

## Life Satisfaction among Healthcare Workers: A Cross-Sectional Study in Private Hospitals in Ragama, Sri Lanka

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### ABSTRACT

**Background:** Life satisfaction is a dynamic process which goes on throughout one's life, and it depends on various internal and external factors, which can be unique to everyone, including healthcare workers. **Objective:** This cross-sectional study aimed to investigate the life satisfaction among private healthcare workers in relation to six factors: job type, age, level of education, income, perceived social support, and work stress. **Methods:** A sample of 210 healthcare workers, working at four private hospitals in Ragama, Sri Lanka, participated in this study. A survey with four instruments, including a demographic questionnaire, Satisfaction with Life Scale (SWLS), Multidimensional Scale of Perceived Social Support (MSPSS) and The Workplace Stress Scale (WSS) was utilised for the data collection. The hypotheses were analysed by one-way ANOVA and Spearman rank-order correlation. **Results:** According to the results, participants reported a mean life satisfaction of 24.71 ( $SD=4.85$ ). The main healthcare workers (consultants, medical officers, and other specialists) had the highest life satisfaction ( $M=27.80$ ,  $SD=4.19$ ), followed by the nursing staff ( $M=24.01$ ,  $SD=4.74$ ), the associated healthcare workers ( $M=23.75$ ,  $SD=4.74$ ), and the minor staff ( $M=22.52$ ,  $SD=4.09$ ), respectively. The results also inferred that being a main healthcare worker, having post-graduate qualifications, an income above 90,000 LKR, and higher perceived social support are associated with higher life satisfaction, whereas being younger (18-35) and having work stress are associated with lower life satisfaction. **Conclusions:** The study shows that job type, age, level of education, income, perceived social support and work stress are significantly associated with healthcare worker's life satisfaction. For hospital policymakers, these findings will be useful to implement effective solutions to improve life satisfaction of the hospital staff and their service quality.

**Keywords:** Healthcare workers, Life satisfaction, Private hospitals, Sri Lanka

The word satisfaction has derived from the Latin word *satisfactiō*, which means contentment or doing enough. It is characterised as fulfilling or satisfying wishes, feelings, or expressing enjoyment, and optimism. A leading researcher in positive psychology, Ed Diener, defines life satisfaction as a subjective evaluation of one's quality of life and well-being (Diener, 1984). It is said that if someone is satisfied with their life, they accept and embrace their life circumstances fully.

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It can be said that an individual's livelihood plays a major role in life quality and life satisfaction. This can vary with time as a person starting a job might have changed views and attitude towards it later in life. For example, a young gentleman starting his career with goals of earning respect may be focused more on income later in his life when he has to support his family and has added responsibilities.

Many assume employment in the healthcare sector to be highly rewarding psychologically as the social and religious views point it to be a merciful and socially valued act. However, this is not always the case as the demanding and time-consuming nature of work associated with this field puts a person under a significant amount of stress. Moreover, although we are at the beginning of the third decade in the 21st century, there is still room for improvement in the healthcare system of the country. It has been reported that healthcare workers are dissatisfied with low wages, inadequate facilities, especially in the rural areas, and lack of opportunities to develop their careers (De Silva et al., 2013). Due to this, there has been a growing trend where healthcare professionals immigrating to developed countries for better job opportunities, salaries, work environment, and for a better quality of life.

Life satisfaction among healthcare workers has been a topic of interest among researchers for several years. However, there is still much research needs to be done in this field, particularly in the private healthcare sector in Sri Lanka. Due to the growing demands of the Sri Lankan population, private healthcare services have become an essential part of the healthcare system (Pallegedara & Grimm, 2017). Here, private healthcare service is profit-oriented and ranges from small private practices by doctors after working hours in the public sector to large private hospitals that provide more sophisticated care, especially for middle- and upper-class population.

It has been observed that several factors including job type, age, level of education, income, perceived social support and work stress, are significant predictors of healthcare workers' life satisfaction. For instance, studies show that the life satisfaction of main healthcare workers, especially doctors and consultants, tend to be higher than the other workers, as those occupations are considered highly sought-after and prestigious professional careers (Martin, 2019).

Research indicates that younger healthcare workers have lower satisfaction due to low salaries and relatively longer working hours which is associated with less work experience (Liang et al., 2015; Singh et al., 2018; Teixeira-Poit et al., 2017). On the other hand, older healthcare workers often have greater work experience. Therefore, they have higher stability and confidence in medical practice. Besides, they have a relatively higher autonomy in their careers, resulting in higher life satisfaction.

Since healthcare professionals with higher educational qualifications have access to more reputable and better-paying jobs than those without, greater life satisfaction can be observed among healthcare workers with more educational qualifications (Amaike, 2014; De Neve & Ward, 2017; Powdthavee et al, 2015; Singh et al., 2018). Also, studies imply that healthcare workers with higher-income often have higher job security and access to better facilities which could again lead to higher life satisfaction (Mirfarhadi et al., 2013). Research also indicates that despite being essential to healthcare service, besides the main healthcare workers, other healthcare workers are often underpaid and undervalued, and these relative differences in pay and income greatly affect their satisfaction (Himmelstein &

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Venkataramani, 2019; Pillay & Mahlati, 2008). It has been reported that low salaries cause dissatisfaction and decline in motivation among healthcare workers which ultimately results in them seeking better-paying jobs. The wage gap can also affect their morale and working relationships.

Furthermore, studies conducted on social support indicate that social support increases life satisfaction by improving both family and work environment, mental health, job satisfaction, and productivity (Hou et al., 2020; Śliwiński et al., 2014; Yang et al., 2019). It has been found that not only social support helps to reduce the stress, but it also strengthens healthcare workers' professional identity and positively impacts on their cognitions, behaviours, and coping mechanisms, which contribute to their quality of life and life satisfaction (Behzadfar et al., 2018; Harikandei, 2017; Mikkola et al., 2018).

Even in the healthcare industry, workplace stress has become a long-standing concern, and it does affect not only for white-collar workers, such as consultants and doctors, but also the blue-collar workers such as attendants, ambulance drivers, and other minor staff (Gaszynska et al., 2014). Although being a healthcare worker is a rewarding career choice that provides a stimulating working environment, on the negative side, serving for the vulnerable population as a part of the job requirement can have negative effects, such as burnout, physical and emotional exhaustion, a decline in productivity due to work overload, long working hours, stressful workplace conditions, and job pressure (Doğan et al., 2012; Uchmanowicz et al., 2019; Wang et al., 2019). Such issues can adversely affect healthcare professionals' life satisfaction which may result in high absenteeism, frequently changing their employments, and their service quality (Domagała et al., 2018; Gallagher et al., 2015; Mahmood et al., 2019; Özgirgin, 2012; Papathanasiou et al., 2015).

The present study explored life satisfaction among healthcare workers, including main healthcare workers, nursing staff, associated healthcare workers, and minor staff and analysed with socio-demographic factors, such as job type, age, level of education, income, and psychosocial factors, such as perceived social support and work stress accordingly. For this study, Ragama, which is a city in the Western Province of Sri Lanka, was selected as the designated research area, and the data were collected from 210 participants from four private hospitals in Ragama. This study was aimed to fill the gap in the literature in relation to life satisfaction in all types of healthcare workers in the private sector in Sri Lanka, with a focus on identifying the associated factors.

### ***Hypotheses***

*H1<sub>a</sub>*: The main private healthcare workers (consultants, medical officers, and paramedical specialists) have significantly higher life satisfaction levels than other private healthcare workers.

*H2<sub>a</sub>*: The mean life satisfaction of at least one job type is significantly different.

*H3<sub>a</sub>*: The mean life satisfaction of at least one age group is significantly different.

*H4<sub>a</sub>*: The mean life satisfaction of at least one education level group is significantly different.

*H5<sub>a</sub>*: The mean life satisfaction of at least one income group is significantly different.

*H6<sub>a</sub>*: There is a significant association between perceived social support and life satisfaction.

*H7<sub>a</sub>*: There is a significant association between work stress and life satisfaction.

## **METHODOLOGY**

### *Ethics Statement*

This study received the ethical approval on 15th April 2020, and it was carried out according to the guidelines and conditions of the Cardiff Metropolitan University ethics review committee (Ref: PGT-2480).

### *Study Design*

The research design of this study is quantitative-based cross-sectional survey design. This type of research makes statistical inferences regarding a population at a certain point in time (Singh, 2016). It also allows the researcher to look at several characteristics at once. Since this study was aimed to investigate the life satisfaction among private healthcare workers in a city in Sri Lanka, during a specific time period and it also aimed to find the association between life satisfaction and several other variables, this design was considered as appropriate.

### *Sample*

As participants, a total of 210 healthcare workers employed at four private hospitals in Ragama were selected using purposive sampling, which is a non-probability sampling technique that based on researcher's judgement in order to get a representative sample. All the workers who participated in this study were above 18 years old without any significant physical and mental disabilities.

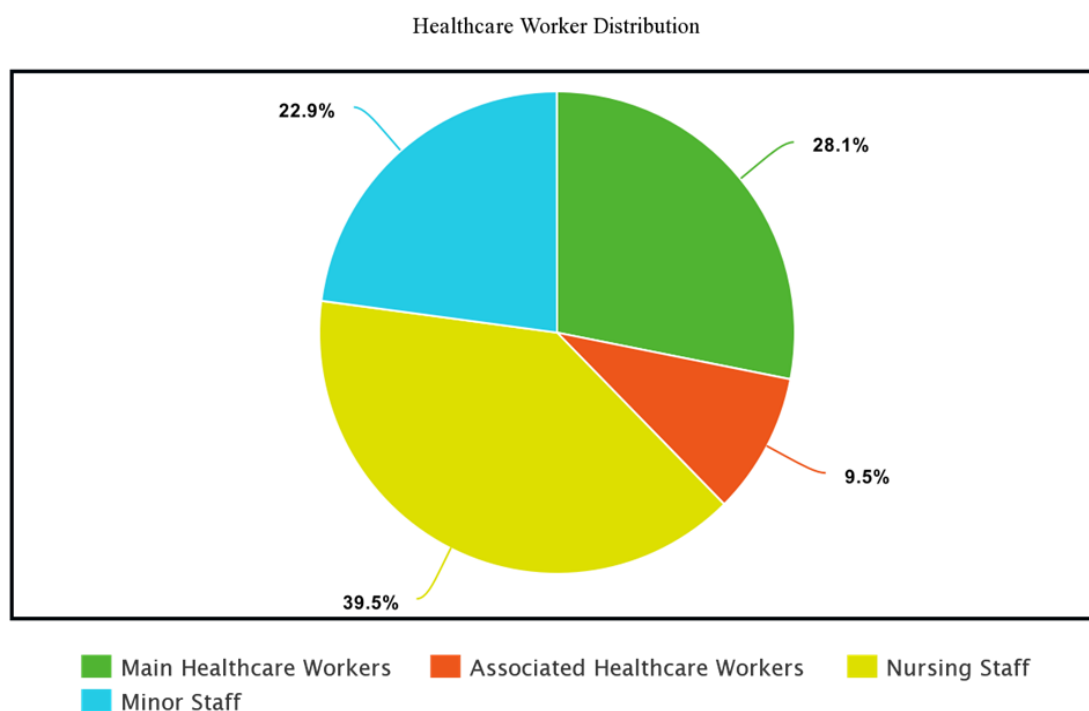
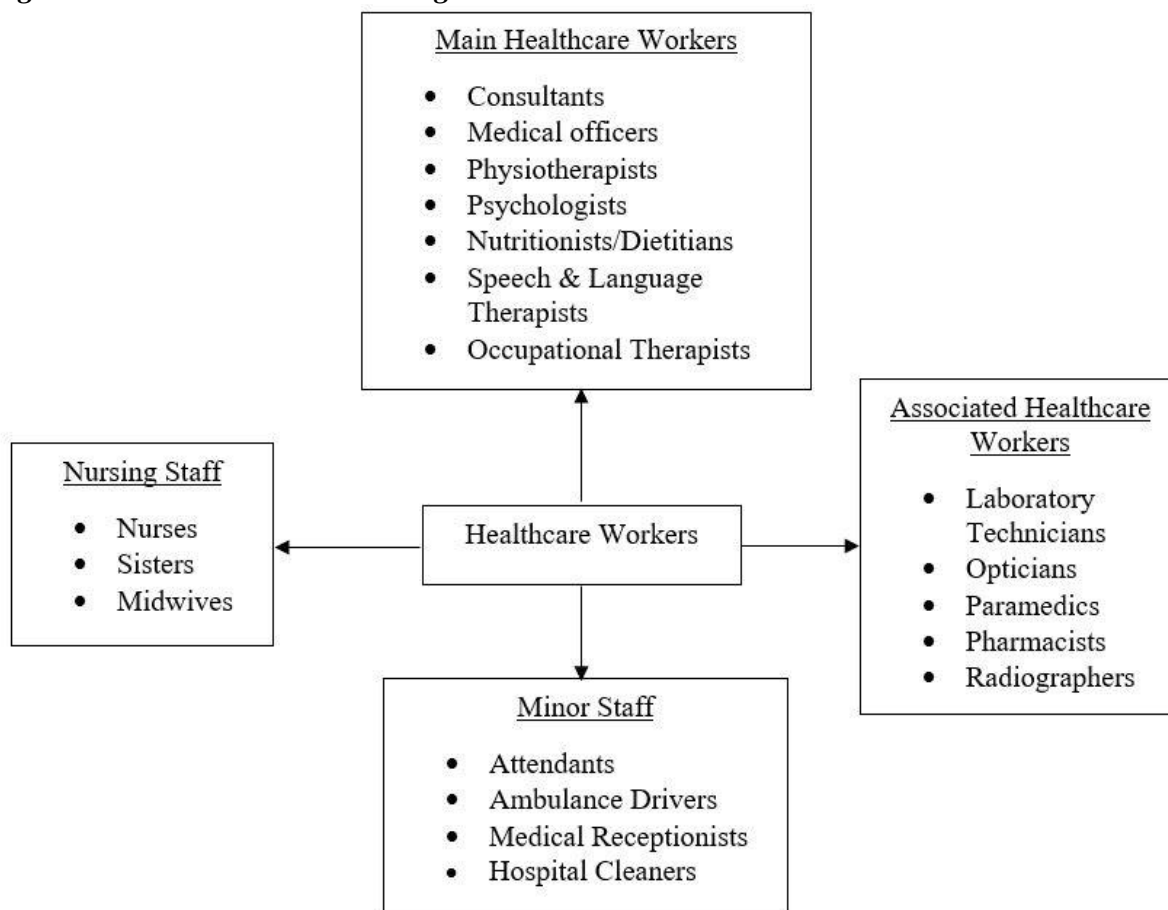
### *Procedure*

The data collection was conducted from 15th June 2020 to 16th August 2020. Adhering to the safety precautions, the primary investigator delivered the surveys to each participant. Four instruments were included in the survey: a demographic questionnaire, Satisfaction with Life Scale, Multidimensional Scale of Perceived Social Support, and The Workplace Stress Scale. Participation was voluntary, and all the participants were given a chance to clarify their doubts. The questionnaires were completed at the hospitals, and completion of each questionnaire took around 7 to 10 minutes. Altogether, 217 responses were received, and 7 were removed for not meeting the required criteria and/or the questionnaires being incomplete.

Currently, other than a few small private practice centres, the four hospitals selected were the only private hospitals in Ragama city. A list of healthcare workers employed at each hospital was taken, and the workers were divided into four categories, including main healthcare workers, associated healthcare workers, nursing staff and minor staff (figure 1). Based on the population, there were 28.1% of main healthcare workers, 9.5% associated healthcare workers, 39.5% nursing staff, and 22.9% minor staff in Ragama private hospitals (figure 2). For this study, a representative sample was taken from each category.

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**Figure 1 Healthcare Worker Categories**



**Figure 2 Distribution of Healthcare Workers in Ragama Private Hospitals**

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## Measures

- 1. Demographic Questionnaire-** To measure the demographic characteristics of the study population, including job type, gender, age, level of education, and income.
- 2. Satisfaction with Life Scale [SWLS]** (Diener et al., 1985)- This is a 5-item questionnaire with a 7-point Likert scale, 1 being 'strongly disagree' and 7 being 'strongly agree'. Scoring: 30-35= very high/ highly satisfied; 25-29= high; 20-24= average; 15-19= slightly below average; 10-14= dissatisfied; 5-9= extremely dissatisfied. Internal reliability for the scale was previously determined as a Cronbach's alpha of 0.87 (Pavot & Diener, 2009).
- 3. Multidimensional Scale of Perceived Social Support [MSPSS]** (Zimet et al., 1988)- This is a 12-item questionnaire with a 7-point Likert scale, 1 being 'very strongly disagree', and 7 being 'very strongly agree'. The mean score was calculated for each participant. Scoring: 1-2.9= low support; 3-5= moderate support; 5.1-7= high support. Internal reliability for the whole scale was pre-determined as a Cronbach's alpha of 0.91 (Zimet et al., 1990).
- 4. The Workplace Stress Scale [WSS]** (The Marlin Company & American Institute of Stress, 1978)- This is an 8-item scale with a 5-point Likert scale (never = 1, rarely = 2, sometimes = 3, often = 4, and very often = 5). Item numbers 6, 7, and 8 are reverse scored. Scoring: < 15= relatively calm; 16-20 = fairly low stress; 21-25= moderate stress; 26-30= severe stress; 31-40= potentially dangerous level of stress. Pre-determined Cronbach's alpha reliability coefficient is 0.80 (Soltan et al., 2020).

## Statistical Analysis

All the statistical analyses were conducted by SPSS version 20. In this study, both descriptive and inferential statistics were analysed. To test the hypotheses, after checking the assumptions (i.e., normality, sample independence, variance equality, outliers), two types of statistical tests were employed. Since job type, age, level of education and income were categorical variables, and life satisfaction was a scale/continuous variable, the hypotheses  $H1_a$ ,  $H2_a$ ,  $H3_a$ ,  $H4_a$  and  $H5_a$  were analysed by One-way Analysis of Variance (ANOVA). Since both perceived social support and work stress were scale/continuous variables, the hypotheses  $H6_a$  and  $H7_a$  were expected to be analysed by Pearson's correlation. However, the assumption of normality was not met in order to run this test. Therefore, the non-parametric equivalent to Pearson's test, Spearman rank-order correlation was performed. The significance level was set at  $p < 0.05$ .

## RESULTS

### Study Characteristics

Descriptive analysis was done for five demographic factors, including participants' job type, gender, age, level of education, and income (Table 1).

**Table 1 Socio-Demographic Characteristics of the Sample**

	N	%
Job Type		
Main Healthcare Workers	59	28.1
Nursing Staff	83	39.5
Associated Healthcare Workers	20	9.5
Minor Staff	48	22.9
Gender		

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Male	48	22.9
Female	162	77.1
Age		
18-35	99	47.1
36-55	77	36.7
>56	34	16.2
Level of Education		
Ordinary Level	24	11.4
Advanced Level	76	36.2
Diploma	47	22.4
Undergraduate Degree	21	10
Postgraduate Diploma/Degree	42	20
Income/Monthly Salary (LKR)		
< Rs.30,000	62	29.5
Rs.30,000-Rs.60,000	83	39.5
Rs. 60,000-Rs. 90,000	18	8.6
> Rs. 90,000	47	22.4

Among 210 healthcare workers who participated in this study, the nursing staff was the majority, which accounted for 39.5% of the sample. The associated healthcare workers were the smallest group, accounting only for 9.5%. As the healthcare industry is a female-dominated field, in this sample also a large majority of participants (77.1%) were females. Regarding the age, most of them (47.1%) were between 18-35 years, and only 16.2% of the healthcare workers belonged to the 56 years and above age category. About the highest level of education completed, the majority (36.2 %) had completed up to the advanced level, and only 21 (10%) participants had completed up to the undergraduate degree, which was the least common group. Moreover, the majority of participants (39.5%) earned a monthly salary of 30,000-60,000 (LKR).

***Characteristics of the Standardized Scales***

***Table 2 Descriptive Statistics of Continuous Variables***

	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Std. Deviation</b>
LS Score	14	35	24.71	4.85
PSS Score	2.42	6.92	5.35	0.92
WS Score	8	35	18.87	4.93

As indicated in Table 2, the minimum score reported in the life satisfaction (LS) scale was 14 (least possible score is 5), and the maximum score was 35, which is the highest score an individual can receive for this scale. The mean LS level of participants was 24.71 ( $SD=4.85$ ). According to the SWLS scoring, this is an average level of life satisfaction.

The minimum score reported in the perceived social support (PSS) scale was 2.42 (least possible score is 1), and the maximum score was 6.92 (highest possible score is 7). The mean PSS score of participants was 5.35 ( $SD=0.92$ ). According to the MSPSS scoring, this score is considered as high support.

The minimum score reported in the work stress (WS) scale was 8, and it is the least possible score a person can receive for this scale. The maximum score was 35 (highest possible score

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is 40). The mean work stress level of participants was 18.87 ( $SD= 4.93$ ). According to the WSS scoring, this is a ‘fairly low’ level of stress.

**Table 3 Mean LS, PSS and WS Scores for each Job Type**

<b>Job Title</b>		<b>Mean</b>	<b>Std. Deviation</b>
Main Healthcare Workers	LS Score	27.80	4.19
	PSS Score	5.68	0.71
	WS Score	16.83	3.90
Nursing Staff	LS Score	24.01	4.74
	PSS Score	5.29	0.94
	WS Score	18.95	4.28
Associated Healthcare Workers	LS Score	23.75	4.74
	PSS Score	5.36	0.97
	WS Score	19.30	5.26
Minor Staff	LS Score	22.52	4.09
	PSS Score	5.04	0.98
	WS Score	21.06	6.00

As stated in Table 3, the main healthcare workers had the highest LS score ( $M= 27.80$ ,  $SD= 4.19$ ) followed by the nursing staff ( $M= 24.01$ ,  $SD= 4.74$ ), the associated healthcare workers ( $M= 23.75$ ,  $SD= 4.74$ ), and the minor staff ( $M= 22.52$ ,  $SD= 4.09$ ) respectively. According to SWLS scoring, the main healthcare workers have a high life satisfaction and life satisfaction of other three job categories are average.

PSS was also higher among the main healthcare workers ( $M= 5.68$ ,  $SD= 0.71$ ), followed by the associated healthcare workers ( $M=5.36$ ,  $SD= 0.97$ ), the nursing staff ( $M= 5.29$ ,  $SD= 0.94$ ), and the minor staff ( $M= 5.04$ ,  $SD= 0.98$ ). Based on the MSPSS scoring, except minor staff, the other three groups are considered as having high support. Despite falling into the moderate support category, the minor staff missed the high support category by only 0.06 points (cut off point is 5.1).

WS was higher among the minor staff members ( $M= 21.06$ ,  $SD= 6.00$ ), followed by the associated healthcare workers ( $M= 19.30$ ,  $SD= 5.26$ ), the nursing staff ( $M= 18.95$ ,  $SD= 4.28$ ), and the main healthcare workers ( $M= 16.83$ ,  $SD= 3.90$ ). According to the WSS scoring, the mean stress level of the minor staff considered as a moderate stress and stress levels of all the other job categories considered as ‘fairly low’.

**Job Type and Life Satisfaction**

To compare the mean life satisfaction scores of the 4 job types (main healthcare workers, associated healthcare workers, nursing staff and minor staff), one-way ANOVA test was performed.



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**Table 4 One-way ANOVA Results for LS Scores and Job Types**

	Mean	Std. Deviation	F(df)	Sig.
Job Type			14.343 (3,206)	.000
Main Healthcare Workers	27.80	4.19		
Nursing Staff	24.01	4.74		
Associated Healthcare Workers	23.75	4.74		
Minor Staff	22.52	4.09		

As shown in Table 4, there was a statistically significant difference among the 4 job types [ $F(3,206) = 14.343, p < .001$ ]. A Tukey post hoc test revealed that the mean life satisfaction of the main healthcare workers ( $M = 27.80, SD = 4.19$ ) was significantly higher than the mean life satisfaction levels of the nursing staff ( $M = 24.01, SD = 4.74$ ), the associated healthcare workers ( $M = 23.75, SD = 4.74$ ), and the minor staff ( $M = 22.52, SD = 4.09$ ). There were no statistically significant differences among the three other job types. Therefore,  $H1_a$  and  $H2_a$  were accepted, which indicate that the main private healthcare workers have significantly higher life satisfaction levels than other private healthcare workers. Also, the mean life satisfaction of at least one job type is significantly different.

**Age and Life Satisfaction**

To compare the mean life satisfaction scores of the 3 age groups (18-35, 36-55 and 56 and above), one-way ANOVA test was performed.

**Table 5 One-way ANOVA Results for LS Scores and Age Groups**

	Mean	Std. Deviation	F(df)	Sig.
Age Group			18.237 (2,207)	.000
18-35	22.78	4.18		
36-55	26.04	5.04		
>56	27.32	4.08		

As shown in Table 5, there was a statistically significant difference among the 3 age groups [ $F(2,207) = 18.237, p < .001$ ]. A Tukey post hoc test revealed that the mean life satisfaction of the 18-35 age group ( $M = 22.78, SD = 4.18$ ) was significantly lower than the mean life satisfaction levels of 36-55 age group ( $M = 26.04, SD = 5.04$ ) and the 56 and above age group ( $M = 27.32, SD = 4.08$ ). There was no statistically significant difference between the other two age groups. Therefore,  $H3_a$  was accepted, which indicates that the mean life satisfaction of at least one age group is significantly different. Results also suggest that life satisfaction of healthcare workers tends to increase with age.

**Level of Education and Life Satisfaction**

To compare the mean life satisfaction scores of the 5 education level groups (ordinary level, advanced level, diploma, undergraduate degree, and post-graduate diploma/degree), one-way ANOVA test was performed.

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**Table 6 One-way ANOVA Results for LS Scores and Education Level Groups**

	Mean	Std. Deviation	F(df)	Sig.
Education Level			11.987 (4,205)	.000
Ordinary Level	23.25	3.39		
Advanced Level	23.43	4.63		
Diploma	23.68	4.73		
Undergraduate Degree	25.10	5.11		
Postgraduate Diploma/Degree	28.81	3.72		

As shown in Table 6, there was a statistically significant difference among the 5 education level groups [ $F(4,205) = 11.987, p < .001$ ]. A Tukey post hoc test revealed that the mean life satisfaction of the post-graduate diploma/degree group ( $M = 28.81, SD = 3.72$ ) was significantly higher than the mean life satisfaction levels of the ordinary level group ( $M = 23.25, SD = 3.39$ ), the advanced level group ( $M = 23.43, SD = 4.63$ ), the diploma group ( $M = 23.68, SD = 4.73$ ), and the undergraduate degree group ( $M = 25.10, SD = 5.11$ ). There were no statistically significant differences among the other four education level groups. Therefore,  $H_{4a}$  was accepted, which indicates that the mean life satisfaction of at least one education level group is significantly different. According to the results, life satisfaction appears to be increased with the educational qualification as well.

**Income and Life Satisfaction**

To compare the mean life satisfaction scores of the 4 income groups (< Rs. 30,000, Rs. 30,000-60,000, Rs. 60,000-90,000 and >Rs. 90,000), one-way ANOVA test was performed.

**Table 7 One-way ANOVA Results for LS Scores and Income Groups**

	Mean	Std. Deviation	F(df)	Sig.
Income			18.449 (3,206)	.000
<Rs. 30,000	22.87	3.99		
Rs. 30,000-Rs. 60,000	23.67	4.89		
Rs. 60,000-90,000	25.50	4.31		
>Rs. 90,000	28.66	3.71		

As shown in Table 7, there was a statistically significant difference among the 4 income groups [ $F(3,206) = 18.449, p < .001$ ]. A Tukey post hoc test revealed that the mean life satisfaction of the >Rs. 90,000 income group ( $M = 28.66, SD = 3.71$ ) was significantly higher than the mean life satisfaction levels of the < Rs. 30,000 income group ( $M = 22.87, SD = 3.99$ ), the Rs. 30,000-60,000 income group ( $M = 23.67, SD = 4.89$ ), and the Rs. 60,000-90,000 income group ( $M = 25.50, SD = 4.31$ ). There were no statistically significant differences among the other three income groups. Therefore,  $H_{5a}$  was accepted, which indicates that the mean life satisfaction of at least one income group is significantly different. Findings also suggest that the life satisfaction of healthcare workers increases with their income.

**Perceived Social Support and Life Satisfaction:** To identify whether there was a significant correlation between perceived social support and life satisfaction among healthcare workers, Spearman rank-order correlation test was performed.

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**Table 8 Correlations of LS and Perceived Social Support (PSS)**

		LS Score	PSS Score
LS Score	Spearman's rho	1	.363**
	Sig. (2-tailed)		.000
PSS Score	Spearman's rho	.363**	1
	Sig. (2-tailed)	.000	

\*\**. Correlation is significant at the 0.01 level (2-tailed).*

As shown in Table 8, there was a significant weak positive correlation between perceived social support and life satisfaction among healthcare workers ( $r_s = .363, p < .001$ ). It shows that life satisfaction increases with perceived social support. Therefore,  $H6_a$  was accepted, which indicates that there is a significant association between perceived social support and life satisfaction among private healthcare workers.

**Work Stress and Life Satisfaction**

To identify whether there was a significant correlation between work stress and life satisfaction among healthcare workers, Spearman rank-order correlation test was performed.

**Table 9 Correlations of LS and Work Stress (WS)**

		LS Score	WS Score
LS Score	Spearman's rho	1	-.320**
	Sig. (2-tailed)		.000
WS Score	Spearman's rho	-.320**	1
	Sig. (2-tailed)	.000	

\*\**. Correlation is significant at the 0.01 level (2-tailed).*

As shown in Table 9, there was a significant weak negative correlation between work stress and life satisfaction among healthcare workers ( $r_s = -.320, p < .001$ ). It shows that life satisfaction decreases with work stress. Therefore,  $H7_a$  was accepted, which indicates that there is a significant association between work stress and life satisfaction among private healthcare workers.

**DISCUSSION**

This study aimed to investigate the life satisfaction among healthcare workers employed at Ragama private hospitals. It also explored the association between life satisfaction and six previously observed factors that are generally related with life satisfaction, including job type, age, level of education, income, perceived social support, and work stress. A total of 210 healthcare workers, including 28.1% main healthcare workers, 9.5% associated healthcare workers, 39.5% nursing staff, and 22.9% minor staff participated in this study, which was a representative sample of private healthcare workers in Ragama city.

Regarding the overall life satisfaction, participants reported a 24.71 level of life satisfaction, which is considered as average. As a lower-middle-income country, this result somewhat aligns with the statistics reported in the *World Happiness Report* by Ortiz-Ospina & Roser (2017) which suggests that the income level correlates with the satisfaction level of each country.

Interestingly, all the pre-established hypotheses were supported in this study. The main healthcare workers reported a significantly higher life satisfaction compared to other

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workers. This finding was predicted since the majority of the main healthcare workers who participated in this study were doctors and consultants, which are considered as highly sought-after and prestigious professional careers, especially in Sri Lanka. Also, it was noticed that most participants in the main healthcare worker category rated comparatively higher for three out of five statements in the SWLS, including 'in most ways, my life is close to my ideal', 'the conditions of my life are excellent', and 'so far I have gotten the important things I want in life'.

It was found that the youngest age group (18-35) had a significantly lower life satisfaction compared to other age groups. Although no significant difference was found among other age groups, similar to previous studies, (Liang et al., 2015; Singh et al., 2018; Teixeira-Poit et al., 2017) the present study also indicated that life satisfaction increases with age. However, this finding contradicts the study done by Hansen & Slagsvold (2012), which states that life satisfaction may not vary with age due to the changes in the priorities and Huber (2014), which states that people who live in lower- or middle-income countries become increasingly less satisfied as they age.

Consistent with past literature (Amaike, 2014; De Neve & Ward, 2017; Powdthavee et al., 2015; Singh et al., 2018), the results also revealed that healthcare workers with post-graduate diploma/degree qualifications had a significantly greater life satisfaction compared to less academically qualified workers. As indicated by the previous studies, a possible explanation for this result is, since the probability of job security, income, and access to better facilities is higher, it could lead to higher life satisfaction. Also, results show that life satisfaction increases with the level of education. This is inconsistent with the study done by Bothwell (2017), which indicates that although people with undergraduate degrees have higher life satisfaction, post-graduate qualifications do not have any impact. It is worth mentioning that except for one participant in the nursing staff, all the others who had post-graduate qualifications were main healthcare workers (n=42), which might have contributed to their higher scores in SWLS.

The findings also revealed that healthcare workers who earned a higher income (>Rs. 90,000) had a significantly higher life satisfaction than their lower-income counterparts. In addition, as supported by existing literature (Cheung & Lucas, 2015; Himmelstein & Venkataramani, 2019; Medgyesi & Zólyomi, 2016; Meyer & Dunga, 2014; Mirfarhadi et al., 2013; Pillay & Mahlati, 2008; Yu & Chen, 2016), life satisfaction appeared to be increased with income. Similar to the level of education variable, in this variable also, all the professionals who earned more than 90,000 (LKR) belonged to the main healthcare worker category (n=47). Therefore, the higher income might have been an important factor in increasing their life satisfaction as well. Moreover, as indicated in the studies done by Himmelstein & Venkataramani (2019) and Pillay & Mahlati (2008), the present study also shows a relatively larger pay gap in other workers compared to main healthcare professionals which could have negatively affected their life satisfaction. For instance, 62 out of 210 participants earned less than 30,000 (LKR) per month, including 18 workers in the nursing staff.

According to the correlation analysis, there was a weak but significant positive correlation between perceived social support and life satisfaction among healthcare workers, which suggests that life satisfaction increases with perceived social support. This finding is consistent with majority of past studies (Behzadfar et al., 2018; Harikandei, 2017; Hou et al.,

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2020; Kasprzak, 2010; Mikkola et al., 2018; Mirfarhadi et al., 2013; Rashid et al., 2011; Shahyad et al., 2011; Śliwiński et al., 2014; Singh et al., 2018; Tamannaefar & Behzadmoghaddam, 2016; Yang et al., 2019), which state that social support increases life satisfaction by improving both family environment, mental health, and job satisfaction. Interestingly, the average perceived social support of participants was 5.35, which is considered as high support. Given the fact that Sri Lanka has a collectivistic culture, this finding was somewhat expected. Also, like other variables, PSS of main healthcare workers were slightly higher than the other three job categories which might have also contributed to them having a significantly higher life satisfaction. The higher social status they have could be a possible reason for this result.

Similar to past studies (Domagała et al., 2018; Gallagher et al., 2015; Mahmood et al., 2019; Özgirgin, 2012; Papathanasiou et al., 2015), this study also implied that life satisfaction decreased with work stress. According to the results, there was a weak but significant negative correlation between work stress and life satisfaction among healthcare workers. In addition, work stress was highest among the minor staff, and it was least among the main healthcare workers. This could be due to main healthcare workers having more freedom to utilise their skills, fewer rigid schedules, higher autonomy than other workers (Muraleeswaran & Thenuka, 2016). This relatively lower work stress might also be responsible for main healthcare workers having a significantly higher life satisfaction.

### ***Strengths and Limitations***

This study has several notable strengths. One main strength is the generalizability of this study due to a representative sample being taken. Also, it is reasonable to say that this study had considerable success in achieving the main objectives and supporting the rationale behind them. In addition, it can be said that the research findings are quite consistent with the overall literature regarding life satisfaction and associated factors.

Nevertheless, this study was subjected to some limitations as well. First, since this study employed the cross-sectional design, it did not allow to draw conclusions for causation. Second, the data was collected through self-reported questionnaires which could result in certain response biases, including social desirability bias (distorting answers to present themselves more desirably) and demand characteristics (altering answers to conform to expectations). For example, the participants who had higher income and post-graduate level qualifications (except 1) were the main healthcare workers. Some participants in that group could likely have rated high for the life satisfaction scale to align with expectations that the general population have regarding careers that are considered reputable. These biases can pose a threat to the validity of the study. Third, since this is a representative sample, the number of participants in some groups were considerably smaller, which may have skewed the results. Fourth, the survey was administered during busy work hours and even though the data was collected after the COVID-19 pandemic was somewhat settled, and there were no cases in the community during that period, the demands were still relatively high. Due to the added stress, a bias towards the decreased quality of life among healthcare workers could be present. Also, some participants might have answered less thoughtfully as they were in a hurry. Hence if the survey had been conducted in a relaxed environment, there could be variations in the findings.

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### *Implications for Practice*

It can be said that especially since private hospitals are mainly profit-oriented, these findings have several implications for healthcare policymakers who seek to improve the quality of service they provide for patients and to improve employee retention. This study implies that differences in income affect the life satisfaction of healthcare workers. Therefore, hospitals could employ a more efficient and fair approach to healthcare payment system like 'pay-for-performance', which has been proven to increase the performance of healthcare workers as well as their service quality (Werner et al., 2011).

Since social support and work stress are also significant determinants of life satisfaction, decision-makers should consider developing opportunities for hospital staff to interact with their co-workers and supervisors in effective ways. For example, by introducing professional development programs and conflict resolution programs focused on improving professional skills, peer support and health-promoting skills. Also, to reduce stress, stress management programs specifically designed for healthcare workers like *Stress Management and Resilience Training (SMART)* (Berkland et al., 2017) can be introduced. In addition, providing enough break-time, especially for the minor staff, would help to reduce their work stress and to improve their productivity as well. Furthermore, not only the main healthcare workers but also all types of healthcare workers should be appreciated and recognised for their service.

### *Future Research*

This study considered only six factors that could affect life satisfaction of healthcare workers. Therefore, future studies are recommended to investigate more factors that determine healthcare workers' life satisfaction and as well as to address the above-mentioned limitations.

## **CONCLUSION**

The aim of this study was to explore the life satisfaction and associated factors among healthcare workers in Ragama private hospitals. Overall, healthcare workers reported an average level of life satisfaction. Among them, the main healthcare workers had the highest life satisfaction, and it was least among the minor staff. The results supported the objectives put forward, indicating that job type, age, level of education, income, perceived social support, and work stress are significantly associated with healthcare workers' life satisfaction. For hospitals, this information would be useful in implementing practical solutions to improve working conditions to increase the life satisfaction of the hospital staff, thereby improving the quality of care and client satisfaction, as well as increasing the employee retention and reducing the emigration of these essential workers.

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***Conflict of Interest***

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