissatisfaction with current salary and the surrounding community was strongly linked to physicians' plans to leave work (17). The PHC staff has a very important role to play in reducing health care costs, through the implementation of the "gateway" function by which individuals in need make contact with the health care system (18). This is an issue of critical importance for every country in the world, including Albania. The recently implemented reforms in PHC in our country aim precisely at strengthening primary health care and increasing the ability of PHC to serve as a gateway to the health system by providing quality service to people in need and, at the same time, reducing costs. In this context, it is important that staff working in PHC feels satisfied when carrying out day-to-day health care activities. Given that in Albania the information about PHC staff satisfaction and the factors associated with it is scarce, we carried out the current study in order to obtain a clearer picture and deeper analysis of these issues inextricably linked to the quality of health care in PHC.

Methods

A cross-sectional study was conducted in Tirana city, the Albanian capital, from 11 November 2020 until 25 November 2020.

Study population

The target population was the PHC staff, both doctors and nurses, working in the structures of primary health care in Tirana, Albania. The PHC system in Tirana is composed of Health Centers (HCs) and Health Centers of Specialties (HCSs).

In total there are 31 HCs and 3 HCSs in the Tirana Municipality. Among 31 HCs, 11 HCs are located in urban areas and the remaining 20 HCs are located in rural areas;

HCSs, on the other hand cover HCs in both urban and rural areas, according to their geographic location. Given that it was not possible to include all HCs and HCSs in the current study, then we decided to select one PHC facility from each level: urban HCs, rural HCs and HCSs. Among all the HCSs, one of them was randomly selected (the Health Center of Specialties No. 1); among all the urban HCs, one of them was randomly selected (Health Center No. 8) and among the rural HCs one of them was randomly selected (Farka Health Center) as well. A total of 102 PHC providers who were present at the included HCs and the HCS during the study timeframe, participated in the study. These 102 individuals represent more than half of the entire staff working in the selected PHC facilities (n=182).

Data collection

Face-to-face interviews using a standardized instrument with the relevant PHC health personnel of these health institutions were carried out to obtain the data.

A questionnaire adapted from the Dartmouth-Hitchcock Medical Center instrument (19) was used to collect information on the satisfaction of health personnel working in PHC. This questionnaire covers various aspects of working in primary health care, including satisfaction with the work environment, health facility, equipment, workload, salary, etc., and can be used by physicians and nurses working at this level. The Primary Care Staff Satisfaction Questionnaire is also validated in Albanian, through previous efforts of researchers (20). Similarly, in the questionnaire used in the current study the answer options are built on the Likert scale with five options available, where the extreme values (1-5) mean 1- "strongly agree/very satisfied" and 5- "strongly disagree/very dissatisfied". The staff questionnaire also contained some general socio-demographic questions such as age, gender, place of residence, occupation, work experience in

general and experience in the current workplace, and participation in various scientific and training activities.

Piloting of the questionnaire

Before being applied on a large scale, the staff satisfaction questionnaire was piloted among a limited number of 7 providers.

In general, the questions were understood quite well and there were no particular problems with the instrument. This is probably because the questionnaire was previously validated in the Albanian language, as mentioned earlier.

Regarding the reliability of the staff satisfaction questionnaire in the pilot phase, the internal consistency coefficient (Cronbach's alpha coefficient) was 0.822.

Ethical considerations

All participants were informed about the purpose and objectives of the study. They were assured of the confidentiality and anonymity; in no case and under no circumstances would it be possible to relate the answers to the specific person and it would be impossible to disclose the identity of the participants. All study participants gave their verbal approval to participate.

This study was approved by the Medical Ethics Committee, with decision number 303/43, dated 12/10/2020.

Statistical analysis

Statistical analysis of the data was based on the type of variables used in the study.

Measures of central tendency (mean) and dispersion (standard deviation) were used to describe numerical data. For categorical data, absolute numbers and corresponding percentages were used. To assess the reliability of the instruments in the study, the internal consistency assessment of the questionnaire was used based on the calculation of Cronbach's alpha internal con-

sistency coefficient. To study the relationship between categorical variables, the square hi test was used. In-depth statistical analysis consisted of binary logistic regression test (where provider satisfaction score was dichotomized).

A staff satisfaction summary score (including 9 questions) was calculated for each participant; then, this score was dichotomized into two categories: "satisfied" (under-the-median score) versus "dissatisfied" (over-the-median score). This categorization was then used to distinguish the percentages of staff who were satisfied (or dissatisfied) with different aspects of their work. This variable was used in binary logistic regression models to identify factors related to staff satisfaction with PHC. In order to control the potential confounding effect of age and gender, binary logistic regression models controlled for these factors and reported standardized odds ratios (OR) and corresponding 95% (95% CI) confidence intervals. In all cases, the correlations were considered statistically significant when if $P \leq 0.05$.

All statistical analyzes were performed using the Statistical Package for Social Sciences (SPSS), version 21.

Results

Table 1 presents general data on the PHC staff in the study. The average age of the health staff included in the study was 42 years with about 30% belonging to the 31-40 age group. More than 9 in 10 PHC staff were female (93.1%). The average work experience in the profession was 16.9 years and participants had worked in the current job for 11.3 years on average. About 44% of respondents declared that they have been involved in scientific research, 33.8% had referred at national conferences and 7% at international conferences. About 6% were also engaged in writing scientific articles.

Table 1. General information about study participants

Variable	Absolute number	Percentage
<i>Total</i>	<i>102</i>	<i>100.0 %</i>
PHC facility		
HCS Nr. 1	53	52.0 %
HC Nr. 8	40	39.2 %
HC Farkë	9	8.8 %
Age (mean ± standard deviation)	42.0±10.6	
Age-group		
23-30 years	17 *	17.2 %
31-40 years	30	30.3 %
41-50 years	17	26.3 %
>50 years	30	26.3 %
Sex		
Male	7	6.9 %
Female	95	93.1 %
Profession		
General practitioner	8	7.8 %
Family doctor	16	15.7 %
Specialist doctor	11	10.8 %
Nurse	67	65.7 %
Work experience in profession (mean ± standard deviation)	16.9±10.6	
Work experience at this work place (mean ± standard deviation)	11.3±8.6	
Participation in various activities		
Scientific research	31	43.7 %
Publication of scientific articles	4	5.6 %
Presentations at national conferences	24	33.8 %
Presentations at international conferences	5	7.0 %
All the above	7	9.9 %

* Any discrepancies with the total number is due to lack of information.

Table 2 presents data on the distribution of opinions of PHC staff regarding the evaluation of various aspects of their work environment. Data are presented in percentages. The aspects of work most appreciated by PHC staff (percentage strongly agreeing or agreeing) were: respectful treatment by colleagues (78.2%), staff morale and their positive attitude towards work (73.2%), ease of asking others about the way the staff takes care of the patients (71%), the noticing from the others when the work is done well (61.9%), while for other aspects about half

of the staff was very much satisfied or satisfied. Meanwhile, the most disliked aspects of work by PHC staff (percentage who reported dissatisfaction or a lot of dissatisfaction) were: current salary (60.8% were dissatisfied or very dissatisfied), stress at work (38.3% were dissatisfied or very dissatisfied), physical and medical infrastructure in the institution (27% were dissatisfied or very dissatisfied), and the fact that this institution was not a better place to work compared to 12 months ago (24.2% were dissatisfied or very dissatisfied).

Table 2. Satisfaction with different elements of the workplace

Please tell us how satisfied or dissatisfied you are with the following aspects related to your work or health institution in the last 12 months	Strongly agree and/or very satisfied 1	2	3	4	Strongly disagree and/or very dissatisfied 5
1. I am treated with respect every day by everyone that works in this practice	36.6%	41.6%	18.8%	1.0%	2.0%
2. I am given everything I need—tools, equipment, and encouragement—to make my work meaningful to my life	9.0%	30.0%	34.0%	16.0%	11.0%
3. When I do good work, someone in this practice notices that I did it	32.0%	29.9%	24.7%	10.3%	3.1%
4. Working in this health institution is very stressful	7.8%	14.7%	39.2%	24.5%	13.7%
5. It is very easy to ask anyone about how we care for patients	25.8%	45.4%	16.5%	9.3%	3.1%
6. The morale of the staff and their attitudes to work here are very positive	35.6%	37.6%	16.8%	6.9%	3.0%
7. This health institution is a better place to work than it was 12 months ago	15.2%	39.4%	21.2%	14.1%	10.1%
8. I would recommend this health institution as a very good place to work	26.7%	26.7%	32.7%	10.9%	3.0%
9. I am satisfied with my salary	-	6.2%	33.0%	37.1%	23.7%

* Row percentages.

Table 3 shows the information on PHC staff satisfaction level by the characteristics of the participants. The percentage of staff satisfied with their working environment is significantly higher among employees of HC Farka (88.9%) compared to much lower percentages in HCS No. 1 (42.3%) and HC Nr. 8 (46.7%), $P=0.035$. Meanwhile, the differences in the proportions of satisfied staff according to other socio-demographic characteristics were not statistically significant ($P>0.05$ in each case); however, clinical significance suggests that the percentage of those satisfied increases with in

creasing staff age (from 40% among staff aged 23-30 years, to 68.2% among staff aged >50) and among females (48.8%) compared to males (42.9%). In terms of profession or specialty, it seems that higher percentages of nurses (57.6%) and family doctors (42.9%) are satisfied with their work while the most dissatisfied are the general practitioners of PHC (only 12.5% are satisfied while 87.5% are dissatisfied) and specialist doctors working here (only 30% satisfied and the remaining 70% were dissatisfied). These differences have borderline statistical significance ($P=0.053$).

Finally, higher percentages of staff who gave presentations at international scientific conferences (60% of them) and national conferences (52.4%) and staff en-

gaged in publishing scientific articles (50% of them) seem to be satisfied with their work compared to colleagues of other categories (Table 3).

Table 3. Distribution of staff satisfaction level according to their basic characteristics

Variable	Overall score (9 items)*		P-value
	Dissatisfied	Satisfied	
PHC facility			
HCS Nr. 1	30 (57.7) a	22 (42.3)	0.035^b
HC Nr. 8	16 (53.3)	14 (46.7)	
HC Farkë	1 (11.1)	8 (88.9)	
Age-group			
23-30 years	9 (60.0)	6 (40.0)	0.211 ^b
31-40 years	17 (58.6)	12 (41.4)	
41-50 years	12 (54.5)	10 (45.5)	
>50 years	7 (31.8)	15 (68.2)	
Sex			
Male	4 (57.1)	3 (42.9)	0.762 ^b
Female	43 (51.2)	41 (48.8)	
Profession			
General practitioner	7 (87.5)	1 (12.5)	0.053 ^b
Family doctor	8 (57.1)	6 (42.9)	
Specialist doctor	7 (70.0)	3 (30.0)	
Nurse	25 (42.4)	34 (57.6)	
Participation in various activities			
Scientific research	17 (65.4)	9 (34.6)	0.717 ^b
Publication of scientific articles	2 (50.0)	2 (50.0)	
Presentations at national conferences	10 (47.6)	11 (52.4)	
Presentations at international conferences	2 (40.0)	3 (60.0)	
All the above	4 (57.1)	3 (42.9)	

* For each participant a summary score (including 9 questions) was calculated for the staff satisfaction level; then, the result was dichotomized into two categories: “satisfied” (below-the-median score) versus “dissatisfied” (above-the-median score).

^a Absolute number and row percentage (in parenthesis).

^b P-value according to chi square test.

NOTE: Any discrepancies with the total number is due to lack of information.

Table 4 presents data on the association of staff satisfaction level with the independent factors included in the study. After controlling the confounding effects of age and gender, no independent factor was found to be statistically significantly related to the satisfaction of PHC staff with the work environment where they work. However, in terms of clinical significance, some differences are worth noting. Thus, the most satisfied employees were those working in HC Farka (OR = 9.39) compared to the staff of

HCS No.1, while the odds of satisfaction were almost similar among the staff of HCS Nr. 1 and HC No. 8. On the other hand, the likelihood of satisfaction with current work increased with increasing age of health personnel (OR = 3.18 in staff aged >50 years), were higher among female staff (OR = 1.16), nurses (OR = 6.18) and family physicians who work in PHC (OR = 3.57) [whereas general practitioners and specialist physicians were the least likely to be satisfied with current work in PHC].

Each year increase of experience in the current workplace was associated with a 1.04-fold increase in the likelihood of current job satisfaction at the PHC. Attendance at international conferences, national conferences

and writing scientific articles increased the likelihood of satisfaction with the current work in PHC by 2.02 times, 1.5 times and 1.5 times, respectively.

Table 4. Association of staff satisfaction level with independent factors in the study – Odds Ratios (ORs) by Binary Logistic Regression

Variable	Model *		
	OR **	95%CI §	P-value†
PHC facility			0.163 (2)
HCS Nr. 1	1.00	Reference	-
HC Nr. 8	1.23	0.46-3.28	0.674
HC Farkë	9.39	0.92-96.44	0.059
Age-group			0.236 (3)
23-30 years	1.00	Reference	-
31-40 years	1.05	0.29-3.75	0.941
41-50 years	1.24	0.33-4.71	0.749
>50 years	3.18	0.80-12.56	0.100
Sex			
Male	1.00	Reference	0.860
Female	1.16	0.23-5.70	
Profession			0.161 (3)
General practitioner	1.00	Reference	-
Family doctor	3.57	0.30-43.07	0.316
Specialist doctor	1.66	0.12-22.30	0.703
Nurse	6.18	0.68-56.41	0.107
Experience in profession (years)	0.99	0.91-1.07	0.717
Experience working here (years)	1.04	0.96-1.13	0.299
Participation in various activities		0.724 (4)	0.718 (2)
Scientific research	0.71	0.12-4.26	0.709
Publication of scientific articles	1.50	0.12-18.89	0.752
Presentations at national conferences	1.50	0.24-9.56	0.669
Presentations at international conferences	2.02	0.17-24.03	0.578
All the above	1.00	Reference	-

* Model: simultaneously adjusted for age and gender. Adjusted ORs.

** Odds Ratio (OR: satisfied vs. dissatisfied), according to Binary Logistic Regression test.

§ 95% Interval of Confidence (95% CI) for OR.

† P-value according to Binary Logistic Regression test and degrees of freedom (in parentheses).

Table 5 shows the information about specific changes that, according to the opinions of the PHC staff, would make the current health institution a better place for patients and a better place to work. The majority of staff (68.6%) stated that in order to improve patient care there is a need for new working facilities and better equipment, followed by

10% who think that there is a need for additional staff, 5.7% think that it is necessary increase the level of service, 4.3% suggest reducing the workload with patients, etc. Unexpectedly, only 1.4% of staff suggested salary improvement. Regarding the changes that would improve the work of the PHC staff, 67.2% stated that there is a need for

new working facilities and better equipment, followed by 7.5% who think that there is a need to strengthen anti-COVID

protection measures and that many mentioned salary increase, etc.

Table 5. Changes that would make the current health facility a better place for patients and staff

Variable	Absolute number	Percentage
The kind of change that would make the institution a better place for patients		
New facilities and better equipment	48*	68.6 %
Collaboration with managers	1	1.4 %
More staff	7	10.0 %
Less work burden with patients	3	4.3 %
Increasing the level of service	4	5.7 %
Improving staff behavior	2	2.9 %
Better salary	1	1.4 %
Trainings and specializations	2	2.9 %
Patient awareness	1	1.4 %
Planning visits for the Family Doctor	1	1.4 %
The kind of change that would make the institution a better place for staff		
New facilities and better equipment	45	67.2 %
Anti-COVID protection measure	5	7.5 %
More staff	2	3.0 %
Better salary	5	7.5 %
Training	2	3.0 %
Better job appreciation	1	1.5 %
Additional services	2	3.0 %
Group work	1	1.5 %
More medications available	1	1.5 %
Planning visits for the Family Doctor	3	4.5 %

* Discrepancies with the total numbers are due to lack of information.

Discussion

The current study is one of the few studies in Albania that sheds light on the level of satisfaction and related factors with various aspect of primary health care practice from the perspective of the PHC staff. Our findings suggest that the overwhelming majority of PHC staff was satisfied with the relationship with their colleagues in work settings but much less so with the healthcare infrastructure and equipment; on the other hand, more than six out of ten PHC professionals were dissatisfied with the current salary. In addition, nurses and family doctors were more likely to be satisfied work-

ing in PHC compared to general practitioners and specialist doctors. A major problem for developing countries is bypassing the “gateway” function of PHC and direct access to the highest levels of the health care system (secondary and tertiary care), making the PHC “gateway” function often turn into something purely symbolic or dysfunctional (21). Such a problem has affected Albania in recent decades; so in the near past (7-8 years ago), patients had easy and free access to specialist doctors even at the tertiary level without the need for referral documents or these were intentionally bypassed or overlooked for other reasons,

similarly with the situation of many former communist bloc countries of the Eastern bloc two decades ago (21). But the energetic interventions by the Ministry of Health and Social Protection (MSHMS) towards the regulation of the referral system and the implementation of the National Health Strategy 2016-2020 have had a considerable impact on the extraordinary minimization of this phenomenon, especially during last years. The fact that 50%-78% of PHC staff in the current study is satisfied or very satisfied with the working environment in PHC or its specific elements, may have contributed to improving the quality of health care and consequently to increasing of patient satisfaction with PHC in our country. On the other hand, a high percentage of PHC staff is dissatisfied with current salaries (61%) and stress at work (38%), implying the need for an increased attention by the authorities with regard to these elements. Satisfaction of healthcare professionals is very important for the quality of services, effectiveness at work and commitment to duties in the work environment, also having an impact on healthcare costs (22). A number of factors can affect the satisfaction of health care professionals with their work, including age, gender, level of education, work experience, way of organizing work, institution and medical infrastructure, etc. (22), salary, job security (not losing the job), adequate training, adequate workload, etc. (23). Regarding the factors related to the satisfaction of the staff working in PHC, a study in Kosovo reported that family physicians were significantly more likely to be satisfied compared to nurses (20), whereas in our study we identified the opposite trend: nurses were more likely to be satisfied and general practitioners and specialist doctors working in PHC are among the most dissatisfied with the PHC system in Albania. Such a difference can be explained by several factors:

- *First*, general practitioners and specialist doctors working in PHC in our country think that they are not in the

right place of work: the former are always looking for a "better" specialization and the latter are always looking for employment in the capital's hospital centers or in structures of the highest levels of the health system.

- *Second*, family physicians feel more satisfied compared to the previous two categories as they have willingly (or not) received this specialization and consequently have "made up their minds" that they will work in primary health care, thus not being under the stress of seeking a specialization or other position at other levels of the health system.
- *Third*, PHC nurses may be more underpaid than doctors, but they have more freedom in their work, especially in HCs in rural areas, they are in constant contact with the community, and may receive other benefits as a result of such close and constant contacts with the community, which doctors probably do not have.
- *Fourth*, physicians may feel less satisfied compared to nurses as they are more pressured during their work and relatively feel that they are underpaid for the work they do compared to nurses.

Higher satisfaction of nurses compared to physicians in primary health care has also been reported in other developing countries (24). The international literature suggests that the satisfaction of non-medical staff (nurses) has a strong impact on patient satisfaction (25,26). Although the international literature suggests that it is more common to consider nurses as additional staff than as substitute staff for physician care (27), and this reality may be quite prevalent in Albania based on anecdotal data, the fact that nurses have more freedom in their work, have expanded contacts with the community and benefits from these contacts, may overcome their "dissatisfaction" regarding the consideration as additional staff, resulting in a more

satisfied staff category with their work compared to doctors.

In our study, the increase in work experience was always negatively associated with staff satisfaction with the work environment (although the differences never reached statistical significance), while in Kosovo an opposite relationship was identified (20). The negative association in our study can be explained by the assumption that over time health personnel, hoping to move to a better job at the highest levels of the system, have in fact "stuck" here and consequently tend to see from a negative perspective everything that happens in the PHC premises where he/she works. However, this is only an assumption and further studies are needed to confirm this hypothesis. For example, a survey of general practitioners' satisfaction in 34 European countries found that the age of general practitioners was positively correlated with their job satisfaction, explaining this with the "effect of a healthier worker": older general practitioners who feel more satisfied in PHC tend to stay longer at work, whereas dissatisfied doctors may retire earlier and therefore may not be adequately represented in a particular study (28). In an attempt to explain this positive relationship between age and job satisfaction of PHC staff in Albania and the negative relationship between work experience and job satisfaction of PHC staff (i.e. two factors closely related to each other: increasing age and increasing work experience, linked in opposite directions to job satisfaction!), we carried out an additional analysis (not presented in Tables) to look in detail at the structure of PHC categories within each age group in the study. And the solution laid right there! It turned out that 81% of the staff age >50 years old were nurses (remember, nurses were the most satisfied category of PHC professionals in our study!) While specialist doctors and general practitioners occupied only 15.4% and 0% of professionals in this age group (specialist doctors and general practitioners turned out to

be the most dissatisfied categories of PHC professionals in our study!). So, although specialist doctors and general practitioners are the most dissatisfied staff with PHC, the very high specific weight of the most satisfied group of PHC staff (nurses) aged >50 is enough to overcome the effect of specialist doctors and general practitioners producing, overall, a positive correlation of staff satisfaction in general with increasing age. Meanwhile, a survey of health personnel in rural Iran reported that only 17% of them were satisfied with the work they were doing (29), and a survey of public primary health care physicians in Delhi, India, reported that all staff were dissatisfied with training policies and practices, with the level of salaries and opportunities to make a career in the system (30), findings and levels that are incomparable with the findings of our study, where over half of the staff were very satisfied or satisfied with the working environment and work spirit in PHC and the dimensions where dissatisfaction is relatively high were: salaries and work stress.

A 2011 study on the satisfaction of public health care staff (hospitals) in Serbia used some questions similar to those used in our study (for example, satisfaction with available medical equipment, personal relationships with colleagues, satisfaction with salary, availability of protocols, etc.) (22). The most important factors related to the satisfaction of health staff in this study (ranked based on the most important factor) included: obtaining clear instructions on the objectives to be achieved in the workplace, the opportunity for professional development in the workplace, good relations with colleagues, satisfactory salary, appropriate clinical tools, suitable time to perform tasks, opportunity for continuing education in the workplace, etc. (22). It can be noticed that some of these factors were also confirmed by the PHC staff in our study.

In our study we found that 53.4% of PHC staff would recommend the current institution where they work as a very good place

to work. In a study of PHC doctors in Lithuania, 75.5% of them stated that they would not recommend their children to choose the profession of PHC doctor (31). Similar to our study where 78.2% of staff were satisfied with relationships with colleagues, in Lithuania PHC doctors rated this aspect as one of the most important factors that affects their job satisfaction (31). In our study 22.5% of PHC staff agreed or strongly agreed with the fact that working in the current institution is very stressful; in Lithuania also stress at work and workload were considered as an important factor of job dissatisfaction in PHC (30). Overall less than one fifth of PHC staff in Albania was dissatisfied or very dissatisfied with the working aspects of PHC, while the level of dissatisfaction among PHC doctors in Lithuania were at much higher levels (31).

Similar to our study, where 60.8% of PHC health personnel stated that they were dissatisfied or very dissatisfied with their current salary and 27% with the available clinical medications, a study in Tanzania reported similar figures as 46% of the health staff in PHC there were dissatisfied with their salaries while 34.2% were dissatisfied with the available clinical tools (24). Two were the main factors related to staff satisfaction in Tanzania: the right medical equipment and infrastructure to provide health care and a supportive work environment in terms of peer relationships (24).

In Norway GPs turned out to be among the most satisfied professionals in this country, being on average more satisfied even compared to the doctors working in hospital; general practitioners were more satisfied with the ability to apply their skills, cooperation with colleagues, variation in work, and freedom to choose their method of work, while they were more dissatisfied with the official working schedule (32). These results are contrary to the findings of our study, where GPs were the most dissatisfied in the PHC system. We have mentioned the reasons for this dissatisfaction earlier during this discussion. The reason

why general practitioners working at PHC in Norway are among the most satisfied health professionals is related to the fact that the Norwegian health system relies on a strong primary health care system, where administrative responsibilities are delegated to 434 municipalities (local government); general practitioners in this system are highly valued and well paid, and their per-capita based salary system (capitation) has not influenced the clinical autonomy of general practitioners in PHC (32).

Lack of time, the high number of official working hours, administrative workload, heavy workload and lack of recognition of merit for the work done are some other factors that reduce the satisfaction of general practitioners, according to literature reports (33). These factors are also present in the practice of PHC in our country, based on conversations with doctors and our experience in the field with various studies in PHC, therefore it is necessary that these factors be taken into account in order to address them. Nevertheless, some elements identified in this study, such as the high workload of PHC staff or the increase of the staff working at this level of health care is already reflected and is part of the 2021-2030 health care strategy.

A study on job satisfaction of about 7400 general practitioners in 34 European countries between 2010-2012 reported great diversity of this indicator, where the level of satisfied general practitioners was highest in Denmark and Canada, Scandinavian countries and the Netherlands, and lower in Spain, Hungary, and the countries of Southern Europe; the ability to implement technical procedures, the provision of preventive care and health promotion, feedback from colleagues and patient satisfaction with the service received at the PHC were positively associated with the satisfaction of GPs at the PHC and the increase in working hours was negatively related to their job satisfaction (28). However, comparing the working conditions and satisfaction of health staff with their work is very difficult

due to changes in health systems and different tasks of PHC physicians in each country. Still, salary turns out to be an important international determinant of job satisfaction of healthcare staff (31-35).

Study limitations

There may be several potential limitations of our study: *first*, the cross-sectional design does not allow reaching final conclusions regarding the time sequence of events; as such, the study does not provide arguments for verifying the causal relationships between the variables and in this context, any finding of the study should be interpreted very carefully always keeping in mind its cross-sectional design. *Second*, selection bias cannot be ruled out given the small number of health facilities included in this study. The selection bias might have been decreased given the fact that health facilities selected were representing all three kinds of health facilities: HCs in urban and rural areas and HCSs. Regarding the potential bias of the selection of health care staff, we think that this bias has a low probability since the study was attended by over half of all health staff in the study centers. However, limitations on the number of centers included in the study may limit the generalizability of outcomes related to health care staff as well! *Third*, information bias cannot be ruled out as well; however, we do not think of any reason for the untrue reporting of the PHC staff included in this study. *Fourth*, the current study was conducted in the context of the partial limitations of the COVID-19 pandemic and the heavy burden that this situation placed on the health system; it is possible that some aspects of the PHC work might have been perceived in a more negative light by the PHC staff due to the overload and/or increased work stress in this context.

The actual study has some strong points as well: this is the first study shedding light on the level of satisfaction of PHC staff and the factors associated with it in Albania. As such, the current study can inform policy-

makers and decision-makers about these factors by encouraging appropriate measures to improve the satisfaction of PHC staff with their work environment or other aspects of health care, leading to improving the quality of care provided. Second, the current study used a standardized and validated international instrument in the Albanian language, creating a unique opportunity to compare our findings with those of similar studies conducted in the international arena. Third, the current study has suggested a series of hypotheses and assumptions for discussion, paving the way for their scientific verification through other studies in the future!

Conclusion

In conclusion, there are several factors associated with PHC staff satisfaction in Albania. Policy-makers and decision-makers might take advantage of the current findings as a starting point to initiate addressing them as a way to increase staff satisfaction and, subsequently, the quality of PHC services in Albania.

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