



HRH EFFECTIVENESS AND SATISFACTION SURVEY REPORT

Developing Strategy and Management
Framework for HRH in Meghalaya

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ACRONYMS

ANM	: Auxiliary Nursing and Midwifery
AYUSH	: Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
BAM	: Block Account Manager
BDM	: Block Data Manager
BPM	: Block Program Manager
BPMU	: Block Program Management Unit
CAPI	: Computer Assisted Personal Interview
CHC	: Community Health Centre
CHO	: Community Health Officer
DAM	: District Account Manager
DDM	: District Data Manager
DEIC	: District Early Intervention Centre
DH	: District Hospital
DHS	: Directorate of Health Services
DM&HO	: District Medical & Health Officer
DoHFW	: Department of Health and Family Welfare
DPM	: District Program Manager
DPMU	: District Program Management
DTO	: District Tuberculosis Officer
ECG	: Electrocardiogram
EIS	: Employee Information System
FI	: Field Investigator
GNM	: General Nursing and Midwifery
GoM	: Government of Meghalaya
HRH	: Human Resources for Health
HRMIS	: Human Resources Management Information System
JSS	: Job Satisfaction Survey
LHV	: Lady Health Visitor
MBBS	: Bachelor of Medicine, Bachelor of Surgery
MCH	: Maternal and Child Health
MHIS	: Megha Health Insurance Scheme
MHSSP	: Meghalaya Health Systems Strengthening Project
MI	: Medical Institutions
MO	: Medical Officer
MS	: Medical Superintendent
NHM	: National Health Mission
PHC	: Primary Health Centre
PPS	: Probability proportional to size
SC	: Sub-centre
SDH	: Sub-district Hospital
SDM&HO	: Sub-Divisional Medical and Health Officer
SPMU	: State Program Management Unit
UPHC	: Urban Primary Health Centre
WB TT	: World Bank Task Team

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EXECUTIVE SUMMARY

The HRH Effectiveness and Satisfaction Survey, alternately referred to as Job Satisfaction Survey (JSS) is a tool that was used to survey a sample of 348 respondents from the medical, paramedical and administrative cadres across the Department of Health & Family Welfare (DoHFW), Government of Meghalaya (GoM). The CAPI tool designed encompassed 10 broad thematic areas which included 58 questions on a 5-point scale to assess employee attitudes about the job and aspects of the job:

■ Strongly Disagree (%) ■ Disagree (%) ■ Neutral (%) ■ Agree (%) ■ Strongly agree (%)

Each theme was assessed with an average of five items, and a total score was computed from all items. A summated rating scale format was used, with five choices per item ranging from “strongly disagree” to “strongly agree”. Items were written in both directions. The 10 thematic areas were designed around work support, teamwork, work hours, pay and incentives, promotion, leadership, management, recognition and relationships, communication as well as training and development.

Through the self-reported survey, it was deduced that the Human Resources for Health (HRH) in Meghalaya have an overall satisfaction level across all 10 themes with a certain percentage of the HRH dissatisfied with at least two thematic areas, namely management and pay and incentives. When broken down into various cadres and further sub-categorized by sub-cadres, the granular presentation of dissatisfaction levels were further clarified. For instance, across the medical cadre (n=242), dissatisfaction levels were high in management and pay and incentives. However, when further seen across different type of staff, further dissatisfaction as well as satisfaction levels were logged. For instance, within the medical cadre, M&HOs (n=41) logged dissatisfaction levels across the above mentioned two themes for medical cadre but additionally they were also dissatisfied with the training and development avenues. On the other hand, dissatisfaction levels were logged across 50% of the thematic areas (10) for specialists (n=33) with the highest level of dissatisfaction logged for promotion avenues (41%) followed by training and development (26%). Among staff nurses and community health officers (CHOs) (n=72), the only logged dissatisfaction level is with regards to pay and incentives (23%).

For the paramedical cadre (n=29), an overall satisfaction level was logged across most themes except pay and incentives, promotion, and management. Among pharmacists (n=7), dissatisfaction levels were across management and pay and incentives. For technicians (n=22), the dissatisfaction levels were highest in pay and incentives (31%) followed by promotion (30%), management (18%) and training and development (14%).

For the administrative staff across various facilities and establishments under DoHFW, GoM, management and pay and incentives were the thematic areas where dissatisfaction levels were logged and an overall majority of the staff were otherwise satisfied with the other aspects. The office of the District Medical and Health Officer (O/o DM&HO) logged dissatisfaction with management (14%) and an overall satisfaction level was seen across all other themes. More dissatisfaction levels were seen across the district program management (DPM) where staff were dissatisfied with pay and incentives as well as management. Similar dissatisfaction levels across the two themes were also logged for the block program management (BPM).

To conclude, an overall consistent satisfaction level has been logged across the health department of Meghalaya. However, the thematic areas where dissatisfaction levels have been logged need to be looked into by the department as well and be factored in for various HRH related decision-making processes as well as for policy formulation/reformation.

1. BACKGROUND

a. INTRODUCTION

Human Resources for Health (HRH) are a core building block of health systems. The High-Level Commission on Health Employment and Economic Growth (ComHEEG) report published in 2016 by the World Health Organization¹ emphasized that a targeted investment in health workforce promotes economic growth through range of pathways such as enhanced productivity and output, social protection and cohesion, social justice, innovation, and health security. Job satisfaction is defined as an individual's emotional response to work but is measured as an assessment of job performance combined with either internal or external benchmarks, according to Spector (1997).

Job satisfaction among the health workforce is one of the critical issues in organizational psychology, mainly because it is considered related to both the mental health of the workforce and the interest of organizations to have high productivity. **Satisfaction can be considered as either intrinsic or extrinsic** (Spector, 1997). Inner satisfaction refers to the nature of work tasks and people's feelings about the work they do. External satisfaction refers to other aspects of the job such as pay, benefits, promotion system, etc.

There are several factors that can affect the individual level of job satisfaction, such as the level of pay and other economic benefits, fairness in the promotion system, the quality of working conditions, leadership, and social relations between employees as well as characteristics of the specific job (variety of tasks, interests and opportunities, requirements, etc.) (Tietjen and Myers, 1998). Organizations consider job satisfaction levels a critical element for measuring staff satisfaction at the workplace. The most common way to measure the responses of staff is to use rating scales, where employees report their views on the job (Tietjen and Myers, 1998).²

The most shared areas of job satisfaction found in the literature are, as follows (Aziri, 2011):

1. Satisfaction from the organization and the management.
2. Satisfaction from superiors
3. Satisfaction from colleagues
4. Remuneration from the fee
5. Satisfaction with working conditions

¹ Final Report of the Expert Group, High-Level Commission on Health Employment and Economic Growth, WHO 2016, <https://apps.who.int/iris/bitstream/handle/10665/250040/9789241511285-eng.pdf;jsessionid=E7906442B2EC6417EBE3C5F7D45715FC?sequence=1>

² Adamopoulos IP, Syrou NF. Associations and Correlations of Job Stress, Job Satisfaction and Burn out in Public Health Sector. EUR J ENV PUBLIC HLT. 2022;6(2): em0113. <https://doi.org/10.21601/ejeph/12166>

6. Satisfaction with the object of work

7. Satisfaction with promotion opportunities and status

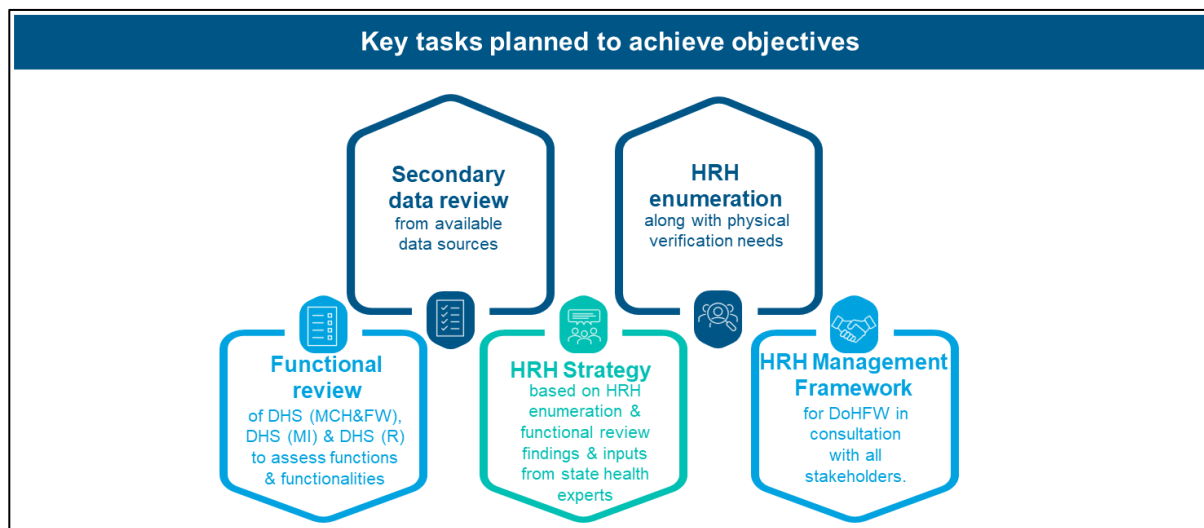
Job satisfaction is, therefore, universal awareness of various dimensions of work such as the nature of the work itself, pay, benefits, promotion system, working conditions, recognition, communication, personal development, security, co-workers, supervision, employer, company policies, and procedures; and reflects how people feel about work in general and their work, in particular (Rice et al., 1991).³

b. OBJECTIVES OF HRH EFFECTIVENESS AND SATISFACTION SURVEY

The overall objective of the project assigned to IQVIA is to strengthen Human Resource Management through an evidence-based Strategy and Management Framework for HRH. IQVIA has been tasked for “Developing Strategy and Management Framework for Human Resources for Health (HRH) in Meghalaya”, under the Meghalaya Health Systems Strengthening Project (MHSSP).

The figure below illustrates the key tasks that IQVIA has been assigned.

Figure 1: Key tasks planned under the Meghalaya HRH assignment



Under this assignment, where HRH enumeration was conducted, an in-built task was to also carry out the HRH Effectiveness and Satisfaction Survey of staff within healthcare facilities and establishments. The survey was conducted to help the management gauge the pulse of the employees within the health department via:

- Comparison of satisfaction levels at various facilities/departments/establishments across districts
- Spot trends in what is working for the HRH and what is not
- Create a roadmap on the measures that will enhance efforts towards organizational growth

3 Adamopoulos IP, Syrou NF. Associations and Correlations of Job Stress, Job Satisfaction and Burn out in Public Health Sector. EUR J ENV PUBLIC HLT. 2022;6(2): em0113. <https://doi.org/10.21601/ejeph/12166>

The feedback can be used to check the validity and effectiveness of the leadership model in the organization and how the long-term policies will support organizational growth.

The HRH Effectiveness and Satisfaction Survey has been conducted among a representative sample with the objective to provide insights on prevailing levels of human resource satisfaction, staff motivation, human resource effectiveness and performance and possible impact on health outcomes in the State.

It is expected that the findings from the HRH Effectiveness and Satisfaction Survey would enable the State to enhance and improve the existing processes and systems and to focus on HRH centric policies which would ensure improvement in job satisfaction of the State's HRH and further improve productivity and health outcomes.

2. METHODOLOGY

a. SAMPLING METHODOLOGY

A multi-stage stratified sampling methodology was adopted for the HRH Effectiveness and Satisfaction Survey and selection of respondents was based on random sampling in all the healthcare establishments and facilities in the State.

Stage 1: Stratification based on staff categories

Stage 2: Stratification based on health establishment and facility

Stage 3: District-wise stratification of categorized staff

Stage 4: Probability Proportional to Size (PPS) sampling for respondent selection from each cadre

The four stages of stratified sampling are described as follows:

Stage 1: Stratification based on staff categories

IQVIA team collated the data received from the State from Meg Employee Information System (EIS) and electronic-human resources management information system (E-HRMIS) platforms. In June 2022, the State had 10,854 healthcare staff on record. The workforce was categorized into three categories for the HRH Effectiveness and Satisfaction Survey

- i. Medical staff at health care facilities
- ii. Para-medical staff at healthcare facilities
- iii. Administrative staff at District and Block levels

This was based on a practical approach and initial understanding of various positions and job responsibilities for the purpose of the survey, as depicted in Table 2

Table 1: Distribution of number of staffs in each district

District	Staff
East Garo Hills	698
East Jaintia Hills	415
East Khasi Hills	3,483
North Garo Hills	387
Ri-Bhoi	834
South Garo Hills	497
Southwest Garo Hills	520
Southwest Khasi Hills	243
West Garo Hills	1,675
West Jaintia Hills	981
West Khasi Hills	1,121
Total	10,854

Table 2: Stratification based on staff categories

S. No.	Medical Staff	Paramedical Staff	Administrative Staff
1	Specialist (Sr. Specialists, Specialists)	Pharmacist	District Medical & Health Officer
2	Medical & Health Officer (MBBS)	Laboratory Technician	Senior Medical & Health Officer
3	Medical Officer (AYUSH)	X-Ray Technician	District Programme Manager
4	Dental Surgeon	Ophthalmic Assistant	Block Programme Manager
5	Staff Nurse (Nursing Superintendent, Ward Superintendent & Staff Nurse)	Optometrist	
6	Community Health Officer (CHO)	ECG Technician	District Manager Accounts
7	Auxiliary Nurse Midwifery (ANM)	Audiologist	Block Manager Accounts

Stage 2. Stratification based on health establishment and facility type

There is heterogeneity in the number of healthcare staff across districts. If stratification was done on the basis of districts, there would be higher representation from certain districts

compared to others, causing imbalance and bias in generalizing the findings. Secondly, certain staff positions are present in specific to facilities only. For example, health workers are majorly present in Sub-Centres (SC) and Primary Health Centres (PHC) but not at secondary and tertiary care facilities.

Therefore, all staff cadres from medical and paramedical categories were first stratified across different types of health establishments and health facilities.

The health facility type wise stratification of staff is given in Table 3.

Table 3: Stratification based on health establishment and facility type

Sl. No	Cadres	Health Establishment/ Facility	Total (4778)
1	Specialist	DHS (Research)-7; DM&HO-7; TB Hospital-1; Mental Hospital-1; DH-72; CHC-2;	90
2	Medical Officer (MBBS)	DHS (Research)-4; DHS (MI)-1; DM&HO-26; DPMU-4; BPMU-20; Mental Hospital-3; TB Hospital-4; DH-137; CHC-147; UPHC-4; PHC-187; S Dispensary-9; SC-3	549
3	Medical Officer (AYUSH)	BPMU-56; DH-5; CHC-29; PHC-57; S Dispensary-1	148
4	Dental Surgeon	DM&HO-1; BPMU-2; DH-16; CHC-35; PHC-19	66
5	Staff Nurse	DHS (Research)-4; DHS (MI)-5; DM&HO-23; DPMU-7; BPMU-25; Mental Hospital-31; TB Hospital-72; DH-649; CHC-271; UPHC-4; PHC-362; S Dispensary-1; CC-27	1481
6	Community Health Officer (CHO)	CHC-8; DH-2; PHC-42; SC-218	270
7	Auxiliary Nursing Midwifery (ANM)	DHS (MI)-1; DM&HO-118; BPMU-9; DH-57; TB Hospital-2; CHC-152; UPHC-15; PHC-315; S Dispensaries-20; SC-602	1301
8	Pharmacist	DHS (Research)-1; DHS (MI)-1; DM&HO-16; SPMU-1; DPMU-1; BPMU-41; TB Hospital-4; DH-26; CHC-61; UPHC-8; PHC-137; S Dispensary-13; SC- 5	315
9	Lab Technician	DHS (MCH&FW)-1; DHS (Research)-7; Mental Hospital-1; TB Hospital-3;	257

		DM&HO-7; DPMU-1; BPMU-5; DH-41; CHC-58; UPHC-8; PHC-123; SC-2	
10	X-Ray Technician	DM&HO-2; DPMU-1; TB Hospital-2; DH-5; CHC-15;	25
11	Ophthalmic Assistant	DHS (MI)-1; DM&HO-2; DH-8; CHC-10; PHC-3	24
12	Optometrist	DM&HO-1; DH-2; CHC-6	9
13	ECG	DH-13; TB Hospital-1	14
14	Audiologist	DH-4; TB Hospital-1	5
15	District Medical & Health Officer (DM&HO)	DM&HO Office-11	11
16	Senior Medical & Health Officer (SM&HO)	DHS (Research)-3; DHS (MI)-1; DM&HO-25; Mental Hospital-2; TB Hospital-10; DH-51; CHC-12; PHC-11; S Dispensary-5	120
17	District Program Manager (DPM)	DPMU-11	11
18	Block Program Manager (BPM)	BPMU-29; CHC-4; PHC-3	36
19	District Account Manager (DAM)	DPMU-11	11
20	Block Account Manager (BAM)	BPMU-33; CHC-1	34

(Source: Data compilation from Meg EIS & E-HRMIS as of June 2022)

Stage 3. District-wise stratification of categorized staff

There are 4,784 designated medical, para-medical, and administrative staff who are rendering their services in the selected health department. Further break-up of the above in each district is given in the Table 3.

Table 4: District-wise stratification of categorized staff

Categories	District	Specialist	M&HO	MO AYUSH	Dental Surgeon	Staff Nurse	CHO	ANM
Medical	East Garo Hills	3	42	9	4	81	4	97
	East Jaintia Hills		22	3	4	37	15	81
	East Khasi Hills	68	140	25	17	593	77	290
	North Garo Hills	1	25	6	2	42	3	98
	Ri-Bhoi	2	43	17	7	113	26	84
	South Garo Hills		29	22	2	54	1	66
	South West Garo Hills	1	32	7	3	73	21	82
	South West Khasi Hills		22	6	2	18	12	30
	West Garo Hills	10	77	29	13	186	40	218
	West Jaintia Hills	4	56	13	11	138	32	111
	West Khasi Hills	1	61	11	8	146	39	144
Subtotal (Medical)		90	549	148	73	1481	270	1301

Categories	District	Pharmacist	Lab Technician	X-Ray Technician	Ophthalmic Assistant	Optometrist	ECG Technician	Audiologist
Para-medical	East Garo Hills	19	11	2	0	3	1	0
	East Jaintia Hills	15	10	2	0	1	0	1
	East Khasi Hills	91	78	5	6	2	7	3
	North Garo Hills	17	8	1	0	0	0	0
	Ri-Bhoi	22	23	3	2	0	0	0
	South Garo Hills	13	10	1	2	1	0	0
	South West Garo Hills	15	10	0	0	0	0	0
	South West Khasi Hills	9	4	1	1	0	0	0
	West Garo Hills	47	39	7	6	1	4	0
	West Jaintia Hills	34	24	2	4	1	1	1
	West Khasi Hills	33	40	1	3	0	1	0
Subtotal (Paramedical)		315	257	25	24	9	14	5
Categories	District	DMHO	SMHO	DPM	BPM	DAM	BAM	

Administrative	East Garo Hills	1	13	1	2	2	2	
	East Jaintia Hills	1	2	1	2	1	2	
	East Khasi Hills	1	46	1	7	1	6	
	North Garo Hills	1	4	1	2	1	2	
	Ri-Bhoi	1	2	1	3	1	3	
	South Garo Hills	1	2	0	5	1	4	
	South West Garo Hills	1	12	2	2	1	1	
	South West Khasi Hills	1	2	1	1	1	1	
	West Garo Hills	1	36	1	5	1	6	
	West Jaintia Hills	1	0	1	3	1	3	
	West Khasi Hills	1	1	1	4		4	
Subtotal (Administrative)		11	120	11	36	11	34	0
Total		416	1046	180	133	1501	318	1306

(Source: Data compilation from Meg EIS & E-HRMIS as of June 2022)

Stage 4. Probability Proportional to Size (PPS) sampling for respondent selection from each cadre.

The study used probability proportional to size (PPS) sampling to distribute the sample size among each cadre. Each category (medical and paramedical cadres) is given a proportional percentage to entire sample of the HRH (4,784). An overall of 228 respondents were chosen in medical and paramedical categories. Medical category was given 86 percent (194) of proportion to sample population and 14 percent (34) given to paramedical category. The sample was again adjusted through convenience sampling to ensure sufficient representation from cadres with smaller numbers leading to an overall of 230 respondents with 195 medical staff and 35 paramedical staff.

Finally, simple random sampling was done to identify the respondents in each health establishment/ facility. The total sample size calculated for medical and paramedical healthcare staff is 230 and for administrative staff it was 66 for HRH Effectiveness and Satisfaction Survey as shown in Table 5.

Administrative staff were selected from both district and block levels. District level administrative staff included District Medical & Health Officer (DM&HO) with one from each district, Sub-Divisional Medical & Health Officer (SDM&HO), District Programme Managers (DPM) and District Account Managers (DAM). At block level, Block Programme Managers (BPM) and Block Account Managers (BAM) were selected for the HRH Effectiveness and Satisfaction Survey. Administrative staff were chosen using a convenient sampling method by selecting one staff from each district and block.

Table 5: Selected sample for HRH Effectiveness and Satisfaction Survey by health establishment and facility type wise

Sl. No	Staff Categories	Cadres	Health Establishment/ Facility	Total
1	Medical	Specialist	Mental Hospital-1; TB Hospital-1; DH-11; CHC-2	15
2		MO MBBS	DHS (MI)-1; DHS (Research)-1; DM&H-1; Mental Hospital-1; TB Hospital-1; CHC-10; UPHC-1; PHC-14	30
3		MO AYUSH	DH-3; CHC-5; PHC-6; S Dispensaries-1	15
4		Dental Surgeon	DH-5; CHC-10	15
5		Staff Nurse	Mental Hospital-2; TB Hospital-1; DH-16; CHC-11; UPHC-1; PHC-18; S Dispensaries-1	50

6		CHO	CHC-5; PHC-7; SC-8	20
7		ANM	CHC-11; PHC-17; S Dispensaries-6; SC-16	50
Subtotal (Medical staff)				195
8	Paramedical	Pharmacist	DH-1; CHC-1; UPHC-1; PHC-1; S Dispensaries-1	5
9		Lab Technician	TB Hospital-1; DH-2; CHC-2	5
10		X-Ray Technician	DH-2; CHC-3	5
11		Ophthalmic Assistant	DH-3; CHC-2	5
12		Optometrist	DH-2; CHC-3	5
13		ECG	DH-4; TB Hospital-1	5
14		Audiologist	DH-4; TB Hospital-1	5
Subtotal (Paramedical staff)				35
15	Administrative	DM&HO	DM&HO-11	11
16		SM&HO	DM&HO-11	11
17		DPM	DPMU-11	11
18		BPM	BPMU-11	11
19		DAM	DPMU-11	11
20		BAM	BPMU-11	11
Subtotal (Administrative)				66
Total Sample				296

To summarize, as demonstrated in the table above, the total sample size for HRH Effectiveness and Satisfaction Survey across cadres is as follows -

Sl. No.	Staff category	Sample Size
1	Medical	195
2	Para-medical	35
3	Administrative	66
Total Sample Size		296

Exclusion criteria:

- Recently appointed (less than six months) staff were excluded from the survey
- If any respondent was unavailable due to being on long leave, long duration trainings or on government deputation outside the state, another staff of the same cadre was identified as replacement through random sampling.

Note: During our survey, there was an increase in the sample size. Adjustment to unavailability of HRH planned as per sample was done along with an addition of over 20 specialists into the existing sample for a separate discussion study.

b. TOOL DEVELOPMENT

With insights gained from interactions with the Department of Health & Family Welfare (DoHFW), Government of Meghalaya (GoM), IQVIA designed a close-ended tool based on the widely used Likert scale. The following table shows the broad themes that were covered in the survey tool.

Table 6: The 10 Survey Themes

10 Survey Themes	
Work Support	Communication
Teamwork	Management
Working Hours	Remuneration and incentives
Promotion	Leadership
Recognition and relationship	Training and development

Broadly, the tool has been developed based on the following components under the above mentioned themes:

- + Monetary and Non-Monetary Benefits and Compensation
- + Communication and Involvement
- + Access and Availability of HR services, policies, GOs
- + Programs and Services Offered to Workforce
- + Performance Management System and Feedback Mechanism

Design and Development: The HRH effectiveness and satisfaction survey tool was developed based on the Likert scale (**Annexure 1**). The tools have undergone rigorous internal validation and then approval was sought from PMU and WBTT.

Pretest and Approvals: The pretest of the tools was undertaken in East Khasi Hills district. For pretest, the tool was administered to 13 of 18 respondents, comprising of a mix of regular and contractual staff, who were listed across three health facilities (Ganesh Das Maternal & Child Health Hospital (MCH), Mawroh PHC and Nongmensong SC) and three health establishments/offices (Directorate of Health Services (Medical Institutions) or DHS (MI),

Megha Health Insurance Scheme (MHIS) and National Health Mission (NHM), to cover a mix of service delivery and administrative functions. The responses were collected using Computer-Assisted Personal Interview (CAPI) technique.

Given below is a table of the sample size covered:

Table 7: Pretest sample size

Sl. No.	Health Facility	Total Staff Sample Size Taken	Total Pretest Staff Enumeration Enrolment	Designation Of Surveyed Staff
1	Ganesh Das Maternal & Child Health Hospital	4	3	• Specialist • Ward In-charge • Staff Nurse
2	Mawroh Primary Health Centre	4	4	• Lower Division Assistant • ANM • Health Assistant • Lab Technician
3	Nongmensong Sub Centre	3	3	• Auxiliary Nurse & Midwife • Health & Wellness Nurse • Vaccinator
4	Megha Health Insurance Scheme	2	2	• Human Resource Manager • Information Education Communication Manager
5	Directorate Of Health Services (Medical Institutions)	2	0	
6	National Health Mission	3	1	• Consultant
Total		18	13	

Findings from the pretest:

Table 8: Pretest findings

Sl. No.	Health Facility	Observations
1	Ganesh Das Hospital	Questionnaire: All respondents, except one staff member, was able to fill the HRH Effectiveness and Satisfaction Survey and felt it had apt questions. Avg time taken: 45 mins
2	Mawroh PHC	Questionnaire: • Easy to comprehend and pertinent questions except employee information questions including salary details at beginning of survey. • Difficulty for ANM and Health Asst. to understand certain terms (listed below). Avg time taken: 35 mins
3	Nongmensong SC	Questionnaire: No issues faced. All questions answered. Avg time taken: 45 mins
4	MHIS	Questionnaire: Easy to comprehend and easy to fill Avg time taken: 15 mins
5	DHS MI	Questionnaire: No issues faced Avg time taken: 30 mins
6	NHM	Questionnaire: No issues faced Avg time taken: 15 mins

List of fields, respondents are unclear about within the job satisfaction tool:

- Segregation into Groups: Almost all respondents asked, “Which Group should I fill?” This does not apply to Meghalaya DoHFW health staff (clinical and non-clinical). It has been ascertained that the department HRH have Grades instead of Groups.
- Usage of the word(s): ‘hierarchical’
- Segregation of place of posting into soft, normal, difficult, very difficult

Finalization for Implementation:

Based on the pretesting results, the HRH effectiveness and satisfaction tool was revised and sent for review and finalization to the State and World Bank Task Team (WB TT).

After incorporation of the changes suggested by the State, the tools were digitized and put into a data collection, management, and visualization software known as KoboToolbox.

c. DATA COLLECTION

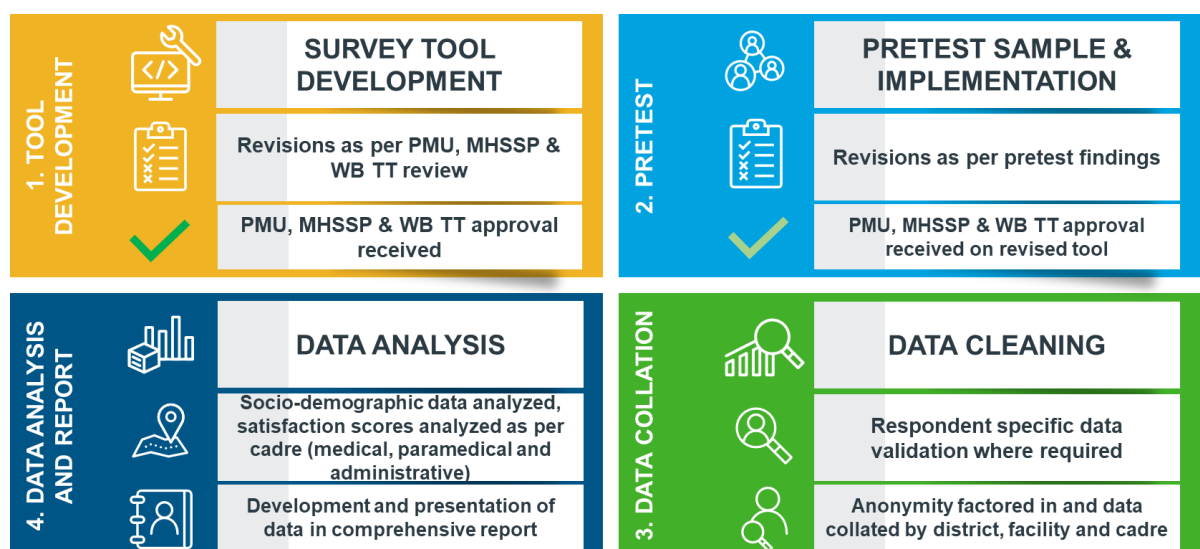
The HRH Effectiveness and Satisfaction Survey was held in alignment with the HRH and Health Facility Enumeration exercise across the entire state of Meghalaya. The enumeration was conducted in two phases. Phase I was from September 2022 to December 2022 during

which five districts namely, East Khasi Hills, East Garo Hills, North Garo Hills, Ri Bhoi and West Jaintia Hills, were covered. Phase II was from January 2023 to June 2023 during which six districts namely, West Garo Hills, West Khasi Hills, South West Garo Hills, South Garo Hills, East Jaintia Hills and South West Khasi Hills were covered. Prior to the launch of Phase I, training on the administration of HRH effectiveness and satisfaction survey tool was done as part of the comprehensive three-day training of Field Investigators (FIs) in Shillong, East Khasi Hills, Meghalaya. Once completed, the survey was conducted through a CAPI tool and a total of 348 respondents (105% of planned sample size) were covered under the survey.

d. DATA COLLATION, VALIDATIONS AND ANALYSIS

Based on the collected data, a composite analysis has been formed of the current satisfaction levels among HRH in the state. As discussed in the preceding section, a CAPI tool-based survey was conducted across 348 respondents through a close-ended questionnaire. Demographic details of the respondents were recorded at the outset and the same have been analyzed and presented in the report. The staff satisfaction was self-declared where the respondents were asked to respond to the questions through a five-point scale. The same have been analyzed to understand the top ten, lowest ten and overall satisfaction levels across HRH in Meghalaya within the health department. The demographic data and thematic (10 themes) analysis was done across three broad categories namely, medical (n=242), paramedical (n=29) and administrative (n=67) cadres which were further sub-categorized into sub-cadres. Theme and designation wise satisfaction levels can be found in the upcoming section along with demographic data:

Figure 2: Survey tool development, implementation, analysis and reporting process





a. OVERALL RESPONDENTS' DEMOGRAPHIC PROFILE

Majority of the respondents are from East Khasi Hills (75), which is the state headquarter, followed by West Garo Hills (36) and East Garo Hills (35). By facility, majority (69) of the HRH surveyed are posted at district hospitals, and CHCs (68), followed by PHCs (64) and NHM (41). Majority of the surveyed staff were females (231 or 66%). Over half or 56% (195) of the surveyed staff are regular. 65% or 227 of the HRH surveyed are married while 116 or 33% are unmarried. Majority of the respondents (151 or 43%) are between 31-41 years old followed by staff aged between 20-30 (65 or 18%).

Figure 3: HRH demographic profile

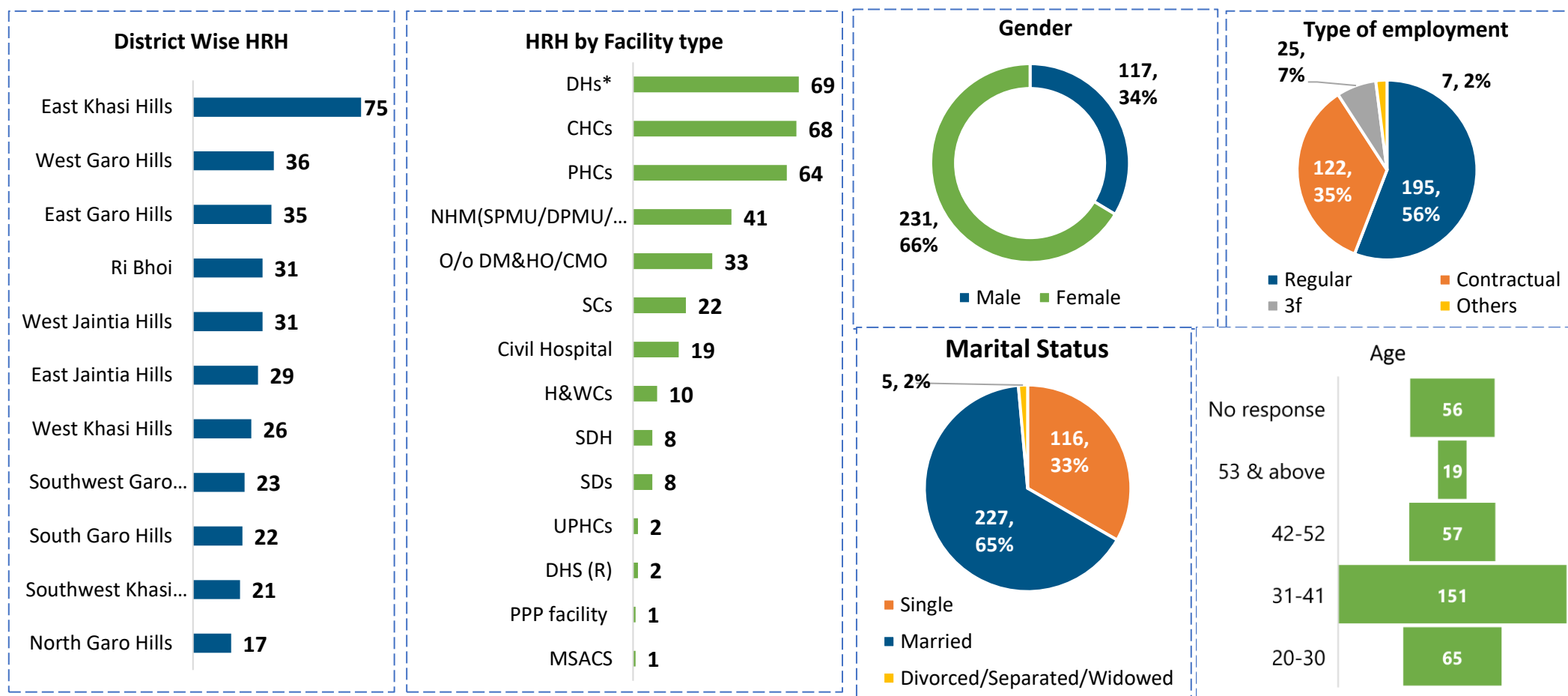


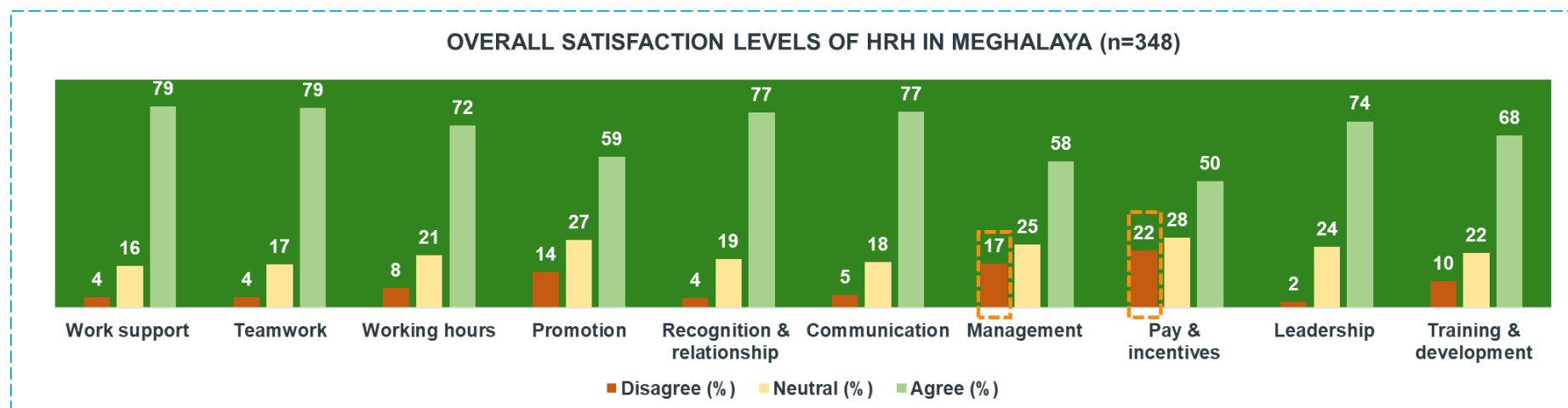
Table 9: Number of survey respondents' cadre and designation wise

Sl. No.	Cadre	Designation	No. of Respondents
1	Medical	Specialist	35
2		M&HO (regular + contractual 3f)	43
3		AYUSH Medical Officer (RBSK + Homoeo physician)	20
4		Dental Hygienist/Surgeon	16
5		Staff Nurse	54
6		CHO (Community Health offer)/Mid-Level Health Provider (MLHP)	20
7		ANM	57
8		LHV	2
9		GNM	3
10	Paramedical	Pharmacists	7
11		Lab Technician	5
12		X-ray technician	4
13		Ophthalmic Assistant	5
14		Optometrist	2
15		ECG Technician	3
16		Audiologist	3
17	Administrative (O/o DM&HO)	DM&HO	9
18		ADM&HO	2
19		SDM&HO	2
20		District MCH Officer	2
21		District Tuberculosis Officer	1
22	Administrative (DPMU)	DPM	10
23		DAM	12
24		District Data Manager	4
25		DEIC Manager	1
26	Administrative (BPMU)	Block Programme Manager	11
27		Block Account Manager	9
28		Block Data Manager	1
29	Administrative (Other)	Additional Superintendent	1
30		Assistant Nursing Superintendent	1
31		Medical Superintendent	1
32		PHC Accountant (Contractual)	1
33		Accountant (SDH)	1

b. OVERALL HRH SATISFACITON LEVELS IN DEPARTMENT OF HEALTH & FAMILY WELFARE, MEGHALAYA

The overall satisfaction level across the state (n=348) is consistently tipping towards majority staff being satisfied across the 10 themes under the survey. As illustrated below, highest satisfaction levels are seen across HRH in Meghalaya on work support (79%) as well as team work (79%).

Figure 4: Satisfaction levels of HRH in Meghalaya



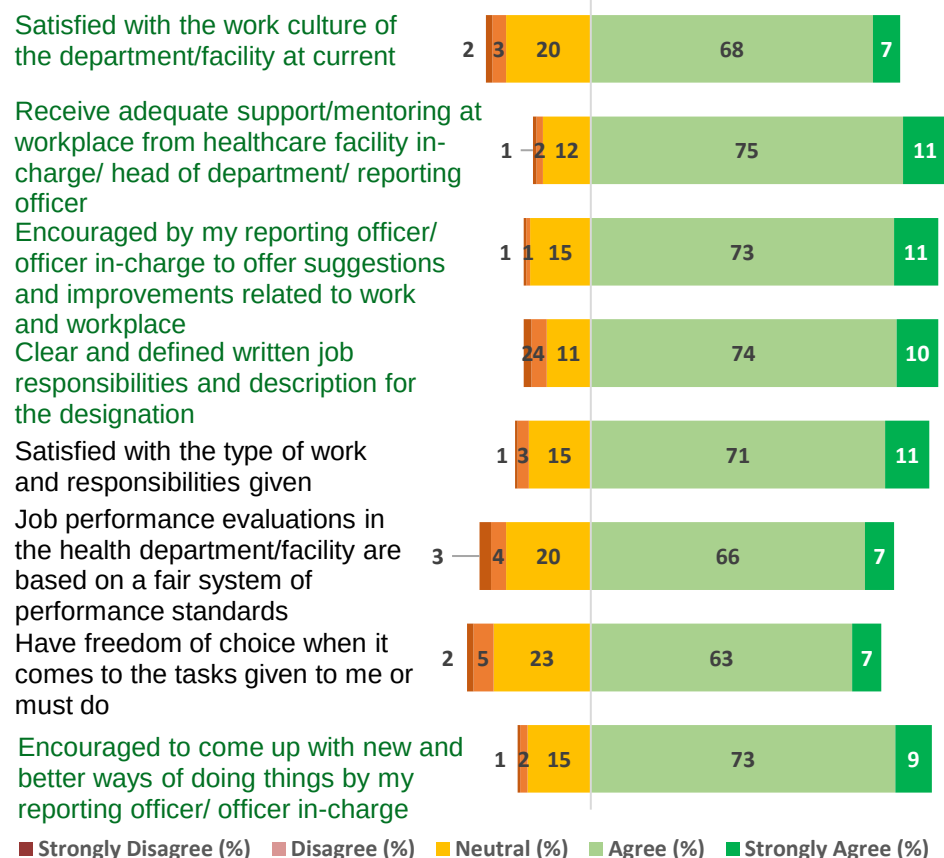
Further, from the above figure, two thematic areas can be deduced as pain points for the overall HRH in Meghalaya as listed below:

1. **Pay & Incentives:** Around 22% or around 76 healthcare staff across the department disagreed that they were satisfied with their current pay and incentives and did not feel they were provided with retirement benefits, or that they were sufficient and felt the same about medical benefits.
2. **Management:** Around 17% or 59 healthcare staff across the department disagreed that they were absolutely satisfied with the current management in terms of staff quarter amenities and availability of staff quarters.

The above two thematic areas along with the remaining eight have further been elaborated upon in the upcoming sections.

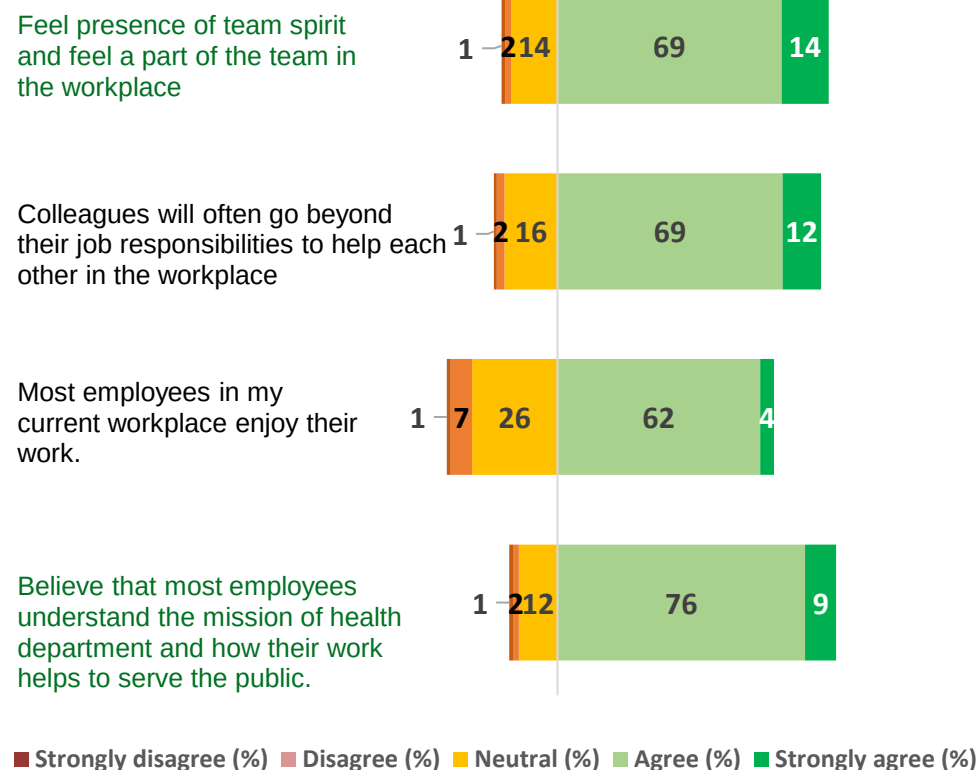
WORK SUPPORT: Majority (262, 79%) of the HRH were satisfied with the work support they received. Highest satisfaction levels were for adequate mentoring (86%). Eighty four percent (84%) of respondents felt they were encouraged to offer suggestions. Similarly, 84% also felt they had clear and defined written job responsibilities and description for the designation.*

Work Support (n=329)*



TEAMWORK: Majority (266, 79%) were satisfied with the teamwork. Majority (85%) believed that most employees understand the mission of health department and how their work helps to serve the public. 83% felt presence of team spirit and feel a part of the team in the workplace

Team Work (n=338)



*Surveyed HRH who provided no response have not been factored into the n values assigned to each theme

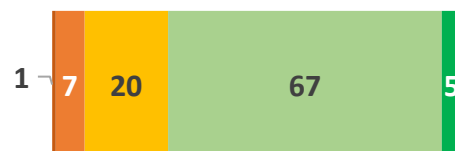
WORK HOURS: Majority (246, 72%) were satisfied with the work hours. **78% were satisfied with the weekly work hours. Majority (72%) felt they had flexibility in scheduling their working hours**

Work Hours (n=342)

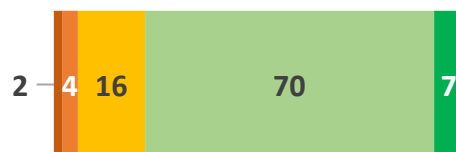
Flexibility to manage my work and non-work interests e.g., responsibilities, study, sports interests, etc



Flexibility in scheduling my working hours



Satisfied with my weekly work hours



Strongly Disagree (%) Disagree (%) Neutral (%) Agree (%) Strongly agree (%)

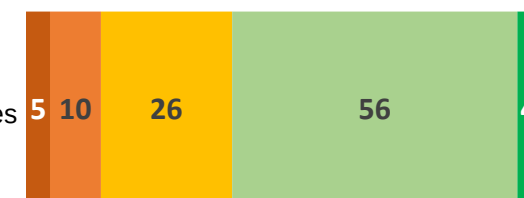
PROMOTION: Majority (205, 59%) were satisfied with the promotion process. **60% were satisfied with the existing hierarchical advancement & promotion opportunities. Over half (59%) felt the process used to determine promotion is just and fair**

Promotion (n=344)

Process used to determine promotion is just and fair



Satisfied with existing hierarchical advancement & promotion opportunities



Strongly Disagree (%) Disagree (%) Neutral (%) Agree (%) Strongly Agree (%)

RECOGNITION & RELATIONSHIP: Majority (262, 77%) of the HRH were satisfied with the recognition and relationship at work. Majority of the respondents (81%) also felt presence of quality relationships in the workplace. Around 81% agreed that they were able to utilize their full potential at work

Recognition & Relationship (n=340)

Receive recognition or praise for work that is well done



Able to utilise my full potential in work



Presence of quality relationships in the workplace



Enough respect and recognition by management/ staff



Strongly disagree (%) Neutral (%) Agree (%) Strongly agree (%)

COMMUNICATION: Majority (260, 77%) were satisfied with the communication at their workplace. Majority (83%) believed there is good channel of communication with reporting officer/officer in-charge when faced with a problem. 82% felt that their reporting officer/ Officer in-charge clearly communicates expectations of their job performance

Communication (n=337)

No communication gap with colleagues



No communication gap with authority



Receive full information about benefits and how they affect me



Management clearly explains the reasons behind decisions on key issues



Know where to go within the organization to obtain required information



Reporting officer/ Officer in-charge clearly communicates expectations of job performance



There is good channel of communication with reporting officer/officer in-charge when I face a problem



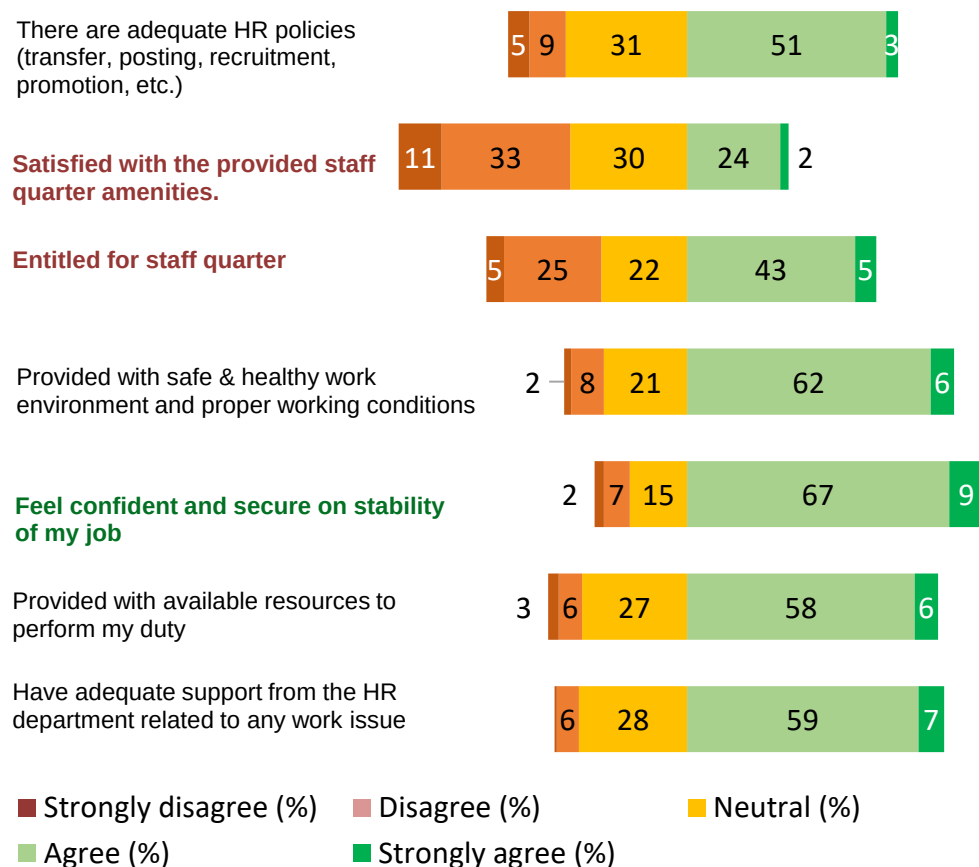
Good understanding of the policies that apply to the employees



Strongly disagree (%) Disagree (%) Neutral (%) Agree (%) Strongly Agree (%)

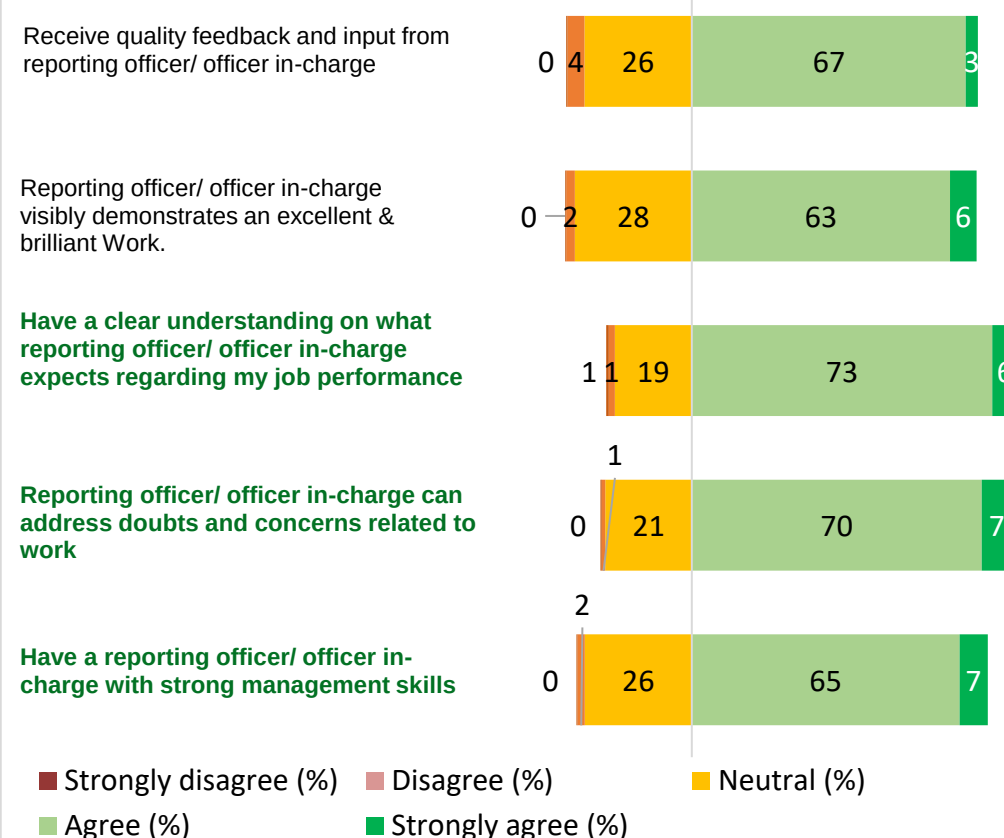
MANAGEMENT: Over half (192, 58%) of the HRH were satisfied with the management. **Highest satisfaction levels were for job security (76%).** **Lowest satisfaction levels were recorded for staff quarter amenities (44%)** and **staff quarter entitlement (30%)**

Management (n=332)



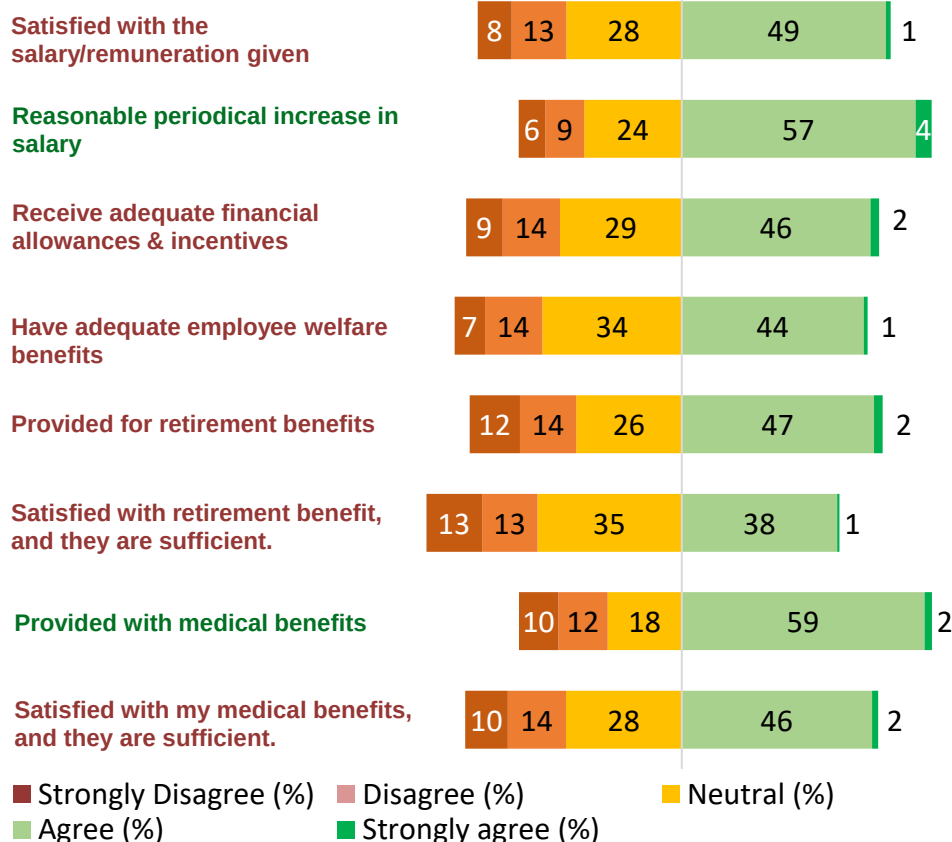
LEADERSHIP: Majority (249, 74%) of the HRH were satisfied with the leadership. **Nearly four-fifth (79%) had clear understanding on what reporting officer/ officer in-charge expects regarding their job performance.** **Over three-fourth (77%) agreed that their reporting officer/ officer in-charge can address doubts and concerns related to work.**

Leadership (n=338)



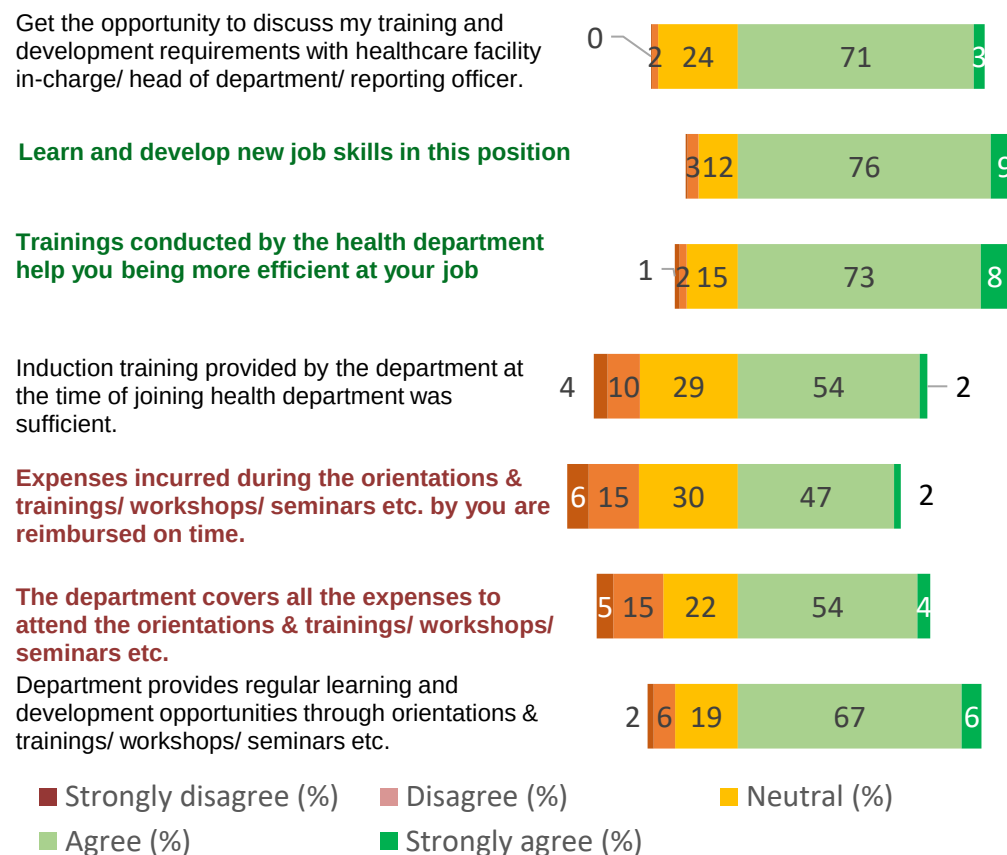
PAY & INCENTIVES: Half (168, 50%) of the HRH were satisfied with the pay and incentives while 22% or 76 were dissatisfied. Majority (61%) agreed that they had medical benefits. Over one-fourth (26%) disagreed that they were provided with retirement benefits. Around 23% further disagreed that they receive adequate financial allowances & incentives

Pay & Incentives (n=337)



TRAINING & DEVELOPMENT: Majority (230, 68%) of the HRH were satisfied with the training and development opportunities received. 84% felt they were learning and developing new job skills in their position. Alternately, 21% also felt orientation and workshop expenses incurred were not reimbursed on time. One-fifth (20%) disagreed that the department covers all the expenses to attend the orientations & trainings/ workshops/ seminars etc.

Training & development (n=339)



c. COMPOSITION OF THE SURVEY RESPONDENTS

i. COMPOSITION AND KEY FINDINGS UNDER MEDICAL CADRE

Within the health department of Meghalaya, the current sample selection for the medical cadre includes doctors with an MBBS degree holding the position of Medical & Health Officers (M&HOs) and Senior Medical & Health Officers (SM&HOs) (41), specialists at junior and senior posts (35), AYUSH MOs (20), Dental Surgeons (16), Staff Nurses and Community Health Officers (CHOs) (74), ANMs, GNMs and Lady Health Visitors (LHVs) (62). Staff Nurses & CHOs make up 30% of the survey respondents in the medical cadre and 21% of the overall respondents being in the majority, followed by ANMs, GNMs and LHVs making up for 25% of the medical cadre and 18% of the overall respondents. M&HOs make up 17% of the medical cadre and 12% of the overall respondents while specialists make up 14% of the medical cadre and 10% of the overall respondents. AYUSH MOs make up 8% of the medical cadre and 6% of the overall respondents and Dental Surgeons make up 6% of the medical cadre and 5% of the overall respondents.

While majority of the M&HOs surveyed are regular (79%), 14% on 3(f)⁴⁵, and 7% on various contracts⁶. Majority (94%) of the specialists surveyed are regular with 3% under contracts and 3% under 3(f)⁷. 90% of AYUSH MOs surveyed are on NHM contract categorized as 'others' and 10% are on 3(f). 69% of the Dental surgeons surveyed are regular while 31% are on contract. Further, there is a seeming balance between the regular (50%) and contractual (46%) staff nurses and CHOs. 4% of the staff nurses and CHOs did not specify their type of employment and have been categorized under 'other'. Regular ANM, GNM, LHVs also are also in majority (66%) while 31% are on contract and remaining 3% did not specify their type of employment and have been categorized under 'other' category.

When viewed district wise, majority of the medical cadre respondents are in East Khasi Hills (58), followed by West Garo Hills (27) and the lowest in North Garo Hills (11), followed by South Garo Hills (12). Majority of the survey respondents in the medical cadre are at PHCs (61), followed by Community Health Centres (56) and then District Hospitals (54). Further 78% of the respondents are female in the medical cadre. Majority of the medical cadre respondents are aged between 32-42 years old. Majority (59%) of the medical cadre respondents are married, closely followed by 40% of unmarried staff and 1% divorced/separated/widowed. Illustration of the composition and socio-demographic profile of the medical cadre can be found below.

⁴ Note: 3(f) survey respondents prior to the December 2022 recruitment of doctors and specialists and their regularization by Meghalaya Medical Services Recruitment Board (MMMSRB) may be part of the survey.

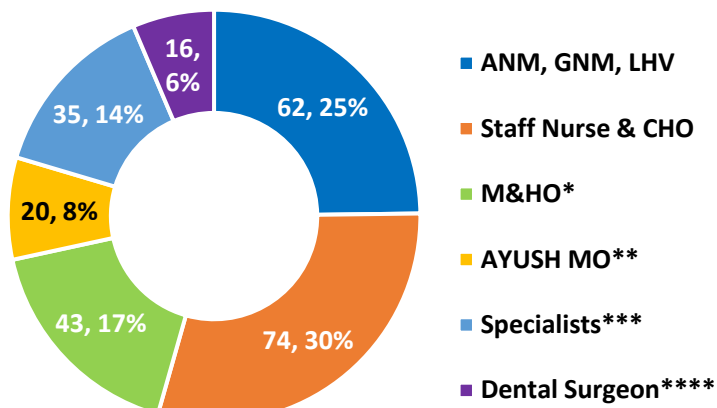
⁵ 3(f) Definition: The different appointing authorities within Assam State Government (which included Meghalaya at the time) made appointments for temporary periods by invoking the provision of clause (f) of Regulation 3 of the Assam Public Service Commission (Limitation of Functions) Regulations, 1951. As per an Under Official Note dated March 1971, the regulation 3(f) has been retained within the Meghalaya Public Service Commission (Limitations of Functions) Regulations 1972 and it follows the same pattern of appointment as APSC for the temporary recruitment

⁶ Contractual: NHM contract and Hospital Management Society

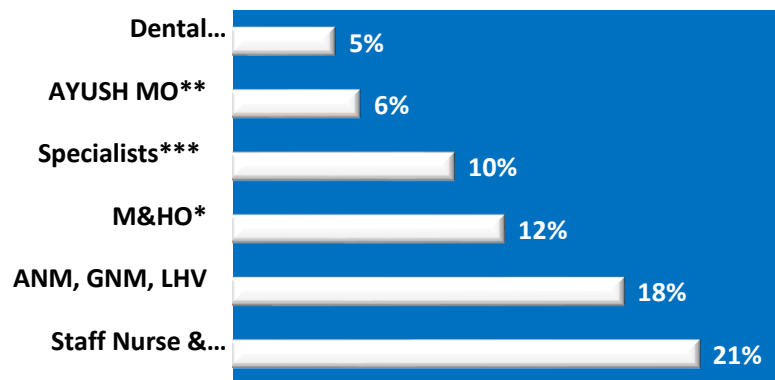
⁷ 3(f) survey respondents prior to the December 2022 recruitment of doctors and specialists and their regularization by Meghalaya Medical Services Recruitment Board (MMMSRB) may be part of the survey.

COMPOSITION, SUB-CADRES & TYPE OF EMPLOYMENT IN MEDICAL CADRE⁸

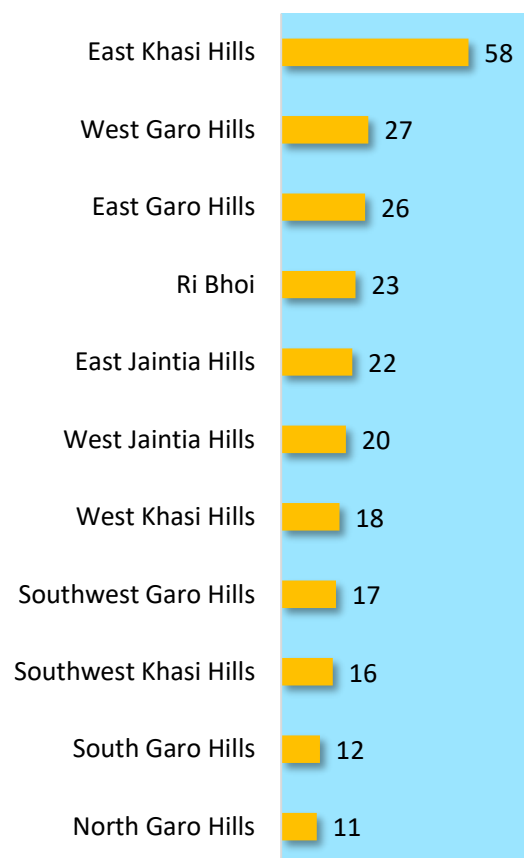
Composition of Medical Cadre Respondents (n=242)



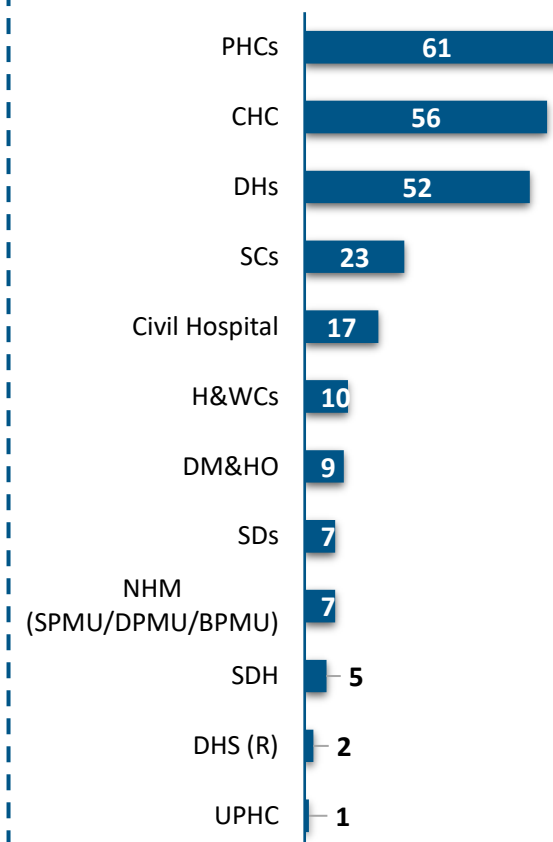
% Medical Cadre of Overall Respondents (n=242)



Districts



Facilities

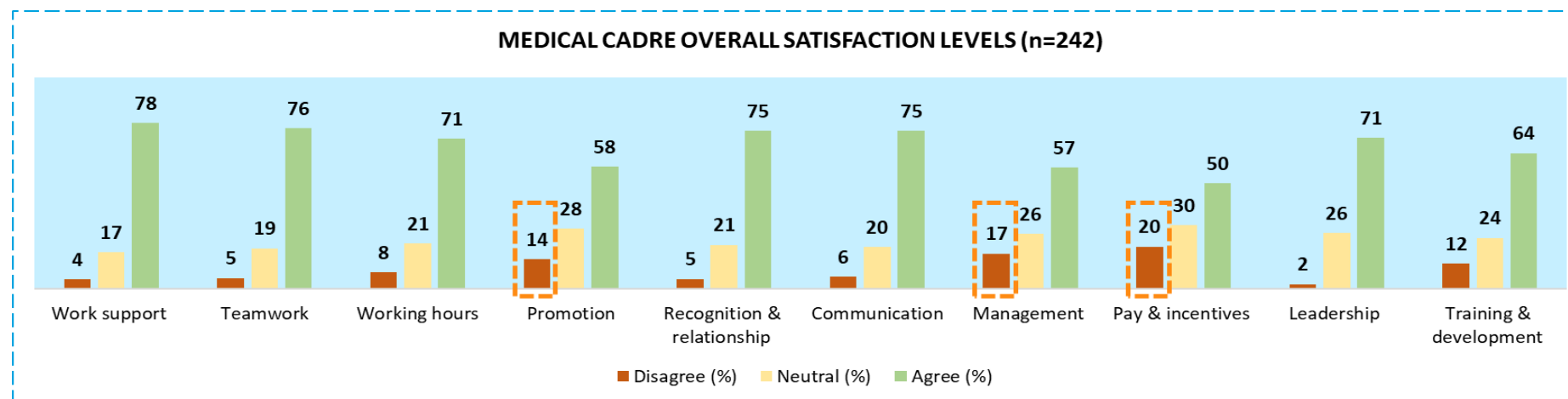


⁸ *M&HO: regular + contractual 3f M&HO & SM&HO | **Specialists: Jr. Specialist, Specialist & Sr. Specialist+3f contractual MO | ***AYUSH MO: RBSK + Homoeo physician
| ****Dental Surgeon: Dental Hygienists & Senior Dental Surgeons

MEDICAL CADRE SATISFACTION LEVELS

The below figure illustrates an overall satisfaction across the medical cadre with the most medical cadre staff (78%) satisfied under the work support theme as well as teamwork (76%).

Figure 5: Satisfaction levels across medical cadre



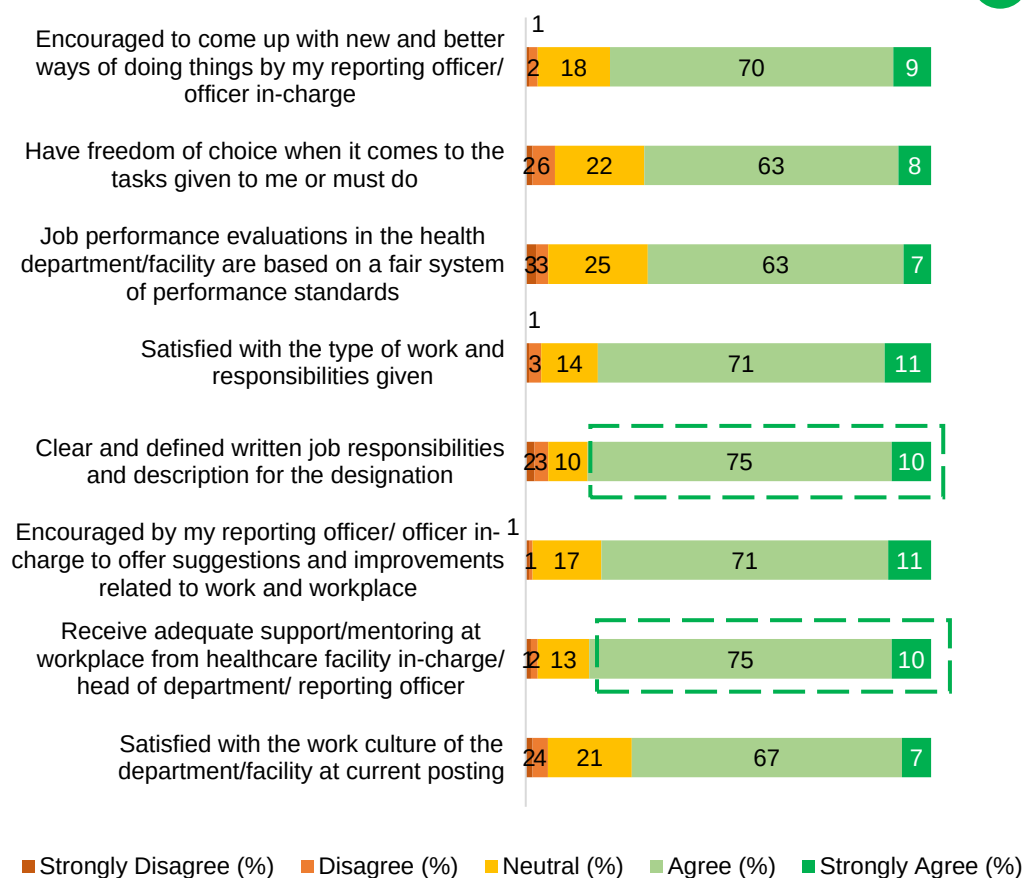
From the above figure, three thematic areas can be deduced as pain points for the medical cadre as listed below:

1. **Pay & Incentives:** Around 20% or 48 healthcare staff across the medical cadre disagreed that they were satisfied with their current pay and incentives and did not feel there is reasonable periodical increase in salary, lack of incentives and allowances, employee welfare, retirement, and medical benefits.
2. **Management:** Around 15% or 36 healthcare staff across the medical cadre disagreed that they were absolutely satisfied with the current management in terms of HR policies (transfer, posting, recruitment, promotion, etc.), HR support for grievance redressal, availability of adequate resources to perform duties, staff quarter and amenities.
3. **Promotion:** Around 14% or 33 healthcare staff across the medical cadre felt dissatisfied with existing hierarchical advancement & promotion opportunities or that the process used to determine promotion is just and fair.

The above three thematic areas along with the remaining seven have further been elaborated upon in the upcoming sections.

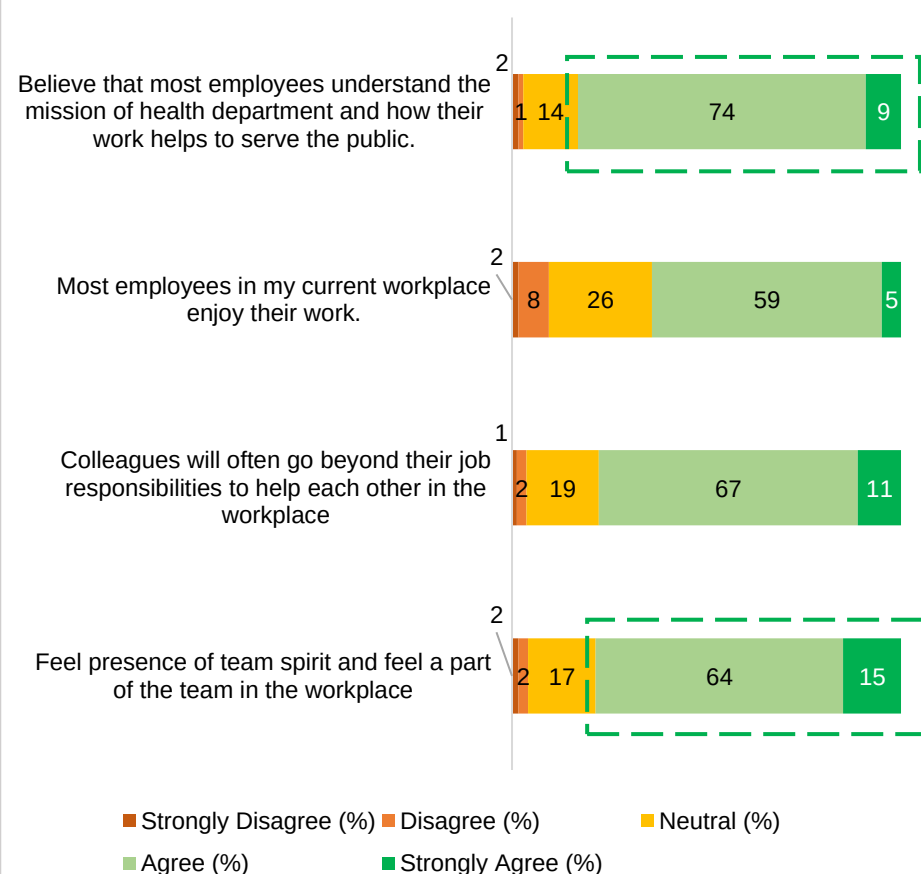
WORK SUPPORT: Majority (191, 79%) of the medical cadre were satisfied with the work support they received. Highest satisfaction levels were for **receiving adequate support from in-charge/department head/reporting officer (85%)** and **having clarity of roles and responsibilities (85%)**.

Work Support (n=236)

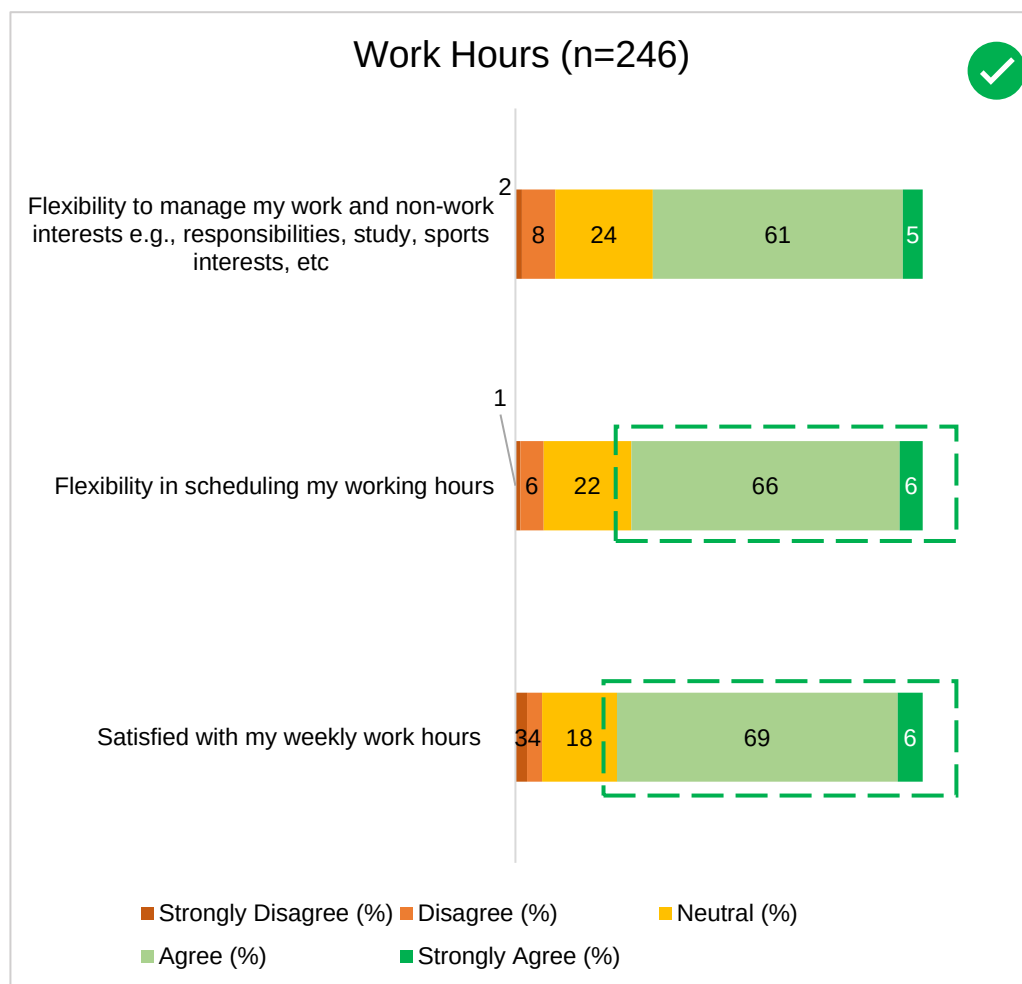


TEAMWORK: Majority (159, 66%) of the medical cadre were satisfied with the teamwork. Majority (**83%**) **believed that most employees understand the mission of health department and how their work helps to serve the public. 79%** felt presence of team spirit and feel a part of the team in the workplace

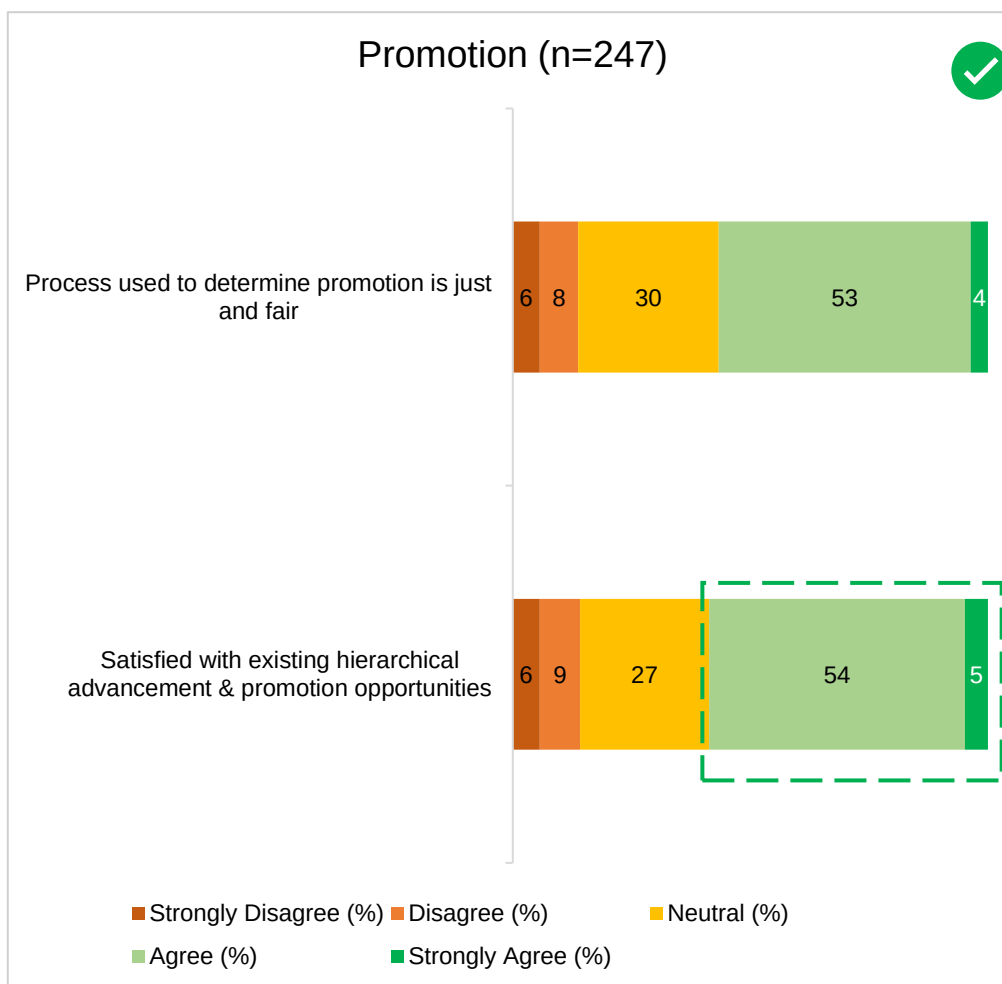
Teamwork (n=242)



WORK HOURS: Majority (161, 65%) of the medical cadre are satisfied with the work hours with 75% agreeing that they are satisfied with weekly work hours and 72% agreeing that they have flexibility in scheduling their work hours

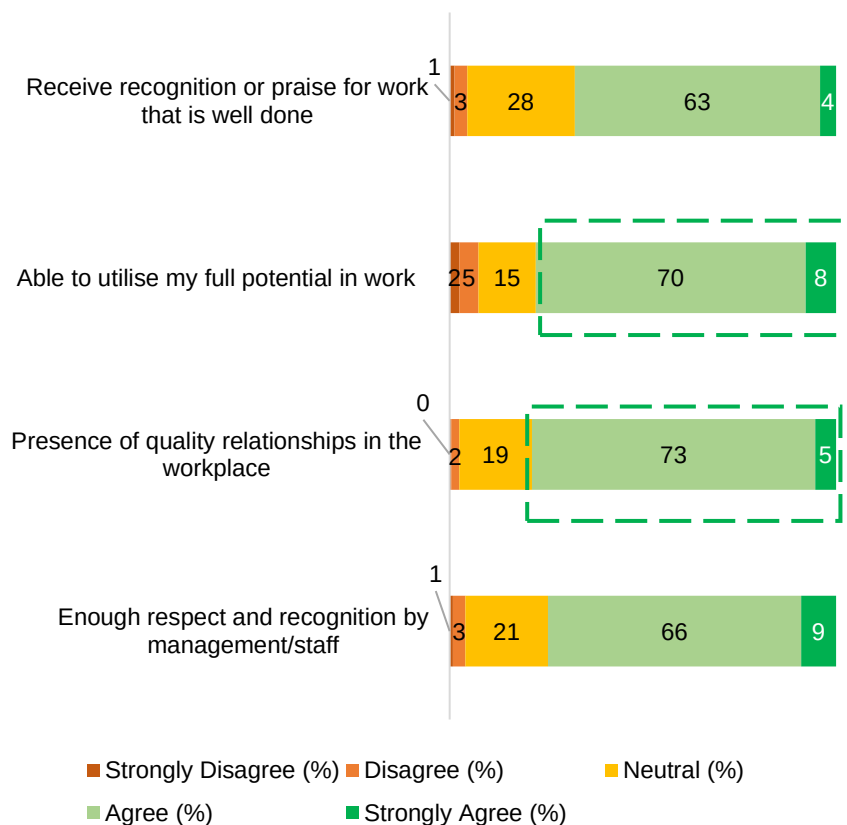


PROMOTION: Majority (132, 53%) were satisfied with their promotions. Over half or 59% were satisfied with their existing hierarchical advancement & promotion opportunities



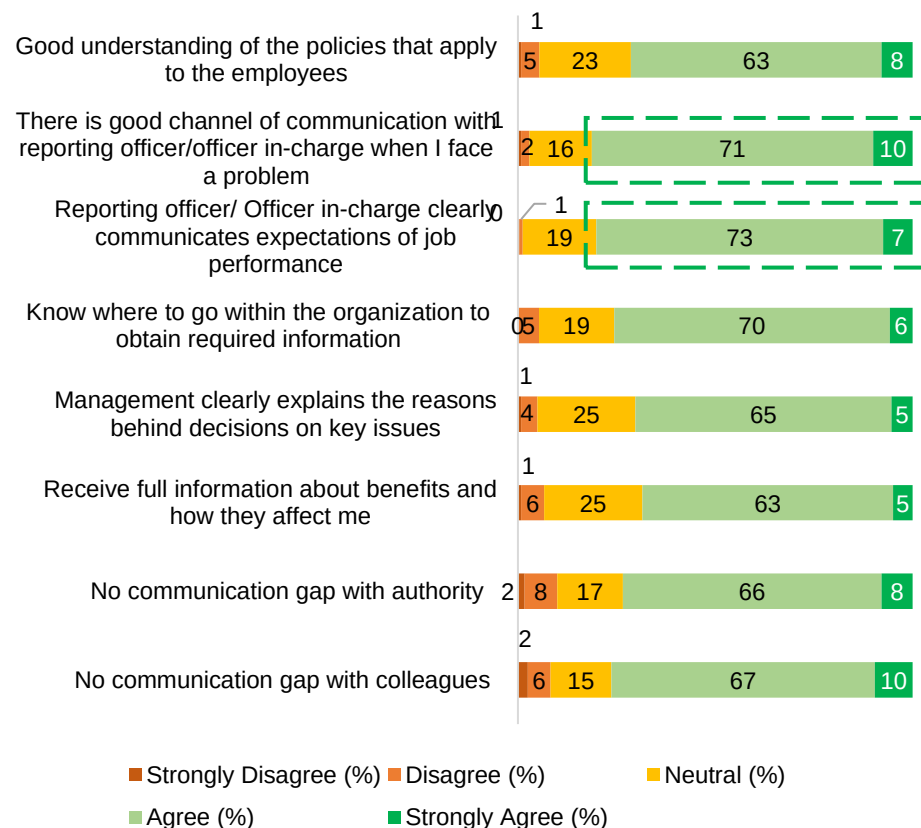
RECOGNITION & RELATIONSHIP: Majority (165, 68%) of the medical cadre are satisfied with the recognition and relationship they have at the workplace. Nealy four-fifth (79%) felt presence of quality relationships in the workplace and around 78% were able to utilize their full potential at work.

Recognition and Relationship (n=243)

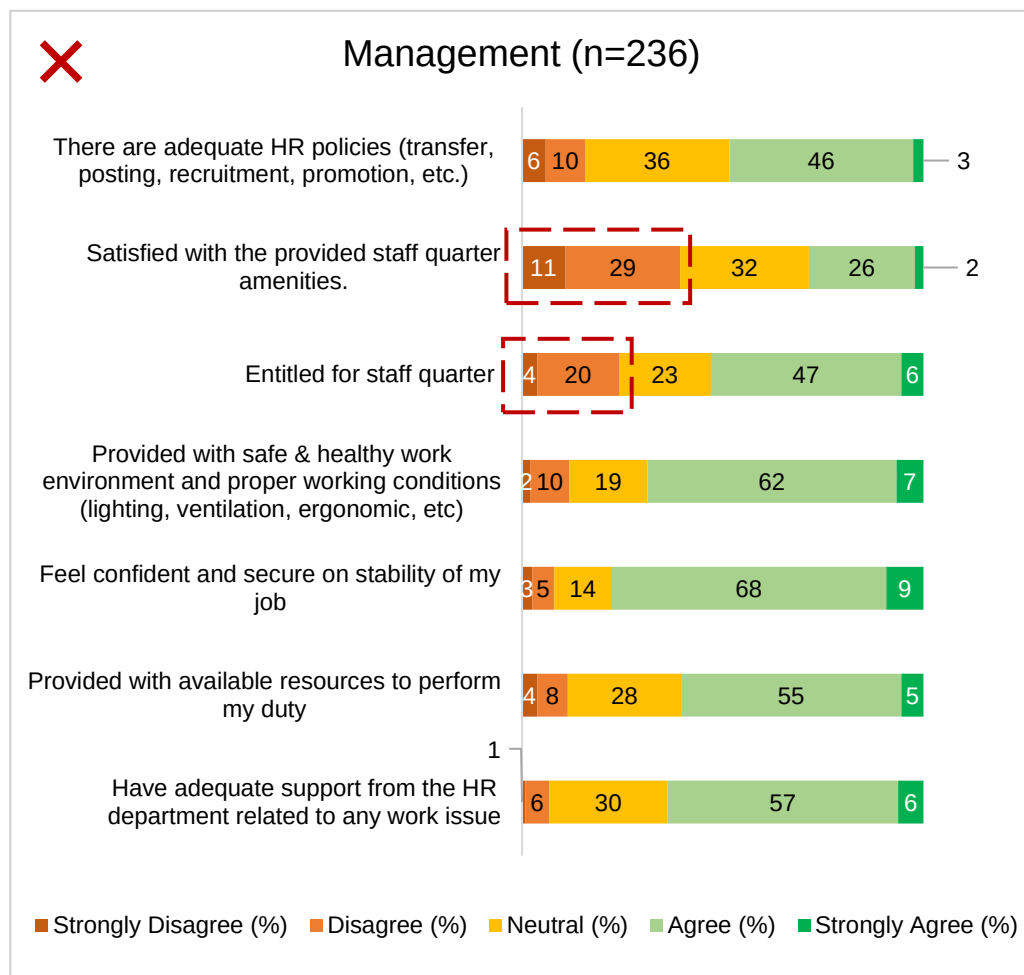


COMMUNICATION: Majority (180, 75%) were satisfied towards the communication at workplace. Over four fifth or 81% felt there is good channel of communication with reporting officer/officer in-charge when they face a problem. Four-fifth of the respondents or 80% felt reporting officer/ officer in-charge clearly communicates expectations of job performance.

Communication (n=241)



MANAGEMENT: Dissatisfaction has been recorded among a certain proportion (39 or 17%) of the medical cadre with the management. Two-fifth (40%) of the medical cadre were particularly dissatisfied with the staff quarter amenities while nearly one-fourth (24%) were dissatisfied with their staff quarter entitlement.

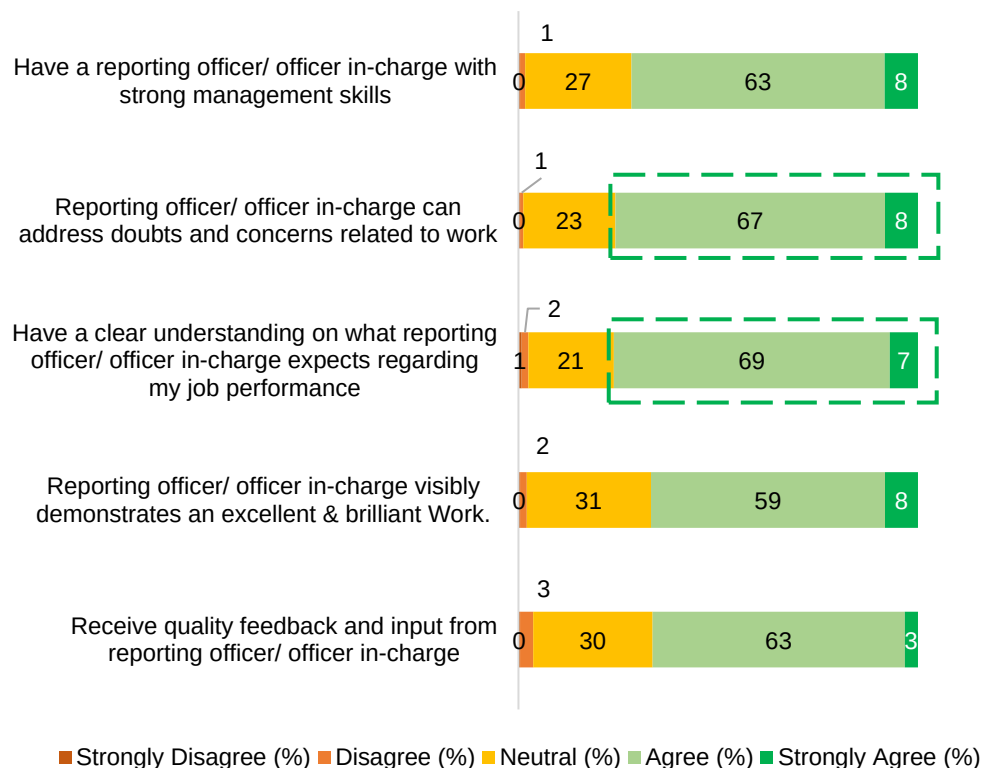


PAY & INCENTIVES: One-fifth or 20% (48) of the medical cadre were dissatisfied with their existing pay and incentives. Over one-fifth or 23% did not feel satisfied with the retirement benefits and felt they were inadequate, 22% felt that the current financial allowances & incentives they received were inadequate and 21% were dissatisfied with their current pay and disagreed that they were provided with retirement benefits.



LEADERSHIP: Majority (173 or 71%) of the medical cadre were satisfied with the leadership. Majority (76%) also felt they have clear understanding on what reporting officer/ officer in-charge expects from their job performance. Around 75% felt their reporting officer/ officer in-charge can address doubts and concerns related to work.

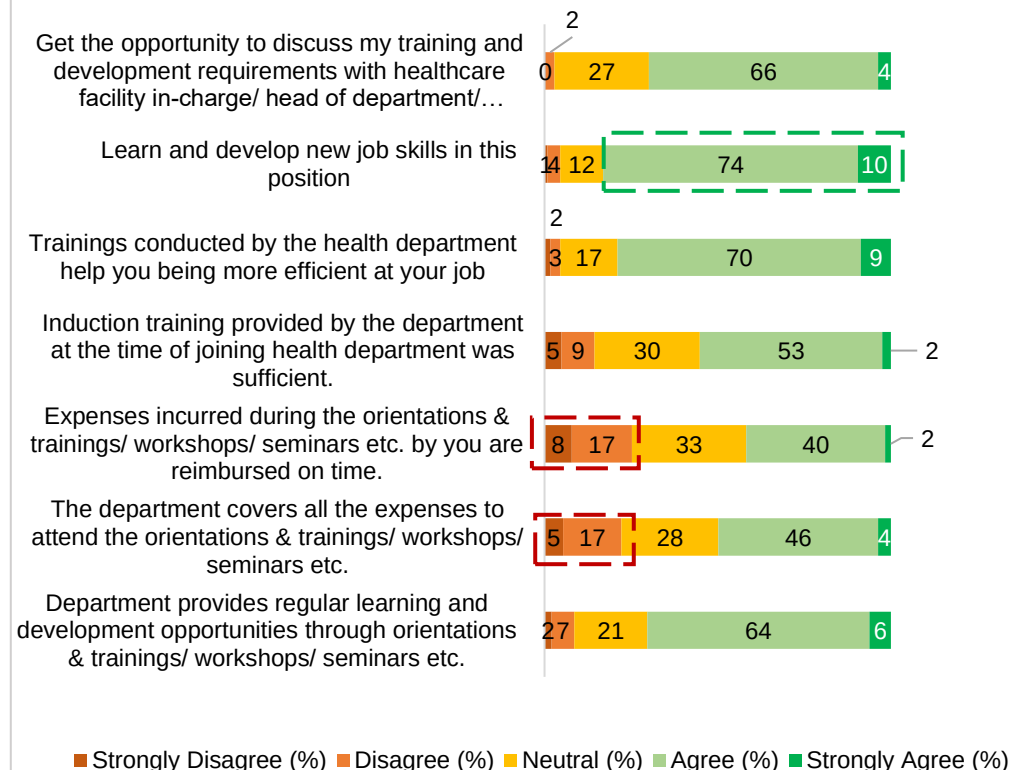
Leadership (n=243)



TRAINING & DEVELOPMENT: Majority (155 or 64%) of the medical cadre agreed that they were satisfied with the training and development opportunities at the department. Around 84% felt they learned new job skills in their current position. However, 25% also did not agree that expenses incurred during the orientations & trainings/ workshops/ seminars etc. by them are reimbursed on time. Around 22% also felt the department does not cover all expenses to attend orientations & trainings/ workshops/ seminars.



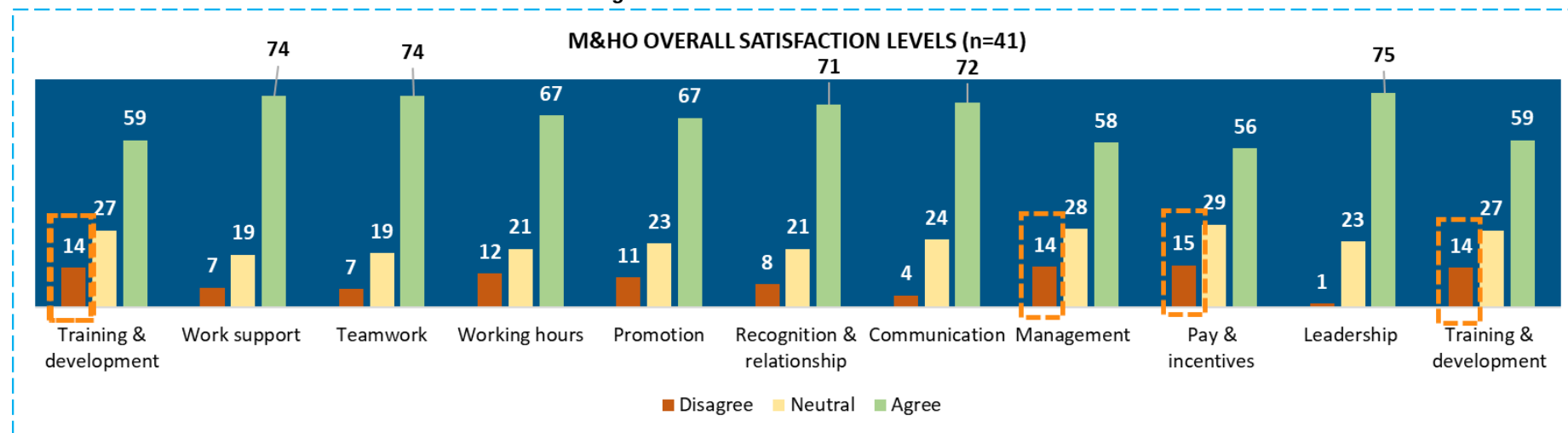
Training and Development (n=242)



MEDICAL & HEALTH OFFICERS

An overall satisfaction is seen across the 10 themes under which survey questions were asked to M&HOs with majority satisfied with leadership (75%), work support (74%) and teamwork (74%)

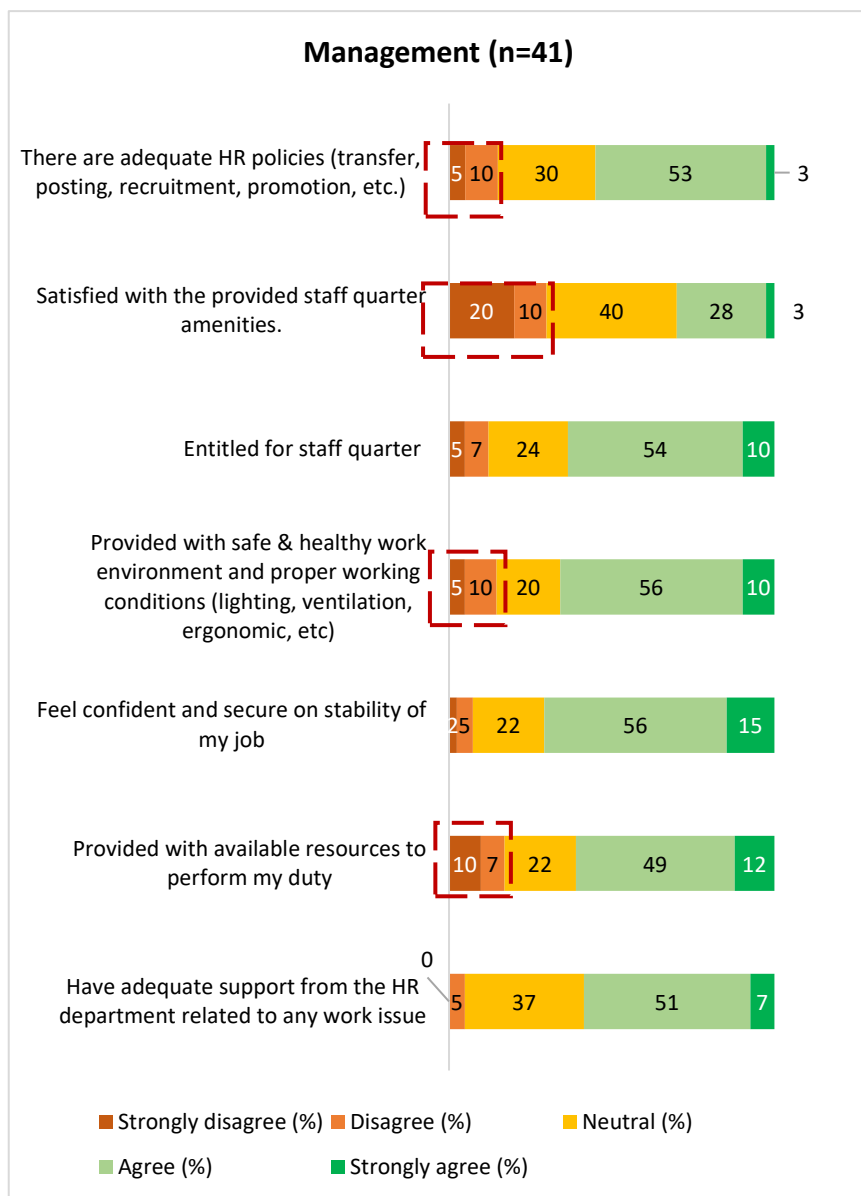
Figure 6: Satisfaction levels across M&HOs



From the above figure, three thematic areas can be deduced as pain points for M&HOs as listed below:

- Management:** Around 14% or six M&HOs disagreed that they were absolutely satisfied with the current management in terms of HR policies (transfer, posting, recruitment, promotion, etc.), HR support for grievance redressal, availability of adequate resources to perform duties, staff quarter and amenities
- Pay & Incentives:** Around 15% or six M&HOs disagreed that they were satisfied with their current pay and incentives and did not feel there is reasonable periodical increase in salary, lack of incentives and allowances, employee welfare, retirement and medical benefits.
- Training & Development:** Around 14% or six M&HOs disagreed that they have adequate training & development opportunities and do not feel the department covers all expenses to attend orientations & trainings, or even get reimbursed on time. They also feel lack of discussion with supervisors on their training & development requirements and did not feel they received induction training on joining.

The above three thematic areas have further been elaborated upon in the upcoming sections.



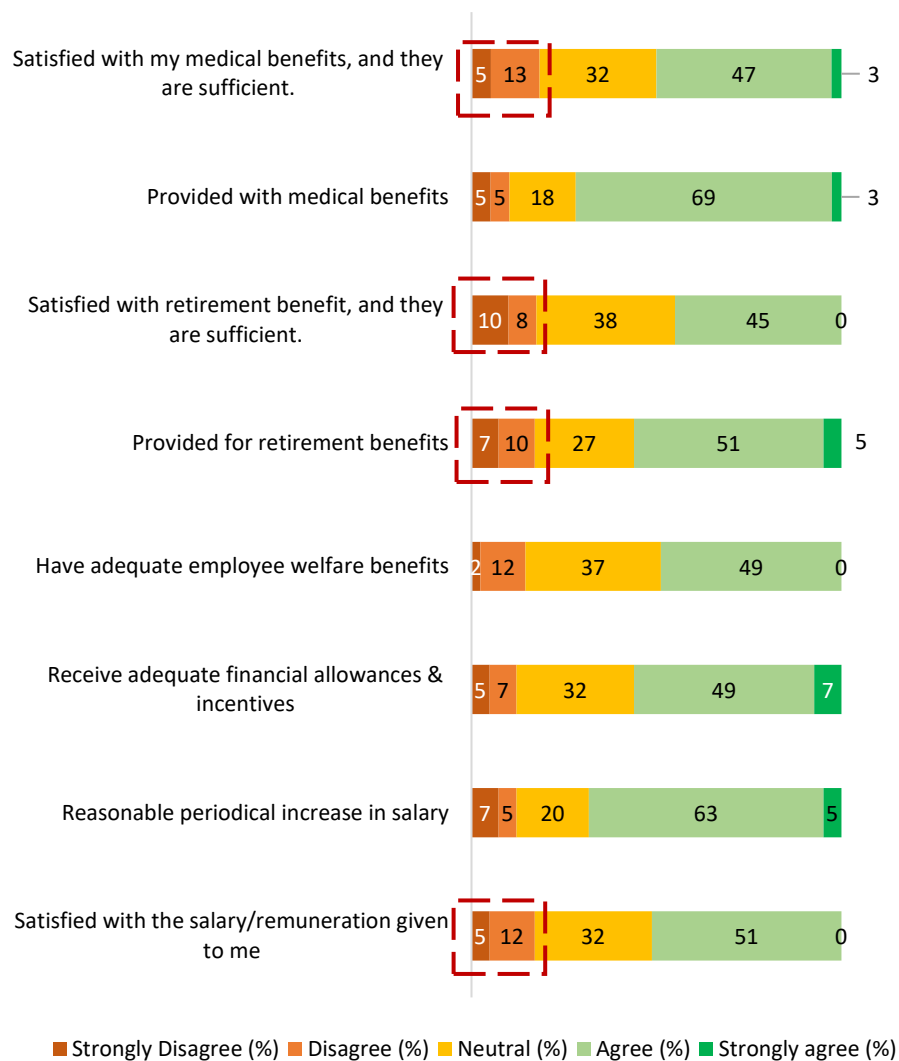
Dissatisfaction Levels

- Low satisfaction levels for staff quarter amenities have been recorded among 30% (12) M&HOs
- Seven or 17% of M&HOs surveyed did not feel they were provided with available resources to perform their duties
- Around 15% or six M&HOs disagreed that there are adequate HR policies (transfer, posting, recruitment, promotion, etc.)
- Around 15% or six M&HOs also disagreed that they were provided with safe and healthy work environment and proper working conditions (lighting, ventilation, ergonomics, etc.)

Satisfaction Levels

- On the flipside, over half the M&HOs (58%) are satisfied with the existing management
- In terms of job stability, majority (71% or 30) M&HOs felt confident and secure about their job
- Over three-fifth (66% or 28) M&HOs agreed to being provided with safe and healthy work environment and proper working conditions (lighting, ventilation, ergonomics, etc.)
- Again, over three-fifth (64% or 26) M&HOs reported entitlement to staff quarters.
- Around 61% (25) M&HOs felt they were provided with available resources to perform their duties

Pay & Incentives (n=40)



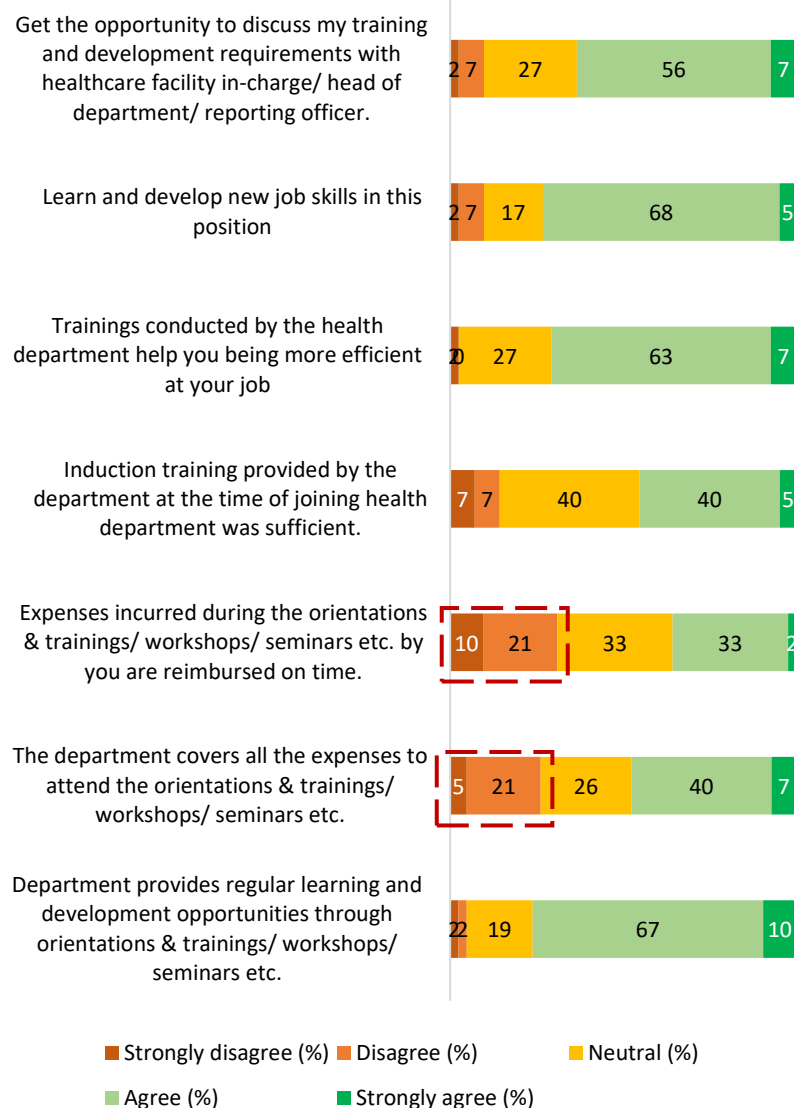
Dissatisfaction Levels

- Low satisfaction levels for pay and incentives have been recorded among 15% (six) M&HOs
- Dissatisfaction levels were recorded among 18% (seven) M&HOs strongly disagreed that they are satisfied with retirement benefit, and that they are sufficient
- Seven or 17% of M&HOs surveyed disagreed that they are provided with retirement benefits
- Around 17% or seven M&HOs also disagreed that they were satisfied with the salary/remuneration

Satisfaction Levels

- On the flipside, majority of the M&HOs (72%) agreed that they have been provided with medical benefits
- Over two-thirds (68%) of the M&HOs also felt that they have reasonable periodical increase in salary

Training & Development (n=42)



Dissatisfaction Levels

- Nearly one-third (31%) of the M&HOs felt that expenses incurred during the orientations & trainings/ workshops/ seminars etc. by them are not reimbursed on time
- Over one-fourth (26%) also felt the department does not cover all expenses to attend orientations & trainings/ workshops/ seminars

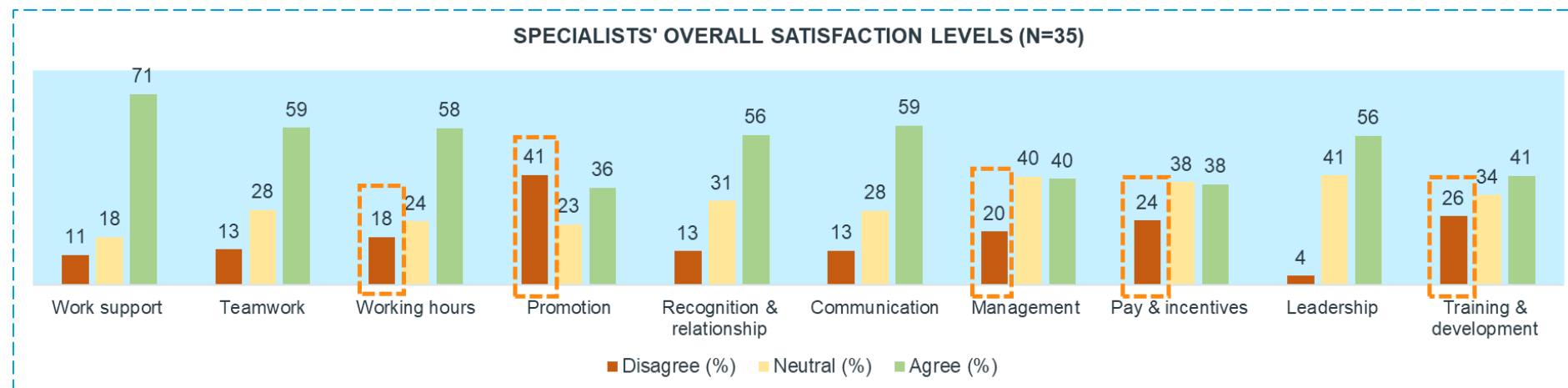
Satisfaction Levels

- On the flipside, majority of the M&HOs (73%) felt they learn and develop new job skills in their current position
- Over three-fourth (77%) felt department provides regular learning and development opportunities through orientations & trainings/ workshops/ seminars etc.
- Majority (70%) of the M&HOs also felt trainings conducted by the health department help them be more efficient at their job.

SPECIALISTS

Most specialists (71%) were satisfied with the work support they received. However, around two-fifth (41%) were dissatisfied with their promotions, around one-fourth (26%) also recorded dissatisfaction with certain aspects of training and development opportunities.

Figure 7: Satisfaction level among specialists

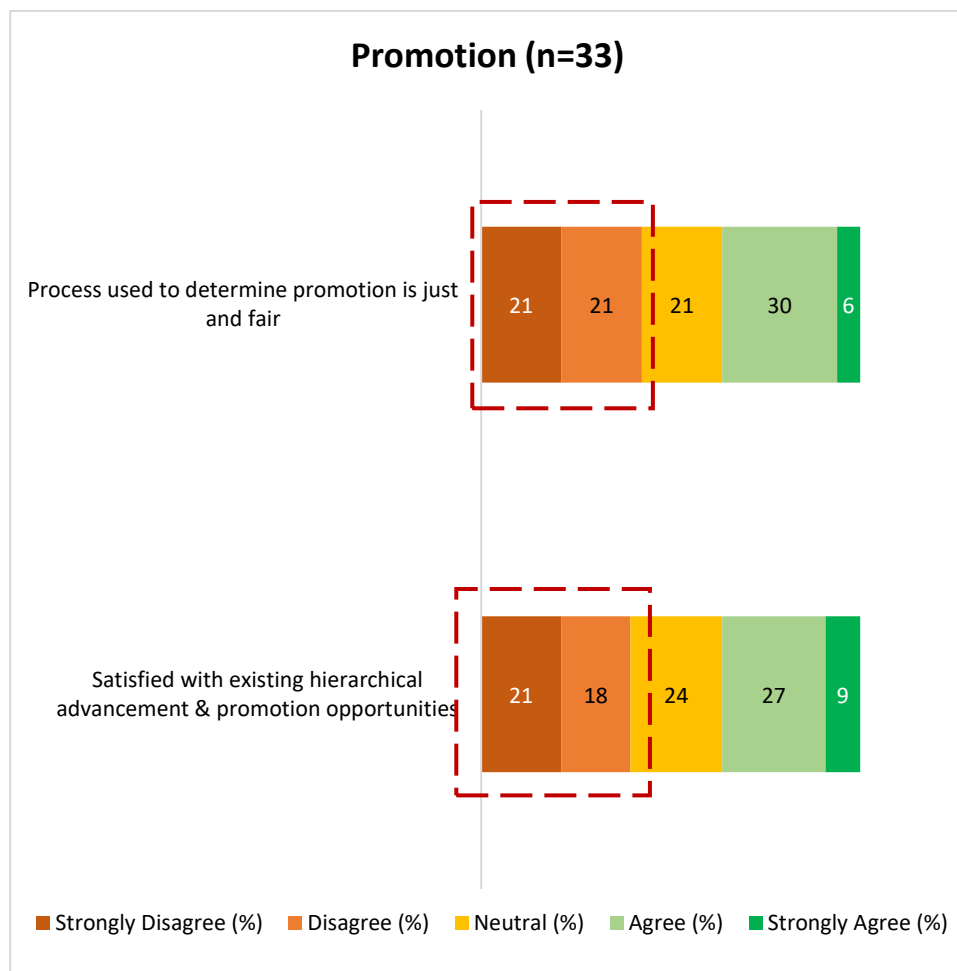


From the above figure, three thematic areas can be deduced as pain points for Specialists as listed below:

- Promotion:** Around 41% or 13 specialists felt dissatisfied with existing hierarchical advancement & promotion opportunities or that the process used to determine promotion is just and fair
- Training & Development:** Around 26% or nine specialists disagreed that they have adequate training & development opportunities and do not feel the department covers all expenses to attend orientations & trainings, or even get reimbursed on time. They also feel lack of discussion with supervisors on their training & development requirements and did not feel they received induction training on joining
- Pay & Incentives:** Around 24% or eight specialists disagreed that they were satisfied with their current pay and incentives and did not feel there is reasonable periodical increase in salary, lack of incentives and allowances, employee welfare, retirement and medical benefits
- Management:** Around 20% or seven specialists disagreed that they were absolutely satisfied with the current management in terms of HR policies (transfer, posting, recruitment, promotion, etc.), HR support for grievance redressal, availability of adequate resources to perform duties, staff quarter and amenities

5. **Working Hours:** Around 15% or six specialists disagreed that they were satisfied with their current pay and incentives and did not feel there is reasonable periodical increase in salary, lack of incentives and allowances, employee welfare, retirement and medical benefits,

The above five thematic areas have further been elaborated upon in the below section.



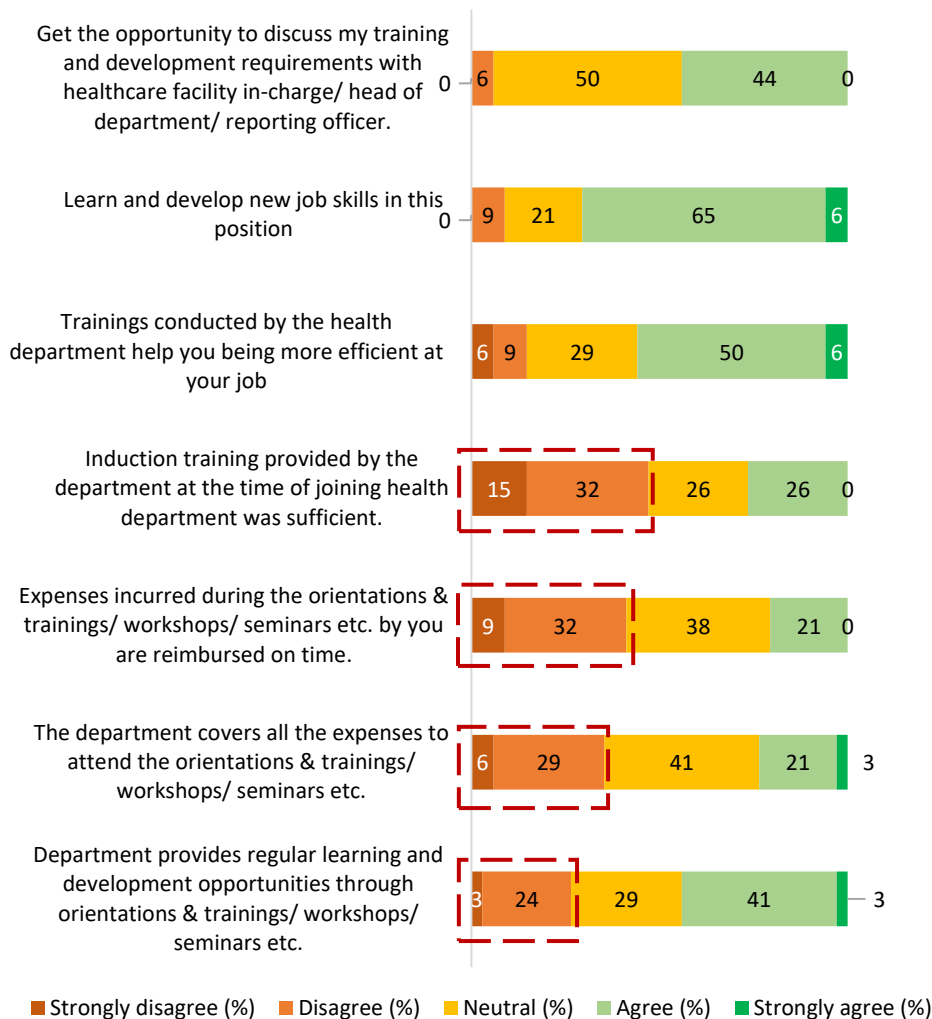
Dissatisfaction Levels

- Over two-fifth (42% or 13) specialists did not agree that the process used to determine promotion is just and fair
- Nearly two-fifth (39% or 12) specialists were dissatisfied with existing hierarchical advancement & promotion opportunities

Satisfaction Levels

- Over one-third (36% or 12) specialists agreed that the process used to determine promotion is just and fair.
- Also, over one-third (36% or 12) also felt satisfied with existing hierarchical advancement & promotion opportunities

Training & Development (n=34)



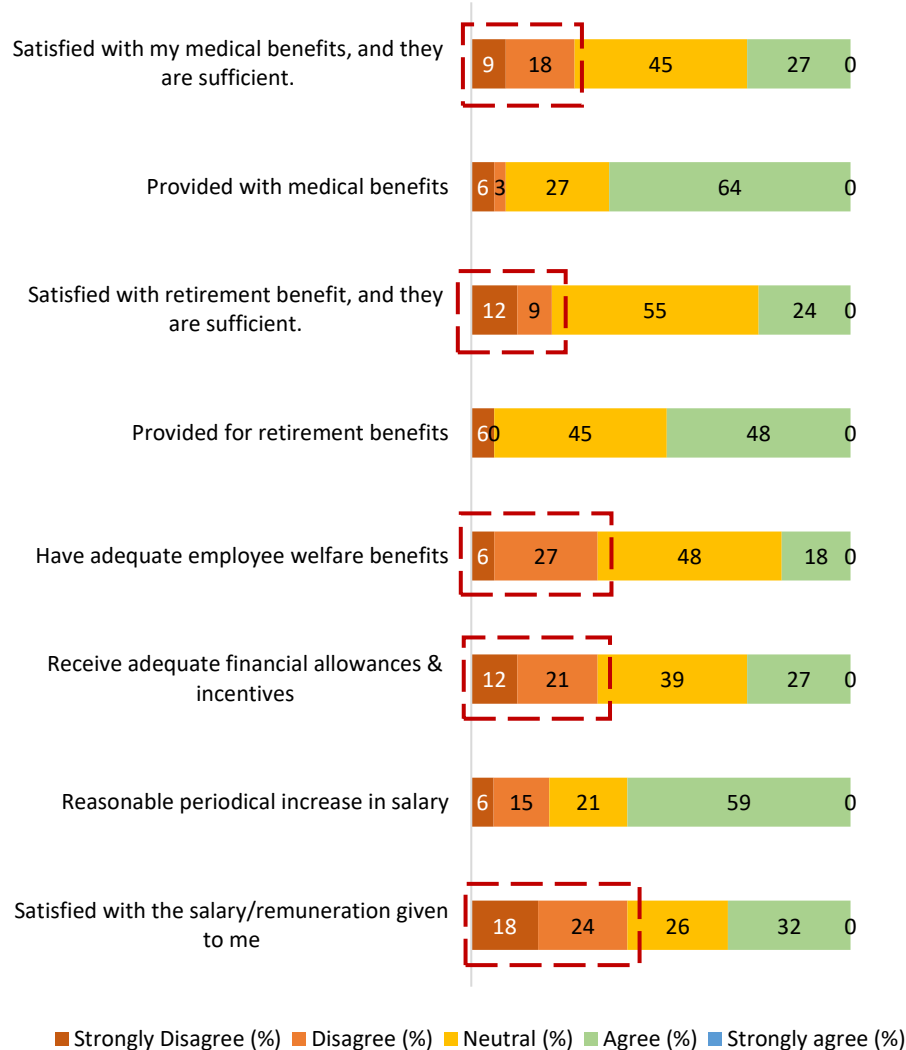
Dissatisfaction Levels

- Close to half (47% or 16) specialists did not feel they received sufficient induction training provided by the department at the time of joining health department
- Over three-fifth (41% or 14) disagreed that expenses incurred during the orientations & trainings/ workshops/ seminars etc. by them are reimbursed on time
- Over one-third (35% or 12) disagreed that the department covers all the expenses to attend the orientations & trainings/ workshops/ seminars etc.
- Over one-fourth (26% or nine) specialists felt dissatisfied with the training and development opportunities

Satisfaction Levels

- On the other hand, 71% or 24 specialists agreed that they learn and develop new job skills in their current position
- Over half (56% or 19) also agreed that trainings conducted by the health department help them be more efficient at their job

Pay & Incentives (n=33)



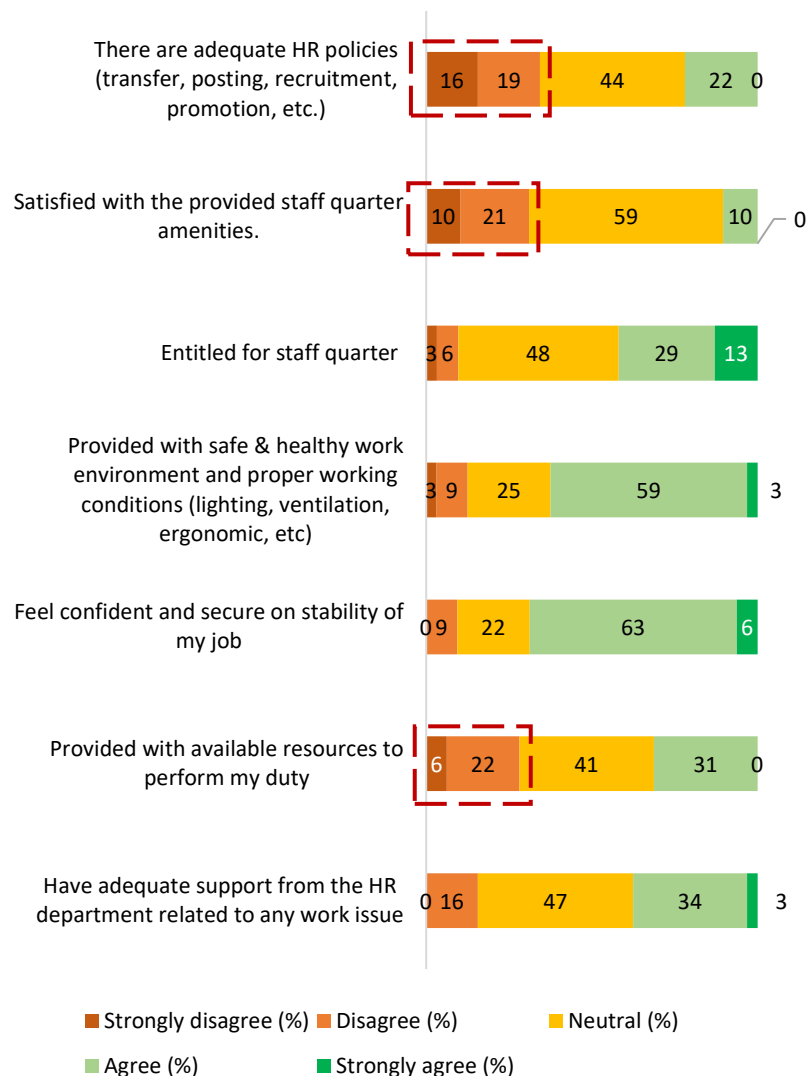
Dissatisfaction Levels

- Low satisfaction levels for pay and incentives has been recorded among specialists with 41% or 14 dissatisfied with their current salary/remuneration
- Over two-fifth (42% or 13) specialists were also not satisfied with their salaries
- One third (33% or 11) specialists felt that the employee welfare benefits they were given were inadequate
- One third (33% or 11) specialists also did not feel that they receive adequate financial allowances & incentives
- Over one-fourth (27% or nine) specialists were neither satisfied with the current medical benefits, nor felt they are sufficient

Satisfaction Levels

- On the flipside, nearly two-thirds (64% or 21) of the specialists agreed that they were provided with medical benefits
- Nearly three-fifth (59% or 20) felt they received reasonable periodical increase in their salary
- Nearly half (48% or 16) also agreed that they were entitled to retirement benefits

Management (n=31)



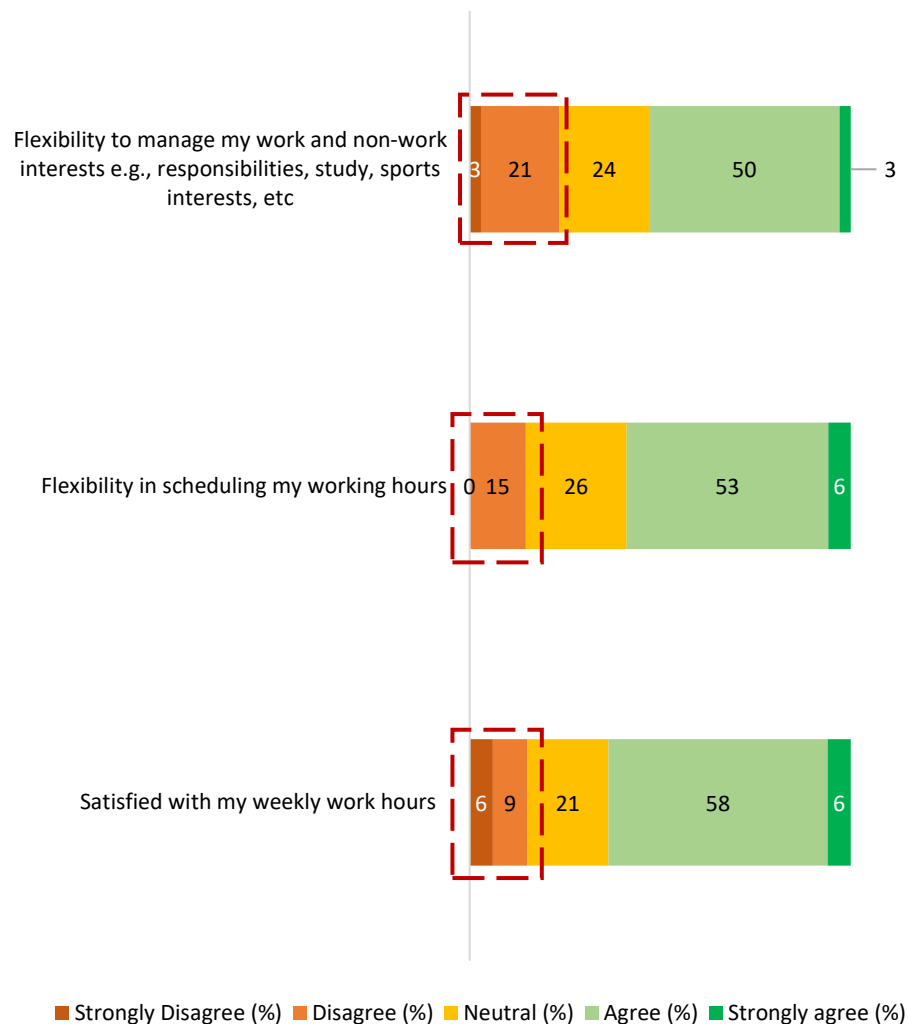
Dissatisfaction Levels

- Low satisfaction levels for policies were recorded among 35% (11) specialists who felt that there is lack of adequate HR policies (transfer, posting, recruitment, promotion, etc.)
- Nearly one-third (31% or nine) were not satisfied with the staff quarter amenities
- Over one-fourth (28% or eight) felt they were not provided with available resources to perform their duty.

Satisfaction Levels

- On the flipside, majority of the specialists (69% or 22) feel confident and secure in terms of job stability
- Over three-fifth (62% or 19) felt they were provided with safe & healthy work environment and proper working conditions (lighting, ventilation, ergonomics, etc.)

Work Hours (n=34)



Dissatisfaction Levels

- Nearly one-fourth (24% or eight) specialists did not feel they had flexibility to manage their work and non-work interests e.g., responsibilities, study, sports interests, etc.
- Nearly one-sixth (15% or five) did not feel they had flexibility to schedule their work hours
- Nearly one -sixth (15% or five) were not satisfied with their weekly work hours

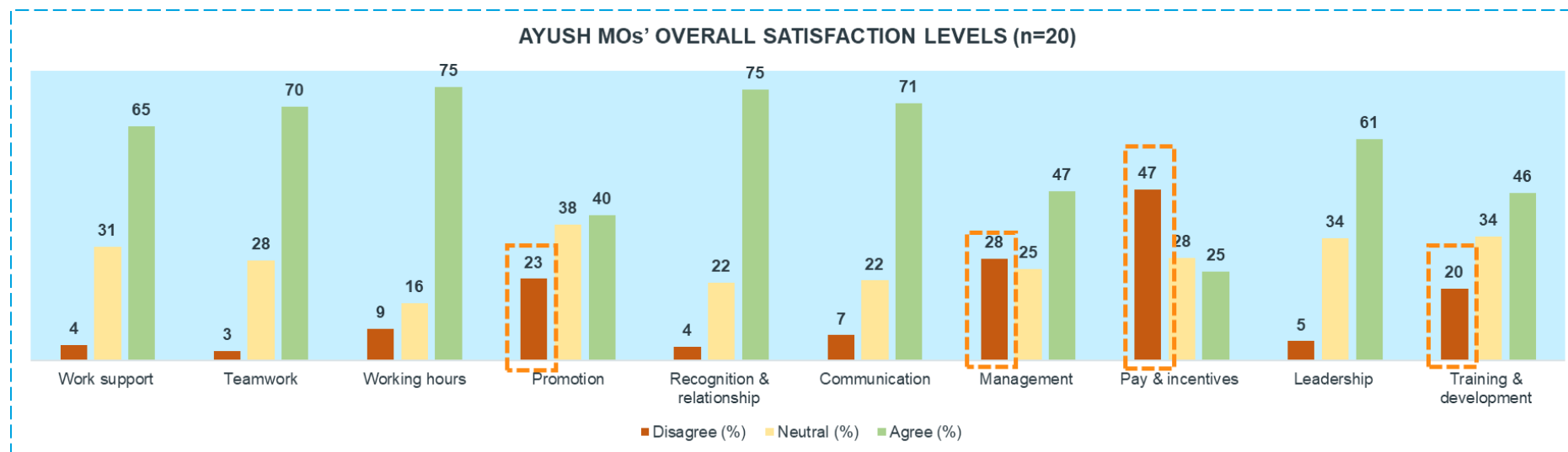
Satisfaction Levels

- On the flipside, majority (64% or 21) were satisfied with their work life balance
- Nearly two-thirds (64% or 21) were also satisfied with their weekly work hours
- Nearly three-fifth (59% or 20) specialists felt they had flexibility to schedule their work hours

AYUSH MEDICAL OFFICERS (MOs)

An overall satisfaction level is evident among AYUSH MOs with majority satisfied with recognition and relationship (75%) and work hours (75%)

Figure 8: Satisfaction levels among AYUSH MOs

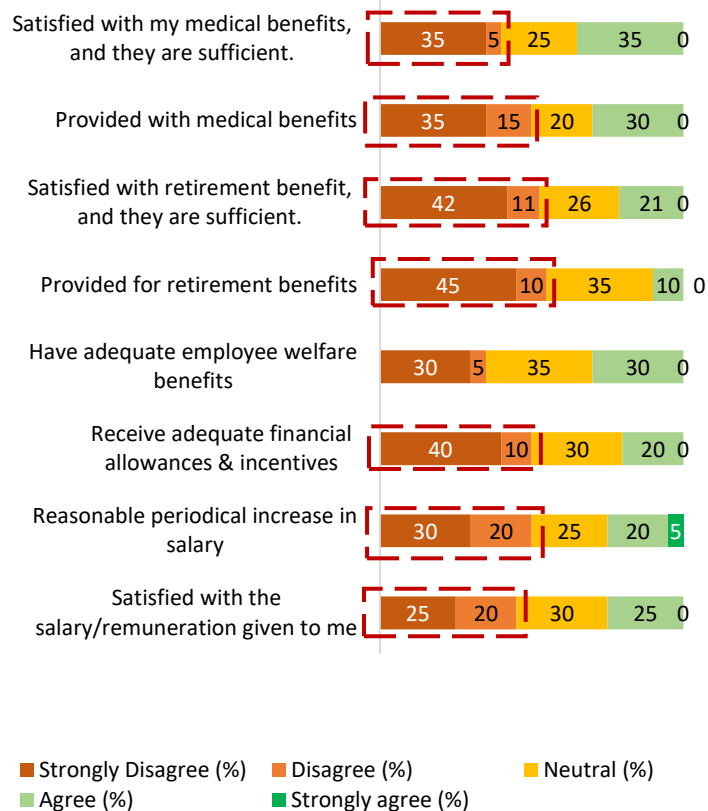


From the above figure, three thematic areas can be deduced as pain points for AYUSH MOs as listed below:

- Pay & Incentives:** Around 47% or nine AYUSH MOs disagreed that they were satisfied with their current pay and incentives and did not feel there is reasonable periodical increase in salary, lack of incentives and allowances, employee welfare, retirement, and medical benefits.
- Management:** Around 28% or five AYUSH MOs disagreed that they were absolutely satisfied with the current management in terms of HR policies (transfer, posting, recruitment, promotion, etc.), HR support for grievance redressal, availability of adequate resources to perform duties, staff quarter and amenities
- Promotion:** Around 23% or five AYUSH MOs across the medical cadre felt dissatisfied with existing hierarchical advancement & promotion opportunities or that the process used to determine promotion is just and fair.
- Training & Development:** Around 20% or four AYUSH MOs disagreed that they have adequate training & development opportunities and do not feel the department covers all expenses to attend orientations & trainings, or even get reimbursed on time. They also feel lack of discussion with supervisors on their training & development requirements and did not feel they received induction training on joining.

The above four thematic areas have further been elaborated upon in the below section.

Pay & Incentives (n=20)



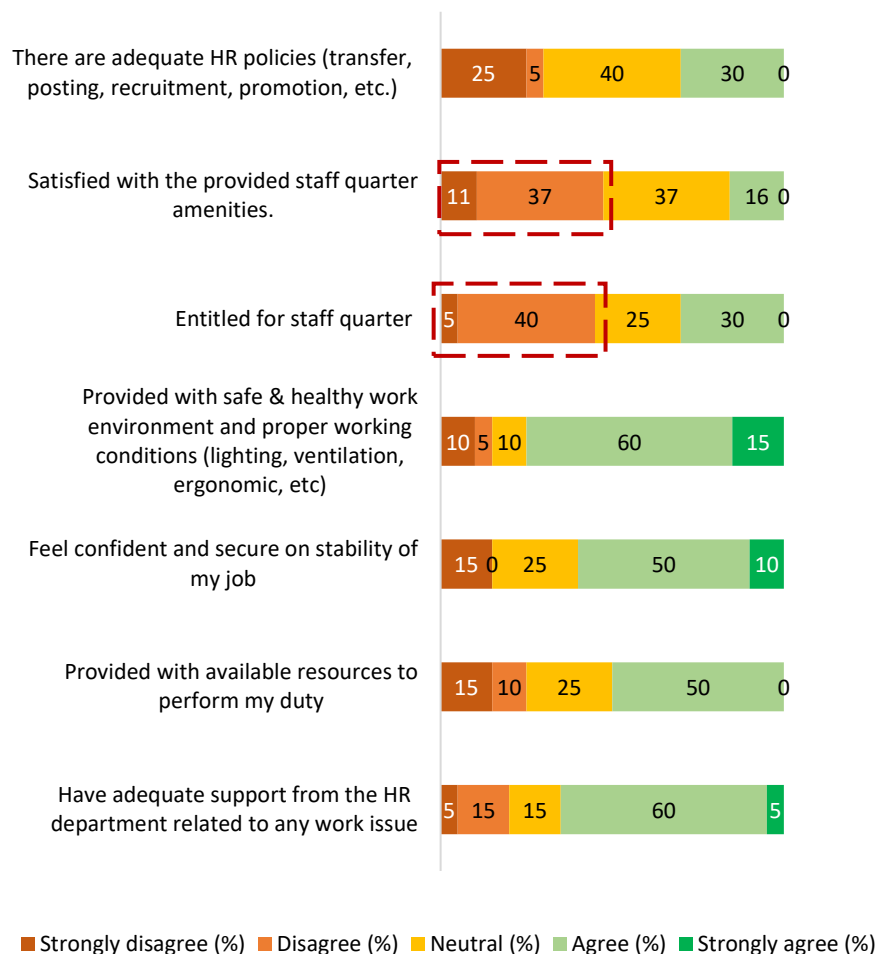
Dissatisfaction Levels

- Over half AYUSH MOs (55% or 11) disagreed that they are provided with retirement benefits
- Over half (55% or 11) also felt dissatisfied with their salaries
- Again, over half (53% or over 10) AYUSH MOs were dissatisfied with the retirement benefit, and did not feel they are sufficient
- Half (50% or 10) felt lack of financial allowances & incentives
- Half (50% or 10) AYUSH MOs also disagreed that they were provided with adequate financial allowances & incentives
- Half (50% or 10) also disagreed that they receive reasonable periodical increase in salary
- Over two-fifth (45% or nine) AYUSH MOs are dissatisfied with the medical benefits and think they are insufficient

Satisfaction Levels

- On the flipside, over one-third (35% or seven) AYUSH MOs were satisfied their medical benefits, and felt they are sufficient
- Nearly one-third (30% or six) AYUSH MOs agreed that they were provided with medical benefits
- Nearly one-third (30% or six) AYUSH MOs agreed that they have adequate employee welfare benefits

Management (n=20)



Dissatisfaction Levels

- Low satisfaction levels for staff quarter amenities have been recorded among nearly half (48% or 10) AYUSH MOs
- Over two-fifth (45% or nine) AYUSH MOs disagreed that they have any staff quarter entitlements.

Satisfaction Levels

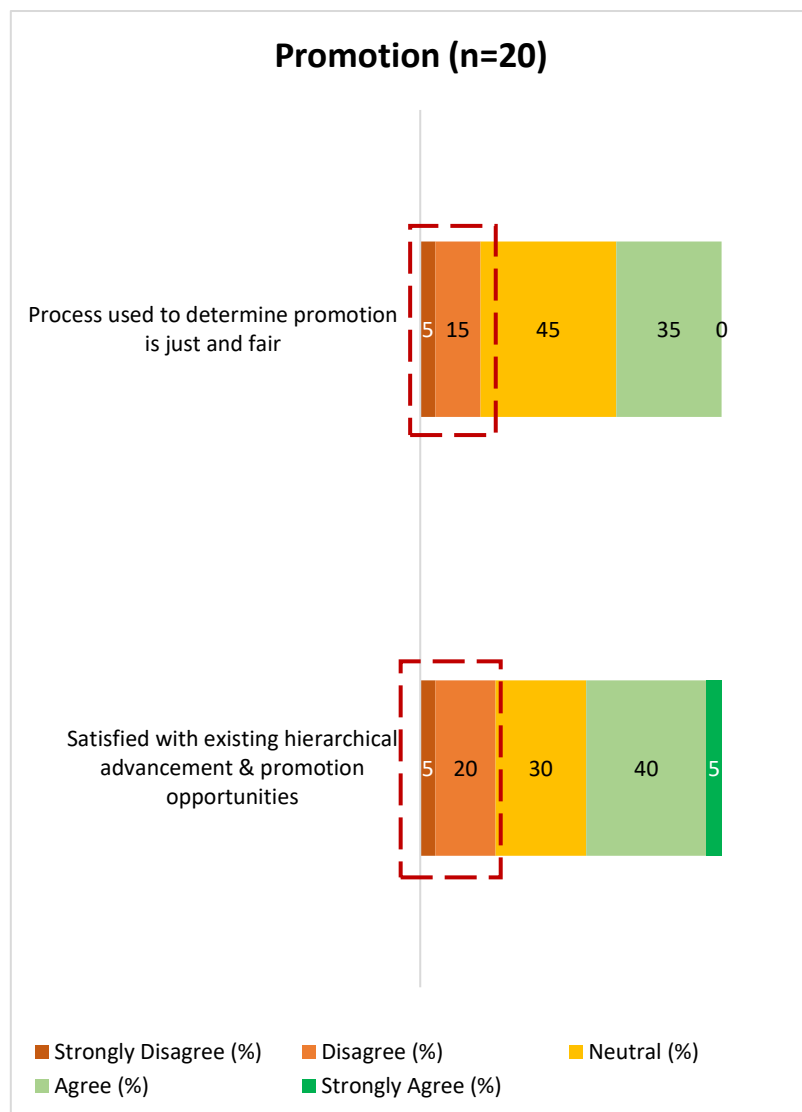
- On the flipside, majority of the AYUSH MOs (75% or 15) agreed to being provided with safe and healthy work environment and proper working conditions (lighting, ventilation, ergonomics, etc.)
- Nearly two-third (65% or 13) AYUSH MOs felt they have adequate support from the HR department related to any work issue
- Three-fifth (60% or 12) AYUSH MOs felt confident and secure in terms of job stability

Dissatisfaction Levels

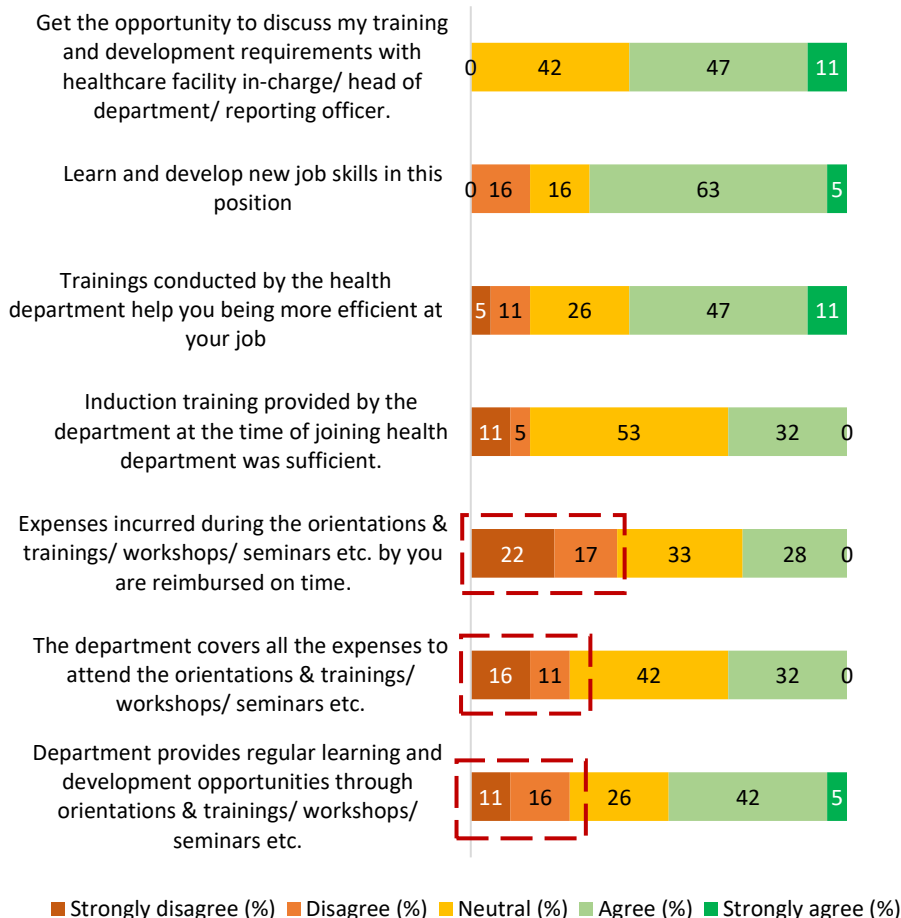
- One fourth (25% or five) AYUSH MOs were dissatisfied with existing hierarchical advancement & promotion opportunities
- One-fifth (20% or four) did not feel that the process used to determine promotion is just and fair

Satisfaction Levels

- On the flipside, over two-fifth (45% or nine) AYUSH MOs are satisfied with the hierarchical advancement & promotion opportunities
- Over one-third (35% or seven) AYUSH MOs felt that the process used to determine promotion is just and fair



Training & Development (n=20)



Dissatisfaction Levels

- 39% (seven) AYUSH MOs disagreed that the expenses incurred during the orientations & trainings/ workshops/ seminars etc. by them are reimbursed on time.
- 27% (five) AYUSH MOs disagreed that the department provides regular learning and development opportunities through orientations & trainings/ workshops/ seminars etc.

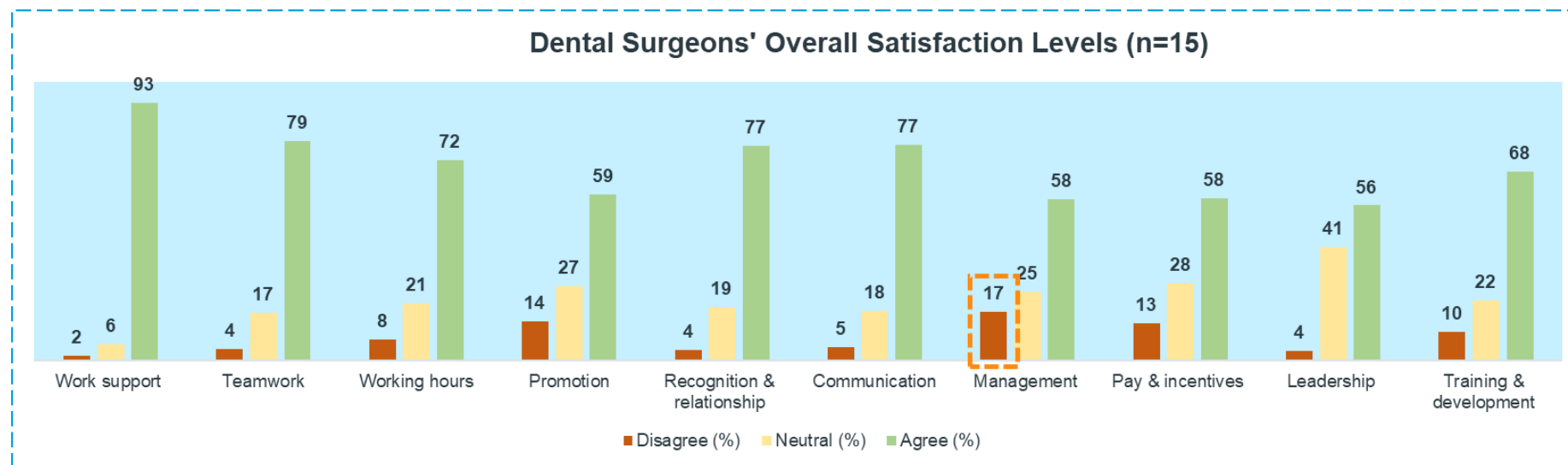
Satisfaction Levels

- On the other hand, majority of the AYUSH MOs (68% or 13) agreed that they learn and develop new job skills in this position .
- 58% or 11 AYUSH MOs felt they get the opportunity to discuss their training and development requirements with healthcare facility in-charge/ head of department/ reporting officer.
- 47% or nine AYUSH MOs agreed that the department provides regular learning and development opportunities through orientations & trainings/ workshops/ seminars etc.

DENTAL SURGEONS

The below figure shows an overall satisfaction level across all themes among dental surgeons with majority satisfied with recognition and relationship (77%) and communication (77%)

Figure 9: Satisfaction Levels among dental surgeons

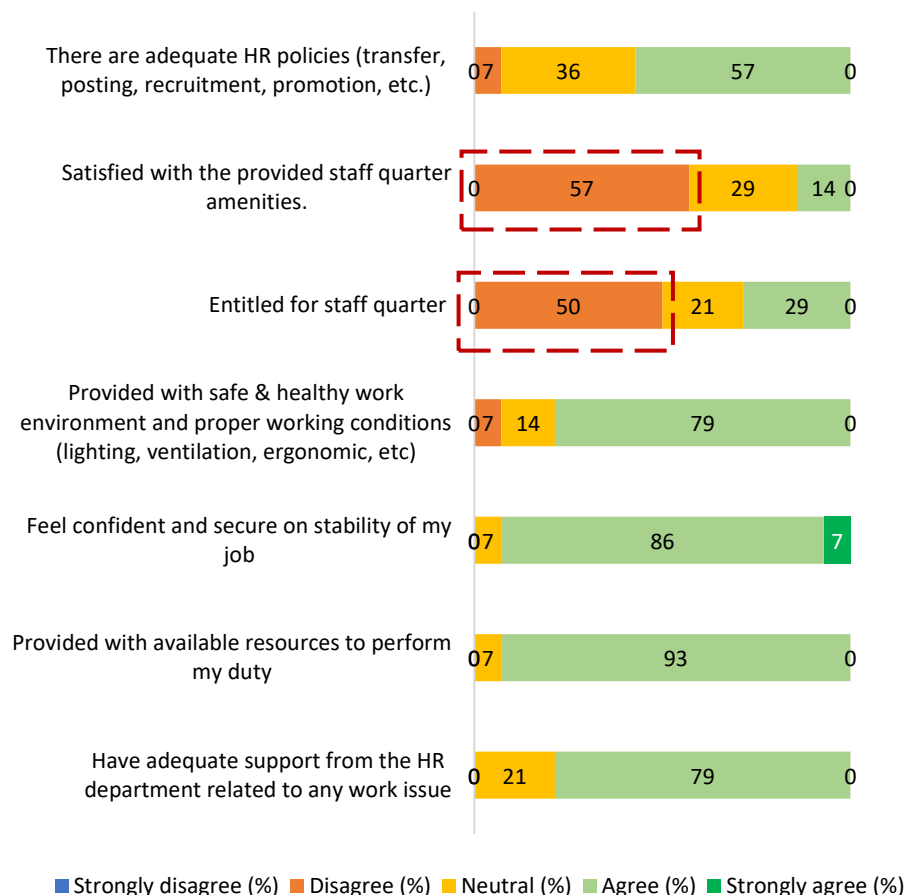


From the above figure, one thematic area can be deduced as pain point for Dental surgeons as listed below:

1. **Management:** Around 47% or eight AYUSH MOs disagreed that they were satisfied with their current pay and incentives and did not feel there is reasonable periodical increase in salary, lack of incentives and allowances, employee welfare, retirement and medical benefits.

The above thematic area has further been elaborated upon in the below section.

Management (n=14)



Dissatisfaction Levels

- Over half (57% or eight) Dental Surgeons/Hygienists were not satisfied with staff quarter amenities
- Half (50% or seven) Dental Surgeons/Hygienists disagreed that they were entitled to staff quarters

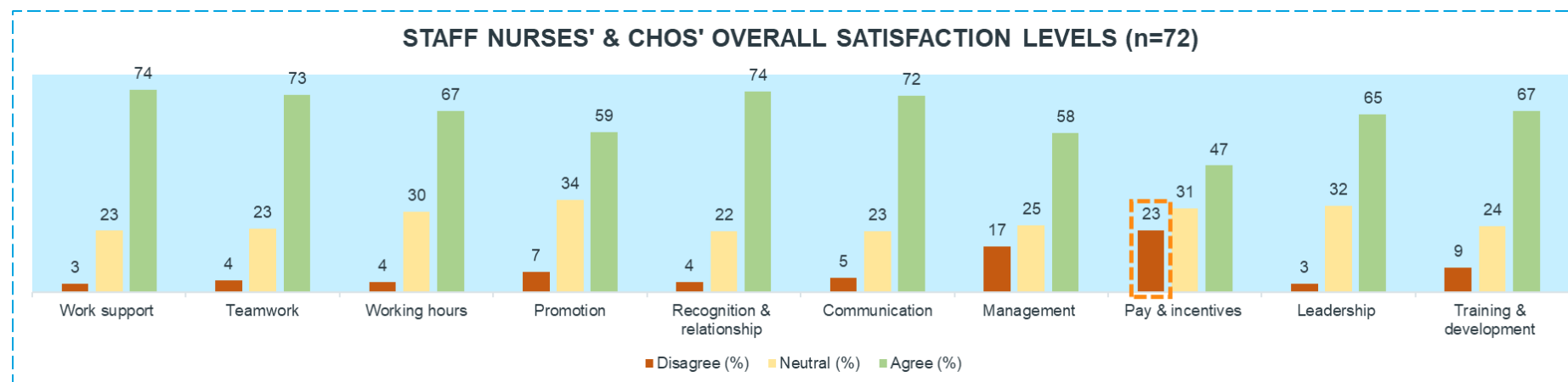
Satisfaction Levels

- On the flipside, majority of the Dental Surgeons/Hygienists (93% or 13) felt confident and secure in terms of job stability
- Majority (93% or 13) Dental Surgeons/Hygienists also agreed that they were provided with available resources to perform their duties
- Nearly four-fifth (79% or 11) Dental Surgeons/Hygienists agreed to being provided with safe and healthy work environment and proper working conditions (lighting, ventilation, ergonomics, etc.)
- Over half (57% or eight) felt there are adequate HR policies (transfer, posting, recruitment, promotion, etc.)

STAFF NURSES AND COMMUNITY HEALTH OFFICERS

There is an overall satisfaction level across all staff nurses and CHOs with majority satisfied with work support (74%), recognition and relationship (74%), teamwork (73%) and communication (72%).

Figure 10: Satisfaction Levels among staff nurses and CHOs



From the above figure, three thematic areas can be deduced as pain points for staff nurses & CHOs as listed below:

1. **Pay & Incentives:** Around 47% or eight AYUSH MOs disagreed that they were satisfied with their current pay and incentives and did not feel there is reasonable periodical increase in salary, lack of incentives and allowances, employee welfare, retirement and medical benefits.

The above thematic area has further been elaborated upon in the below section.

Pay & Incentives (n=72)



Dissatisfaction Levels

- Nearly one-third (29% or 21) of the staff nurses and CHOs did not feel satisfied with retirement benefits, and felt they were insufficient
- Over one-fourth (26% or 19) staff nurses and CHOs disagreed that they were provided with retirement benefits
- One fourth (25% or 18) staff nurses and CHOs did not feel they receive adequate financial allowances & incentives
- Over one-fifth (21% or 15) were dissatisfied with their salary
- Over one-fifth (21% or 15) disagreed that they were provided with medical benefits
- Over one-fifth (21% or 15) were dissatisfied with their medical benefits, and felt they are insufficient

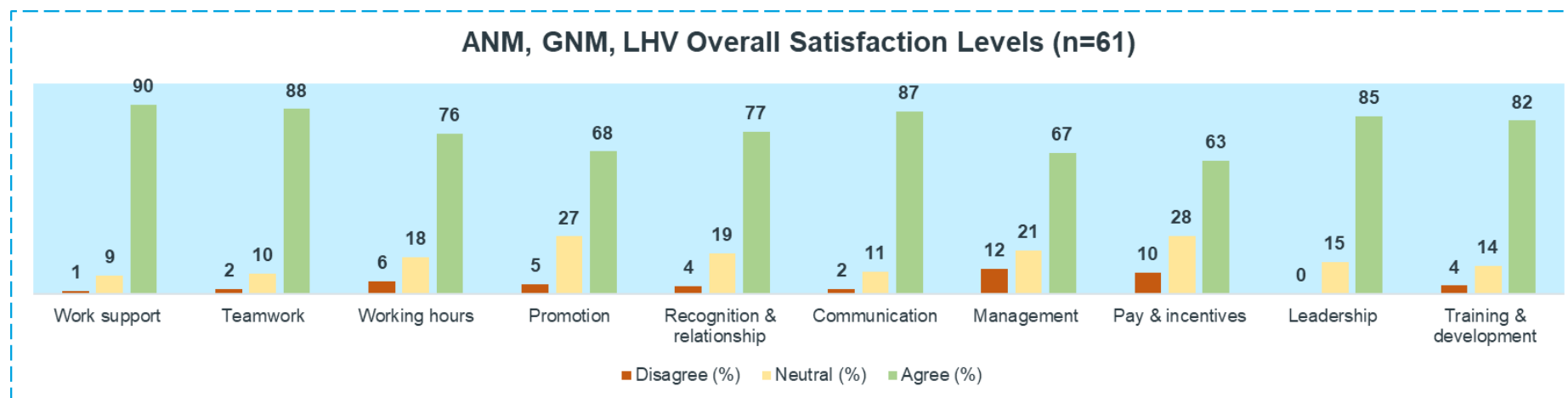
Satisfaction Levels

- On the flipside, majority of the staff nurses and CHOs (58% or 42) agreed that there is reasonable periodical increase in their salary
- Over half (53% or 38) staff nurses & CHOs agreed that they received medical benefits
- Nearly half (48% or 35) also agreed that they are provided with retirement benefits
- Nearly half (47% or 34) agreed that they receive adequate financial allowances & incentives
- Nearly half (46.6% or 34) were satisfied with their salary while 43% (31) felt they have adequate employee welfare benefits

AUXILIARY NURSING & MIDWIVES, GENERAL NURSING & MIDWIVES, LADY HEALTH VISITORS

An overall satisfaction level was recorded among ANMs, GNMs and LHVs with majority satisfied with work support (90%), teamwork (88%), leadership (85%) and training and development (82%)

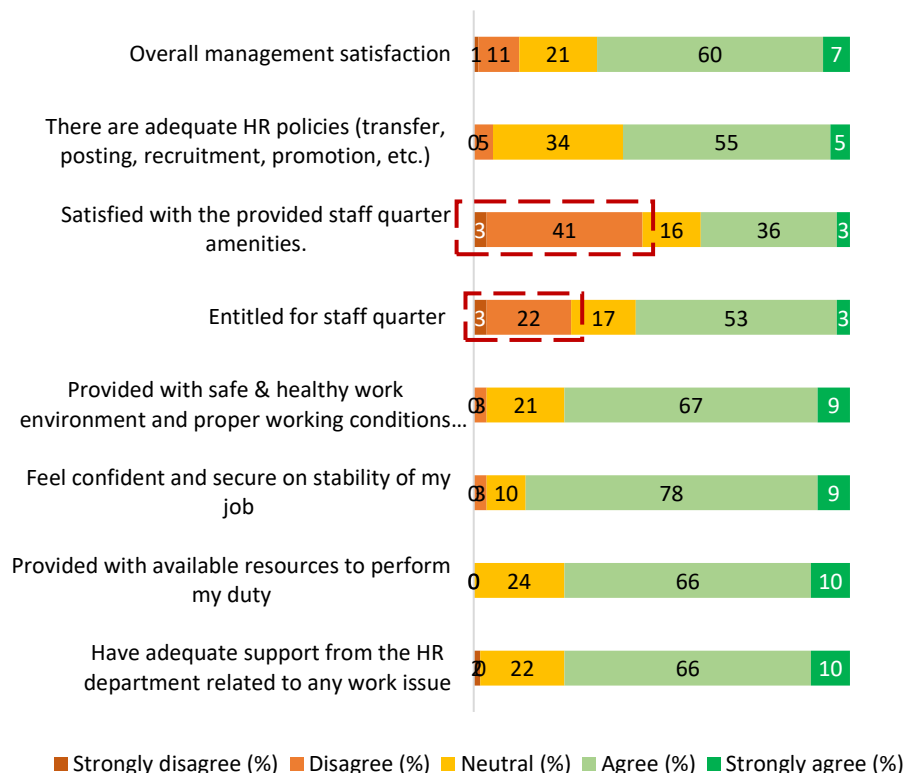
Figure 11: Satisfaction Levels among ANMs, GNMs and LHVs



From the above figure, an overall satisfaction level is seen across all thematic areas for ANMs, GNMs and LHVs except for a seeming **dissatisfaction among 12% in management and among 10% with regards to pay and incentives.**

The above two thematic areas have further been elaborated upon in the below section.

Management (n=58)



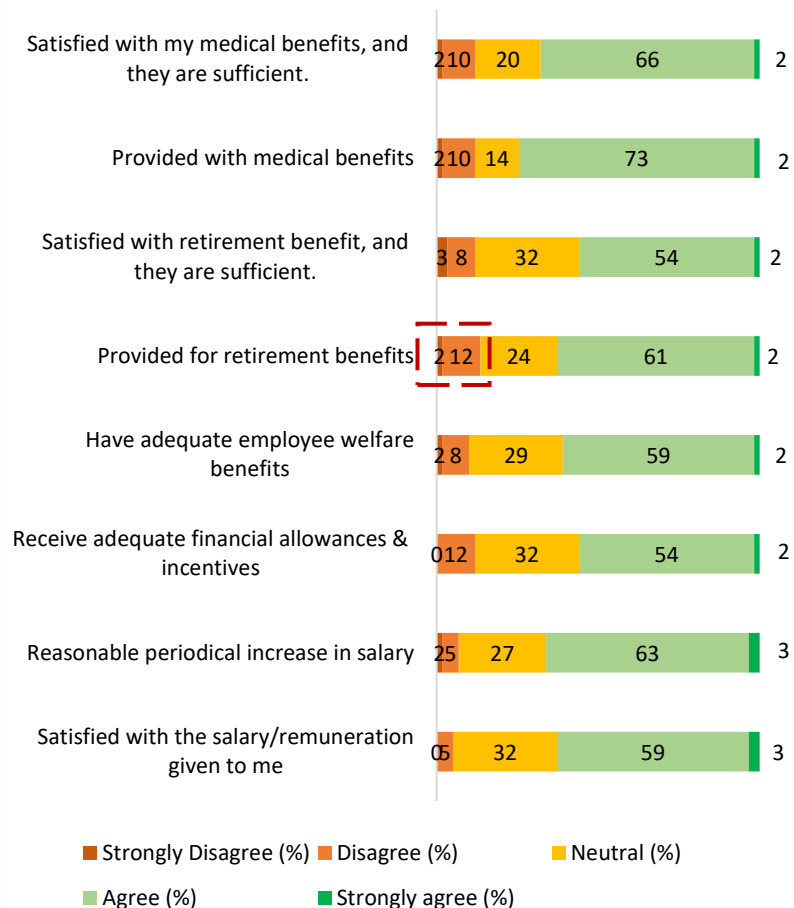
Dissatisfaction Levels

- Over two-fifth (44% or 26) of ANMs, GNMs and LHVs disagreed that they are satisfied with current staff quarter amenities
- One fourth (25% or 15) ANMs, GNMs and LHVs disagreed that they were entitled to staff quarters

Satisfaction Levels

- Contrarily, majority (87% or 50) ANMs, GNMs and LHVs agreed that they had job stability
- Over three-fourth (76% or 44) felt they have adequate support from the HR department related to any work issue
- Over three-fourth (76% or 44) felt they were provided with available resources to perform their duty.
- Over three-fourth (76% or 44) felt they were provided with safe & healthy work environment and proper working conditions (lighting, ventilation, ergonomic, etc)

Pay & Incentives (n=59)



Dissatisfaction Levels

One-seventh (14% or eight) ANMs, GNMs and LHVs disagreed that they were provided with retirement benefits.

Satisfaction Levels

- On the other hand, majority of the ANMs, GNMs and LHVs (75% or 44) agreed that they were provided with medical benefits
- Over two-third (68% or 40) were satisfied with their medical benefits and felt they were sufficient
- Two third (66% or 39) felt there was reasonable periodical increase in their salary
- Over three-fifth (63% or 37) agreed that they were provided with retirement benefits
- Over three-fifth (61% or 36) agreed that they have adequate employee welfare benefits

ii. COMPOSITION AND KEY FINDINGS UNDER PARAMEDICAL CADRE

The paramedical cadre consists of pharmacists (7) both at senior and junior posts. Technicians and assistants have been categorized together and consist of Lab Technicians (5), Ophthalmic Assistants (5), X-Ray Technicians (4), ECG Technicians (3), Audiologists (3), Optometrists (2).

Technicians account for 76% (22) of the paramedical cadre surveyed and pharmacists account for 24% (7) of the paramedical cadre surveyed. Of the overall HRH surveyed, technicians make up for 6% of the staff surveyed and pharmacists make up 2% of the HRH surveyed.

Majority of the pharmacists (6) are regular, and one pharmacist surveyed is on contract. Similarly, majority of the technicians (14) are regular while eight on contract.

By district, majority of the paramedical staff surveyed are from East Khasi Hills (11), followed by West Jaintia Hills (5). Facility wise, majority (15) of the paramedical staff are posted at District Hospitals (DHs) followed by CHCs (5).

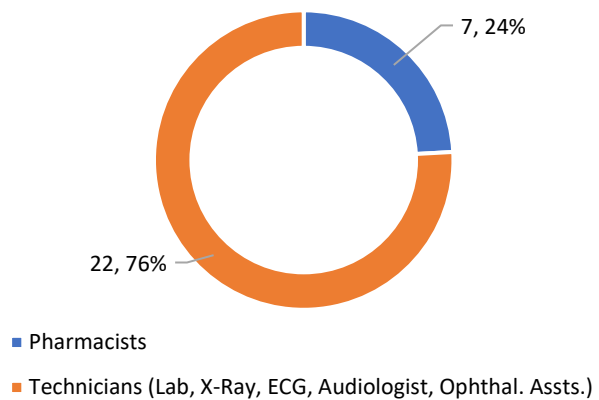
Gender wise, a male majority is seen in the paramedical cadre with 66% or 19 being male while 34% or 10 being female.

Majority of the staff (9) surveyed are between 24-34 years old.

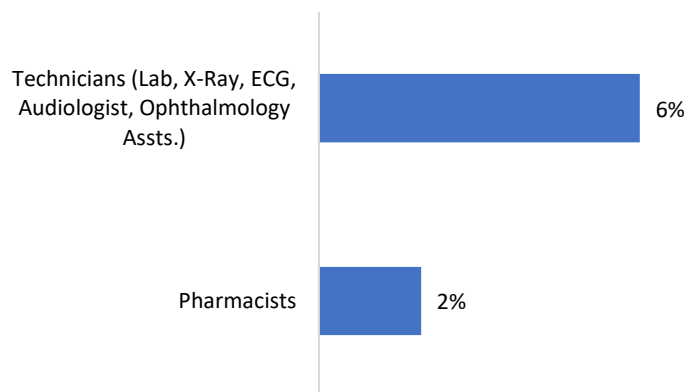
Majority of the staff (69% or 20) are married while 31% or nine are single.

COMPOSITION & TYPE OF EMPLOYMENT IN PARAMEDICAL CADRE

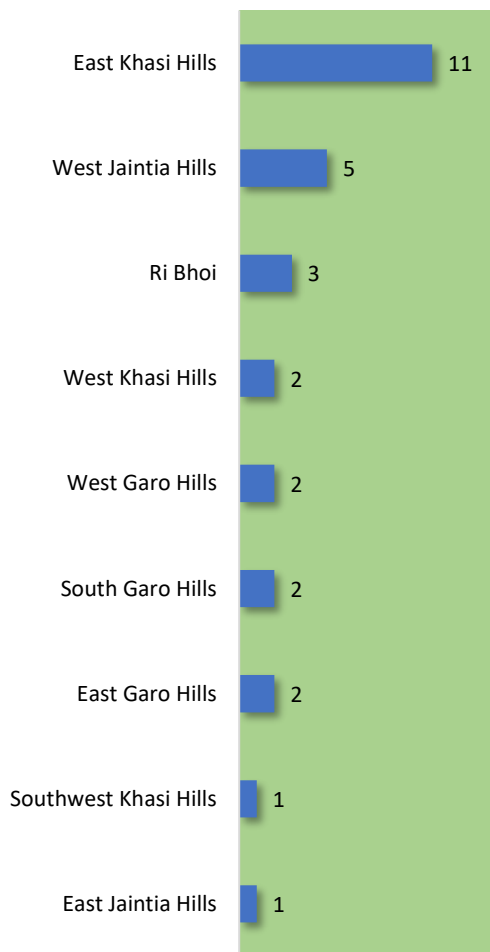
Composition of Paramedical Cadre



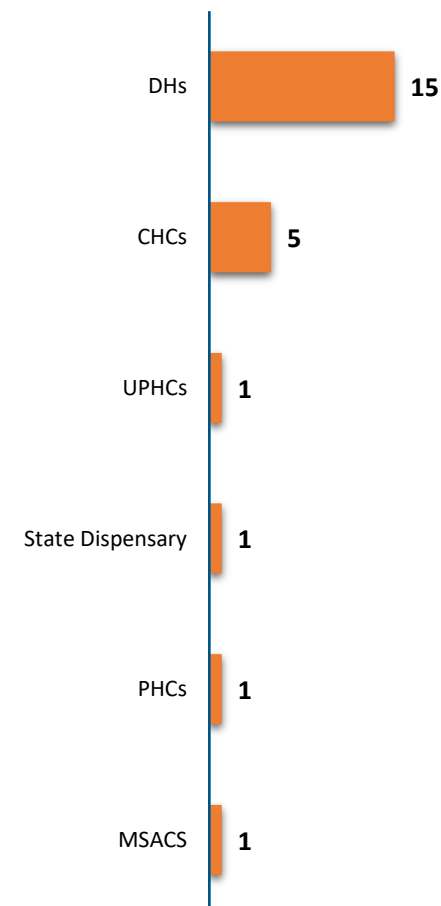
% Paramedical Cadre of Overall Respondents



Districts



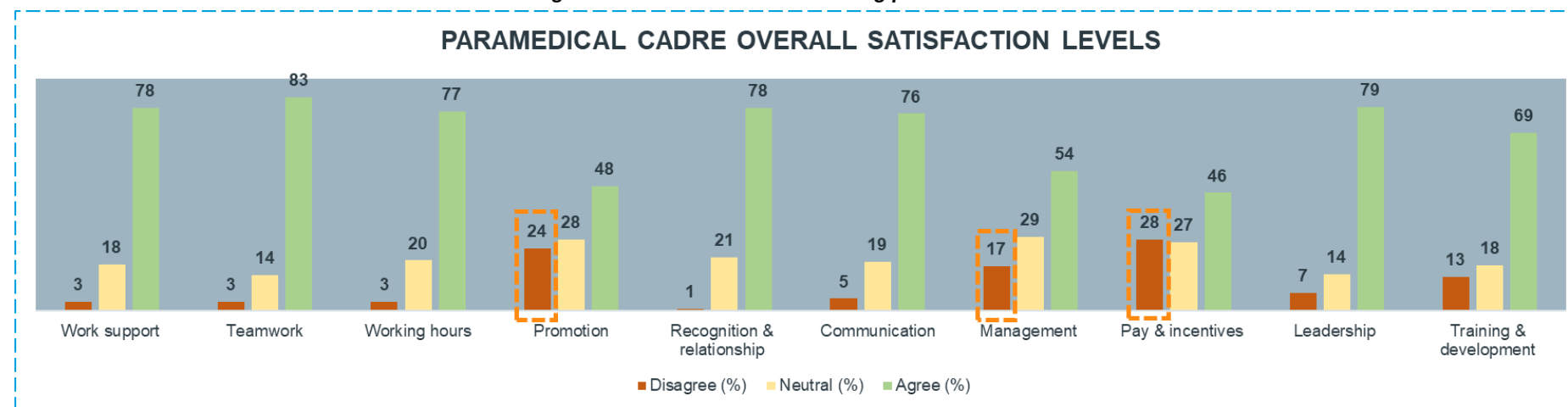
Facilities



PARAMEDICAL CADRE SATISFACTION LEVELS

While the paramedical cadre is majorly satisfied across various themes they took the survey on, there are three thematic areas where dissatisfaction was also recorded. Majority (83%) were satisfied with the teamwork, leadership (79%), work support (78%), recognition and relationship (78%) and communication (76%).

Figure 12: Satisfaction levels among paramedical cadre



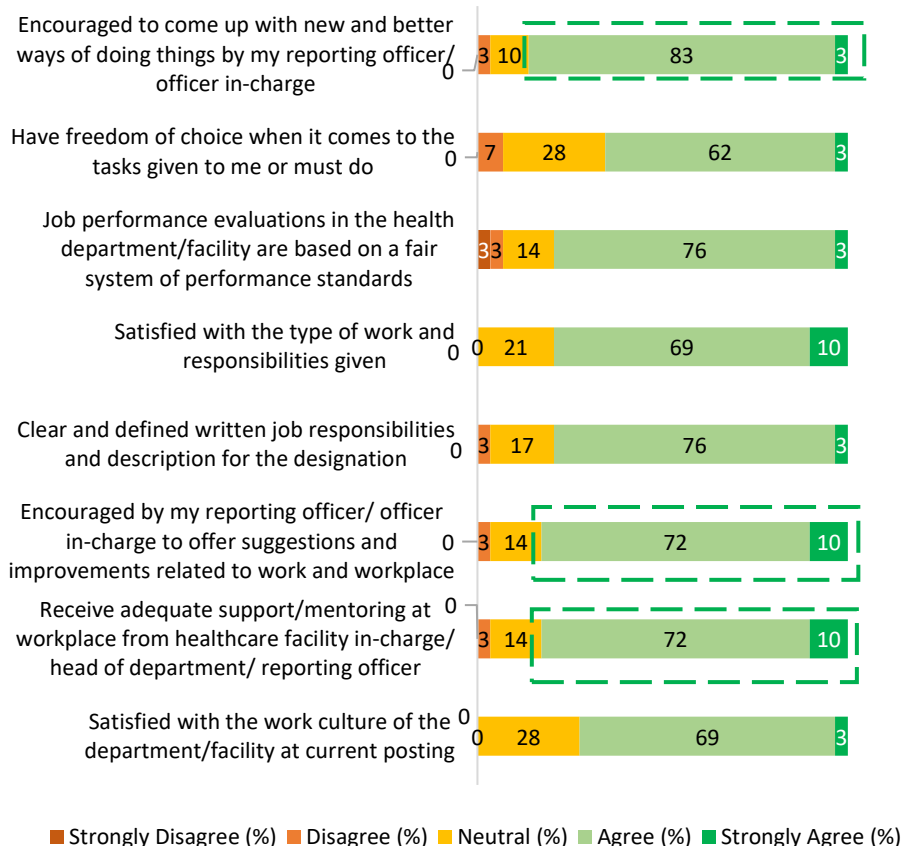
From the above figure, three thematic areas can be deduced as pain points for the paramedical cadre as listed below:

1. **Pay & Incentives:** Around 28% or eight healthcare staff across the paramedical cadre disagreed that they were satisfied with their current pay and incentives and did not feel satisfied with their current salary.
2. **Promotion:** Around 24% or eight healthcare staff across the paramedical cadre felt dissatisfied with existing hierarchical advancement & promotion opportunities or that the process used to determine promotion is just and fair.
3. **Management:** Around 17% or five healthcare staff across the paramedical cadre disagreed that they were absolutely satisfied with the current management in terms of HR policies (transfer, posting, recruitment, promotion, etc.), HR support for grievance redressal, staff quarter and amenities.

The above three thematic areas along with the remaining seven have further been elaborated upon in the upcoming section.

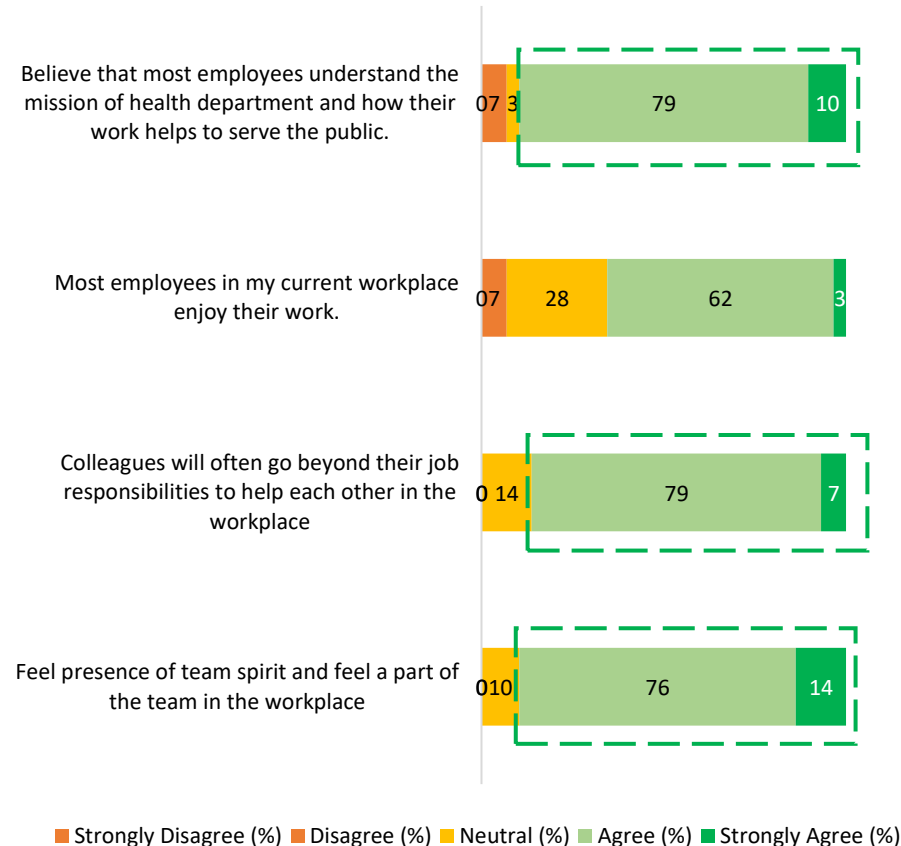
WORK SUPPORT: An overall satisfaction level is seen across the cadre with regards to work support with **majority 78% (23) staff having an overall satisfaction level. Majority (86% or 25) agreed that they were encouraged to come up with new and better ways of doing things by their reporting officer/ officer in-charge. Majority (82% or 23) felt encouraged by reporting officer to offer improvements on work and also felt they receive adequate mentoring from in-charge.**

Work Support (n=29)

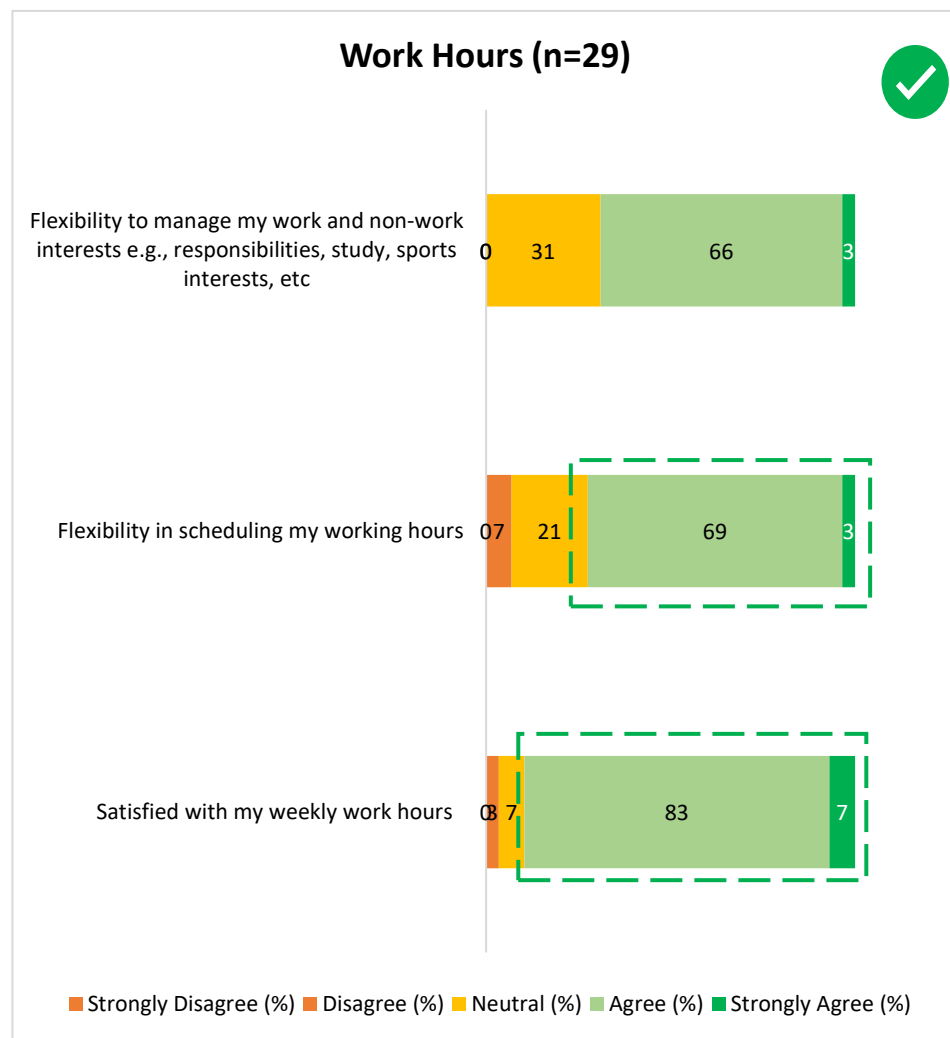


TEAMWORK: Majority or 83% (24) paramedical staff were satisfied with the teamwork. Majority (89% or 26) staff also believed that most employees understand the mission of health department and how their work helps to serve the public. Majority (90% or 26) also felt presence of team spirit. Majority (86% or 25) agreed that colleagues will often go beyond their job responsibilities to help each other in the workplace.

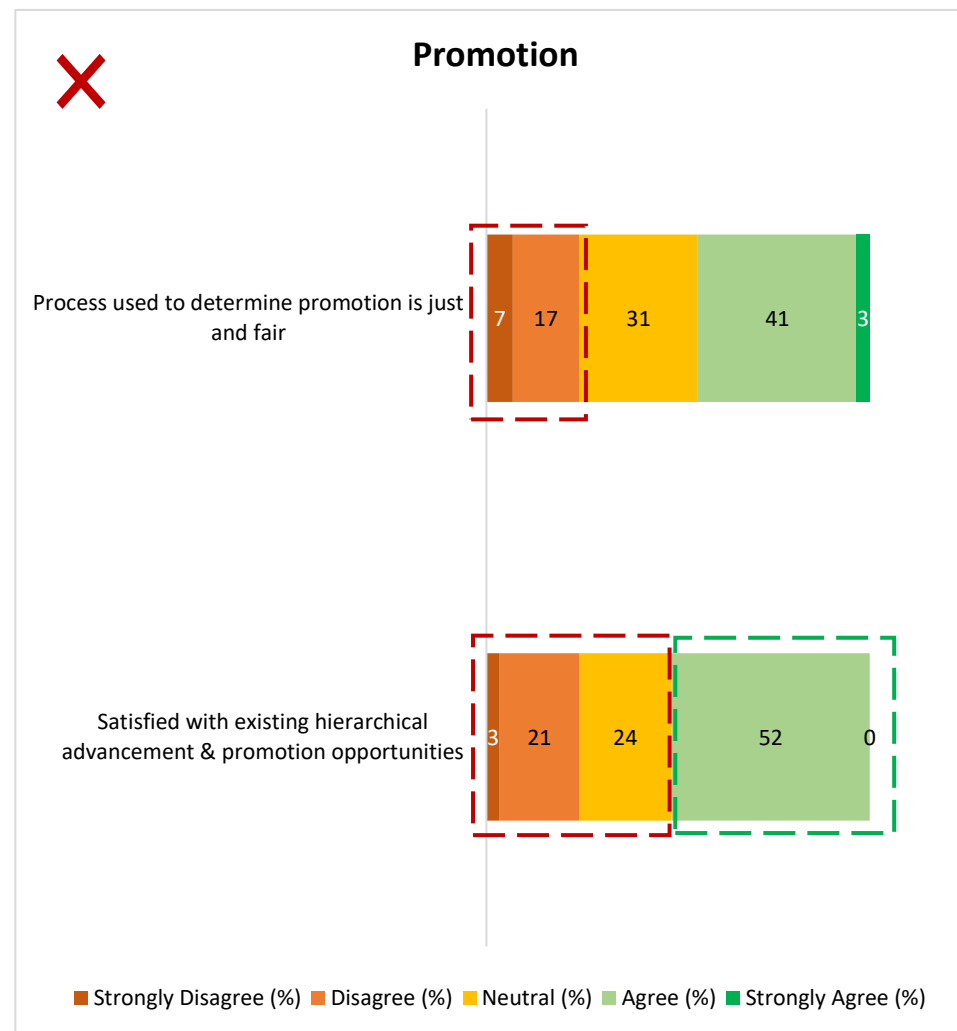
Teamwork (n=29)



WORK HOURS: Majority (77%, 22) were satisfied with the work support received. Over six-seventh (90% or 26) were satisfied with their weekly work hours. Nearly three-fourth (72% or 21) felt there was flexibility in the work schedule.

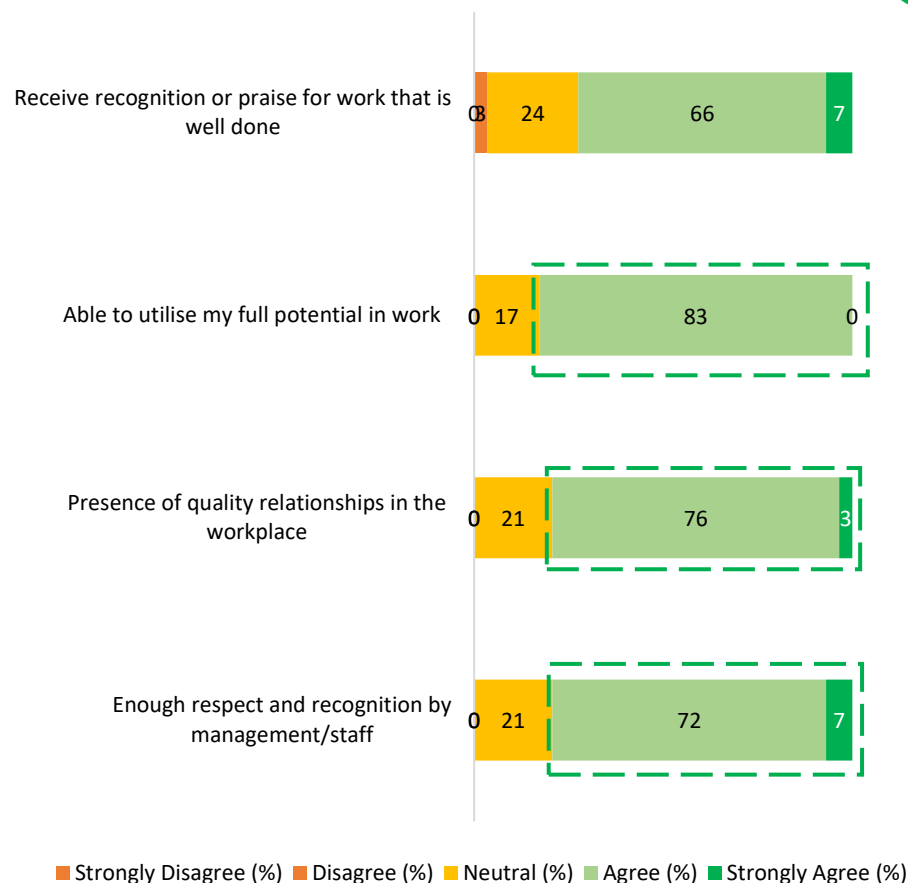


PROMOTION: While nearly half (48% or 14) were satisfied with their promotions, 24% (eight) are dissatisfied with the same. While over half the staff (52%) were satisfied with existing hierarchical advancement & promotion opportunities, 48% were either neutral (31%) or disagreed (24%) on the same.



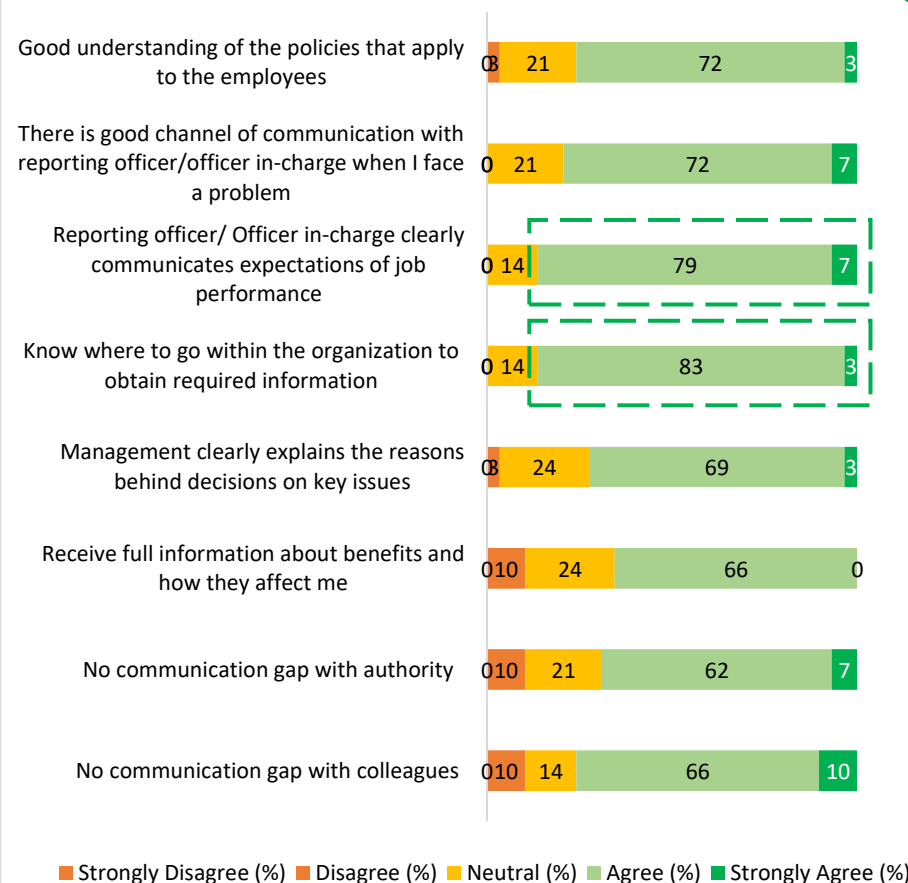
RECOGNITION & RELATIONSHIP: Majority (78% or 23) are satisfied with the recognition and relationship at work. **Majority (83% or 24) agreed that they were able to utilize their full potential at work.** Nearly four-fifth (79% or 23) felt they received respect and recognition from management and staff. Nearly four-fifth (79% or 23) felt they had quality relationships at the workplace.

Recognition & Relationship (n=29)

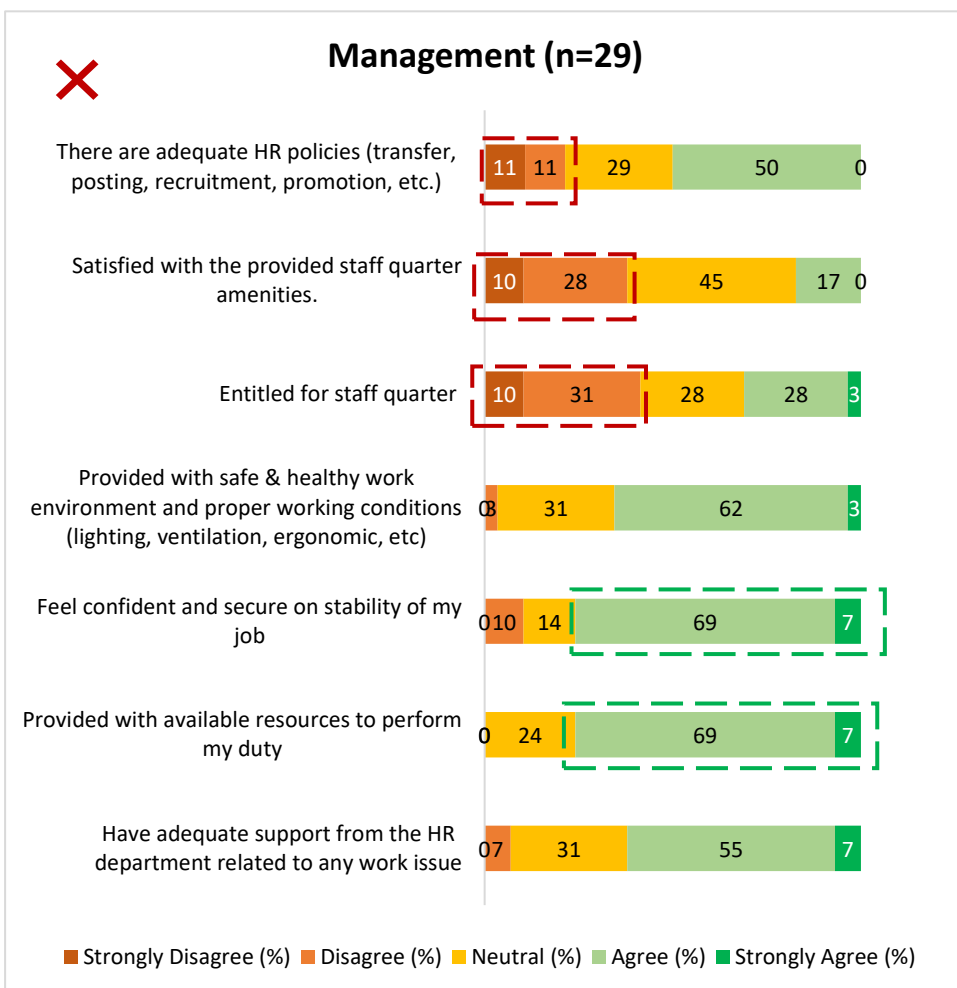


COMMUNICATION: There is an overall satisfaction with communication (76%) among the paramedical staff. Majority (86% or 25) felt they know where to go within the organization to obtain required information. Majority (86% or 25) also agreed that reporting officer/ officer in-charge clearly communicates expectations of job performance.

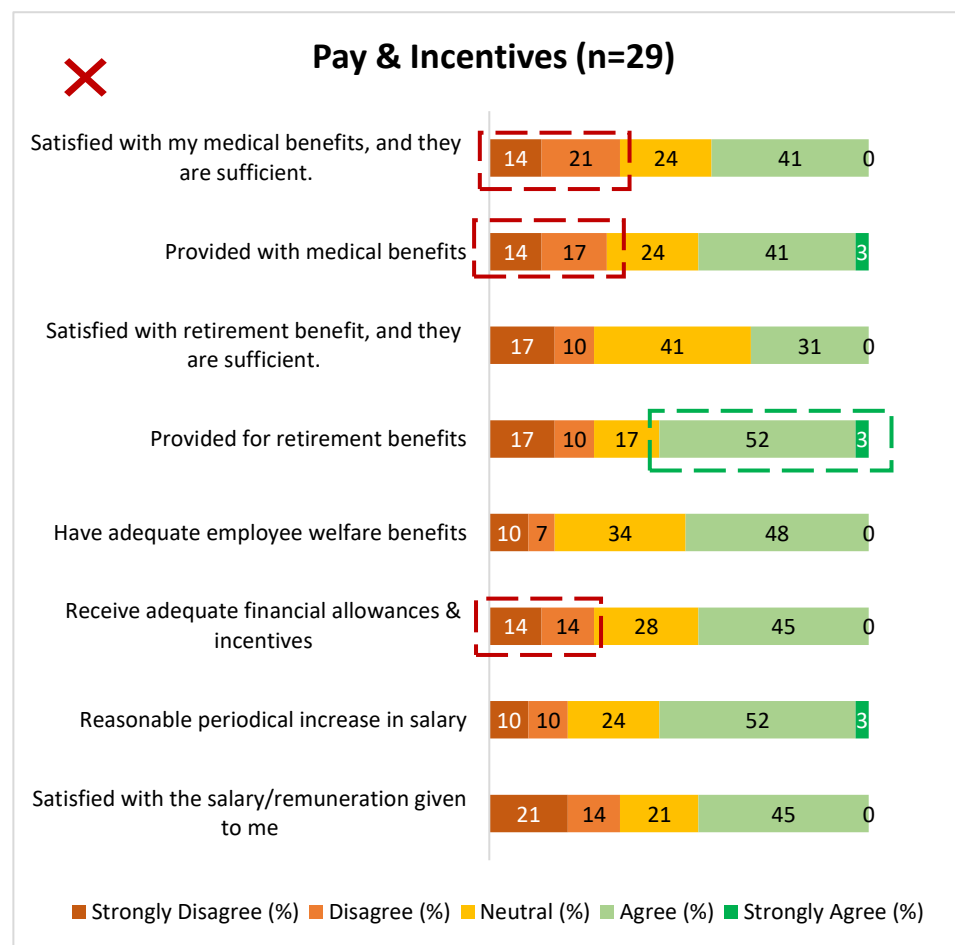
Communication (n=29)



MANAGEMENT: Nearly two-fifth (38% or 11) of the paramedical staff are dissatisfied with the staff quarter amenities. Over two-fifth (41% or 12) disagreed that they were entitled to staff quarters, 22% or nine felt lack of HR policies. Majority (76% or 22) felt confident about their job stability and also agreed that they were provided with available resources to perform their duties.

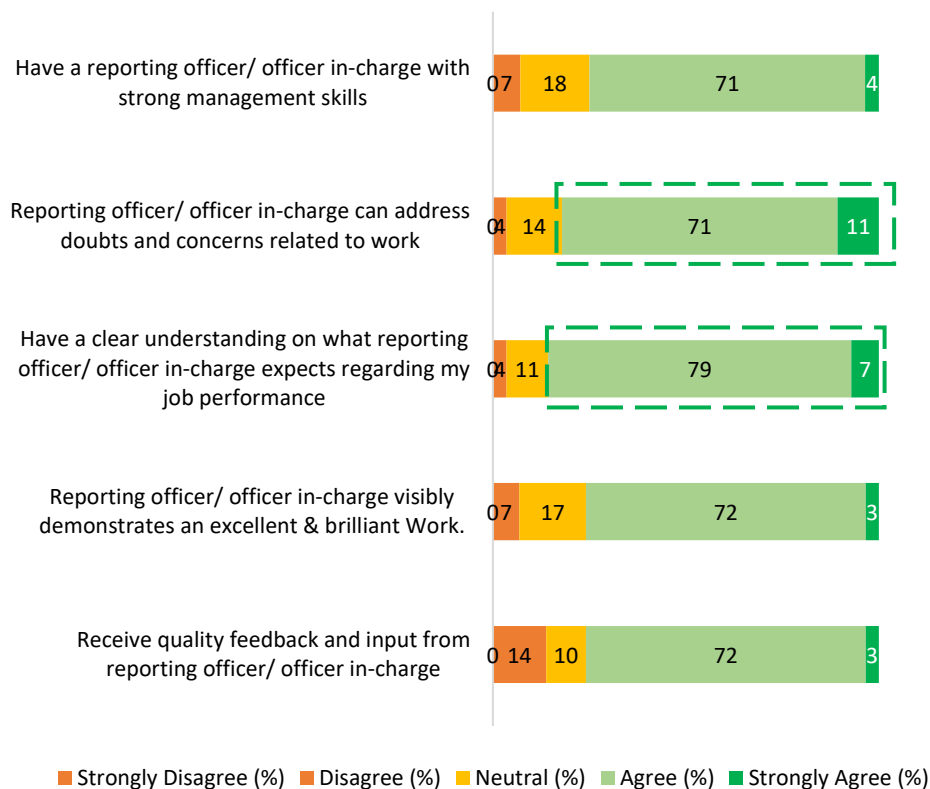


PAY & INCENTIVES: Over one-third (35% or 10) of the staff were dissatisfied with their salaries and medical benefits, and felt they are insufficient. Over one-third (31% or nine) also disagreed that they were provided with medical benefits. Over one-fourth (28% or eight) did not feel they receive adequate financial allowances & incentives. However, over half (55% or 12) agreed that there was reasonable periodical increase in their salary.



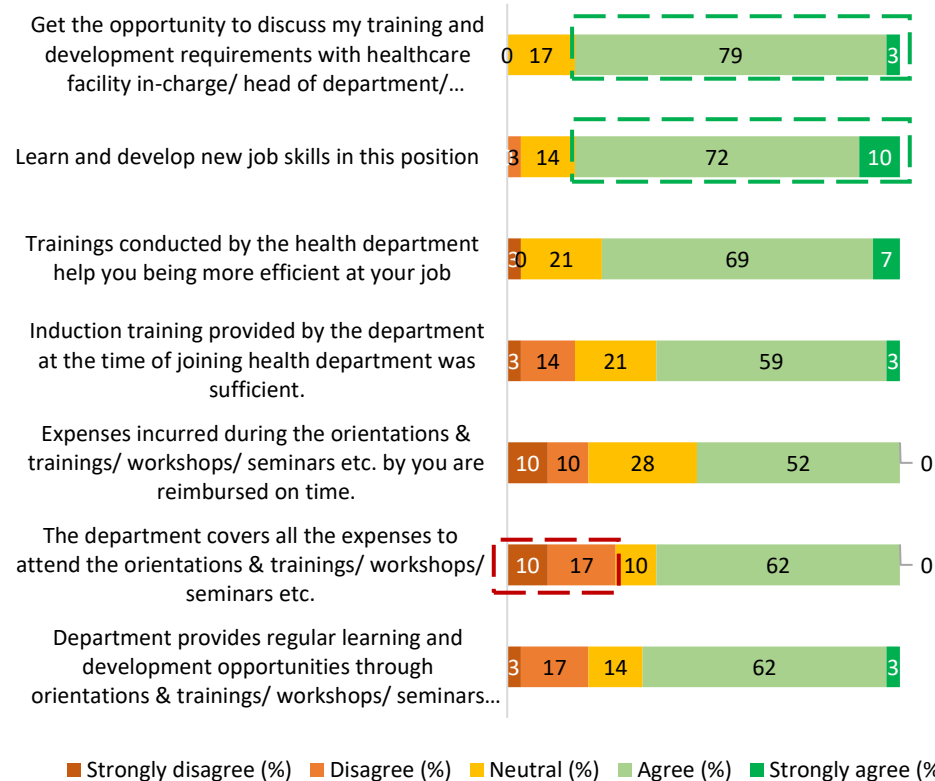
LEADERSHIP: Majority (86% or 24) paramedical staff agreed that they have a clear understanding on what reporting officer/ officer in-charge expects regarding their job performance. Majority (82% or 23) also felt that reporting officer/ officer in-charge can address doubts and concerns related to work.

Leadership (n=28)



TRAINING & DEVELOPMENT: Majority (82% or 24) agreed that they get the opportunity to discuss training and development requirements with healthcare facility in-charge/ head of department/ reporting officer. Majority (82% or 24) agreed that they learn and develop new job skills in their current position. Alternately, nearly one-third (27% or seven) do not feel department covers all expenses for training.

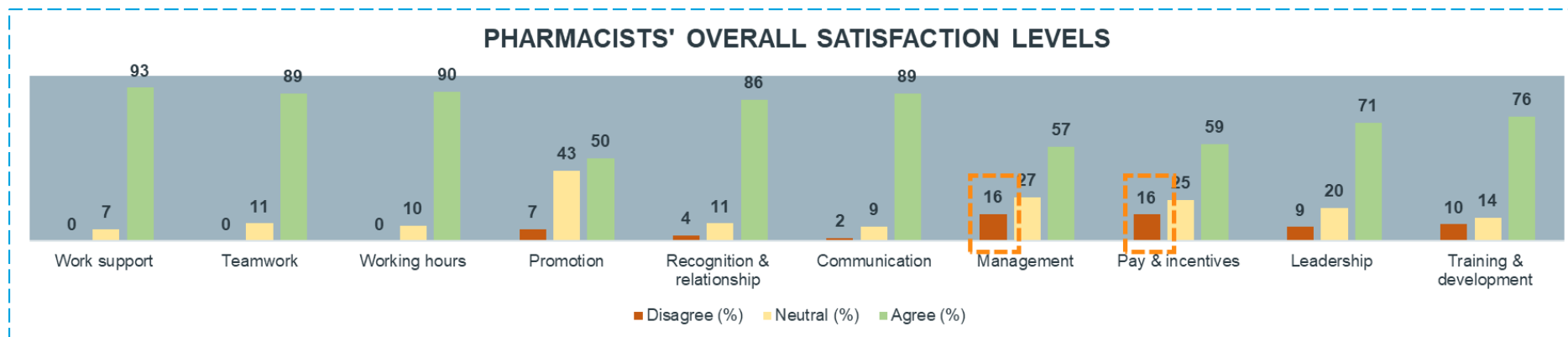
Training & Development (n=29)



PHARMACISTS

an overall satisfaction level was recorded among pharmacists except under two thematic areas. Majority were satisfied with work support (93%), work hours (90%), teamwork (89%), communication (89%) and recognition and relationship (86%).

Figure 13: Satisfaction Levels among pharmacists



From the above figure, two thematic areas can be deduced as pain points for pharmacists as listed below:

1. **Management:** Around 16% (2) Pharmacists disagreed that they were absolutely satisfied with the current management in terms of HR policies (transfer, posting, recruitment, promotion, etc.), HR support for grievance redressal, availability of adequate resources to perform duties, staff quarter and amenities
2. **Pay & Incentives:** Around 16% (2) Pharmacists disagreed that they were satisfied with their current pay and incentives and did not feel there is reasonable periodical increase in salary, lack of incentives and allowances, employee welfare, retirement and medical benefits.

The same have been elaborated on in the section below.

Management (n=07)



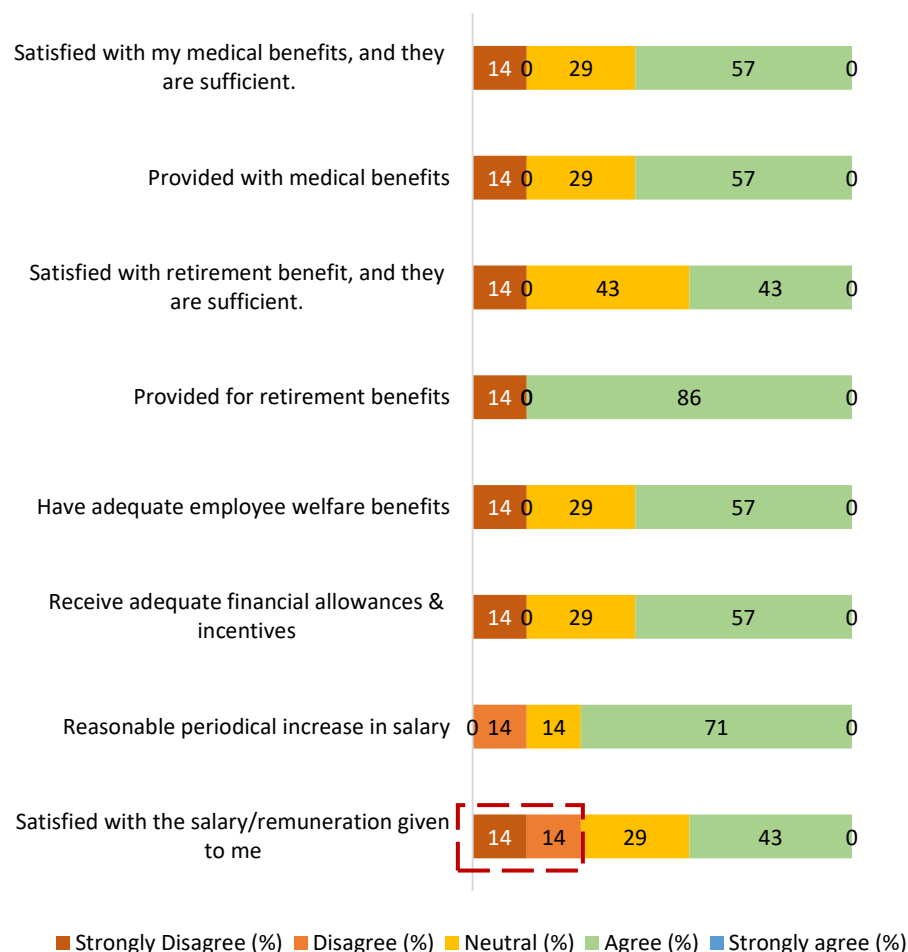
Dissatisfaction Levels

- Low satisfaction levels for staff quarter amenities have been recorded among 43% (three) Pharmacists. Nearly one-third (28% or two) disagreed that they were entitled to staff quarters
- Nearly one-third (29% or two) also felt lack of HR policies (transfer, posting, recruitment, promotion, etc.)

Satisfaction Levels

- On the flipside, all pharmacists (100%, seven) felt they were provided with available resources to perform their duty
- Majority (86% or six) pharmacists felt they have adequate support from the HR department related to any work issue.
- Majority (86% or six) pharmacists were confident and secure with regards to their job security

Pay & Incentives (n=7)



Dissatisfaction Levels

- Nearly one-third (28% or two) pharmacists were not satisfied with their current salary
- A consistent 14% (1) pharmacist was dissatisfied with all aspects of pay and incentives which include, medical benefits, retirement benefits and their sufficiency, provision of retirement benefits, adequacy of employee welfare benefits, adequacy of financial allowances and incentives, reasonable periodical increase in salaries

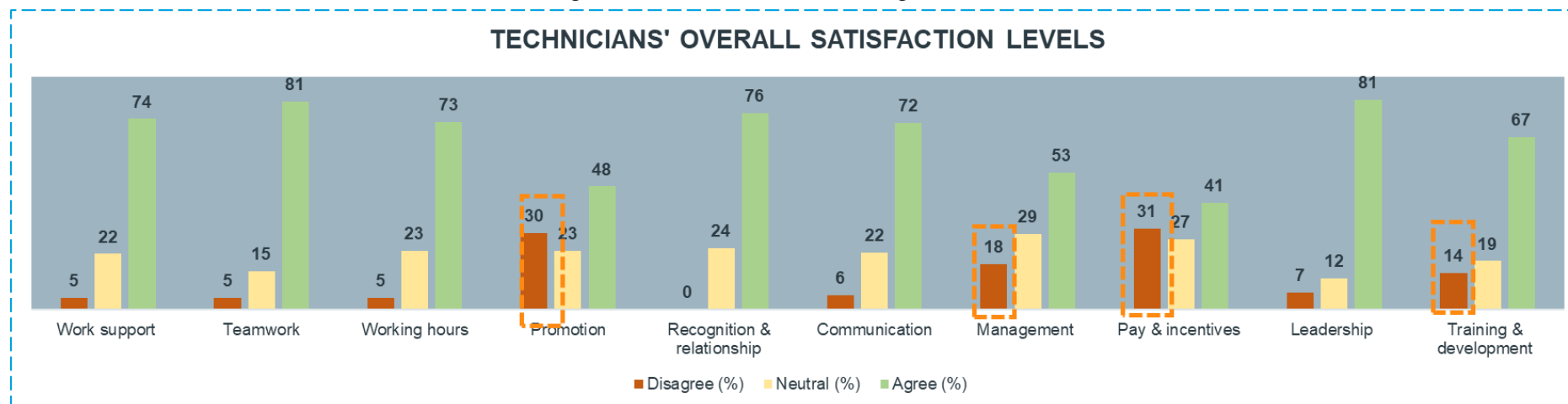
Satisfaction Levels

- On the flipside, majority (86% or six) pharmacists felt they were provided with retirement benefits
- Majority (71% or five) pharmacists also felt they had reasonable periodical increase in their salaries

TECHNICIANS & ASSISTANTS

Similar to pharmacists, technicians and assistants across the state are mostly satisfied under most thematic areas. Majority are satisfied with the teamwork (81%), leadership (81%) and recognition and relationship (76%).

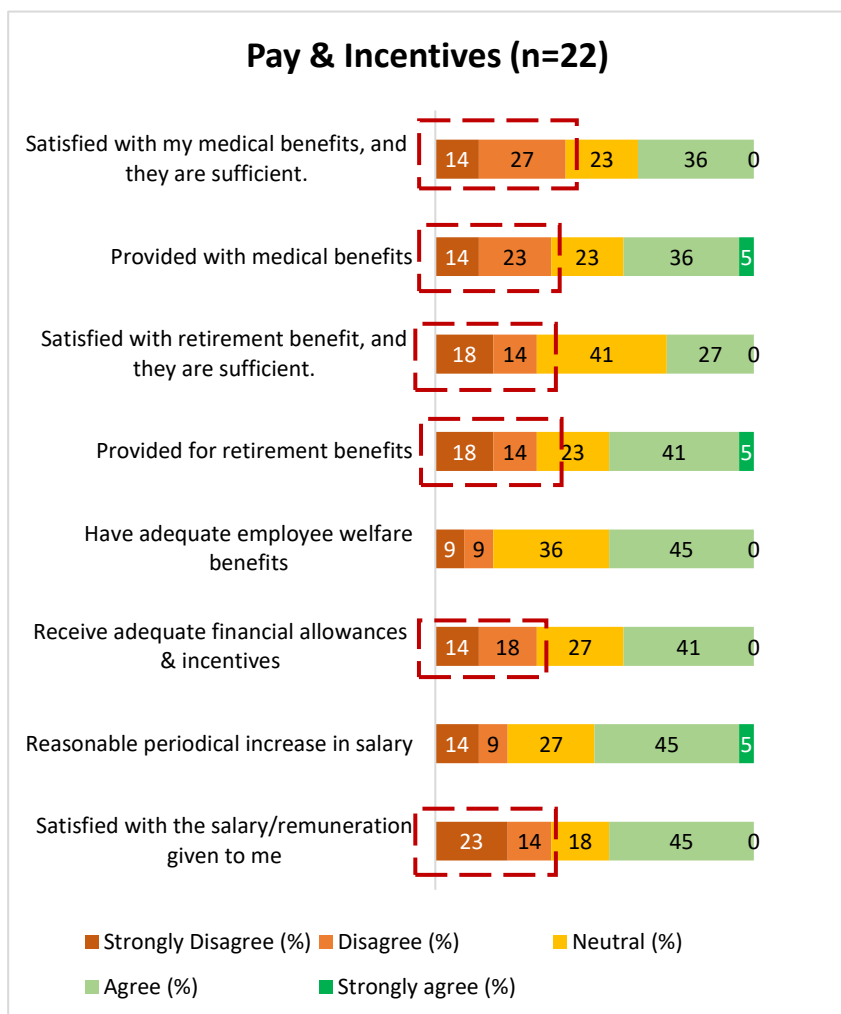
Figure 14: Satisfaction Levels among technicians



From the above figure, three thematic areas can be deduced as pain points for technicians and assistants as listed below:

- Pay & Incentives:** Around 47% or eight technicians and assistants disagreed that they were satisfied with their current pay and incentives and did not feel there is reasonable periodical increase in salary, lack of incentives and allowances, employee welfare, retirement and medical benefits.
- Promotion:** Around 14% or 33 healthcare staff felt dissatisfied with existing hierarchical advancement & promotion opportunities or that the process used to determine promotion is just and fair.
- Management:** Around 18% or five technicians and assistants disagreed that they were absolutely satisfied with the current management in terms of HR policies (transfer, posting, recruitment, promotion, etc.), HR support for grievance redressal, availability of adequate resources to perform duties, staff quarter and amenities
- Training & Development:** Around 14% or six technicians and assistants disagreed that they have adequate training & development opportunities and do not feel the department covers all expenses to attend orientations & trainings, or even get reimbursed on time. They also feel lack of discussion with supervisors on their training & development requirements and did not feel they received induction training on joining.

The same have been discussed below



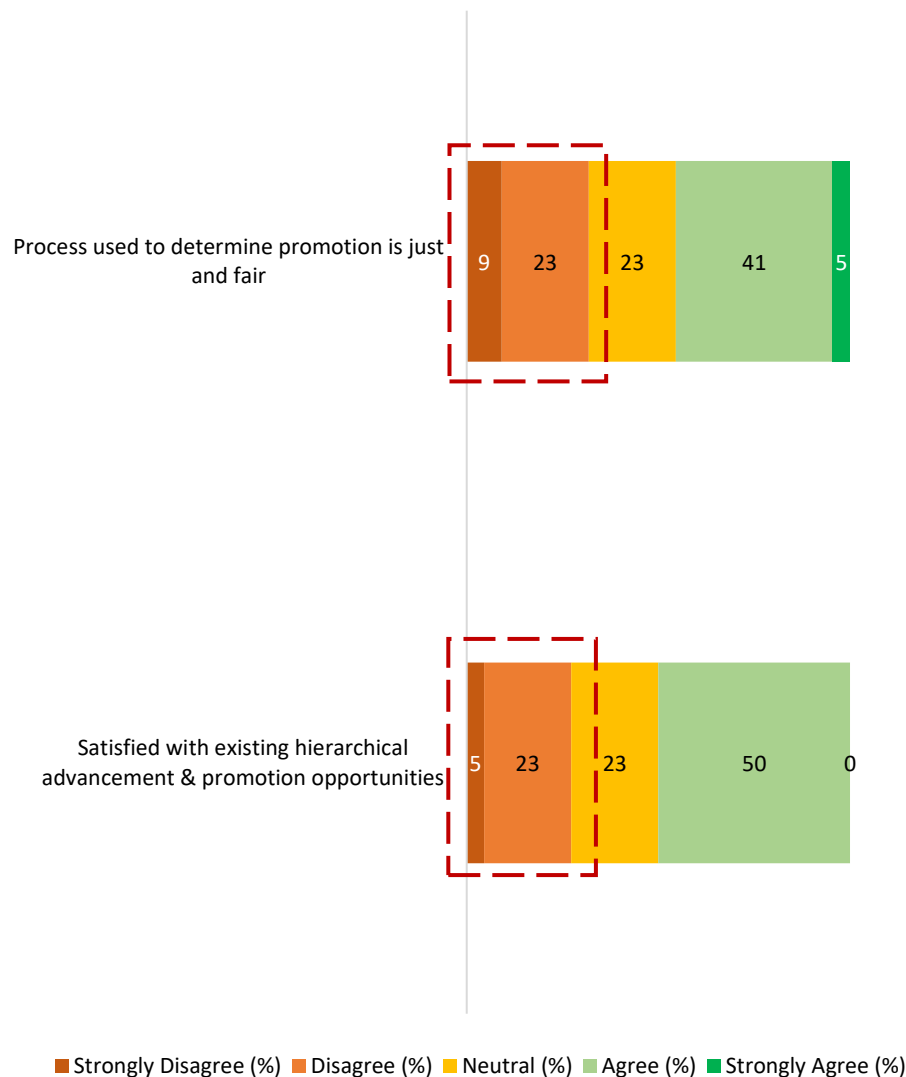
Dissatisfaction Levels

- Over two-fifth (41% or nine) technicians and assistants were not satisfied with their medical benefits
- Over one-third (37% or seven) disagreed that they were provided with medical benefits and felt dissatisfied with their salaries
- Nearly one-third (32% or seven) disagreed that they were provided with retirement benefits
- Nearly one-third (32% or seven) were dissatisfied with their retirement benefits and felt they were insufficient. They also felt they did not receive adequate financial allowances and incentives

Satisfaction Levels

- Conversely, half (50% or 11) agreed that there was reasonable periodical increase in salary
- Nearly half (46% or 10) agreed that they were provided with retirement benefits

Promotion (n=22)



Dissatisfaction Levels

- Nearly one-third (32% or seven) technicians and assistants disagreed that the process used to determine promotion is just and fair
- Around three-tenth (28% or six) technicians and assistants were dissatisfied with existing hierarchical advancement & promotion opportunities

Satisfaction Levels

- On the other hand, half (50% or 11) technicians and assistants were satisfied with existing hierarchical advancement & promotion opportunities
- Nearly half (46% or 10) agreed that the process used to determine promotion is just and fair

Management



Dissatisfaction Levels

- Nearly half (45% or 10) technicians and assistants disagreed that they were entitled to staff quarters
- Over one-third (36% or eight) were dissatisfied with the staff quarter amenities

Satisfaction Levels

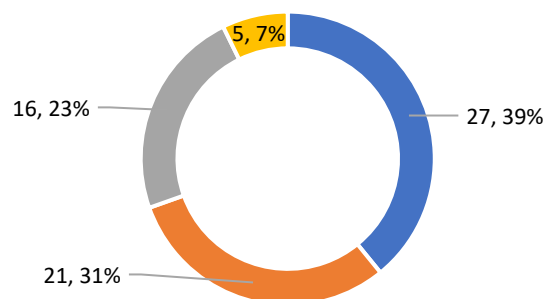
- Majority (73% or sixteen) technicians and assistants were confident about their job stability
- Over two-third (69% or 15) felt they were provided with safe & healthy work environment and proper working conditions (lighting, ventilation, ergonomics, etc.)

iii. COMPOSITION AND KEY FINDINGS UNDER ADMINISTRATIVE CADRE

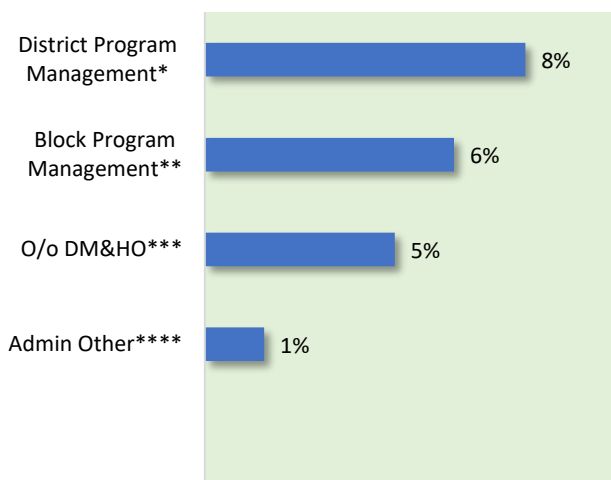
COMPOSITION, SUB-GROUPING & TYPE OF EMPLOYMENT IN ADMINISTRATIVE CADRE

The administrative cadre consists of District Program Manager (DPM) (10), District Account Manager (DAM) (12), District Data Manager (DDM) (4), and District Early Intervention Centre (DEIC) Manager (1) under the District Program Management (DPM) (27). Block Program Management (BPM) (21) consists of Block Program Manager (BPM) (11), Block Account Manager (BAM) (9) and Block Data Manager (BDM) (1). The Office of the DM&HO (O/o of the DM&HO) (16) consists of District Medical & Health Officers (DM&HOs) (9), Additional District Medical & Health Officers (ADM&HO) (2), Sub-Divisional Medical & Health Officers (SDM&HO) (2), District Maternal & Child Health Officer (District MCH Officer) (2) and District Tuberculosis Officer (DTO) (1). The remaining administrative cadres have been clubbed together as 'Admin Other' (5) for convenience of analysis and consists of PHC Accountant (1), SDH-Accountant (1), Medical Superintendent (MS) (1), Additional Medical Superintendent (1) and Assistant Nursing Superintendent (1).

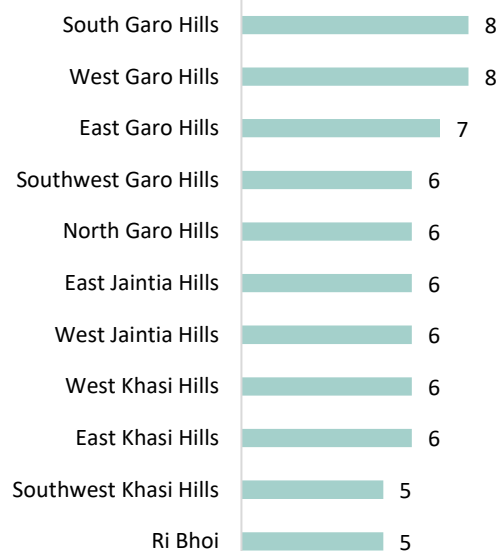
% Respondents of Administrative Cadre



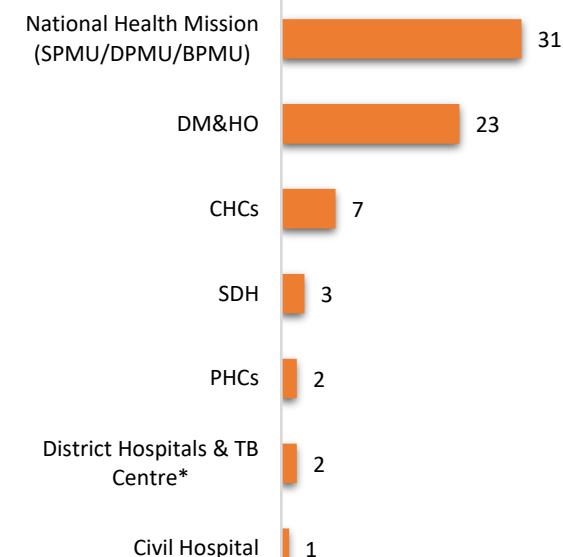
% Respondents of Overall Cadres



Distircts



Facilities



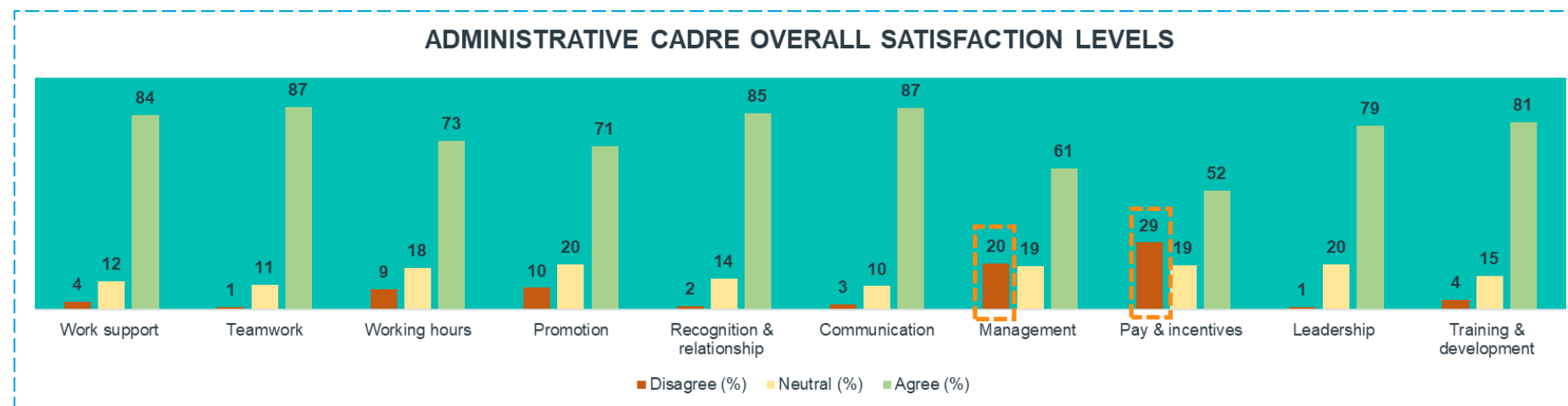
District Program Management (27) consists of 100% contractual staff under the National Health Mission (NHM). Similarly, Block Program Management (21) consists of 100% contractual staff under the National Health Mission (NHM). The respondents under O/o DM&HO consist of 100% regular staff (16). Admin other category has 75% regular staff and 25% contractual staff.

Most of the staff under administrative cadre are in South Garo Hills (eight), followed by West Garo Hills (eight) and then East Garo Hills (7). By facility type, the majority of the staff are at program management teams under NHM (31) followed by O/o of the DM&HO (23). Gender wise, a male majority is evident with 64% (44) males and 36% (25) female staff. 78% or 54 of the administrative staff are married with 14 or 20% single and remaining 2% widowed. Majority of the administrative cadre is aged between 36-45 years old.

ADMINISTRATIVE CADRE SATISFACTION LEVELS

Satisfaction levels are consistent across majority of the themes among the administrative staff except for in management and pay and incentives categories. Majority of the staff are satisfied with teamwork (87%), communication (87%), recognition and relationship (85%) and work support (84%).

Figure 15: Satisfaction Levels among administrative cadre



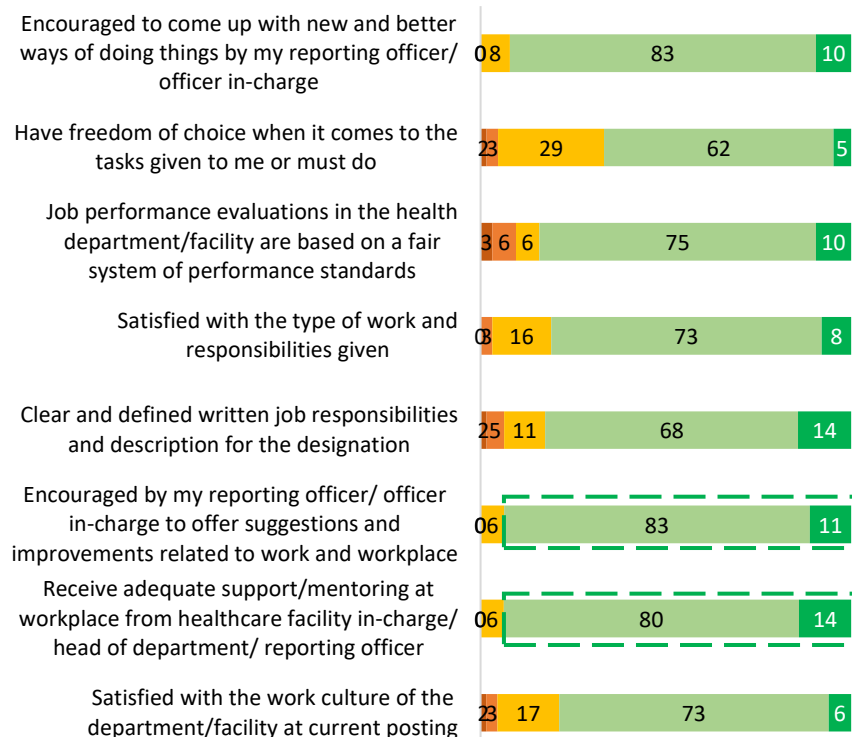
From the above figure, two thematic areas can be deduced as pain points for administrative as listed below:

1. **Pay & Incentives:** Around 29% or 20 administrative staff disagreed that they were satisfied with their current pay and incentives and did not feel there is reasonable periodical increase in salary, lack of incentives and allowances, employee welfare, retirement and medical benefits.
2. **Management:** Around 20% or 13 administrative staff disagreed that they were absolutely satisfied with the current management in terms of HR policies (transfer, posting, recruitment, promotion, etc.), HR support for grievance redressal, availability of adequate resources to perform duties, staff quarter and amenities

The same have been discussed below.

WORK SUPPORT: There is an overall satisfaction level with work support in administrative cadre. With **94% (60)** agreeing that they received adequate support and mentoring from in-charge. Majority (92% or 58) also agreed that they were encouraged to come up with new and better ways of doing things by reporting officer/ officer in-charge

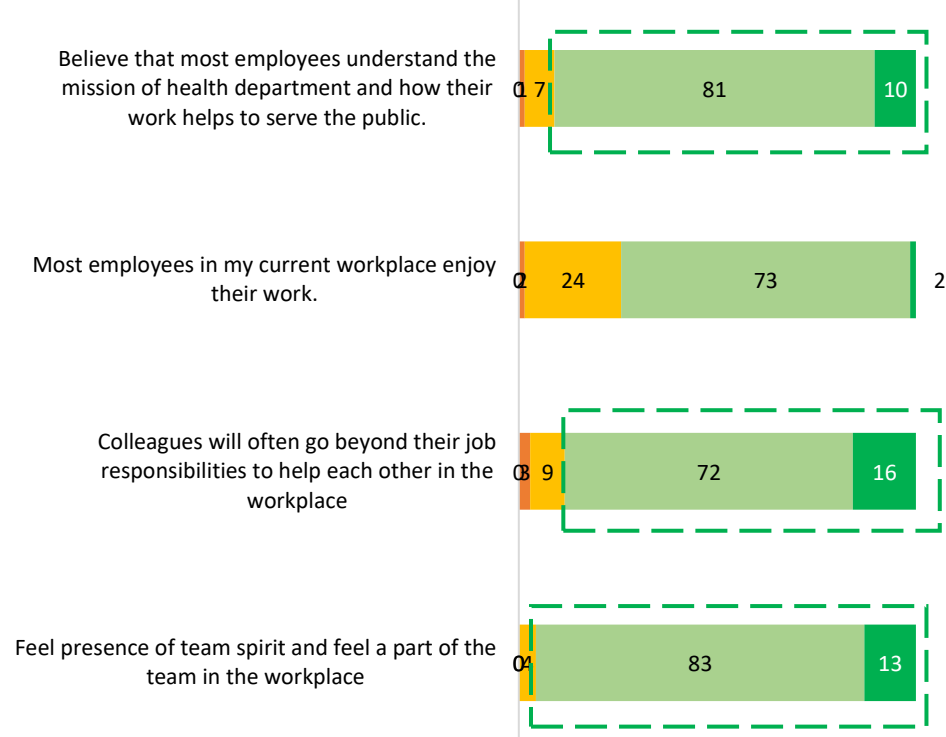
Work Support (n=64)



Strongly Disagree (%) Disagree (%) Neutral (%) Agree (%) Strongly Agree (%)

TEAMWORK: Majority (96% or 66) feel presence of team spirit and feel a part of the team in the workplace. Majority (91% or 61) believe that most employees understand the mission of health department and how their work helps to serve the public (n=67). Majority (88% or 61) agreed that colleagues will often go beyond their job responsibilities to help each other in the workplace (n=69).

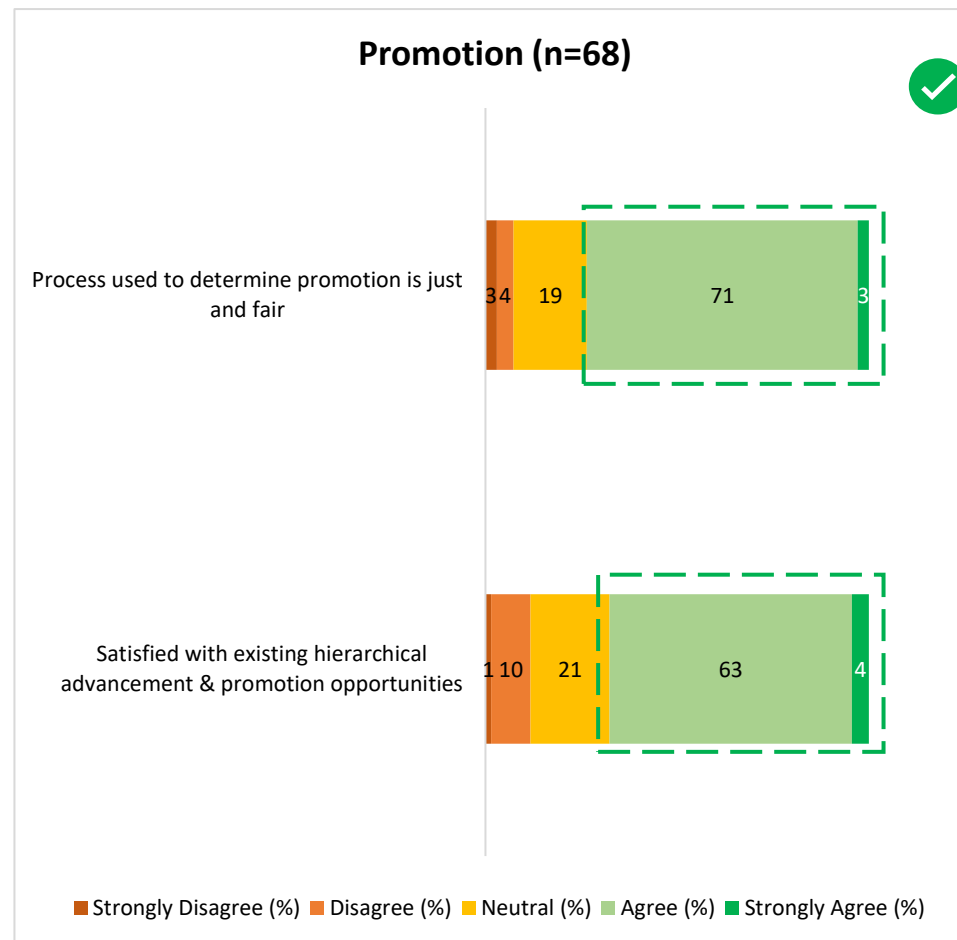
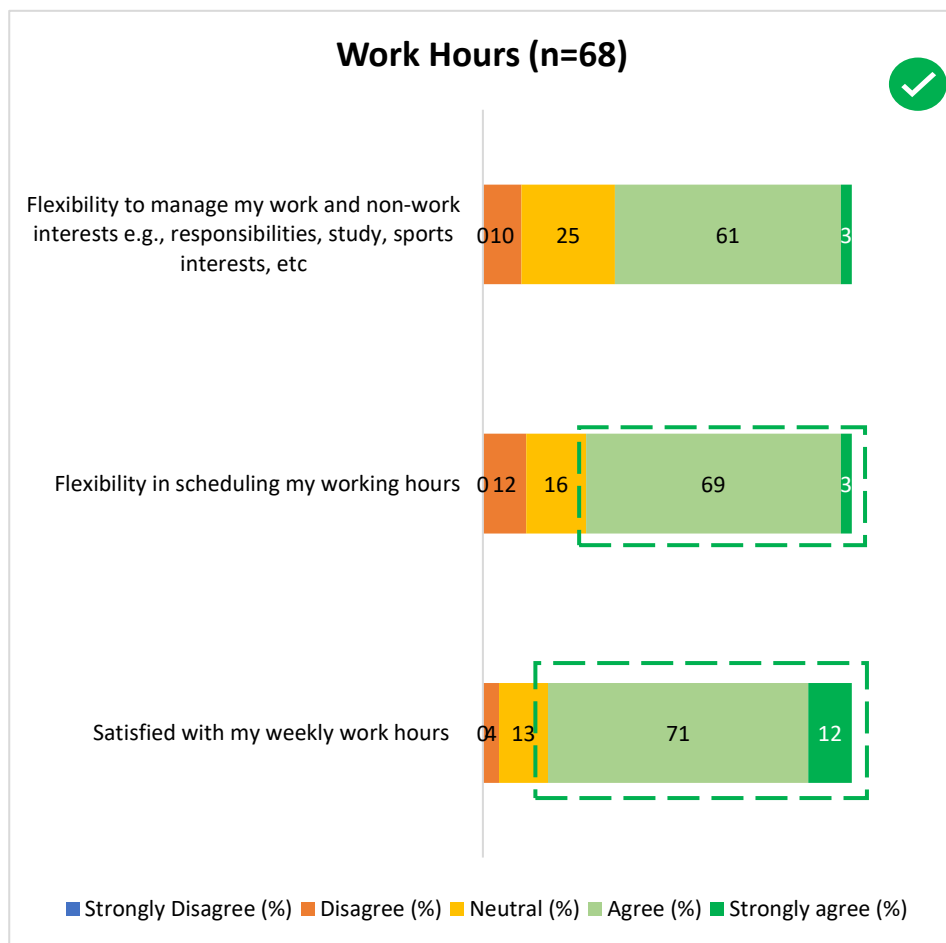
Teamwork (n=68)



Strongly disagree (%) Disagree (%) Neutral (%) Agree (%) Strongly agree (%)

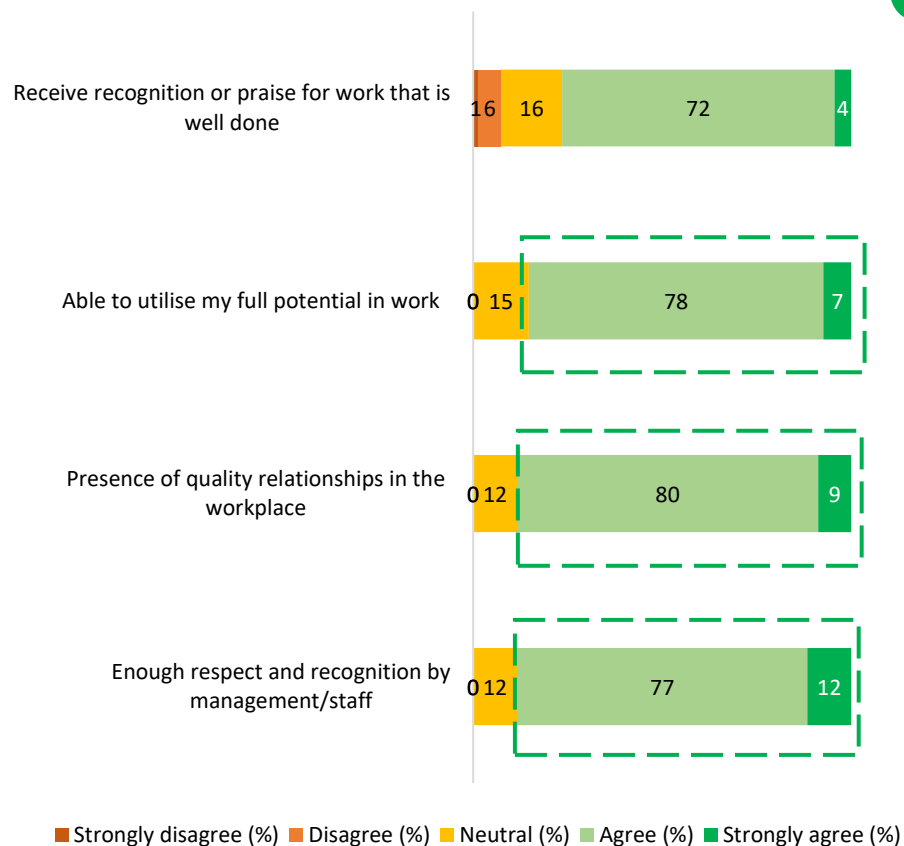
WORK HOURS: Majority (83% or 56) are satisfied with their weekly work hours. Nearly three-fourth (72% or 49) felt flexibility in scheduling their work hours.

PROMOTION: Nearly three-fourth (74% or 50) felt that the process used to determine promotion is just and fair. Over two-third (68% or 46) were satisfied with existing hierarchical advancement & promotion opportunities.



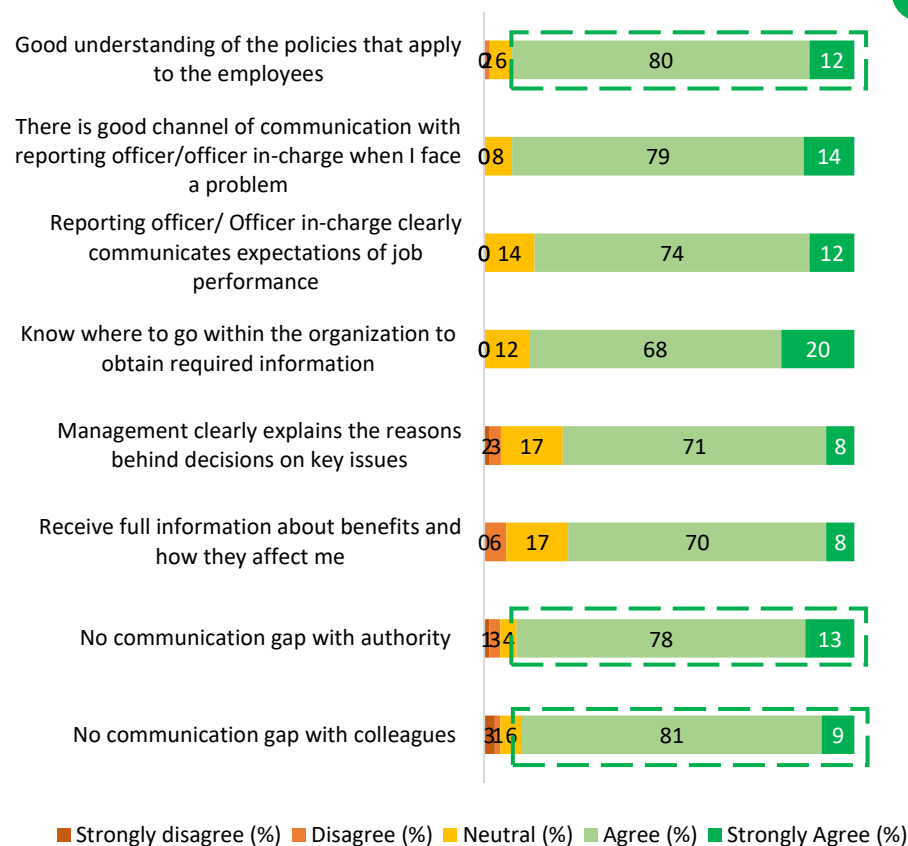
RECOGNITION & RELATIONSHIP: Majority (89% or 61) felt presence of quality relationships in the workplace. Majority (88% or 60) felt they receive enough respect and recognition by management/staff. Majority (85% or 58) also felt they were able to utilize their full potential in work.

Recognition & Relationship (n=69)

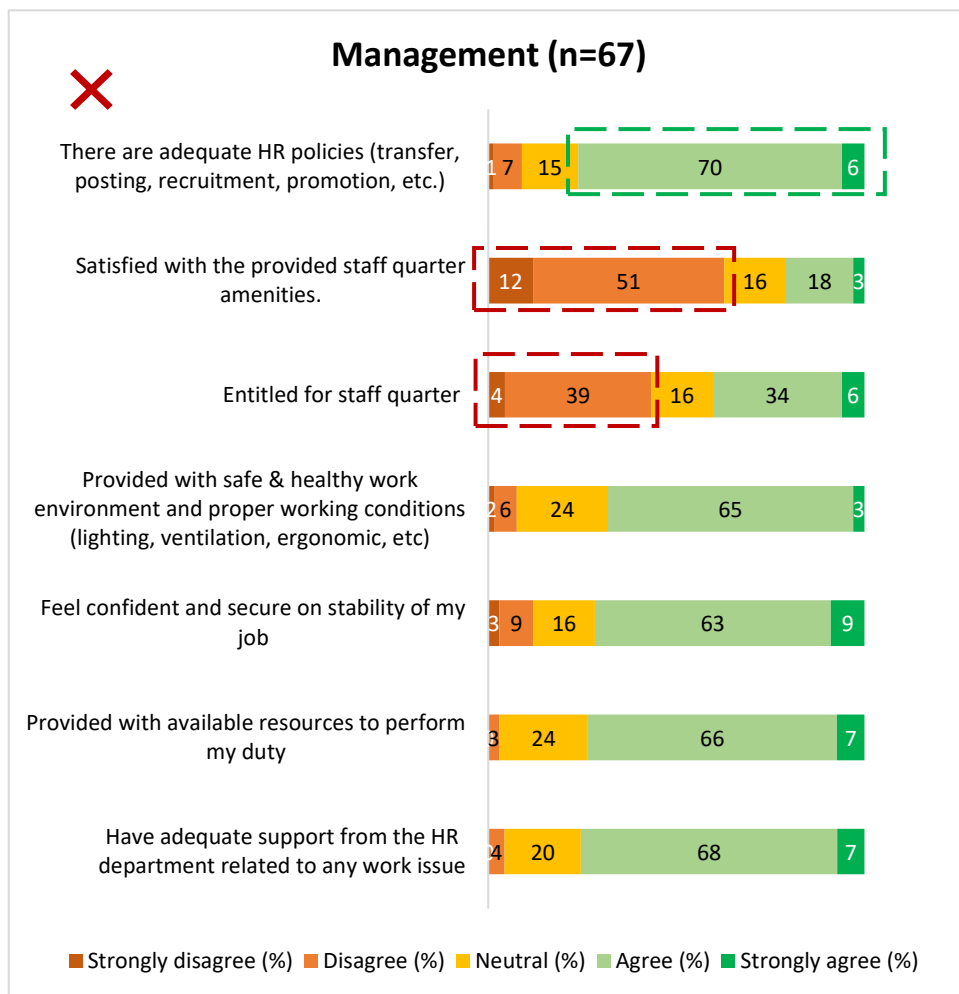


COMMUNICATION: Majority (92% or 61) felt they have good understanding of the policies that apply to the employees. Majority (91% or 62) agreed that there was no communication gap with authority. Majority (90% or 60) felt no communication gap with colleagues.

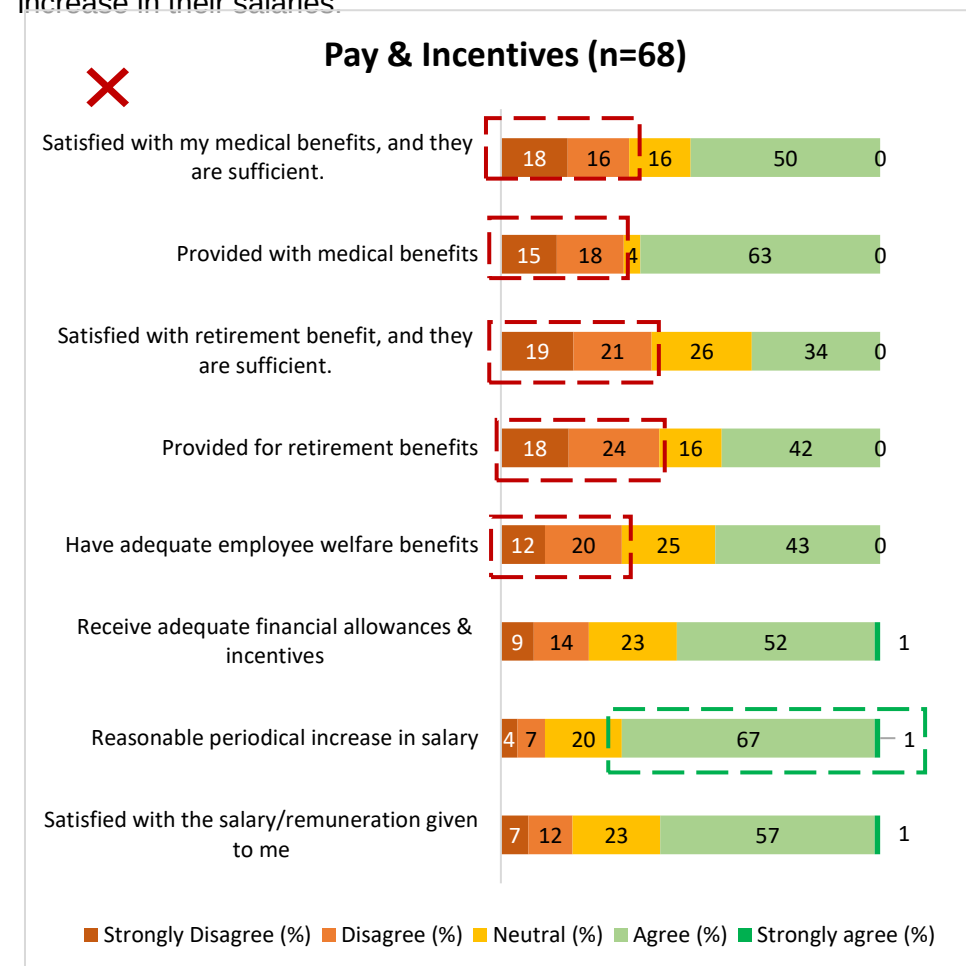
Communication (n=67)



MANAGEMENT: Majority (76% or 51) staff felt there are adequate HR policies (transfer, posting, recruitment, promotion, etc.). However, nearly two-third (63% or 42) are dissatisfied with the staff quarter amenities. Further, 43% (29) disagreed that they are entitled for staff quarters.

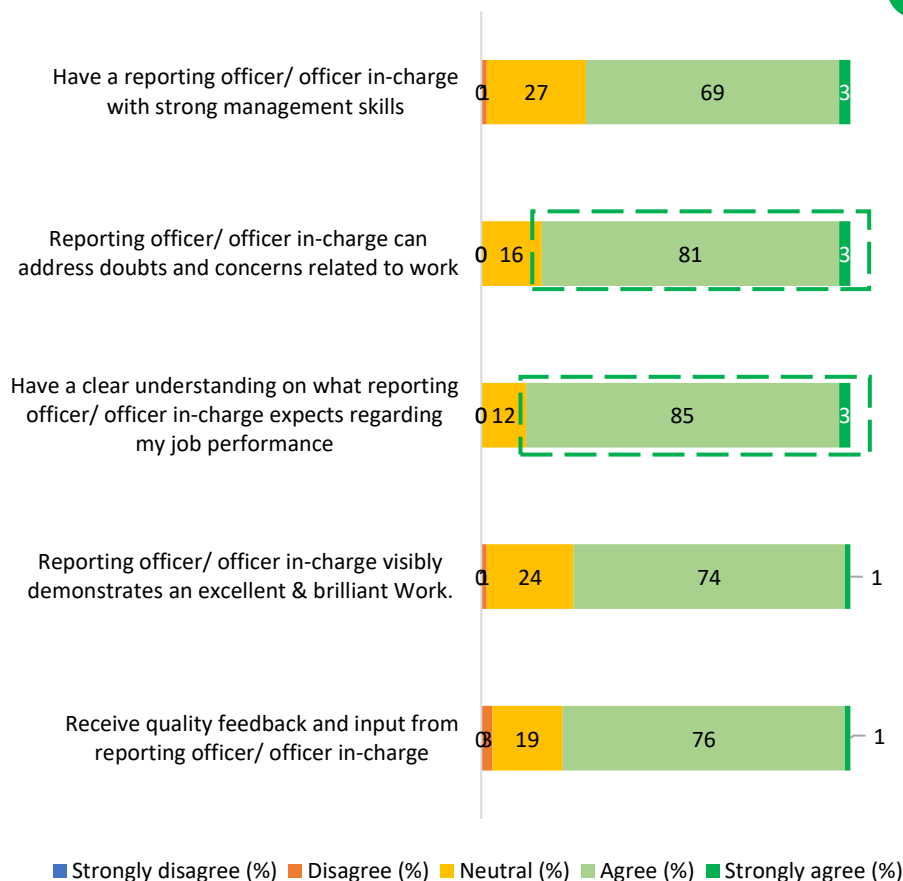


PAY & INCENTIVES: Around three-seventh (42% or 29) disagreed that they were provided with retirement benefits. Two-fifth (40% or 27) are dissatisfied with retirement benefit, and felt they are insufficient. Over one-third (34% or 23) were dissatisfied with medical benefits. One third (33% or 23) disagreed that they were provided with medical benefits. Nearly one-third (32% or 22) felt they have inadequate employee welfare benefits. Conversely, majority (68% or 46) agreed that they had reasonable periodical increase in their salaries.



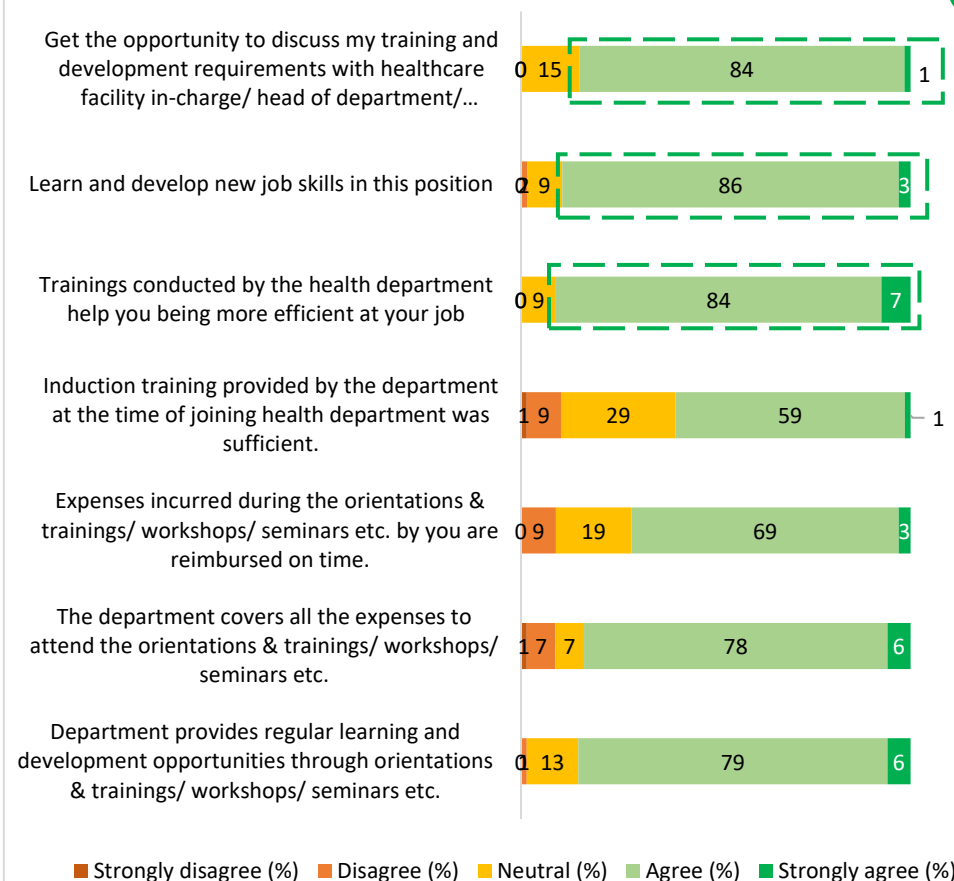
LEADERSHIP: Majority (88% or 59) have a clear understanding on what reporting officer/ officer in-charge expects regarding their job performance. Majority (84% or 56) felt positive that reporting officer/ officer in-charge can address doubts and concerns related to work.

Leadership (n=67)



TRAINING & DEVELOPMENT: Majority (91% or 61) felt trainings conducted by the health department help them be more efficient. Majority (89% or 60) felt they could learn and develop new job skills in their current position. Majority (85% or 57) felt that they get the opportunity to discuss my training and development requirements with healthcare facility in-charge/ head of department/ reporting officer.

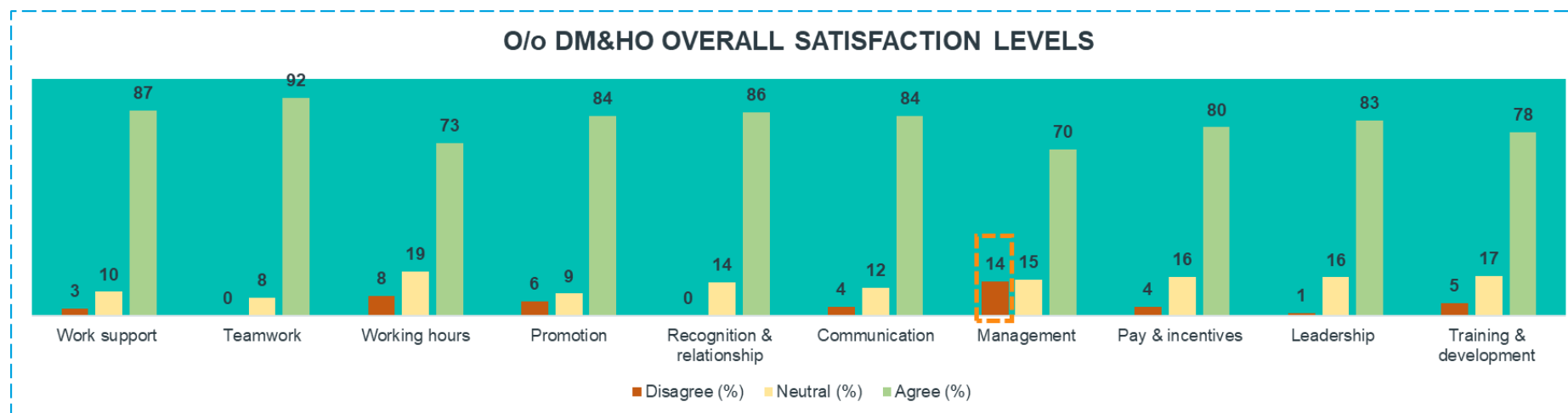
Training & Development (n=67)



OFFICE OF DM&HO

the illustration below reflects an overall satisfaction level across the staff under the office of the DM&HO. Majority were satisfied with teamwork (92%), work support (87%), recognition and relationship (86%), promotion (84%), communication (84%), leadership (83%), pay and incentives (80%) (80%).

Figure 16: Satisfaction Levels among DM&HO

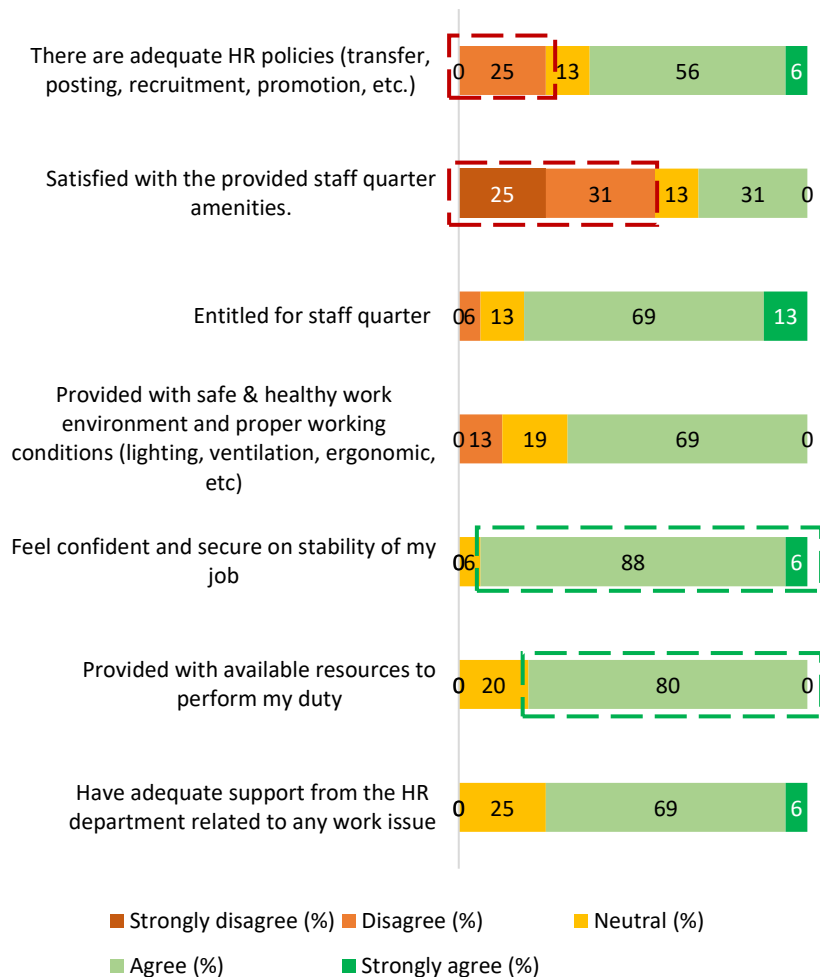


From the above figure, one thematic area can be deduced as pain point for O/o of the DM&HO as listed below:

1. **Management:** Around 14% or 3 staff members disagreed that they were absolutely satisfied with the current management in terms of HR policies (transfer, posting, recruitment, promotion, etc.), HR support for grievance redressal, availability of adequate resources to perform duties, staff quarter and amenities

The same has been discussed below.

Management (n=16)



Dissatisfaction Levels

- Over half (56% or nine) staff in O/o of the DM&HO are dissatisfied with staff quarter amenities
- One fourth (25% or four) felt there are inadequate HR policies (transfer, posting, recruitment, promotion, etc.)

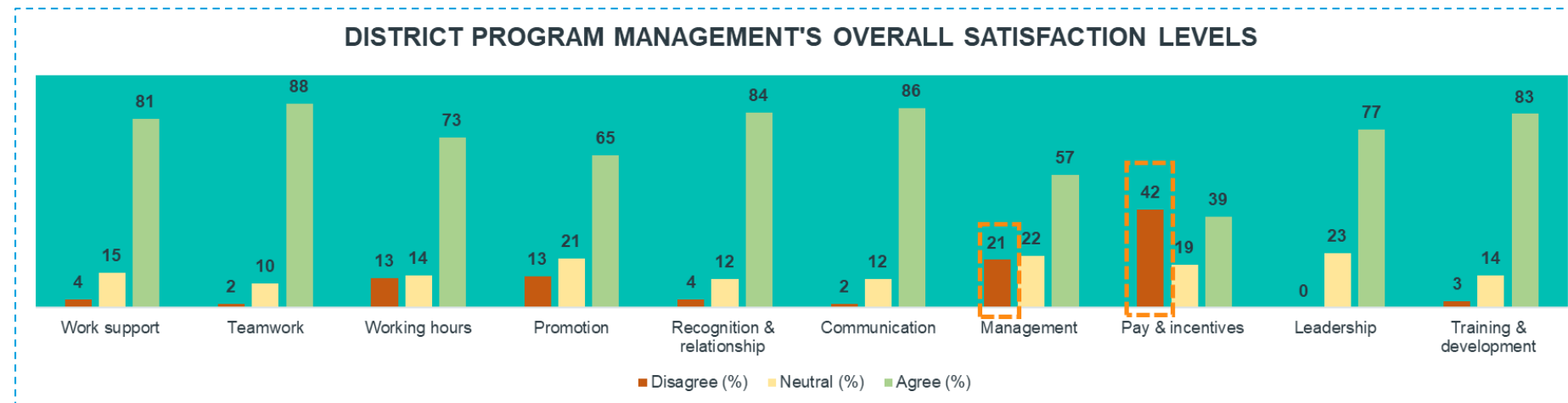
Satisfaction Levels

- Majority (94% or 15) feel confident and secure with regards to job stability
- Majority (80% or 12) felt that they were provided with available resources to perform their duties

DISTRICT PROGRAM MANAGEMENT

Satisfaction levels among majority staff was seen across teamwork (88%), communication (86%), recognition and relationship (84%), training and development (83%), and work support (81%).

Figure 17: Satisfaction Levels among DPMU

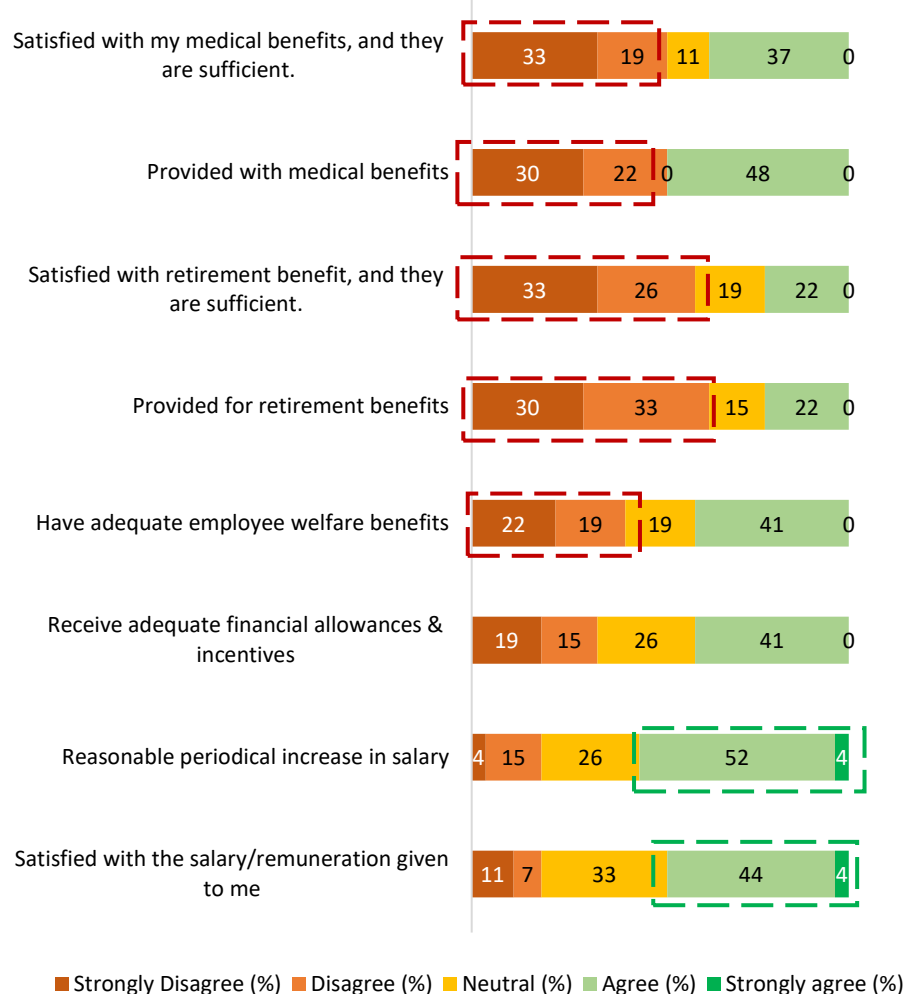


From the above figure, two thematic areas can be deduced as pain points for District Program Management (DPM) as listed below:

1. **Pay & Incentives:** Around 42% or 11 district program management staff disagreed that they were satisfied with their current pay and incentives and did not feel there is reasonable periodical increase in salary, lack of incentives and allowances, employee welfare, retirement and medical benefits.
2. **Management:** Around 21% or five district program management staff disagreed that they were absolutely satisfied with the current management in terms of HR policies (transfer, posting, recruitment, promotion, etc.), HR support for grievance redressal, availability of adequate resources to perform duties, staff quarter and amenities

The same have been discussed below.

Pay & Incentives (n=27)



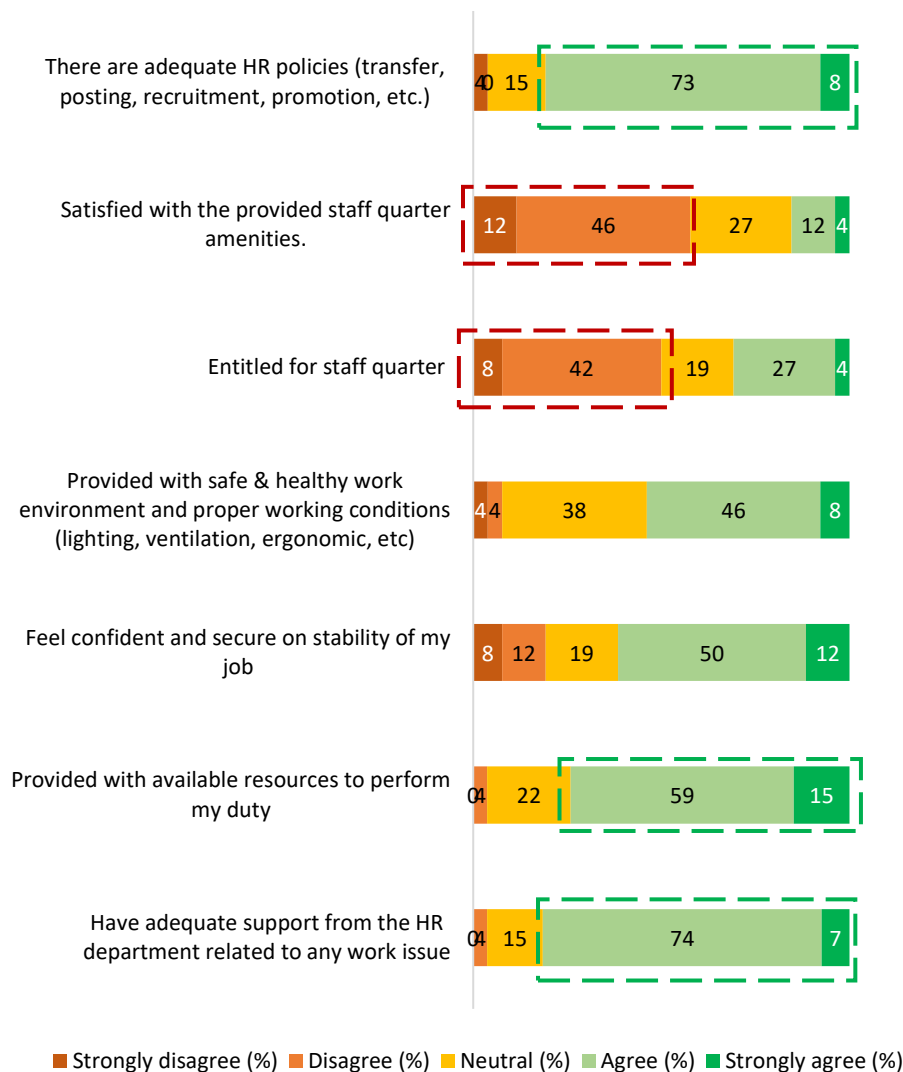
Dissatisfaction Levels

- Majority (63% or 17) disagreed that they were provided with retirement benefits
- Two third (66% or 18) disagreed that they were provided with retirement benefits
- Nearly three-fifth (59% or 16) were dissatisfied with retirement benefits they received and felt they are insufficient
- Over half (52% or 14) were dissatisfied with the medical benefits
- Over half (52% or 14) disagreed that they were provided with medical benefits
- Over two-fifth (41% or 11) did not feel they received adequate employee welfare benefits

Satisfaction Levels

- On the flipside, over half (56% or 15) felt there was reasonable periodical increase in salary
- Nearly half (48% or 13) were satisfied with their salary

Management (n=26)



Dissatisfaction Levels

- Over half (58% or 15) staff were dissatisfied with staff quarter amenities
- Half (50% or 13) disagreed that they were entitled to staff quarters

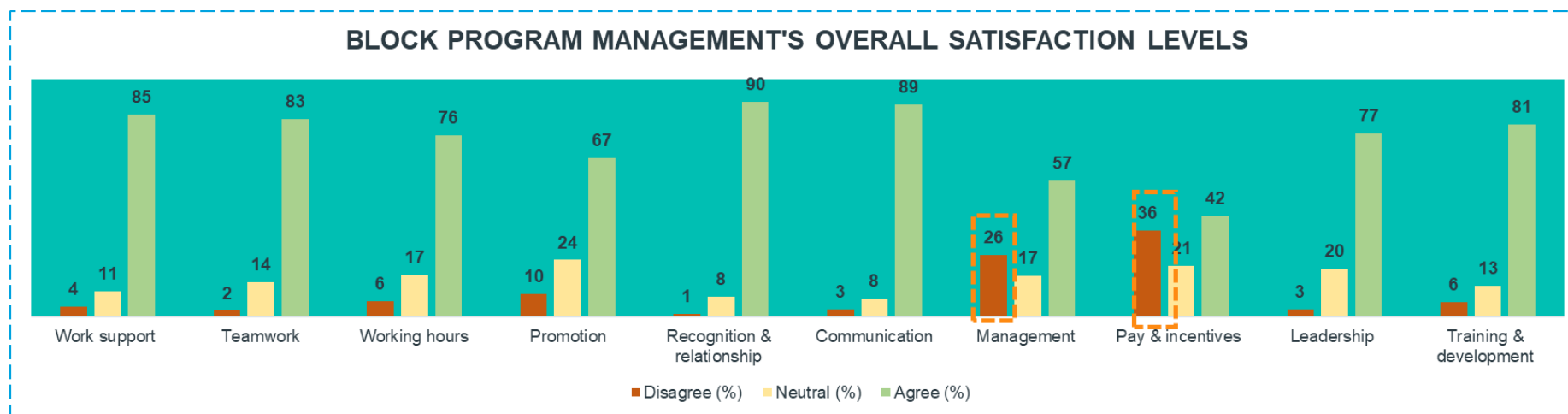
Satisfaction Levels

- On the flipside, majority (81% or 21) felt they have adequate support from the HR department related to any work issue
- Majority (81% or 21) felt there are adequate HR policies (transfer, posting, recruitment, promotion, etc.)
- Nearly three-fourth (74% or 20) felt they were provided with available resources to perform their duties

BLOCK PROGRAM MANAGEMENT

Satisfaction levels were recorded among block program management on recognition and relationship (90%), communication (89%), work support (85%), teamwork (83%) and training and development (81%).

Figure 18: Satisfaction Levels among BPMU

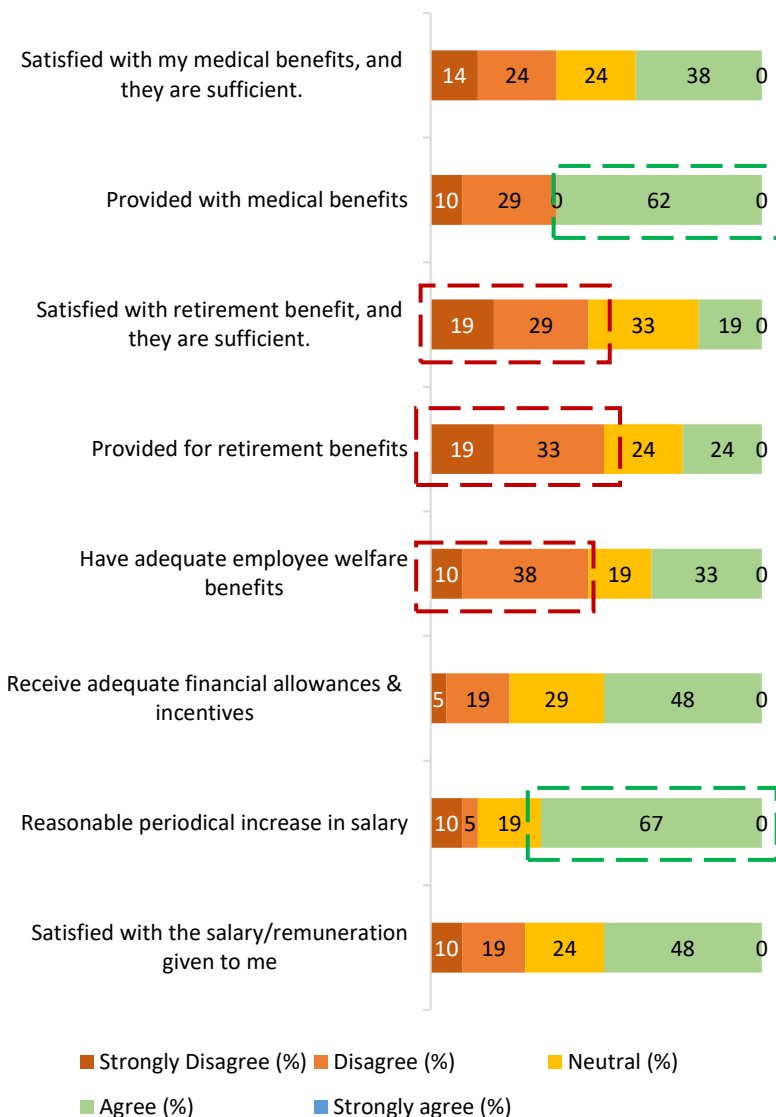


From the above figure, two thematic areas can be deduced as pain points for block program management (BPM) as listed below:

1. **Pay & Incentives:** Around 36% or eight block program management staff disagreed that they were satisfied with their current pay and incentives and did not feel there is reasonable periodical increase in salary, lack of incentives and allowances, employee welfare, retirement and medical benefits.
2. **Management:** Around 26% or five block program management staff disagreed that they were absolutely satisfied with the current management in terms of HR policies (transfer, posting, recruitment, promotion, etc.), HR support for grievance redressal, availability of adequate resources to perform duties, staff quarter and amenities

The same have been discussed below.

Pay & Incentives (n=21)



Dissatisfaction Levels

- Over half (52% or 11) disagreed that they have retirement benefits
- Nearly half (48% or 10) did not feel that they have adequate employee welfare benefits
- Nearly half (48% or 10) were dissatisfied with their retirement benefits

Satisfaction Levels

- Conversely, majority (67% or 14) staff agreed that they have reasonable periodical increase in salary
- Majority (62% or 13) staff also agreed that they were provided with medical benefits

Management (n=21)



Dissatisfaction Levels

- Majority (76% or 16) were dissatisfied with the staff quarter amenities
- Majority (67% or 14) disagreed that they were entitled to staff quarters

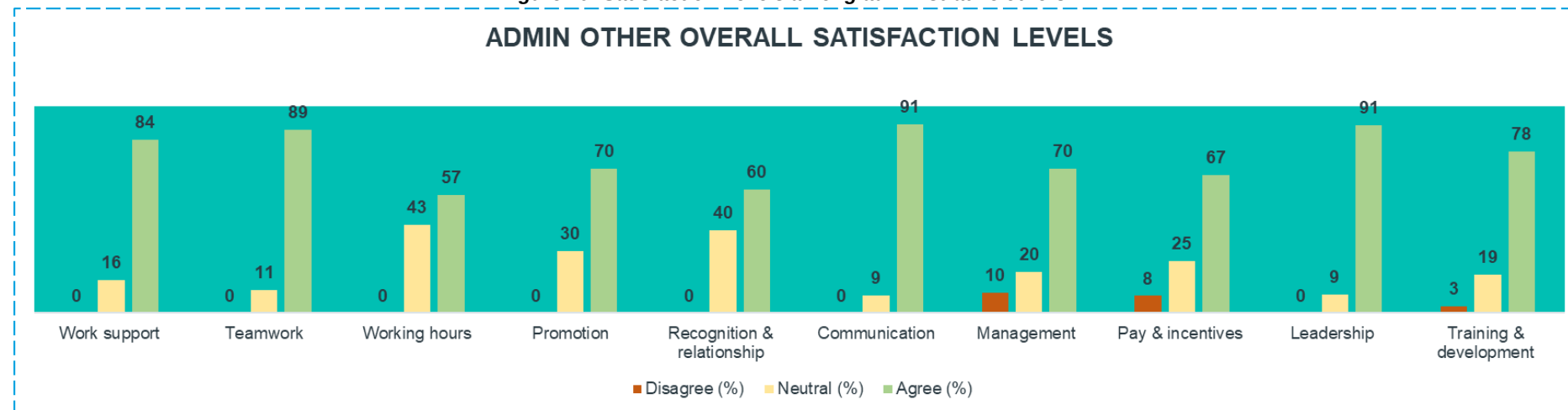
Satisfaction Levels

- On the flipside, majority (81% or 17) felt that they are provided with safe & healthy work environment and proper working conditions (lighting, ventilation, ergonomic, etc.)
- Majority (81% or 17) felt there are adequate HR policies (transfer, posting, recruitment, promotion, etc.)

ADMINISTRATIVE OTHER

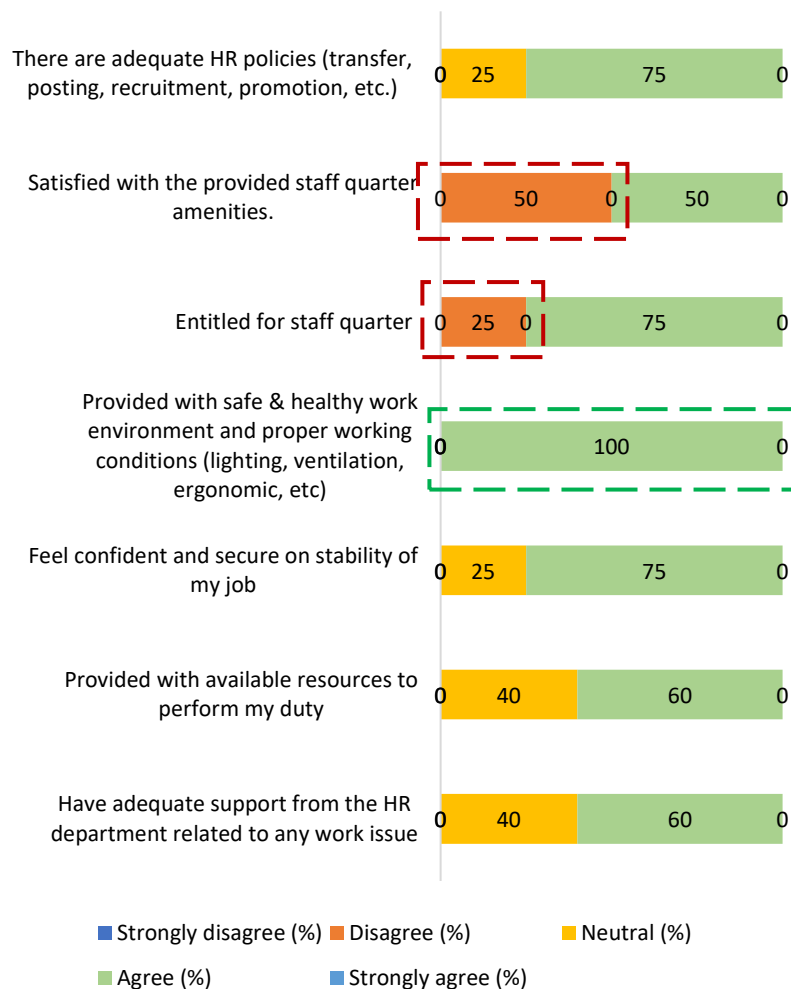
Among administrative other (n=5), the satisfaction levels were consistent across all themes and almost negligible dissatisfaction was recorded across two themes. Majority were satisfied with communication (91%), leadership (91%), teamwork (89%), work support (84%).

Figure 19: Satisfaction Levels among administrative others



From the above figure, although a constant satisfaction level is evident among admin other category, a slight dissatisfaction in Management has been explored in the section below

Management (n=05)



Dissatisfaction Levels

- Half (50% or two) staff members under administrative other category were dissatisfied with the staff quarter amenities
- One-fourth (25% or one) disagreed that they were entitled to staff quarters

Satisfaction Levels

- On the contrary, all (100% or five) felt they were provided with safe & healthy work environment and proper working conditions (lighting, ventilation, ergonomic, etc.)

d. TOP AND BOTTOM TEN STATEMENTS

The tables below present 10 statements with the overall highest and lowest satisfaction level among the HRH across the state. These items represent the most positive and negative aspects of the health workforce's experiences within the DoHFW. Most of the department employees were satisfied with the work culture and the support received at work, were confident that they and their counterparts were well versed with the DoHFW mission, had great relationship with their reporting officers and an open channel of communication with them. A notable percentage of HRH were also dissatisfied with their overall pay, incentive and employee welfare benefits package.

i. TOP TEN STATEMENTS

Table 10: Highest satisfaction scores

Sl. No.	Highest satisfaction scores	Score %
1	Satisfied with the work culture of the department/facility at current posting	86
2	Believe that most employees understand the mission of health department and how their work helps to serve the public.	85
3	Learn and develop new job skills in this position	84
4	Receive adequate support/mentoring at workplace from healthcare facility in-charge/ head of department/ reporting officer	84
5	Encouraged by my reporting officer/ officer in-charge to offer suggestions and improvements related to work and workplace	84
6	There is good channel of communication with reporting officer/officer in-charge when I face a problem	83
7	Feel presence of team spirit and feel a part of the team in the workplace	83
8	Have freedom of choice when it comes to the tasks given to me or must do	82
9	Reporting officer/ Officer in-charge clearly communicates expectations of job performance	82
10	Clear and defined written job responsibilities and description for the designation	82

The highest satisfaction levels (86%) are seen among all HRH with regards to work culture in their department or facility where they are posted. A vast majority (85%) also were of the opinion that most employees understand the mission of health department and how their work helps to serve the public. Majority (84%) also felt they learn and develop new job skills in this position. Further, majority (84%) also felt they receive adequate support/mentoring at workplace from healthcare facility in-charge/ head of department/ reporting officer, felt they were encouraged by reporting officer/ officer in-charge to offer suggestions and improvements related to work and workplace.

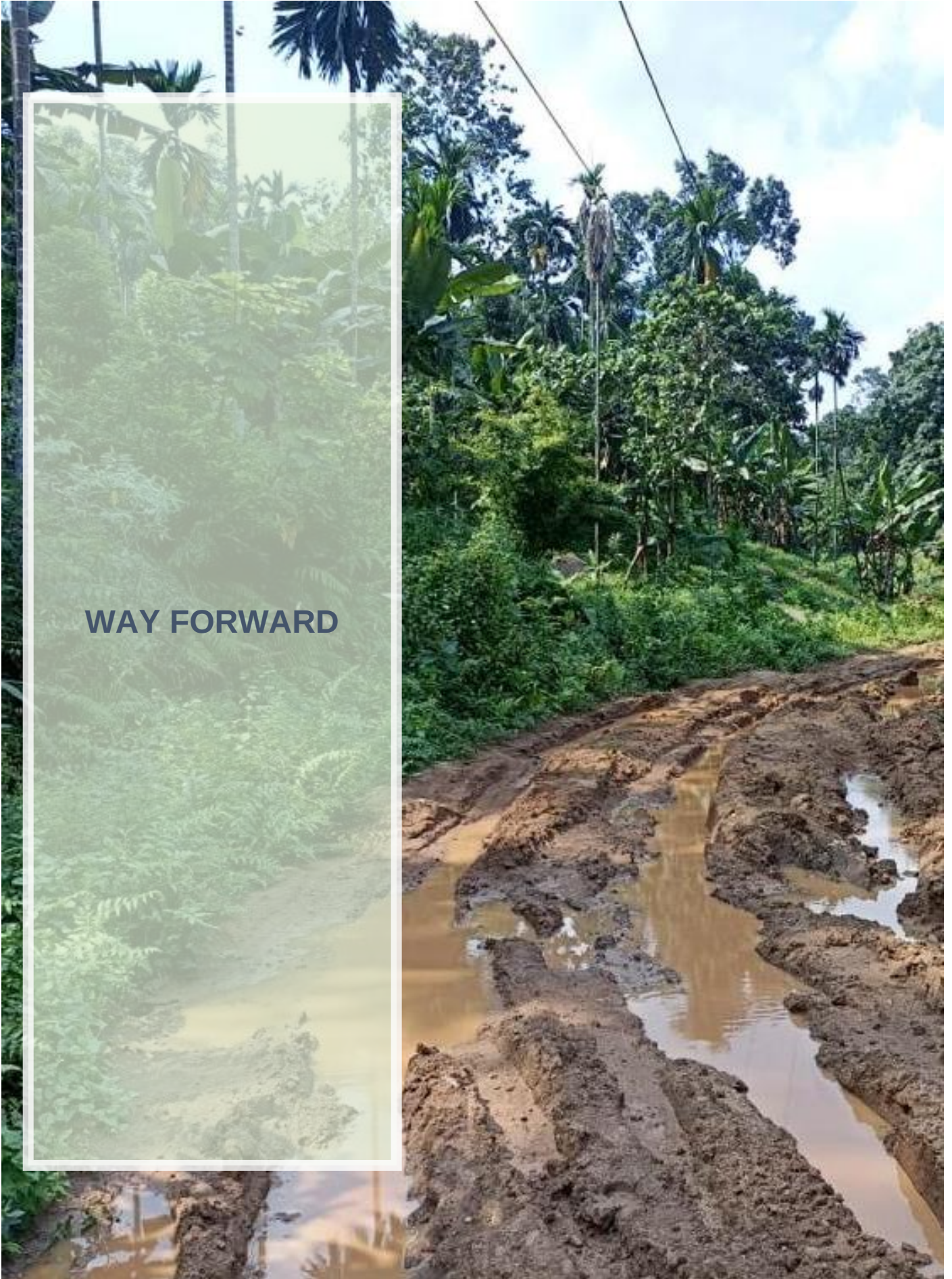
In terms of communication, 83% agreed that they have good channel of communication with reporting officer/officer in-charge when they face any problem. Majority (83%) also felt presence of team spirit and feel a part of the team in the workplace, Another majority (82%) was also seen among staff who felt they are at liberty to complete the tasks given to them. Majority of the HRH (82%) also felt their reporting officer/ officer in-charge clearly communicates expectations of job performance and that they have clear and defined written job responsibilities and description for the designation.

ii. BOTTOM TEN STATEMENTS

Table 11: Lowest satisfaction scores

Sl. No.	Lowest satisfaction scores	Score %
1	Satisfied with the provided staff quarter amenities.	44
2	Entitled for staff quarter	30
3	Satisfied with retirement benefit, and they are sufficient.	27
4	Provided for retirement benefits	26
5	Satisfied with my medical benefits, and they are sufficient.	24
6	Receive adequate financial allowances & incentives	23
7	Expenses incurred during the orientations & trainings/ workshops/ seminars etc. by you are reimbursed on time	21
8	Provided with medical benefits	21
9	Satisfied with the salary/remuneration given to me	21
10	Have adequate employee welfare benefits	21

Although the survey points to higher levels across all themes, we have recorded the lowest 10 satisfaction scores that were provided by the respondents and range between 44% to 21%. Lowest satisfaction levels were seen among HRH for staff quarter amenities (44%). This is followed by nearly one-third (30%) disagreeing that they were entitled to staff quarters. Over one-fourth (27%) were dissatisfied with their retirement benefits. Over one-fourth (26%) also disagreed that they were not provided with any retirement benefits. Nearly one-fourth (24%) were dissatisfied with their medical benefits. Nearly one-fourth (23%) also felt they did not receive adequate financial allowances & incentives. Over one fifth (21%) also disagreed that expenses incurred during the orientations & trainings/ workshops/ seminars etc. by them are reimbursed on time. Over one-fifth (21%) disagreed that they were provided with medical benefits and were also dissatisfied with their salary as well as employee welfare benefits.



WAY FORWARD

Based on the survey, the following strategies are recommended for **Improving the effectiveness of human resources for health** in Meghalaya for improving patient care and overall healthcare system performance.

a. HEALTHCARE POLICIES AND GUIDELINES

Efforts may be made towards updating the existing healthcare policies and guidelines regularly and to ensure that healthcare professionals are well-versed in updated healthcare policies, guidelines, and regulations to maintain compliance and patient safety. A compendium of HRH related policies to address the specific dissatisfaction levels across the bouquet of financial benefits and incentives needs to be looked at.

b. CLEAR ROLES, RESPONSIBILITIES AND CAREER PATH

Dissatisfaction on roles and responsibilities as well as career graph across medical cadre staff such as M&HOs and specialists has been recorded. For instance, 19% specialists were dissatisfied with the work culture of the department/facility at their existing posting and 17% M&HOs did not feel they have freedom of choice when it comes to the tasks given to them. In terms of career progression, 23% specialists did not feel job performance evaluations in the health department/facility are based on a fair system of performance standards. Further in terms of promotion, 41% specialists felt the process used to determine promotion is not fair. The unavailability of key policies and inaccessibility or unavailability of documents such as employee handbooks may be looked at in the context of these issues. Easy access to information pertaining to employee benefits and their rationalization should be made available through a comprehensive employee handbook which is digitally accessible along with it being provided as an initial reference document for new recruits. Updating of the health service rules for doctors and specialists then assumes importance. The State may consider hosting such key information in a centralized digital storage system (e-HRMIS). Job descriptions and/or ToRs should also be available within such a digital system accessible to all employees to bring clarity on roles and responsibilities for each healthcare professional to minimize role ambiguity and improve accountability. Also, efforts may be made to develop strong leadership at all levels of health system to provide guidance, support, and direction for achieving organizational goals.

c. WORKFLOW OPTIMIZATION

There is a need to continuously assess and optimize workflow processes to eliminate inefficiencies and improve patient care delivery. It is vital to ensure that healthcare professionals have access to the necessary resources, including medical equipment, supplies, and support staff, to perform their duties effectively. Utilization of healthcare technology, such as electronic health records (EHRs), telemedicine, and data analytics, will assist the state to further streamline operations, create clear streamlined processes to be followed by the HRH which will, in due course, lead to enhanced patient care.

d. CONTINUOUS EDUCATION AND TRAINING

Provide ongoing training and development opportunities to ensure healthcare professionals stay up to date with the latest medical practices and technologies. This may be done in tandem with a clear understanding of what type of trainings and development opportunities, the health workforce requires. An internal system for training preferences and needs may be devised digitally whereby an exhaustive list of in-service trainings can be made and depending on the frequency of trainings per cadre, the same can be opened for choice to

the HRH. It is also imperative to bring forth tailored training programs to specific needs identified through regular performance evaluations.

e. QUALITY ASSURANCE

The quality assurance programs being implemented in the state can be further strengthened to monitor and improve the quality of healthcare services provided. Use of data and performance metrics may be put in place to identify areas for improvement and make informed decisions about resource allocation and process changes.

f. IMPROVEMENT OF JOB SATISFACTION AMONG HRH IN DOHFW, GOM

Improving job satisfaction among human resources for health can have a positive impact on both employee well-being and the quality of healthcare services provided. Given below are some best practices that may be adopted by the State:

- **Positive Work Environment:** A positive team culture can be fostered by organizing team-building activities, promoting open communication, and addressing conflicts promptly. Wellness Programs that focus on physical and mental health, such as open-air and indoor fitness areas and health equipment at workplace, stress management workshops, access to counseling services may be provided. Efforts to promote diversity and inclusivity within the workplace can be strengthened further to foster an environment where everyone feels valued and respected. Resources like counseling services or support for personal challenges that can affect job satisfaction may be offered.
- **Clear Career Pathways:** Clear career pathways and growth opportunities within the organization must be communicated and if possible, documented in the form of updated health service policies for all three cadres. The state may like to invest more in ongoing training and development opportunities, including workshops, conferences, and certifications, to help employees advance in their careers. The State may also consider periodical review of staff skills set and current job placement to ensure the right HRH is placed at the right place with the right skills, as has been mentioned in the National Health Policy 2017.
- **Open Communication:** Open and transparent communication channels are to be fostered to allow healthcare professionals to voice concerns, provide input, and receive updates on organizational changes. A robust feedback loop is essential whereby the HRH in Meghalaya can provide input and suggestions for process improvement and have their grievances redressed.
- **Recognition and Appreciation:** Regular acknowledgement and appreciation of the efficient as well as extraordinary contributions of healthcare professionals through verbal praise, awards, or other forms of recognition may be considered by the State. A performance-based recognition and rewards program can be designed to honor the HRH who have demonstrated exemplary performance and dedication.

By implementing these recommendations, healthcare organizations can create an environment where human resources for health are motivated, engaged, and committed to delivering high-quality patient care.

g. PRIORITIZATION OF THEME WISE DISSATISFACTION LEVELS

Although the bottom 10 statements do not exceed 50% of the HRH, it is still necessary for the health department to take into consideration the consistent dissatisfaction levels across various cadres across common themes. As reported in the overall job satisfaction analysis, the

department needs to strongly focus on **management** with particular focus on staff quarters and the amenities provided to staff. A consistent streak of dissatisfaction across all cadres was also seen with **pay and incentives**. The same needs to be a focus area for the State. Specific focus needs to be made towards **retirement and medical benefits** followed by **financial incentives**.

h. LEVERAGING FACTORS LEADING TO SATISFACTION LEVELS

State may use the factors leading to satisfaction levels to communicate with staff. Satisfaction levels with work culture at the places of posting may be analyzed to find out further on factors that make a certain facility/office/establishment a success and the model can be replicated for various other departments/facilities. **A majority (84%) of the staff agreed that they receive adequate support/mentoring at workplace** from healthcare facility in-charge/ head of department/ reporting officer. The same may be leveraged to view facilities and cadres with the highest satisfaction scores on the theme and be used for development of mentorship programs for facilities with lowest satisfaction levels with regards to leadership.

i. IMMEDIATE FOCUS AREAS

With the **highest dissatisfaction level across pay and incentives (22% or 76)**, and when seen cadre wise, it being a major pain point for crucial staff, i.e., **41% specialists, 45% AYUSH MOs, 36% technicians and assistants, and 29% pharmacists**. The State may consider either revisiting the pay structure, or revising the existing incentives schemes, if any, and work towards introduction of best practice-based incentive schemes that have worked in other states for HRH retention especially in the context of rural postings and key HRH. **The second highest dissatisfaction levels were under the management theme (17%)** with specific focus on staff quarter amenities (44%). The State, thus, needs to relook at staff quarter entitlements as well as current amenities provided.

j. REGULAR FEEDBACK MECHANISM

Although the job satisfaction survey conducted between 2022-23 has been a one-time exercise, its findings are crucial to the enhanced functioning of the health department of Meghalaya. The Department of Health & Family Welfare, Government of Meghalaya, may consider institutionalizing the mechanism and conducting the survey on an annual basis or half-yearly and create a monitoring mechanism to review the change in the concerns raised by employees in the existing and future surveys. The State may consider delivering the survey through an online system such as e-HRMIS or any other suitable online portal as per its preference. Another aspect to factor in is the elaborate nature of the employee satisfaction assessment conducted. If the State may not find it feasible to conduct the elaborate survey regularly, it can consider a quick feedback survey format to conduct periodic assessments of employee satisfaction.

