Job Satisfaction Level of Junior Consultants and Its Associated Factors Working In Upazila Health Complexes of Bangladesh–A Mixed Method Study

By

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A thesis submitted to the Department of BRAC Institute of Governance & Development
in partial fulfillment of the requirements for the degree of
Master of Arts in Governance & Development (MAGD)

BRAC Institute of Governance & Development
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Declaration

It is hereby declared that

1. The policy note submitted is my own original work while completing degree at BRAC University.
2. The policy note does not contain material previously published or written by a third party, except where this is appropriately cited through full and accurate referencing.
3. The policy note does not contain material which has been accepted, or submitted, for any other degree or diploma at a university or other institution.
4. I have acknowledged all main sources of help.

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Approval

The policy note titled "**Job Satisfaction Level of Junior Consultants and Its Associated Factors Working In Upazila Health Complexes of Bangladesh–A Mixed Method Study**" submitted by **Shah Md. Ezaz-Ul Haque (24172003**) of Spring, 2024 has been accepted as satisfactory in partial fulfillment of the requirement for the degree of **Master of Arts in Governance and Development (MAGD)** on [**Date-of-Defense**].

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Ethics Statement

Informed written consents were obtained from the study participants.

The undermentioned steps were maintained for safeguarding confidentiality or protect anonymity.

- Research data was encoded.
- Data was stored in a locked cabinet.
- Only research personnel were allowed to access data.
- Proper consent was taken.
- For safeguarding confidentiality and protecting anonymity, each of the participants was given a unique ID number.

Executive Summary

This policy note examines the job satisfaction of junior consultants working in Upazila Health Complexes (UHCs) across Bangladesh. Junior consultants, who are post-graduate specialists in areas such as medicine, surgery, gynecology, and pediatrics, play a vital role in these rural facilities. The study used a mixed-methods approach to gather both quantitative and qualitative data. Fifty junior consultants were surveyed using a standardized Job Satisfaction Survey (JSS), and in-depth interviews (IDIs) were conducted with ten consultants to explore the main reasons behind their dissatisfaction. The results showed that 72% of respondents were unhappy, mainly because of low salary, lack of promotion opportunities, and difficult working conditions. Additionally, qualitative findings revealed problems such as professional isolation, inadequate infrastructure, lack of housing and school facilities for families, and gender bias, particularly affecting female doctors. The study proposes four main policy options to boost job satisfaction: Increasing salary and benefits, providing career development and advancement opportunities, improving work-life balance and enhancing the workplace environment. A comparative policy analysis used PEST (Political, Economic, Social, and Technological) and Multi-Criteria Analysis (MCA). Both assessments ranked career development and advancement opportunities as the most effective and practical policy option. This includes creating clear promotion paths and offering specialized training. The study recommends creating a merit-based and transparent system for promotions and transfers. It suggests policies that diversify career paths into administrative roles and clinical excellence. It also emphasizes the need for quality housing, educational support for consultants' children, and addressing gender-specific issues through awareness and policy changes. In conclusion, career development was found to be the most sustainable and impactful way to improve job satisfaction among junior consultants in UHCs.

Keywords: Junior consultants; job satisfaction; UHC

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In the name of ALLAH, the most gracious and the most merciful. First and foremost, I am thankful to Almighty ALLAH for giving me the strength, knowledge, ability, and opportunity to undertake this study and complete it satisfactorily.

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Last but not the least; I would like to thank all the participants of my study who with a smile on their faces agreed to be the respondents of the study and all the service providers who warmly cooperated by being the respondents and focal helping persons of the study.

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List of Acronyms

ENT	Ear, Nose & Tongue
IDI	In-depth Interview
GDP	Gross Domestic Product
JSS	Job Satisfaction Survey
MCA	Multi-criteria Analysis
PEST	Political, Economic, Social & Technological
UHC	Upazila Health Complex

Section One: Introduction

1.1 Background

Upazila Health Complexes (UHCs) are the foundation of Bangladesh's rural healthcare system. They provide both primary and secondary healthcare services to rural communities (Islam et al., 2020). These facilities are vital for reducing health gaps and reaching universal health coverage in Bangladesh (Momen et al., 2023). Junior consultants, who provide specialist care in UHCs, play a key role in the system's effectiveness. At Upazila levels, health specialists mainly include junior consultants in key areas like medicine, surgery, gynecology and obstetrics, anesthesia, pediatrics, ophthalmology, ENT, and dermatology (Barua, 2020). They are the health specialist with post-graduation medical degree in respective subjects. . However, challenges like poor infrastructure, high workloads, limited resources, and few opportunities for career growth often discourage healthcare professionals from taking or keeping jobs in these areas (Hossain et al., 2022; Ahmed et al., 2003).

Research shows that healthcare workers' perceptions and attitudes significantly affect job satisfaction, retention, and performance (Willis-Shattuck et al., 2008; Dieleman et al., 2003). In rural settings, feelings of professional isolation, inadequate family support, and a lack of motivation often worsen staff shortages (Gilson et al., 2020; Sujon et al., 2023). Still, there is little understanding of how junior consultants view their roles and responsibilities in UHCs. Filling this gap is important for creating policies that can boost job satisfaction and retention, which in turn can strengthen rural health services (McIsaac et al., 2024).

This policy note sought to examine the job satisfaction of junior consultants working in UHCs and the factors related to it. It identified the barriers they encountered and the elements that impacted their commitment. The findings from this policy note can help design targeted policies to enhance rural healthcare delivery.

1.2 Relevance of the Policy Issue to Contemporary Challenges

Junior consultants in UHCs play a key role in connecting primary care and specialized health services in these settings. However, UHCs face ongoing challenges, such as workforce shortages, high turnover rates, and low motivation among healthcare providers. These issues directly affect the quality and accessibility of healthcare in rural areas, worsening health disparities.

While previous studies have looked at issues like infrastructure and resource shortages, there is little research on the job satisfaction of junior consultants and the factors that influence it in Bangladesh's UHCs. Factors like work-life balance and opportunities for professional growth greatly affect job satisfaction. Understanding these aspects is crucial for tackling the root causes of workforce instability in rural healthcare.

This research aimed to examine the job satisfaction of junior consultants, and the factors related to their roles in UHCs. It will provide valuable insights into the challenges they face. The findings can help develop targeted policy changes to improve job satisfaction, boost retention, and enhance healthcare delivery in underserved areas of Bangladesh, ultimately leading to better health outcomes.

1.3 Objectives of the Policy Note

1.3.1 General Objective:

To explore level of job satisfaction of junior consultants and its associated factors working in Upazila Health Complexes of Bangladesh

1.3.2 Specific Objectives:

- To examine the motivational factors that could enhance their job satisfaction and commitment to working in rural healthcare settings
- To identify factors influencing their willingness to work at UHCs, including personal,

professional, and organizational aspects

- To explore the perceived challenges faced by junior consultants in UHCs, such as infrastructure, resources, workload, and career progression opportunities
- To gather insights from junior consultants on potential policy or programmatic changes that could improve the work environment in UHCs.

1.4 Methodology and Data Collection

The study employed mixed method sequential explanatory approaches to explore and understand job satisfaction level of Junior Consultants towards working In Upazila Health Complexes of Bangladesh. A quantitative online survey of junior consultants was done on their attitudes and perceptions. Data from the survey was analyzed. To explore the quantitative findings in more depth, addressing “why” and “how” questions, qualitative study was done. The qualitative techniques for data collection was IDI. An annotated bibliography was conducted to identify factors regarding job satisfaction of the junior consultants. Based on collected data, policy options were identified and each of the policy option was analyzed using PEST and MCA for recommending of best policy option.

1.4.1 Study site and time frame

We collected data from upazila health complexes of eight divisions. In eight divisions, 50% of our study participants was from upazila health complexes of plain lands and 50% of upazila health complexes of hard-to-reach areas. such as Mithamoin of Kishoreganj, Khailajuri of Netrokona. Heard-to-reach areas are declared by cabinet division Of Bangladesh. Knowledge gathered from here lead us to understand what made them to retain in upazilas and their attitudes and perception towards working in Upazila Health Complexes.

1.4.2 Study tools

The study tools were developed based on the objectives to understand level of job satisfaction of junior consultants and its associated factors working In Upazila Health Complexes of Bangladesh. For quantitative part, all participants were given self-administered Job Satisfaction Survey (JSS) questionnaire via online and were explained about the study objective. The satisfaction scores were calculated using the guidelines of Job Satisfaction Survey (JSS) scale. For qualitative part, I conducted IDI.

1.4.3 Study population and sampling

The study population was junior consultants of UHCs of Bangladesh. Usually, three junior consultants are posted in each UHC. We used multi-stage random sampling method to select our sample. From eight divisions, we randomly selected a district from each division which has UHCs with plain land and a district from each division which has UHCs with hard-to-reach areas. Then we randomly selected three junior consultants of three different specializations (medicine, surgery and gynecology from UHCs of each district from the list of junior consultants from the DG Health office. So, from eight divisions, we interviewed 50 junior consultants through online Google form and for qualitative part, we conducted IDI among ten junior consultants.

1.4.4 Data analysis

For the quantitative part, after finishing data collection, I checked and edited all the questionnaires. I created a database in SPSS version 27 for Windows based on the questionnaire. I entered data for all questions into the new database and checked for missing values. I calculated the frequency distribution and percentage of the different variables. For the qualitative part, I analyzed the data in several stages, following Braun and Clarke's thematic analysis approach. This included familiarizing me with the data, coding, identifying themes, reviewing those themes, and producing a final report. I initially developed a list of

codes based on the interview guidelines and used it to code the transcripts for analysis. I read each individual transcript multiple times. Further analysis involved generating inductive codes from key themes that emerged from the data. I arranged the data into clusters according to both a priori and inductive codes. The research team assessed the validity of the coding categories using inter-coder reliability. I extracted quotes from the raw data to support each theme and category. I selected quotes that illustrated the main opinions of participants. I conducted the data analysis manually in MS Word, without using specialized software.

Section two: Policy Options

2.1 Possible Policy Options

Based on reviewed literatures and analyzed collected data the following four options have been identified to address job satisfaction level of junior consultants in Upazila health complexes. These identified options are mentioned below:

Table 1: Policy Options

Policy Option	Policy	Justification	How to do?
Policy Option 1	Increasing Salary and Benefits	Inadequate salary and benefits have been a major concern for junior consultants. Addressing this will directly impact job satisfaction and improve retention.	Review and adjust salary Policy structures, offer performance-based incentives, improve benefits like health insurance, and ensure competitive packages aligned with industry standards.
Policy Option 2	Career Development and Advancement Opportunities	Junior consultants feel dissatisfied with the lack of career growth and clear promotion paths. Addressing this will improve job satisfaction and retention.	Establish clear promotion criteria, introduce mentorship programs, provide specialized training opportunities, and ensure transparency in promotions.
Policy Option 3	Improving Work-Life Balance	Junior consultants are burdened by family obligations and lack of amenities. Enhancing work-life balance will reduce stress and improve retention.	Provide housing for medical professionals, transport support, implement flexible working hours, and ensure access to quality education for children.
Policy Option 4	Enhancing Workplace Environment	Poor infrastructure, lack of healthcare facilities, and isolation lead to job dissatisfaction. Addressing these issues will improve the working conditions.	Upgrade the infrastructure, improve healthcare facilities, provide recreational spaces, and ensure better security for junior consultants.

2.2 Policy Options Analysis

2.2.1 Policy Options with their Corresponding Impacts

Table 2: Policy Options with their Corresponding Impacts

Impact					
Policy Options	Administrative	Political	Social	Economic	Environmental
Increasing Salary and Benefits	Uplifting of employee satisfaction and retention	May lead to more competitive compensation packages	Positive social impact by lowering workforce dissatisfaction.	Moderate increase in cost	No direct environmental impact
Career Development and Advancement Opportunities	Better systems of management and human resources	could create - government endorsed career pathways	Both social and professional improved upward mobility	Moderate cost involved in training and career development	Improved professional infrastructure
Improving Work-Life Balance	Direct impact on administrative coordination for housing and transport logistics	Enactment of family-friendly policies -	Improvement of family life and reduces stress	Moderate investment in housing and infrastructure	Improved quality of life
Enhancing Workplace Environment	Improved job satisfaction, retention and moral of the employees	Government involvement for financial support and policy approval. -	Enhancement of workplace culture and employee well-being.	Cost-effective improvements in physical infrastructure.	Improved macro and micro environment

-

2.2.2 PEST Analysis

The analysis of the factors of job satisfaction of junior consultants was carried out based on the use of PEST-analysis. The following factors considered while doing PEST-analysis.

Political Factors

The National Health Policy 2011 highlights healthcare as a basic right, which could support efforts to improve doctor pay. These policies may involve funding for infrastructure, training programs, and incentives for doctors to work in rural areas. This can create a more supportive and productive work environment. However, frequent changes in government can result in inconsistent policy implementation, impacting long-term efforts like salary reforms. Additionally, high levels of corruption in public institutions can divert funds meant for healthcare improvements, making it harder to raise salaries. Poor financial resource allocation and a heavy out-of-pocket expense burden on citizens can limit the money available for salary increases. The Government of Bangladesh has initiatives to enhance healthcare services in rural areas, including career development programs for healthcare workers. Yet, promotions and postings often depend on political ties rather than merit, affecting career growth.

Economic Factors

Bangladesh's growing economy might give the government more resources for healthcare, including the salaries of junior consultants. Despite economic growth, healthcare spending remains low, with only 2.36% of GDP dedicated to health, which limits salary increases. No pay scale has been announced in the last ten years. There are no financial perks for doctors in rural areas, such as allowances and bonuses, which do not assist career development. Moreover, budget limits can reduce the effectiveness of career development programs, including training and educational opportunities.

Social Factors

The public recognizes how important doctors are, which could lead to a demand for better pay. However, negative perceptions about financial conditions may hinder salary increases for junior consultants. In some rural areas, strong community support can improve job satisfaction and professional growth. Additionally, the rural population's strong wish for specialized doctors can help junior consultants' advancement in their careers. Unfortunately, junior consultants often work in remote areas with little access to peer support, mentorship, and professional development opportunities. This isolation can result in feelings of professional burnout, stress, and low motivation.

Technological Factors

The government's emphasis on digital health initiatives can boost healthcare efficiency and simplify administrative tasks. This might lessen the workload for doctors, allowing them to concentrate more on patient care rather than administrative work. Consequently, improving the work environment could help justify salary increases by making the job less stressful and more appealing. Furthermore, it could lead to better resource distribution within the healthcare system, providing more funds for doctor compensation. Despite the push for digital health solutions, many rural healthcare facilities still lack the necessary infrastructure, such as reliable internet access and modern medical equipment.

Table 3: PEST Analysis of Policy Options

Policy Options	Political	Economic	Social	Tech.	Net Point	Rank
Increasing Salary and Benefits	4	2	1	5	12	2nd
Career Development and Advancement Opportunities	4	2	3	4	13	1st
Improving Work-Life Balance	2	2	2	3	9	4th
Policy Enhancing Workplace Environment	1	4	2	4	11	3rd

* *1 = Very Negative, 2 = Negative, 3 = Neutral, 4 = Positive, 5 = Very Positive*

2.2.3 Multi Criteria Analysis

Table 4: Multi Criteria Analysis of Policy Options

Assessment Criteria	Point (5 to 9)	Weight	Impact	Total Score	Rank
Option-1: Increasing Salary and Benefits					
Impact on Job Satisfaction	9	4	36	81	1st
Feasibility	8	3	24		
Effectiveness	7	3	21		
Option-2: Career Development and Advancement Opportunities					
Impact on Job Satisfaction	9	4	36	81	1st
Feasibility	7	3	21		
Effectiveness	8	3	24		
Option-3: Improving Work-Life Balance					
Impact on Job Satisfaction	8	4	32	71	2nd
Feasibility	7	3	21		
Effectiveness	6	3	18		
Option-4: Enhancing Workplace Environment					
Impact on Job Satisfaction	7	4	28	67	3rd
Feasibility	8	3	24		
Effectiveness	5	3	15		

2.2.4 Comparison of Policy Options

Table 5: Comparison of Policy Options

Policy Options	PEST		MCA		Overall Ranking
	Score	Ranking	Score	Ranking	
Option-1: Increasing Salary and Benefits	12	2nd	81	1st	2nd
Option-2: Career Development and Advancement Opportunities	13	1st	81	1st	1st
Option-3: Improving Work-Life Balance	9	4th	71	2nd	3rd
Option-4: Enhancing Workplace Environment	11	3rd	67	3rd	4th

2.3 Preferred Policy Option

Based on the MCA and PEST analysis, the preferred policy option is the '**Career Development and Advancement Opportunities**.' This policy option has received the highest total score in both MCA and PEST evaluations, reflecting its high impact on job satisfaction, feasibility, and overall effectiveness. It aligns well with both the political climate and the economic capabilities of the Upazila Health Complexes.

2.4 Risk Assessment

Table 6: Policy Option Risk Assessment

Policy Option	Risk	Probability	Impact	Mitigation Strategy
Option-2: Career Development and Advancement Opportunities	Lack of Clear Promotion Paths	Moderate	High	Establish clear promotion criteria and ensure transparency in career advancement opportunities.
	Limited Training Opportunities	Moderate	Moderate	Provide specialized training programs and mentorship opportunities to junior consultants.
	Resource Constraints	High	High	Secure funding and resources through political support and strategic planning.
	Resistance to Change	High	Moderate	Involve stakeholders in the policy development process and ensure clear communication of the benefits.
	Inadequate Infrastructure for Professional Growth	Moderate	High	Invest in upgrading infrastructure and provide housing, transport, and amenities for junior consultants.

Section three: Data Analysis and Findings

3.1 Quantitative Data analysis

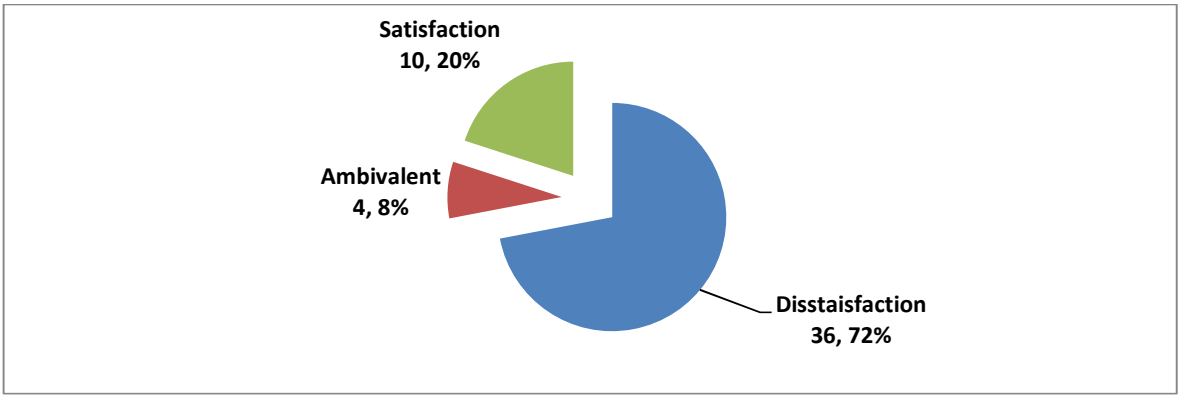

Figure 1: Level of overall job satisfaction of the respondents.

It was found in the study that majority (72%) of the respondents was dissatisfied, 20% were satisfied and rests of them (8%) was ambivalent (Figure 1).

Table 7: Opinion of the respondents by salary and benefits (n=50).

Responses in each item-n (%)						
Factors	**Disagree very much**	**Disagree moderately**	**Disagree slightly**	**Agree slightly**	**Agree moderately**	**Agree very much**
I feel I am being paid a fair amount for the work I do	13 (26)	17 (34)	10 (20)	3 (6)	2 (4)	5 (10)
I am not satisfied with the benefits I receive	3 (6)	6 (12)	1 (2)	0 (0)	12 (24)	28 (56)
The benefits we receive are as good as most other organizations offer	17 (34)	10 (20)	13 (26)	1 (2)	3 (6)	6 (12)
The benefit package we have is equitable.	11 (22)	15 (30)	14 (28)	5 (10)	3 (6)	2 (4)
There are few rewards for those who work here	6 (12)	4 (8)	4 (8)	10 (20)	11 (22)	15 (30)
I feel satisfied with my chances for salary increases	16 (32)	13 (26)	11 (22)	3 (6)	5 (10)	2 (4)

Nearly 80% of respondents disagreed to some extent about being paid fairly for their work as well as the benefits they received. Furthermore, 72% of respondents agreed to varying

degrees that their workplace offered limited rewards for employees. Almost 80% also disagreed about being satisfied with the opportunities for salary increases (Table 7).

Table 8: Opinion of the respondents by workplace environment (n=50).

Responses in each item-n (%)						
Factors	Disagree very much	Disagree moderately	Disagree slightly	Agree slightly	Agree moderately	Agree very much
I like the people I work with.	11 (22)	13 (26)	11 (22)	2 (4)	5 (10)	8 (16)
I find I have to work harder at my job because of the incompetence of people I work with.	13 (26)	18 (36)	9 (18)	5 (10)	3 (6)	2 (4)
People get ahead as fast here as they do in other places.	12 (24)	17 (34)	11 (22)	1 (2)	6 (12)	3 (6)
I enjoy my coworkers	7 (14)	16 (32)	12 (24)	4 (8)	3 (6)	8 (16)
There is too much bickering and fighting at work.	1 (2)	15 (30)	4 (8)	7 (14)	12 (24)	11 (22)

Table 8 reveals that over 70 percent of respondents expressed different level of disagreement with the idea that they enjoy working with their coworkers. The overwhelming majority (80%) disagreed that their coworkers' incompetence made them expend more effort. Moreover, 60% of respondents agreed, to different extent, that there was too much conflict and fighting at the workplace.

Figure 2 shows the responses of 50 respondents on career development and professional growth. A significant 36% strongly disagreed that there are too few chances for promotion, while 26% moderately disagreed. Regarding recognition for good work, 30% disagreed very much, and 28% moderately disagreed. About 38% of respondents sometimes slightly disagree that their job was meaningless, and 10% agreed to some extent that those who perform well have a fair chance of promotion. When it comes to pride in their work, 26%

disagreed very much, and only 6% agreed moderately. Only 30% were satisfied to different level with their chances for promotion, revealing general dissatisfaction with career growth. The respondents were mostly unhappy with both promotion opportunities and recognition in their workplace.

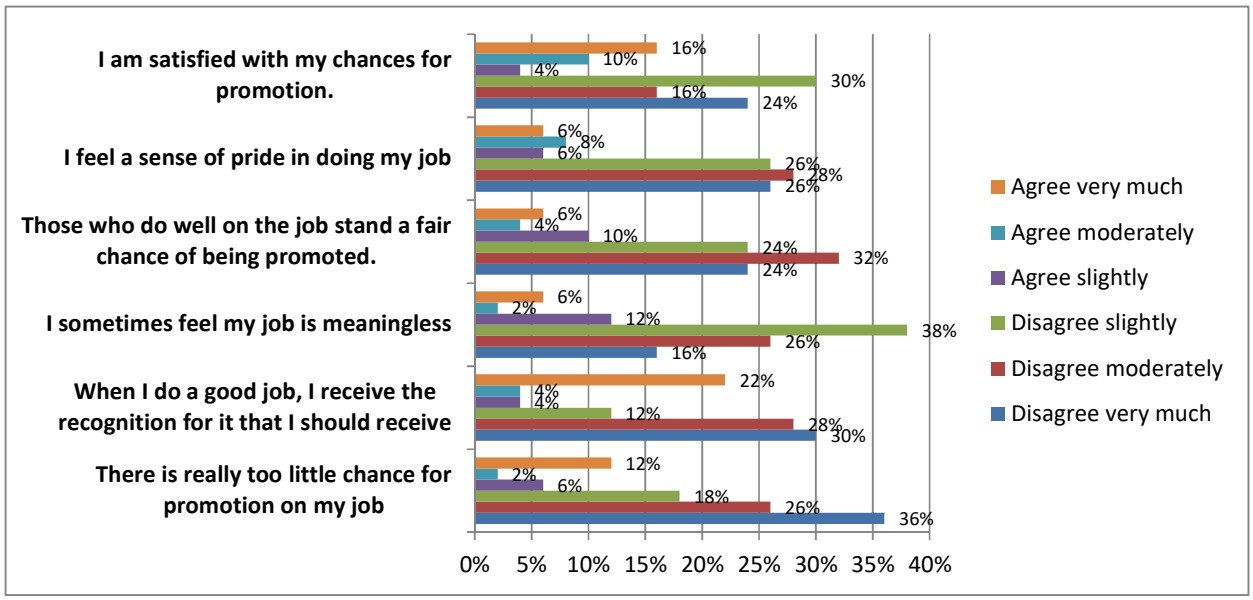

Figure 2: Opinion of the respondents on career development and professional growth (n=50).

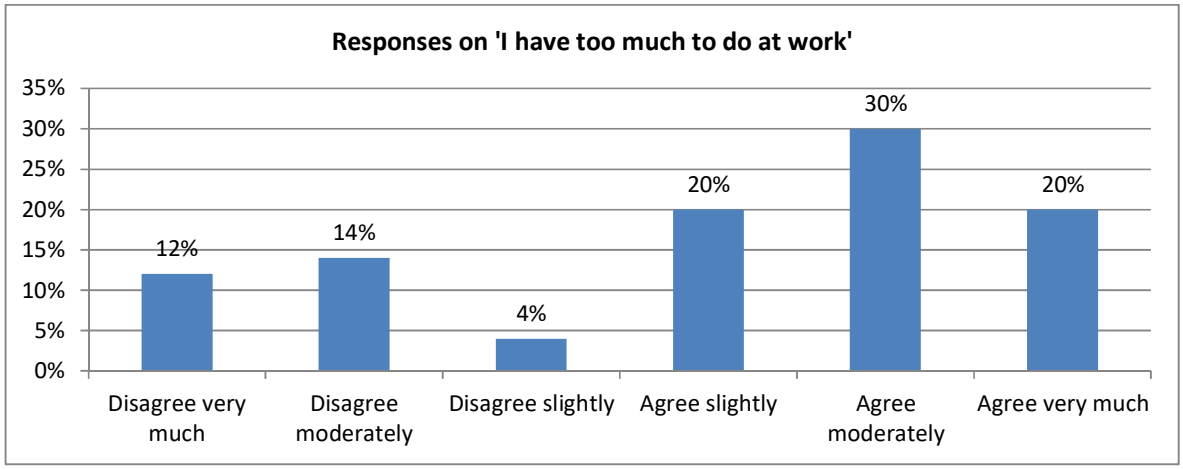

Figure 3: Distribution of the respondents by responses on workload (n=50).

Figure 3 shows how respondents feel about their workload. The majority, 30%, moderately agreed that they had too much to do at work, while 20% agreed very much. A smaller group, 20%, agreed slightly, and 14% moderately disagreed. Only 12% strongly disagreed, and 4% disagreed slightly. This indicates that most respondents feel overwhelmed by their workload, with many agreeing that they have too much to do.

3.2 Qualitative Data Analysis

The recorded audio files were downloaded. We finalized the field notes on the same day as the interview and matched them with the related transcripts. We listened to the audio, carefully checked the transcriptions, and updated the transcripts if we noticed anything missing in the audio. We developed various a-priori codes using the IDI guideline. We got familiar with the data by reading and re-reading the transcripts, which helped us spot repeated patterns of information, regularities, and irregularities. This process allowed us to create many inductive codes. The a priori codes also included several sub-codes. We coded the transcripts based on the code book, which helped us group, compare, and categorize data under each theme. We refined the codes as needed. Extracted codes from the entire data set were placed under specific themes, which we analyzed manually. We performed thematic analysis to assess the data of the current study. This study also used the COREQ checklist, covering aspects like the research team, study methods, context, findings, analysis, and interpretations for clear reporting. We checked the data validity. To improve validity, a few transcripts were coded independently, and then we compared them with two researchers to ensure intra-coder and inter-coder reliability.

3.2.1 Results

This section presents the findings from in-depth interviews with 10 junior consultants working in Upazila Health Complexes (UHCs) of Bangladesh. Identified themes are grouped

into key categories affecting the job satisfaction of junior consultants. Based on the analysis, the following key factors were found to impact their job satisfaction.

3.2.1.1 Career Development and Advancement

The most common challenge for junior consultants was a lack of career development opportunities. Participants were unhappy with the unclear paths for advancement, including promotions and educational chances. Many junior consultants felt stuck in their professional growth because there was no clear policy on how to progress within the system. This resulted in feelings of disappointment and low motivation. One participant shared, “There is no clear path for promotions. We work hard, but we don't know how or when we will be recognized for our efforts. It’s disheartening when we see no opportunities for advancement.” Many others shared this feeling. They believed the system did not have a clear way to support career growth.

3.2.1.2 Familial Crisis and Work-Life Balance

The family crisis that many junior consultants experienced was another major factor influencing job satisfaction. The participants frequently expressed concerns about the challenge of juggling work and family obligations, especially with regard to their children's education. Many consultants, especially those with young children, experienced additional stress and frustration as a result of the inadequate educational options available to children in Upazila areas. One consultant remarked, “The education system in Upazilas is inadequate. My children have to travel long distances to get to a decent school, and it's difficult for me to balance work and family responsibilities.” The lack of facilities in Upazilas put even more strain on the junior consultants, especially the ones that had families.

3.2.1.3 Lack of Amenities and Infrastructure in Upazilas

The third theme from the interviews was the lack of basic amenities and infrastructure in Upazilas. Many junior consultants pointed out the absence of essential services and public facilities that would improve their daily lives. This included limited access to healthcare facilities, poor road conditions, and insufficient housing options for medical professionals. The absence of these amenities often resulted in feelings of isolation and dissatisfaction among junior consultants. A participant explained, “Living in an Upazila can be very isolating. There are no proper roads, limited healthcare services, and no recreational spaces. It’s hard to focus on work when you are constantly facing these challenges.”

3.2.1.4 Gender Stereotyping

Due to patriarchal social norms, female junior consultants often face prejudice while treating patients. Some people still doubt a woman’s ability to be a doctor. Despite the enormous obstacles, female junior consultants work hard to balance her career and family life.

One female junior consultant sadly shared, “People still struggle to accept that women can be doctors. We don’t get the respect we deserve. When I work in the paediatrics outdoor, people ask me where the doctor is, even though I am right there in my apron. I’m sure male doctors do not face this issue. I constantly have to prove that I am the doctor.”

3.2.1.5 Policy-Related Challenges

Several junior consultants pointed out the challenges caused by unclear policies for career advancement, promotions, and educational opportunities. The lack of proper policies on transfers, postings, and career progression created a feeling of stagnation and dissatisfaction among the junior consultants. Many junior consultants voiced their frustration over the absence of transparency in how these policies are carried out. They believe this lack of clarity impacts their long-term career growth. One consultant shared, “The policy for promotion and

transfers is unclear. We don't know what the criteria are, and it's frustrating to see others advance without any clear reason."

3.2.1.6 Challenges from Immediate Work Environment

Workplace conditions involving safety, security, and staff shortages were often mentioned as challenges. Many junior consultants said that the lack of proper security at their workplaces made them feel vulnerable. Additionally, the shortage of health workers, especially the lack of support staff like nurses, lab technicians, and cleaners, increased the burden on junior consultants and significantly raised their workload. One participant noted, 'There are not enough staff to handle the patient load. We have to manage multiple departments, and it feels overwhelming at times." This heavy workload often caused burnout, making it hard for junior consultants to keep a healthy work-life balance.

3.3 Policy Suggestion

Regarding job satisfaction in Upazila health complexes, around 80% junior consultant showed their dissatisfaction about salary and benefit (Table 7). On the other hand, 70%-80% respondents were not satisfied to different level with their chance for promotion and professional growth (Figure 2). Moreover, nearly two-thirds respondent were dissatisfied with their workplace environment (Table 8). These data tell us that policy options for junior consultants.

3.4 Preferred policy option based on survey

Based on the analysis of quantitative analysis of primary data collected through questionnaire survey and finding of IDI we found that among the various policy options for enhancing job satisfaction of junior consultants working in Upazila Health Complexes of Bangladesh, Career development and advancement opportunities stand out as the most impactful for fostering long-term motivation and job satisfaction. The study found that a significant

number of junior consultants felt a lack of clear career progression. About 36% strongly disagreed that they had ample chances for promotion, while 28% moderately disagreed (Figure 2). This frustration stems from the unclear promotion pathways and lack of recognition for hard work. Without a structured career advancement plan, consultants are likely to feel demotivated, leading to decreased productivity and higher turnover rates. Offering clear, transparent opportunities for professional growth is crucial in addressing these concerns and retaining valuable staff. When junior consultants do not see tangible rewards for their efforts, their motivation to excel diminishes. The lack of recognition and the absence of clear guidelines for promotion directly affect their engagement. A policy focusing on career development would provide opportunities for further education, training, and skill enhancement, ensuring that employees feel valued and can visualize a future within the organization. Organizations that invest in career development typically benefit from a more committed and skilled workforce. By providing clear paths for career advancement, Upazila Health Complexes can ensure that their workforce is equipped with the necessary skills to improve patient care. This contributes not only to the satisfaction of the employees but also to the overall success and service delivery of the healthcare system.

In contrast, while increasing salary and benefits, improving work-life balance, and enhancing workplace environments are important, they only address immediate or superficial concerns. Career development offers a sustainable and intrinsic motivator that aligns both personal growth and organizational needs. Moreover, findings in the chapter three also supported this result. So, we found similarity in preferred policy option form both qualitative and quantitative analysis.

Section Four: Recommendations and Conclusion

4.1 Recommendations

A merit-based, standardized system for promotions and transfers, ensuring clear communication to all junior consultants are recommended. A clear pathway for clinical excellence and administrative leadership to diversify career progression opportunities should be provided. Financial incentives should be started. Guarantee of quality housing, childcare facilities, and educational support for consultants' families should be ensured. Gender-specific barriers should be addressed and solved.

4.2 Conclusion

In conclusion, this study identifies the key factors affecting job satisfaction among junior consultants in UHCs of Bangladesh. Career development and advancement opportunities were the most important factors for job satisfaction. Junior consultants expressed dissatisfaction with unclear paths to promotion. Salary and benefits, work-life balance, and the workplace environment were also major concerns affecting retention and morale. The findings highlight the need for specific policy changes, including clear promotion criteria, better pay, and more support for work-life balance.

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Sujon, H. *et al.* (2023) 'Beyond the regulatory radar: Knowledge and practices of rural medical practitioners in Bangladesh', *BMC Health Services Research*, 23(1). doi:10.1186/s12913-023-10317-w.

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Appendix A

Annotated Bibliography:

Title: Job Satisfaction Level of Junior Consultants and Its Associated Factors Working in Upazila Health Complexes of Bangladesh–A Mixed Method Study

Peer-reviewed journals

Islam, M. R., Angell, B., Naher, N., Islam, B. Z., Khan, M. H., McKee, M., Ahmed, S. M. (2024). Who is absent and why? factors affecting doctor absenteeism in Bangladesh. *PLOS Global Public Health*, 4(4). doi: 10.1371/journal.pgph.0003040

This study examines the determinants of physician absenteeism in rural Bangladesh, a long-standing issue that lowers the effectiveness of healthcare services in poor communities. A cross-sectional survey of 308 physicians who have experience working in rural health facilities showed that absenteeism is significantly associated with determinants such as excessive work pressure, family commitments, and training opportunities. The study found that doctors who had strong local networks or had acquaintances among influential people were far more likely to complete their rural postings uninterruptedly. Additionally, the study revealed that doctors with an overwhelming workload were more likely to leave their positions prematurely, while politically well-connected doctors were more likely to remain. The study emphasizes that traditional control interventions, like monitoring attendance, have been ineffective in addressing absenteeism because they fail to consider the social and professional rewards driving it. The researchers suggest that interventions that provide more support, reduce workload, and increase community cohesion may be more effective in reducing absenteeism. This research provides essential insight into the contextual determinants of absenteeism and proposes evidence-based solutions for improving doctor retention in rural Bangladesh.

Rahman, K. M., Rayna, S. E., Khan, F. A., Khan, Md. M., Rahman, F., Ether, S. T., Khalequzzaman, Md. (2024). Challenges faced by medical officers in providing healthcare services at Upazila Health Complexes and district hospitals in Bangladesh – a qualitative study. *The Lancet Regional Health - Southeast Asia*, 24, 100398. doi: 10.1016/j.lansea.2024.100398

This qualitative study by Rahman et al. (2024) explores the challenges faced by medical officers (MOs) working in Upazila Health Complexes (UHCs) and District Hospitals (DHs) in Bangladesh. The study, relying on in-depth interviews of 51 medical officers from 17 UHCs and 9 DHs, identifies significant issues that affect healthcare provision, such as poor infrastructure, lack of medical logistics, insufficient staff, over-ambitious workloads, and poor public utilities. Political interference, workplace violence, and lack of safety and security for healthcare workers contribute to the difficulties. In addition, the study identifies policy-related problems, including inequalities in education, training, and career progression opportunities that hinder professional growth and job satisfaction. The study points out that the infrastructural shortage and insufficiency of proper diagnostic facilities is the most prominent hindrances to providing quality healthcare in these centers. Further, the study quotes social and environmental determinants such as poor housing and poor transport facilities, influencing the morale and retention of health workers. The authors propose sweeping policy changes addressing these structural problems to improve the working conditions of medical officers and improve healthcare services in rural and remote Bangladesh. This study offers valuable data on determinants influencing the performance of Bangladesh's health system, particularly at the grassroots level, and provides practical policy advice to policymakers on how to enhance the healthcare infrastructure and working environment of medical officers.

Yan, W., & Sun, G. (2022). Income, workload, and any other factors associated with anticipated retention of rural doctors? *Primary Health Care Research & Development,* 23. doi:10.1017/s1463423621000839

This cross-sectional study analyzes the socio-economic determinants of the expected retention of rural doctors in Jiangsu Province, China. The authors surveyed some 722 rural physicians to identify various protective and risk factors associated with prolonged rural service and found that higher expected retention was associated with greater salary, higher professional rank, and better economic development in the region. On the other hand, greater socialization-related expenses, heavy workload, and certain daily activities like outpatient and file work correlated negatively with retention. This study deepens understanding of the economy, personal elements, and occupational identity related to retention intention. It argues that while the lack of financial incentives is, indeed, an important aspect, some alleviation of workload and higher chances of career progression would go a long way in addressing rural healthcare personnel problems. Moreover, the study analyzes the sociocultural context of rural China with particular focus on the impact of social networks and geographic disparities. This article can be used by policymakers and professionals in the field of public health or those who plan the healthcare workforce with the aim of establishing evidence-based strategies that address rural doctor retention.

Mohammadiaghdam, N., Doshmangir, L., Babaie, J., Khabiri, R., & Ponnet, K. (2020). Determining factors in the retention of physicians in rural and underdeveloped areas: A systematic review. *BMC Family Practice*, 21(1). doi:10.1186/s12875-020-01279-7

This review looks at research pertaining to what influenced physicians' retention in rural and less developed regions across the globe, and attempts to combine the evidence into cohesive findings. The authors examined 35 studies from Scopus, PubMed, and Web of Science, and evaluated their quality using the CASP checklist. Six retention factors were clearly defined: financial payments (for example, competitive remuneration and offered loan repayments), career self-development (such as skill development, postgraduate training), working conditions (infrastructure and workload), personal factors (rural socialization, family), cultural acceptance (trust from the community), and living conditions (infrastructure and

schooling opportunities for children). Career and financial motivations deemed the strongest, though background and work-life balance notably influenced retention as well. The particular case of retention demonstrates that there is no single factor that can work, and therefore more holistic integrated policy frameworks designed to include all categories are necessary. Policymakers will appreciate the author's strength of rigorously defining the vast databases covered in the methodology, as well as the clear visualization of the factors presented. Of note are the lack of non-English studies and the differing studies, creating a potential barrier to straightforward comparison. The study highlights the need for targeted actions like the implementation of loan forgiveness programs, assistance with infrastructure, and active participation of the community in mitigating global rural healthcare inequalities. This is particularly important for health systems trying to solve the understaffing problems in peripheral regions, which are more complex than purely motivational incentives.

Ortiz-Prado, E., Fors, M., Henriquez-Trujillo, A. R., Cevallos-Sierra, G. H., Barreto-Grimaldos, A., Simbaña-Rivera, K., Lister, A. (2019). Attitudes and perceptions of medical doctors towards the Local Health System: A Questionnaire Survey in Ecuador. *BMC Health Services Research*, 19(1). doi:10.1186/s12913-019-4211-1

Here, Ortiz-Prado et al. (2019) investigate attitudes and views of healthcare workers in Ecuador regarding the Ecuador health care system. Conducted via cross-sectional survey, studies tested the opinion of 607 physicians, including specialists, family medicine practitioners, and rural health area practitioners. The study specifies some key issues that concern medical practitioners, such as excessive administrative paperwork (78.4% of respondents), breakdown in communication by health authorities (60.1%), and inadequate infrastructure in hospitals (53.5%). In addition, the survey revealed that most of the physicians complained about the quality of drugs being sold in Ecuador, which is generic medications, since 55% of the sample regarded them as poor quality. The results show a disconnect between service provision and health management, where the majority of doctors

feel disconnected from the decision-making processes that affect their practice. The study also documents frustration at long working hours and calls for reforms, such as the introduction of part-time working hours and a more integrated approach to health services. In summary, the results are of great value for understanding healthcare professionals' perceptions and for identifying ways to improve policy areas such as administrative practices, drug availability, and system transparency. The research adds to the body of knowledge regarding physician perceptions and provides suggestions for maximizing Ecuador's healthcare system.

Rashid, Md. H., Islam, M., Imtiaz, A., Ferdushi, H. M., Salahuddin, A., Chowdhury, M. H., & Tufael. (2019). Job satisfaction of doctors working at Upazila Health Complexes in Barisal District. *Asian Journal of Biomedical and Pharmaceutical Sciences*, 9(67). doi:10.35841/2249-622x.67.19-066

This is a cross-sectional study explores the job satisfaction of 59 doctors employed in nine Upazila Health Complexes in Barisal, Bangladesh. In assessing satisfaction using the Job Satisfaction Survey (JSS) scale, the researchers found that 57.6% of doctors were dissatisfied, 27.1% were satisfied, and 15.3% were neutral. Fundamental dissatisfactions included poor salary, promotion postponement, accommodation and transport provisions, workload, as well as high negative collegial relationships and supervision despite positive burden supervision. Political inertia, insufficient infrastructural resources, and clinically-imposed workload inequities emerged from the delinquency as stratifying causes of low satisfaction in the study. This study sheds light on the primary healthcare problems of physicians in rural Bangladesh and actively responds with supportive evidence towards policy frameworks intended to enhance the value of work and healthcare services offered. It will especially assist the public health administrators, policymakers, and human resource planners focused on improving the retention and morale of healthcare professionals in rural areas through strategic human resource management.

Joarder, T., Rawal, L. B., Ahmed, S. M., Uddin, A., & Evans, T. G. (2018). Retaining doctors in rural Bangladesh: A policy analysis. *International Journal of Health Policy and Management*, 7(9), 847–858. doi:10.15171/ijhpm.2018.37

This article evaluates three select policies formulated to retain medical practitioners in rural areas of Bangladesh; these include career development programs, compulsory rural service, and setting up medical colleges outside the urban centers. The authors use the policy triangle framework to assess the content, context, actors, and processes of policy implementation. The investigation reveals problems of politicization, inadequate career pathing, graft, infrastructure, and other damaging factors through key informant interviews, stakeholder analysis, and document analysis. The study emphasizes the problems caused by chronic inefficiencies and excessive political meddling. Among other things, the study recommends straightforward processes for appointment and career advancement, recruitment and retention policies, and rural development training programs for educational institutions. For health systems crises, this work is particularly important as it presents policymakers with a detailed analysis of the gaps in managing healthcare personnel in rural settings of developing economies. It highlights the absence of coordinated governance and the lack of strong public policy if harmful imbalances are to be avoided in the distribution of health services.

Kini, S., R., M., Maiya, R. G., K., N. K., & Kiran, N. U. (2017). Attitudes and perceptions towards research among final year medical students in a private medical college of Coastal Karnataka: A cross-sectional study. *Journal of Health and Allied Sciences NU*, 07(01), 007–011. doi:10.1055/s-0040-1708687

This cross-sectional study examines the attitudes of medical interns towards compulsory rural service post internship in the context of Karnataka, India, which suffers from an acute shortage of physicians to provide healthcare services in rural regions. The authors conducted a survey at KS Hegde Medical Academy on 169 interns using a semi-structured questionnaire designed to capture socio-demographic characteristics as well as perceptions of rural service, and the motivating or hindering factors in exploring career options. Data were analyzed using

SPSS, applying Student's t-tests and Chi-square tests for determining associations. Results showed that 31.4% opposed compulsory rural service requirements stating limited professional growth (55.6%), difficulty in pursuing PG studies (49.2%), family isolation (69.8%) and lack of adequate recreational facilities (70.5%). On the other hand, 53% expressed willingness to serve primarily due to an altruistic motivation (41.6%) and reservation advantages in PG entrance examinations (23.6%). It was also noted that no significant differences in willingness were observed based on gender or urban-rural residential background. Participants highlighted the need for improved guaranteed PG seat placements (50.3%) and better remuneration (24.9%) as some of the primary measures needed to attract physicians to rural areas. The cross-sectional approach precludes any causal relationships or longitudinal change in attitude assessments. Greater multi-center studies may strengthen conclusions drawn from the (N=169) sample.

Pagaiya, N., Kongkam, L., & Sriratana, S. (2015). Rural retention of doctors graduating from the Rural Medical Education Project to increase rural doctors in Thailand: A cohort study. *Human Resources for Health*, 13(1). doi:10.1186/s12960-015-0001-y

This cohort study of Pagaiya et al. evaluates the effectiveness of Thailand's "Collaborative Project to Increase Rural Doctors" (CPIRD) intended to promote doctor retention in rural areas. Rural retention levels are studied in 7,157 doctors, comparing those graduating under CPIRD (1,093 doctors) and others under traditional courses of medical training (6,064 doctors). Employing survival analysis methods, the study discovers that CPIRD doctors are retained much more frequently in rural hospitals compared to their normal-track counterparts. Specifically, rural hospital retention was 29% among CPIRD doctors, while that of normal-track doctors was 18%. In addition, CPIRD graduates registered a median rural survival time of 4.2 years, while normal-track doctors had 3.4 years. The study emphasizes positive impacts of education, specifically targeting rural communities, for instance, priority hiring in alumni provinces at graduation, and specialized medical education curricula. Despite the

success of the CPIRD program, the study also indicates increasing turnover rates, suggesting that in the short term, the program maintained greater retention, but retention in the long term continues to be an issue. The authors recommend more improvements to CPIRD's management and more effective retention efforts. This research is vital to know the effect of special educational programs in addressing doctor shortages in rural areas, particularly in developing countries. It necessitates policy reforms that will ensure the long-term sustainability of such programs to improve the delivery of healthcare in underserved communities.

Sharma, M., Goel, S., Singh, S. K., Sharma, R., & Gupta, P. K. (2014). Determinants of Indian physicians' satisfaction and dissatisfaction from their job. *Indian Journal of Medical Research,* 139(3), 409–417. https://doi.org/10.4103/0971-5916.132137

This study by Sharma et al. (2014) investigates the factors of job satisfaction and dissatisfaction of Indian physicians. The research was conducted with a very detailed questionnaire that was distributed to 170 physicians from two medical colleges in Chandigarh, India. The study identified that 74% of the physicians were satisfied in their professional lives, while 26% were dissatisfied. The research identified some of the strongest determinants of satisfaction as work environment, salary, interpersonal relations with colleagues, and job security, whereas the determinants of dissatisfaction were primarily long working hours, no recognition, and lack of career growth opportunities. The results also shed light on the determinants such as salary, professional development opportunities, and work-life balance were key drivers of job satisfaction. Statistical tools like principal component analysis (PCA) and Likert scales were used in the study to analyze the responses. The study revealed that even though the majority of the doctors in India were satisfied, their overall satisfaction level was less compared to doctors from developed countries. The authors suggest that improving work conditions, increasing opportunities for career development, and fostering supervisor support may help in improving the job satisfaction and retention levels of

physicians. This research provides beneficial data for health administrators who want to address the concerns of healthcare professionals in developing countries.

Schaaf, M., & Freedman, L. P. (2013). Unmasking the open secret of posting and transfer practices in the health sector. *Health Policy and Planning, 30*(1), 121–130. https://doi.org/10.1093/heapol/czt091

his article by Schaaf and Freedman addresses 'mission inconsistent' (MI) posting and transfer practices in health systems, those assignments that do not maximize health outcomes and more often than not violate the norms of healthcare professionalism. The authors reflect on the broader political, social, and economic forces driving such practices, such as political patronage, corruption, and clientelism. These forces routinely lead to the deployment of health workers to areas based on personal or political interests rather than public health priorities and generate inefficiency in the health system and undermine service delivery. Based on a review of the literature and case studies in several countries, the article discusses the detrimental effects of MI practices, such as absenteeism, demotivation, and maldistribution of health workers. The authors call for research to better understand the dynamics of such practices, advocating for policies that facilitate transparency and accountability in the posting of health workers. The paper recognizes the need for more investigation into the unwritten rules that govern posting and transfer practices and the pervasive impact that power relationships exert on healthcare outcomes. By focusing on these often-overlooked aspects of health systems, Schaaf and Freedman provide valuable insight into how administrative processes influence health equity and the effective functioning of healthcare institutions.

Cleland, J., Johnston, P. W., Walker, L., & Needham, G. (2012). Attracting healthcare professionals to remote and rural medicine: Learning from doctors in training in the north of Scotland. *Medical Teacher*, 34(7). doi:10.3109/0142159x.2012.668635

This qualitative research investigates the experiences of Foundation Programme (FP) doctors training in remote and rural (R&R) parts of northern Scotland, with the purpose of better understanding the factors that impact their career choices. The authors apply Social Cognitive Career Theory (SCCT) in focus groups and interviews with 20 trainees to look into how individual beliefs, contextual circumstances, and perceived barriers influence attitudes towards rural medicine. Key themes include high-quality educational experiences (such as increased responsibility and instructive supervision), as well as negative factors such as social and physical isolation, logistical challenges, and a lack of postgraduate training opportunities. Despite the professional development opportunities, non-educational reasons frequently discourage long-term interest in R&R careers. This research investigates how medical education and training environments influence workforce distribution and suggests practical measures for increasing recruitment and retention, such as better accommodations and financial help. This study has ramifications for policymakers and educators working to address healthcare shortages in remote communities.

Girasek, E., Eke, E., & Szócska, M. (2010). Analysis of a survey on young doctors' willingness to work in rural Hungary. *Human Resources for Health,* 8(13). https://doi.org/10.1186/1478-4491-8-13

This study by Girasek, Eke, and Szócska (2010) investigates the intention of Hungarian young doctors to practice in rural areas. Conducted in 2008, the research surveyed 524 medical residents from four Hungarian medical schools to determine their career plans, with a specific focus on their preference for working outside Budapest. The findings showed that the majority of young doctors preferred to work in large cities or teaching hospitals and less than 7% would consider working in towns with populations of less than 50,000. Focus group interviews were also employed to explore the determinants of these preferences, such as pay, professional standards, work environment, and workload. The results show that the reluctance of young doctors to work in rural settings is basically due to perceived deficits of professional

opportunities, inadequate infrastructure, and a quest for better living standards. The study concludes that without comprehensive incentive programs, including higher remuneration, housing subsidies, and better working conditions, geographical imbalance in the spread of healthcare professionals would persist. The authors emphasize the need for change in medical education and suggest that incorporating rural placements into residency training is one way of addressing this. This research assists in understanding how incentives may be used to attract healthcare professionals to work in underserved populations, an issue prevalent in most countries facing such difficulties.

Willis-Shattuck, M., Bidwell, P., Thomas, S., Wyness, L., Blaauw, D., & Ditlopo, P. (2008). Motivation and retention of health workers in developing countries: A systematic review. *BMC Health Services Research*, 8(1). doi:10.1186/1472-6963-8-247

This systematic review verifies key variables influencing the motivation and retention of health workers in developing countries, based on information from 20 primary studies. The authors highlight seven key motivational themes: financial incentives, career advancement, ongoing education, hospital infrastructure, resource availability, management quality, and recognition. The findings suggest that, while financial incentives are essential, they are insufficient to ensure retention; non-financial variables such as recognition and professional development are also critical. The review the country-specific nature of motivational strategies and highlights the need for comprehensive, context-sensitive interventions. It also acknowledges the lack of definitive studies on motivational differences among health worker cadres. The study's strength is its rigorous methodological approach and applicability to policymakers seeking to develop human resources in low-income health systems. This article is useful for researchers and decision-makers working on global health workforce strategy.

Manongi, R. N., Marchant, T. C., & Bygbjerg, I. C. (2006). Improving motivation among primary health care workers in Tanzania: A health worker perspective. *Human Resources for Health, 4*(6). https://doi.org/10.1186/1478-4491-4-6

This study by Manongi, Marchant, and Bygbjerg considers the lives of primary healthcare staff in Tanzania's Kilimanjaro Region and how they are motivated, satisfied, and frustrated in the working environment of staffing shortage and managerial challenges. It employs focus group interviews and health worker interviews to describe the variables influencing motivation, and these include a lack of proper training, no proper supervision, and unclear career promotion opportunities. The health workers were also complaining of multitasking due to understaffing, which was compromising the quality of care they were in a position to provide. The study highlighted supportive supervision as well as enhanced career development frameworks to help improve the workplace environment and job satisfaction. The health workers proposed more transparent promotion policies as well as increased inter-facility exchanges to build up skills. The authors argue that while financial rewards are crucial, they are insufficient on their own to sustain motivation. Rather, a combination of appropriate training, feedback, and career counseling must be used to enhance the quality of Tanzania's health services. The research is beneficial to health system managers and policymakers because it informs how better support can be provided to the Tanzanian primary healthcare workforce to improve service delivery. The study conclusions can be used towards improved retention of healthcare staff and performance in similar resource-poor settings.

Newspapers & grey literature

Yunus, M. (2025, May 5). *Yunus tells doctors to remain at assigned posts*. BDNews24. Retrieved from https://bdnews24.com/bangladesh/e516af43811f

This report quotes Bangladesh's Chief Advisor Muhammad Yunus as ordering doctors to remain at their stations in order to sort out perennial problems in the country's healthcare sector. Yunus emphasizes the importance of decentralization in managing healthcare, further stating that unless there is a proper system of decentralization, various healthcare issues

cannot be addressed properly. The article also speaks of the Health Sector Reform Commission report by Yunus, describing it as a "landmark initiative." The report has categorical recommendations that are presented to eliminate the shortage of medical personnel, which has long been a lingering issue in Bangladesh and now says that one of the biggest stumbling blocks to doing away with it is the inefficiency in utilizing available personnel where they are most needed. This source provides informative information on the government's ongoing efforts towards improving the healthcare industry and the importance of the implementation of the commission's report recommendations. The article is an excellent source for understanding the current situation in regard to healthcare reforms in Bangladesh, especially policy reforms and the need to act concerning the administration of healthcare staff.

This piece of writing is suitable for health reform studies, especially in developing nations like Bangladesh, where the scanty numbers of medical professionals and poor regional distribution present a gigantic challenge to the provision of healthcare.

The Daily Star. (2025, April 9). *Make upazila health complexes effective*. The Daily Star. Retrieved from https://www.thedailystar.net/english

This editorial from The Daily Star discusses the persistent challenges regarding the functioning of upazila health complexes in Bangladesh, with a special emphasis on the significant scarcity of medical personnel. According to the paper, around 59% of doctor posts in these hospitals are unfilled, compounding rural residents' difficulty in receiving adequate healthcare services. The editorial calls attention to the situation in several upazila health complexes, such as Kulaura and Phulbari, where there aren't enough doctors to meet the demands of the locals. For example, Kulaura, which serves a population of 500,000, has only two doctors, and Phulbari, which serves 80-90 patients each day, only has three. The piece also refers to the broader systemic issues that contribute to these shortages, including the long

recruitment process through the Bangladesh Civil Service (BCS) exams and doctors' reluctance to work in rural areas. Staff absenteeism and lack of discipline are also highlighted as significant barriers to effective healthcare delivery. For addressing these challenges, the editorial requests wholesale reform such as setting up a specially appointed Public Service Commission for health to oversee recruitments more smoothly and get the workforce working more effectively. This article proves helpful in understanding the administrative and logistical problems plaguing the functionality of upazila health complexes and rural health centers in Bangladesh. It speaks of the imperative for structural overhauls aimed at strengthening health care delivery as well as making upazila health complexes more effective in caring for rural dwellers.

Government of the People's Republic of Bangladesh. (2024). *Bangladesh Health Workforce Strategy 2024*. Ministry of Health and Family Welfare.

The Bangladesh Health Workforce Strategy 2024 offers crucial strategies to address gaps and challenges in the country's health workforce, particularly in rural and underserved populations. Some of the key challenges identified in the document include the shortage of medical professionals in rural populations, the high turnover rate of doctors, and the inequitable distribution of healthcare resources. Furthermore, the strategy recognizes challenges like inadequate infrastructure, including poor quality housing and lack of essential medical equipment in Upazila Health Complexes (UHCs) and District Hospitals (DHs). The document also remarks on the impact of political interference in health service delivery, which creates additional challenges for healthcare providers, including increased stress and insecurity in the workplace. The plan stresses the necessity to have an integrated approach to health workforce strengthening, for example, improving working conditions, providing incentives to health professionals to serve in rural and difficult-to-reach areas, and increasing training and development for health professionals. It demands transparent recruitment,

posting, transfer, and promotion policies to improve job satisfaction and retention. Furthermore, the document calls for greater coordination between various health sectors and the integration of community health workers (CHWs) to fill the gap in the delivery of healthcare at the community level. This report is a vital tool for healthcare policymakers and administrators wanting to enhance the efficiency and sustainability of Bangladesh's healthcare system by addressing these critical workforce challenges.

Tajmim, T. (2022, November 18). A growing rural healthcare sector that fails in quality. *The Business Standard*. Retrieved from https://www.tbsnews.net/bangladesh/health/growing-rural-healthcare-sector-fails-quality-534530

This article by Tajmim (2022) points to the increasing need for healthcare in rural Bangladesh, as well as the system's issues that stifle the provision of quality medical care. Despite enhanced infrastructure and heightened awareness of improved medical care, rural healthcare facilities, especially the 482 upazila health complexes, are still understaffed and poorly equipped. The report highlights the sufferings of patients such as Aminul Islam, who were compelled to go to Dhaka for specialized treatment, as a reflection of inefficiencies in the local health system. The report has identified key issues such as vacant doctor posts and a lack of trained staff at rural health centers. These shortages force patients to seek out services at expensive and sometimes inferior private clinics. The article further states the rising incidence of non-communicable diseases in rural areas due to lifestyle changes, adding to the burden of already strained healthcare infrastructure. The article endorses total reforms in the rural healthcare infrastructure, including enhanced infrastructure, recruiting medical professionals, and effective utilization of resources. It requires an increasingly decentralized system of health, operating upazila hospitals as fully functional and able to handle a wider range of medical cases, thereby alleviating some of the pressure on overcrowded health facilities in Dhaka. This report is essential to understanding the situation and issues of rural healthcare in Bangladesh today.

World Health Organization (WHO). (2020). *Retention of the health workforce in rural and remote areas: A systematic review*. World Health Organization. https://doi.org/10.1186/s12913-019-4211-1

This WHO report provides an overview of the determinants of health worker retention in rural and remote communities. The report synthesizes evidence from various studies from diverse countries, extracting overall trends and issues in the retention of health staff in poor communities. Among the key findings is the strong effect of financial incentives, such as loan forgiveness programs and salary rises, in enhancing levels of retention. In addition, non-financial incentives such as career development, job satisfaction, and a positive working environment were also found to be crucial to long-term retention. The report discusses the impact of community-based education programs, where there is rural exposure while undergoing medical training, which makes healthcare professionals more inclined to practice in these areas. The report also emphasizes targeted recruitment strategies, particularly those directed at individuals with rural backgrounds. The report finishes with policy suggestions that not only address financial incentives but also community relationship building, professional development, and adequate support systems. The review offers policymakers a handy resource of evidence-based interventions with which to tackle the widespread rural health workforce retention issues globally.

Sadiq, A. S. (2017). *Rural placement of doctors in Bangladesh: Conflict between institution and individual rationality* (Master's thesis, North South University, Dhaka, Bangladesh). Retrieved from https://www.nsu.edu.bd

Abdullah Shibli Sadiq's thesis analyses the challenges and rationales underlying doctor placement in rural Bangladesh. The study investigates how doctors' personal motives, such as a desire for greater compensation and better living conditions, conflict with institutional regulations designed to ensure healthcare delivery in rural areas. Sadiq highlights two problems in particular: absenteeism (doctors posted to rural areas not attending to their duties on a regular basis) and withdrawal (doctors leaving rural posts for more lucrative urban

positions). The author rationally reviews the literature and discusses social and economic theories that reason why doctors make certain decisions regarding placements in rural clinics. This thesis relies on the work of Chaudhury and Hammer (2004), Hossain et al. (2007), and others to point out that the rural healthcare deficit is essentially a product of the unwillingness of doctors to serve those areas alongside their private practice. It brings out these and other systemic flaws within the healthcare system of Bangladesh, like mal-distribution of medical doctors and greater healthcare resources in the rural healthcare centers. It also underlines the challenges of doctor recruitment and retention in rural areas, such as low salary, insufficient infrastructure, and limited professional development opportunities. Sadiq makes several proposals, including governmental measures to surgically rectify the bias in the distribution of healthcare resources and incentivising doctors to practice in rural areas. This research might be useful for policymakers and health system managers in dealing with the persistent inequitable distribution of services in healthcare in both rural and urban areas of Bangladesh. The study pertains to a larger issue of human resource management in health, particularly in developing countries with comparable challenges.

Prothom Alo. (2015, July 25). *Transfer and promotion spree for doctors*. Prothom Alo. Retrieved from https://en.prothomalo.com/bangladesh/Transfer-and-promotion-spree-for-doctors

This specific article deals with the ongoing transfer and promotion of physicians' services in Bangladesh with special reference to the capital Dhaka. The Ministry of Health plans to deploy more physicians to remote areas to alleviate the problem of inadequate healthcare. The article brings to attention the imbalance of doctor distribution both within Dhaka and in the rural areas, stating that while the city is over-saturated with physicians, the countryside regions are in dire need of them. It also discusses the different political controls regarding doctors' mobility and the difficulty of realizing government policies concerning retention in rural areas. The article provides insight into the ministry's approaches to resolving the

imbalances, which include interventions like well-researched, systematic transfers, as well as constraints to those approaches, such as a lack of adherence to the political neutrality policies, political patronage, and more. It also contains figures about the distribution of physicians and other medical staff at constituent medical colleges and teaching hospitals in Dhaka and the specialist deficit in rural areas. It discusses as well the political interests of medical professional bodies concerning their participation in administrative and operational decision-making processes regarding the rotation and implementation of the reverse mobility policy for doctors designed to enforce rural service. This article is helpful in illustrating the political and administrative barriers to enhancing healthcare services in rural areas of the country. It explains the need for better implementation of policies, justified distribution of resources, and overcoming the political influences that impact healthcare delivery.

Ministry of Health and Family Welfare (MOHFW). (2014). *Bangladesh health system review* (pp. 92-93). Bangladesh Health Watch.

This section provides a detailed overview of the health workforce trends in Bangladesh, highlighting the acute shortage of skilled healthcare professionals. It emphasizes the disproportionate distribution of healthcare providers between urban and rural areas, noting that while there is a significant concentration of doctors in urban settings, rural areas remain underserved and understaffed. The report cites a critical shortage of doctors and nurses, with only 0.3 doctors and 0.3 nurses per 1,000 people, far below the World Health Organization's recommended ratios. Despite an increase in the size of the workforce over time, the distribution has not kept pace with the population's needs. This imbalance has overburdened rural health facilities, exacerbating healthcare delivery challenges. The paper also discusses factors such as migration, brain drain, and the retention issues healthcare workers face, particularly in rural regions. The document's insight into these workforce issues is essential for understanding the broader challenges faced by the healthcare system in Bangladesh, as it

underscores the need for targeted policies to address the gaps in human resources for health (HRH).

The Daily Star. (2008, December 26*). Rural people deprived of healthcare services*. The Daily Star. Retrieved from https://www.thedailystar.net/english

This article delves into the considerable difficulties that citizens from rural areas of Bangladesh face with regard to obtaining any form of medical care. Furthermore, it deals with the imbalance of human capital regarding health resources, in particular the severe shortage of health care personnel in rural areas. The article cites, "In the upazila, district and union health complexes there are 6,220 vacancies out of 16,796 positions for health professionals." This number demonstrates the alarming decline in the provision of healthcare services in these areas. Due to a lack of essential medical manpower, many of the rural dwellers are frequently forced to access medical services in the capital city, Dhaka. Notable persons as Prof. Rashid E. Mahbub, former head of the Bangladesh Medical Association, ascribe the "inequitable geographic maldistribution of medical resources" to someone's negligence of human resources planning. He proposes that the other part of the solution he supports is that personnel deployment needs to be conducted according to the requirements of the particular workforce areas, not to institutional needs. It also discusses the Narail and Barguna regions, which lack Medical Officers and Medical Assistants and shows how they create these gaps in healthcare service delivery to large populations. Such conclusions have led many of the authors to emphasize as validity of the solutions' recruitment policies because of a lack of active policy oversight of management by the civil surgeon. Autonomous control of the hiring policies of medical colleges is suggested as well as the reassignment of intern and honorary physician positions to rural regions. As a focal point for policy advocacy and healthcare management geared toward broadening healthcare access and services in the

underserved rural areas of Bangladesh, this paper examines deeply the northwestern rural healthcare problems and the health systems issues.

Appendix B

Research Proposal

Title: Job Satisfaction Level of Junior Consultants and Its Associated Factors Working In Upazila Health Complexes of Bangladesh–A Mixed Method Study

1. Background

Upazila Health Complexes (UHCs) serve as the backbone of Bangladesh's rural healthcare system, providing both primary and secondary healthcare services to rural populations. These facilities are essential for reducing health disparities and achieving universal health coverage in Bangladesh. Junior consultants, tasked with delivering specialist care in UHCs, are pivotal to the system's functionality. However, challenges such as poor infrastructure, excessive workload, resource limitations, and inadequate career advancement opportunities frequently deter healthcare professionals from accepting or continuing roles in these settings (Hossain et al., 2022; Chowdhury et al., 2019)

Studies have highlighted the critical role of healthcare worker perceptions and attitudes in job satisfaction, retention, and performance (Willis-Shattuck et al., 2008; Dieleman et al., 2003;). In rural contexts, perceptions of professional isolation, limited family support, and a lack of motivation often exacerbate workforce shortages (Gilson et al., 2020; Sujon et al., 2023). Yet, little is known about how junior consultants specifically perceive their roles and responsibilities within UHCs. Addressing this gap is crucial for designing policies to improve job satisfaction and retention, thereby strengthening rural health services (McIsaac et al., 2024).

This study aims to explore level of job satisfaction of junior consultants and its associated factors working in UHCs, identifying the barriers they face and the factors that influence their

commitment. Insights from this research can inform targeted interventions to improve rural healthcare delivery.

2. Relevance of the policy issue to contemporary challenges

Junior consultants in UHCs play a pivotal role in bridging the gap between primary care and specialized health services in these settings. Despite their importance, UHCs face persistent challenges, including workforce shortages, high turnover rates, and a lack of motivation among healthcare providers. These issues have a direct impact on the quality and accessibility of healthcare in rural areas, perpetuating health disparities.

While previous studies have focused on systemic barriers such as infrastructure and resource limitations, there is limited research exploring level of job satisfaction of junior consultants and its associated factors at the UHCs of Bangladesh. Factors such as, work-life balance, and professional growth opportunities significantly influence job satisfaction. Understanding these perspectives is essential for addressing the root causes of workforce instability in rural healthcare.

This research aims to explore level of job satisfaction of junior consultants and its associated factors to their roles in UHCs, providing valuable insights into the challenges they face. The findings can inform targeted policy interventions to enhance job satisfaction, improve retention, and strengthen healthcare delivery in underserved areas of Bangladesh, ultimately contributing to better health outcomes.

3. Research question

What is the level of job satisfaction of junior consultants and its associated factors working in Upazila Health Complexes of Bangladesh?

4. Objectives

4.1 General Objective:

To explore level of job satisfaction of junior consultants and its associated factors working in Upazila Health Complexes of Bangladesh.

4.2 Specific Objectives:

- To examine the motivational factors that could enhance their job satisfaction and commitment to working in rural healthcare settings
- To identify factors influencing their willingness to work at UHCs, including personal, professional, and organizational aspects.
- To explore the perceived challenges faced by junior consultants in UHCs, such as infrastructure, resources, workload, and career progression opportunities.
- To gather insights from junior consultants on potential policy or programmatic changes that could improve the work environment in UHCs.
- To compare variations in level of job satisfaction across demographic and professional characteristics such as age, gender, and specialization.
- To integrate findings from qualitative and quantitative data to provide a comprehensive understanding of the issue.

5. Methodology

The study will employ mixed method sequential explanatory approaches to explore and understand attitudes and perception of Junior Consultants towards working In Upazila Health Complexes of Bangladesh. A quantitative online survey of junior consultants will be done on their attitudes and perceptions. Data from the survey will be analyzed. To explore the quantitative findings in more depth, addressing “why” and “how” questions, qualitative study will be done. The qualitative techniques for data collection will be key in-depth interviews (IDIs).

5.1 Study site and time frame

We will collect data from upazila health complexes of eight divisions. In eight divisions, 50% of our study participants will be from upazila health complexes of plain lands and 50% of upazila health complexes of hard-to-reach areas. Knowledge gathered from here can lead us to understand what makes them to retain in upazilas and their attitudes and perception towards working in Upazila Health Complexes. The total duration of the study will be 6 months.

5.2 Protocol and tools development

The study protocol and tools will be developed based on the objectives to understand level of job satisfaction of junior consultants and its associated factors working In Upazila Health Complexes of Bangladesh. For quantitative part, all participants will be given self-administer questionnaire and will be explained about the study objective and written informed consent will be obtained. The pre-tested online semi-structured self-administer questionnaire will be divided into two sections which will include: First part of the questionnaire will include questions on demographic and professional characteristics, factors influencing their willingness to work in UHCs, personal, professional, and organizational aspects, perceived challenges faced by junior consultants in UHCs, such as infrastructure, resources, workload, and career progression opportunities. Second part of the questionnaire will contain job satisfaction scale. The satisfaction scores will be calculated using the guidelines of Job Satisfaction Survey (JSS) scale. For qualitative part, open-ended questions will be asked.

5.3 Study population and sampling

The study population will be junior consultants of UHCs of Bangladesh. We will use multi-stage random sampling method to select our sample. From eight divisions, we will randomly select a district from each division which has UHCs with plain land and a district from each

division which has UHCs with hard-to-reach areas. Then we will randomly select three junior consultants of three different specializations (medicine, surgery and gynecology) from UHCs of each district from the list of junior consultants from the DG Health office. So, from eight divisions, we will interview 48 junior consultants through online Google form and for qualitative part, we will interview ten junior consultants.

6. Proposed analyses

For quantitative part, after completing data collection all the questionnaires will be checked and edited. A database in SPSS version 26 for Windows will be developed according to the questionnaire. Data regarding all questions will be entered into the developed database. Missing values will be checked. Statistical analysis will be done using SPSS 26. Frequency distribution and percentage of different variables will be done. The continuous variables will be expressed using mean (standard deviation). For qualitative part data analysis will be done in different stages, adopting Braun and Clarke's thematic analysis approach: data familiarization, coding, looking for themes, reviewing themes, and producing a final report. A list of a priori codes will initially be developed from the interview guidelines and will be used to code the transcripts for analysis. Multiple readings of each individual transcript will be done by me and further analysis will involve inductive codes generated from emerging key themes from data. Ultimately the data will be arranged in clusters per a priori and inductive codes. The research team will use intercoder reliability to evaluate the validity of the coding categories. Quotes extracted from the raw data will provide evidence for each theme and categories extracted. Quotes will be selected to illustrate the dominant opinion of participants Data analysis will be done manually in MS Word, without specialized software.

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GANTT CHART

2025						
Months	December	January	February	March	April	May
Literature review						
1st draft of concept note						
Submission of concept note						
Prepare proposal for submission						
Submission of proposal						
Field preparation and pretesting						
Data collection						
Data entry and cleaning						

Data analysis and Result preparation						
Policy memo writing starts						
Submission of completed policy memo to supervisor						
Thesis defense and comprehensive viva						