

## Perceptions of Libyan physiotherapist on job satisfaction: a qualitative study

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**Abstract:** Advancing the physiotherapy services in Libya are requiring to focus on many aspects. As employees, physiotherapists in Libya would provide a better service if they were more satisfied with their jobs. The aim of this study was to explore the job satisfaction of the physiotherapy profession in the Central Hospital of Tripoli (CHT) in Libya. This qualitative study is frame-worked within a focus ethnographic paradigm that was done by recruiting seven participants (4 males and 3 females). They were all Libyan physiotherapists who worked in CHT in Libya. Online semi-structured interviews were used as a means of data collection by applying a specific topic guide. Data analysis was performed by applying the framework analysis approach. The study has determined 6 main themes with 17 subthemes. These themes were: financial shortage, professional relationships, organisational, outcomes, passion towards the profession and safety and security. The study observed that the most unsatisfactory aspect of their work was the lack of autonomy from the hospital administration, while the participants felt that their job is challenging in a positive sense regarding their interaction with their patients. All participants were satisfied that all statements were valid and measured significant aspects of job satisfaction in physiotherapy.

**Keywords:** Physiotherapy, hospital administration, job satisfaction, Libya

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## Introduction

The Libyan healthcare system has experienced many of the neglect and mismanagement for a long time. However, recently the Libyan Ministry of Health (LMOH) has engaged swiftly to undertake its daunting reconstruction challenge. At the end of 2011, the LMOH requested from the World Health Organisation (WHO) help in revitalising the country's shattered health system. This does not mean that physiotherapists and other practitioners in Libya are incapable or unqualified, but there is no clear governing body to protect patients, doctors or any of the health service employees. Many hospitals in Libya are old, badly equipped, maintained and have too many critical staffing issues. All of these problems are a result of the lack of effective policies and efficient management, which played a major role in the current deteriorating and deficiency of Libya's health system, and the limitations of the MOH itself (1). There are many factors that affect health services, such as health infrastructures, delivery system and human resources. The latter provide a significant component of the delivery of a healthcare service. Job satisfaction is very relevant to

motivate employees and improve their performance (2). The studies were conducted on job satisfaction in physiotherapy in order to reach an in-depth understanding of what job satisfaction is. However, they did not establish a conclusive explanation of job satisfaction (3). According to Aziri (3), the reality and the significance of the job as a global social activity should be recognised, before describing job satisfaction. There are different definitions of job satisfactions; Hoppock (4) stated that it is a combination of environmental, physiological and psychological factors, which make practitioners satisfied with their jobs, while Vroom (5) defined job satisfaction as the emotional reflection of the professionals according to the policies of their jobs.

In Wernimont (6) view, many factors can impact job satisfaction. Using British and Canadian data, Sloane and Williams (7) and Lévy-Garboua and Montmarquette (8) presented a relationship between job satisfaction and income. Additionally, Watson et al. (9) acknowledged that income

could affect job satisfaction. On the other hand, other studies stated that there was no clear evidence to support the view that income alone could affect the job satisfaction (10-13). The financial factor can also affect productivity (14, 15) and satisfaction of clients is significant for any healthcare system. Ogiwara and Araki (16) explained that qualified physiotherapists are precious to any healthcare system. Accordingly, the job satisfaction of physiotherapists in Libya is an important manner to consider. However, the income for physiotherapists in Libya tends to be insufficient, which may lead to poor quality of life and create the desire among physiotherapists either to resign and find another job, (17) or to work in another job in addition to being physiotherapists because they are not satisfied. The work environment of a job and the interaction with colleagues/co-workers; workers must be satisfied with their roles and the circumstances of the work because these can directly affect job satisfaction. This means job satisfaction can concern the warmth of the job environment, regulations, the challenges of work and the gaining of rewards. Downey et al. (18), stated that workers who do not fit appropriately into

their work environments seem to feel less satisfied with their jobs. Additionally, autonomy is a term that can be defined in many different ways. According to the Physiotherapy Board of New Zealand (19), it is the ability to work with an independent approach based on the various educational backgrounds of the physiotherapists. Another definition of autonomy (20) is the individual's performance without external force. Thoughts about decision-making must be justified, and the relation between advanced physiotherapy services and autonomy must be proved. Bebeau (21) described it as the subjective perceptions of individuals and the ability to be free and independent. Autonomy needs to be represented according to its aspects: independence, interdependence and freedom. In the CHT, this concerns the ability of Libyan physiotherapists to make decisions independently without interference by the other professions, while taking into account the necessary cooperation between the multidisciplinary team members for the benefit of patients. For example, in the CHT, physiotherapy plan is done by a physician.

Okerlund et al. (22) stated that physiotherapists in USA were satisfied

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because many components were provided for them. According to the 500 participants, these factors related to good income, assistance to promote their skills and the freedom to practice the profession. On the other hand, Rozier et al. (23) reported that internal factors (as the ethical factor) are more significant than higher position or salary. More recently, Eker et al. (24) reported many factors that can affect the job satisfaction of physiotherapists. For examples: management of leadership, low salary and the relationship between members of the physiotherapy team. Although the study by Ogiwara and Araki<sup>16</sup> recruited 183 physiotherapists in Japan and part of the study was concerned with the practical issues of the profession also gave a good response rate of about 79.8% but it did not provide a deep view. Hence, the study provided a weak evidence and more studies need to be conducted. Another two questionnaires conducted by Oyeyemi (25) and Oyeyemi et al. (26), they are both good quality studies and both exploring the factors causing leaving job by Nigerian physiotherapists. For example: rules and policies that can limit the job satisfaction. Comparing to Libya, Nigeria is a growing

country and the reasons behind their dissatisfaction can be the same as in Libya. However, the cultural differences between these countries can be controversial.

The topic of "job satisfaction" was chosen in this study because it is relevant to the physiotherapy profession locally (in Libya) and globally. It is significant for maintaining and fitting a suitable person to the appropriate job in the right culture, and keeping them satisfied (27, 28). Although a small number of studies were conducted in various countries, they do not provide a broad knowledge of physiotherapists' job satisfaction. Moreover, generalising the findings of such qualitative studies appears hard, because qualitative research normally involves small samples that are not selected to be statistically representative (29, 30) The authors have chosen to conduct this primary research in Libya, as no previous studies have been done about the perceptions of Libyan physiotherapists concerning job satisfaction. Therefore, this study is intended to fill a gap. The aim of this study was to explore the Libyan physiotherapist's perceptions of job satisfaction in the CHT and factors that might improve job satisfaction.

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## Materials and methods

*Design:* In this study, focused ethnographic approach was used. It provided an opportunity to understand a particular concern within a specified period of time, in a specific social or cultural situation among a limited number of people (31). The method used in this study was semi-structured interviews because this study was conducted to gain an in-depth data and to observe the informants' feeling (3). It was started by one face-to-face exploratory interview to examine the questions and after no new themes have showed up two interviews were conducted to verify and developed the established categories, then the data collection process was ended. All interviews were recorded and transcribed according to the participant's consents. As confirmation of the anonymity of the participants, brief letters and numbers known only to the researchers were used; for example: WA1, ME2, NE5...etc. Every interview was transcribed directly once the recording was done in order to save the valuable detailed data.

*Sampling:* The selection of participants was done according to the inclusion and the exclusion criteria. The inclusion criteria

were: a) the ability to participate. b) Libyan physiotherapists with at least 5 years of experience at the CHT, so they would be able to understand the current Libyan healthcare system and the career hierarchy in the department. On the other hand, the exclusion criteria were: a) Inability or unwillingness to participate for any reason. b) Physiotherapists working in the private sector and not in the public sector before, because physiotherapists who working in public sectors as CHT representing the majority, therefore they face more issues c). Physiotherapists who working in CHT and do not speak Arabic in Libyan dialect. The variance of the sample was considered to comply with the criterion of heterogeneity regarding: seniority, type of contract and place of abode.

*Ethical Consideration:* The ethical principles were approved according to the Dissertation Management Group (DMG) at Sheffield Hallam University (SHU). The physiotherapy department in the CHT was asked for permission to conduct the study. Informed written consents were obtained from all participants.

*Data Collection (Generating Data) (32):* All interviews conducted at arranged times and places depended on the participants' accessibility and suitability. The interviews were performed online or by telephone outside the CHT to assure avoid bias. The preferred time was after the work shifts. All interviews lasted 15-25 minutes. All participants were interviewed by voice calls, which were more accessible and comfortable for them. The principal investigator asked pre-planned questions during interviews in order to keep them conversational and non-directive (33). Participants were encouraged to respond but it is necessary to keep the interest of the researcher. The key here was to gain participant's trust and enhance their ability to respond, generating themes that led to an understanding the main related issues.

Questions were allowed to flow naturally, based on information provided by the participants. The flow of the conversation dictated the questions asked, and those ignored, as well as the order of the questions. Mostly factual questions were used to skip "Yes, No" questions. Questions used in the interviews were discussed and advanced with another researcher. In each interview, the questions used were presented

in an identical style for all participants and the same data analysis approach was used. Time gaps between interviews were varied regarding time from half to one day. Variation of time permitted extending thoughts about the boundaries and limitations that prevent Libyan physiotherapists from being more satisfied with their profession, but also more professionally accountable. All stated thoughts and ideas in all records were contextualised to enhance familiarisation and to assist understanding the analysis process.

*Statistical analysis:* Framework analysis (FA) was used to enhance the analysis process (34), also to maintain a more idiographic focus with the small included sample. In this study, FA followed five stages that designed precisely for a similar type of research (35): Firstly, familiarisation with the interviews by listening again to the recorded interviews, transcribing the verbal data, then was rereading the transcripts. Secondly, identifying a thematic framework by analysing all the initial themes, data was classified as parts that could be re-analysed. Thirdly, coding and indexing to write the transcripts with brief texts in the transcript's

margins, which enhanced management of the rich data (36, 37). Fourthly, charting data into the framework analysis as the data was re-arranged, then charts were developed

## Results

Three main themes were developed according to what the participants provided into three groups; limiting factors, improving factors and others could motivate job satisfaction. In the limiting factors

containing remarkable synthesis and abstraction. Lastly, interpreting and mapping the data was significant to relate themes and provide associations (38-39).

group, all participants generated autonomy (Organisational subtheme) as the most counterproductive theme that affected their job satisfaction (Table 1).

<b>Table (1) Themes emerging from FA</b>		
<b>Themes</b>	<b>Subthemes</b>	<b>Number of Participants N=7*</b>
<b>Financial Shortage</b>	Income	<b>1</b>
	Equipping	<b>6</b>
	Infrastructural	<b>3</b>
	Transportation	<b>2</b>
<b>Professional relationships</b>	Interaction between physiotherapists and Medical teams	<b>7</b>
	Interaction between physiotherapists and patients	<b>7</b>
<b>Organisational</b>	Lack of Autonomy by hospital administration	<b>7</b>
	Lack of Autonomy by department administration	<b>1</b>
	Hospital & Department Policies	<b>5</b>
	Time	<b>4</b>
	Qualification level	<b>3</b>
	Performance	<b>2</b>
	Challenges and Progressing	<b>5</b>
<b>Outcomes</b>	Achieving patient's goals	<b>7</b>
	Patient's satisfaction and trust	<b>1</b>

<b>Passion towards the Profession</b>	Desire to Advance the Profession	<b>2</b>
	Gaining Experience	<b>2</b>
<b>Safety &amp; security</b>		<b>7</b>
* <b>Note:</b> Number of Participants provided in table as overall not as groups according to participant's satisfaction, which reported in more details in the results.		

One of the participants, WA1, stated that he dissatisfied about being not autonomous as the other medical staff who is concerned with putting the physiotherapy plan: *“I’m not satisfied about autonomy... other practitioners put the physiotherapy programme.... They didn’t study physiotherapy... Line number in the transcripts provided in the site file (L): 107,108, 111 & 116”*. Another participant, HE7, reported that being autonomous is not a choice in the physiotherapy department in CHT: *“No, No, there is no autonomy ... other practitioners refer the cases with the treatment, which means we have only to apply ... L: 76-79”*.

Moreover, equipping (financial subtheme) and the interaction between physiotherapists and other medical team members (as the professional relationships subtheme) were both generated by most of the participants. They were presented by 6 participants as other factors that limited their job satisfaction as physiotherapists in the CHT.

According to these participants, the physiotherapy department of the CHT suffers from a lack of equipment. NE5 said regarding what caused her to feel dissatisfied: *“because of the equipment...L: 24, 31”*, while NS6 commented *“because of the equipment that we use...L: 23”*. In relation to the interaction between physiotherapists and other medical teams, participant ME2 reported *“No, there is no interaction between us, the only connection is the referring report ... L: 103”*. ME2 also stated that *“we as physiotherapists do not dare to go and talk with doctors because the first question from them will be: Who are you? ... L: 104-106”*.

In addition, the next dominant theme that was stated by 5 of the participants that they were unhappy about it is safety and security. For example, NS6 complained about being unsafe and not secure in the workplace: *“Yes, I am stressed because there is no safety and I am not comfortable and threatened at any moment. Also the building*



*it-self is not healthy... L: 56-58*". Other limitation factors were the two organisational subthemes: limited time and progress were both scored by 4 out of the 7 participants (57.14%). However, the policies of the hospital and the qualification level of some of the physiotherapy staff (organisational subthemes) were generated by 42.85% of the participants (4 participants). According to what was discussed by SE4 it is the time what was considered to be restricted: "*Time is very short relating to the number of patients we receive, so the patient does not get the treatment as it should be ... L: 23-24*". Achieving progress was also missed. NS6 commented on this: "*maybe after years ... in Libya physiotherapy has not making a progress yet ... L: 77-78*".

Furthermore, infrastructure and transportation appeared as financial shortage subthemes and the department's policies and performance as organisational subthemes also limited the physiotherapist's satisfaction. However, the financial subthemes "income" and the lack of interaction between physiotherapists and patients were only mentioned by 1 of the participants for each of them. On the other

hand, the participants presented other themes concerned with enhancing their satisfaction with being physiotherapists in the CHT. Under the professional relationships theme, the interaction between physiotherapists and patients was considered by 6 of the 7 participants. SE4 described it as a high level of interaction: "*...Greater than with other staff, it can be a friendship after the treatment is accomplished ... L: 78-79*". However, only 1 participant generated the other subtheme, "the interaction between physiotherapists and other medical teams" and was satisfied with it. Additionally, the theme Safety and Security appeared in 2 of the participants' answers and they were satisfied with it. ME2 express his satisfaction as he claimed "*Security in the CHT we can say it's the best secure hospital comparing to other hospitals ... L: 93*". Furthermore, WA1 stated "*there is no exposure to infectious diseases... regarding security against attacks, we use to have issues with gunfighters and so but recently these issues have disappeared... L: 124-127*". Lastly, only 1 participant was satisfied regarding challenges and progress. Additionally, the autonomy was provided by the department's policies was reported only by 1 participant as satisfying subthemes. The

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two themes of outcomes and passion about the profession were both presented as motivation factors (Table 1). Achieving the patient's goals was reported by all of the participants as a motivation factor. Achieving a patient's goals was the most apparent subtheme, followed by the theme of passion about the profession, which was only stated by 2 participants. NE5 said that

### **Discussion**

The most apparent matter according to this study was the dissatisfaction of the Libyan physiotherapists in the CHT with the limiting of their autonomy by the CHT policies. It also showed that they were dissatisfied with the interaction between the physiotherapists and the medical teams there. The results of the study by Speakman et al. (41) showed that physiotherapists in El Paso, Texas, USA were more satisfied than their colleagues in the CHT in Tripoli, Libya. This could be because physiotherapists in the USA are more autonomous than those in the CHT in Libya. The physiotherapists were dissatisfied with the policies of the healthcare organisations in those countries where the studies were conducted (41-43). This study also confirmed the findings in the previous

*“when I see greater outcomes on patients ... Yes, when the patient gets better and I see results ... L: 37-39”*. In the same manner, HE7 stated that *“the only factor is that I want to help patients whatever the situation is and whatever the status that the physiotherapy department is going through ... L: 60-62”*.

research. Furthermore, the reported results of Eker et al. (24) proved that the interpersonal relationships between the Turkish physiotherapists and medical team were more effective than in the CHT. This could be because of the underestimating factor that has been reported by ME2 as mentioned in the results of this study. On the other hand, the results presented by Barnes and Crutchfield (43) agreed with the results of this study about the conflict with their peers. The results of this study introduced the idea that achieving the goals of the patient motivated physiotherapists in the CHT in Libya more than anything. It was reported that achieving the patient's goals was the main reason for them to keep their jobs in Libya. The same theme was shown in the studies as a reason for job satisfaction (23, 41, 43). Although the worldwide studies largely addressed the job satisfaction

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concerns of physiotherapists, the findings of these studies are not necessarily transferable to the physiotherapy in Libya (44). The lack of engagement is a significant implication that can impact upon our understanding of job satisfaction in the physiotherapy profession in Libya. “The challenge today is not just retaining talented people, but fully engaging them, capturing their minds and hearts at each stage of their work lives” (45). The findings of this study interpret the absence of the protocol that must be found in every healthcare system. This protocol is needed to provide standards that will determine the forms of interaction and the relationships between the whole medical team. It will also define the main lines of dealing with patients by applying the patient central care concept (PCC). Applying the PCC suggested the need for applying another significant concept such as the multidisciplinary team approach. The level of physiotherapy service of the physiotherapy department in the CHT is affected due to the loss of the engagement between the staff. The outcomes of such provided service levels affected the level of job satisfaction of the physiotherapists there.

Strengths and Limitations: The mother language of the researchers is Arabic in Libyan dialect, which may increase the credibility of the study. More than one researcher reviewed the study. Applying triangulation by using semi-structured interviews and focus groups could increase the credibility of the study (46, 47). However, combining participants into groups in some neutral place (avoiding bias) at the same time was difficult. It was risky in the current circumstances in Tripoli in Libya for the researcher and the participants to meet in groups. Therefore, focus groups were not used in the current study. Although no new themes were generated in the last two interviews, but the number of recruited participants may not be enough to reach the saturation point and more interviews would be beneficial. Lastly, the researchers of this study are Libyan physiotherapist who worked in the Libyan healthcare system; therefore, their work in the Libyan environment could express bias. Physiotherapists in the CHT need to take responsibility regarding more continuous professional development training. As mentioned, achieving the patient’s goals was the main motivation for physiotherapists in the CHT. Therefore, applying the patient

central care concept compels the CHT physiotherapists to understand the essential needs of working as a multidisciplinary team in order to achieve better outcomes. Quantitative research could be conducted in future to investigate physiotherapists' job satisfaction based on the findings of the current study. In conclusion, it is clear that physiotherapists in the physiotherapy departments of the CHT are not satisfied with their jobs. They admitted that their work is not as interesting and challenging as it would be at any other healthcare centre. They believed that the physiotherapy profession was not making the required progress. They also felt they had insufficient independence in decision-making. Also they may be overworked and may find their work

physically demanding. For Libyan physiotherapists, the CHT administrators would need to work to modify the policies of the hospital in order to make the physiotherapists more autonomous and encourage their desire to advance in the profession.

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